BECOMING INDEPENDENT

A GUIDE TO HELP ADOLESCENTS DEVELOP SKILLS FOR HEALTHCARE TRANSITION

For more information contact:

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Adolescent Healthcare Transition Tools

ADOLESCENT HEALTHCARE TRANSITION

Adolescent Healthcare Transition is the process of teaching adolescents’ skills and knowledge to gain independence for managing healthcare needs as an adult. Healthcare Transition should occur over several years to be most effective and gives the adolescent, their parent/caregiver, and pediatric healthcare provider(s), time to prepare for the eventual transfer of healthcare needs to adult provider(s).

WHY IS HEALTHCARE TRANSITION IMPORTANT?

The goal of healthcare transition is to teach young adults how to become independent in healthcare matters. This includes learning how to make healthy life choices, access health insurance and care, and effectively manage health conditions. Young adults should also be given the opportunity to ask questions and practice making healthcare decisions in a medical setting prior to moving to adult care.

The healthcare transition process should also support parents and caregivers as they encourage adolescents to take more responsibility for healthcare needs. Together adolescents and parents/caregivers need to be aware of things like potential changes in health insurance coverage and how adolescents begin consenting for their own medical treatment when turn 18.

For healthcare providers using checklists during this time can help to assess the skills and knowledge of adolescents who are learning how to manage their own healthcare needs. The transition process also gives pediatric providers the opportunity to gather all relevant healthcare information for adult providers to successfully manage the care of adolescent patients, as they move from pediatric to adult care.

This guide offers a variety of tools and resources to help adolescents, parents/caregivers, and healthcare providers through the healthcare transition process.
When a child is born, parents/caregivers immediately begin teaching skills to help their child succeed later in life. Below is a timeline to help plan for success managing healthcare needs as a child grows up.

### Table 1
Timeline for transition planning

<table>
<thead>
<tr>
<th>Age</th>
<th>Key Elements of Planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–3 years</td>
<td>Encourage self-help with simple activities of daily living, seldom doing for children what they can do for themselves. Connect with early intervention programs in the community for help in assessing development and treating delays.</td>
</tr>
<tr>
<td>3–5 years</td>
<td>Assign children developmentally appropriate household chores and give them opportunities to interact with others in a variety of situations. Enroll children in preschool programs, such as Head Start.</td>
</tr>
<tr>
<td>5–8 years</td>
<td>Begin asking “What will you be when you grow up?”</td>
</tr>
<tr>
<td>8–10 years</td>
<td>Begin helping the child interact directly with health care providers and take responsibility for his or her own health care.</td>
</tr>
<tr>
<td>10–11 years</td>
<td>Provide career guidance with a focus on individual abilities and interests and how the disabilities might affect career choices. Connect with school system’s school-to-work program if available.</td>
</tr>
<tr>
<td>12 years</td>
<td>Provide adolescents with transition workbooks or other activities that can help them focus on their talents, likes, personality traits, supports, challenges, and self-awareness. Young people can then look to the future and develop the vision, goals, skill development expectations, resources, and supports needed to be successful in adulthood.</td>
</tr>
<tr>
<td>12–13 years</td>
<td>Consider helping young teens find a small paying or volunteer job.</td>
</tr>
<tr>
<td>13–14 years</td>
<td>Obtain written information about their state’s vocational rehabilitation programs and school-based transition programs.</td>
</tr>
<tr>
<td>14 years</td>
<td>Develop a transition plan to adult living, including health services.</td>
</tr>
<tr>
<td>14–18 years</td>
<td>Ask the teen what he or she wants to do as an adult and how he or she hopes to make it happen. Help the teen and parents determine the need for assistance with development of marketable skills and other transition issues.</td>
</tr>
<tr>
<td>18–19 years</td>
<td>One year before discharge from the pediatric health care system, help the adolescent identify an appropriate adult health care provider and plan for release and transfer of information to him or her.</td>
</tr>
</tbody>
</table>


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QUESTIONS FOR PARENTS STARTING TRANSITION PROCESS:

DURING YOUR CHILD’S ADOLESCENT YEARS:

☐ When does my child start to meet with you on their own for part of the visit to become more independent when it comes to their own health and health care?
☐ What does my child need to learn to get ready for adult health care? Do you have a checklist of self-care skills that my child needs to learn?
☐ Can I work with you to prepare a Medical Summary and Emergency Care Plan for my child?
☐ Before my child turns 18 and becomes a legal adult, what information about privacy and consent do we need to learn about? If my child needs help with making health decisions, where can I get information about this?
☐ At what age does my child need to change to a new doctor for adult health care?
☐ Do you have any suggestions of adult doctors for my child to transfer to?

QUESTIONS FOR ADOLESCENT AND/ OR PARENT TO ASK:

BEFORE MAKING THE FIRST APPOINTMENT TO A NEW ADULT DOCTOR:

☐ Do you take my health insurance?
☐ Where is your office located? Is there parking or is it near a metro/bus stop?
☐ What are your office hours, and do you have walk-in times?
☐ What is your policy about making and cancelling appointments?
☐ If needed, can the new adult doctor help find adult specialty doctors?

BEFORE THE FIRST VISIT TO THE NEW ADULT DOCTOR:

☐ Did you receive my medical summary from the pediatric doctor? (If not, call the pediatric doctor to remind them to send the medical summary before your first visit to the new adult doctor.)
☐ What should I bring to the first visit?

For more information: https://www.gottransition.org/youthfamilies/index.cfm
Adolescent Healthcare Transition Tools

ASK ME 3 QUESTIONS AND CHECKLIST

Write Your Doctor’s Answers to the 3 Questions Here:

1. What is my main problem?

2. What do I need to do?

3. Why is it important for me to do this?

Tips for Clear Health Communication

✓ Check off the ones you will try:

☐ I will ask the 3 questions.

☐ I will bring a friend or family member to help me at my doctor visit.

☐ I will make a list of my health concerns to tell my doctor or nurse.

☐ I will bring a list of all my medicines when I visit my doctor or nurse.

☐ I will ask my pharmacist for help when I have questions about my medicines.

Bring your medicines with you the next time you visit your doctor or pharmacist. Or, write the names of the medicines you take on the lines below.

Like many people, you may see more than one doctor. It is important that your doctors know all the medicines you are taking so that you can stay healthy.

Taken from: The Institute for Healthcare Improvement/National Patient Safety Foundation (IHI/NPSF)
Ask Me 3®
Adolescent Healthcare Transition Tools

HEALTHCARE TRANSITION CHECKLIST:

As you start to plan for adult health care, learn how to be healthy and about your medical condition needs. It takes practice to develop skills that lead to health independence. Below is a checklist that can help you plan for the future.

<table>
<thead>
<tr>
<th>KNOWLEDGE</th>
<th>Yes /No/ Not Applicable</th>
<th>What do you want to learn? Who can help you learn? Other Thoughts?</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know my medical needs.</td>
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<tr>
<td>I can explain each medical need to others.</td>
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<tr>
<td>I can explain accommodations/ help I need at school/ work.</td>
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<td>I know my symptoms and when I need medical help.</td>
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<td>I can name my allergies to medicines and food.</td>
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<tr>
<td>I can name all my medications or carry a list of my medications.</td>
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<tr>
<td>I know the reason for each medication.</td>
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<tr>
<td>I know the name and phone numbers of my medical provider(s) or have a list</td>
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<td>I know how each medical provider helps me.</td>
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<tr>
<td>I ask questions when I am at medical appointments.</td>
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<tr>
<td>I know how my condition affects different activities (sports, driving etc.)</td>
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<tr>
<td>I understand my mental health needs</td>
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<td>I know how alcohol, drugs, or tobacco might affect with my condition and medications.</td>
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<tr>
<td>I know how my condition/ medications might affect sexuality and pregnancy.</td>
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<tr>
<td>I can talk about my beliefs or customs and how they affect my health care decisions/ treatment.</td>
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<tr>
<td>BEHAVIORS</td>
<td>Yes/No/Not Applicable</td>
<td>What do you want to learn?</td>
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<tr>
<td>I wear a medical alert bracelet for my conditions or allergies.</td>
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<tr>
<td>I know who to contact for non-urgent medical needs (refills, questions etc.).</td>
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<tr>
<td>I understand how to read a prescription.</td>
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<tr>
<td>I can fill a prescription independently.</td>
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<tr>
<td>I can make a medical appointment independently.</td>
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<tr>
<td>I know where to go for emergency care.</td>
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<tr>
<td>I am comfortable making major medical decisions.</td>
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<tr>
<td>I communicate independently with my medical providers during visits.</td>
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<tr>
<td>I have met with my medical provider alone for part of the visit.</td>
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</table>

<table>
<thead>
<tr>
<th>ADHERENCE</th>
<th>Yes/No/Not Applicable</th>
<th>What do you want to learn?</th>
<th>Who can help you learn?</th>
<th>Other Thoughts?</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know when to take my medications or treatments.</td>
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<tr>
<td>I take my medications or treatments independently.</td>
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<tr>
<td>I know why I need the medical treatment my provider is recommending.</td>
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</table>

<table>
<thead>
<tr>
<th>INDEPENDENCE</th>
<th>Yes/No/Not Applicable</th>
<th>What do you want to learn?</th>
<th>Who can help you learn?</th>
<th>Other Thoughts?</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know where I am going to live in the future.</td>
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<tr>
<td>I know how I will pay for my living and health needs.</td>
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</tbody>
</table>
### Adolescent Healthcare Transition Tools

<table>
<thead>
<tr>
<th>Statement</th>
<th>Question</th>
<th>Response</th>
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</thead>
<tbody>
<tr>
<td>I have an idea of what I want to do in the future in terms of continuing education or work.</td>
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<tr>
<td>I have a way to get to doctor’s appointments/ work/ classes.</td>
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<td>I have recreational activities or hobbies I enjoy.</td>
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<tr>
<td>I have assessed the need for guardianship or help as an adult making decisions.</td>
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</tr>
</tbody>
</table>

#### PLANNING FOR ADULT HEALTH CARE

<table>
<thead>
<tr>
<th>What do you want to learn?</th>
<th>Who can help you learn?</th>
<th>Other Thoughts?</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have talked to my medical provider about eventually transferring to adult care (practice/department policies).</td>
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<tr>
<td>I have a plan for adult primary care.</td>
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<tr>
<td>I have a plan for adult specialty care.</td>
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<tr>
<td>I understand my current health insurance and how long I can keep it.</td>
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<tr>
<td>I have a plan for adult insurance.</td>
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<tr>
<td>I know about government benefits and programs that may be available to me as an adult. (SSI, SSDI, DRS waiver)</td>
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<tr>
<td>I have a Medical Summary and it is up to date.</td>
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<tr>
<td>I know and understand how consent and confidentiality changes when I turn 18.</td>
<td></td>
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</tr>
</tbody>
</table>
### Adolescent Healthcare Transition Tools

<table>
<thead>
<tr>
<th>Responsibility for Medical Needs</th>
<th>Caregiver Takes or Initiates Responsibility all the Time</th>
<th>Caregiver &amp; Adolescent Share Responsibility</th>
<th>Adolescent Takes or Initiates Responsibility All the Time</th>
<th>N/A or No One Takes Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who Remembers AM Medications?</td>
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<tr>
<td>Who Remembers PM Medications?</td>
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<tr>
<td>Who Organizes Meds? (like pillbox etc.)</td>
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<tr>
<td>Who Makes Sure Meds Taken Properly?</td>
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<tr>
<td>Who Makes Sure There Is Enough Medication?</td>
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<tr>
<td>Who Phones In Prescription Refills/ Reorders Supplies?</td>
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<tr>
<td>Who Makes Clinic Appointments?</td>
<td></td>
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<tr>
<td>Who Remembers Appointment Time?</td>
<td></td>
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<tr>
<td>Who Remembers Labs Draws?</td>
<td></td>
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<tr>
<td>Who Discusses Health Issues at Appointments?</td>
<td></td>
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<tr>
<td>Who Phones RN/MD When Needs Arise?</td>
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</tbody>
</table>
Adolescent Healthcare Transition Tools

**Goal:** GAIN THE KNOWLEDGE TO LIVE A HEALTHY LIFE WITH MEDICAL NEEDS

**Objective 1:** What are three facts about my medical condition?

1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________

**Objective 2:** List all of my medications.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Objective 3:** What is the reason for each medication taken?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Objective 4:** Name four ways my medical condition may affect daily living and different activities like sports, driving, working etc.

1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________

**Objective 5:** Name signs and symptoms connected to my medical condition and allergies.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Objective 6:** Name medical providers, phone numbers, and how they help me.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Objective 7:** List the accommodations/ help needed at school and/or work.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Objective 8: How might alcohol, drugs, and tobacco affect my medical condition and medications?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Objective 9: How might my medical condition and medications affect sexuality and pregnancy?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Objective 10: What religious or cultural beliefs and customs might affect health care decisions and treatment?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Goal: DEVELOP SKILLS TO TAKE CARE OF DAILY MEDICAL NEEDS

Objective 1: Develop a plan of care for daily living.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Objective 2: Develop a plan of care for emergencies.
- Complete the Medical Summary and Emergency Care Plan.
- Obtain a copy or take a photograph of the front and back of the Health Insurance Card.

Objective 3: I know and understand how to consent for treatment and confidentiality when I turn 18.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Objective 4: I have assessed the need for guardianship or help making adult decisions.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Adolescent Healthcare Transition Tools

**Objective 5:** I know the name and phone number of my health insurance and how long I can keep it.

_____________________________________________________________________________________
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**Objective 7:** Where do I go when I need emergency care?

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**Objective 8:** What do I need to make a doctor’s appointment?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

**Objective 9:** What do I need to fill a prescription?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

**Objective 10:** Learn how to read a prescription bottle and take the medicine as the doctor has written.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

**Objective 11:** I know how to talk to medical providers about medical needs using Ask Me 3 questions.

What is my main problem? _____________________________________________________________

What do I need to do? _________________________________________________________________

Why is it important for me to do this? _____________________________________________________

**Objective 12:** My doctor and I have a plan for primary and specialty adult care

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Adolescent Healthcare Transition Tools

**Goal:** DEVELOP A PLAN FOR INDEPENDENCE AND ADULT HEALTH CARE

**Objective 1:** I know where I am going to live and how I will pay for living and health needs, in the future.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

**Objective 2:** I know about government benefits and what programs are available as an adult.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

**Objective 3:** I have an idea about what I want to do for continuing education or work.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

**Objective 4:** I know how I will get to medical appointments, classes, and work.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

**Objective 5:** I have hobbies or activities I enjoy.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

**Objective 6:** I know what makes friendships and close relationship healthy and safe.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Adolescent Healthcare Transition Tools

HEALTHY TRANSITIONS MOVING FROM PEDIATRIC TO ADULT HEALTH CARE

This website from New York State, created in 2006, offers resources for adolescents learning how to manage their healthcare needs. In particular, there are educational videos on various topics, including: Scheduling an Appointment; Speaking Up at Doctor’s Office; Managing Medications; Keeping a Health Summary; and Setting Health Goals.

http://healthytransitionsny.org/
# Medical Summary and Emergency Care Plan

This document should be shared with and carried by youth and families/caregivers.

<table>
<thead>
<tr>
<th>Date Completed:</th>
<th>Date Revised:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form completed by:</td>
<td></td>
</tr>
</tbody>
</table>

## Contact Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Nickname:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB:</td>
<td>Preferred Language:</td>
</tr>
<tr>
<td>Parent (Caregiver):</td>
<td>Relationship:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Cell #:</td>
<td>Home #:</td>
</tr>
<tr>
<td>E-Mail:</td>
<td>Best Way to Reach:</td>
</tr>
<tr>
<td>Health Insurance/Plan:</td>
<td>Group and ID #:</td>
</tr>
</tbody>
</table>

## Emergency Care Plan

<table>
<thead>
<tr>
<th>Emergency Contact:</th>
<th>Relationship:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Emergency Care Location:</td>
<td></td>
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</tbody>
</table>

### Common Emergent Presenting Problems

<table>
<thead>
<tr>
<th>Common Emergent Presenting Problems</th>
<th>Suggested Tests</th>
<th>Treatment Considerations</th>
</tr>
</thead>
</table>

### Special Concerns for Disaster:

### Allergies and Procedures to be Avoided

<table>
<thead>
<tr>
<th>Allergies</th>
<th>Reactions</th>
</tr>
</thead>
</table>

To be avoided | Why?

- [ ] Medical Procedures:
- [ ] Medications:

### Diagnoses and Current Problems

<table>
<thead>
<tr>
<th>Problem</th>
<th>Details and Recommendations</th>
</tr>
</thead>
</table>

- [ ] Primary Diagnosis

- [ ] Secondary Diagnosis

- [ ] Behavioral
- [ ] Communication
- [ ] Feed & Swallowing
- [ ] Hearing/Vision
- [ ] Learning
- [ ] Orthopedic/Musculoskeletal
- [ ] Physical Anomalies
- [ ] Respiratory
- [ ] Sensory
- [ ] Stamina/Fatigue
- [ ] Other
## Medical Summary and Emergency Care Plan

### Medications

<table>
<thead>
<tr>
<th>Medications</th>
<th>Dose</th>
<th>Frequency</th>
<th>Medications</th>
<th>Dose</th>
<th>Frequency</th>
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### Health Care Providers

<table>
<thead>
<tr>
<th>Provider</th>
<th>Primary and Specialty</th>
<th>Clinic or Hospital</th>
<th>Phone</th>
<th>Fax</th>
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### Prior Surgeries, Procedures, and Hospitalizations

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<thead>
<tr>
<th>Date</th>
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### Baseline

- **Vital Signs:**
  - Ht
  - Wt
  - RR
  - HR
  - BP

- **Neurological Status:**

### Most Recent Labs and Radiology

<table>
<thead>
<tr>
<th>Test</th>
<th>Date</th>
<th>Result</th>
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</table>

### Equipment, Appliances, and Assistive Technology

- Gastrostomy
- Adaptive Seating
- Wheelchair
- Tracheostomy
- Communication Device
- Orthotics
- Suctions
  - Monitors
  - Crutches
- Nebulizer
  - Apnea
  - O2
  - Walker
- Cardiac
- Glucose
- Other

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<table>
<thead>
<tr>
<th>School and Community Information</th>
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<tbody>
<tr>
<td><strong>Agency/School</strong></td>
<td><strong>Contact Information</strong></td>
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<td><strong>Contact Person:</strong> Phone:</td>
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<td><strong>Contact Person:</strong> Phone:</td>
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<tr>
<td></td>
<td><strong>Contact Person:</strong> Phone:</td>
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</tbody>
</table>

Special information that the youth or family wants health care professionals to know

Youth signature
Print Name Phone Number Date

Parent/Caregiver
Print Name Phone Number Date

Primary Care Provider Signature
Print Name Phone Number Date

Care Coordinator Signature
Print Name Phone Number Date

Please attach the immunization record to this form.
Adolescent Healthcare Transition Tools

**MAKING A DOCTOR OR MEDICAL APPOINTMENT**: Whether you make an appointment once a year or feel sick and need to be seen, there are a few tools you need in order to make a doctor’s appointment:

Begin with:

**Things You Need Before Phoning:**
- Doctor’s Name and Telephone Number
- Your Health Insurance Card
- Calendar to write the information about the appointment
- Your Date of Birth
- Know the Reason for The Appointment:
  - General check-up
  - Annual physical
  - Sick visit - give information about the problem you are having
- Your insurance information including:
  - the name of the company
  - policy number (if the policy is under a parent/guardian, know the name of the parent/guardian and their date of birth)
- The dates and times you and your parent/guardian are available to see the doctor

Once you have this information:
- Phone the doctor’s office, give your name and the name of doctor you want to see
- Answer all questions you are asked. If you do not know an answer let the person know if there are questions you do not know the answer to.
- Ask if there is any additional information you need to bring to the appointment.
- Repeat back the information given to ensure you have the correct date and time for the appointment with the doctor
- Write the appointment in your calendar and in the calendar of your parent/guardian

**ORDERING MEDICATION REFILLS**: Get a refill when you have at least one week’s worth of medication left in the bottle. In order to refill your medication, you need to know the following:
- Name and telephone number of your pharmacy
- Name of medication(s)
- Prescription number(s)
- Name of prescribing physician
- Current dosage
- When you would like to pick up the refills
- If there have been any changes to your health insurance carrier since your last refill
- If you have any new allergies
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HOW TO READ A PRESCRIPTION LABEL

Look at the prescription label above, then draw a line from each letter to the item it matches on the bottle.

<table>
<thead>
<tr>
<th><strong>A</strong></th>
<th>Instructions for taking the medication</th>
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</thead>
<tbody>
<tr>
<td><strong>B</strong></td>
<td>Number of pills, refills, and date filled</td>
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<tr>
<td><strong>C</strong></td>
<td>Pharmacy contact information</td>
</tr>
<tr>
<td><strong>D</strong></td>
<td>Your name and address</td>
</tr>
<tr>
<td><strong>E</strong></td>
<td>Additional information or instructions</td>
</tr>
<tr>
<td><strong>F</strong></td>
<td>Medication name and strength</td>
</tr>
<tr>
<td><strong>G</strong></td>
<td>Prescription Number</td>
</tr>
<tr>
<td><strong>H</strong></td>
<td>Date prescription written by doctor</td>
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</table>

HEALTH INSURANCE COVERAGE

Health insurance pays for provider services, medications, hospital care, and special equipment when you’re sick. Insurance also covers preventive health services, immunizations, mental/behavioral health services, and more. It can help you and your family stay healthy.

How do I get health insurance?

Things that affect how you get health insurance coverage include:

☐ Your age
☐ The state where you live
☐ Your income
☐ Your Employment status
☐ Whether your parents have private health insurance you can join or not
☐ Other personal situations

Things you need to know about your health insurance before you get care:

☐ Premium cost and how often to pay
☐ Yearly Deductible
☐ Co-payment for doctor visits and other medical services
☐ Percent you pay in co-insurance
☐ Cost of prescription medicine
☐ Understand the cost difference between seeing a provider IN-NETWORK and OUT OF NETWORK
☐ Know the maximum number of visits per year for services, like physical therapy or home care
☐ Understand insurance requirements to be allowed to see a specialist or go to the hospital

Below are a few health insurance words that will help you understand your health insurance coverage.

**Premium** is the amount you pay for your health insurance or plan. You, your employer, and/or your parents usually pay it monthly, quarterly, or yearly. It is not included in your deductible, your copayment, or your co-insurance.

**Deductible** is the amount you owe for health care services before your health insurance or plan begins to pay. For example, if your deductible is $1,000, your health insurance will not pay anything except for preventive care until you’ve met your $1,000 deductible.
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**Co-payment** or copay is the amount you may be required to pay for a covered service. It is usually paid at the time you receive the service. For example you may pay $25 every time you have a doctor visit.

**Co-insurance** is your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance in addition to the deductible.

**Network** is the hospitals, providers, and suppliers your health insurer has contracted with to provide health care services. Contracted providers are ‘in-network’ with your health insurance. Generally it costs less to see a provider who is ‘in-network’ than a provider ‘out-of-network’. Check with your provider each time you make an appointment, so you can know how much you have to pay.

1. Ask your parent/caregiver if you can talk with them about your health insurance coverage. Use the check list below to ask specific questions:
   - □ How much is the health insurance premium and how often it is paid?
   - □ What is the yearly deductible?
   - □ Are there co-payments for doctor visits and other medical services? How much?
   - □ Are there co-insurance costs? How much?
   - □ What is the cost for prescriptions?

2. Ask if you can see the health insurance card and a bill if they have one. Using the health insurance card, see if you can check off the following items. Ask for help if you need it.
   - □ The name of the health insurance company
   - □ Member Name
   - □ Member ID Number
   - □ Group Number
   - □ Telephone number for member services
   - □ Telephone number for Pre-authorization
   - □ Cost of prescription medicine

3. What have you learnt about health insurance coverage from talking with your parent/caregiver?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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Do You Understand Insurance?

Learn Your Insurance Benefits

- Use providers who are in your network to be sure your insurance benefits will cover as much of the cost as possible.
- Begin to learn more about what services are covered by your insurance. Know your plan’s deductible(s) and co-payments. This will be in your policy book.
- Always carry your own copy of your current insurance card.
- Find out if you need a referral from your primary care physician before you go to a new doctor or specialist.
- Find out if your insurance company will pay for your equipment to be fixed and/or replaced if necessary.
- Read about the appeal process in your policy book and use it when you think services have been denied in error.
- Before turning 18 years old, check what age your current plan coverage will end and apply for adult health insurance before your coverage ends.

When Contacting Your Insurance Company, Be Ready to Provide:

- Your name
- Date of birth
- Identification number (on your insurance card)
- Relationship to the policyholder (self, child, parent, etc.)
- Policyholder’s date of birth, address and phone number
- Date of service
- Reason you are calling
- If available, a reference number (on the EOB or letter from insurance)

Keep Track of Insurance Information

- Keep track of phone calls with your insurance company. Write down the date, the number you called, who you talked to, what you talked about and what is going to happen next.
- Follow up to make sure issues/problems are resolved.
- Keep all insurance information where you can easily find it (folder or large envelope marked insurance). Save information, such as Explanation of Benefit (EOB) forms, eligibility and denial letters, and notices regarding a change in covered or excluded services, deductibles, co-payments or out-of-pocket expenses.
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Explore Adult Insurance Options

Before turning 18 years old, check what age your current plan coverage will end and apply for adult health insurance before your coverage ends.

Employee Benefits - your own coverage: Set career goals for gainful employment with health insurance coverage offered through employment.

Employee Benefits - your parent's coverage: The Illinois Insurance Facts on Young Adult Dependent Coverage web site (http://www.insurance.illinois.gov/HealthInsurance/ya_dependent.asp) can help you figure out how long you can stay on your parents' policy and what the cost of coverage would be. Most plans carry all young adults up to age 26. Adults who are dependent on their parents for lifetime care and supervision may be able to stay on their parents' plan for longer. You can also call the Illinois Department of Insurance at (877) 527-9431 to ask questions about health care coverage.

Campus Health Plan: College students may qualify for their school’s insurance plan.

Private Plan: You may be able to purchase an individual plan from a health insurance company.

Health Benefits for Workers with Disabilities: If you have a disability and are working, you may qualify for this program. Visit http://www.hbwdillinois.com or call 1-800-226-0768 or 1-866-675-8440 (TTY).

Medicare: Individuals with certain disabilities who have received Social Security Disability Benefits for 24 months may be eligible for health insurance through Medicare. Call 1-800-MEDICARE (1-800-633-4227) or go to www.medicare.gov.

Medicaid: Denali Care and Denali KidCare. Medicaid provides health coverage and long-term care services to low income Alaskans. There are two types of Medicaid:

MAGI (Modified Adjusted Gross Income) Medicaid for:

- Parent/Caretakers
- Expansion Adults
- Children under age 19 with or without insurance
- Adults age 19-21
- Pregnant Women

Older Age and Disability related Medicaid for:

- Seniors age 65 and older
- People with Blindness or other Disabilities
- Long Term Care
- Home and Community Based Waiver Recipients
- Working Disabled
- TEFRA for children with Disabilities at Home
- Medicare Premium Assistance

For more information about Alaska Medicaid visit:
http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
Adolescent Healthcare Transition Tools

Supplemental Security Income: What Happens to My SSI When I Turn 18?

Can I keep my SSI?
- The answer is – it depends; you need to re-apply
- Social Security will complete an age 18 disability review and determine if you meet the criteria for disability benefits as an adult
- 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)
- 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 or enrolled in a training/education program, Social Security will not count up to $1,850 of earnings per month (up to $7,180 per year) before deducting from your benefit check (Student Earned Income Exclusion).
- 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

Are there ways to earn money without reducing my SSI check?
- Appeal your case
- You may continue getting your SSI check if:
  - Social Security has approved 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 be participating in these programs before Social Security turns you down and at least 2 months afterwards

For help, contact the Work Incentives Planning & Assistance (WIPA) Program in your state. Contact information can be found on the Social Security website by clicking on the Service Provider Directory link at: https://secure.ssa.gov/apps10/ocsp/providers.nsf/bystate

Additional Resources
The Redbook - A guide to Work Incentives: https://www.socialsecurity.gov/redbook/

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The Transitions RTC is part of the Systems & Psychosocial Advances Research Center (SPARC)
A Massachusetts Department of Mental Health Research Center of Excellence

For more information about Healthcare Transition Resources visit:
https://www.gottransition.org/resources/index.cfm#healthinsurance
Turning 18: What it Means for Your Health

Turning 18 may not make you feel any different, but legally, this means you are an adult.

What does this mean?
- After you turn 18, your doctor talks to you, not your parents, about your health.
- Your health information and medical records are private (or confidential) and cannot be shared unless you give the OK.
- It is up to you to make decisions for your own health care, although you can always ask others for help.

Things to know
- The confidentiality between you and your doctor is legally known as the Health Insurance Portability and Accessibility Act, or HIPAA.
- This law gives privacy rights to minors (people who are under age 18) for reproductive and sexual health, mental health, and substance abuse services. Check your state’s minor consent laws for more information.

What needs to be done?
- If you want to share medical information with others, your doctor will ask you to fill out a form that allows them to see your medical record.
- If you need help making decisions, talk to your family, your support team, or your doctor about who needs to be involved and what you need to do to make sure they can be a part of the conversations.

Additional Resources
- If you know you need extra support managing your health or making decisions, the National Resource Center for Supported Decision-Making has information to connect you with resources in your state.

Created by Got Transition (www.GetTransition.org)
Adolescent Healthcare Transition Tools

Supported Decision-Making Agreement (SDMA)

SDMA Links & Resources
- SDMA Home Page
- Decision Makers, Supporters, and Family Guardians
- Lawyers, Paralegals and Non-Lawyer Advocates
- Policy Makers and the Alaska Court System
- Public Guardians and Court Visitors
- Service Providers and Care Coordinators
- Students, Parents and Educators
- SDMA Overview
- Step-By-Step Training Videos
- Contact Information

Supported Decision-Making Agreements are written agreements that give people the help they need to make choices about their lives. These choices could be about where to live, what to do during the day, how to spend money, or when to see a doctor.

If you have an agreement, supporters can help you find out what choices you have and help you learn more about the choices you have made. They can find ways for you to try out different choices, to see how you feel and which ones you like. If you want them to, supporters can remind you of important dates and come with you to meetings or appointments. — Read more about SDMA

For more information visit: http://dhss.alaska.gov/gcdse/Pages/projects/SDMA/default.aspx