

CHILDREN'S SPECIAL HEALTH CARE SERVICES

TRANSITION RESOURCE MANUAL

*Michigan Department
of Community Health*



Jennifer M. Granholm, Governor
Janet Olszewski, Director

Transition Resource Manual:

Children's Special Health Care Services has put together the following manual for local health department staff to use when assisting clients with the transition to adult life. The resources included in this manual are meant to be tools for your use. The resources included in this manual are not mandatory to use, only suggested material that may be helpful to local health department staff and families during the transition planning process.

Navigating the Manual Electronically:

For easy navigation, use the bookmarks on the left side of the screen. If the bookmarks are not displayed simply click on the word bookmark in the left margin and this section will expand. You can then jump around to various locations within the document that you are interested in.

Many of the resources included in this manual are pulled from various agencies/organizations. To make sure you receive the most recent and up to date information, items that Children's Special Health Care Services does not manage are linked in the document. In each section overview page the resource items are listed. You may need to follow the hyperlinks listed on the overview pages to reach this document.

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Section 1

CSHCS Transition Overview

1A. CSHCS Transition Issues:

CSHCS Transition Issues covers the beginning knowledge a new employee should have soon after entering the program. The handout may be used to train new employees.

LHD Resource

1B. CSHCS Transition Plan of Care

The document is a sample plan of care that was created to meet the minimum elements for a care coordination plan of care while addressing the specific issues related to transition of youth to adult life.

LHD Resource

1C. CSHCS Transition Timeline

The CSHCS timeline is a basic overview of the various stages in a young adult's life as the transition is made to adulthood. It highlights different age groups and steps that can be taken during these ages. This timeline can be provided to families during any one of the highlighted age groups as they begin to look at their child's transition to adulthood and adult services. This is to be used as a resource to families. LHD staff when assisting clients with transition may also use the timeline.

LHD/Family Resource

1D. CSHCS Transition Brochure

Family Guidance: Transition Planning for Youth

Please copy this brochure to provide basic information about the transition process to clients and families. You may also use the language in this brochure to create a brochure with information and resources specific to your particular county. This is to be used as a resource to families. Professionally printed copies of this brochure are available through CSHCS Central Office.

Family Resource

1E. CSHCS Transition Guidelines

The Transition guidelines were created as a tool for local health department staff working with young adults during the transition process. The checklist can be put into client files to keep track of transition information that is provided throughout the years before age-out. The intent is to assist local health department staff maintain a record of the information and assistance that is provided to young adults enrolled in CSHCS.

LHD Resource

CSHCS Transition Issues:

Medical Transition: The purposeful, planned movement of adolescents and young adults with chronic physical and medical conditions from a child-centered to an adult centered health care system.

Transition is a process, not an event. Transition is easiest when planned.

At age 18 CSHCS clients must:

- ❑ Include only the client income in financial assessment form
- ❑ Sign a Release of Information if the client would like the parents or caregivers to continue to help with care.
- ❑ Sign CSHCS application and renewal information, unless there is a legal guardian.

At age 21 if CSHCS coverage ends and the client has Medicaid:

When a client with both CSHCS and Medicaid is leaving CSHCS at 21, clients may have to enroll in a Medicaid Health Plan (MHP). Client and families may need Local Health Department staff to help with this process.

Process:

- ❑ Michigan Enrolls (MIEnrolls: Medicaid contractor who enrolls clients into Medicaid Health Plans) contacts eligible clients with a packet of information indicating they must choose a MHP. Some clients may be excluded from enrollment in a MHP and therefore will not be contacted. See related CSHCS policy.
- ❑ Clients can call MIEnrolls to check which MHPs their providers participate in.
- ❑ Clients must choose a MHP in their county. If clients do not choose, a MHP will be chosen for them.
- ❑ Clients may fill out paper work from MIEnrolls to request a medical exception from MHP enrollment if a problem in their treatment would occur as a result of enrolling in a MHP.

Other Transition Issues:

- ❑ Health care coverage for those not eligible for Medicaid
- ❑ Social Security Benefits
- ❑ Employment
- ❑ Education
- ❑ Access to community resources as an adult

If any questions about Transition please contact:

Gina Gembel

Phone: 517/241-8385

E-mail: gembelg@michiganq.gov

Transition to Adulthood Plan of Care

Plan of care completed: Face to Face In-Home By Phone

Client Name: CSHCS ID Number: Date:

Date of Birth: Male Female

Address:

Telephone Number: Alternative Number:

Parent/Legally Responsible Party Name: Telephone Number:

Parent/ Legally Responsible Party Address:

E-mail Address:

Emergency Contact Name: Relationship:

Emergency Contact Phone:

Care Coordinator Name/ Address:

Care Coordinator Telephone:

Other Care Coordinators/Case Managers:

Name	Agency	Contact Information

Does this client have a Transition Plan through their school district? Yes No

If Yes, please list educational contact person(s):

Turning 18 years old in twelve months or less? Yes No

Turning 21 years old in twelve months or less? Yes No

Client/Family Strengths:

Medical

Current Status:

Transition Goals

	Needs Identified/Issues Addressed	Activity/Intervention/Person Performing task/Time Frame	Intended Outcome
Health Care Financing			
Transition to Adult Providers			
Health Care Skills			

Transportation to Medical Appts.			
Adult Specialty Care			
Other			

Psycho-Social

Current Status:

Transition Goals

	Needs Identified/Issues Addressed	Activity/Intervention/Person Performing task/Time Frame	Intended Outcome

Mental Health Services/ Providers			
Social Relationships			
Leisure/Recreation			
Community/Civic Participation			
Spiritual			

Self-Empowerment / Advocacy Skills			
Respite			

Educational/Vocational

Current Status:

Transition Goals

	Needs Identified/Issues Addressed	Activity/Intervention/Person Performing task/Time Frame	Intended Outcome
Continuing Education <ul style="list-style-type: none"> ▪ GED ▪ College ▪ Trade School 			

Vocational Training			
Employment/Volunteer Opportunities			
Other:			

Functional

Current Status:

Transition Goals

	Needs Identified/Issues Addressed	Activity/Intervention/Person Performing task/Time Frame	Intended Outcome
Daily Living Skills <ul style="list-style-type: none">▪ Independent Living Skills▪ Assisted Living Skills			
Living Arrangements: (Independent Living, group living, etc.)			

Financial/Income Needs			
Transportation /Driving			
Guardianship			

Client Signature

Date

Parent/Guardian Signature

Date

RN Case Manager Signature

Date

Notes:

Children's Special Health Care Services Transition Timeline for Youth and Families

Age 14-16

According to developmental ability youth can begin to:

- Develop knowledge of their special health care needs
- Take responsibility in making appointments and getting prescriptions refilled
- Explore appropriate work and volunteer opportunities
- Talk to medical providers about age appropriate information such as, physical, emotional, and sexual development

According to their child's needs, parents can begin to:

- Make arrangements for the steps above if child is unable to be independent
- Keep a health record for youth. Include all medical paperwork
- Explore options of transition planning through the local school district
- Explore the eventual need to transfer your child's care to adult providers

Age 16-18

According to developmental ability youth can begin to:

- Take responsibility in making appointments and getting prescriptions refilled
- Contact Michigan Rehabilitative Services (MRS) to explore vocational assistance if needed
- Attend all meetings where future plans are discussed (school IEPs or doctor's office)
- Research adult health care providers for transfer of medical care
- Explore employment opportunities
- Explore living arrangements

According to their child's needs, parents can begin to:

- Make arrangements for the steps above if child is unable to be independent
- Explore options for health care coverage
- Check eligibility for SSI from the Social Security Administration
- Research adult health care providers for transfer of medical care
- Explore the option of legal guardianship or the many alternatives to guardianship if child's special needs interfere with the ability to make financial and medical decisions

Age 18-20

According to developmental ability young adult can begin to:

- Complete a CSHCS financial assessment. At age 18 only young adult's income is reviewed
- Take responsibility for signing all CSHCS materials
- Finalize health care coverage as an adult
- Transfer medical care from pediatric providers to adult providers
- Check eligibility for SSI from the Social Security Administration
- Contact Michigan Rehabilitative Services (MRS) to explore vocational assistance if needed
- Contact the disability student services office if attending college and accommodations are needed
- Explore employment opportunities

According to their child's needs, parents can begin to:

- Make arrangements for the steps above, if young adult is unable to be independent
- Complete and submit a release of information signed by young adult if parent/caregiver would like to participate in their care
- Provide documentation of legal guardianship to all providers if needed

Age 20-21

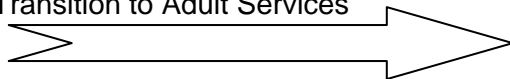
According to developmental ability young adult can begin to:

- Explore living arrangements. If assistance is needed contact the nearest Center for Independent Living
- Learn about and continue to investigate adult services there may be need for
- Investigate possibility of enrolling in a Medicaid Health Plan at 21 if currently enrolled in Medicaid
- Transfer all medical care from pediatric providers to adult providers
- Explore employment opportunities

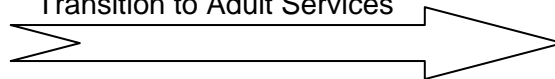
According to their child's needs, parents can begin to:

- Make arrangements for the steps above, if young adult is unable to be independent
- Complete and submit a release of information signed by young adult if parent/caregiver would like to participate in their care
- Explore private duty nursing options if young adult is receiving in-home nursing. Young adult must qualify for and enroll in an adult Medicaid waiver program to continue nursing services as of age 21

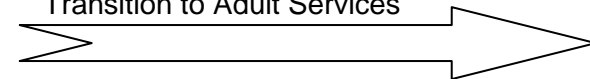
Transition to Adult Services



Transition to Adult Services



Transition to Adult Services



Independent Living

Many skills such as those listed below, are needed for youth to become successful and independent.

- ◆ **Money Skills:** Paying bills and managing money is an important skill for independence. Income to live independently can come from Social Security Benefits, employment, a trust fund or family support.
- ◆ **Daily Living Skills:** Living skills include cooking, cleaning, self-care and household safety. These skills can begin to develop at a young age through chores and helping out around the house.
- ◆ **Decision Making:** Many decisions must be made as an adult. Youth must begin to make decisions on their own.
- ◆ **Transportation:** Getting from one place to another is an important skill. Youth who will be living independently should plan for their transportation needs. This can happen by learning how to drive, how to take a bus or how to call for a ride.

**Transition to adulthood is a process,
not an event. Plan early and help
your child reach for his/her dreams!**

**For questions
or help, phone
the CSHCS
Family Phone Line
at 1-800-359-3722**



Children's Special Health Care Services (CSHCS)

Family Guidance: Transition Planning for Youth



**As youths get older there may be changes
in how they receive services and care.
Included in this brochure are a few things
to think about as adulthood approaches.**

Health Care Skills

There are many skills that are important to remain healthy and informed. These are a few that are important. If appropriate, youth should:

- ◆ Know about his/her medical condition(s)
- ◆ Know what medicines he/she is taking
- ◆ Know how to get help in an emergency
- ◆ Know how to make medical appointments
- ◆ Know how to refill prescriptions
- ◆ Know how to advocate for him/herself

In addition to these skills it is important to communicate with doctors about youth's transition to adulthood. A few things you can do:

- ◆ Ask doctor(s) questions and ask for explanations about the changes needed for your youth.
- ◆ If appropriate, have youth meet with his/her doctors privately to ask questions and gain experience.
- ◆ Ask current doctor(s) about when youth should see adult doctors.
- ◆ Ask doctor(s) for help finding appropriate adult doctors.

If at the age of 18 the young adult is unable to make decisions for him/her self to manage all of his/her care needs, guardianship or the many alternatives to guardianship should be explored.

Health Care Coverage

CSHCS coverage is not available after the age of 21 unless youth has a qualifying diagnosis (Cystic Fibrosis or certain forms of Hemophilia). Planning for health care as an adult is important. Services may be different under various health care programs. Some of the programs to consider are:

STATE COVERAGE – MEDICAID:

- ◆ Because family income is not considered after 18, young adults may be independently eligible for Medicaid. Contact your local Department of Human Services for more information about Medicaid.

- ◆ If the young adult receives Supplemental Social Security Income (SSI) he/she is eligible for Medicaid coverage. For more information about SSI, contact the Social Security Administration at 1-800-772-1213.
 - ◆ Work incentive programs are available to disabled workers so they may earn an income and continue Medicaid coverage.
- ◆ When the young adult with Medicaid coverage leaves CSHCS, he/she may have to enroll in a Medicaid health plan.
- ◆ If the young adult is not eligible for Medicaid, contact the local health department about county health plans (if available).

PRIVATE HEALTH INSURANCE:

There may be two options to receive Private Health Insurance:

- ◆ **Through Employment:** If the young adult is able to work, he/she should look for employment opportunities that include health care benefits.
- ◆ **Remaining on Family Plan:** There are many options to maintain coverage through a family plan. Youth may be covered as a dependent adult or through COBRA; many youth who remain in school can keep coverage. Contact your family insurance carrier for details.

COLLEGE HEALTH PLANS:

If the young adult is attending college, there may be a health program available to students. Check with the college student services office.

Education/Employment

- ◆ If the youth is receiving special education services, make sure that transition planning has been discussed and identified in the Individual Education Plan (IEP) by age 16.
- ◆ If the youth will be attending college and may need additional supports, contact the college's student disability services office for assistance.
- ◆ If the youth has a disability that limits his/her ability to work, he/she may be eligible for vocational services through Michigan Rehabilitative Services (MRS). Contact MRS to find a local office at 1-800-605-6722.

CSHCS Transition Guidelines for Local Health Departments

Client Name: _____ I.D. #: _____ D.O.B: _____

Ages 14-18

- When in contact with client and family, talk about any transition goals they may have
- If completing a care plan, begin to include transition in the plan
- Provide information on services they may have need for such as Social Security, Michigan Rehab Services, etc. (See Transition Resource Manual)

Ages 18-19

- If client desires, have them complete the *Authorization to Disclose Protected Health Information* form. This will allow parents or other designees to discuss health information with anyone from MDCH. This form is sent to the client the month of their 18th birthday directly from CSHCS Central Office.
- If creating a care plan, think about a transition specific plan of care (see Transition Resource Manual)
- Provide a copy of the “Family Guidance: Transition Planning for Youth” brochure, or local brochure
- Have client sign application and other documents unless guardianship is in place
- Address all mailings in clients name, unless guardianship is in place
- When updating authorized providers, ask client if they need to find providers who treat adults
- Complete a financial assessment form when 18. This form should be completed with client income only
- Discuss Health Insurance Options
- Provide information on services they may have need for such as Social Security, Michigan Rehab Services, etc. (See Transition Resource Manual)

Ages 19-21

- Provide a copy of the “Family Guidance: Transition Planning for Youth” brochure, or local brochure
- Finalize plans for health insurance
- Explore options for clients with no health insurance eligibility
 - Student health plans
 - County health plans
 - Free medical clinics
 - Diagnosis specific organizations/resource
- If client receiving PDN, assist in PDN transition process
- Make any arrangements necessary for a transfer of care

Three months before age-out

- Follow policy and procedure for Medicaid Health Plan enrollment if needed
- Provide information on services they may have need for such as Social Security, Michigan Rehab Services, etc. (See Transition Resource Manual)

Section 2

Private Duty Nursing Transition

2A. Private Duty Nursing Program Brochure

The brochure outlines children services and adult services for Private Duty Nursing. It also provides a brief overview of how to transition those receiving care through children's services to adult services at the age of 21. This is to be used as a resource to families and clients possibly eligible for or receiving Private Duty Nursing Services as they age and begin to look at adult nursing services.

Family Resource

Children's Services

A person under age 21 may be eligible for private duty nursing (PDN) through the Medicaid State Plan. To qualify, the following conditions must be met:

General Eligibility

- The person is eligible for Medicaid
- PDN is in an in-home setting
- Individual is under 21
- PDN is appropriate to meet the person's needs
- PDN can be provided safely in the home
- A physician orders PDN
- The person has a plan of care.

Medical Eligibility:

- The person is dependent on technology based medical equipment to sustain life or has frequent episodes of medical instability due to a medical diagnosis
- The person requires continuous skilled nursing care on a daily basis.
- The medical condition's severity and frequency of care requires skilled nursing care.
- PDN is the appropriate service response
- PDN is under the direction of a doctor

All Medicaid PDN benefits must be approved in advance. If your child is eligible for Medicaid State Plan PDN he/she may also be eligible for additional support services through the following programs:

- Children's Special Health Care Services (CSHCS)
- Children's Waiver Program (CWP)
- Habilitation Supports Waiver (HSW)

Adult Services

Adults aged 21 and over are not eligible to receive Private Duty Nursing (PDN) services through the Medicaid State Plan. In order to receive PDN adults must have Medicaid and be eligible for services through one of the following adult Medicaid waiver programs

- Habilitation Supports Waiver (HSW)
- Mi Choice Waiver Program (MI Choice)

Children's Special Health Care Services (CSHCS)

CSHCS is for children with one or more specific medical conditions covered by the program. The program has medical eligibility requirements. CSHCS will assist in getting the child to pediatric sub-specialists and may pay medical expenses related to the covered diagnosis. CSHCS also may assist with transportation to and from covered medical care. CSHCS occasionally pays insurance premiums for those who meet the criteria. To find on the web, visit: www.michigan.gov/cshcs. For details, reach your local CSHCS office toll free at: 1-800-359-3722.

Children's Waiver Program (CWP)

The CWP provides mental health services to eligible children. A limited number of slots for enrollment are available annually. The child must meet the following criteria.

- Between the ages of birth –18
- Have a developmental disability
- Would other wise require services through an Intermediate Care Facility for the Mentally Retarded (IFC/MR)
- Reside with birth or adoptive parents
- Require and receive at least one waiver service a month

Services may include, but are not limited to; case management, community living supports, respite services, family training, non-family training, enhanced medical equipment and supplies, and environmental accessibility adaptations. To find CWP on the web, visit: www.michigan.gov/mdch. For more information contact your local Community Mental Health Services Program (CMHSP).

Habilitation Supports Waiver (HSW)

The HSW program is for persons with mental health needs. There are no age requirements for the HSW. A limited number of slots for enrollment are available annually for this program. To be eligible the person must meet the following criteria:

- Have a developmental disability
- The person (child or adult) must be Medicaid eligible
- Resides in or will reside in the community
- Would otherwise require services through an Intermediate Care Facility for the Mentally Retarded (ICF/MR)
- Must require and receive at least one waiver service per month while enrolled

Services for HSW include, but are not limited to; community living supports, respite, supported employment, supports coordination, and family training. To find HSW on the web visit: www.michigan.gov/mdch For more information in your area contact your local Community Mental Health Services Program (CMHSP).

MI Choice Waiver Program (MI Choice)

MI Choice provides care based in the home and community. A limited number of slots for enrollment are available annually for this program. Individuals must meet the following criteria:

- Person must meet nursing facility level of care
- Person must be eligible for Medicaid with special criteria- income is at or below 300% of SSI. Spousal asset protections apply
- Person requires at least one of the fourteen MI Choice services on a continual basis

MI Choice services include, but are not limited to; respite, personal care, adult day care, counseling, and specialized medical supplies.

To find a list of local MI Choice waiver agents on the web, visit: www.miseniors.net Contact you local MI Choice Agent for more information.

Transition from Children's Services to Adult Services

Plan early for transition from children's services to an adult waiver program. Plan at least one year before person's 21st (18th for CWP) birthday by getting details of both MI Choice and HSW. If there is a choice between the two adult programs, persons should choose the program that best fits their needs.

Next, the person or his/her legal representative should contact the program of choice to begin planning. The Michigan Department of Community Health also identifies individuals who are aging out of children's services for planning purposes.

Contact the program again, three months before the individuals 21st (18th for CWP) birthday. Additional planning during this time is helpful. Case managers and service providers should be contacted to ensure everything is in place for this transition.

Enrollment is limited for both MI Choice and HSW. To avoid complications, plan early. If enrollment slots are not available, contact your case manager for temporary assistance as available.

Other Assistance

Sometimes a person's medical condition changes so that Private Duty Nursing is no longer appropriate or needed. Some assistance may still be needed. The individual may be eligible for assistance in the form of a personal care attendant or home help provider. Home Help may include assistance with grooming, dressing, moving around the home, taking medications, preparing meals, and other tasks. For more information about Home Help Services contact your local Human Services Department office.

Person's enrolled in a Medicaid Waiver Program (CWP, MI Choice, HSW) may be eligible for personal care services. For more information contact your case manager.

Private Duty Nursing

Programs for Children and Adults with Special Health Needs

STATE OF MICHIGAN

Michigan Department of Community Health

Section 3

Health Care Coverage

3A. Paths to Medicaid for Disabled Adults

The document may be used to help determine alternative ways to access Medicaid coverage. There are many different Medicaid programs and it can be confusing, especially if you are unfamiliar with Medicaid programs. This handout can be used as a resource for local health department staff to get a better understanding of some of the typical Medicaid programs youth enrolled in CSHCS may use. Although this outline is not exhaustive it may provide a better understanding of the services available. All clients must be referred to their local Human Services Department (formally known as Family Independence Agency [FIA]) to apply for Medicaid and speak with a Medicaid worker who will have more knowledge about what programs clients may be eligible for.

LHD Resource

3B. Disability Determination

Many adult health care programs and other disability assistance programs require that an individual must be determined disabled to receive benefits. [Click here to read more about the disability determination process in Michigan.](#)

LHD/Family Resource

3C. Options for Maintaining Private Health Care Coverage

The handout outlines different options for the maintenance of private health insurance as a child becomes an adult and is not eligible under the typical dependent categories. The document may be used as a resource for families or local health department staff assisting families make plans for future health care coverage as an adult.

LHD/Family Resource

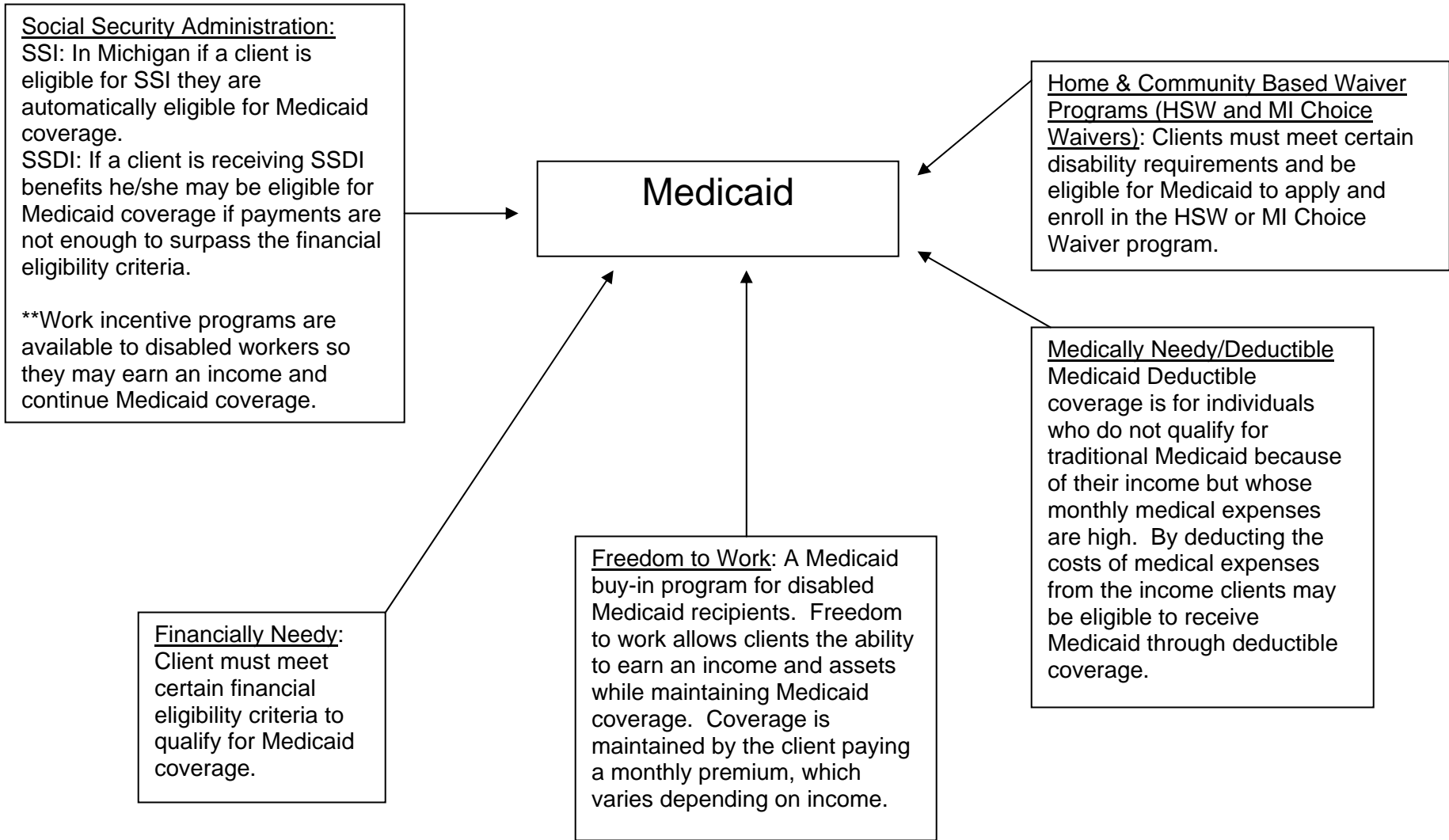
3D. Medicaid Buy-In Program: Freedom to Work

The policy outlines the Medicaid Freedom to Work program for Medicaid recipients with disabilities. The policy can be used to increase the knowledge of clients or LHD staff regarding the options available to clients through the Medicaid Freedom to Work program. [Click here to view a slideshow on the policy.](#)
LHD/Family Resource

3E. Medicaid Deductible Information

The Medicaid prepared brochure outlines the Medicaid eligibility category known as “Deductible”. This document is to be used as a resource if a client may be eligible for Medicaid through the deductible category. [Click here to download the brochure.](#)
Family Resource

Paths to Medicaid for Disabled Adults



Possible Insurance Options for Young Adults

Maintaining Private Health Care Coverage

Continuation on family plan as dependent adult: If young adult is dependent on family for support because of a pre-existing disability he/she may qualify to remain on family's health plan as a dependent adult. This may vary by health plan. Refer to benefit booklet or contact family plan for more information. Typically, when requirements are met, a dependent adult can remain on a family plan as long as insurance holder remains eligible.

Continuation on family plan as a student: If young adult will be attending school he/she may qualify to continue on the family plan as a student until a certain age. This may vary by health plan. Refer to benefit booklet or contact family plan for more information.

Private health insurance through employment: If young adult becomes employed he/she may qualify for full coverage or supplemental coverage through the place of employment. Contact employers for more information about available benefits.

COBRA: COBRA is an option for young adults who lose coverage under a family plan when they are no longer eligible as dependents. This typically occurs at a certain age. When young adults lose Dependent Child status they are eligible for 36 months of coverage under COBRA. If this occurs while the young adult is under 21, enrolled in CSHCS, and COBRA payments create a financial hardship, he/she may be eligible for payment assistance through the CSHCS Insurance Payment Program. Contact the local health department for more information.

Other Options

Individual Policy: There may be many options for purchasing your own insurance policy. Be sure to check all deductibles, co pays, and premiums before making a decision.

State Medical Plan-County Health Plans: Many counties in Michigan operate county health plan programs for those who are eligible. Typically coverage under these plans is limited. Contact the local health department for more details about what your county may offer.

Student Health Plan: A health program may be available through some colleges, if young adult is attending school at the post-secondary level. Contact the college to inquire if a program is available for students.

Section 4

Transition to Medicaid Health Plans

4A. CSHCS Policy

The document “Transitioning CSHCS Clients with Medicaid Who Are Aging Out of CSHCS”, outlines the necessary policy and procedure for assisting youth with Medicaid make the transition from fee-for-service Medicaid to enrollment in a Medicaid Health Plan after CSHCS coverage has ended if needed.

LHD Resource

4B. Checklist

The checklist corresponds with the above policy and procedure. It is to be used as a tool for professionals assisting clients and families through the process of enrolling in a Medicaid Health Plan.

LHD Resource

4C. MSA Medical Exception Policy

The document is an excerpt from the Medicaid Provider Manual. It outlines the policy for eligibility and application for a medical exception from enrollment in a health plan. The document is followed by a sample of the medical exception request form.

[Click on this link to get to the provider manual explaining this policy.](#) The policy is found on page 24 in the beneficiary eligibility section.

LHD Resource

4D. Authorization Form

The sample authorization form is for reference to assist professionals or families when creating an authorization to disclose protected health information. The sample language can be used when completing an authorization for client’s family members, caregivers, or others to be involved in the health plan enrollment process.

LHD/Family Resource

4E. Medicaid Program Code Guide

This brief guide explains the specific Medicaid program codes that clients may be enrolled in. Use this guide in the process of determining whether a client has mandatory, excluded, or voluntary enrollment in a Medicaid Health Plan.

LHD Resource

Transitioning CSHCS Clients with Medicaid Who Are Aging-out of CSHCS

(Revisions Effective April 1, 2005)

Children's Special Health Care Services (CSHCS) clients who also have Medicaid are by policy, not allowed to be enrolled with a Medicaid Health Plan (MHP). Once clients age-out of CSHCS at age 21, the standard Medicaid policies and procedures are activated.

Many clients either choose an MHP based on limited information regarding the participation of their established providers, or find themselves enrolled with an MHP that they don't know anything about. They often have immediate needs of which the MHP is unaware and is not prepared to address, which may interfere with the client's continuity of care. Moreover, the clients established providers are even less likely to participate in the randomly selected MHP chosen by the system. This scenario creates significant upheaval for the client, their family, the MHP with which they are enrolled, the client's established providers and the Department of Community Health (DCH).

Therefore, the DCH has determined that it would be appropriate for this population to receive additional care coordination assistance in successfully navigating the Medicaid environment and requirements.

CSHCS and Medicaid have agreed to partner in developing a methodology by which clients with Medicaid who are aging-out of CSHCS receive transition services prior to, and for a limited time after, aging-out of CSHCS, allowing a smoother transition into the Medicaid environment. There are two phases to the transition planning and assistance.

PHASE ONE: This phase is effective October 1, 2003. CSHCS has identified the population that is aging-out on the "three-month report" sent to the Local Health Department (LHD) affiliated with the client's county of residence. The LHD will identify who of this population has Medicaid coverage and of those, who will have to enroll in a MHP. While a majority of Medicaid recipients must enroll in a MHP there are clients who are excluded from enrollment or have voluntary enrollment status. See attachment A for a detailed description of the three categories of enrollment. Michigan Enrolls (ME) sends an MHP enrollment packet to clients who are required to enroll in a MHP and to the voluntary enrollment population as well after the clients 21st birthday. The voluntary group will receive information and must actively notify ME of their choice either to enroll in a MHP or not. ME does not send enrollment packets to clients who are excluded from MHP enrollment.

The LHDs provide out-reach to the client/family who are in the mandatory or voluntary enrollment groups to offer assistance in making the transition into the standard Medicaid environment. The LHDs will work with the client/families who agree to this assistance to identify the medical providers with whom the client has an established and current relationship. One role of the LHDs is to encourage and assist clients/families to strengthen their self-advocacy skills whenever possible and needed. The client/family

will be coached by the LHD on contacting ME to determine which MHPs their providers are affiliated with. Providers may be affiliated with multiple MHPs. Clients/families should also contact ME to identify which of the MHPs available to them require a co-pay as these costs can be significant to persons with special needs who have higher utilization rates than the standard population.

Based upon the results of the information obtained from ME, the client/family, with the assistance of the LHD as needed, should identify which MHP would be best for the client (or determine if a medical exception from MHP enrollment should be requested)– NOTE: An automatic enrollment could occur during the time an exception is under consideration if not requested in time – hence the recommendation to complete the exception request prior to the loss of CSHCS. These clients/families will then be prepared to respond when they receive the enrollment packet from ME indicating it is time to choose an MHP. Clients/families should be instructed to contact ME (by mail or by phone) immediately after receiving the ME packet to indicate their choice. Delaying the response too long could result in an MHP being chosen for the client. The client/family will be notified by ME of the effective date of MHP enrollment.

In addition, clients/families should be advised to discuss and/or inform established medical providers of the upcoming change in circumstance to reduce confusion.

PHASE TWO: The effective date for this phase has not yet been determined. LHDs are able to implement Phase Two but are not required to do so until notified by CSHCS. Once implemented, Phase Two will include the following: The client/family should contact the chosen MHP to discuss transition planning very soon after informing ME of their choice, but before the new enrollment is effective. If the client/family is willing/wants to have personal health information shared with the MHP by the LHD either before or after the enrollment becomes effective, the client/family must sign a release of information for the LHD to discuss the personal health information and needs of the client with the MHP. The MHP will then be informed of medical needs that are likely to be immediate or will be required soon after enrollment in advance of the effective date. The MHP will provide assistance in transitioning the client into the MHP with the least disruption to care as possible. The MHPs will be identifying specific staff with whom to work regarding these needs. Joint planning meetings including the client/family, LHD and designated MHP are encouraged.

Reimbursement for Care Coordination

The LHDs are authorized to bill the DCH/CSHCS for Care Coordination services as related to this assistance for CSHCS enrollees. In addition, the LHDs are authorized to provide this assistance as needed for up to six months after CSHCS has ended.

The MHPs are currently receiving information from the DCH identifying new enrollees who were previously on CSHCS. This will alert the MHPs to be proactive in the event that earlier contact and arrangements were not possible.

Procedures for Transitioning Aging-Out CSHCS clients

CSS:

- Three (3) months prior to 21st birthday, identify CSHCS clients who are aging-out of CSHCS to each LHD on each month's "three-month report".

LHD:

PHASE ONE

- Identify clients who have Medicaid coverage or are known to be acquiring Medicaid coverage. Identify whether those with coverage are part of mandatory, excluded, or voluntary MHP enrollment group.
- Contact clients/families identified as aging-out of CSHCS with Medicaid and will be in the mandatory or voluntary MHP enrollment groups.
 - Requires a minimum of five (5) attempted contacts over a period of the first three (3) months with at least one (1) of those attempts sent to the last known address in writing. (Five contacts made in a short period of time is not adequate due to varying family circumstances which may make them temporarily unavailable)
 - Upon contact, offer assistance in transitioning to the Medicaid environment
 - If contact is made and the client/family refuses assistance, no further contact is required
- When client/family accepts assistance, LHDs apply the following steps:
 - Explain the MHP process
 - The Medicaid Health Plan enrollment process according to the MHP enrollment group
 - How MHPs operate in general
 - Have client/family identify all current medical providers
 - Have client/family identify the most important relationship(s) to maintain in case choice is required
 - Assist client/family in contacting ME to:
 - Assist family in completing an Authorization to Release Protected Health Information if family will be contacting ME on client's behalf
 - Identify all of the available MHPs in their county of residence with which their listed providers participate
 - Assist client/family if needed in determining which MHP best accommodates the needs to include identifying which of those MHPs requires a co-pay
 - Assist in the Medical Exception to MHP enrollment application process if requesting exception
 - Inform client/family of upcoming process:

- Will receive enrollment packet from ME. Depending on the birth date the packet could come any time within a few days to over a month
 - Will need to respond quickly to ME (phone or mail) to enroll with chosen MHP
 - Failure to respond timely will result in the DCH choosing an MHP for the client which may not have some or any of current providers
 - Will receive a notice of enrollment with the MHP and what the effective date of that enrollment will be
 - Will require working within the MHP process to access providers, referrals, etc.
- Contact client/family within one week after client reaches age 21 to offer continued assistance with ME process. If no enrollment packet has been received by ME use this opportunity to remind families of the process and offer assistance again.
 - Assist client/family as needed in completing the process

PHASE TWO

- Obtain client/family signature on release of information form if family wants assistance in expediting a care plan with the MHP
- Have or assist client/family as needed in contacting and communicating with the MHP regarding circumstances and immediate needs
 - After client/family has chosen a plan but the MHP enrollment is not yet effective (preferred)
 - After client is enrolled in the MHP (Care Coordination reimbursement available for six months after client reaches age 21)
- Work cooperatively with the MHPs
- Assist client/family and MHP with care planning if appropriate and needed

DCH/Medicaid

- Inform MHPs of new enrollees who previously had CSHCS coverage

DCH/CSHCS

- Provide materials and technical assistance to LHDs regarding policies, procedures and problem solving related to the Medicaid Health Plan enrollment process
- Provide MHPs with client specific personal health information as needed.

MHPs

- Identify CSHCS transition-specific staff

- Be responsive to the special needs of enrollees who have had CSHCS coverage
- Provide additional and timely care planning for this population
 - When contacted prior to enrollment effective date, have initial plan in place by enrollment, with completed plan within 30 days of enrollment
 - When contacted or notified by DCH of post-CSHCS enrollee, have initial plan in place within two weeks of enrollment, with completed plan within 30 days of enrollment

Attachment A

Medicaid Health Plan (MHP) Enrollment Categories

(As of February 2005)

Excluded from MHP Enrollment

- Persons without full Medicaid coverage
- Persons with private HMO or PPO Coverage
- Persons who reside in an Intermediate Care Facility for the Mentally Retarded (ICF/MR) or State psychiatric hospital
- Persons receiving long term care in a licensed nursing facility
- Persons enrolled in the MI Choice Waiver (Home and Community Based Medicaid Waiver for the elderly and disabled)
- Persons with a Medicaid Deductible (Formally known as a Spend Down)
- Persons in the Refugee Assistance Program
- Persons who have Medicaid coverage and are eligible for or enrolled in Medicare.
 - ◆ Note: Clients receiving SSI or SSDI are not excluded. Many SSDI recipients are also eligible for Medicare which is the excluding criteria. Make sure to ask about Medicare eligibility.

Voluntary MHP Enrollment

- Persons of Migrant status
- Native Americans
- Persons in the Traumatic Brain Injury Program
- Persons living in a county with less than two operating health plans. (Exception for counties in the Upper Peninsula, only one health plan available but must enroll if in mandatory enrollment group).

Mandatory MHP Enrollment

- All individuals receiving Medicaid who do not fit any of the above criteria.
- Pregnant women, whose pregnancy is the basis for Medicaid eligibility

Website:

Go to www.michigan.gov, click on "Health Care Coverage" then click on "Medicaid", scroll down and click on "Sample Health Plan Contract". Enrollment groups are found on page 34 of this document.

Client Name:

CSHCS ID

CSHCS Transition to a Medicaid Health Plan (MHP) Checklist

Number of Attempted Contacts made to Client/Family:

1 Date:

2 Date:

3 Date:

4 Date:

5 Date:

Steps to Inform Client/Family

Is client enrolled in Medicaid?

- If Yes: Continue

Is client part of excluded or voluntary MHP enrollment group?

- If No: Continue
- If Yes, Voluntary Group: Continue
- If Yes, Excluded Group: Stop

LHD informs client/family that client will have to enroll in a MHP after CSHCS ends.

Explain the process to client/family.

- Client/Family will receive a letter/packet from MIEnrolls
- Client/Family calls MIEnrolls to search current providers MHP participation
- Client/Family decides whether to pursue a Medical Exception or enroll in a MHP
- Client/Family contacts MIEnrolls with a MHP choice
- Automatic Enrollment if no choice is made in given time frame
- 2 months to change automatic enrollment

Explain the Medical Exception Policy. (To preserve continuity of medical care if receiving active treatment for a serious medical condition from a physician who is unavailable through a Medicaid Health Plan. Exceptions are good for one year only, must reapply after one year.)

Steps to Assist Client/Family

Offer to assist client/family through this process

- Client/Family Agreed
- Client/Family Declined

If no guardianship is in place, and client wants family to be part of process, a Release of Private Health Information is completed and sent to MDCH

Process explained and client/family given MIEnrolls number: 1-888-367-6557 TTY: 1-888-263-5897

Client/Family (or occasionally LHD) makes contact with MIEnrolls to search provider's MHP participation

Client/Family advised how to obtain Medical Exception form if needed. (Call MIEnrolls to obtain)

Client/Family enrolls with a MHP

LHD has Release of Information signed to share information with MHP

LHD shares information with MHP per client's release

LHD refers MHP to CSHCS Central Office for information

I understand that if I give permission, I have the right to change my mind and **revoke** it. This must be in writing to the Facility or MDCH Program that maintains the individual's records that I authorized on Page 1 of this form. I also understand that any uses or disclosures already made with my permission cannot be taken back.

If this authorization is needed as a condition to obtain health care coverage and I revoke it, then I understand that the above person/organization who would have received the information may have the right to contest health care coverage claims.

Unless otherwise revoked, this authorization will expire on the following date, event or condition. (If I fail to specify an expiration date, event or condition, this authorization will expire one year from the signature date.)

"Until no longer enrolled in CSHCS"

Date, Event or Condition

I understand that authorizing the disclosure of this health information is voluntary. I also understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment for services, or eligibility for benefits unless the information is necessary to demonstrate that I meet eligibility or enrollment criteria.

By signing this Authorization, I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal privacy rules. I further understand I may request a copy of this signed Authorization.

Legal Representative's Name (If applicable)	Legal Representative's Relationship to Individual (A letter of authority may be requested.)	
Signature of Individual or Legal Representative Must be signed here by CSHCS covered client	Date / /	
Signature of Witness	Date / /	

MDCH Use Only

This authorization was revoked: / /	
Signature	Date

AUTHORITY: This form is acceptable to the Michigan Department of Community Health as compliant with HIPAA privacy regulations, 45CFR Parts 160 and 164 as modified August 14, 2002.

COMPLETION: Is Voluntary, but required if disclosure is requested.

The Michigan Department of Community Health is an equal opportunity employer, services and programs provider.

Medicaid Program Codes

Listed below are the Medicaid coverage and program codes Use the following as a guide. Below, you will also find the Medicaid Health Plan enrollment category (voluntary, mandatory, or excluded) for each program and coverage code. This should assist you in identifying the appropriate enrollment category for clients with Medicaid who are aging out of CSHCS.

While policy states that local health department staff assists clients and families through the MI Enrolls process, clients should still be guided to advocate for themselves. If clients or families have questions about their Medicaid coverage it is most appropriate for them to contact their Medicaid caseworker at the Department of Human Services.

Program Code	Program Description
E	Medicaid for disabled SSI recipients: Mandatory
O	Medicaid for the blind: Mandatory
B	Medicaid for blind SSI recipients: Mandatory
L	MICH-Care Medicaid and Medicaid for Pregnant Women: Mandatory
I	Refugee Assistance Program: Excluded
*Q	Medicaid for persons under 21: Will loose coverage at 21st birthday.
N	Medicaid for caretaker relatives and families with dependent children: Mandatory
C	Aid to Families with dependent children: Mandatory
P	Medicaid for the disabled: Mandatory
B	Medicaid for blind SSI recipients: Mandatory

* Many CSHCS youth receive Medicaid through this program code (Medicaid for persons under 21). Clients on this program will loose Medicaid coverage on their 21st birthday. Advise clients to contact their DHS caseworker to find out what other Medicaid programs they may be eligible for.

Section 5

Other Resources

5A. Supplemental Social Security Income (SSI) Information

The document is a copy of a publication distributed by the Social Security Administration detailing the Supplemental Social Security Income (SSI) program. The document is to be used as a resource to clients and families who may qualify to receive benefits under the SSI program.

[Follow this link to get to the brochure](#)

Family Resource

5B. Michigan Rehabilitation Services (MRS)

The document is a brochure put together by Michigan Rehabilitative Services outlining their services. The document is to be used as a resource to clients and families who may need vocational assistance.

[Follow this link to get to the brochure](#)

Family Resource

5C. Guardianship and Alternatives

The three documents provide information about guardianship and the many alternatives to guardianship. There are two different processes for applying for guardianship depending on whether the individual is seeking guardianship based on a developmental disability or psychiatric disability. If this information is being provided to families be sure to provide them with the correct information as labeled on the top of the handouts. Michigan Protection and Advocacy Services (MPAS), a non-profit agency advocating for individuals with disabilities, put this document together. MPAS is a great resource for families with legal questions about their or their son/daughter's rights.

Family Resource

5D. Age of Majority in Michigan

The document was published by Michigan Department of Education. The document outlines youth's educational rights once they turn 18, the age of majority in Michigan. The document can be used as a resource for youth and families

[Click here to download this publication](#)

Family Resource



**PROTECTION & ADVOCACY
SERVICE, INC.**

ALTERNATIVES TO GUARDIANSHIP

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Why consider alternatives to guardianship?

Guardianship is a legally authorized relationship between a competent adult (the guardian) and a person who has been deemed legally incapacitated or who has a developmental disability (the ward). In this relationship, the guardian is given the responsibility and power to make decisions about the ward's life. When a guardian is appointed, the court gives the guardian the authority to exercise certain legal rights of the ward in the ward's best interest. When a guardianship order gives certain rights to the guardian, it correspondingly takes those rights away from the ward. For this reason, guardianship is a very restrictive procedure and should only be used when absolutely necessary.

There are various other means by which a person can gain the authority to make decisions on behalf of another individual that do not require that a court declare a person incompetent and take away their right to make decisions about their life. There are numerous alternative ways in which a person can voluntarily give another person the authority to make decisions on their behalf. In the long run, these alternatives are cheaper, less stressful, and less time consuming than going through the guardianship process in probate court, and more importantly, are much more respectful of the dignity, independence, and expressed choices of the individual.

Here are just a few of the alternatives to guardianship that can effectively assist people with making decisions about their lives:

1) **Family/Friends:** Most people consult with family members and friends before making important decisions. People with disabilities are no different. Family members and friends can provide guidance and support to an individual with a disability and can avoid the need for a guardian. Family members and friends are usually in the best position to assist a person with a disability in making a decision by helping to define risks, advantages and consequences of a decision, and explain these in terms the individual with a disability can understand, while still providing a basis for the individual to make his or her own choice.

Livonia Office:
Livonia Corporate Towers
29200 Vassar Blvd., Suite 200 • Livonia, MI 48152-2116
248.473.2990
1.800.414.3956 (Toll Free)
248.473.4104 (Fax)

Main Office:
4096 Legacy Parkway, Suite 500 • Lansing, MI 48911-4263
517.487.1755 (Voice or TTY)
800.288.5923 (Information and Referral)
517.487.0827 (Fax)

Marquette Office:
129 W. Baraga Ave., Suite A • Marquette, MI 49855-4644
906.228.5910
906.928.5910 (Toll Free)
906.228.9148 (Fax)

2) **Representative Payee:** If an individual's sole source of income is Social Security benefits or some other federal supplement, a representative payee is a much less intrusive alternative to a guardianship or conservatorship. A representative payee is an individual who is given authority by the Social Security Administration, upon request by the beneficiary of benefits, to receive and manage federal funds for that beneficiary. Local Social Security offices can provide information on the procedure for nominating a representative payee.

3) **Limited Bank Accounts:** There are several ways in which access to finances can be voluntarily restricted through specialized bank accounts. (Please note that not all banks are agreeable to establishing these types of accounts.)

Cosigners: Some banks will set up accounts in which two or more persons must sign to acknowledge withdrawals. Neither person can withdraw funds without the knowledge and approval of the other. The account can either be a checking or savings account.

Ceiling Limit Account: Another alternative is a ceiling limit account established in the name of the person with a disability. With this account, the account holder can only withdraw a limited amount. Checks or withdrawal attempts over the specified amount would be invalid.

Pour-over Account: The pour-over account is a second account which automatically transfers money to the limited account after a withdrawal, so that the limited account is maintained. The amount of each withdrawal is limited but the individual always has access to the specified amount of money.

4) **Durable Power of Attorney for Finances**

A Durable Power of Attorney (DPOA) for finances is a private agreement by which a person with a disability who understands the nature of transferring decision-making authority gives another person (the agent) power to handle his or her financial affairs. The DPOA can be structured to transfer authority over some assets but not others, or all assets of the individual. There is no court filing or supervision of a DPOA, and it can be revoked by either party at any time.

5) **Designation of Patient Advocate**

The Designation of a Patient Advocate is also a private agreement by which a person with a disability who understands the nature of transferring decision-making authority chooses another individual to make medical decisions on their behalf. The designation can be very broad or very specific as to the wishes of the individual in terms of the scope of desired medical care. Decisions on life support issues may also be addressed on a specific form. Like a DPOA, it can be revoked by either party at any time and does not need to be filed or supervised by the court.

6) **Trusts**

A trust is a legal device which enables a person or institution (like a bank) to manage the property and money of another person. There are specific trusts that allow for assets in the trust to be used for the benefit of the individual without jeopardizing their eligibility for governmental benefits such as Supplemental Security Income (SSI). Such trusts can also assure that an individual's needs and desires are being met. Trusts protecting the income and assets of person with disabilities are quite specialized and require the expertise of an attorney knowledgeable in this area.

MICHIGAN



"PROTECTING THE RIGHTS OF
PERSONS WITH DISABILITIES"

Elmer L. Cerano, *Executive Director*

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GUARDIANSHIP:

Your Rights When You Have a Developmental Disability

What is a Guardian?

A guardian is a person who makes decisions for you that you cannot make for yourself. The probate court assigns you a guardian if someone proves that you cannot make informed decisions about your life. You have the right not to have a guardian if you can manage your own life, even if you need help to do it.

Are there different kinds of Guardians?

A guardian is a person who is responsible for a person's care, custody, and control. A **plenary, or full guardian** is given authority by the court to make all decisions for you, including where you live, what medical treatment you receive, where you go to school or work, and how your money is handled. A **partial or limited guardian** can only make those decisions for you that the court has determined you are not able to make for yourself. The court must only give a guardian those powers necessary to meet your needs.

A **conservator** is a person who is responsible for taking care of some or all of your property and money. A conservator cannot make decisions about your care and custody like a guardian can. If the court does not appoint a conservator, it can give the guardian the power to make decisions about both your care and custody and about your property and money.

Does a person with a developmental disability automatically require a guardian once they become 18?

No. A person with a developmental disability does not need a guardian unless it can be proved that they do not have some or all of the ability to take care of themselves or their property. The law requires that guardianship can only be used when it is necessary, and any guardianship that is used will let a person with a developmental disability live as independently as possible.

What is the process in which a court decides if you need a guardian?

The court gets involved in deciding whether you need a guardian when someone interested in your welfare files a **Petition for Appointment of a Guardian for a Person with a Developmental Disability**. You should be notified if a petition is filed asking the court to appoint a guardian for you, and interested parties like your family members should also be notified.

The court will then appoint an **attorney to represent you**. The court appointed attorney's job is to advocate for what you want - not to act in your "best interest" or give the court their opinion as to whether you need a guardian. You should make sure that your attorney knows what you want. You should also make sure that your attorney meets with you before the day of the hearing. If your attorney does not make arrangements to meet with you before the hearing date, you should call him or her and let them know that you want to meet and talk about your case and why you do not feel you need a guardian.

The court may also assign a person to act as the **guardian ad litem**. This is a person who works for the court to make a recommendation as to what he/she believes is in your best interest. The guardian ad litem will visit you, talk to other people who know you, and let the court know if they think you need a guardian.

The court will schedule a **hearing** to decide if you need a guardian. The court may order that you have an **evaluation** if there was not a current evaluation filed with the petition that tells the court what your abilities are and where you need help. You have the right to have an **independent evaluation**, and if you cannot afford one, the court will pay for it. The court is required to make sure that you are **present at the hearing**, unless it would be harmful to you. You also have the right to bring anyone you want as a **witness** to tell the judge that they agree with you about whether you need a guardian. You have the right to ask questions of or to **cross examine** the people who tell the judge that you do need a guardian. You have the right to ask for a **jury trial**, which means that a group of people who do not work for the court will listen to all of the evidence and make a decision of whether you need a guardian instead of the judge.

If it is proved that you are able to take care of yourself and your property, **even if you need help to do it**, the court should decide that you do not need a guardian and deny the petition. If the court decides that you do not have some or all of the ability to take care of yourself or your property, partial or limited guardianship must be considered first.

What are the duties and responsibilities of a guardian?

Unless the court limits the powers, a guardian has the following authority and responsibilities:

- 1) To determine where you live.

2) Make provisions for your care, including decisions about what you eat, what you wear, how much spending money you have, as well as what medical care you receive and what social, educational, and training services you receive.

3) Handle your money and property.

4) To file a report with the court once a year on how you are doing and what the guardian has done on your behalf.

A guardian does **not** have the authority to do any of the following:

1) To place you in a facility unless the court orders it.

2) Vote for you in any election

3) Tell you what religion you must practice.

4) Write a will for you.

5) Sell your property, unless the guardian is given power over your property by the court..

What is the process for removing or changing a guardian?

If you have a guardian and think you no longer need one, or are unhappy with the guardian you have and would like someone else to be your guardian, you can tell the court, write a letter to the court, or file a **Petition to Terminate or Modify Guardianship or Conservatorship**. Another person interested in your welfare who does not think you need a guardian can also file this petition with the court. You can also file this petition if you want the terms of the guardianship changed, such as giving you more decision making ability than you currently have under the guardianship.

If you file a petition to remove your guardian or have the guardianship changed, the court will schedule another **hearing**. You have all of the same rights that you had in the original hearing to appoint a guardian, including the right to have an attorney represent you. You should work with your attorney to build a case to show what has changed since the court first appointed a guardian which would support your argument that you no longer need a guardian or that there is a need to change the terms of the guardianship.

How long does a guardianship for a person with a developmental disability last?

The court has to say in an order appointing a guardian how long the guardianship lasts. If the guardianship is a partial, or limited, guardianship, it cannot last longer than five years. If the court orders a five year partial guardianship, it automatically ends at five years and a new petition must be filed.



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GUARDIANSHIP:

Your Rights When You Have a Psychiatric Disability

What is a Guardian?

A guardian is a person who makes decisions for you that you cannot make for yourself. The probate court assigns you a guardian if someone proves that you cannot make informed decisions about your life. You have the right not to have a guardian if you can manage your own life, even if you need help to do it.

Are there different kinds of Guardians?

A **guardian** is a person who is responsible for a person's care, custody, and control. A **plenary, or full guardian** is given authority by the court to make all decisions for you, including where you live, what medical treatment you receive, where you go to school or work, and how your money is handled. A **partial or limited guardian** can only make those decisions for you that the court has determined you are not able to make for yourself. The court must only give a guardian those powers necessary to meet your needs.

A **conservator** is a person who is responsible for taking care of some or all of your property and money. A conservator cannot make decisions about your care and custody like a guardian can. If the court does not appoint a conservator, it can give the guardian the power to make decisions about both your care and custody and about your property and money.

What is the process in which a court decides if you need a guardian?

The court gets involved in deciding whether you need a guardian when someone interested in your welfare files a **Petition for Appointment of a Guardian for a Legally Incapacitated Person**. You should be notified if a petition is filed asking the court to appoint a guardian for you, and interested parties like your family members should also be notified.

Livonia Office:
Livonia Corporate Towers
29200 Vassar Blvd., Suite 200 • Livonia, MI 48152-2116
248.473.2990
1.800.414.3956 (Toll Free)
248.473.4104 (Fax)

Main Office:
4095 Legacy Parkway, Suite 500 • Lansing, MI 48911-4263
517.487.1756 (Voice or TTY)
800.288.5923 (Information and Referral)
517.487.0827 (Fax)

Marquette Office:
129 W. Baraga Ave., Suite A • Marquette, MI 49855-4644
906.228.5910
866.928.5910 (Toll Free)
906.228.9148 (Fax)

The court will then assign a person called a **guardian ad litem**, whose job is to meet with you, explain your rights to you, tell you about alternatives to guardianship, find out if you agree or disagree that you need a guardian, and make a recommendation to the court about whether you need a guardian or not, and if you need a limited or full guardian. If you do not want a guardian, you need to tell the guardian ad litem this and ask for an attorney to represent you. The guardian ad litem will then tell the court that you are contesting the petition, and if you cannot afford your own attorney, the court will appoint an **attorney to represent you**. The court appointed attorney's job is to advocate for what you want - not to act in your "best interest" or give the court their opinion as to whether you need a guardian. You should make sure that your attorney knows what you want. You should also make sure that your attorney meets with you before the day of the hearing. If your attorney does not make arrangements to meet with you before the hearing date, you should call him or her and let them know that you want to meet and talk about your case and why you do not feel you need a guardian.

The court will schedule a **hearing** to decide if you need a guardian. The court may first order that you have an **evaluation** by a doctor or mental health professional. You have the right to have an **independent evaluation**, and if you cannot afford one, the court will pay for it. You have the right to **be present at the hearing**. You also have the right to bring anyone you want as a **witness** to tell the judge that they agree with you about whether you need a guardian. You have the right to ask questions of or to **cross examine** the people who tell the judge that you do need a guardian. You have the right to ask for a **jury trial**, which means that a group of people who do not work for the court will listen to all of the evidence and make a decision of whether you need a guardian instead of the judge.

If it is proved that you are able to take care of yourself and make informed decisions about how you live your life, **even if you need help to do it**, the court should decide that you do not need a guardian and deny the petition. The court has to find that you are both legally incapacitated and that it is necessary to appoint a guardian to take care of your needs.

What are the duties and responsibilities of a guardian?

Unless the court limits the powers, a guardian has the following authority and responsibilities:

- 1) To determine where you live.
- 2) Make provisions for your care, including decisions about what you eat, what you wear, how much spending money you have, as well as what medical care you receive and what social services you receive.
- 3) Handle your money and property (unless a conservator is also appointed).
- 4) To visit you at least every three months.

5) To file a report with the court once a year on how you are doing and what the guardian has done on your behalf.

A guardian does **not** have the authority to do any of the following:

1) To commit you to a psychiatric facility, unless you agree to this or if there is a separate commitment hearing.

2) Vote for you in any election

3) Tell you what religion you must practice.

4) Write a will for you.

5) Sell your property, unless the guardian is also appointed conservator.

What is the process for removing or changing a guardian?

If you have a guardian and think you no longer need one, or are unhappy with the guardian you have and would like someone else to be your guardian, you can file a **Petition to Terminate or Modify Guardianship or Conservatorship**. Another person interested in your welfare who does not think you need a guardian can also file this petition with the court. The court may make you wait at least six months after you are appointed a guardian before you can file this petition. You can also file this petition if you want the terms of the guardianship changed, such as giving you more decision making ability than you currently have under the guardianship.

If you file a petition to remove your guardian or have the guardianship changed, the court will schedule another **hearing**. You have all of the same rights that you had in the original hearing to appoint a guardian, including the right to have an attorney represent you. You should work with your attorney to build a case to show what has changed since the court first appointed a guardian which would support your argument that you no longer need a guardian or that there is a need to change the terms of the guardianship.

Does the court ever review whether I still need a guardian on its own?

The court must review your guardianship one year after it is appointed, and at least every three years after that.

Section 6

Trusts/Planning

6A. Primer on Special Needs Planning

For families with children with special needs planning for the future is important. The document is a primer on how to plan for the future for individuals with special needs. It includes information on who to seek assistance from when planning, financial, and legal information that may be needed for planning. The document was prepared by the ARC.

LHD/Family Resource

6B. Department of Human Services Trust Policy

In order to qualify for Medicaid coverage certain income and asset limits are required. Many individuals applying for coverage may have assets in trusts. The document is an outline of the Department of Human Services (DHS) policy on trusts. The policy includes the types of trusts, requirements of each type of trust, and how trusts are evaluated for purposes of qualifying for Medicaid benefits.

Family Resource

PRIMER ON SPECIAL NEEDS PLANNING

Only work with knowledge professionals that have an expertise in special needs planning: Specialization is becoming the norm in most professions. A person with a cardiac problem sees a cardiologist. A person purchasing a home sees a real estate attorney. Effective special needs planning requires a high degree of specialized knowledge and expertise. Generalists typically do not possess the knowledge or expertise necessary to provide comprehensive planning services or the ability to keep pace with future law changes. Special needs planning professionals that have an expertise in their planning approach, should be able to obtain additional resources and services for families, and provide them with updated information on recent law changes or innovations in the field.

Learn about how the special needs or supplementary needs trust preserve government benefit eligibility: Needs based government programs such as SSI and Medicaid do not allow persons with disabilities to have more than \$2,000 in assets. As a result, many attorneys have told families to disinherit their children with special needs. However, there is no longer any reason to disinherit children with special needs or to leave money to siblings or other relatives on their behalf. Morally obligated gifts can be attached through divorce, bankruptcy, or lawsuit. The special needs trust is the only planning technique that allows families to preserve government benefit eligibility. If drafted correctly, special needs trust assets can only be used to supplement government benefits and can never supplant government benefits.

Prepare, Review and Revise legal documents: All families should have legal documents such as wills, trusts, power of attorney and health care proxies. All of these documents need to be reviewed and revised to make certain that they will work successfully in special needs planning situations. Improperly drafted documents and worded documents will cause the loss of important government benefits such as SSI and Medicaid.

Review and revise financial assets: All family held assets need to be reviewed to make certain that distributions made during life or upon death will not cause the loss of government benefits. Certain assets held such as custodian accounts or as tenants in common, UGMA, or UTMA accounts may need to be shifted, re-titled, or re-configured to preserve government benefit eligibility. Care should be taken to change primary or contingent beneficiary designations on all group term insurance plans, life insurance policies, 401(k), tax sheltered annuities, retirement plans, etc. Persons with special needs should not be named as beneficiaries. Rather, money should be left to the special needs trust.

Develop a clearer vision of how you want your child to live if both parents are no longer around: Families need to develop a clear vision of their hopes,

dreams, and aspirations that they want for their loved one after they are gone. Subsequent planning efforts and funding should impact desired lifestyle, residence, and job situation based on this vision and other family objectives.

Develop a precise understanding of your child's diagnosis, prognosis, functional skill level, earning potential, and abilities: A clear and definitive diagnosis is a basic starting point. A definitive diagnosis can help lead to an accurate and realistic assessment of your child's functional skill level and eventual prognosis. A realistic prognosis can be developed to help lay the foundation for parent expectations, which is critical to engage in proper long-term planning and funding.

Identify a future guardian, conservator or trustee for your child: The choice of guardian, conservator, or trustee is critical to the future care and well-being of children with special needs, especially after both parents are gone. Families need to give careful thought as to who will raise their child or manage money on their behalf. Emotional, personal, and suitability factors need to be visited and re-visited frequently when children with special needs are involved. The laws pertaining to guardianship, conservatorship, and trustees also vary from state to state. It is also very important that trustees of special needs trusts be very knowledgeable, skilled, and extremely careful in managing fund assets and distributions, so that government benefit eligibility is preserved and maintained.

Develop a written Letter of Intent that will assist future caregivers: The Letter of intent serves as a blueprint that provides valuable information in the daily life of your child, in the event that a new caregiver had to step in and manage your child's day-to-day activities. In addition to vital information regarding your child's physical and mental status, the Letter of Intent should include your child's likes, dislikes, hobbies, recreational and social preferences, food allergies, medications, physicians, medical history, as well as your hopes, dreams, wishes, and aspirations for his or her future. The Letter of Intent should also detail your thoughts on a variety of matters such as dating, religion, sex, future living plans, and academic- and job-readiness skills. While the Letter of Intent is not a legal document, it can function as a daily blueprint for future caregivers.

Develop plans to maximize community-based supports and available benefits: Every special needs plan should seek to maximize community-based resources. Seek to identify social, recreational, vocational and other community-based resources that will enhance, empower, and lead to an increased sense of fulfillment for your child. Your plans should seek to fully integrate you child into his/her local community to the fullest extent possible.

Coordinate future planning efforts with all children, family members, and relatives:

It is critical that special needs planning details be shared with all family members. It is important to eliminate surprise bequests, from well-intentioned grandparents, aunts and uncles, brother and sisters, etc., which could jeopardize government benefits. Money should never be left to persons with disabilities, but rather to their special needs trust.

Provide funding to provide lifetime care and quality of life:

A special needs trust that has no money earmarked to fund it is worthless. Plans must be undertaken to make certain that the trust is funded with assets to meet supplemental needs that provide for quality lifetime care and quality of life.

Department of Human Services (DHS) Trust Policy

The Department of Human Services (DHS) carries policy on how it evaluates established trusts for Medicaid beneficiaries. Medicaid requires certain income and asset limits. If an individual has assets in excess of what the Medicaid program specifies, he/she may still be able to maintain these assets in specialized trusts and receive benefits. The following outlines the DHS trust policy as it relates to Medicaid benefits.

DHS policy divides trusts into three different categories:

- Medicaid trusts
- Medicaid qualifying trusts (MQTs)
- Other trusts

The following definitions apply to the entire trust policy

Beneficiary: the person for whose benefit a trust is created

Grantor or Settlor: the person who established the trust. Any person who contributes to a trust is considered a grantor.

Principal or Corpus: the assets in the trust. The assets may be real property (e.g., house, land) or personal property (e.g., stocks, bonds, life insurance policies, savings accounts).

Trust: a right of property created by one person for the benefit of himself or another. It includes any legal instrument or device that exhibits the general characteristics of a trust but is not called a trust or does not qualify as a trust under state law. Examples of such devices might be annuities, escrow accounts, pension funds and investment accounts managed by someone with fiduciary obligations.

Trustee: the person who has legal title to the assets and income of a trust and the duty to manage the trust for the benefit of the beneficiary.

Medicaid Trust Criteria

Medicaid trusts must meet the following five conditions

1. The person whose resources were transferred to the trust is someone whose assets or income must be counted to determine Medicaid eligibility, a Medicaid post-eligibility patient-pay amount, a divestment penalty or an initial assessment amount.
2. The trust was established by:
 - a. The person, or
 - b. The person's spouse, or

- c. Someone else (including court or administrative body) with legal authority to act in place of or on behalf of the person or the person's spouse, or
 - d. Someone else (including a court or administrative body) acting at the direction or upon the request of the person or the person's spouse.
3. The trust was established on or after August 11, 1993
 4. The trust was not established by a will.
 5. The trust is not a "special needs trust" or "pooled trust", which are evaluated under different criteria.

Medicaid Qualifying Trust Criteria

A Medicaid qualifying trust (MQT) is a trust that has all of the following criteria.

1. It was established before August 11, 1993.
2. It is established by a person whose assets must be considered or by the person's spouse.
3. The person whose assets must be considered is the beneficiary of all or part of the payments from the trust.
4. The amount distributed from the trust is determined by one or more trustees who are permitted to exercise at least some discretion with respect to the amount to be distributed to the beneficiary.

Other Trusts

A trust is considered an "other trust" if it does not meet the criteria for a Medicaid trust or a Medicaid qualifying trust.

Evaluation of Trusts

Individuals that have a trust and apply for benefits through the Department of Human Services (DHS) will need to provide documentation for purposes of evaluation. DHS will evaluate the trust based on the established policy for qualifying criteria. Once a trust has been evaluated, a reevaluation is not required unless the local DHS office believes a change has occurred affecting the availability of the trust principle or income including any change in DHS policy. Individuals should consult with their DHS worker as to the documentation required. Trusts are legal matters. As with all legal matters a qualified legal representative should be consulted.

The policy outlined above is an excerpt from published policy by the State of Michigan Department of Human Services (PEM 401).

Section 7

Transition Tools for Youth and Families

7A. Transition Worksheet: Parent/Caregivers

The document is a planning worksheet for parents and caregivers to begin looking at their child's needs as they approach adulthood. This planning tool is intended to get parents and caregivers to begin thinking about issues that should be addressed, as their child gets older. The planning worksheet may further the goals of a Transition Plan of Care when determining what goals are appropriate.

Family Resource

7B. Transition Worksheet: Youth

The document is almost identical to the Parent/Caregiver version of the transition-planning tool. The worksheet targets youth who are beginning to think of their needs as they approach adulthood. If appropriate, youth may complete this worksheet along with their parent's completed worksheet. It may prompt discussion as to how the youth perceives his/her needs and how parents perceive the youth's needs. What are the differences and how could they be addressed? This planning worksheet may also further the goals of a Transition Plan of Care when determining what goals are appropriate.

Youth Resource

7C. Taking Charge of Health Care

The document is a handout for adolescents and young adults with special health care needs and disabilities. The handout addresses how to be an advocate for self-healthcare. The document was created by the Institute for Community Inclusion.

[Click on this link to open this document. The document is located on page 25.](#)

Youth Resource

7D. Communicating with Doctors

The document is written to assist youth and young adults to begin communicating with their providers. While it is written for youth and young adults, parents may also find this helpful. The document was created by the Institute for Community Inclusion.

[Click on this link to open this document. The document is located on page 57](#)

Youth Resource

7E. Transition Role Plays

The document lists various health care related role-play scenarios that can be used as a resource for families and clients. The document is intended to begin a discussion of health related situations that youth may be confronted with as they begin to take control of their own health care needs. The document was created by the Maternal Child Health Bureau's Healthy and Ready to Work Initiative.

[Click on this link to open this document.](#)

Youth Resource

7F. CSHCS and College

This document outlines the planning that should occur when young adults are attending college and on the CSHCS program. This document provides guidance to young adults and their families about CSHCS policies and how those pertain to going away to college.

Youth/Family Resource

Children's Special Health Care Services Parent's/Caregiver's Transition Worksheet

Youth's Name:
 CSHCS ID:
 Youth's Age
 Date Completed:

This worksheet is to assist in the planning for your youth's transition to adulthood. Please check the boxes below that apply at this time. After this worksheet is complete it should be used to assess what needs to be done for transition.

Health Care	
<input type="checkbox"/> I understand my youth's medical condition	
I have planned for my youth's:	
<input type="checkbox"/> Adult specialty medical care	<input type="checkbox"/> Vision Care
<input type="checkbox"/> Adult primary medical care	<input type="checkbox"/> Guardianship
<input type="checkbox"/> Adult dental care	
My youth is able to:	
<input type="checkbox"/> My youth is unable to care for self	
<input type="checkbox"/> Describe his/her medical condition	<input type="checkbox"/> Manage medications
<input type="checkbox"/> Perform daily medical care/treatments	<input type="checkbox"/> Advocate for self
<input type="checkbox"/> Consent to medical care	<input type="checkbox"/> Refill medications and supplies
<input type="checkbox"/> Make medical appointments	
<input type="checkbox"/> Understand his/her insurance coverage	
Financing	
As an adult, my youth's medical care will be paid for by:	
<input type="checkbox"/> Private health insurance through employment	
<input type="checkbox"/> Family's private health insurance	
<input type="checkbox"/> Medicaid	
<input type="checkbox"/> Medicare	
<input type="checkbox"/> Trust/Will	
<input type="checkbox"/> None of these apply	
My youth is able to:	
<input type="checkbox"/> My youth is unable to make financial decisions.	
<input type="checkbox"/> Earn money to pay bills	
<input type="checkbox"/> Manage a checking or savings account	
<input type="checkbox"/> Budget/ Money	
<input type="checkbox"/> Make financial decisions	
<input type="checkbox"/> Manage a credit card	
<input type="checkbox"/> None of these apply	
As an adult, my youth's income will be from:	
<input type="checkbox"/> Employment	<input type="checkbox"/> SSI (Supplemental Social Security Income)
<input type="checkbox"/> Trust/Will	<input type="checkbox"/> SSDI (Social Security Disability Insurance)
<input type="checkbox"/> Family	
<input type="checkbox"/> Other _____	

Functional Living Needs		
As an adult, my youth will live with:		
<input type="checkbox"/> Self	<input type="checkbox"/> Group Home	<input type="checkbox"/> Assisted Living
<input type="checkbox"/> Parents	<input type="checkbox"/> Campus/ dormitory	<input type="checkbox"/> None of these
<input type="checkbox"/> Other family members	<input type="checkbox"/> Long-term care facility	apply
As an adult, my youth will need transportation for:		
<input type="checkbox"/> Shopping	<input type="checkbox"/> Recreation	
<input type="checkbox"/> School	<input type="checkbox"/> Work	
<input type="checkbox"/> Appointments		
Transportation will be provided by:		
<input type="checkbox"/> Self		
<input type="checkbox"/> Agencies (List: _____)		
<input type="checkbox"/> Family members (List: _____)		
<input type="checkbox"/> Public Transportation		
Employment/Vocational		
My child has prepared for work through:		
<input type="checkbox"/> Household chores		
<input type="checkbox"/> Volunteering		
<input type="checkbox"/> Continuing education		
<input type="checkbox"/> Part time job		
<input type="checkbox"/> Job shadowing		
<input type="checkbox"/> Work study programs		
<input type="checkbox"/> None of these apply		
After high school my child will/has enter(ed):		
<input type="checkbox"/> Full-time employment	<input type="checkbox"/> Part-time employment	<input type="checkbox"/> None of these
<input type="checkbox"/> Continuing education	<input type="checkbox"/> Supported employment	apply
<input type="checkbox"/> Internship/apprenticeship	<input type="checkbox"/> Sheltered workshop	
I Would Like to Have More Information About		
<input type="checkbox"/> Guardianship	<input type="checkbox"/> Educational Resources	
<input type="checkbox"/> Medicaid	<input type="checkbox"/> CMH Services	
<input type="checkbox"/> SSI/SSDI		
<input type="checkbox"/> Independent Living		
<input type="checkbox"/> Public Transportation		
<input type="checkbox"/> School		
<input type="checkbox"/> Michigan Vocation Rehabilitative Services		
<input type="checkbox"/> Social/ Recreational opportunities		
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Other _____		
Comments:		

Children's Special Health Care Services Youth Transition Worksheet

Name:
 CSHCS ID:
 Age:
 Date Completed:

This worksheet is to assist in the planning for your transition to adulthood. Please check the boxes below that apply at this time. After this worksheet is complete it should be used to assess what needs to be done for transition.

Health Care	
<input type="checkbox"/> I understand my medical condition	
I have planned for my:	
<input type="checkbox"/> Adult specialty medical care	
<input type="checkbox"/> Adult primary medical care	
<input type="checkbox"/> Adult dental care	
<input type="checkbox"/> Adult vision care	
I am able to:	
<input type="checkbox"/> Ask for assistance to care for myself	<input type="checkbox"/> Manage medications
<input type="checkbox"/> Describe my medical condition	<input type="checkbox"/> Advocate for myself
<input type="checkbox"/> Perform daily medical care/treatments	<input type="checkbox"/> Refill medications and supplies
<input type="checkbox"/> Consent to medical care	
<input type="checkbox"/> Make medical appointments	
<input type="checkbox"/> Understand my insurance coverage	
Financing	
As an adult, my medical care will be paid for by:	
<input type="checkbox"/> Private health insurance through my employment	
<input type="checkbox"/> Family's private health insurance	
<input type="checkbox"/> Medicaid	
<input type="checkbox"/> Medicare	
<input type="checkbox"/> Trust/Will	
<input type="checkbox"/> None of these apply	
I am able to:	
<input type="checkbox"/> Ask for assistance with my money	
<input type="checkbox"/> Earn money to pay bills	
<input type="checkbox"/> Manage a checking or savings account	
<input type="checkbox"/> Budget/ Money	
<input type="checkbox"/> Make financial decisions	
<input type="checkbox"/> Manage a credit card	
<input type="checkbox"/> None of these apply	
As an adult, my income will be from:	
<input type="checkbox"/> Employment	<input type="checkbox"/> SSI (Supplemental Social Security Income)
<input type="checkbox"/> Trust/Will	<input type="checkbox"/> SSDI (Social Security Disability Insurance)
<input type="checkbox"/> Family	
<input type="checkbox"/> Other _____	

Functional Living Needs		
As an adult, I will live with:		
<input type="checkbox"/> Self	<input type="checkbox"/> Group Home	<input type="checkbox"/> Assisted Living
<input type="checkbox"/> Parents	<input type="checkbox"/> Campus/ dormitory	<input type="checkbox"/> None of these a
<input type="checkbox"/> Other family members	<input type="checkbox"/> Long-term care facility	apply
As an adult, I will need transportation for:		
<input type="checkbox"/> Shopping	<input type="checkbox"/> Recreation	
<input type="checkbox"/> School	<input type="checkbox"/> Work	
<input type="checkbox"/> Appointments		
As an adult, my transportation will be provided by:		
<input type="checkbox"/> Self		
<input type="checkbox"/> Agencies (List: _____)		
<input type="checkbox"/> Family members (List: _____)		
<input type="checkbox"/> Public Transportation		
Employment/Vocational		
I have prepared for work through:		
<input type="checkbox"/> Household chores		
<input type="checkbox"/> Volunteering		
<input type="checkbox"/> Continuing education		
<input type="checkbox"/> Part time job		
<input type="checkbox"/> Job shadowing		
<input type="checkbox"/> Work study programs		
<input type="checkbox"/> None of these apply		
After high school I will/have enter(ed):		
<input type="checkbox"/> Full-time employment	<input type="checkbox"/> Part-time employment	<input type="checkbox"/> None of these
<input type="checkbox"/> Continuing education	<input type="checkbox"/> Supported employment	apply
<input type="checkbox"/> Internship/apprenticeship	<input type="checkbox"/> Sheltered workshop	
I Would Like to Have More Information About		
<input type="checkbox"/> Guardianship	<input type="checkbox"/> Education Resources	
<input type="checkbox"/> Medicaid	<input type="checkbox"/> CMH Services	
<input type="checkbox"/> SSI/SSDI		
<input type="checkbox"/> Independent Living		
<input type="checkbox"/> Public Transportation		
<input type="checkbox"/> School		
<input type="checkbox"/> Michigan Vocation Rehabilitative Services		
<input type="checkbox"/> Social/ Recreational opportunities		
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Other _____		
Comments:		

College and Children's Special Health Care Services



If you have special health care needs and are planning on going away to college, you might have some extra planning to do. You need to know where to go to the doctor and how you are going to pay for your care. Below are a few things to remember:

Extra steps to take

- Identify local providers in the area where you will be living.
- Prepare a portable medical summary. Include your most important medical history, any care plans, and current medications. This can be on paper or electronically.
- Contact the schools disability office for any needed accommodations.

Paying for health care

- If you are on your family's health insurance you may be able to stay on longer because you are a college student. Contact the insurance company.
- Understand how your health insurance works. Do you need to see a provider in-network? Are there any in-network providers where you will be living for college? If not, will they make an exception for doctors in your area?
- In order for CSHCS to pay for services, you must see a CSHCS authorized provider. Make sure to call CSHCS when you find providers in the area where you are attending school and ask your local CSHCS office if you can add them as authorized providers.

Extra considerations for out of state colleges

If you are attending college in a state other than Michigan, there will be some extra planning.

- If you have private insurance, make sure that you call the company and find out how they handle out of state coverage for college students. They may have their own rules.
- To maintain CSHCS eligibility you **MUST** see a CSHCS Michigan specialist at least once a year.
- CSHCS only covers out of state care in special circumstances. Be sure to call to ask if you can add out of state providers. If CSHCS approves it, the provider must enroll in and accept Michigan Medicaid in order to get paid.

APPENDIX A:

Who to Call- Important Numbers

This document lists multiple numbers that may be useful.

Michigan Centers for Independent Living

[Follow this link](#) to find the phone number of the Center for Independent Living that is closest to you.

Partnership for Prescription Assistance.....	888-477-2669	Michigan Dental Association.....	800-255-7543
Michigan Rehabilitation Services.....	800-605-6722	Michigan Developmental Disabilities Council.....	517-334-6123
Social Security Administration.....	800-772-1213	Michigan Respite Programs.....	989-466-4164
American Cancer Society.....	800-ACS-2345	Michigan Self-Help Clearinghouse.....	800-777-5556
Michigan Protection and Advocacy.....	800-292-5896	Michigan Tel-Help (United Way Community Services).....	800-552-1182
Easter Seals of Michigan		National Fathers Network.....	206-747-4004
Michigan Assistive Technology Clearinghouse (MATCH)..	800-760-4600	National Organization for Rare Disorders.....	800-999-6673
Special Olympics Michigan.....	800-644-6404	National Mental Health Association.....	800-969-6642
Michigan Assc. For Deaf, Hearing, and Speech Services.	800-YOUR-EAR	The Family Center.....	800-359-3722
Cystic Fibrosis Foundation.....	800-968-7169	Parents of the Visually Impaired.....	313-272-3900
Muscular Dystrophy Association.....	734-416-7076	Spina Bifida Association.....	800-621-3141
Center for Self-Determination.....	734-722-7092	Toll Free Information.....	800-555-1212
Michigan Works! Association.....	517-371-1100	Make-A-Wish Foundation of Michigan.....	800-622-WISH
Michigan Assc. of Centers for Independent Living.....	517-339-0539	March of Dimes.....	888-663-4637
Poison Control.....	800-764-7661	Children's Special Health Care Services.....	800-359-3722
AIDS 24-Hour Hotline.....	800-342-2437	Diabetes Foundation.....	800-223-1138
Department of Human Services (DHS).....	517-373-2035	Epilepsy Center of Michigan.....	800-377-6226
DHS Adult Abuse Hotline	800-996-6228	Family Support Network of Michigan.....	800-359-3722
DHS Child Abuse Hotline	800-942-4357	Family Voices.....	888-835-5669
DHS Emergency Shelter Hotline	800-ASHELTER	Learning Disability Association of Michigan.....	888-597-7809
DHS Home Heating Hotline (Energy Assistance)	800-292-5650	Michigan Assistive Technology Resource (MATR).....	800-274-7426
DHS Homeless Hotline	800-274-3583	ARC Michigan.....	800-292-7851
DHS Medicaid Help Line	800-642-3195	Autism Society of Michigan.....	800-223-6722
DHS Parent Help Line	800-942-4357	CAUSE (Citizens Alliance to Uphold Special Education).	800-221-9105
DHS Runaway Assistance Hotline	800-292-4517		
DHS Tuition Incentive Program	800-243-2847		
United Cerebral Palsy Association of Michigan.....	800-828-2714		

APPENDIX B: Anticipatory Guidance Schedule

All letters are sent via CSHCS Central Office. Below is a description of each letter as well as the mailing schedule.

Letter Subject: Planning for Your Child after Age 18

Purpose of Letter: This letter is intended for parents and family members who have a child on CSHCS who is turning 17 years old. The letter explains why it is important to plan for your child's future after they turn 18 including Age of Majority issues. Family members are encouraged to explore what type of assistance their child will need when their child turns 18 such as signing a consent form or guardianship.

Mailing Schedule: This letter is sent **annually** to the responsible party on file for the CSHCS enrollee who will be turning 17 within the calendar year.

Letter Subject: Change of Responsible Party for Your Child's Children's Special Health Care Services (CSHCS) Communications.

Purpose of Letter: This letter explains the changes that will occur in regards to how CSHCS communicates with clients over the age of 18. It further explains that in order for CSHCS to release any protected health information to any one other than the CSHCS client a release of information will need to be received after the clients 18th birthday. It also states that families may provide documentation of guardianship or documentation that a petition for guardianship has been filed.

Mailing Schedule: This letter is sent **monthly** to the responsible party on file three months before the CSHCS client's 18th birthday. (For example letters mailed in January are sent to the parents who have a CSHCS enrolled child with an 18th birthday in April.)

Letter Subject: Children's Special Health Care Services- Change in Responsible Party

Purpose of Letter: This letter explains the changes that have occurred because the client has had their 18th birthday. It also explains how we may be able to release protected health information to someone they wish to designate by completing a HIPAA Authorization to Disclose Protected Health Information or submitting guardianship documentation. An authorization form is also included with this mailing along with a business reply envelope to return the form to Central Office.

Mailing Schedule: This letter is sent **monthly** to the CSHCS client who is turning 18 during the mailing month. The monthly mailing is at the end of the client's birthday month so no client completes a form before they are 18. Mailings are typically sent out the last week of the month.

Letter Subject: Aging Out Letter

Letter Subject: This letter notifies the client that their CSHCS coverage is ending. It also addresses some important transition topics such as insurance and adult medical care.

Mailing Schedule: This letter is sent monthly to CSHCS clients three months before their 21st birthday.

**SUBJECT: Planning for Your Child
after Age 18**

For questions and/or problems, or help to translate, call the Beneficiary Help Line at 1-800-642-3195 (TTY 1-866-501-5656).
Spanish: Si necesita ayuda para traducir o entender este texto, por favor llame al telefono **1-800-642-3195** (TTY 1-866-501-5656)
Arabic: 1-800-642-3195 (TTY 1-866-501-5656)

ذا كان لديكم أي سؤال، يرجى الإتصال بخط المساعدة على الرقم المجاني ١-٨٠٠-٦٤٢-٣١٩٥

Dear Parent:

Due to privacy laws, Children's Special Health Care Services (CSHCS) has to change how we communicate with families of young adults. Youth become legally responsible for themselves at age 18. At age 18 we will only be able to share information with your adult child. Only applications and other forms signed by the CSHCS client will be processed. Also, we will only be able to discuss health information with the CSHCS client. Arrangements can be made with CSHCS after your child turns 18 so families can maintain involvement in their child's care.

CSHCS is a strong supporter of self-determination and independent living for young adults. We encourage youth to be involved. Youth can then begin to handle their personal health decisions. This helps in preparing for adulthood. Yet, we realize that some youth will need help. Some youth will not be able to take responsibility for their own care or communication once they become legal adults.

If your child will need your involvement after becoming an adult, you should begin to look into your options early. This will help avoid problems once your child turns 18.

Most youth will be able and want to handle their CSHCS coverage and health information. If your child is likely to need some help after age 18, he/she may choose to give CSHCS staff permission to also talk with you or another adult about his/her care. He/She may do this by filling out an authorization form. These authorization forms will be sent to your child the month of their 18th birthday. It is your child's decision after age 18.

Questions to consider in planning for your child's future:

- What are my main concerns for my child's ability to manage financial, medical, or emotional needs?
- What decisions will my child be able to make on his/her own?
- What decisions will my child need help making?

Below is a list of some options for families with a young adult who may need additional help. The list does not include all options. These options are listed just to get you started in preparing.

- A **Representative Payee**. This person manages the payments for someone on Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI). Applications and help are available at local Social Security Administration offices.
- In a **Conservatorship**, an appointed individual manages a person's finances.
- **Full Guardianship** provides full decision making rights to an appointed guardian.
- **Durable Power of Attorney** allows health care decisions by an appointed person. Power of Attorney can also cover other decisions.
- **Partial Guardianship** provides rights in certain areas of decision making to an appointed guardian.

Many of these actions must be done through the court system. Start exploring them while your child is age 17. There may be legal and court fees. Seek qualified legal counsel. Your local health department may be able to direct you to more community resources for guidance.

If you have any questions, please call your local health department CSHCS office or the Family Phone line at 1-800-359-3722.

Sincerely,

A handwritten signature in black ink, appearing to read "Kathy Stiffler". The signature is written in a cursive, flowing style.

Kathy Stiffler, Director
Children's Special Health Care Services

ADDRESS

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**Subject: Change of Responsible Party for Your Child's
Children's Special Health Care Services (CSHCS) Communications**

ATTENTION LINE

CSHCS must change the way we communicate with you once <<Name>> turns 18 years old. Your child becomes a legal adult at 18. Because of Privacy Laws, CSHCS will be required to communicate only with <<Name>> unless some other arrangements are made.

We strongly encourage young adults to be as independent as possible. Yet, we are aware that some clients may need other adult help to handle their CSHCS coverage. Some only need help for a short time, while some may need help long-term. Arrangements can be made with CSHCS one of two ways:

- 1) Young adults can give us permission to communicate with a person(s) they trust by filling out and sending an Authorization to Disclose Protected Health Information form, or
- 2) Documentation of legal guardianship that is in effect after your child reaches 18 can be sent to CSHCS. This will give us permission to communicate with the legal guardian.

Shortly after <<Name>> turns 18, we will send him/her a letter about this change. This letter will include an Authorization to Disclose Protected Health Information form. <<Name>> can complete and send this form if he/she wants to allow CSHCS to also communicate with someone else. That will also be the time to send documentation of any legal guardianship to CSHCS.

We hope this advance notice helps you and your child get ready for the changes to come. If you have any questions, please feel free to call your Local Health Department or the Family Phone Line at 1-800-359-3722.
Sincerely,



Kathy Stiffler, Director
Children's Special Health Care Services

**Subject: Children's Special Health Care Services-
Change in Responsible Party**

For questions and/or problems, or help to translate, call the Beneficiary Help Line at 1-800-642-3195 (TTY 1-866-501-5656).
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Dear CSHCS Client:

We are sending this letter to you because you have become a legal adult by turning 18 years old. This changes the way we handle your Children's Special Health Care Services (CSHCS) coverage.

Once you are a legal adult we can talk only with you about your CSHCS coverage and your medical care. If you want us to talk with someone else about your coverage and care you will need to give us permission. It is your decision.

Some people like to have their parent or another person be able to help them. Some people also have a legal guardian who manages their care. In order for CSHCS to speak with someone other than the adult enrolled in CSHCS, an authorization form must be completed in full and signed **by the CSHCS client**. If guardianship is in place documentation of legal guardianship must be received by CSHCS.

Enclosed is an Authorization to Disclose Protected Health Information form (pink). If you want CSHCS to be able to speak with someone else about your coverage you must fill out the pink form and return it in the envelope provided. It is your decision. If you want to handle your coverage yourself then you don't need to do anything with this form. You automatically become responsible for yourself on your 18th birthday. Again, if guardianship is in place, please send the proper documentation in the return envelope. We have also included a sample copy of the Authorization to Disclose Protected Health Information (white) to give you an idea of how to complete this form if you decide to do so. Please complete the entire form. If the form is incomplete it can not be accepted. If you have any questions, please feel free to call the Family Phone Line at 1-800-359-3722.

Sincerely,



Kathy Stiffler, Director
Children's Special Health Care Services

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Dear CSHCS Client:

Your Children's Special Health Care Services (CSHCS) coverage ends soon. Your last day of coverage is the day before your 21st birthday. You are not eligible for CSHCS once you turn 21.

It is important to plan for this change. You already may be planning supported living, employment or independent living. You also should plan for your health care. Things to think about are:

Health Coverage

Private Health Insurance:

- Often, employers offer health insurance. Ask employers what they offer.
- If you are on your family plan, you may be able to stay on. This can happen if you are a student or a dependent adult.
- If your coverage in your family's group insurance is ending or your own coverage is ending because of job loss you may be able to keep it by paying extra for it. That is possible through "COBRA," which stands for the Consolidated Omnibus Budget Reconciliation Act. For details, contact the employer that provides the plan.

Medicaid: Medicaid is a state-run health care program for persons with low income or certain disabilities. For details, contact your local Department of Human Services. If you have Medicaid when your CSHCS coverage ends you may have to enroll in a Medicaid Health Plan. Your local health department may be able to help you with this process.

College Plans: If you are in college, check whether there is a student health plan. Contact your college's student services office.

Other Resources: County health plans and free clinics may be available in your area. Contact your local health department for more resources.

Adult Medical Care

Most young adults need to change from a pediatric provider to a provider that treats adults. It is important to find a provider that makes you comfortable. If you have not started with a provider who treats adults, ask your current provider to help you find one.

If you need help or have questions, please call the CSHCS Family Phone Line at 1-800-359-3722. The call is free. We can give information about your situation. We also can transfer your call to your local health department.

Sincerely,

A handwritten signature in black ink that reads "Kathy Stiffler". The signature is written in a cursive, flowing style.

Kathy Stiffler, Director
Children's Special Health Care Services