CSHCS Transition Checklist for Local Health Departments



Client Name:	I.D. #:	D.O.B:
Ages 12-15		
\square Introduce the topic of transition prior to th	e age of 14.	
☐ Between the ages of 14-15, encourage the parent/caregiver.	completion of a Transition Re	eadiness Assessment for the youth and
$\hfill\Box$ Identify the needs, concerns, and barriers t	that the family and youth ma	y have.
☐ Connect the family and youth with local an optimal independence and accomplishing g		an continue to assist the youth in achieving
☐ Record goals and strategies in a transition client/family.	plan or Plan of Care (POC) do	cument. Provide a copy to the
☐ Document transition assistance in the clien management services for transition activities		_
Ages 16-17 (Complete any undone tasks for	rom the checklist listed abo	ove)
☐ Discuss legal changes that will take place we guardianship and alternatives to guardianship		olicable, provide information on
$\hfill\square$ When updating authorized providers, ask t	he client if they need assistar	nce in finding adult providers.
☐ Discuss Health Insurance changes that may	occur and available options.	
☐ Review transition plan or POC with family a the client/family.	and youth and update goals, s	strategies, and needs. Provide a copy to
☐ Connect the family and youth with local an achieving optimal independence and accom		an continue to assist the youth in
☐ Document transition assistance in the clien management services for transition activities		
Age 18-21 (Complete any undone tasks from	om the checklists listed abo	ove)
\Box If client desires, have them complete the A after their 18 th birthday.	uthorization to Disclose Prote	ected Health Information form on or
☐ Unless a guardianship is in place, address n and financial assessment forms will be base		_
\square Determine if client has made necessary tra	nsfers to adult health care pr	oviders. Provide assistance if needed.
\square Finalize plans for health insurance. Explore	options for clients with no he	ealth insurance eligibility.
☐ If client is receiving PDN, assist in the PDN	transition process. Refer to C	SHCS Transition Specialist if needed.

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☐ Review transition plan or POC with family and youth and update goals, strategies, and needs. Provide a copy to the client/family.	
\Box Connect the family and youth with local and statewide resources that can continue to assist the youth in achieving optimal independence and accomplishing goals.	
☐ Document transition assistance in the client's chart and/or Plan of Care. If billing care coordination or case management services for transition activities, select "transition" as the type of care provided in CHASS.	
<u>Three Months before Aging Out of CSHCS</u> (Complete any undone tasks from the checklist listed above)	
☐ Determine if client has made necessary transfers to adult health care providers. Provide assistance if needed.	
\Box Connect young adult with local and statewide resources that can continue to assist the young adult in achieving optimal independence and accomplishing goals.	,
☐ Document transition assistance in the client's chart and/or Plan of Care. If billing care coordination or case management services for transition activities, select "transition" as the type of care provided in CHASS.	
☐ Provide a transition survey to the client/family.	