Physician Education in Developmental Disabilities
Webinar Series

Transitions throughout the Lifespan

September 25, 2012

David Wood, MD, MPH and Janet Hess, MPH, CHES
Epidemiology

- 4-5% youth have disabling SHCN
  - Complex physical health conditions
  - Developmental disabilities
- 4-5% have serious mental illness
- ~1-2% on SSI
- 4-7% of youth have “significant physical or mental (or both) health conditions that could benefit from support during transition”

Source: USDHHS, 2001
Goals for Transition

- Manage their own health
  - Disease self-management
  - Prevention, substance use, safety, sexuality
- Appropriately access adult primary care, specialists, therapies, equipment, supplies, etc.
- Access to adequate and continuous health insurance
- Implement education and vocational goals

Population Model for Health Care Transition

- Chronic Condition Care Coordination
- Enhanced Planning
- Assessment and Transition Plan
- Information & Referral

- YSHCN
- All Youth

- Pediatric Care System
- Adult Care System
Integrated Model of Health Care Transition

National Coordinating Centre for NHS Service Delivery and Organisation Research and Development (NCCSDO) (www.sdo.lshtm.ac.uk)
AAP Transitions Clinical Report

- From Task Force formed by Committee on Children with Disability
- Came out in Pediatrics in July, 2011
- Provides framework and guideline to provide developmentally appropriate transition services
  - To all youth
  - In the context of a medical home
Facilitating HCT

- Maintain list/registry of patients that need HCT support
- Establish practice policies for HCT to adult care
  - Post them in the office—stimulate discussion
- Encourage self-determination and independence
  - Fill prescriptions, take medication, schedule appointments, decision-making, etc.
  - Talk directly to youth, meet separately w/youth
Facilitating HCT

- Assess Readiness for transition
  - Focus on skills needed to be successful
- Maintain an up-to-date health care summary
- Help YSHCN access adult primary and specialty care providers
Facilitating HCT

Enhanced Activities for YSHCN

Social Supports

• Coordinate linkages to community-based adult services – Education, Vocation
• Review legal rights/responsibilities before age 18
  • Discuss guardianship or decision-making options
• Encourage positive social networking experiences with other teens who have similar life challenges
1. **Medical Home Interaction for Patients ≥ 12 Years of Age**

   - **2a**: Is the Patient 12–13 Years of Age? (Yes)
     - **3a**: STEP 1: Discuss Office Transitions Policy With Youth & Parents
   - **2b**: Is the Patient 14–15 Years of Age? (No)
     - **3b**: STEP 2: Ensure Step 1 Is Complete, Then Initiate a Jointly Developed Transition Plan With Youth & Parents
   - **2c**: Is the Patient 16–17 Years of Age? (No)
     - **3c**: STEP 3: Ensure Steps 1 & 2 Are Complete, Then Review & Update Transitions Plan & Prepare for Adult Care
   - **2d**: Is the Patient ≥ 18 Years of Age? (Yes)
     - **3d**: STEP 4: Ensure Steps 1, 2, & 3 Are Complete, Then Implement Adult Care Model*

*For pediatric practices transfer to adult provider.
Row 4: Determination of Special Needs

4 Does Patient Have Special Health Care Needs?b

Yes 5a

Incorporate Transition Planning in Chronic Condition Management

No 5b

Have Age-Appropriate Transitions Issues Been Addressed?

Yes 5c

Initiate Follow-up Interaction

No

Row 5: CCM and Follow-up

Row 6: Interaction Complete

6 Transitions Component of Interaction Complete
Transition Toolkit
Welcome to JaxHATS

Transition to adulthood is a time of change and one that takes preparation. For teens and young adults with disabilities and special health care needs there are many complex issues to learn about. Through this time of transition, it is important to stay as healthy as possible, since good health promotes success in the adult roles of employment, lifelong learning, and independent community living.

The transition from pediatric health care to adult-oriented health care can be very complicated for people with disabilities and chronic health conditions. The Jacksonville Health and Transition Services (JaxHATS) clinic was created to help make this transition easier. JaxHATS serves teens and young adults, ages 16-26, with chronic medical or developmental problems. Services are open to residents of Duval, Nassau, Baker, Clay, and St. Johns counties in Florida. For immediate assistance, please call us at (904) 244-9233.

Explore this Web Site
- About JaxHATS
- Youth & Families
- Youth Only
- Parent's Corner
- Health Care Providers

New Location
Please note our new office location and phone numbers.

- Office Location and Phone Numbers »
Home

Florida Health and Transition Services (HATS)

Welcome to the FloridaHATS Web site! FloridaHATS is a collaborative program of the Florida Department of Health, Children's Medical Services Network, Florida Developmental Disabilities Council, and other partners throughout the state.

Our Mission

To ensure successful transition from pediatric to adult health care for all youth and young adults in Florida, including those with disabilities, chronic health conditions or other special health care needs.

Our Vision

All youth in Florida will successfully transition to every aspect of adult life, including adult health care, work, and independence.

Our Values

Youth and young adults will:

1. Participate in decision-making at all levels, and be satisfied with the services they receive,
2. Receive coordinated, ongoing, comprehensive care within a medical home,
3. Have adequate private and/or public insurance to pay for the services they need,
4. Be continuously screened to detect other conditions and prevent secondary disabilities,
5. Access community-based systems that are integrated, collaborative, and organized so they can be easily used, and
6. Will receive services that meet their physical, social, and developmental needs.

For a complete description please visit our About page. >>

What’s New?

- Transition 2 Go, a series of informational briefs with transition-related tips and resources for health care providers in Florida
- Here is a decision-making tree to prepare young Floridians

Find us on Facebook

FloridaHATS

Search for:

Google Custom Search

Translation
Welcome

This Transition Toolkit was designed to provide a step-by-step approach to accessing resources that will help you with transition from pediatric care to adult care. The toolkit is designed for pediatric providers, other health care personnel (e.g., social workers, nurse care coordinators) and patients & families. The resources provide guidance or information to support youth and families during transition to adulthood and to adult health care. You will be asked a series of questions that will help determine which resources be most useful to you (depending on your role) to support the transition process.

Let's Get Started!

If you are a returning user, please use the login form at the right to complete and/or review your Transition Toolkit. If you are a first time user, please register to create a new account.

Login

Email:
Password:
Login

New Account

If you are a first time user, please register to create a new account.
Register

Please enter your email address and create a password for your account.

If you already have an account, please login.

Email: rdp@ufl.edu
Password: *********
Reenter Password: *********

reCAPTCHA: 
Type the two words: [Input Box]
**Instructions:** Please select one that best describes you. You will then be asked a series of questions. Resources will be provided to you based on your answers.

Ready? Let's get started!

**Which of the following best describes you?**

Please select one of the following:

<table>
<thead>
<tr>
<th>Type</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Provider</td>
<td>Transition Toolkit Available</td>
</tr>
<tr>
<td>Youth and Caregiver</td>
<td>Transition Toolkit Available</td>
</tr>
<tr>
<td>Case Manager</td>
<td>Transition Toolkit Available</td>
</tr>
<tr>
<td>Teacher</td>
<td>Transition Toolkit Available</td>
</tr>
</tbody>
</table>
Medical Provider

Your Transition Toolkit is a collection of resources provided to you based on the answers you supplied from the questionnaire. Answers can be changed at any time by selecting the appropriate question below.

## Your Transition Toolkit

<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Answer</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Do you have a Transition Policy established in your practice or facility?</td>
<td>No</td>
<td>[Download Transition Policy (DOC)]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>[Download Transition Policy (PDF)]</td>
</tr>
<tr>
<td>2</td>
<td>Do you have a checklist or method that helps patients through the transition process?</td>
<td>No</td>
<td>• [Transition Checklist for Providers (PDF)]</td>
</tr>
<tr>
<td>3</td>
<td>Do you currently provide your patients with a portable health summary after each visit?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Do you currently use a Transition Readiness (TRAQ 4.1) Assessment Tool?</td>
<td>No</td>
<td>• [Transition Readiness (TRAQ 5.0) Assessment Tool (PDF)]</td>
</tr>
<tr>
<td>5</td>
<td>Age range of patients?</td>
<td>No Answer</td>
<td>NA</td>
</tr>
</tbody>
</table>
Medical Provider

Question 1

Do you have a Transition Policy established in your practice or facility?

- No
- Please Select
- Yes

Continue >>  Reset
Medical Provider

Question 1

Please complete the following:

Organization Name:

Institute for Child Health Policy, University of Fl

Patient's age at which the transition process will begin:

14 (e.g., 14)

Patient's age at which they be transferred to an adult medical provider or medical home:

18 (e.g., 18)
Policy 1  

Institute for Child Health Policy, University of Florida models its transition policy upon the guidelines provided by the American Academy of Pediatrics’ joint clinical report on transition and by Bright Futures. We believe that a smooth transition from adolescence to young adulthood includes the explicit transition from a pediatric to an adult health care model and the eventual transfer of health care to adult providers. This process requires joint planning, preparation, and implementation to begin by age 14. At age 18, most youth in our practice will transition to an adult model of care with modifications as needed for youth with intellectual disabilities though the actual transfer of care to adult providers may take place later. We honor the preferences of the youth and family regarding the eventual transfer of care to an adult primary care medical home, but we generally expect this to occur at sometime between 18 and 21 years of age.

Our approach to the care of young adults age 18 and older meets HIPAA and state privacy and consent requirements making the young adult the sole decision-maker about care and about the sharing of personal health information. Exceptions to this approach require legal authority through the signed consent of the young adult, legally valid custodial care or power of attorney documentation, or an adjudicated guardianship arrangement.

Policy 2  

As recommended by the American Academy of Pediatrics we at Institute for Child Health Policy, University of Florida want to support your smooth transition from our practice to adult-oriented care. Our office endorses and follows the policies below to help you (and your parents) prepare you for adult care and adulthood.

- Transition planning, preparation, and training will start by age 14.
- At age 18, unless there are additional circumstances, all youth will be transferred to an adult medical provider or medical home.
- All youth will be provided with a health summary at his or her last visit to take to your adult physician.
- A letter which includes past medical history and any additional recommendations will be sent to your adult physician.
Medical Provider

Question 1

Policy Download

Click on button below to download you Transition Policy as a Microsoft Word Document.

Download Transition Policy (DOC)

Click on button below to download you Transition Policy as a PDF.

Download Transition Policy (PDF)

<< Back  Continue >>  Reset
Medical Provider

Question 2

Do you have a checklist or method that helps patients through the transition process?

No

<< Back  Save and Continue >>  Reset
Medical Provider

Question 2

Transition Checklist for Providers

- Transition Checklist for Providers (PDF)
### Health Care Transition Checklist

#### Ages 12-14

<table>
<thead>
<tr>
<th>Task</th>
<th>Date Discussed</th>
<th>Learned Skill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop knowledge of your health care needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth should be able to:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- describe medical condition(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- name medication(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- manage routine medical tasks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explore appropriate work and volunteer opportunities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Answer questions during a health care visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If eligible, sign up for Agency for Persons with Disabilities Med Waiver</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue self-advocacy skills, especially with health care providers and teachers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Ages 15-17

<table>
<thead>
<tr>
<th>Task</th>
<th>Date Discussed</th>
<th>Learned Skill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take responsibility for making medical appointments and getting prescriptions refilled</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talk to medical providers during visits about age appropriate information regarding physical, emotional, and sexual development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Begin thinking and talking about transition from pediatric to adult health care providers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discuss pediatrician’s discharge age and plan for transition and transfer to adult care accordingly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keep a health record, including all medical paperwork</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth spend the majority of health care visits alone with the doctor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check in annually with APO regarding the waiver waitlist status</td>
<td></td>
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</tbody>
</table>

#### Prior to 18th Birthday

<table>
<thead>
<tr>
<th>Task</th>
<th>Date Discussed</th>
<th>Learned Skill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finalize adult health care coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reapply for Medicaid benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reapply for SSI Benefits (17 years and 11 months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Make decisions about Power of Attorney or other Guardianship options</td>
<td></td>
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</tbody>
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#### Age 18+

<table>
<thead>
<tr>
<th>Task</th>
<th>Date Discussed</th>
<th>Learned Skill</th>
</tr>
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<tbody>
<tr>
<td>Transfer medical care from pediatric providers to adult providers</td>
<td></td>
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<tr>
<td>Reapply for Medicaid Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact Vocational Rehabilitation to explore vocational assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explore living arrangements, education, and employment opportunities</td>
<td></td>
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<td>Transfer medications to local pharmacy (if moving or going away to school)</td>
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<tr>
<td>If going to college, learn about health care coverage and health services provided on campus</td>
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<tr>
<td>Task</td>
<td>Date Discussed</td>
<td>Learned Skill</td>
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☐ name medication(s)  
☐ manage routine medical tasks | | |
<p>| Explore appropriate work and volunteer opportunities | | |
| Answer questions during a health care visit | | |
| If eligible, sign up for Agency for Persons with Disabilities Med Waiver | | |
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</tbody>
</table>
Medical Provider

Question 3

Do you currently provide your patients with a portable health summary after each visit?

No

<< Back  Save and Continue >>  Reset
Medical Provider

Question 3

Click on the links below to review each Portable Health Summary (PHS) as a PDF. Then select which PHS you would like to use.

|   | 
|---|---|
| 1 | H.I. Doc. (PDF) |
| 2 | My Health Passport (PDF) |
| 3 | Health and Transition Summary (PDF) |
# Health and Transition Summary

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>SS#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Street</td>
<td>City</td>
</tr>
<tr>
<td>Phone</td>
<td>Home</td>
<td>Work</td>
</tr>
<tr>
<td>Emergency Contact</td>
<td>Relationship</td>
<td>Phone</td>
</tr>
<tr>
<td>Guardian/Medical Surrogate</td>
<td>Relationship</td>
<td>Phone</td>
</tr>
<tr>
<td>Primary Insurance</td>
<td>Policy #</td>
<td>Case Manager</td>
</tr>
<tr>
<td>Secondary Insurance</td>
<td>Policy #</td>
<td>Case Manager</td>
</tr>
<tr>
<td>Unique Communication/Cultural Needs:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strengths/Assets:</td>
<td></td>
<td></td>
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<tr>
<td>Assistive Technology:</td>
<td></td>
<td></td>
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</tbody>
</table>

**Allergies:** (meds & food)  
**Height:** | **Weight:** | **Dietary/Nutritional Needs:** |

**Bowel Program:**  
**Bladder Program:**

<table>
<thead>
<tr>
<th>Head/Neurology</th>
<th>GI</th>
</tr>
</thead>
<tbody>
<tr>
<td>EENT</td>
<td>GI</td>
</tr>
<tr>
<td>Heart/Lungs</td>
<td>MS</td>
</tr>
</tbody>
</table>

**Diagnosis** | **Managing Provider** | **Address** | **Phone** |
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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<tr>
<td>5.</td>
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</tr>
</tbody>
</table>

**Current Medications**

| 1. | 2. | 3. | 4. | 5. |

**Current Therapies**

| 1. | Frequency | Provider | Contact Information |
| 2. | | |
| 3. | | |

**Recent Labs/X-Rays**

<table>
<thead>
<tr>
<th>Date</th>
<th>Where On File</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>
My Health Passport

If you are a health care professional who will be helping me, PLEASE READ THIS before you try to help me with my care or treatment.

My full name is: ___________________________
I like to be called: _________________________
Date of birth: __/__/____
My primary care physician: ___________________
Physician's phone number: ___________________

Attach your picture here!

This passport has important information so you can better support me when I visit/stay in your hospital or clinic. Please keep this with my other notes, and where it may be easily referenced.

My signature: _____________________________ Date completed: __/__/____
You can talk to this person about my health: ___________________________
Phone number: __________________________ Relationship: ___________________

I communicate using: (e.g. speech, preferred language, sign language, communication devices or aids, non-verbal sounds, also state if extra time/ support is needed)
__________________________________________

Page 1 of 4

http://flfcic.fmhi.usf.edu/docs/FCIC_Health_Passport_Form_Typeable_English.pdf
Medical Provider

Question 4

Do you currently use a Transition Readiness (TRAQ 4.1) Assessment Tool?

No

<< Back  Save and Continue >>  Reset
### Transition Readiness Assessment Questionnaire 5.0

**Directions:** Please check the box that best describes your ability level in each of the following skill areas related to your health and healthcare. There are no right or wrong answers.

<table>
<thead>
<tr>
<th></th>
<th>No, I do not know how</th>
<th>No, but I want to learn</th>
<th>No, but I am learning to do this</th>
<th>Yes, I have started doing this</th>
<th>Yes, I always do this when I need to</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you fill a prescription if you need to?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Do you know what to do if you are having a bad reaction to your medications?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Do you take medications correctly and on your own?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Do you reorder medications before they run out?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5. Do you call the doctor’s office to make an appointment?</td>
<td></td>
<td></td>
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<tr>
<td>6. Do you follow-up on any referral for tests or check-ups or labs?</td>
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<tr>
<td>7. Do you arrange for your ride to medical appointments?</td>
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<tr>
<td>8. Do you call the doctor about unusual changes in your health (for example: Allergic reactions)?</td>
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<td>9. Do you fill out the medical history form, including a list of your allergies?</td>
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<td>10. Do you keep a calendar or list of medical and other appointments?</td>
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<tr>
<td>11. Do you tell the doctor or nurse what you are feeling?</td>
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<tr>
<td>12. Do you answer questions that are asked by the doctor, nurse, or clinic staff?</td>
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<tr>
<td>13. Do you make a list of questions before the doctor’s visit?</td>
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<tr>
<td>14. Do you apply for health insurance if you lose your current coverage?</td>
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<tr>
<td>15. Do you know what your health insurance covers?</td>
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<tr>
<td>16. Do you get financial help with school or work?</td>
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<td>17. Do you manage your money &amp; budget household expenses (for example: use checking/debit card)?</td>
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<td>18. Do you help plan or prepare meals/food?</td>
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<tr>
<td>19. Do you keep home or room clean or clean-up after meals?</td>
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<tr>
<td>20. Do you use neighborhood stores and services (for example: Grocery stores and pharmacy stores)?</td>
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</tbody>
</table>
Medical Provider

Question 5

What are the age range of your patients?

- 12–14
- 15–17
- 18 and older
Resources for Patients 12-14

- [Health and Transition Checklist for Ages 12–14](#)

Resources for Patients 15-17

- [Health and Transition Checklist for Ages 15–17](#)

Resources for Patients 18 and older

Patients and Family Educational Materials on Preparing for Health Care Transition

- [10 Steps to Successful Transition](#)
- When You're 18: [English](#) | [Spanish](#)
- Envisioning My Future: [English](#) | [Spanish](#)

Additional Resources

- [Health and Transition Checklist for Ages 18 and older](#)
- [SSI Info](#)
- [SSI Tip Sheet](#)
- [Medicaid Info and Insurance Guide](#)
- [Information on Guardianship Options](#)
Supplemental Security Income: What Happens to My SSI When I Turn 18?

Transitions RTC
April 2011

Can I keep my SSI?
- The answer is – it depends; you need to re-apply
- Social Security will review your case
- Since you are not a child anymore, you will need medical evidence to prove that you are disabled as an adult

Can I work?
- Yes, you can work
- For every $2 you earn, Social Security will deduct about $1 from your SSI check
- If you earn enough so that there is no money left to deduct from your SSI check, you may still be able to keep your Medicaid (depending on how much you earn)

Are there ways to earn money without reducing my SSI check?
- Yes, Social Security has other ways to help you keep more of your SSI check if you are earning money
- If you are under age 22 and regularly attending school, Social Security won’t count up to $6,600 of earnings before deducting from your benefit check
- Social Security will let you save money for college or training, a computer, and other expenses by helping you write a Plan to Achieve Self Support (PASS Plan)
- There are other deductions and programs to help you, too

What if Social Security turns me down when I turn 18?
- Appeal your case
- You may continue getting your SSI check if:
  - Social Security has approved of your participation in a vocational rehabilitation or similar program
  - You have told Social Security that you are currently participating in an Individualized Education Program (IEP)
- You must participate in these programs before Social Security turns you down and at least 2 months afterwards

Visit us online at http://labs.umassmed.edu/transitionsRTC

10 Steps to Successful Health Care Transition

Success in the classroom, within the community and on the job requires that young people stay healthy. The best ways to stay healthy are to understand your health, participate in health care decision making, and receive age-appropriate care. Here are 10 ways to ensure a smooth transition from pediatric to adult health care for teens and young adults with disabilities or chronic health conditions.

1. Start early! Begin preparing for transition even when very young, like starting a health summary and talking about health needs.

2. Focus on responsibility for health care. Taking responsibility for health care should be based on age and abilities. Become more independent by learning the skills for managing health care, like scheduling appointments, arranging transportation, taking medication, filling prescriptions, and talking to doctors.

3. Create a health summary. Put important information about personal health in one place, including medications and plans for an emergency.

4. Create a health care transition plan. Work with your primary care provider to develop a written health care transition plan that includes future goals, services that will be needed, who will provide them, and how they will be paid for.

5. Maintain wellness. Support good habits that will continue into adulthood! Talk about risky behaviors such as alcohol use and smoking as well as sexuality and relationships. You can ask to speak to your physician alone.

6. Know options for health insurance and public assistance programs in adulthood. If you’re unsure about eligibility, it’s always best to go ahead and apply.

7. Find adult providers. If still in the care of pediatric providers, identify a primary care physician and specialists (including mental health professionals) who work with adults.

8. Include health in other areas of transition. Ask your primary care physician to provide documentation of medical conditions and special health care needs for other programs or agencies, as needed.

9. Integrate health care transition activities in the student’s Individualized Education Plan (IEP) or 504 Plan. Consider self-determination and self-advocacy skills, understanding personal health conditions and needs, and health care self-management skills.

10. Learn about other community services and supports for adults. Be knowledgeable about rights and responsibilities at age 18!

Visit www.FloridaHATS.org to find resources and services.

Become a fan on Facebook and share your health care transition experiences!
When You’re 18
YOU ARE IN CHARGE OF YOUR HEALTH

ENVISIONING
My Future

A YOUNG PERSON’S GUIDE TO HEALTH CARE TRANSITION
CHILDREN’S MEDICAL SERVICES, FLORIDA DEPARTMENT OF HEALTH
Medical Provider

Thank you completing the questionnaire!

Questions or feedback?

Is there anything missing? Do you have questions or comments? Please provide us your feedback by using our Contact Form.

Select the "View Transition Toolkit" button below to view your Medical Provider Transition Toolkit.

Additional Resources for Providers

- Clinical Report—Supporting the Health Care Transition From Adolescence to Adulthood in the Medical Home (PDF)
- Health Care Transition Preparation for YSHCN in Florida (PDF)
Health Care Transition Preparation for Youth and Young Adults with Special Health Care Needs in Florida

### Action Steps for Specific Age Ranges

**Step 1**
Provide age-appropriate counseling and transition materials to youth and family. Identify APD eligibility and education needs. See local 2-1-1 Helping for other social services.

**Step 2**
Ensure Step 1. Assess transition readiness (see TRAQ-5.0). Explore post-high school options; identify decision-making needs. Establish timeline for transfer to adult primary and subspecialty care.

**Step 3**
Ensure Steps 1 and 2. Identify insurance coverage, adult service and employment needs. Transfer to adult primary and subspecialty care.

### Determination of Services Needed

**Is patient eligible for APD?**

- Yes: Help identify health-related activities to support patient’s education plan. Contact Project 10 regional rep for assistance and transition IEP starting at 14 years. Refer to Project 10 Resource Directory for local services/programs.
- No: If patient is put on waiting list for Home and Community-Based Medicaid Waives, attend may come off waiting list urgent/emergent.

**Is patient eligible for VR?**

- Yes: Starting at age 15, send referral with patient information. VR sends information to correct geographic area for placement with VR counselor. Patient must be looking for work to receive services. Patient may be put on waiting list.
- No: Assist with age of majority issues before patient’s 18th birthday (advance directive, legal guardianship, voting, other legal needs). Refer youth/family to Florida Legal Services for legal aid. Refer patient to local Center for Independent Living for additional guidance.

**Does patient have IEP?**

- Yes: Discuss SSIs/private and public insurance options with youth/family. Provide 411 Insurance Guide and local contact information. Help find providers for patients; see Young Adult Health Services Directory. Call physician offices to see whether they will accept patient.
- No: Initiate follow-up interaction.

### Glossary:

- APD: Agency for Persons with Disabilities
- CMS: Children’s Medical Services, Department of Health
- IEP: Individual Educational Plan
- TRAQ-5.0: Transition Readiness Questionnaire 5.0 (or use other checklists)
- VR: Vocational Rehabilitation Program
## Your Transition Toolkit

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have a Transition Policy established in your practice or facility?</td>
<td>No</td>
<td>Download Transition Policy (DOC) Download Transition Policy (PDF)</td>
</tr>
<tr>
<td>Do you have a checklist or method that helps patients through the transition process?</td>
<td>No</td>
<td>Transition Checklist for Providers (PDF)</td>
</tr>
<tr>
<td>Do you currently provide your patients with a portable health summary after each visit?</td>
<td>No</td>
<td>H.I. Doc. (PDF)</td>
</tr>
<tr>
<td>Do you currently use a Transition Readiness (TRAQ 4.1) Assessment Tool?</td>
<td>No</td>
<td>Transition Readiness (TRAQ 4.1) Assessment Tool (PDF)</td>
</tr>
<tr>
<td>Age range of patients?</td>
<td>12-14, 15-17, 18 and older</td>
<td>Resources for Patients 12-14&lt;br&gt;• Health and Transition Checklist for Ages 12-14 (PDF)&lt;br/Resources for Patients 15-17&lt;br&gt;• Health and Transition Checklist for Ages 15-17 (PDF)</td>
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</tbody>
</table>
Florida’s clearinghouse for health care transition information

www.floridahats.org
For Health Care Providers

If you provide health-related services to young adults with chronic health conditions or disabilities, please be sure you are listed in our Health Services Directory for Young Adults. Visit Submission Instructions to add or update your program information.

Training for Professionals

FREE CME/CEU Credits!

A new training program is now available for free CME/CEU credits through Florida Gulfcoast AHEC. See our brochure on the Health Care Transition Training Program developed by the Institute on Child Health Policy at the University of Florida, and get started today by visiting www.aheceducation.com.

Transition Assessment

- TRAQ 4.1 (JavaHATS transition readiness tool)

Medical Summary Forms

- Health Care Transition Summary (2 page summary to carry at all times)
- Electronic Care Plan (University of Wisconsin)
- Electronic Transition Information Form (HealthyTransitionsNY)
- My Health Passport (SickKids Good 2 Go Transition Program)

General Checklists & Care Plans

- Transition Timeline (from Shriners Hospitals and University of Washington)

Workbooks from the Institute of Child Health Policy at University of Florida and CMS:

- Workbook for Ages 12-14 (English)
- Workbook for Ages 12-14 (Spanish)
- Workbook for Ages 15-17 (English)
- Workbook Ages 15-17 (Spanish)
- Workbook for Ages 18+ (English)
- Workbook for Ages 18+ (Spanish)
Health Insurance

This is the first in a series of informational facts called Transition 2 Go. The series will include tips and resources about highlighted health care transition issues that you can take with you and use, wherever you are.

The first issue of Transition 2 Go focuses on health care coverage for transitioning adolescents and young adults. It’s a timely topic given the U.S. Supreme Court’s recent decision to uphold major portions of the Affordable Care Act (ACA).

One of the biggest barriers to receiving appropriate health care among young adults is access to adequate health care coverage after aging out of childhood insurance plans. Lack of preparation and knowledge about available insurance options can contribute to critical lapses in coverage during early adulthood. The AAP emphasizes the important role of medical homes in assisting patients to identify and access health insurance. The assistance is essential for patients preparing to transition to adult systems, especially for youth with special health care needs.

Just the Facts: The 411 on Health Insurance for Young Adults Ages 18-30 in Florida provides comprehensive, Florida-specific information about insurance options. While the focus is on young adults, the 60-page guide outlines coverage options for individuals of all ages, including those with disabilities or chronic health conditions. It is available in hard copy (English only) or can be downloaded in English, Spanish, and Haitian Creole from the Florida HATS website at www.floridahats.org/Page_ID/6627.

In addition to descriptions of various private and public insurance plans, the guide identifies local safety net programs for low-income residents, such as those available in Hillsborough, Pinellas, Dade, Palm Beach and Polk Counties, the matrix on the adjacent page gives a brief snapshot of the range of options currently available to Floridians.
Training for Health Care Professionals

Are you a professional looking for FREE continuing education credits on a health care topic that really matters to your adolescent and young adult patients and their families?

Health Care Transition Training Program

Training Program Overview

This online training curriculum includes information about how professionals can help prepare youth with chronic health conditions and disabilities for their eventual transition from pediatric and transfer to adult health care.

Contents of Module 1:
- Introduction to Supportive Caregiving
- Ensuring Successful Transitions from Pediatrics to Adult Health Care
- What is Health Care Transition?
- What are “Access” and “Linking” Issues
- Transition Stages and Issues
- “Role” Mythology
- Policies and Practices of Health Care Providers and Facilities
- Pediatrics and Adult Care: Two Different Cultures
- Transition and Health Insurance
- Transition in Education
- Transition in Vocational Rehabilitation
- Legal Rights of 16-year-olds

Contents of Module 2:
- College and Beyond
- Employment
- Self-Management
- Developmental Model of Health Care and Child-Adult Professional Relationships
- Transition Recommendations
- Transition Planning: Understanding
- Transition Requirements
- Perspectives from Youth and Young Adults for Transition and Postsecondary Options
- Transition Resources of the Institute for Child Health Policy, University of Florida

Accreditation:

The four-hour-long Health Care Transition Training Program is broken down into two two-hour modules. The accreditation statements below apply to each module for a total of four contact hours.

Physicians: This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the Florida AHEC Network, the University of Florida, the University of South Florida, the Florida Department of Health, and the Florida AHEC Network. The Florida AHEC Network is accredited by the Florida Medical Association to provide continuing medical education for physicians. The Florida AHEC Network designates this educational activity for a maximum of 2.0 AMA PRA Category 1 Credit(s)™. Each physician should claim credit commensurate with the extent of their participation in the activity.

Nurse AHEC, HSE: The Florida AHEC Network, Inc. is a Florida Board of Social Work, Marriage, and Family Therapy, and Mental Health Counseling approved provider provider, BAY 598-H, for continuing education. The program meets the requirements for up to 2.0 total contact hours each for two modules.

Nursing: The Florida AHEC Network, Inc. is a Florida Board of Nursing approved provider of Continuing Nursing Education, CE Broker Provider ID 5902-H. The program earns the requirements for up to 2.0 total contact hours each for two modules.

Social Work/LCSW: To arrange for AHEC, Inc. is a Florida Board of Social Work approved provider of Social Work Continuing Education, CE Broker Provider ID 5902-H. This program earns the requirements for up to 2.0 total contact hours each for two modules.


www.aheceducation.com
FloridaHATS Brochure

Who We Are

Florida Health and Transition Services (FloridaHATS) is a collaborative program of the Florida Department of Health, Children's Medical Services, the Florida Developmental Disabilities Council, Inc. and other partners throughout the state. Our goal is to ensure all youth and young adults, including those with disabilities or chronic conditions, successfully transition from pediatric to adult-oriented systems of health care.

Advocates in Florida have worked hard to increase awareness of the challenges young people with disabilities or chronic health conditions encounter as they age out of pediatric health care. Problems include finding adult physicians who are qualified and willing to provide care, difficulty accessing affordable health insurance, and not adequately preparing youth to manage their own health care.

We're committed to empowering and supporting young people with special health care needs as they enter every aspect of adult life, including health care, work and independent living.

Our Background

Young people who don't receive age-appropriate and preventive care are more likely to experience disease complications, increased emergency room visits and hospitalizations, as well as development of secondary disabling conditions – all factors that impact quality of life and ability to work.

In 2004, the Florida Legislature established a statewide Task Force to assess these issues. The resulting Task Force report outlined several strategies to build a system of care for transitioning youth and young adults that is comprehensive, coordinated, and continuous. A key recommendation was to establish a program within Children's Medical Services (CMS), Florida's Title V program for children with special health care needs, to oversee implementation of Florida's strategic plan for health care transition. We subsequently adopted the program name Florida Health and Transition Services, or FloridaHATS.

Today, a cross-disciplinary advisory panel of youth, families, and representatives from health care, education, vocational rehabilitation and social services helps guide FloridaHATS activities. To read the legislative report and review our strategic plan, go to www.FloridaHATS.org.

What We Do

FloridaHATS provides leadership in bringing together consumers and service providers to address the complex issues associated with health care transition. Our activities are focused in 4 areas: health care financing, education and training, service delivery systems and advocacy.

Health Care Financing

Obtaining and maintaining health insurance is a major problem for many youth with disabilities or chronic health conditions as they leave high school. One of our first activities was to develop a resource guide that outlines the array of health insurance options available to young adults up to age 26 living in Florida. We regularly update the on-line guide to reflect policy changes, including those introduced with the Affordable Care Act of 2010.

In addition to educating consumers and providers about current financing options, we encourage insurers and other funders in developing policies that support patient-centered medical homes for youth and young adults, such as care coordination and co-management activities. An overarching goal is to allow young people in Florida to work and contribute to their communities without loss of health care benefits.

Service Delivery Systems

Our network of health care experts provides guidance in identifying best practices, establishing quality of care guidelines, and developing model programs – such as the nationally recognized JaxHATS, a medical home program for transitioning youth and young adults in Jacksonville. We work with communities to develop service networks that use evidence and patient centered medical homes to improve quality of care.

We've organized regional partnerships in collaboration with Tampa Hillsborough County (Hillsborough ATSC), the Flagler area (Flagler4HATS), and Jacksonville-Duval County. These coalitions are paving the way for all Florida regions in building coordinated community-based systems of care.

Advocacy

FloridaHATS works on behalf of all youth and young adults with special health care needs to promote policies that support their needs. We work with advocates, health care providers, teachers and other professionals to improve the health and outcomes of young people in Florida.

Education and Training

FloridaHATS collaborates with partners throughout the state to develop and disseminate educational materials that can help youth and young adults, families, caregivers, health care providers, teachers and other professionals.

Visit our web site to find out how you can help!
Questions?
Link for CME Credit

1) Go to: bitly.com/pedd2012
2) Sign in/Register
3) Check your spam folder if you do not receive the confirmation email
4) If there are issues go to www.aadmd.org/contact
5) Complete Survey
6) Complete Quiz (7/10 is passing)
7) Certificate will be displayed and emailed to you automatically