A resource to help youth/young adults with special health care needs make a successful transition to adult living that includes their health and health care.

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The Pennsylvania Department of Health southwest regional staff and their community partners recognized a gap in health services for youth with special health care needs. When these youth leave school, they transition from having different or no insurance coverage, from seeing pediatric specialists to searching for adult medical specialists, and from good coverage for medications to having to understand new systems for obtaining medicines. Working with the State Transition Team, agencies, and families, the Transition Health Care Checklist was created to guide youth, families, and professionals during this time of change.

This publication is available on-line. Please visit the Department of Health website: www.health.state.pa.us/transitionchecklist
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Steps for Success in Using this Document

1. **Identify the health care needs of the individual in transition:**
   - What are the current health care or medical needs
   - What are the expected future health care or medical needs

2. **Identify an individual(s) who can assist you and/or your family in:**
   - Transition health care planning
   - Completing the Transition Health Care Checklist

3. **Learn about specific health care or medical needs**

   Transition Health Care Checklist
   page 5-8 Health Care: Skills Needed for Independence

   It is suggested that this information is shared with all involved in developing the transition plan
   Appendix A - Communication

4. **Determine whether all current providers have “age restrictions” for providing care**

   Transition Health Care Checklist
   page 9 Health Care: Explore Benefits and Services

5. **Determine if current health care insurance plan has “age restrictions” for providing coverage**

   Transition Health Care Checklist
   page 9 Health Care: Explore Benefits and Services

   This process starts prior to age 18
   Appendix D - Healthy & Ready to Work National Center
   Appendix E - HIPAA/COBRA
6. Learn about the Transition Time Line and the Financial and Legal Concerns starting at age 18

7. Explore benefits and services that are provided to eligible adults
   • See Appendices F - N

8. The Transition Health Care Checklist has many contact numbers and websites

9. How to use the checklist with transition plans:
   • Have current performance information from youth, family, doctors, therapists
   • Know current functioning level at home, school, and in real life situations
   • Set goals and make a plan
   • Are you receiving the help you need? Contact Parent Education Network (PEN) or Parent Education Advocacy Leadership Center (PEAL)
   • Ideas for team members to develop plans
     • Regular Education Teacher, School Nurse, Doctor, Therapists
     • Mental Health/Mental Retardation; Office of Vocational Rehabilitation; Social Security Administration; County Assistance Office; Children, Youth and Families; Case Managers; local advocate
   • Who else needs to be part of your team

Sample Plan

Transition Health Care Checklist
Transition Planning in the Educational System

Where Do I Begin?

Secondary Transition is the process of preparing students for life after high school. This procedure includes participation in post-secondary education or training, employment, and community living. These three areas are often referred to as “post-school outcomes” and are the driving force behind the Individual Education Program (IEP) written for students in high school. Transition planning is legally required in the IEP by age 16; however, thoughtful transition planning can begin at the age of 14 or even in middle school as students and their families begin to explore post-school outcomes. Planning continues through high school as instruction and community experiences support these outcomes. By beginning to discuss transition as early as possible, the IEP team can work with each student and their family to plan for the future. This includes selecting courses of study that will be meaningful and motivating to the student. Throughout the planning process it is important to remember that once a student graduates from high school or reaches age 21, s/he is no longer entitled to services through the educational system and must become eligible for services provided by adult agencies.

What Happens Next?

Transition planning involves a partnership between the student, their family, school-age services and program providers, post-school services and program providers, and local community members that results in higher education, employment, independent living, and community participation. Transition should be viewed as a bridge between school programs and the opportunities of adult life. Effective transition involves the student, their family, and all related community agencies engaging in purposeful planning. This entails recognizing the student’s current strengths, interests, preferences, and needs and imagining what services and supports he or she will need to achieve future success. This Transition Health Care Checklist (pages 5-10), should be used as part of the transition planning process to ensure that a student’s health care needs are recognized and addressed.

What Type of Services Are Available?

The Pennsylvania Department of Education (PDE) through the Bureau of Special Education (BSE) and local school districts offer a variety of supports to students, parents, and family members in ensuring a successful transition to post secondary life. These supports include special education teachers, transition coordinators, rehabilitation counselors, guidance counselors, and school health programs. Regionally throughout Pennsylvania are 29 Intermediate Units (IU) each with at least one designated transition coordinator. Information regarding Pennsylvania’s Intermediate Units can be found on the PDE website at www.pde.state.pa.us. The Pennsylvania Training and Technical Assistance Network (PaTTAN) works collaboratively with local school districts and Intermediate Units to provide professional development, technical assistance and information regarding transition projects, products, and activities that promote successful outcomes for transitioning youth. More detailed information on supports and services provided by PaTTAN can be found at www.pattan.net
"How does the individual’s health impact the transition activity?"

**Introduction:**
- Read the Steps for Success
- Review your transition outcome goals that are found in your IEP
- Work through the Transition Health Care Checklist to determine what the individual can do now, what needs to be learned, and what supports may be needed
- Make a comprehensive transition plan
- Continue to use this checklist at key transition times to adjust the plan according to the changing needs of the individual in transition

**Name of Youth/Young Adult**

Date of birth

Date of review

**Who is completing this review?**

Check all that apply. Please Sign

- Youth/Young Adult
- Family Member or Guardian
- Health Care Professional
- Educator
- Agency
- Other
- Other
- Other
## I. Health Care: Skills Needed for Independence

### A. Communication

- Knows communication methods
  - Verbal—how often are they understood by others
  - Signs/Reads Lips—knows how to arrange for interpreters
  - Devices—knows how to care for, gets routine maintenance, and uses independently
  - Written
  - If non-verbal, has a support person available who is familiar with the individual’s methods of communication
- Knows when, why, and how to sign name
- Knows how to communicate by phone/TTY/TTD

### B. Vision/Hearing

- Corrective lenses
  - Knows who provides service and how/when to get a new prescription
  - Uses eye glasses or contact lenses independently
- Hearing devices
  - Knows who provides service and how/when to get equipment repaired
  - Uses hearing devices independently
- Asks for accommodations for Vision/Hearing as needed

### C. Self Awareness

- Knows who is involved with decision making and who to trust
- Knows name, address, telephone number, and who else may have this information
- Knows height, weight, and birth date
- Carries personal I.D. when leaving home
- Knows where their social security card and birth certificate are and when to use them
- Knows present medical condition and past medical history
- Has received training in and understands human sexuality
- Understands who can help
  - Knows health emergency telephone numbers
  - Knows how to dial emergency numbers

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Transition Health Care Checklist
D. Activities of Daily Living (ADL) and Safety

- Understands Hot and Cold
- Knows how to use and read different types of thermometers
- Can treat minor cuts, scrapes, burns
- Knows how to use household chemicals properly and does not mix them
- Knows how to protect themselves by wearing gloves and safety glasses
- Can read labels or knows who to ask
- Understands the proper use of matches
- Has emergency, fire, and disaster plans made
- Responds appropriately to fire alarms/knows fire exits—knows meeting place
- Has a fire extinguisher and smoke detector and knows how to use and maintain correctly

E. Transportation

- Knows who can provide transportation and how to make arrangements
- Knows about equipment needed
- Knows about funding or saving money to purchase a vehicle, needed adaptations, or services
- Knows how to apply for PENNDOT's accessible parking placard
- Understands safety aspects of walking

F. Nutrition

- Understands and can deal safely with food allergies
- Understands specialized diets, foods, and medical follow up
- Understands healthy food choices
- Understands funding and budgeting for the purchase of food

G. Fitness

- Understands the benefits of a health and fitness program
- Participates in physical activity with modifications as needed
- Knows and understands the dangers of drugs, alcohol, and abusive behaviors
- Knows where and how to get help to maintain a healthy lifestyle
### H. Self Advocacy

- Knows how to stop and think and when to say “NO”
- Knows how to make contact with community advocacy organizations
- Is aware of Self Determination
- Can call and ask for information, materials, and booklets with needed modifications
- Has good communication with doctors and other professionals (*Appendix A*)

### I. Job Search Considerations

- Is able to discuss with employer conditions that require individualized accommodations
- Has considered the pros and cons of full time and part time work and benefits offered
- Knows how to work with the Office of Vocational Rehabilitation (OVR) (*Appendix M*)
- Knows if the work place has people trained for medical emergencies until 911 arrives
- Has an Emergency Information Form (EIF) completed and given to all who will need this according to the directions on the form [www.aap.org/advocacy/eif.doc](http://www.aap.org/advocacy/eif.doc)

### J. Post-Secondary Considerations

- Is able to discuss conditions that require individualized accommodations
- Has toured schools
- Has considered the pros and cons of full time and part time enrollment and the effect on benefits offered
- Knows how to work with the Office of Vocational Rehabilitation (OVR)
- Has worked with health services to plan for medical emergencies
- Has an Emergency Information Form (EIF) completed and given to all who will need this according to the directions on the form [www.aap.org/advocacy/eif.doc](http://www.aap.org/advocacy/eif.doc)
- Has met with the staff at the Office for Disability Services
- Knows rights and responsibilities

### K. Managing Medical Information/Record Keeping

- Knows how to write down and follow recommendations of the doctor or dentist
- Knows who can help fill out medical and dental forms
- Has a way of keeping medical and dental records
- Immunizations/medical tests and results/summaries
### L. Managing Appointments
- Keeps a calendar of doctor and dentist appointments
- Keeps a notebook of names, phone numbers, and office hours
- Knows when to call and communicate when sick or hurt
- Knows the difference between an emergency (go to hospital) and illness (call your doctor)
- Knows about making appointments for specialists, family planning, genetic counseling, hospital and laboratory tests
- Calls for referrals if needed

### M. Pharmacy
- Develops a working relationship with pharmacist
- Knows where to go and which prescription cards to show
- Understands “co-pay”
- Knows to ask the doctor or pharmacist for help

### N. Medication
- Knows medication: name, purpose, side effects, restrictions, how to get filled
- Knows when and who to call for prescription refills
- Recognizes medication and when to take it
- Knows how your medications are to be taken (oral, sub-lingual, rectal, vaginal, topical, eye or ear drops/ointments, inhalants, injections)
- Opens “child resistant” caps or can ask for bottles that can be opened
- Fills daily/weekly pillbox
- Knows how to purchase and properly use over-the-counter medication
- Knows who to call with questions or to get help

### O. Equipment and Treatments
- Understands and uses remedial/prosthetic devises and equipment as prescribed
- Understands and can do their own treatments and therapies
- Knows who does their treatments and therapies and how often they occur
- Demonstrates responsibility for compliance
- Can arrange for equipment maintenance—both routine and emergency

The hope is that skills can be taught and learned. If a particular skill cannot be achieved for independence, a plan is then developed.
### A. Locating Adult Health Care Providers

- Understands health insurance to select a doctor
- Considers living arrangements to be accessible to doctors and medical facilities
- Evaluates accessibility of the office and exam rooms
- Prepares questions for doctors, dentists, nurses, and therapists
- Can respond to questions from doctors, dentists, nurses, and therapists
- Plans a meeting with providers of health care
- Knows the difference between primary care, specialists and what each provides

### B. Understands that Each Insurance Plan has Approved Providers

- Understands managed care plans vs. traditional insurance
- Identifies providers who will accept insurance
- Identifies services covered by the insurance plans
- Knows when and how to ask for assistance from Special Needs Unit or Case Managers in the plan chosen

### C. Knows How Each Benefit is Identified

- Understands how to use insurance and when, out of pocket expenses, and carries insurance cards
- Understands who assists with coordination of services and how to contact them

### D. Considers all Options and Limitations

- Flow Chart of Health Insurance Options ............................................... Page 10
- Transition Time Line ................................................................. Appendix B
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- Office of Vocational Rehabilitation ............................................. Appendix M
- Assistive Technology ................................................................. Appendix N
If you are 18 years old and have:

- No Medical Assistance (MA)
- No Medical Assistance for Children with Disabilities
- No Private Insurance

Then:

- Apply for MA programs including MA for Workers with Disabilities (MAWD)
- Apply for CHIP/adultBasic
- Obtain private health insurance
- College - apply for student plan

- MA with SSI
- MA for Children with Disabilities

- Children’s Health Insurance Program (CHIP)
  - This will end the month of your 19th birthday

- Apply for SSI (Adult Criteria)
- MA Continues*
- Apply for MA programs including MA for Workers with Disabilities (MAWD)

- Apply for adultBasic (waiting list or purchase)
- Explore Private Health Insurance Options

- Private Insurance

- Student status or disability group insurance
  - Check HIPAA Portability
  - Group Plan through Employer
  - Opt for COBRA
  - Apply for adultBasic

Ask about Health Insurance Premium Payment (HIPP) - A Medical Assistance Program that will pay your premium for insurance plan at work if you qualify

*You may be dropped from Medical Assistance if you do not meet SSI adult disability criteria

Transition Health Care Checklist
Appendix A: Communication

Consumer and Provider Checklist for Working Together

☐ Am I an equal partner?
☐ Have I mentally reversed roles?
☐ Have I accepted my share of the responsibility?
☐ Do I respect the other?
☐ Do I listen, respond, and listen again?
☐ Am I open to new ideas and concerns?
☐ Do I create a comfortable environment?
☐ Do I bring “what I say” and “what I feel” closer?
☐ Am I clear about needs?
☐ Do I clarify fact and opinion?
☐ Do I respect and discuss confidentiality?
☐ Do we see each other in more than one dimension: looking beyond the condition or disability?
☐ Do we value each other’s experience?
☐ Do we care about each other’s emotional needs?
☐ Do we encourage communication with others to increase knowledge and to decrease isolation?
☐ Do we make every effort toward solutions and finding resources?
☐ Do we plan together?
☐ Do we all understand the directions?
☐ Do we follow-through with the shared plan?


Notes:
### Appendix B: Transition Time Line

<table>
<thead>
<tr>
<th>Age 14 or Before</th>
<th>Age 16</th>
<th>Age 18</th>
<th>Age 21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statement of transition service needs may be included in the IEP</td>
<td>Transition services must be included as part of the IEP</td>
<td>Youth/Young Adult has the right to make all his/her own decisions about health care OR evaluate and consider other decision-making options that need to be investigated</td>
<td>This is the last year the Youth/Young Adult is entitled to special education services through PA Department of Education (PDE)</td>
</tr>
<tr>
<td>Begin to consider interests and preferences that can be connected with the education &amp; medical plans</td>
<td>Youth/Young Adult has the right to be part of the IEP transition team</td>
<td>Youth/Young Adult may choose not to continue in school. Parent may override this decision until age 21</td>
<td>Transition to adult health care providers should be complete unless special provisions are made</td>
</tr>
<tr>
<td>Review attached appendices to determine eligibility for services and when to apply</td>
<td>Start thinking and talking about transition from pediatric to adult health care providers</td>
<td>Transition to adult health care providers could be completed</td>
<td></td>
</tr>
<tr>
<td>Apply for SSI and reapply for MA</td>
<td>Youth/Young Adults can register to vote</td>
<td>As of the 21st birthday, if the Youth/Young Adult still qualifies for MA, then limited adult MA services will begin.</td>
<td></td>
</tr>
<tr>
<td>Males need to register for selective service</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Continue the development of social skills and interests in community and recreational activities throughout these years**
### Appendix C: Financial and Legal Concerns Starting at Age 18

**A.** Is able to provide a signature

**B.** Considers the following in their Financial and Estate Planning
- Income or funding
  - SSI/SSDI/employment/waiver
- Estate planning

**C.** Has been informed of confidentiality laws such as HIPAA regulations

**D.** Has determined decision-making capabilities
- Is able to make own decisions
- Has options in place for decision making assistance where needed
  - Signed HIPAA release to hear and see medical information
  - Power of Attorney to help with legal and health insurance matters
  - Representative Payee to help with social security income and expenses
  - Client Advocate to help get services
  - Co-Signer to help with banking and obtaining credit
- Guardianship (full, limited, emergency) for individuals over the age of 18 who have been declared “incapacitated” (this term is used in PA)
  - Definition: The legal test to determine whether or not a person is incapacitated in Pennsylvania is an adult whose “ability to receive and evaluate information effectively and communicate decisions in any way is impaired to such a significant extent that he is partially or totally unable to manage his financial resources or meet essential requirements for his physical health and safety”
  - Petition filed by attorney; decision made by judge
  - Individual needing guardianship must be included in proceedings unless they would be harmed by being present
  - Guardianship proceedings should be initiated only if there are no other solutions to address an identified problem

**E.** Considers the advantages and disadvantages of what it means to be Emancipated
- Definition varies with different agencies—have you asked your agency
- Generally Emancipated Minor means:
  - Person is under 21, employable, and no longer under the care and control of parents or legal guardians
  - Not claimed as a dependent on another individual’s federal income tax form

**F.** Other Considerations
- Is able to fill out Income Tax forms or knows who can assist
- Knows about unemployment and how to apply or knows who can assist
The following is for PA residents. Here is what we know:

- **No Health Insurance** - Two out of five college graduates and one-half of high school graduates who do not go on to college will experience a time without health insurance in the first year after graduation *(Commonwealth Fund 2003)*

- **Dropped from Health Insurance** - Young adults are often dropped from their parent’s policies or public insurance programs at age 19, or when they graduate from college and struggle to find jobs with health benefits. Young adults are far more likely to be uninsured than older adults: 4 of 10 young adults between the ages of 19 and 29 can expect to be uninsured at sometime during the year--twice the rate of adults ages 30 to 64 *(Commonwealth Fund 2003)*

- **Barriers to Getting and Keeping Health Insurance** - “Americans with disabilities face a number of distinct barriers in obtaining, maintaining, and using health insurance and in accessing and using health care services. At the same time, Americans with disabilities also confront the barriers, problems, and frustrations with which most Americans routinely struggle in the insurance and health care systems” *(National Council on Disability 2002 Annual National Disability Policy: A Progress Report)*

### Public Health Insurance: Changes after Reaching Majority Age

**Maintain Medicaid**

- Passed SSI Redetermination - continue benefits
- Emancipated Minor - by marriage or court decision may qualify or continue Medicaid due to income or disability status

**Dropped from Medicaid**

- Former childhood SSI recipient at age 18 did not qualify under SSI redetermination and loses benefits (income too high or does not meet disability criteria)

**Not Approved - Section 301: Provision to Continue Receiving SSI Benefits**

Individuals found ineligible during SSI redetermination may continue to receive SSI benefits *IF* they began receiving state vocational rehabilitation agency services before their 18th birthday. Section 301 allows the young adult to retain benefits (SSI & Medicaid) while he/she participates in approved vocational rehabilitation program [www.ssa.gov](http://www.ssa.gov)

**New to Medicaid**

Child did not qualify for SSI under 18 due to family income
At age 18, may qualify for SSI and Medicaid as an adult single head of household
Public Health Insurance: **Continued Medicaid Eligibility**

**While Working: Section 1619(b)**
- Still meets SSI criteria,
- Needs Medicaid in order to work; and
- Gross earned income is insufficient to pay for other supports

**Medical Assistance for Workers with Disabilities (MAWD)**
- Worker could opt to buy-in and receive Medicaid benefits

**adultBasic for Uninsured**
- Meets income eligibility
- See Appendix G

Private Health Insurance: **Continued Benefits via Family Plan**

**Adult Disabled Dependent Child - Depending on Company and Policy**
- May continue on family plan if dependent for life
- Be on family plan prior to turning 18
- Annual re-certification - disability & dependent

**Student Status - Depending on Company and Policy**
- Proof of college class load each semester (often requires full-time status)
- Ages 18 - 22, sometimes older
- Annual re-certification

Private Health Insurance: **Young Adult Pays Premium**

**Options to buy Private Insurance Health Care Benefits:**
- College - student plan
- Employed - group plan
- Self-pay - single plan
- COBRA

**Concern:** What happens if health status changes and affects continuous employment or attending school? There is no safety-net or ease on/off for health benefits
HIPAA - The Health Insurance Portability and Accountability Act

- Provides rights and protections for participants and beneficiaries in group health plans, including protection for coverage that limit exclusions for pre-existing conditions
- Allows for opportunities to enroll in or purchase group or special health plans

HIPAA has Implications for Young Adults with Disabilities

- States are required to provide people losing group coverage access to individual insurance regardless of their health status as long as they meet certain criteria. This can help adult children who qualify through their parent’s group coverage but may lose eligibility when they reach the age limit
- Young adults with disabilities can apply for individual coverage as a “HIPAA eligible individual” through the Blues
  - Eligible individuals include those who have had insurance for at least 18 months where the most recent coverage was under a group health plan or COBRA (Consolidated Omnibus Budget Reconciliation Act of 1986) coverage
  - Applications must be made within 63 days of losing the group coverage
  - It is critical that the person who has paid the premiums for the insurance request a certificate of coverage for portability from the Benefits office of their company. This proves the person with a disability had insurance
    - The young adult then needs to present this document to their new employer. This will eliminate or reduce the waiting period for pre-existing conditions

COBRA - Consolidated Omnibus Budget Reconciliation Act of 1986

- Allows individuals and their dependent children the right to temporarily continue health coverage at group rates when the employee is laid off, resigns, and sometimes when fired
- Continued coverage will cost more than the normal group rate (COBRA plans include the employer’s share and the employee’s share of the health plan), but it is less expensive than many individual health plans and provides time to find other health insurance
- The law generally covers group health plans for employers who have 20 or more employees (to include part-time employees) except for plans sponsored by the federal government
**A. General Information**

- Considers filing for benefits
- Knows how to contact their Social Security office located in their county
- Is aware of the appropriate use of SSI or Social Security payments
- Complies with reporting requirements to prevent penalties/loss of benefits
  - Change in income, resources, or living arrangements
  - Change of address, drop out of school, get or change a job, get married
- If going on to post-secondary schooling
- Considers contacting an advocacy agency for assistance in getting a job
  - OVR, County MH/MR, ARC, Ticket to Work, Employment Network
- Recipients may be scheduled for review/determination of continued eligibility
- Is aware that appeals can be filed and follows them through
- Knows and follows time lines

**B. Supplemental Security Income (SSI)**

- Under age 18 years
  - Eligibility is based on income and resources of the parents and of the child
  - Eligibility is also based on applicant’s approved disability
  - 3 months before the 18th birthday
    - Contact the Social Security office for adult eligibility determination and to prevent loss of benefits
    - Eligibility will be based only on applicant’s income and resources at age 18
- Over age 18 years
  - Consider filing for SSI and cooperate with the Medicaid re-evaluation
  - Eligibility is based on the income and resources of the applicant
  - Eligibility is based upon applicant’s disability determination
  - Consider taking advantage of Ticket to Work

**C. Social Security Benefits as a Disabled Adult Child (SSDAC)**

- Definition: A dependent adult child may be eligible based on the parent’s work history if the parent retires, becomes disabled and collects benefits, or if the parent is deceased
- Benefits may begin at age 18
- Medicare will take effect 24 months after this benefit begins (not before age 20)
- Payment of benefits can be sent directly to a child if the child:
  - Is on active duty in the armed forces/Is living alone/Is self-supporting
  - Is a parent and filed for their own or their child’s benefits
  - Is within 7 months of attaining age 18
  - Demonstrates the ability to handle finances and no qualified payee is available
D. Social Security Disability Benefits (SSDI)

- Definition: Benefits may be payable if the child has enough Social Security work credits to be “insured” for disability and meets the medical criteria. The amount of work required depends on the age of the child. The minimum work credits needed is six.
- Medicare will take effect after 24 months of SSDI checks.
- Payment amount is based on the actual earnings of the child.

Ticket to Work

- The Ticket To Work And Self-Sufficiency Program (The Ticket Program) is a new part of Social Security. It is for people who receive SSDI benefits and/or SSI benefits because of a disability. The program offers greater choices in getting the services needed to go to work and earn more money. The goal is to earn enough money so Social Security cash benefits are not needed.
- Under the Ticket Program, employment, vocational, and other services can be received to assist going to work and earning more money. These services are provided by Employment Networks which are private organizations or government agencies that have agreed to work with Social Security in providing employment services to beneficiaries with disabilities. (See Benefits Planning Assistance and Outreach)
- www.yourtickettowork.com
- Must be over 18 and under 65 and have a determined disability
- Must have had a re-determination from child to adult disability standard

Benefits Planning Assistance and Outreach (BPAO)

- Provides work incentive planning and assistance to beneficiaries with disabilities.
- Can meet with the families to think through options of working and SSA benefits/Can assist with Individual Education Program (IEP).
- This service is available after the person is getting SSA benefits.
- For individual assessment contact your local work incentive counselor.

Section 301 – Provision to Continue Receiving SSA Benefits

- Can continue to receive SSA cash benefits and also medical benefits if participating in an approved vocational rehabilitation program prior to age 18, or has an active IEP.
- This section of the Social Security law can be used when a youth, at age 18 years, no longer meets the SSA medical qualifications.
- http://policy.ssa.gov/poms or www.hrtw.org/healthcare/sect_301.html
Medicare

- Our national health insurance program for people age 65 and older and those individuals who have been on SSDI or SSDAC benefits for 2 years. Coverage may also be available for those who have End Stage Renal Disease and those with Lou Gehrig’s Disease (ALS)
- Understands who is eligible and how to contact SSA
- Carries a Medicare card with them and contacts SSA if it is lost
- Is aware of Medicare premiums and coinsurance
- Knows how to look for a physician/supplier
- Is familiar with Medicare prescription drug act/Medicare savings programs
- Knows Medicare rights and appeals process
- Is aware of the Medicare web site www.medicare.gov
- Understands they may be eligible for both Medicare and Medical Assistance (Medicaid)
- Medicare Prescription Drug Program begins January 1, 2006
  - Knows if they need to enroll in a Medicare Prescription Drug Plan
  - Applies for Extra Help with Social Security Administration (those who are on Medical Assistance do not need to apply for Extra Help)
  - Knows where to go for help in choosing and enrolling in a Plan

Additional Information from www.youthlaw.org

The article, “Establishing Disability For Young Adults” was written for www.youthlaw.org November 3, 2003. The article alerts families to look more deeply into this benefit. This helps them to strategize, therefore limiting interruption or loss of benefits at a time when it is most crucial

- A young adult must show a disability using the adult SSI standard which states that, for adults age 18 or older, SSA defines “disability” as the inability to engage in any substantial, gainful activity by reason of medically determinable physical or mental impairment, which can be expected to last for at least 12 months or result in death
- If a young adult is working, there is the possibility that SSA may determine that the young adult is gainfully employed and therefore is no longer disabled. It is important to have as much documentation as possible to support the claim that the young adult is still disabled even though able to work
- The childhood disability regulations provide a guide to assessing the functional limitations of a young adult. Find common ground between this childhood standard and the adult disability standard that the young adult must meet. Use this information to communicate to SSA the true impact of the functional limitations
Medicaid

Medicaid is a Federal/State program designed to provide comprehensive and quality medical care for low-income families with special emphasis on children, pregnant women, the elderly, the disabled, and parents with dependent children. In Pennsylvania, this process is known as Medical Assistance (MA) because it includes Medicaid as well as benefits that are not part of Medicaid.

At age 18:

• Apply for SSI benefits. This can be done either on your own or with the help of the County Assistance Office (CAO).
• After applying, a Disability Advocate Program (DAP) worker will contact you to assist you with your application for SSI.
• Provide additional disability documentation if required by SSA.
• If SSI denied, complete SSI appeals process working with DAP worker.

County Assistance Office (CAO)

• Report all changes to your caseworker. Contact the CAO if unsure of your caseworker’s name.
• Follow through with the county recertification process once a year.
• Indicate on all applications or reapplications that there is a child with a disability in the household. Remind your caseworker when applying or reapplying that you have a child with a special need.
• Know how and when to use the ACCESS/Managed Care card.
• Do not destroy your ACCESS/Managed Care card. If a replacement is needed, contact your caseworker.
• If a notice has been received that your Medicaid claim will be closed, appeal within 30 days of the notice date. If you were receiving benefits as a family when Medicaid was closed, be sure to alert the CAO that you have a child with special needs. If additional help is needed, contact Legal Services in your county.
Managed Care Special Needs Unit

- If unfamiliar with Managed Care, ask your caseworker or Case Manager in the Special Needs Unit. To contact a Special Needs Unit in your area:

  AmeriHealth Mercy Health Plan .................(888)991-7200 ...... TTY 1(888)987-5704
  Gateway Health Plan ................................(800)392-1146 ...... TTY 1(800)654-5988
  Three Rivers Health Plan, Inc./MedPLUS+ .......(877)844-8844 ...... TTY 1(800)473-0989
  AmeriChoice of Pennsylvania, Inc. ..............(215)832-4571 ...... TTY 1(800)654-5984
  UPMC Health Plan, Inc./UPMC for You ...........(800)286-4242 ...... TTY 1(800)361-2629
  Keystone Mercy Health Plan ......................(800)521-6860 ...... TTY 1(800)684-5505
  Access Plus ........................................1(800)657-7925 ...... www.accessplus.org

Medical Assistance for Workers with Disabilities - MAWD

- Full Medicaid coverage is available for those:
  - Age 16 years to 64 years
  - Who are considered disabled by meeting social security criteria and are employed or self employed
  - Who meet income and resource criteria
    - Is more generous than traditional Medicaid
    - There are deductions that may apply
  - Participants pay a monthly premium based on their income
  - For more information visit www.dpw.state.pa.us

Children’s Health Insurance Plan - CHIP

CHIP General Information and Tips

- Free and Low-Cost coverage for uninsured children up to age 19
- Must be a PA resident
- Child must be a US citizen or be in lawful status
- Eligibility determination considers age of child and household income
- Determination considers child for either CHIP or Medicaid
- Pre-existing conditions and assets are not a consideration
- Enrollment is for 12 consecutive months; renewals occur yearly
- Benefits are a comprehensive package; no co-pays
- Identification cards are from insurance carrier and are not unique to CHIP
- Notices are sent to advise of changes
- An Eligibility Review Process (ERP) exists to allow for a review of an eligibility decision
- A single application can be used to apply for CHIP or Medicaid
adultBasic Insurance Plan

adultBasic General Information and Tips

- Low-cost coverage for uninsured adults, age 19 through age 64
- Must be a resident of PA for 90 days, a US citizen, or be in lawful status
- Must have had no health insurance coverage in last 90 days, except for a person or their spouse who lost health insurance coverage because they are no longer employed
- Pre-existing conditions and assets are not a consideration
- Eligibility determination considers household income, age, and number of persons in the household
- Determination considers adult for either adultBasic or Medicaid
- If enrolled, a low monthly premium payment is required as well as co-pays; no grace period if premium payment not made
- If eligible and there is a waiting list for enrollment; option to purchase coverage exists. For cost, please see www.insurance.state.pa.us keyword: adultBasic
- If eligible and placed on a waiting list for enrollment, there is an option to purchase coverage at full-cost at any time. If eligible, purchasing or canceling full-cost adultBasic coverage while on the waiting list will not affect position on the waiting list. For coverage of adultBasic, please contact the adultBasic insurance contractor in your county
- Renewals occur yearly
- Benefits are basic; do not include prescriptions, vision, dental, or mental health services
- Notices are sent to advise of changes
- An Eligibility Review Process (ERP) exists to allow for a review of an eligibility decision
- A single application can be used to apply for CHIP, Medicaid, or adultBasic

General Insurance Options

Other Insurance to Consider

- Life and Car Insurance, Liability Insurance, Property and Casualty Insurance
- Private Health Insurance Options
  - Examples are Special Care from the Blues, Advantage from Aetna
### Where do I Begin

- Most services have functional and financial requirements. The eligibility requirements for each waiver are listed below.
- To apply for services you will need to complete a Medicaid application that can be obtained at any of the following:
  - Local County Assistance Office
  - Area Agencies on Aging
  - Centers for Independent Living
  - Hospitals
  - County Human Service Agencies
- You will need to bring the following:
  - Proof of Income
  - Proof of Assets
  - Information on any transfer of assets during the past 3 years
- You should receive a written notice within 30 days after you apply.

### What Happens Next

- Some waivers may have a waiting list, particularly the waivers for people with Mental Retardation.
- If services are available, you may have a choice of service providers.
- If you want to use a service provider who is not enrolled in that program, ask how they can be enrolled.

### What Types of Services are Available

- The type and amount will depend on the program(s) in which you are enrolled.

### Waivers Administered By the Office of Social Programs (OSP)

#### Attendant Care

- [http://www.dpw.state.pa.us/Disable/HomeCommServices/003670176.htm](http://www.dpw.state.pa.us/Disable/HomeCommServices/003670176.htm)
- PA residents ages 18 through 59 who are mentally alert, have physical disabilities, are capable of managing their own legal and financial affairs and capable of selecting, supervising and terminating an attendant.
- Attendant Care Medicaid Waiver Program has income and resource requirements.
- Attendant Care Act 150 Program has NO income and resource requirements, but includes sliding scale co-pays.

#### Independence Home and Community Based Waiver

- [http://www.dpw.state.pa.us/Disable/HomeCommServices/003670931.htm](http://www.dpw.state.pa.us/Disable/HomeCommServices/003670931.htm)
- PA residents age 18 and older with a severe physical disability requiring a nursing facility level of care. The individual must not be ventilator dependent or have a primary diagnosis of MH or MR.
### Waivers Administered By the Office of Social Programs (OSP) continued

#### OBRA Home and Community Based Waiver
- [http://www.dpw.state.pa.us/Disable/HomeCommServices/003670916.htm](http://www.dpw.state.pa.us/Disable/HomeCommServices/003670916.htm)
- PA residents with the onset of a severe developmental physical disability prior to age 22 requiring an Intermediate Care Facility/Other Related Conditions (ICF/ORC) level of care. Individuals must not have a primary diagnosis of MH or MR

#### COMMERCARE Waiver
- [http://www.dpw.state.pa.us/Disable/HomeCommServices/003670179.htm](http://www.dpw.state.pa.us/Disable/HomeCommServices/003670179.htm)
- PA residents age 21 and older who experience a medically determinable diagnosis of Traumatic Brain Injury (TBI), have substantial functional limitations, and require a Special Rehabilitative Facility (SRF) level of care
- TBI is defined as a sudden insult to the brain or its coverings, not of a degenerative, congenital or post-operative nature, which is expected to last indefinitely

### Additional Waivers

#### Michael Dallas Waiver
- [http://www.dpw.state.pa.us/health/accesshealthcare/suppservwaivers/003671490.htm](http://www.dpw.state.pa.us/health/accesshealthcare/suppservwaivers/003671490.htm)
- The Michael Dallas Waiver provides home and community-based services to eligible persons of any age who are technology dependent. Technology dependence is defined as requiring technology to sustain life or replace vital bodily function and avert immediate threat to life

#### Elwyn Waiver
- [http://www.dpw.state.pa.us/health/accesshealthcare/suppservwaivers/003671491.htm](http://www.dpw.state.pa.us/health/accesshealthcare/suppservwaivers/003671491.htm)
- The Pennsylvania Elwyn Waiver Program provides home and community-based services to eligible persons age 40 and older who are deaf, blind, or deaf and blind

#### AIDS Waiver
- [http://www.dpw.state.pa.us/Health/HIVAidsServ/AIDSWaiverProgram/003671793.htm](http://www.dpw.state.pa.us/Health/HIVAidsServ/AIDSWaiverProgram/003671793.htm)
- The AIDS Waiver is a home and community-based waiver that provides expanded services to MA recipients who meet certain requirements

#### Office of Mental Retardation Waivers
- [http://www.dpw.state.pa.us/Disable/MentalRetardationServices/ServiceProg/003670156.htm](http://www.dpw.state.pa.us/Disable/MentalRetardationServices/ServiceProg/003670156.htm)
- These waivers provide funding for supports and services to eligible persons with mental retardation so they can remain in their home and community
- Consolidated Waiver
- Person/Family Directed Support Waiver

#### Long Term Care Capitated Assistance Program (LTCCAP)
- [http://www.dpw.state.pa.us/health/accesshealthcare/suppservwaivers/003671635.htm](http://www.dpw.state.pa.us/health/accesshealthcare/suppservwaivers/003671635.htm)
- The LTCCAP is a health care and supportive services program designed as an alternative to nursing facility care for qualified older Pennsylvanians

#### PA Dept. of Aging Waiver (PDA)
- [http://www.aging.state.pa.us/aging/cwp/view.asp?a=284&q=173701](http://www.aging.state.pa.us/aging/cwp/view.asp?a=284&q=173701)
- The PDA Waiver is a long term care program that assists frail elderly Pennsylvanians with the services they need to live independently in their own homes and communities
**Appendix I: Special Health Conditions Programs & Clinics**

**Purpose:**
The Pennsylvania Department of Health will reimburse medical care providers for medical services provided to eligible Pennsylvania residents who do not have the financial resources or health insurance coverage to enable them to access these services.

**Conditions:**
Medical Payment Services are available to children and adults with the following conditions:

### Services for Individuals

#### Under 22 Years of Age Children and Youth:
- Cardiac
- Child Rehabilitation
- Cleft Palate
- Galactosemia
- Hearing and Speech Impairment
- Orthopedic
- Maple Syrup Urine Disease (MSUD)
- Phenylketonuria (PKU)
- Ventilator Dependency

#### Any Age:
- Cooley’s Anemia
- Cystic Fibrosis
- Hemophilia
- Sickle Cell Disease
- Spina Bifida
- Chronic Renal Disease

#### Over 21 Years of Age:
- Traumatic Brain Injury

### Services
Reimbursed services are limited by condition, but may include inpatient, outpatient, specialized therapies, laboratory, radiology, medications, medical equipment, supplies, and care coordination.

### Eligibility
Criteria for eligibility are: U.S. citizenship, Pennsylvania residency, medical confirmation of a diagnosis of one of the medical problem listed above, lack of monetary resources or health insurance (including Medical Assistance and Children’s Health Insurance Program). Depending on income some families share in the cost of treatment based on a sliding scale. If the eligible individual has health coverage, it must be used first to pay for care since the Department is the “payer of last resort.”

### To Enroll
Contact the Bureau of Family Health’s Eligibility Unit listed below to request an enrollment application. Eligibility is based on review of a client’s health care coverage, income, age and medical confirmation of condition. Once enrolled, a client must reapply annually for eligibility verification.
Appendix J: Mental Retardation (MR)

Where do I Begin

• Call to register with the County Office of Mental Health and Retardation (MH/MR). Number for your county MH/MR office is in the phone book
• The county offices serve individuals of all ages
• Take documents such as medical, psychological, and school records. The County Office of Mental Retardation will then determine if you are eligible for services. Onset of MR must occur and be diagnosed prior to age 22
• If eligible, you may choose a Supports Coordinator
• If eligible, consider applying for Medical Assistance Programs
• Ask for the brochure about waivers and talk with a Supports Coordinator about eligibility

What Happens Next

• Depending on services available and your needs, the Supports Coordinator may:
  • Attend your IEP meeting to help you with planning for your future
  • Talk with you about your needs and goals
  • Help you develop your individual plan
  • Offer you an opportunity to complete an application for the Consolidated or Person/Family Directed Support Waivers
  • Help you arrange to work with individuals or agencies in the community
  • Offer you the opportunity to complete a Prioritization of Urgency of Need for Services (PUNS) form and place you on the waiting list
  • Help to identify other types of community supports and services that would help you while you are waiting
• Youth or families should report changes in needs to Supports Coordinators

What Types of Services are Available

• Home and Community Services
• Employment Services
• Respite Services
• Transportation Services
• Other Community Services:
  • Adult Day Services
  • Home Finding Services

Contact your county MH/MR office for specific information about these services
Where do I Begin

- Call the local County Office of Mental Health and Mental Retardation (MH/MR)
- The county MH/MR offices serve as a referral source. Most mental health services are delivered by contracted local provider agencies
- If experiencing mental health crisis, contact your county Crisis Intervention or go to your nearest emergency room
- The county MH/MR office determines a person's eligibility and discusses funding options, assesses the need for treatment or other services, and makes referrals to appropriate programs to fit the needs. If determined eligible, a case/care manager will be assigned, and frequency and type of contact between consumer and case/care manager will depend on need
- A case/care manager in your insurance plan may assist you to locate services
- The cost of these services will vary and may be covered by:
  - Private insurance, Medical Assistance Programs through behavioral health managed care or fee-for-service, Children’s Health Insurance Program (CHIP) pays for some of these services. For eligible individuals – see page 10 of this checklist
  - People who use services but are not on Medical Assistance and are without access to other insurance, will be assessed for their ability to pay for services by the county MH/MR office
  - Physicians (primary doctor or psychiatrist) or psychologist may need to complete an evaluation or assessment to document medical necessity for a specific level of care or treatment

What Happens Next

- Depending on services available and your needs, the case/care manager may:
  - Help you get needed insurances or benefits (ex. Social Security, Medical Assistance)
  - Talk with you about your needs and goals
  - At age 18, help you develop a plan to transition from the children’s service system to the adult service system (children’s services are more intensive than adult services)
  - Help you arrange for and work with individuals or agencies in the community
  - Attend and participate in the IEP with the permission and invitation of consumer and parent
  - Youth or families should report changes in needs to case/care manager

What Types of Services are Available

- Short-term Inpatient Treatment
- Partial Hospitalization
- Outpatient Care
- Emergency Services
- Specialized Rehabilitation Training
- Vocational Rehabilitation
- Residential Arrangements
- Housing

Eligibility for Behavioral Health Rehabilitation Services continues until the youth reaches his or her 21st birthday. An adolescent may continue in treatment in a JCAHO (Joint Commission on Accreditation of Health Care Organizations) accredited Mental Health Residential Treatment Facility program until the age of 22, as long as they are in treatment at the program prior to their 21st birthday.

If a consumer is lost to their County System, they may re-enter by calling their county MH/MR office, their behavioral health managed care plan case/care manager, or primary care physician.
Children Receiving Services while Living in their own Home

- Children who are living in their own home and receiving services from the County Children and Youth Agency (CCYA) or Juvenile Probation Office (JPO) will carry their health insurance coverage and receive health care services in the same manner as they did prior to receiving CCYA or JPO services.

Children Receiving Services while Living in Out-of-Home Placement

- Children or youth living in out-of-home placement are in the legal custody of the county children and youth agency or under the jurisdiction of the juvenile court.
- Out-of-home placement settings include: shelter homes; foster homes; group homes; supervised independent living; residential treatment facilities; child residential facilities; juvenile detention centers; and youth development centers.
- When it is determined that a child needs out-of-home placement services, a family service plan and child permanency plan is completed. The ultimate goal is for the youth to have adults in their lives who have made a commitment to care for and support them to the age of maturity and beyond.
- While a child or youth is in out-of-home placement, a caseworker or probation officer should work with other appropriate agencies to assist the child or family in planning for transition out of the CCYA/JPO system prior to the youth’s discharge.

At the Youth’s 18th Birthday:

- The youth may return to their own home.
- The youth, the youth’s attorney, or the attorney who is appointed as the Guardian Ad Litem may petition the court to continue out-of-home placement services in order to complete a course of treatment or educational instruction up to age 21.
- The youth who is adjudicated dependent and/or delinquent may participate in an Independent Living (IL) Program anytime from age 16 up to 21, including after discharge from placement services. IL services available to youth include:
  - Life Skills
  - Employment
  - Stipend
  - Support Services
  - Education and Training
  - Housing
  - Prevention Services

While in Out-of-Home Placement, many Youth are Covered under the Pennsylvania Medical Assistance (MA) Program

- The youth needs to ask their Health Insurance Plan or MA Plan for a “portability statement” of the insurance coverage they have, including the length of time they have been covered under the plan.
- Youth remaining in the custody of the CCYA will remain covered under MA while in out-of-home placement.
- Prior to the 18th birthday, the youth can follow the suggestions on page 10 and ask for assistance, as needed, to apply for appropriate programs.
- If a youth is no longer in out-of-home placement at age 18, the youth must apply or re-apply for the MA program.
## Where do I Begin

- Any youth with a disability interested in working, who may meet the eligibility criteria should be referred to the local OVR district office
- Referral can be made up to 2 years prior to graduation and can be made by anyone
- Initial Interview – Take with you the following:
  - A medical history related to the student’s disability (names and addresses of doctors and specialists, hospital admissions, names of medications)
  - Expect to discuss how the student’s disability may affect their ability to work
  - Education History/Individual Education Program (IEP) and Job History
  - Vocational tests and reports that are available

## What are the Eligibility Criteria

- Unlike the entitlement services provided by special education, OVR is an eligibility program, which means a referred youth must meet the following criteria to qualify for services:
  - Have a disability that is a physical, mental, or emotional impairment which results in a substantial impediment to employment
  - Benefit in terms of an employment outcome from services provided
  - Vocational rehabilitation services are required to prepare for, enter, engage in, or retain gainful employment
  - Eligibility for services is determined within 60 days by a qualified VR counselor

## What Happens Next

- If eligible, services will be provided based on severity of disability (federal law)
- An Individualized Plan for Employment (IPE) will be jointly developed by the individual and OVR counselor. The goals of the IPE and IEP should support the youth’s employment outcome
- A financial needs test will determine what costs will be covered by OVR and what the youth or family may be required to contribute
- Diagnostic services, vocational evaluations, vocational counseling and guidance, and job placement services are always provided by OVR

## What Types of Services may be Included in the IPE

- Diagnostic & Vocational Evaluations; Counseling, Guidance & Placement Services; Training Services & Supports; Physical Restoration Services; Assistive Technology Services

## Employment and Completion of the Program

- OVR services will end when the youth achieves the IPE goals and is successfully employed for at least 90 days. The case will then be closed
- If necessary, OVR post-employment services are available after the case is closed

## Additional Programs Offered by OVR

- Bureau of Blindness and Visual Services (specialized children services, orientation and mobility, rehabilitation teaching)
- Office for the Deaf and Hard of Hearing (information and referral, advocacy, interpreter database)
- Hiram G. Andrews Center (comprehensive vocational training program)
Appendix N: Assistive Technology (AT)

What is Assistive Technology (AT)

- Assistive Technology (AT) means any item, piece of equipment or product system, whether acquired commercially, modified or customized, that is used to increase, maintain or improve functional capabilities of individuals with disabilities
- AT includes DEVICES such as wheelchairs, hearing aids, and reachers
- AT also includes the SERVICES you need to find and use the devices, including evaluation, customization, maintenance and repair, and training for you and the people who support you
- Assistive Technology devices can help you with activities related to work, school, and community living. Examples of AT devices include:
  - For work or school: Devices or software that enlarge and/or read print
  - For work or school: Keyboards with large keys and hands-free mouse
  - For community living: Changes to your home or vehicle so you can get around
  - For community living (recreation): Special gloves and handles that allow you to participate in hunting, fishing, gardening, and other activities

What are the Resources for Learning about and Getting Assistive Technology

- Assistive technology may have been provided to you from your school
- As you prepare for transition, you will need to know who owns the AT devices and whether or not you can take it with you
- As you plan for transition, think about other AT devices you don’t have now. Some insurances may pay for AT while you are still in school
- In school, your Individualized Education Program (IEP) team can help you identify the devices you will need and help you use them
- Your school district may have staff who is knowledgeable about AT
- Your Intermediate Unit has at least one Assistive Technology Consultant who can help
- If you need AT for employment, contact your OVR counselor and consider including AT in your Individualized Plan for Employment (IPE)
- At any age, Pennsylvania’s Initiative on Assistive Technology (PIAT) can help you learn about, borrow, and try AT devices that might be helpful to you in education (including post-secondary education), employment, and/or community participation and independent living

Visit Pennsylvania’s Initiative on Assistive Technology (PIAT)
http://disabilities.temple.edu
Click: Programs: Assistive Technology
800-204-7428 or TTY 866-268-0579
Go to the website to access the Assistive Technology Companion Guide to this Transition Health Care Checklist and other information about assistive technology devices and services
What Programs are Available through PIAT

• PIAT’s programs are free and available throughout Pennsylvania

• **Information and Referral:** Call **800-204-7428** or **TTY 866-268-0579** or contact **ATinfo@temple.edu**. PIAT can also work with you to identify vendors and service providers, locate used equipment, and learn about funding.

• **Device Demonstrations and Loans:**
  Call **800-204-7428** or **TTY 866-268-0579** or contact **ATdemo@temple.edu** or **ATlend@temple.edu**. Our staff can assist you in making a decision about the AT that is right for you, through device demonstrations and equipment loans.
This effort has been facilitated by a core committee:

**Carol J. Gettemy**, RN, BSN, Special Health Care Needs Consultant, PA DOH in Southwest PA

**Larry Klinger**, Director of Community Systems Development, The Special Kids Network, Southwest PA

**Susanne Durler**, Parent/Family Consultant, Children’s Hospital, Pittsburgh

**Michael Stoehr**, Education Consultant, PATTAN, Pittsburgh office, Member of PA MOU Transition Team for the PA Department of Education

**Patti Agosti**, Parent/Family Consultant, Penn State Children’s Hospital, Hershey

**Joy Smith**, Work Incentives Coordinator, AHEDD

**Terri Reighard**, Associate, Community Systems Development, The Special Kids Network, Southwest PA

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**Abbie Barwick**, Community Systems Development Coordinator for The Special Kids Network, Member of the PA MOU Transition Team for PA Department of Health

The **Concern**: that youth are leaving school to discover they have no health insurance or doctor and difficulty obtaining medications and treatments. The Population: youth with complex medical conditions who are working with multiple government and private agencies. The Goal: to provide a checklist, resources, and steps to assist youth/young adults and families to make a successful transition to adult living that includes health and health care. The Disparity: people with disabilities are truly a minority population with disparities in obtaining health care due to issues of access, provider availability, income, discrimination, and communication

The **History**: this effort began in September 2003, in SW Pennsylvania and has grown to involve statewide and national interest

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- Reviewed checklists, literature, Healthy People 2010 Objectives, the March 2002 New Freedom Initiative
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