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)