



DAVID MAXWELL-JOLLY
Director

State of California—Health and Human Services Agency
Department of Health Care Services



ARNOLD SCHWARZENEGGER
Governor

April 24, 2009

CCS Information Notice No.: 09-01

TO: CALIFORNIA CHILDREN'S SERVICES (CCS) ADMINISTRATORS,
MEDICAL CONSULTANTS, MEDICAL THERAPY PROGRAM
CHIEF/SUPERVISING THERAPISTS, AND CHILDREN'S MEDICAL
SERVICES (CMS) BRANCH STAFF

SUBJECT: STATEWIDE GUIDELINES FOR HEALTH CARE TRANSITION
PLANNING FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS

Purpose

The purpose of this Information Notice (Notice) is to provide CCS programs and CMS Branch Regional Offices with *recommendations* and tools for health care transition planning for all CCS clients. This notice defines health care transition planning, as it relates to the CCS Program, as the purposeful, planned preparation of patients, families, and caregivers for transfer of a client from pediatric to adult medical or health care services.

Background

The CCS program is California's designated children with special health care needs program and as part of receiving federal Title V Maternal and Child Health funds is required to meet a number of federal provisions and reporting requirements. Currently, the program is required to report annually on six critical performance measures. One of the performance measures requires that "all youth with special health care needs will receive the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence."

It is necessary to work with clients and their families to prepare them for how their future health care needs will be met once eligibility for the CCS program ceases at the 21st birthday. The tasks recommended in this notice will comprise the initial steps in how the CCS program can help clients transition their care.

It is recommended that health care transition planning for clients be strategically planned over a period of time, ideally beginning in early adolescence or shortly after diagnosis if the diagnosis is made during adolescence. Timing should be individualized to take into consideration the client's medical condition and the established need for long-term health care planning. The approach to health care transition planning should

also take into consideration the client's developmental maturity, educational and social situation, and parent/family readiness. Although the preparation of a health care transition plan is an individualized process, a target transition "age" is recommended when transitioning from a pediatric model of care to adult health care. The American Academy of Pediatrics and the CMS Statewide Strategic Plan for Children with Special Health Care Needs (2006-2010), as well as several National and State children's advocates (i.e., Family Voices, Children's Regional Integrated Service System), recommend informal transition planning begin at age 14.

The CMS Branch recommends that all CCS clients 14 years and older be evaluated for long-term health care transition planning. Clients, including those who are only eligible for services in the Medical Therapy Program, who have a chronic medical condition that is expected to last beyond their 21st birthday, should be identified as needed health care transition planning.

Transition Guidelines-Recommended Age-Specific Activities

It is recommended that the tasks below be completed at or near the designated age of the client. Attached to this notice are examples of documents that could be utilized for each of the recommended tasks. These documents are available on the CCS website and of course may be modified or tailored as needed. Translation into various languages is encouraged.

Age 14:

1. Identify CCS clients who will require long-term health care transition planning.
2. Notify the client/family of starting the transition planning process (Attachment **A**).
3. Forward a letter to the new identified client's CCS Primary Care Provider (PCP) with information about beginning the process for health care transition planning (Attachments **B1, B2, B3**).

Age 16:

1. Identify all CCS clients who will require long-term health care transition planning who were not identified or not known to the program at age 14.
2. Notify the client/family of the need to formally institute transition planning (Attachment **C**) and schedule an adolescent Transition Health Care Conference (Attachment **D**).

3. Forward a letter to the newly identified clients' CCS PCP with information about beginning the process for health care transition planning (Attachments **B1**, **B2**, **B3**).
4. Request information from Special Care Centers, authorized to provide care for CCS clients, as to the steps they may have taken to institute the transition planning process (e.g. reports of discussions with clients and families, including identification of adult specialists that would provide care after the 21st birthday and the need for durable medical equipment) (Attachment **E**).

Age 17:

1. Send Adult Services Declaration and Notice of Privacy Practices with acknowledgement receipt (Attachments **F1**, **F2**, **F3**) to those clients who have been identified as needing transition services. (The attached document was developed by the Los Angeles County CCS program and before adoption in another county, staff may need to have it reviewed by county counsel.)

Age 18:

1. Identify all CCS clients who will require long-term health care transition planning who were not identified or known to the program at age 16.
2. Request updated and/or new information from Special Care Centers, authorized to provide care for CCS clients, as to the steps they have taken to institute the transition planning process (e.g. reports of discussions with clients and families, including identification of adult specialists that would provide care after the 21st birthday and the need for durable medical equipment) (Attachment **E**).
3. Notify the client/family of the need to prepare or update transition planning (Attachment **C**) and schedule an Adolescent Transition Health Care Conference (Attachment **D**).
4. If not received, resend Notice of Privacy Practices with acknowledgement receipt (Attachments **F1**, **F2**, **F3**).

Age 20:

1. Identify all CCS clients that will require long-term health care transition planning who were not identified or known to the program at age 18.
2. Prepare and/or update Adolescent Transition Health Care Plan with client/family to identify any unmet needs and modify as necessary (Attachment **D**).
3. Send letter to CCS PCP in order to determine if he/she will continue care after the 21st birthday and request if an adult provider been has been identified. (Attachment **G**).
4. Send letter to client requesting transition planning meeting/teleconference (Attachment **H**).
5. Send client Exit Interview/Survey (Attachment **I**).

The CMS Branch recognizes that fiscal constraints, staffing resources, and other workload issues may influence the extent to which transition planning services are provided to clients. However, transition planning activities are highly recommended.

Conclusion

Throughout the State many county CCS programs have developed excellent tools and best practices for health care transitioning for their clients. The recommendations in this notice are meant to enhance and assist CCS programs in further developing their individualized transition tools and practices.

Transition planning requires planning time, contacting and referring to appropriate agencies, and applying for adult services. As clients begin their transition planning, they may have to deal with a variety of issues involving employment, housing, transportation, personal finances, recreation, sexuality, nutrition, and health care. Some will require considerable help anticipating and understanding their adult health care needs, as well as how to meet those needs and others may need little additional support.

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For questions regarding the information in this Notice, please contact your CCS
Regional Office Medical Consultant.

Original Signed by Luis R. Rico

Luis R. Rico, Acting Chief
Children's Medical Services Branch

Attachments

USE COUNTY LETTERHEAD
Sample letter to CCS Parent Regarding the
Transition of Care for Clients 14 Years of Age and Older

Date:

Parent/Guardian of CCS Client

Address

City, State, Zip

We are writing to families with teenagers who are 14 years old and enrolled in the California Children's Services (CCS) Program. Your teenager will soon be a young adult and now is a good time for you to both start talking about their health care when they turn 21 years old.

Caring for your teenager with special health care needs presents many challenges and you may ask, "How can I think about tomorrow when I'm just trying to make it through today?" But when those moments come when you can catch your breath, it may be helpful to be aware of their upcoming health care transition and together with your teenager begin to think about future health care needs.

As we all know, transitioning to adulthood can be a challenging, frustrating, and a rewarding time of life. Aside from health care needs, other transitions include starting new programs, working with new agencies and care providers, and making new friends. Transitions involve changes: adding new expectations, responsibilities, or resources, and letting go of others.

Below are a few ideas for you and your teenager to begin to think about when developing a health care transition plan:

- Who will be my teenager's doctor when they turn 21?
- When my teenager no longer lives with me how will they get to their doctor appointments?
- When my teenager no longer lives with me how can I be sure they take their medicine?

After your teenager's 16th birthday we will contact you to arrange an Adolescent Health Care Transition Conference. At this time we will begin to talk with you and your teenager about making a health care transition plan. In the meantime, we encourage you to contact your teenager's doctor and/or Special Care Center to begin developing a plan for their health care transition. Planning for the future is very important and does make a difference for your teenager's health care needs.

USE COUNTY LETTERHEAD
Sample letter to CCS Parent Regarding the
Transition of Care for Clients 14 Years of Age and Older

Further information about transition can be found at the Maternal and Child Health Bureau at Georgetown University. They have an excellent website with resources and information about all phases of transition planning. The website address is:

www.mchlibrary.info/knowledgerpaths/kp_cshcn.html

Sincerely,

(CCS Nurse Case Manager)
(Pertinent Contact Information)

USE COUNTY LETTERHEAD
Sample letter to CCS Provider Regarding the
Transition of Care for Clients 14 years and older

Date:

CCS Provider
Address
City, State ZIP

Subject: (CCS Client Name) Adolescent Transition

Dear Dr. (Insert CCS Primary Care Provider Name)

As we all know, transitioning from adolescence to adulthood can be a challenging, frustrating, rewarding time of life, and this is particularly true for young adults with special health care needs. The goal of health care transition for these young adults is to maximize their lifelong functioning and potential through the provision of high quality, developmentally appropriate health care services that continue uninterrupted as they move from adolescence to adulthood.

All clients in the California Children's Services (CCS) program have serious medical conditions that affect their lives. For some the effect is small, and for others it is quite significant. Transitioning certain clients with special health care needs from pediatric specialty care and programs to adult health care management can require considerable work and planning while others may need very little assistance and support. Some of our clients may eventually become fully independent in managing their own health care while others will continue to need lifelong assistance. Physicians play a key role in the planning and implementation transition plans for the clients in the CCS Program.

Although the optimum time for transition will differ between youth, a target transition "age" is recommended to begin assessing readiness for transition. The American Academy of Pediatrics suggests age 14 as the age to begin informal transition planning. The enclosed 2002 Consensus Statement on Health Care Transitions for Young Adults with Special Health Care Needs highlights the important role you play in this transition system of care.

I have also enclosed the Adolescent Health Care Skills Checklist that may help assist you with your client's transition planning.

Please do not hesitate to contact me if you have any questions regarding health care transition services for your CCS client(s).

Sincerely,

(Nurse Case Manager)
(Pertinent Contact Information)

Attachments

PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

A Consensus Statement on Health Care Transitions for Young Adults With Special Health Care Needs

American Academy of Pediatrics, American Academy of Family Physicians and
American College of Physicians-American Society of Internal Medicine
Pediatrics 2002;110;1304-1306

The online version of this article, along with updated information and services, is
located on the World Wide Web at:

<http://www.pediatrics.org/cgi/content/full/110/6/S1/1304>

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American Academy of Pediatrics

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AMERICAN ACADEMY OF PEDIATRICS

AMERICAN ACADEMY OF FAMILY PHYSICIANS

AMERICAN COLLEGE OF PHYSICIANS-AMERICAN SOCIETY OF
INTERNAL MEDICINEA Consensus Statement on Health Care Transitions for Young Adults
With Special Health Care Needs

ABSTRACT. This policy statement represents a consensus on the critical first steps that the medical profession needs to take to realize the vision of a family-centered, continuous, comprehensive, coordinated, compassionate, and culturally competent health care system that is as developmentally appropriate as it is technically sophisticated. The goal of transition in health care for young adults with special health care needs is to maximize lifelong functioning and potential through the provision of high-quality, developmentally appropriate health care services that continue uninterrupted as the individual moves from adolescence to adulthood. This consensus document has now been approved as policy by the boards of the American Academy of Pediatrics, the American Academy of Family Physicians, and the American College of Physicians-American Society of Internal Medicine.

INTRODUCTION

Each year in the United States, nearly half a million children with special health care needs cross the threshold into adulthood.¹ One generation ago, most of those with severe disabilities died before reaching maturity; now more than 90% survive to adulthood.² Most young people with special health care needs are able to find their way into and negotiate through adult systems of care.³ However, many adolescents and young adults with severe medical conditions and disabilities that limit their ability to function and result in complicating social, emotional, or behavioral sequelae experience difficulty transitioning from child to adult health care. There is a substantial number whose success depends on more deliberate guidance.⁴

Children grow up within complex living arrangements, communities, and cultures and receive medical care within an equally complex, interlocking set of relationships that includes social services, education, vocational training, and recreation. Clearly, no single approach will work equally well for all young people, and the health care sector cannot work in

isolation from the other professionals and networks that impact these young people.⁵ By focusing on the health care sector in this policy statement, we do not ignore other critical relationships. Rather, we are acknowledging that physicians have an important role in facilitating transitions to adulthood and to adult health care for young people who are least likely to do it successfully on their own.

The goals of this policy statement are to ensure that by the year 2010 all physicians who provide primary or subspecialty care to young people with special health care needs 1) understand the rationale for transition from child-oriented to adult-oriented health care; 2) have the knowledge and skills to facilitate that process; and 3) know if, how, and when transfer of care is indicated.

WHAT IS MEANT BY "HEALTH CARE
TRANSITIONS"?

Transitions are part of normal, healthy development and occur across the life span. Transition in health care for young adults with special health care needs is a dynamic, lifelong process that seeks to meet their individual needs as they move from childhood to adulthood. The goal is to maximize lifelong functioning and potential through the provision of high-quality, developmentally appropriate health care services that continue uninterrupted as the individual moves from adolescence to adulthood. It is patient centered, and its cornerstones are flexibility, responsiveness, continuity, comprehensiveness, and coordination.

Physicians are of special importance in this process because of the frequent contact with many of these young people and the close relationships that often develop with them and their families.

A well-timed transition from child-oriented to adult-oriented health care allows young people to optimize their ability to assume adult roles and functioning. For many young people with special health care needs, this will mean a transfer from a child to an adult health care professional; for many others, it will involve an ongoing relationship with the same provider but with a reorientation of clinical interac-

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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tions to mirror the young person's increasing maturity and emerging adulthood.

Whether the transition entails a transfer of care or not, all adults with special health care needs deserve an adult focused primary care physician. This is not to say that the child health specialist will not have an ongoing role. Rather, it is to affirm that just as children receive optimal primary care in a medical practice experienced in the care of children, so too adults benefit from receiving care from physicians who are trained and experienced in adult medicine.⁵ Whether or not a transfer of care occurs, successful transition requires communication and collaboration among primary care specialists, subspecialists, young adult patients, and their families.

WHY IS PLANNING FOR TRANSITIONS IMPORTANT NOW?

*Healthy People 2010*⁶ established the goal that all young people with special health care needs will receive the services needed to make necessary transitions to all aspects of adult life, including health care, work, and independent living. Just as the Individuals With Disabilities Education Act of 1997⁷ requires a plan for education transition, so too there should be a plan for health care transition. The challenges faced by health care professionals include ensuring age-appropriate care, advocating for improved health insurance coverage, and negotiating adequate compensation for services provided.

Optimal health care is achieved when every person at every age receives health care that is medically and developmentally appropriate. The central rationale for health care transition planning for young people with special health care needs is to achieve this goal by ensuring that adults receive primary medical care from those trained to provide it.

CRITICAL FIRST STEPS TO ENSURING SUCCESSFUL TRANSITIONING TO ADULT-ORIENTED HEALTH CARE

1. Ensure that all young people with special health care needs have an identified health care professional who attends to the unique challenges of transition and assumes responsibility for current health care, care coordination, and future health care planning. This responsibility is executed in partnership with other child and adult health care professionals, the young person, and his or her family. It is intended to ensure that as transitions occur, all young people have uninterrupted, comprehensive, and accessible care within their community.
2. Identify the core knowledge and skills required to provide developmentally appropriate health care transition services to young people with special health care needs and make them part of training and certification requirements for primary care residents and physicians in practice.
3. Prepare and maintain an up-to-date medical summary that is portable and accessible. This information is critical for successful health care transition and provides the common knowledge base for collaboration among health care professionals.

4. Create a written health care transition plan by age 14 together with the young person and family. At a minimum, this plan should include what services need to be provided, who will provide them, and how they will be financed. This plan should be reviewed and updated annually and whenever there is a transfer of care.
5. Apply the same guidelines for primary and preventive care for all adolescents and young adults, including those with special health care needs, recognizing that young people with special health care needs may require more resources and services than do other young people to optimize their health. Examples of such guidelines include the American Medical Association's *Guidelines for Adolescent Preventive Services (GAPS)*,⁸ the National Center for Education in Maternal and Child Health's *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*,⁹ and the US Public Health Service's *Guidelines to Clinical Preventive Services*.¹⁰
6. Ensure affordable, continuous health insurance coverage for all young people with special health care needs throughout adolescence and adulthood. This insurance should cover appropriate compensation for 1) health care transition planning for all young people with special health care needs, and 2) care coordination for those who have complex medical conditions.

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A Consensus Statement on Health Care Transitions for Young Adults With Special Health Care Needs

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ADOLESCENT HEALTH CARE SKILLS CHECKLIST

HEALTH CARE SKILLS	YES	DATE	NO	NEEDS PRACTICE	PLAN TO START
Understands diagnosis					
Knows medications					
Knows what medications are for					
Knows how to refill medications					
Knows how to make appointments					
Knows how to keep appointment calendar					
Understands importance of asking questions					
Writes down questions					
Feels comfortable asking about sex, drugs, etc.					
Understands confidential services regarding birth control and how to access them					
Understands impact of alcohol and drugs on medical condition					
Knows how to contact Doctor with non-urgent questions					
Knows warning signs when emergency care is needed					
Knows how to read thermometer					
Knows who to call in emergency					
Understands insurance, referral process, carries insurance card					
Has medical notebook, understands importance of record keeping					
Knows names and contact numbers of specialists					
Knows who their Doctor will be when turns 18					
Understands role as own health advocate					
Has contact numbers of appropriate community					

ADOLESCENT HEALTH CARE SKILLS CHECKLIST

advocacy organization(s)					
Understands their medical equipment i.e. wheelchair and how to contact vendors for repairs					

USE COUNTY LETTERHEAD
Sample letter to CCS Parent Regarding the
Transition of Care for Clients 16 Years of Age and Older

Date:

Parent/Guardian of CCS Client

Address

City, State Zip

We are writing to families with teenagers who are 16 years or older and enrolled in the California Children's Services (CCS) Program. Your teenager will soon be a young adult and now is a good time for you to both start talking about their health care when they turn 21 years old.

Caring for your teenager with special health care needs presents many challenges and you may ask, "How can I think about tomorrow when I'm just trying to make it through today?" But when those moments come when you can catch your breath, it may be helpful to be aware of their health care transition needs and together with your teenager start talking about their transition to an adult doctor.

As we all know, transitioning to adulthood can be a challenging, frustrating, and rewarding time of life. Aside from health care needs, other transitions include starting new programs, working with new agencies and care providers, and making new friends. Transitions involve changes: adding new expectations, responsibilities, or resources, and letting go of others.

Below are a few ideas for you and your teenager to start talking about for their health care transition plan:

- Who will be my teenager's doctor when they turn 21?
- When my teenager no longer lives with me how will they get to their doctor appointments?
- When my teenager no longer lives with me how can I be sure they take their medicine?

Now that your teenager is 16 or older we will be contacting you to arrange an Adolescent Health Care Transition Conference. At this time we will talk with you and your teenager about making a health care transition plan. In the meantime, we encourage you to contact your teenager's doctor and/or Special Care Center about their health care transition. Planning for the future is very important and does make a difference for your teenager's health care needs.

USE COUNTY LETTERHEAD
Sample letter to CCS Parent Regarding the
Transition of Care for Clients 16 Years of Age and Older

Further information about transition can be found at the Maternal and Child Health Bureau at Georgetown University. They have an excellent website with resources and information about all phases of transition planning. The website address is:

www.mchlibrary.info/knowledgerpaths/kp_cshcn.html

Sincerely,

(CCS Nurse Case Manager)
(Pertinent Contact Information)

**CALIFORNIA CHILDREN'S SERVICES
ADOLESCENT TRANSITION CONFERENCE (ATC)
ADOLESCENT TRANSITION HEALTH CARE PLAN**

NAME: _____ **BIRTHDATE:** _____

DIAGNOSIS: _____ **CCS#** _____

16 yrs. ATC date	Primary Care Physician/Medical Home		Other case managing agency (s) Therapist		
	Name: Address:	(County Name):	yes	no	Caseworker: _____
			yes	no	
	Dentist:	IHO:	yes	no	Attendance: _____
IEP:		yes	no		
	School District:	yes	no	Residence: _____	
Healthcare Coverage		Current Authorizations			
<input type="checkbox"/> Medi-Cal _____	Provider: _____	Dates: _____			
<input type="checkbox"/> CCS Only _____	Service: _____	Dates: _____			
<input type="checkbox"/> Healthy Families	Provider: _____	Dates: _____			
<input type="checkbox"/> Private Insurance: coverage type:	Service: _____	Dates: _____			
HMO _____ PPO _____ Other _____	Provider: _____	Dates: _____			
<input type="checkbox"/> No insurance	Service: _____	Dates: _____			

18 yrs. ATC date	Primary Care Physician/Medical Home		Other case managing agency (s) Therapist		
	Name: Address:	(County Name):	yes	no	Caseworker: _____
			yes	no	
	Dentist:	IHO:	yes	no	Attendance: _____
IEP:		yes	no		
	School District:	yes	no	Residence: _____	
Healthcare Coverage		Current Authorizations			
<input type="checkbox"/> Medi-Cal _____	Provider: _____	Dates: _____			
<input type="checkbox"/> CCS Only _____	Service: _____	Dates: _____			
<input type="checkbox"/> Healthy Families	Provider: _____	Dates: _____			
<input type="checkbox"/> Private Insurance: coverage type:	Service: _____	Dates: _____			
HMO _____ PPO _____ Other _____	Provider: _____	Dates: _____			
<input type="checkbox"/> No insurance	Service: _____	Dates: _____			

20 yrs. ATC date	Primary Care Physician/Medical Home		Other case managing agency (s) Therapist		
	Name: Address:	(County Name):	yes	no	Caseworker: _____
			yes	no	
	Dentist:	IHO:	yes	no	Attendance: _____
IEP:		yes	no		
	School District:	yes	no	Residence: _____	
Healthcare Coverage		Current Authorizations			
<input type="checkbox"/> Medi-Cal _____	Provider: _____	Dates: _____			
<input type="checkbox"/> CCS Only _____	Service: _____	Dates: _____			
<input type="checkbox"/> Healthy Families	Provider: _____	Dates: _____			
<input type="checkbox"/> Private Insurance: coverage type:	Service: _____	Dates: _____			
HMO _____ PPO _____ Other _____	Provider: _____	Dates: _____			
<input type="checkbox"/> No insurance	Service: _____	Dates: _____			

**CALIFORNIA CHILDREN'S SERVICES
ADOLESCENT TRANSITION CONFERENCE (ATC)
ADOLESCENT TRANSITION HEALTH CARE PLAN**

Medical Services	16 yrs.		18 yrs.		20 yrs.						
Medical Specialists currently involved: <input type="checkbox"/> Orthopedist <input type="checkbox"/> Neuro <input type="checkbox"/> GI <input type="checkbox"/> Pulmon <input type="checkbox"/> Ophthalm <input type="checkbox"/> Urol <input type="checkbox"/> Genetics <input type="checkbox"/> Other_____	yes	no	yes	no	yes	no					
Will current specialists continue care after discharge from CCS program and accept patient's mode of funding?	yes	no	yes	no	yes	no					
Patient/caregiver have provided signed consent for release of latest Medical Therapy Conference dictation, therapy assessment/plan and all x-rays from unit (final transition)	yes	no	yes	no	yes	no					
Medical Home/Primary Care Physician/Medical Therapy Conference											
Do you have a current Medical Home or PCP who can provide care following your discharge from CCS regarding important needs such as overall medical care, supplies and medication?	yes	no	yes	no	yes	no					
Behavior/personality/attitude changes/concerns noted and referred to Social Work, Medical Home or PCP for follow up as needed.	yes	no	yes	no	yes	no					
Sex education (sexuality, birth control, etc.): referral to Medical Home or PCP for follow up as needed.	yes	no	yes	no	yes	no					
Substance abuse: referral to Medical Home or PCP for follow up as needed.	yes	no	yes	no	yes	no					
General Equipment Information		Therapist		16 yrs.		18 yrs.		20 yrs.			
Home visit completed if needed				yes	no	yes	no	yes	no		
Patient has braces or splints: _____				yes	no	yes	no	yes	no		
Patient has DME vendor and Orthotist information				yes	no	yes	no	yes	no		
Durable Medical Equipment – Rehab		Therapist		Purchase Date		16 yrs.		18 yrs.		20 yrs.	
Wheelchair: manual				yes	no	yes	no	yes	no		
Wheelchair: power				yes	no	yes	no	yes	no		
Walker/crutches				yes	no	yes	no	yes	no		
Braces				yes	no	yes	no	yes	no		
Toileting equipment				yes	no	yes	no	yes	no		
Bath equipment				yes	no	yes	no	yes	no		
ADL equipment (e.g., dressing, grooming)				yes	no	yes	no	yes	no		
Feeding equipment				yes	no	yes	no	yes	no		
Communication device				yes	no	yes	no	yes	no		
Hospital bed				yes	no	yes	no	yes	no		
Ramps				yes	no	yes	no	yes	no		
Lift				yes	no	yes	no	yes	no		
Durable Medical Equipment – Medical		Purchase Date		16 yrs.		18 yrs.		20 yrs.			
Ventilator				yes	no	yes	no	yes	no		
O ₂ Supplies				yes	no	yes	no	yes	no		
Apnea Monitor				yes	no	yes	no	yes	no		
Trach. Supplies				yes	no	yes	no	yes	no		
Other:				yes	no	yes	no	yes	no		
				yes	no	yes	no	yes	no		
				yes	no	yes	no	yes	no		

**CALIFORNIA CHILDREN'S SERVICES
ADOLESCENT TRANSITION CONFERENCE (ATC)
ADOLESCENT TRANSITION HEALTH CARE PLAN**

Indicate N/A if item is not applicable to patient

Funding	Social Worker	16 yrs.		18 yrs.		20 yrs.	
Patient has been advised to apply for SSI		yes	no	yes	no	yes	no
If patient does not qualify for SSI, alternative means of funding and/or coverage by certain community agency's (e.g., Regional Center, Charities) services have been discussed for expenses such as medical services, supplies, equipment and equipment repairs		yes	no	yes	no	yes	no
Resources	Social Worker	16 yrs.		18 yrs.		20 yrs.	
Does family need help or have questions about:							
Guardianship/Conservatorship		yes	no	yes	no	yes	no
Living Situation/Respite care		yes	no	yes	no	yes	no
Mental Health		yes	no	yes	no	yes	no
In-Home Supportive Services, (IHSS), In Home Operations (IHO)		yes	no	yes	no	yes	no
Recreational/Social activities		yes	no	yes	no	yes	no
Transportation Resources		yes	no	yes	no	yes	no

MTP use only	
Age 16 Date:	Participant Patient: _____ Therapist: _____ Parent: _____ Nurse Case Manager: _____ Physician: _____ Social Worker: _____ Other: _____ Other: _____ Information provided by: _____
MTP use only	
Age 18 Date:	Participant Patient: _____ Therapist: _____ Parent: _____ Nurse Case Manager: _____ Physician: _____ Social Worker: _____ Other: _____ Other: _____ Information provided by: _____
MTP use only	
Age 20 Date:	Participant Patient: _____ Therapist: _____ Parent: _____ Nurse Case Manager: _____ Physician: _____ Social Worker: _____ Other: _____ Other: _____ Information provided by: _____

USE COUNTY LETTERHEAD
Sample Letter to Special Care Center Requesting Information
Regarding Transition for CCS Clients

Date:

Medical Director
Special Care Center
Address
City, State Zip

Dear Dr: (Name of Medical Director)

Subject: (Name of CCS Client and CCS Number)

(CCS County) encourages health care transition planning for our CCS clients who have been determined to need long-term health care transition planning into adulthood.

Our approach is to develop an individual planning process, commencing in early adolescence and continuing until CCS services end at age 21. Our case management staff is committed to fostering independence and self-care on the part of the client and family.

As CCS approved Special Care Centers provide comprehensive care to our clients with complex medical conditions, the Centers play a crucial role in establishing health care transition plans.

In order to best coordinate the transition process for our mutual client, we are requesting that you provide us with the following information and documents:

- Pertinent reports in which transition planning has been addressed with the above named client/family.
- Notification to the CCS office and/or the client of any adult specialists that have been identified to transition the medical care.
- Evaluate and inform CCS of any Durable Medical Equipment needs (typically, before age of 20) in order to allow sufficient time for CCS to authorize any new/replacement equipment.

Working together, we can ensure a smooth transition and help to facilitate the development of a comprehensive coordinated system of care for (CCS client name).

If you need any further assistance, please contact me at the number below.

Sincerely,

(CCS Nurse Case Manager)
(Pertinent Contact Information)

USE COUNTY LETTERHEAD
Adult Services Declaration/Notice of Privacy Practices

Date:

Parent/Guardian of CCS Client

Address

City, State Zip

Subject: Notice of Privacy Practices for (CCS client name)

Congratulations, your son/daughter will turn 18 on their next birthday!

In the past, CCS staff discussed with both parents and caregivers about (CCS client name) medical care and treatment. However, at age 18, the law requires that we only talk with (CCS client name) about their medical care, unless they are not able to understand. In addition, we are required to provide all clients with a copy of the Notice of Privacy Practices brochure.

I encourage you to talk with your son/daughter about how they want to manage their confidential medical information and treatment. Once a decision has been made on who is responsible for making (CCS client name) medical decisions when they turn 18, the enclosed Adult Services Declaration Form must be completed and returned.

If we do not receive the completed and signed Adult Services Declaration and receipt of Notice of Privacy Practices form we will only be able to discuss medical care and treatment with (CCS client name) after his/her 18th birthday, unless other arrangements have been made with our office.

If you have any questions, please contact me at the number below.

Sincerely,

(CCS Nurse Case Manager)
(Pertinent Contact Information)

Attachments

**USE COUNTY LETTERHEAD
Notice of Privacy Practices**

By signing this form, you acknowledge receipt of the Notice of Privacy Practices from the **(County Health Department)**. The Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to review it carefully. The Notice of Privacy Practices is subject to change. If the Notice is changed, you may obtain a revised copy by visiting our website at **(insert county website address)** or on request from our staff.

I acknowledge receipt of the Notice of Privacy Practices from **(insert County Health Department)** Public Health.

Signature: _____
(Client / Parent / Guardian)

Date: _____

Signature: _____
(CCS Client Name)

Date: _____

**USE COUNTY LETTERHEAD
Adult Services Declaration Form**

Instructions for completion:

Section A:

Fill in date, client's name and CCS number.

Section B:

To be completed by client, if CCS client is able to understand and make medical decisions.

- Fill in name of client
- Check only one box (do not check both)
- If second box checked, give name, relationship and phone number of designated family member
- Signature of client (needs a witness if client signing "X")

Section C:

To be completed by parent/guardian, if CCS client is not able to understand or make medical decisions.

- Check only one box (do not check both)
- If first box checked, fill in name of client, and the assigned court of the conservatorship and date
- For either box checked, signature of parent/guardian and witness (name, address, phone number)

<u>Section A:</u>	Date: _____ Client's Name: _____ CCS#: _____
-------------------	--

<u>Section B:</u>	After my eighteenth birthday, I, _____ (CCS client)						
To be filled out by CCS Client	<input type="checkbox"/> would like CCS to communicate with me only about my medical condition						
if able to understand and make medical decisions	OR <input type="checkbox"/> would like CCS to communicate with the following family members about my medical condition in addition to me:						
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-top: 1px solid black; width: 40%;"></td> <td style="border-top: 1px solid black; width: 30%;"></td> <td style="border-top: 1px solid black; width: 30%;"></td> </tr> <tr> <td style="text-align: center;">Name</td> <td style="text-align: center;">Relationship</td> <td style="text-align: center;">Phone Number</td> </tr> </table>				Name	Relationship	Phone Number
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	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-top: 1px solid black; width: 70%;"></td> <td style="border-top: 1px solid black; width: 30%;"></td> </tr> <tr> <td style="text-align: center;">Name</td> <td style="text-align: center;">Phone Number</td> </tr> </table>			Name	Phone Number		
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	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="border-top: 1px solid black; height: 20px;"></td> </tr> <tr> <td colspan="3" style="text-align: center;">CCS Client Address</td> </tr> </table>				CCS Client Address		
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Signature of Witness (if client signs with an "X")	Relationship	Phone Number					

USE COUNTY LETTERHEAD
Sample letter to Treating Physician (Non Special Care Center) Regarding
Continuity of Care

Date:

CCS Provider Name

Address

City, State Zip

Dear Dr:

Subject: (Name of CCS Client and CCS Number)

Your patient (CCS client name) is currently a CCS client and CCS is authorizing payment for your services that relate to (his/her) CCS condition. (CCS client name) will soon turn 21 years old and eligibility for CCS services will end on (his/her) birthday.

As part of our transition planning to adult health care services, we would like to know if you intend to continue to treat (CCS client name) beyond age 21. If not, do you have an adult health care provider to whom you refer?

Please check the appropriate box below and return to our office via fax (insert fax number) or mail. Your prompt attention is appreciated.

- Yes, I will continue to provide care.
- No, I will not continue to provide care.
- I plan to refer to the following adult care provider:

NAME OF PROVIDER: _____

- No, I have not identified an adult provider and would like CCS to assist in finding an appropriate provider.

Please contact me if you have any questions or wish to discuss (CCS client name) future care. Thank you for your assistance and we look forward to receiving your response at your earliest convenience.

Sincerely,

(CCS Nurse Case Manager)
(Pertinent Contact Information)

USE COUNTY LETTERHEAD
Generic Letter to CCS Clients Approaching Their 21st birthday

Date:

CCS Client's Name

Address

City, State Zip

Dear CCS (Client's Name):

Congratulations, in the very near future, you will celebrate your 21st birthday.

There are many important changes in your life that will happen when you turn 21 and I would like to meet with you about them and your plans for future care.

Some changes that may occur are listed below:

- You will no longer be eligible for CCS services; however, you may qualify for other programs or services for adults with special health care needs.
- You may have to change to a doctor who only treats adult patients.

In addition, we would like to suggest that you invite any family members or important people in your life (e.g., Regional Center Case Worker or Rehabilitation Counselor) to participate in our meeting.

Please take some time to think of your ideas/concerns in the following areas so that we can discuss them during the meeting:

- Health Care
- Education
- Work
- Living Situation
- Recreational/Social Activities

Please contact me soon so we can arrange for a meeting/conference.

Sincerely,

(CCS Nurse Case Manager)

(Pertinent Contact information)

**California Children's Services
Final Transition Summary
EXIT INTERVIEW/SURVEY**

- **CCS File Copy**
- **CCS Client COPY**

Client Name: _____ CCS #: _____
Date: _____

MEDICAL CARE

Primary Care Physician

Name: _____ Phone: _____
Address: _____ Fax: _____

Dentist

Name: _____ Phone: _____
Address: _____

Special Care Treatment Center/Specialty Doctor/Service

Name/Specialty: _____ Phone: _____
Address: _____

Pharmacy

Name: _____ Phone: _____
Address: _____

**California Children's Services
Final Transition Summary
EXIT INTERVIEW/SURVEY**

Additional Information

OTHER SERVICES

Contact Name	Phone / Website
<input type="checkbox"/> Rehab Services _____	_____
<input type="checkbox"/> In-Home Support Services _____	_____
<input type="checkbox"/> Transportation _____	_____
<input type="checkbox"/> SSI/Financial Support _____	_____
<input type="checkbox"/> Regional Center _____	_____
<input type="checkbox"/> Health Insurance _____	_____

EQUIPMENT/SUPPLIES

Item	Vendor Name	Phone	Date Provided
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Completed by: _____

Date: _____