Total Questions: 35

Pediatric to Adult Transition Planning

Member Details: Name: Altruista ID: Date Of Birth: **Home Phone: Transition Assessment Select Next Question** STAYING HEALTHY: Select Next Question I currently have a family doctor or clinic that I feel comfortable to go to when I am sick or in need of a checkup and I know the kinds of health care providers I will need to see as an adult Yes, I have this Select all interventions that apply: I will ask for Other I will communicate Referral to Review With assistance With guardian, assistance in characteristics that state or local available from staff, I will provider and/or staff review coordinating the are important to me parent support physician learn where to in selecting an adult transfer of group options with look or how to local adult health care provider (website) for my SC and call for local medical records physicians in (i.e. gender, location, support in make a to new physician preparation for identifying providers experience...) selection options within transition providers my health plan Yes, I have part of this Select all interventions that apply: I will ask for I will communicate Referral to Review With assistance With guardian, Other provider and/or assistance in characteristics that available from staff I will state or local coordinating the are important to me parent support physician learn where to staff review transfer of in selecting an adult options with look or how to local adult aroup medical records health care provider (website) for my SC and call for local physicians in to new (i.e. gender, location, support in make a physician preparation for providers experience...) identifying selection options within transition providers my health plan No, but I want to have this Select all interventions that apply: I will ask for I will communicate Referral to Review With assistance With quardian, Other from staff, I will characteristics that available assistance in state or local provider and/or physician learn where to staff review coordinating the are important to me parent support transfer of in selecting an adult group options with look or how to local adult health care provider my SC and call for local medical records (website) for physicians in (i.e. gender, location, support in make a physician preparation for to new experience...) providers identifying selection options within transition my health plan providers Someone will have to do this for me Select all interventions that apply: I will ask for I will communicate Referral to With assistance With guardian, Other Review assistance in characteristics that state or local available from staff, I will provider and/or coordinating the learn where to staff review are important to me parent support physician transfer of in selecting an adult group options with look or how to local adult health care provider (website) for my SC and call for local physicians in medical records to new (i.e. gender, location, support in make a physician preparation for providers experience...) identifying selection options within transition providers my health plan I have an individualized continuity of care plan for transitioning from my current children's health plan to an adult Medicaid option Yes, I have this Select all interventions that apply: I will review With assistance I will apply for Provide information on how to access I will need a referral Other available adult community services and other information via KidsHealth to state or local Medicaid health supports under the http://video.kidshealth.org parent support plan options with STAR+PLUS program prior to /uhc/specialneeds group (website) for my TS or SC my 21st birthday support

Attachment G.8.b-3 Pediatric to Adult Transition

		Ye	s, I have part of this												
		Sele	ect all interventions th	at ap	ply:										
			I will review available adult Medicaid health plan options with my TS or SC		With assistance community serv supports under s STAR+PLUS promy 21st birthday	ices a the ogram	nd other		information	ormation on how via KidsHealth .kidshealth.org alneeds	to aco	cess		I will need a referral to state or local parent support group (website) for support	Other
	0	No	o, I want to have this												
		Sele	ect all interventions th	at ap	ply:										
			I will review available adult Medicaid health plan options with my TS or SC		With assistance community serv supports under s STAR+PLUS promy 21st birthday	ices a the ogram	nd other		information	ormation on how I via KidsHealth Ikidshealth.org Ilneeds	to ac	cess		I will need a referral to state or local parent support group (website) for support	Other
	0	Sc	omeone will have to d	o this	for me										
		Sele	ect all interventions th	at ap	ply:										
			I will review available adult Medicaid health plan options with my TS or SC		With assistance community serv supports under STAR+PLUS pro my 21st birthday	ices a the ogram	nd other		information	ormation on how via KidsHealth .kidshealth.org alneeds	to ac	cess		I will need a referral to state or local parent support group (website) for support	Other
5	I ca	n exp	olain to others how i	my fa	mily's customs	and b	eliefs mig	ght aff	fect my hea	Ilth care decisio	ns ar	id med	dical	treatments	
	0	Ye	es, I can do this												
		Sele	ect all interventions th	at ap	ply:										
			Practice discussing	my be	elief systems		Have me	mber	and/or fami	ly write down		Rece	ive re	ferrals for English as	Other
			with parents or trust understanding and a implications	ed ad	ult to increase		certain c	ustom n heal	s and/or bel th care deci	iefs and the sions to use as		a sec interp	ond la	anguage or services in my local	
		Ye	s, I can do part of thi	s											
		Sele	ect all interventions th	at ap	ply:										
			Practice discussing with parents or trust understanding and a implications	ed ad	ult to increase		certain c	ustom n heal	s and/or bel th care deci	ly write down iefs and the sions to use as		a sec	ond la	ferrals for English as anguage or services in my local	Other
		No	o, but I want to do this	5											
		Sele	ect all interventions th	at ap	ply:										
			Have member and/ocertain customs and impact on health car reference when nee	or be	eliefs and the		with pare	ents or inding		lief systems ult to increase to verbalize		a sec	ond la	ferrals for English as anguage or services in my local	Other
	Θ	Sc	meone will have to d	o this	for me										
		Sele	ect all interventions th	at ap	ply:										
			Practice discussing with parents or trust understanding and a implications	ed ad	ult to increase		certain c	ustom n heal	s and/or bel th care deci	y write down iefs and the sions to use as		a sec	ond la	ferrals for English as anguage or services in my local	Other
6	l kn	ow w	hat to do and who t	o cal	l in case of an e	merge	ency								
		Ye	s, I can do this												
		Sele	ect all interventions th	at ap	ply:										
			Will write down spec contacts including fa friends, doctors and responders	mily	members,		Will practi pretend pl using my	hone o	calls	staff I will create	e a wr	itten s	cript t	sted adult or United o use if needed pency responders	Other
		Ye	s, I can do part of thi	S											
		Sele	ect all interventions th	at ap	ply:										

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			Will practice making pretend phone calls using my phone		Will write do contacts ind friends, doo responders	cluding tors ar	family	/ members,		sta	ff I will	create a wi	itten	ent, trusted adult or Un script to use if needec emergency responde		Other
		No	o, but I want to do this													
		Sele	ect all interventions that	apply	:											
			Will write down specific contacts including fami friends, doctors and er responders	ily me	mbers,		prete	practice making and phone calls g my phone		sta	ff I will	create a wi	itten	ent, trusted adult or Un script to use if needed emergency responde		Other
		Sc	omeone will have to do t	his fo	r me											
		Sele	ect all interventions that	apply	:											
			Will write down specific contacts including fami friends, doctors and er responders	ily me	mbers,		prete	practice making and phone calls g my phone		sta	ff I will o	create a wi	itten	ent, trusted adult or Un script to use if needec emergency responde		Other
7	l un	ders	tand how my health co	onditi	on may affe	ct my	devel	opment during p	ubert	у						
		Υe	s, I know this													
		Sele	ect all interventions that	apply												
			Referrals for Communi resources that can ass family planning	•	th		ny hea	questions to ask d lth condition will a erty			out 匾		ns I h	the people I can ask a nave about my body a les		Other
		Ye	es, I know part of this													
		Sele	ect all interventions that	apply												
			Write down the people questions I have about body changes				resou	rals for Communit rces that can assis planning	•	n			ealth	estions to ask doctor a condition will affect m y		Other
		No	o, but I want to learn this	3												
		Sele	ect all interventions that	apply	:											
			Write down the people questions I have about body changes				resou	rals for Communit rces that can assi planning	•	า			ealth	estions to ask doctor a condition will affect m y		Other
		Sc	meone will have to kno	w this	for me											
		Sele	ect all interventions that	apply	:											
			Write down the people questions I have about body changes				resou	rals for Communit rces that can assi planning	,	1			ealth	estions to ask doctor a condition will affect m y		Other
8	l un	ders	tand the risks and dan	gers	of smoking	, drink	ing a	nd using drugs ir	ıcludi	ing	how th	ey affect r	ny co	ondition or interact w	ith the	
	med	licati	ons I take													
		Υe	es, I know this													
		Sele	ect all interventions that	apply												
			Review provided informational materials regarding dangers of smoking, drinking and using drugs		Identify how respond if I around pee who are sm drinking and using drugs	am rs loking, d		Referral for local community substance abuse treatment centers and options as applicable			Identify using p medica differer illicit dr	rescribed tion is t than		Learn how to identify my current prescripti interact with alcohol, tobacco or other drug what to do if I may accidentally overdos	ons gs and	Other
		Υe	es, I know some of this													
		Sele	ect all interventions that	apply	:											
			Review provided informational materials regarding dangers of smoking, drinking and using drugs		Identify how respond if I around pee who are sm drinking and using drugs	am rs loking, d		Referral for local community substance abuse treatment centers and options as applicable			Identify using p medica differer illicit dr	rescribed tion is t than		Learn how to identify my current prescripti interact with alcohol, tobacco or other drug what to do if I may accidentally overdos	ons gs and	Other
		No	o, but I want to know mo	re ab	out this											
		Sele	ect all interventions that	apply	:											

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			Review provided informational materials regarding dangers of smoking drinking and using drugs	ing,	Identify herespond around powho are drinking using dru	if I am eers smoking, and		Referral for local community substance abustreatment center and options as applicable	se		Identify how using preso medication different the illicit drug	cribed is		my cur interac tobacc what to	rent p t with o or o o do if	o identify how prescriptions alcohol, ther drugs and I may overdose		Other
	Θ	So	meone will have t	o know this	for me													
		Sele	ct all interventions	s that apply	:													
			Review provided informational materials regarding dangers of smoking drinking and using drugs	ing,	Identify herespond around powho are drinking using dru	if I am eers smoking, and		Referral for local community substance abustreatment center and options as applicable	se		Identify how using preso medication different the illicit drug	ribed is		my cur interac tobacc what to	rent p t with o or o o do if	o identify how rescriptions alcohol, ther drugs and I may overdose		Other
9	BEI	IG IN	NDEPENDENT:															
	Sel	ect N	Next Question															
10	I am	able	to take care of r	ny person	al needs	without hel	p in	cluding bathin	g, dr	essin	g, toileting	, eatin	ıg, etc					
	Θ	Ye	s, I can do this															
		Sele	ct all interventions	s that apply	:													
			Identify communi in-home services	•	s for 🥛	Referral to parent su					pictures or complete the					ctions to help		Other
	Θ	Ye	s, I can do part of	this														
		Sele	ct all interventions	s that apply	:													
			Identify communi in-home services		es for	Referral to parent su		te or local t group			pictures or complete the					ctions to help		Other
	Θ	No	o, but I want to do	this														
		Sele	ct all interventions	s that apply	:													
			Identify communi in-home services	•	es for	Referral to parent su		te or local t group			pictures or complete the		-			ctions to help		Other
	Θ	So	meone will have t	o do this fo	r me													
		Sele	ct all interventions	s that apply	:													
			Identify communi in-home services	-	s for 🧐	Referral to parent su		te or local t group			pictures or complete the					ctions to help		Other
11	l kno		here I want to liv	e as an ad	ult and k	now what s	upp	orts I need to	live ii	ndepe	endently (i.	e. me	al pre	paration	ı, clea	aning, laundry,	, getti	ing to
	Θ	Ye	s, I know this															
		Sele	ct all interventions	s that apply	:		_		_			_			_		_	
			With United staff or my families assistance I will create a goal for where I want to live	I will identify the ski have a the ski still ne to reac my goa	lls I and lls I ed ch	I will create a plan with steps needed to develop needed skills		Identify resources for in-home training supports		reso inde living	munity urces for pendent g or munity			tance		Provide information on the process of buying and renting		Other
	Θ	Ye	s, I know some of	this														
		Sele	ct all interventions	s that apply	:													
			With United staff or my families assistance I will create a goal for where I want to live	I will identify the ski have a the ski still ne to reac my goa	lls I and lls I ed ch	I will create a plan with steps needed to develop needed skills		Identify resources for in-home training supports	•	reso inde living	munity urces for pendent g or munity			tance	⊜	Provide information on the process of buying and renting		Other
	Θ	No	o, but I want to hav	e this														
		Sele	ct all interventions	s that apply	:													

		•	With United staff or my families assistance I will create a goal for where I want to live		I will identif the sk have a the sk still ne to read my go	ills I and ills I eed ch	I will create a plan with steps needed to develop needed skills		Identify resources for in-home training supports		Provide community resources for independent living or community living		Provide assistance on how to find a house or apartmen		Provide information on the process of buying and renting	Other
	Θ	So	meone will have	to de	o this fo	or me										
		Sele	ct all interventio	ns tha	at apply	/ :										
			With United staff or my families assistance I will create a goal for where I want to live		I will identif the sk have a the sk still ne to read my go	ills I and ills I eed ch	I will create a plan with steps needed to develop needed skills		Identify resources for in-home training supports		Provide community resources for independent living or community living		Provide assistance on how to find a house or apartmen		Provide information on the process of buying and renting	Other
12 I	hav	ve a ı	reliable transpo	ortatio	on plar	n in place	to get arou	nd in	the commun	ity a	nd to any ap _l	pointr	nents I have sch	nedul	ed	
	Θ	Ye	s, I have this													
		Sele	ct all interventio	ns tha	at apply	/ :										
			Obtain phone number for community transportation service		tra if se	door to do	lling on service oor pick up e available		Teach and review map of bus stops in local area	_	Draw bus route to and from daily locations		Provide drivers education resources in the community		Complete paperwork to obtain driver's license	Other
	Θ	Ye	s, I have part of	this												
		Sele	ct all interventio	ns tha	at apply	/ :										
			Obtain phone number for community transportation service		tra if se	door to do	lling on service oor pick up e available		Teach and review map of bus stops in local area	_	Draw bus route to and from daily locations		Provide drivers education resources in the community		Complete paperwork to obtain driver's license	Other
	0	No	, but I want to h	ave tl	nis											
		Sele	ct all interventio	ns tha	at apply	/ :										
			Obtain phone number for community transportation service		tra if se	door to do	lling on service oor pick up e available		Teach and review map of bus stops in local area	_	Draw bus route to and from daily locations		Provide drivers education resources in the community		Complete paperwork to obtain driver's license	Other
	0	So	meone will have	e to de	o this fo	or me										
		Sele	ct all interventio	ns tha	at apply	/ :										
			Obtain phone number for community transportation service		tra if se	door to do	lling on service oor pick up e available		Teach and review map of bus stops in local area		Draw bus route to and from daily locations		Provide drivers education resources in the community		Complete paperwork to obtain driver's license	Other
13 I	am	able	to manage my	own	mone	y and bud	lget housel	old e	expenses							
	Θ	Ye	s, I can do this													
		Sele	ct all interventio	ns tha	at apply	/ :										
			Identify commu education or ot local or web-ba resources that support financia learning	her sed		my Individ	nent skills to		I will explore options for op a checking/de card account	ebit	g parti mem	nber/ca	t and with my family aregiver when aying bills		I will create a budgeting tool or map to track my expenses	Other
	0	Ye	s, I can do part	of this	8											
		Sele	ct all interventio	ns tha	at apply	/ :										
			Identify commu education or ot			Add basic managem	money nent skills to		I will explore options for options	oenin		assis cipate	t and with my family		I will create a budgeting tool	Other

	local or web-based resources that support financial learning	•	vidualized on Plan (IEP)	a checking card accou			caregiver when paying bills		or map to track my expenses	
O No	o, but I want to do this	3								
Sele	ect all interventions that	at apply:								
•	Identify community education or other local or web-based resources that support financial learning	manage my Indiv	ic money ment skills to ridualized on Plan (IEP)	I will explor options for a checking card accou	opening /debit	member/	st and te with my family caregiver when paying bills		I will create a budgeting tool or map to track my expenses	Other
So	omeone will have to d	o this for me								
Sele	ect all interventions the	at apply:								
•	Identify community education or other local or web-based resources that support financial learning	manage my Indiv	ic money ement skills to ridualized on Plan (IEP)	I will explor options for a checking card accou	opening /debit	member/	ist and te with my family caregiver when paying bills		I will create a budgeting tool or map to track my expenses	Other
14 I unders	tand how my health	care needs or	disability may int	terfere with i	my ability to m	nake finar	icial and/or med	lical o	decisions	
Ye	es, I know this									
Sele	ect all interventions th	at apply:								
	Provide member/parent /caregiver information on guardianship and power of attorney	Make referr to guardianshi and power attorney resources	Parent2l p resource	Parent	I will learn mo about being responsible fo the decisions make and understanding the legal implications of being my own guardian	or I J	I will ask questions to my doctor before I make medical decisions to make sure I understand all my options		Staff will assist member with understanding rights and responsibilities related to medical decision making	Other
	es, I know part of this									
Sele	ect all interventions the	at apply:								
	Provide member/parent /caregiver information on guardianship and power of attorney	Make referr to guardianshi and power attorney resources	Parent2l p resource	Parent	I will learn mo about being responsible fo the decisions make and understanding the legal implications of being my own guardian	or I J	I will ask questions to my doctor before I make medical decisions to make sure I understand all my options		Staff will assist member with understanding rights and responsibilities related to medical decision making	Other
○ No	o, but I want to learn r	nore about this								
Sele	ect all interventions the	at apply:								
	Provide member/parent /caregiver information on guardianship and power of attorney	Make referr to guardianshi and power attorney resources	Parent2l p resource		I will learn mo about being responsible fo the decisions make and understanding the legal implications of being my own guardian	or I	I will ask questions to my doctor before I make medical decisions to make sure I understand all my options		Staff will assist member with understanding rights and responsibilities related to medical decision making	Other
So	omeone will have to k	now this for me								
Sele	ect all interventions the	at apply:								
	Provide member/parent /caregiver information on	Make referr to guardianshi and power	Parent2l p resource		I will learn mo about being responsible fo the decisions	or	I will ask questions to my doctor before I make	_	Staff will assist member with understanding rights and	Other

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guardianship and make and medical responsibilities attorney power of attorney resources understanding decisions to related to the legal make sure I medical decision implications of understand all making being my own my options guardian 15 MANAGING YOUR OWN HEALTHCARE: Select Next Question 16 I understand my healthcare needs and disability and can explain these needs to others Yes, I can do this Select all interventions that apply: Practice Review I will ask my I will know my Referral I will learn I will know Other available doctor health status and for support talking what how to informational about easy be confident in and about my insurance I manage materials ways or communicating advocacy health have and bills, coabout methods resources when my group care what payments needs or benefits for explaining to help me condition is resources and ask my health explain my worsening disability are questions with staff needs to health care covered of my others needs to or family and not insurance others member covered carrier Yes, I can do part of this Select all interventions that apply: Review I will ask my I will know my Referral Practice I will learn I will know Other available doctor health status and for support talking what how to informational about easy be confident in and about my insurance I manage materials ways or communicating advocacy health have and bills, coabout methods resources when my group care what payments resources for explaining to help me condition is needs or benefits and ask disability my health explain my worsening questions with staff needs to health care covered of my others needs to or family and not insurance carrier others member covered No, but I want to do this Select all interventions that apply: I will know Review I will ask my I will know my Referral Practice I will learn Other talking available doctor health status and for support what how to about easy about my manage informational be confident in and insurance I materials ways or communicating advocacy health have and bills, coabout methods resources when my care what payments aroup for explaining to help me condition is resources needs or benefits and ask my health explain my disability questions worsening are needs to health care with staff covered of my others needs to or family and not insurance others member covered carrier Someone will have to do this for me Select all interventions that apply: I will ask my I will know Review I will know my Referral Practice I will learn Other available doctor health status and for support talking what how to informational be confident in manage about easy and about my insurance I bills, comaterials ways or communicating advocacy health have and about methods payments resources when my group care what for explaining to help me condition is resources needs or benefits and ask my health disability explain my worsening questions are needs to health care with staff covered of my others needs to or family and not insurance others member covered carrier I am comfortable asking and answering questions of doctors, nurses and therapists including questions related to sexual development (i.e. birth control, safe sex, sexually transmitted infections) Yes, I can do this Select all interventions that apply:

I will practice role playing with

caregiver, trusted adult or care

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I will ask for the

opportunity to spend

I will ask for help from staff or

family member to assist me

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I will write down my

questions or comments

Other

			with writing questions comments before an appointment	and		time alone health care during each	provi		a		onfide	to build comfo nce in speakin			before I go to a medical professional	
	Θ	Ye	s, I can do part of this	some	of the time	ie										
		Sele	ct all interventions tha	t appl	y:											
			I will practice role play caregiver, trusted add coordinator to build or and confidence in spe with clinicians	ult or o	care t	I will write questions before I go profession	or co	mments	o _l tir he	me al	unity lone v care	to spend with my provider		famil with com	ask for help from staff or y member to assist me writing questions and ments before an pintment	Other
	0	No	, but I want to do this													
		Sele	ct all interventions tha	t appl	y:											
			I will practice role plate caregiver, trusted additional coordinator to build country and confidence in spewith clinicians	ult or o	care t	I will write questions before I go profession	or co	mments	o _l tir he	me al	unity lone v care	to spend with my provider		famil with com	ask for help from staff or y member to assist me writing questions and ments before an ointment	Other
	Θ	So	meone will have to do	this f	or me											
		Sele	ct all interventions tha	t appl	y:											
			I will practice role plat caregiver, trusted adu coordinator to build co and confidence in spet with clinicians	ult or o	care t	I will write questions before I go profession	or co	mments	o _l tir he	me al	unity lone v care	to spend with my provider		famil with com	ask for help from staff or y member to assist me writing questions and ments before an intment	Other
18 I	am	resp	onsible for taking m	y me	dications	and trackir	ng my	prescription	on re	efills						
	Θ	Ye	s, I do this													
		Sele	ct all interventions tha	t appl	y:											
			Highlight key pieces of information needed to fill prescriptions (such as name of medication, pharmacy phone number, etc.)		including	cate any rgies I have known (i.e. hives,		Practice ro playing with caregiver, t adult or can coordinator call the pha and fill you prescription	h truste re r how arma r	v to		Offer informat on available technology ap to support medication management			I will ask my pharmacist and/or health care provider for help in understanding my medications and the best way to make sure they are always available for me	Other
	0	Ye	s. I do this some of the	e time	:											
		Sele	ct all interventions tha	t appl	y:											
			Highlight key pieces of information needed to fill prescriptions (such as name of medication, pharmacy phone number, etc.)		I will know communi drug aller including	cate any rgies I have known (i.e. hives,		Practice ro playing with caregiver, t adult or car coordinator call the pha and fill your prescription	h truste re r how arma r	v to		Offer informa on available technology ap to support medication management	ops	•	I will ask my pharmacist and/or health care provider for help in understanding my medications and the best way to make sure they are always available for me	Other
	Θ	No	, but I want to do this													
		Sele	ct all interventions tha	t appl	y:											
			Highlight key pieces of information needed to fill prescriptions (such as name of medication, pharmacy phone number, etc.)		including	cate any rgies I have known (i.e. hives,		Practice ro playing with caregiver, t adult or can coordinator call the pha and fill you prescription	h truste re r hov arma r	v to		Offer informat on available technology ap to support medication management	pps	⊜	I will ask my pharmacist and/or health care provider for help in understanding my medications and the best way to make sure they are always available for me	Other
	0	So	meone will have to do	this f	or me											
		Sele	ct all interventions tha	t appl	y:											
			Highlight key pieces of information needed to fill prescriptions (such		I will know communi drug aller including	cate any gies I have		Practice ro playing with caregiver, t adult or car	h truste	ed		Offer informa on available technology ap to support			I will ask my pharmacist and/or health care provider for help in understanding my	Other

		as name of medication, pharmacy phone number, etc.)	dit	actions fficulty eathing.	(i.e. hives,	;	coordina call the pand fill your prescrip	pharm our			edicat anage		nt	best they	cations and the way to make sure are always able for me	
9	l am res	ponsible for sche	eduling my o	wn doc	tor appointn	nent	s and o	rderir	ng my owr	n me	dical	sup	plies			
	Ye	es, I can do this														
	Sele	ect all interventions	s that apply:													
		Encourage meml keep written log of important phone numbers and/or s for phone calls	of	equipm and ho	s minor		may b	electr e help	onic) that			care and/ sche	coordinato	calling supply stments	r, trusted adult or g doctor's office company to s or order	Other
	Ye	es, I can do part of	this													
	Sele	ect all interventions	s that apply:													
		Identify tools (print/electronic) may be helpful in tracking appointn	1	care of and/o sched	ice with caregoordinator can medical supdule appointmies/equipmen	alling oply onents	doctor's	s offic / to		equ and	uipme d how dress	nt is to		keep impo num	ourage member to o written log of ortant phone bers and/or script hone calls	Other
	N	o, but I want to do	this													
	Sele	ect all interventions	s that apply:													
		Identify tools (print/electronic) may be helpful in tracking appointn	1	care of and/o sched	ice with carect coordinator can be medical sup dule appointm ies/equipmer	alling oply onents	doctor's	s offic / to		equ and	ıipme	nt is to a	ddress	keep impo num	ourage member to o written log of ortant phone bers and/or script hone calls	Other
	S	omeone will have t	to do this for	me												
	Sele	ect all interventions	s that apply:													
		Identify tools (print/electronic) may be helpful in tracking appointn	1	care of and/o sched	ice with careg coordinator ca or medical sup dule appointm ies/equipmen	alling oply onents	doctor's	s offic / to		equ and	uipme d how dress	nt is to		keep impo num	ourage member to o written log of ortant phone bers and/or script hone calls	Other
)	EDUCA	TIONAL SERVICE	S:													
	Select	Next Question														
1	l attend	school regularly	and complet	te scho	ol assignme	nts t	hat are	on th	e right lev	el fo	r me					
	O Ye	es, I do this														
	Sele	ect all interventions	s that apply:													
		Need assistance from School Liaison	I will learn how to access disability supports and counseling services in my school	re fo	will take esponsibility or getting to chool egularly		I will use an alarm to help me get to my bus in time		I will ask teacher for accommod I need to with my assignment	or datio help			I will ask for help from the teacher when I am having trouble with an assignmen		Staff and family will assist me with learning my accommodations and how to express them	Other
	O Ye	es, I do this some	of the time													
	Sele	ect all interventions	s that apply:													
		Need assistance from School Liaison	I will learn how to access disability supports and counseling services in my school	re fo	will take esponsibility or getting to chool egularly		I will use an alarm to help me get to my bus in		I will ask the teacher for accommod I need to with my assignment	or datio help			I will ask for help from the teacher when I am having trouble with an assignmen		Staff and family will assist me with learning my accommodations and how to express them	Other

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		time			
No, but I want to do thi	is				
Select all interventions the	hat apply:				
assistance h from a School di Liaison si ai co	•	nsibility use tting to an I alarn	teacher for accommodations I need to help me with my assignments	I will ask for help from the teacher when I am having trouble with an assignment	Staff and family
Someone will have to	do this for me				
Select all interventions the	hat apply:				
assistance h from a School di Liaison si ai co	•	nsibility use tting to an I alarm	teacher for accommodations I need to help me with my assignments	I will ask for help from the teacher when I am having trouble with an assignment	Staff and family
2 I participate in and understa	and the development	of my Individualize	zed Education Plan (IEP) o	r 504 plan	
Yes, I can do this					
Select all interventions the	hat apply:				
Will Assi ensure I assi receive a from copy of scho my post- secondary goals and transition plan	istance ask my n teacher ool before	help of staff or family member, I will write down my questions before	I will ask my for a copy teacher, family procedural safeguards or staff to lead or participate in my IEP or 504 meeting	5	I will ensure all Other my accommodations I need to be successful in school are listed in my IEP or 504 plan
Yes, I do part of this					
Select all interventions the	hat apply:				
Will assi ensure I assi receive a from copy of sche my post- secondary goals and transition plan	istance ask my n teacher ool before	help of staff or family member, I will write down my questions before	I will ask my for a copy teacher, family Procedural Safeguards or staff to lead or participate in my IEP or 504 meeting	5	I will ensure all Other my accommodations I need to be successful in school are listed in my IEP or 504 plan
No, but I want to do thi	is				
Select all interventions the	hat apply:				
Will Nee ensure I assi receive a from copy of schemy post-	istance ask my n teacher ool before	help of staff or family	I will ask my for a copy teacher, of my family Procedural member, Safeguards	•	I will ensure all Other my accommodations I need to be successful in

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		secondary goals and transition plan		or 504 meeting if I can help create my goals	I will write down my questions before the meeting starts	or staff to lead or participate in my IEP or 504 meeting	:	,	under the Individuals with Disabilities Act	3	school are listed in my IEP or 504 plan		
	So	omeone will have	e to do this for m	ne									
	Sele	ect all intervention	ons that apply:										
		Will ensure I receive a copy of my post-secondary goals and transition plan	Needs assistance from school liaison	I will ask my teacher before the IEP or 504 meeting if I can help create my goals	With the help of staff or family member, I will write down my questions before the meeting starts	I will ask my teacher, family member, or staff to lead or participate in my IEP or 504 meeting	I will ask for a copy of my Procedural Safeguards	6	Staff or far member wassist me understand my rights under the Individuals with Disabilities Act	vill with ding	I will ensure all my accommodations I need to be successful in school are listed in my IEP or 504 plan		Other
23	I receive	the necessary	time and supp	orts needed t	o take care of	my health	care needs at so	chool					
	Ye	es, I get time I ne	eed										
	Sele	ect all intervention	ons that apply:										
		have a persona	ee of staff, teache al schedule that i ine or manage o	reminds me w	hen to go	I want v	quest the classes vith my teachers unselors		schedule	iest a cop and acco IEP or 504	mmodations		Other
	Ye	es, I get some of	f the time I need										
	Sele	ect all intervention	ons that apply:										
		have a persona	e of staff, teache al schedule that i ine or manage o	reminds me w	hen to go	I want v	quest the classes with my teachers unselors		schedule	uest a cop and acco IEP or 504	mmodations		Other
	O No	o, but I want to d	do this										
	Sele	ect all intervention	ons that apply:										
		have a persona	te of staff, teache al schedule that i sine or manage of	reminds me w	hen to go	I want v	quest the classes vith my teachers unselors		schedule	uest a cop and acco IEP or 504	mmodations		Other
	So	omeone will have	e to do this for m	ne									
	Sele	ect all intervention						_				_	
		have a persona	e of staff, teache al schedule that i sine or manage o	reminds me w	hen to go	I want v	quest the classes vith my teachers unselors		schedule	uest a cop and acco IEP or 504	mmodations		Other
24	CAREER	R SERVICES:											
	Select I	Next Question											
25	l know w	hat I want to d	lo after high sch	nool and have	a plan in pla	ce to achiev	ve my goals						
	Ye	es, I have this											
	Sele	ect all intervention	_	_	_	_	–				_	_	
		Complete career interest assessments such as O'NET to develop an employment	Provide and assist member with completing a career interest inventory	Create at least three goals with member for reaching	suppor	ment ms to	will create a resume or practice filling out a job application	Memb will practic job intervi- scenal with a trusted	ce ew rios	Member will know how to ask for a reference or letter of reference	Refer to resources for post-secondary planning including financial aid		Other

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goal				their post- high school goal		training, volunteer opportunities or continued education				adult			resources	
Yes, I have p	art of thi	s												
Select all inter	ventions	that apply:												
Complete career interest assessme such as O'NET to develop a employme goal	ents n	Provide and assist member with completing a career interest inventory		Create at least three goals with member for reaching their post- high school goal		Refer to local community and government programs to support vocational training, volunteer opportunities or continued education		Member will create a resume or practice filling out a job application		Member will practice job interview scenarios with a trusted adul		Member will know how to ask for a reference or letter of reference	Refer to resources for post- secondary planning including financial aid resources	Other
No, but I war	nt to have	e this												
Select all inter	ventions	that apply:												
Complete career interest assessme such as O'NET to develop a employme goal	ents n	Provide and assist member with completing a career interest inventory		Create at least three goals with member for reaching their post- high school goal		Refer to local community and government programs to support vocational training, volunteer opportunities or continued education		Member will create a resume or practice filling out a job application		Member will practice job interview scenarios with a trusted adult		Member will know how to ask for a reference or letter of reference	Refer to resources for post- secondary planning including financial aid resources	Other
Someone wi	ll have to	do this for n	ne											
No, but I want	to have t	this												
Complete career interest assessme such as O'NET to develop a employme goal	n	Provide and assist member with completing a career interest inventory		Create at least three goals with member for reaching their posthigh school goal		Refer to local community and government programs to support vocational training, volunteer opportunities or continued education		Member will create a resume or practice filling out a job application		Member will practice job interview scenarios with a trusted adult		Member will know how to ask for a reference or letter of reference	Refer to resources for post- secondary planning including financial aid resources	Other
I am aware of my	states Vo	ocational Re	habi	litation se	rvice	s and have co	mpl	eted an app	licati	on for thes	e se	rvices		
Yes, I have o	lone this													
Select all inter	ventions	that apply:												
Assist me completir VR service	g applica			Provide sta informatior materials		R contact informational	0		lentif	ber/family v y future em tunities				Other
Yes, I have o	•													
Select all inter			_		4.		L		u. 0:	-t- \/D ==			 41-	04
Provide s information materials		contact formational		to help	ident	mber/family wit tify future empl ortunities					C	ssist memb ompleting a R services		Other
No, but I war	nt to have	e this												
Select all inter	ventions	that apply:												

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			Provide state VR information and in materials			to h	nelp id	member/family with lentify future emplo opportunities				nt		letino	mber with g application for es		Other
		Sc	omeone will have to	do th	nis for me												
		Sele	ect all interventions	that a	apply:												
			Provide state VR information and in materials			to h	nelp id	member/family with lentify future emplo apportunities				nt		letino	mber with g application for es		Other
27	l un	ders	tand how my heal	th ca	re needs n	nay imp	act m	y ability to work									
	9	Ye	s, I know this														
		Sele	ect all interventions	that a	apply:												
			Assist member in learning their accommodations needed to be successful		Ensure the member understan what reas accommo are and he express than employ	ds onable dations ow to nose to		Identify accommodations and supports needed to secure and maintain meaningful employment		Practice disclosing my disability to an employer through role play exercise with trusted adult		Practice stati accommodat with staff or family memb	tions		Write and /or verbally express my accommodations needed to be successful in my house, the community, and/or at work		Other
	9	Ye	s, I know some of	this													
		Sele	ect all interventions	that a	apply:												
			Identify accommodations and supports needed to secure and maintain meaningful employment		Write and verbally e my accommo needed to successfu house, the communit and/or at the successful and/or at the successful house, the community and successful house, the community and successful house, the successful hous	dations be I in my y,		Practice stating accommodations with staff or family member		Practice disclosing my disability to an employer through role play exercise with trusted adult		Ensure that member understands what reasons accommodat are and how express thos an employer	ions to		Assist member in learning their accommodations needed to be successful	•	Other
		No	o, but I want to have	e this													
		Sele	ect all interventions	that a	apply:												
			Identify accommodations and supports needed to secure and maintain meaningful employment		Write and verbally e my accommo needed to successful house, the communit and/or at the successful and/or at the successful and/or at the successful and succ	dations be I in my e y,		Practice stating accommodations with staff or family member		Practice disclosing my disability to an employer through role play exercise with trusted adult		Ensure that member understands what reasons accommodat are and how express thos an employer	tions to		Assist member in learning their accommodations needed to be successful		Other
		So	omeone will have to	knov	v this for m	е											
		_	ect all interventions	_			_		_		_			_		_	_
			Identify accommodations and supports needed to secure and maintain meaningful employment		Write and verbally e my accommo needed to successful house, the community and/or at the successful and/or at the successful and/or at the successful and/or at the successful and successf	dations be I in my e y,		Practice stating accommodations with staff or family member		Practice disclosing my disability to an employer through role play exercise with trusted		Ensure that member understands what reasona accommodal are and how express thos an employer	tions to		Assist member in learning their accommodations needed to be successful		Other

28 SOCIAL SECURITY, MEDICAID, AND WAIVER BENEFITS

Select Next Question

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	am	cur	ently receiving S	ocial s	Security Income	or a	other type of	f publi	ic assistance and	d kno	ow how much I re	eceiv	e each month	
•			s, I know this	oo.u.	occurry moonic	o. u.	iotiloi typo oi	, pub.	io acciotante un	u	, main maon n	000.1	o ouom monum	
			ct all interventions	that a	pply:									
			I will identify the impact of employment on benefits through community resources and benefit experts		I will monitor my monthly statement to ensure I understand how much I am earning		With assistance I will learn how to deposit my earnings		With assistance from staff or caregiver, identify if other public assistance is needed and apply		Provide information on local LTSS or HCBS programs member may be eligible for		Provide assistance in applying for community services and other supports under STAR + PLUS available after the member's 21st birthday	Other
	Θ	Ye	s, I know some of	this										
		Sele	ct all interventions	that a	pply:									
			I will identify the impact of employment on benefits through community resources and benefit experts		I will monitor my monthly statement to ensure I understand how much I am earning		With assistance I will learn how to deposit my earnings		With assistance from staff or caregiver, identify if other public assistance is needed and apply		Provide information on local LTSS or HCBS programs member may be eligible for		Provide assistance in applying for community services and other supports under STAR + PLUS available after the member's 21st birthday	Other
	Θ	No	o, but I want to know	w this										
		Sele	ct all interventions	that a	pply:									
			I will identify the impact of employment on benefits through community resources and benefit experts		I will monitor my monthly statement to ensure I understand how much I am earning		With assistance I will learn how to deposit my earnings		With assistance from staff or caregiver, identify if other public assistance is needed and apply		Provide information on local LTSS or HCBS programs member may be eligible for		Provide assistance in applying for community services and other supports under STAR + PLUS available after the member's 21st birthday	Other
	Θ	Sc	meone will have to	know	this for me									
		Sele	ct all interventions	that a	pply:									
			I will identify the impact of employment on benefits through community resources and benefit experts		I will monitor my monthly statement to ensure I understand how much I am earning		With assistance I will learn how to deposit my earnings		With assistance from staff or caregiver, identify if other public assistance is needed and apply		Provide information on local LTSS or HCBS programs member may be eligible for		Provide assistance in applying for community services and other supports under STAR + PLUS available after the member's 21st birthday	Other
) [am	awa	re of services and	d waiv	ers available thr	ougl	n my states di	isabili	ty agency and h	ave a	pplied for neede	ed se	rvices	
		Ye	s, I have this											
		Sele	ct all interventions	that a	pply:									
			Will receive conta informational mate through United sta	erials 1		ces	I will co applica service	tions t	for r	ecom	n different service mend possible se cial for the memb	ervice		Other
		Ye	s, I have part of thi	s										
		Sele	ct all interventions		,		_		_					
			Will receive conta informational mate through United sta	erials 1		ces	I will co applica service	tions 1	for r	ecom	n different service mend possible se cial for the memb	ervice		Other

Attachment G.8.b-3 Pediatric to Adult Transition

		No	o, but I want to have this														
		Sele	ect all interventions that ap	ply:													
		Will receive contact information and informational materials for disability service through United staff			ices		I will complete applications for services				Explain different services available and recommend possible services that may be beneficial for the member					Other	
		So	omeone will have to do this														
		Select all interventions that apply:															
			Will receive contact informational materials for through United staff			ices			icatic	plete ons for		reco	plain different service commend possible s neficial for the meml	ervic			Other
31	l am	am happy and satisfied with my life															
		Select all interventions that apply:															
			Identify at least 3 of my strengths and abilities		Identify pe things I do happy	-		me		Identify comme assist with ince fulfillment			ources that could ny personal		Referral for counseling of services		Other
		Υe	es, I am some of the time														
		Sele	ect all interventions that ap	ply:													
			Identify at least 3 of my strengths and abilities		Identify pe things I do happy	•				Identify common assist with incommon fulfillment	-				Referral for counseling of services		Other
		No	o, but I want find more way	ys to l	nave this												
		Sele	ect all interventions that ap	ply:													
			Identify at least 3 of my strengths and abilities		Identify pe things I do happy					Identify comme assist with ince fulfillment	-		ources that could ny personal		Referral for counseling of services		Other
		So	omeone will have to help n	ne wit	th this												
		Sele	ect all interventions that ap	ply:													
			Identify at least 3 of my strengths and abilities		Identify pe things I do happy	•				Identify common assist with incompleted	-				Referral for counseling of services		Other
32	l am	n invo	olved in recreational and	or s	ocial activ	ities e	either i	in pe	erson	or online (so	cial ı	med	lia)				
		Υe	es, I do this														
	_		ect all interventions that ap	ply:													
			Identify local opportunitie		i		Develo	on a	safet	y plan for utilizi	ina		Role Play potentia	Lsoc	ial scenarios and		Other
		resources that offer recreational and/or social activities that I could join					social media and other onl social applications							trus	ed adult to increase	_	o ano.
			es, I do this sometimes														
		Select all interventions that apply:															
		Identify local opportunities and resources that offer recreational and/or social activities that I could join					med	ia an	d other online		Role Play potential so interactions with a true my comfort levels in s			ed adult to increase		Other	
		No	o, but I want to do this														
		Sele	lect all interventions that apply:														
			Identify local opportunities resources that offer recresocial activities that I could	ation	al and/or			med	ia an	y plan for utilizi d other online ons	ing		Role Play potential interactions with a my comfort levels	trus	ed adult to increase		Other
	Someone will have to do this for me																
		Sele	ect all interventions that ap	ply:													
			Identify local opportunitie resources that offer recresocial activities that I cou	ation	al and/or			med	ia an	y plan for utilizi d other online ons	ing		Role Play potentia interactions with a my comfort levels	trus	ed adult to increase		Other

33 I am able to manage my feelings and have resources and supports to manage stress

Attachment G.8.b-3 Pediatric to Adult Transition

	0	V	es. I do this											
		Select all interventions that apply:												
			Identify the feelings I have and what they physically look like for me		Identify 3 strategies to help relieve stress and frustration		Practice communication skills to help interact with peers, authority figures and community members		Provide crisis hotline and/ or NurseLine	Receive referral for community mental health resources		Identify 2 people you can talk to about your feelings		Other
	Θ	Yes, I do this some of the time												
		Select all interventions that apply:												
			Identify the feelings I have and what they physically look like for me		Identify 3 strategies to help relieve stress and frustration		Practice communication skills to help interact with peers, authority figures and community members		Provide crisis hotline and/ or NurseLine	Receive referral for community mental health resources		Identify 2 people you can talk to about your feelings		Other
	Θ	No, but I want to do this												
		Select all interventions that apply:												
			Identify the feelings I have and what they physically look like for me		Identify 3 strategies to help relieve stress and frustration		Practice communication skills to help interact with peers, authority figures and community members		Provide crisis hotline and/ or NurseLine	Receive referral for community mental health resources		Identify 2 people you can talk to about your feelings		Othe
	Θ	Someone will have to do this for me Select all interventions that apply:												
			Identify the feelings I have and what they physically look like for me		Identify 3 strategies to help relieve stress and frustration		Practice communication skills to help interact with peers, authority figures and community members		Provide crisis hotline and/ or NurseLine	Receive referral for community mental health resources		Identify 2 people you can talk to about your feelings		Othe
ļ	Mem	ember will need reassessment scheduled for:												
	Θ	90 days												
	Θ	18	30 days											
	Θ	1	year											
5	End	Ass	essment											

End Assessment