

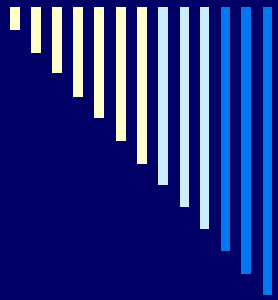
# Moving On: Health Care Transition Planning for Youth with Special Health Care Needs

Cecily L. Betz, PhD, RN, FAAN  
Clinical Associate Professor  
Keck SOM, Department of Pediatrics

Director of Nursing Training  
Director of Research  
USC UCEDD at CHLA

*Editor-in-Chief, Journal of Pediatric Nursing*

---



# Prevalence Data

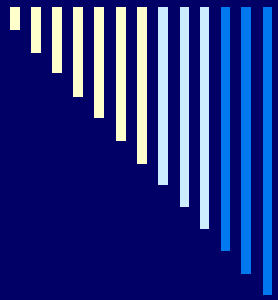
Based on 364, 841 children from 192,083 households  
nationally who were screened for SHCN

*Resulting in*

40,804 Children birth to 17 years  
(750 children from each state)

Interviews took about ½ hr.

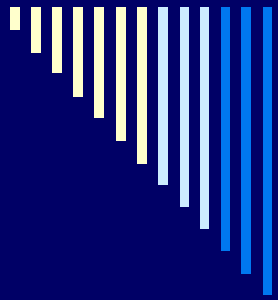
Administered in English, Spanish, Mandarin, Cantonese,  
Vietnamese and Korean



# Prevalence Data

- 13.9 percent of children have a SHCN
- 10.2 million children
- Represent 20% of U.S. households

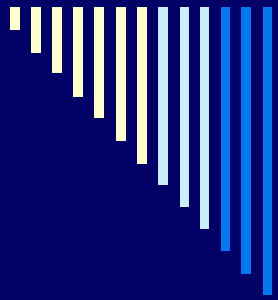
(National Survey of Children with Special Health Care Needs, 2005-2006)



# Prevalence Data

- 12.8 percent of children have a SHCN
- 9.4 million children
- Represent 20% of U.S. households

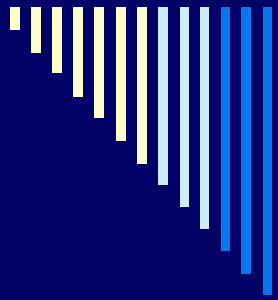
(McPherson et al., 2005; SLAIT, 2004)



# Prevalence Data

Changes in the prevalence rate due to:

- Increased in the number of CSHCN
- Improved diagnosis of CSHCN due to
  - Access to health care services
  - Parental and provider awareness



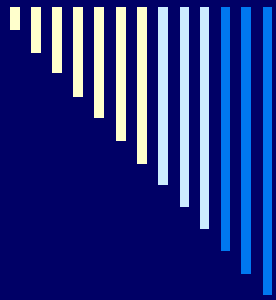
# Prevalence Data

## □ Prevalence increases with age

- <8%-birth to 5 years
- 14.6%-6 years to 11 years
- 15.8%-12 years to 17 years

## □ Differences by gender

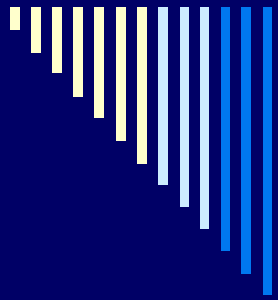
- 15%-boys
- 10.5%-girls



# Prevalence Data

- Several factors contribute to increase in prevalence of CYSHCN
  - Improved early diagnosis and treatment of chronic health conditions
  - Increased emphasis on health promotion and maintenance
  - Identification of new groups of children with SHCN and disabilities
  - Access to health care services
  - Parental and provider awareness

(Faux, 1998; McManus, 1999; Newacheck, et al., 1998)

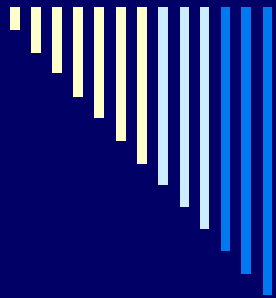


# Life Expectancy

- Medical advances
- Development of innovative technologies
  - Have extended the life expectancy of C/YSHCN*
- 90 percent survive into adulthood
- 500,000-750, 000 enter into adulthood annually

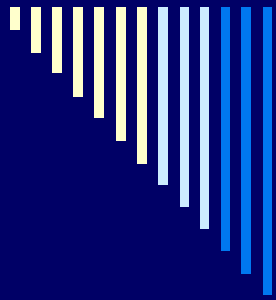
(Blum, 1995; Newacheck & Taylor, 1992; Seal & Ireland, 2005)





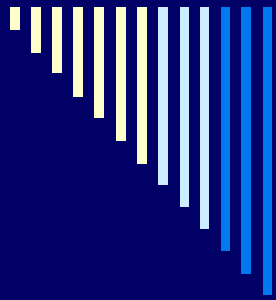
# Sequelae of SHCN

- ❑ Limitations of functions appropriate for age and development
  - ❑ Disfigurement
  - ❑ Dependency on medication
  - ❑ Special diet
  - ❑ Dependency on medical technology
  - ❑ Need for medical care or related services greater than usual for child's age
  - ❑ Special ongoing treatments at home or in school
- (Faux, 1998)



# What are the Best Practices?

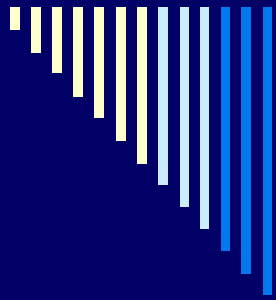
- ❑ American Academy of Pediatrics, 2000
- ❑ American Academy of Pediatrics, American Academy of Family Practice, American College of Physicians-American Society of Internal Medicine, 2002
- ❑ Society of Adolescent Medicine (Rosen et al., 2003; Blum et al. 1993)
- ❑ National Association of Pediatric Nurse Practitioners and Associates, 2001
- ❑ Healthy and Ready to Work Initiative, Maternal Child Health Bureau, Division of Children with Special Needs



# Transition Best Practices

- ❑ **Developmentally appropriate, asset-oriented** framework for services
- ❑ **Adolescents are partners** in decision-making
- ❑ **Support for families** to cope with adolescent role changes during the transition process
- ❑ **Transfer processing** includes medical summary (primary, preventive and specialty care)

(AAP, 2000; AAP, AAFP, ACP-ASIM, 2002; SAM, Rosen et al., 2003; Blum et al. 1993; NAPNAP, 2001; HRTW, MCHB, DCSHCN)

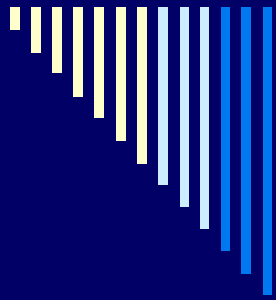


# Transition Best Practices

- ❑ **Client education** to teach ASHCN to learn self-management
- ❑ **Service Coordination** managed by health care professional
- ❑ **Referrals** to employment, educational, rehabilitation, community living and disability community services (including identification of **health-related accommodations**)

---

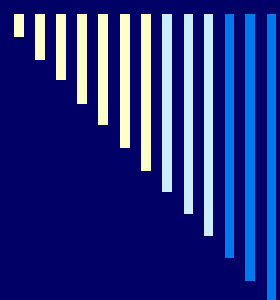
(AAP, 2000; AAP, AAFP, ACP-ASIM, 2002; SAM, Rosen et al., 2003; Blum et al. 1993; NAPNAP, 2001; HRTW, MCHB, DCSHCN)



# Transition Best Practices

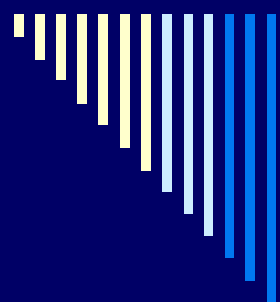
- ❑ Continuous
- ❑ Coordinated
- ❑ Comprehensive
- ❑ Integrated
- ❑ Culturally Competent
- ❑ Youth/Young Adult/Family Centered

(AAP, 2000; AAP, AAFP, ACP, ASIM, 2002; Blum et al. 1993; McPherson et al., 2005; National Association of Pediatric Nurse Practitioners and Associates, 2001; Rosen, et al., 2003; Schultz & Liptak, 1998; Smull & Danehey, 1994).



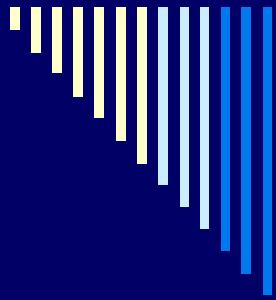
# Holistic Goals of Health Care Transition Planning

- ❑ Enrollment in adult health insurance plan
- ❑ Access to adult specialty and primary health care services
- ❑ Adopts healthy lifestyle
- ❑ Achieves self management skills
- ❑ Obtains needed health-related accommodations and modifications needed for education, training and employment
- ❑ Able to advocate for self



# Factors Associated with Successful Transition

- ❑ Family, youth/young adult and healthcare provider have future orientation
  - ❑ Transition is initiated early
  - ❑ Family members/providers foster personal and medical independence
  - ❑ Futures planning occurs
  - ❑ Youth/young adult has dreams and goals for the future
  - ❑ Service reimbursement is not interrupted
  - ❑ Pediatric providers continue to be involved in care in adult settings
  - ❑ Continue to receive services within same system of care
- (Reiss & Gibson, 2002)

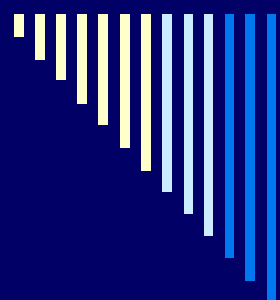


# When Transition Begins

- Begins at Diagnosis
- Lifelong Process
  - Future-orientation
  - Survival into Adulthood is Reality
  - Dreams and Visions for Adulthood
- Formalized Transition begins at 14 years

(AAP, AAFP, ACP, ASIM, 2002; Betz, 1998, 2004; Blum et al., 1993; McDonagh, 2005; Olsen & Swigonski, 2004; Reiss, Gibson, & Walker 2005; Scal, Evans, Blozis, Okinow, & Blum, 1999).



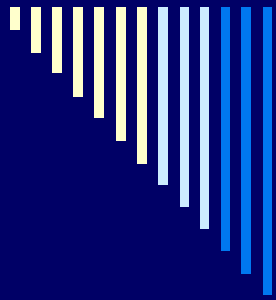


# Transition Readiness-The Issues

## *Research findings demonstrate*

- ☐ *Youth have had minimal experience in SHCN self management*
- ☐ *Youth are more confident than parents/providers about transitioning*
- ☐ *Youth/Families have different priorities/goals*
- ☐ *Youth/Families are ill prepared*
- ☐ *Youth/Families are uncertain*

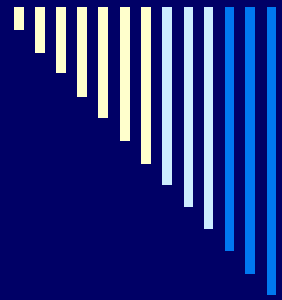
(Betz, 2004; Betz & Redcay, 2003; Boyle et al., 2001; Hauser & Dorn, 1999; Madge & Byron, 2002; Patterson & Lanier, 1999; Scal & Ireland, 2005)



# Transition Readiness

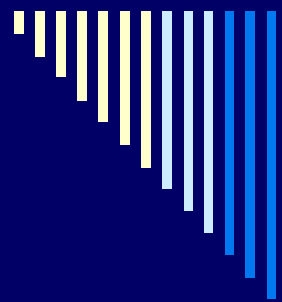
- Lack of evidence as to what constitutes “transition readiness”
- No studies have reported a planned approach to determining readiness
- Criteria used include:
  - Age-most frequently used
    - 16 years to 22 years

(Betz, 2004)



# Evidence for Health Care Transition Planning

- Lack of empirical evidence related to effective models to effect improved outcomes
- Models described in the literature have not been rigorously tested using valid and reliable tools

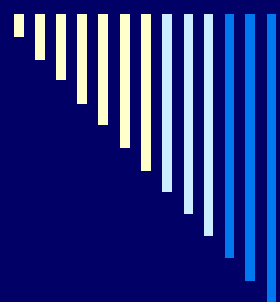


# Evidence for Health Care Transition Planning

- Most outcomes reported have narrowly focused on *transfer* outcomes
  - Follow-up appointments
  - Biochemical measurements
  - Adherence
- Outcomes focused on service processes rather than youth perspectives
- Time and setting for data collection
- Proxy approach
  - Parents
  - Administrative data

---

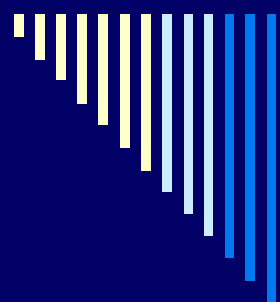
(Appleton, Chadwick, & Sweeney, 1997; Kipps, Bahu, Ong, Ackland, Brown, Fox, et al., 2002; Reid et al., 2004; Rettig & Athreya, 1991)



# Evidence for Health Care Transition Planning

- ❑ Lack of theoretical frameworks
- ❑ Lack of coherence related to concepts measured between studies
- ❑ Concepts not operationalized for measurement

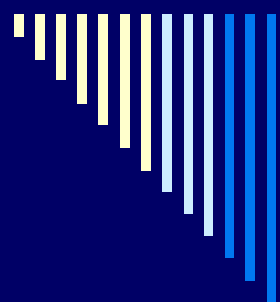
(Anderson & Wolpert, 2004; Bell et al., 2008; Capelli et al., 1989; Jordan & McDonagh, 2007; McLaughlin et al. 2008)



# Evidence for Health Care Transition Planning

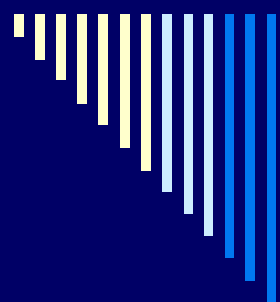
- Reconsider developmental approach for measuring outcomes
  - Emerging adulthood
  
- Lack of youth perspective with research design and methodology

(Appleton, Chadwick, & Sweeney, 1997; Kipps, Bahu, Ong, Ackland, Brown, Fox, et al., 2002; Lyon, Kuehl, & McCarter, 2006; Reid et al., 2004; Rettig & Athreya, 1991; Roisman, Masten, Coatsworth & Tellegan, 2004)



# Finding a Health Care Professional

- Primary Care MD
- Specialty Care MD
- Dentist and Dental Hygienist
- Therapists
  - Mental Health
  - Physical Therapy
  - Occupational Therapy

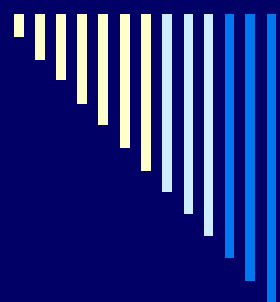


# Strategies to Finding a Health Care Professional

*Be proactive and start early*

- ☐ Pediatric specialty team referral
- ☐ Pediatric medical home
- ☐ School nurses
- ☐ HMO medical transfer program
- ☐ “Pockets of Excellence” transition programs
- ☐ Title V CSHCN Programs
- ☐ Referral lists compiled by disability agencies
- ☐ Disability community
- ☐ Vocational rehabilitation

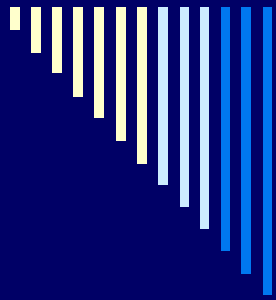




# Transition Resource Referrals: Health Insurance Plans and Services

## **Adolescent Coverage**

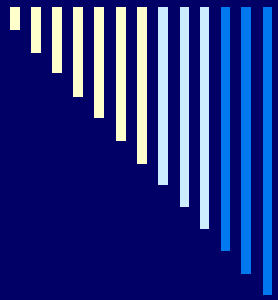
- ☐ State Child Health Insurance Programs (SCHIP)
- ☐ EPDST
- ☐ Department of Mental Health
- ☐ Parent's health insurance coverage
- ☐ Employer-based health insurance plan



# Transition Resource Referrals: Health Insurance Plans and Services

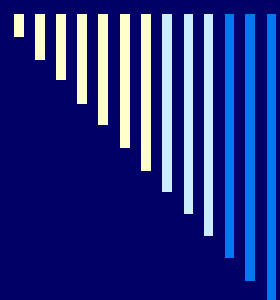
## **Adult Coverage**

- ☐ Medicare
- ☐ State Medicaid
- ☐ State-specific health insurance plan programs
- ☐ Title V SHCN Programs
- ☐ Planned Parenthood
- ☐ Department of Mental Health
- ☐ College Student Health Services
- ☐ Parent's health insurance coverage
- ☐ Employer-Based health insurance plan



# Health Insurance Plans

- Start early with gathering information
- Talk to knowledgeable resources
  - Employee benefits representative
  - Social worker
  - Health insurance advocate in community
  - Independent Living Center representative
  - WIA One Stop counselor



# Assessing the Health Care Plan

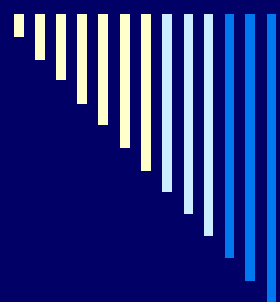
## ***What is type of services does the plan cover?***

- ☐ Primary care
- ☐ Type of health screenings (cholesterol screening, colorectal cancer tests, mammograms, Pap smears, etc.)
- ☐ Hospitalizations and emergency care
- ☐ Vision, dental and mental health care
- ☐ Ongoing care for chronic diseases, conditions or disabilities

Adapted from

Agency for Health Care Research and Quality. (2002). Choosing and Using a Health Plan. accessed on January 7, 2004 from <http://www.ahcpr.gov/consumer/hlthpln1.htm>

Agency for Health Care Research and Quality. (2002). Choosing a Health Plan. accessed on January 7, 2004 from <http://www.ahcpr.gov/consumer/hlthpln1.htm>



# Assessing the Health Care Plan

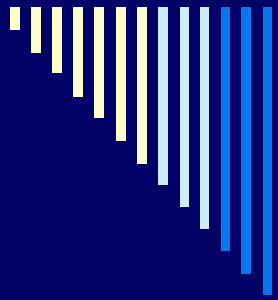
***What is type of services does the plan cover?***

- ☐ Physical therapy and other rehabilitative care
- ☐ Home health, nursing home and hospice care
- ☐ Alternative health care, such as acupuncture
- ☐ Type of preventive care offered (Immunizations, prophylactic antibiotics, hearing exams/hearing aids))
- ☐ Inpatient/outpatient prescription medications

Adapted from

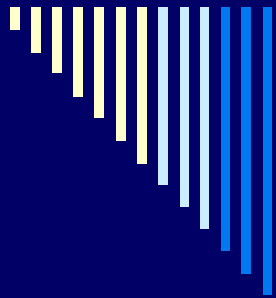
Agency for Health Care Research and Quality. (2002). Choosing and Using a Health Plan. accessed on January 7, 2004 from <http://www.ahcpr.gov/consumer/hlthpln1.htm>

Agency for Health Care Research and Quality. (2002). Choosing a Health Plan. accessed on January 7, 2004 from <http://www.ahcpr.gov/consumer/hlthpln1.htm>



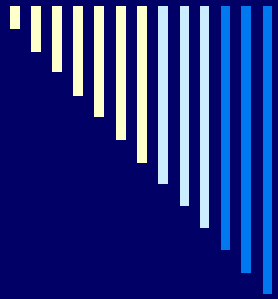
# Accessing Health Insurance

- Private insurance
  - Parent's employer until about age 23-25 if college student taking minimum of 12 units
  - Provided with employment
  - COBRA when parent's insurance coverage ends for 36 months
  - Student health insurance through college/university



# COBRA (Federal law applying to businesses with more than 20 employees)

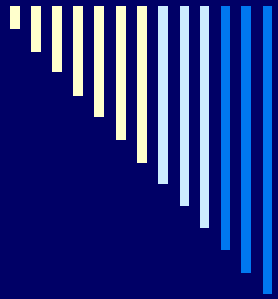
- Employee and dependents have right to continue on the employers health insurance plan when qualifying event occurs
  - Voluntary or involuntary termination for any reason except *gross negligence*
  - Voluntary or involuntary reduction in numbers of hours worked below that required for health insurance coverage
  - Becomes eligible for Medicare and no longer eligible for employer insurance
  - Covered employee and spouse divorce/legally separated
  - Death of the covered employee
  - Child reaches age when no longer covered by parent's plan



# COBRA

- Employee coverage is for 36 months or when Medicare eligible
- Pays 102% of premium payment



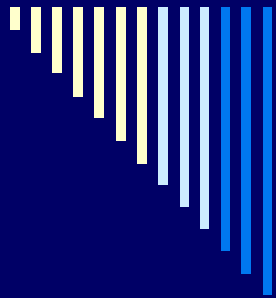


---

**Cal-COBRA** (CA law applying to businesses with 2 to 19 employees)

□ Provisions are the same as COBRA

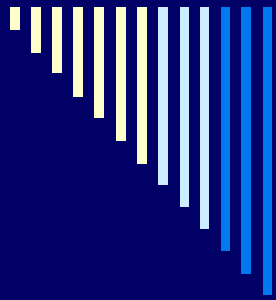
---



# MediCal

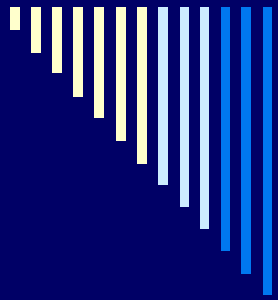
Individual automatically is eligible for Medi-Cal if receive cash assistance under one of the following programs:

- ❑ **SSI/SSP** (Supplemental Security Income/State Supplemental Program)
- ❑ **CalWORKs** (California Work Opportunity and Responsibility to Kids). Previously called Aid to Families with Dependent Children (AFDC).
- ❑ **Refugee Assistance**
- ❑ **Foster Care or Adoption Assistance Program.**



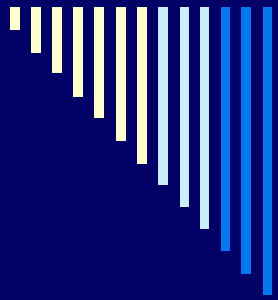
# MediCal

- ☐ 65 or older
- ☐ Blind
- ☐ Disabled
- ☐ Under 21
- ☐ Pregnant
- ☐ Diagnosed with breast or cervical cancer
- ☐ In a skilled nursing or intermediate care facility



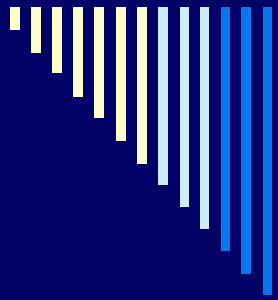
# MediCal

- ❑ Refugee status during a limited period of eligibility (depends on how long adult has been in the U.S.)
- ❑ The child's parent/caretaker is deceased, doesn't live with the child, or incapacitated
- ❑ The child's parent who is the primary wage earner is unemployed or underemployed.



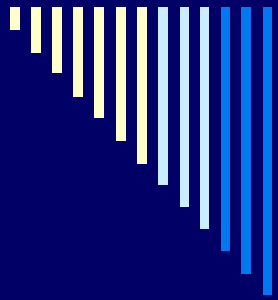
# MediCal-Where to Apply

- ❑ **Social Services Office**
- ❑ **SSI/SSID-Social Security office will automatically enroll beneficiary**
- ❑ **CalWORKS-Social Services office will automatically enroll beneficiary**



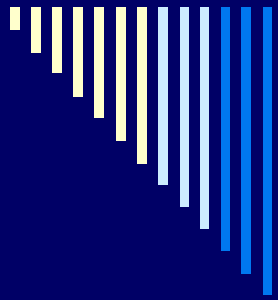
# MediCal

- ❑ Inpatient hospitalization
- ❑ Outpatient hospital services
- ❑ MD medical and surgical services
- ❑ Equipment and supplies
- ❑ Dental services
- ❑ Skilled nursing facility services (21 years and older)



# MediCal

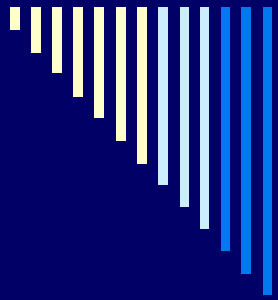
- ❑ Home health care (21 years and older)
- ❑ Family planning services
- ❑ Laboratory and diagnostic tests
- ❑ PNP and FNP services
- ❑ Nurse midwifery services
- ❑ Early and periodic screening, diagnosis and treatment (EPSDT) services (under 21 years)



## 250% CWD

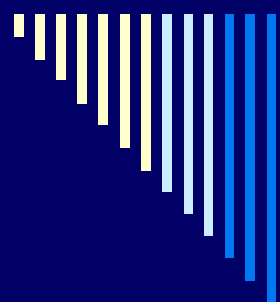
- In 1997, provisions of Balanced Budget Amendment enabled states to expand Medicaid coverage to working individuals with disabilities
  - Earning up to 250% of FPL
  - Met SSI definition of having medical disability





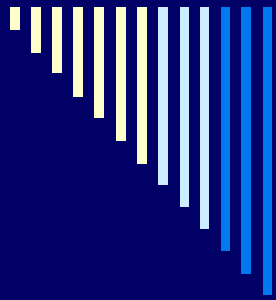
## 250% CWD Eligibility

- Meet the criteria of Social Security's definition of a medical disability
- Working
- May qualify if receive SSDI (federal)/SDI (state) benefits
- Some earned income allowed



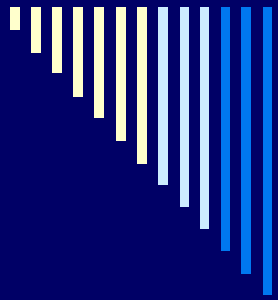
## 250% CWD Eligibility

- Meet the program requirements for asset and income eligibility
  - May not have more than \$2,000 individual/\$3,000 family liquid assets
  - Individual's home, car, and unearned income are exempt
    - Disability income
    - Trusts
    - Retirement accounts



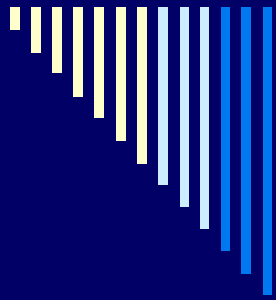
## 250% CWD

- Earned income may not be greater than 250% of current Federal Poverty Level
  - ▣ \$1,994 Individual (\$23, 928 per year)
  - ▣ \$2, 673 Couple (\$32, 076 per year)
  - ▣ If individual has NO unearned income can earn up to \$4, 073 (\$48, 870 per year) and still be eligible



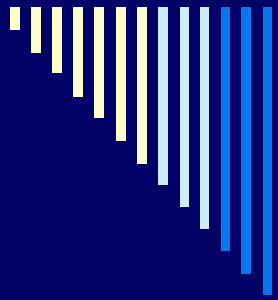
## 250% CWD

- ❑ Can buy into the MediCal program
- ❑ Pay monthly premiums on a sliding scale based on monthly income
- ❑ Premiums range from a minimum of \$20 to a maximum of \$250 per month for an eligible individual, or from \$30 to \$375 for an eligible couple.



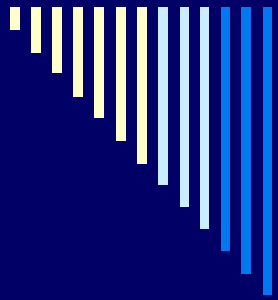
## 250% CWD

- ❑ Receives full-scope MediCal Services
- ❑ Access to Medi/HIPP (premium payment program for MediCal eligible beneficiaries)
- ❑ If eligible, In Home Supportive Services (IHSS)



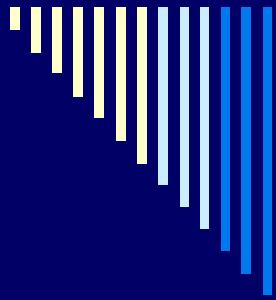
# MediCal/HIPP

- Enables individuals with high cost medical conditions (does not exclude the medical condition) to continue on private insurance rather than relying solely on MediCal (pays premium)
- Average medical expenses equal or exceed monthly health insurance premium



# MediCal/HIPP

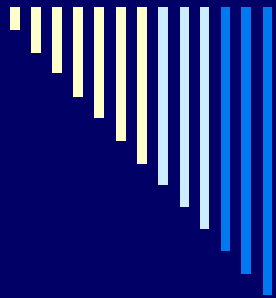
- ❑ Services not covered under private policy
- ❑ Deductibles and co-payments
- ❑ Currently enrolled in MediCal that does not have share of cost or share of cost less than \$200/month
- ❑ If has share of cost, must be met before use MediCal



## Major Risk Medical Insurance Program (MRMIP)

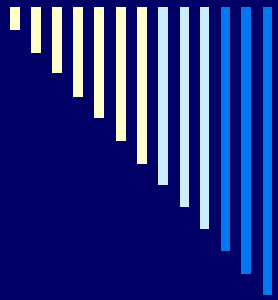
- ❑ Insurance coverage for individuals who cannot obtain health insurance due to medical condition for 36 months
- ❑ Can apply for deferred enrollment in anticipation of termination of COBRA/Cal COBRA coverage
- ❑ Can enroll in PPO/HMO plan
- ❑ Both covered individual/family
- ❑ Co-payment can not exceed 25% of covered costs





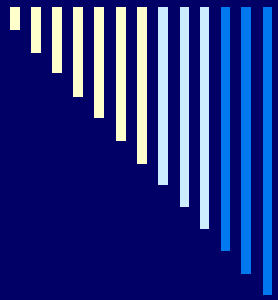
## Major Risk Medical Insurance Program (MRMIP)

- ❑ Out of pocket costs not to exceed \$2500 individual/\$4000 family
- ❑ Benefits: up to \$75,000/year; \$750,000 lifetime
- ❑ If there is maximum program enrollment, then on waiting list
- ❑ 90 day pre-existing period is waived if on waiting list for more than 6 months
- ❑ After 36 months, have guaranteed coverage in private health insurance plan at 10% higher premium rate
- ❑ [www.mrmip.ca.gov](http://www.mrmip.ca.gov)



# Medicare

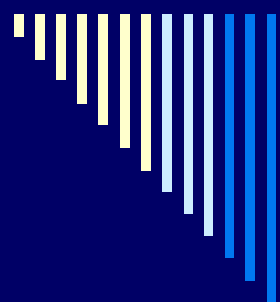
- Federal health insurance coverage for
  - Hospitalization (Part A)
  - Medical Care (Part B)
  - Prescriptions (Part D)
- Individuals covered
  - Over 65 years old
  - SSDI-eligible individuals with disabilities
  - Individuals with ESRD



# Medicare

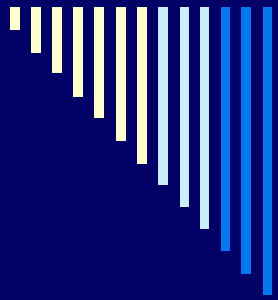
## □ SB 393

- Provides MediCare beneficiaries with medications at the MediCal rate plus 15% processing fee



## Genetically Handicapped Persons Program (GHPP)

- ❑ Continuation of CCS program
- ❑ Provides medical case management and pays for medical and dental costs of persons 21 years and older with following genetic diseases:
  - Cystic fibrosis
  - Hemophilia
  - Sickle cell diseases
  - Various neurological and metabolic diseases
- ❑ Contact information 1-800-639-0597

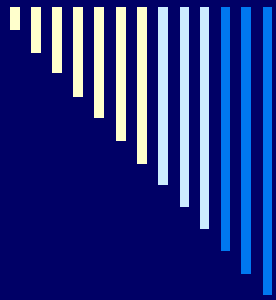


# Transition Self Management

Medical Condition as it relates to knowledge of:

- Underlying physiology
- Medications/treatments
- Past medical history
- Report current illnesses/functional status
- Decision-making skills related to health care

(Cappelli et al., 1989; Hauser & Dorn, 1999; Scal, 2002)

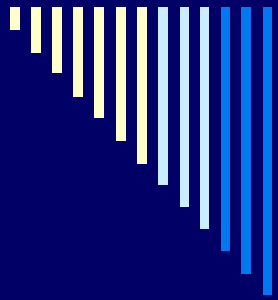


# Transition Self Management

Demonstrates ability to adhere to:

- Treatment regimen at home, school and community settings
- Taking medications appropriately
- Keeping appointments with MD, therapists
- Engaging in preventive health behaviors
- Seeking care when problems arise

(Burkhart & Dunbar-Jacob, 2002; Kyngas, 2000; Ledlie, 2006)

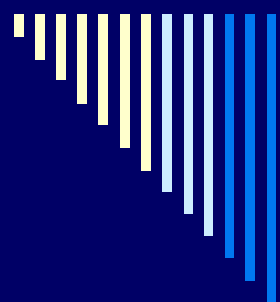


# Transition Self Management

## Self-advocacy

- Demonstrates knowledge of medical system
- Demonstrates navigation skills
- Understands rights, protections and responsibilities

(DHHS, 2002, 2005; Ledlie, 2006; Scal et al., 1999)

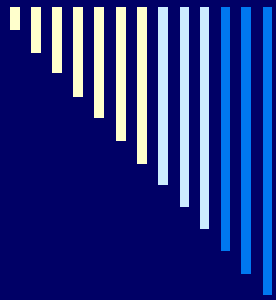


# Health Promotion and Disease Prevention

Has understanding of what are daily healthy choices:

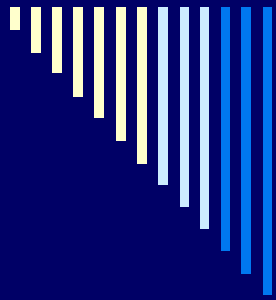
- Diet
- Exercise
- Sleep
- Infection control
- Avoidance of at-risk behaviors
- Health maintenance behaviors





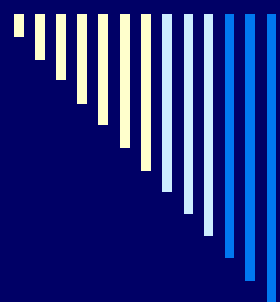
# Health Promotion Guidelines

- American Cancer Society Guidelines (2008)
    - Early detection of breast, colon and rectal, cervical, endometrial, and prostate cancer
  - National Institutes of Health Guidelines (DHHS, 2008)
    - Asthma, high blood cholesterol, high blood pressure, overweight/obesity and sickle cell disease
  - American Heart Association Guidelines (2008)
    - Blood pressure
  - Centers for Disease Control and Prevention Recommendations (DHHS, 2007)
    - Immunization schedules
  - American College of Obstetricians and Gynecologists (ACOG, 2003) recommends
    - Pelvic exams, quadrivalent human papillomavirus (HPV) vaccine
-



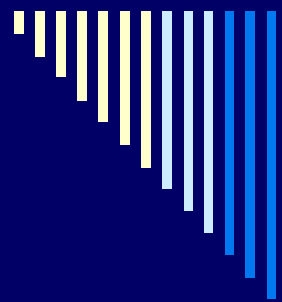
# Health Promotion

- Health promotion extends to personal safety
- Safety instruction includes:
  - Violence prevention
  - Abuse prevention
  - At risk situations such as parties when drugs and alcohol are used
  - Unsafe driving
  - Concerts and outdoor events wherein smoking/use of illicit substances occurs
  - Skin exposure
  - Ingestion of herbal supplements



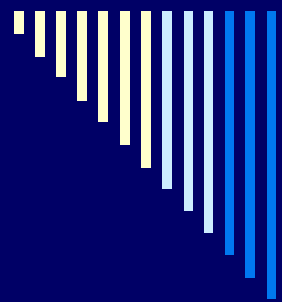
# Coordinating Care with other Systems of Care

- School nurses (IEP, 504 Plan, IHP, EAP)
  - Health related accommodations
  - Assistive technology
  - Adaptive equipment
  - Need for health related procedures
  - Identified in the IEP/504/EAP/IHP
  - Educate other IEP/504 team members
  - Resource to Interagency representative



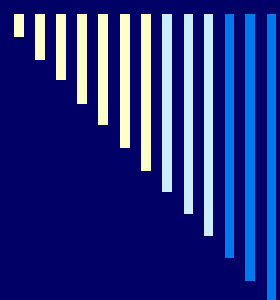
# Coordinating Care with other Systems of Care

- Job coach in work settings (IPE)
  - Health related accommodations/modifications
  - Environmental modifications
- Human resource personnel (504 Plan)
  - Health insurance plan
  - Health related accommodations
- Occupational health nurse
  - Environmental modifications
  - Health related accommodations
  - Minor illnesses
  - Adapting health procedures
  - Well Adult Care



# Coordinating Care with other Systems of Care

- Public health nurse in the community
  - Health surveillance
  - Environmental modifications
  - Equipment maintenance and usage
- Fire/Police department
  - Emergency measures
  - Environmental modifications
  - Community Safety
- Community/Direct Service Worker
  - Health surveillance
  - Environmental modifications
  - Health-related accommodations
- Vocational Rehabilitation Counselor (IPE)
  - Health-related accommodations
  - Environmental modifications



# Transition Resource Referrals: Education Services

## High School Settings

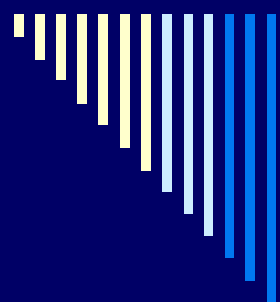
- Workability I
- School to Work Liaison
- Special Education-Transition IEP
- General Education 504 Plan
- Assistive Technology
- English as a Second Language
- Literacy Programs
- CATS

## Connecting Programs

- General/Special Education-504 Plan
- Workability I
- Transition Partnership Program
- Regional Occupational Programs

## Postsecondary Programs (Community Colleges, 4 year Colleges/Universities)

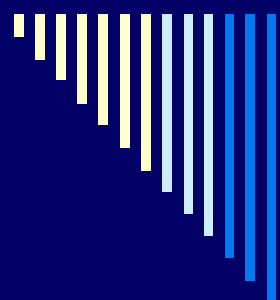
- Disabled Student Services
- Workability II, III, IV
- 504 Plans
- Vocational Education Programs



# Transition Resource Referrals: Education Services

## High School Settings

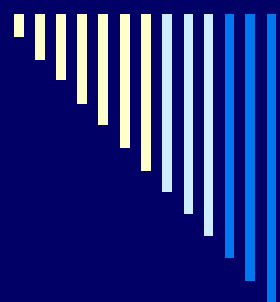
- Workability I
- School to Work Liaison
- Special Education-Transition IEP
- General Education 504 Plan
- Assistive Technology
- English as a Second Language
- Literacy Programs
- CATS



# Transition Resource Referrals: Education Services

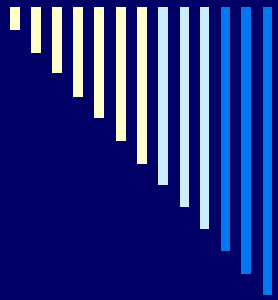
- Connecting Programs
  - General/Special Education-504 Plan
  - Workability I
  - Transition Partnership Program
  - Regional Occupational Programs
  
- Postsecondary Programs (Community Colleges, 4 year Colleges/Universities)
  - Disabled Student Services
  - Workability II, III, IV
  - 504 Plans
  - Vocational Education Programs





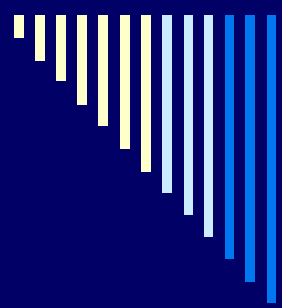
# 504 Plan for General Education Students

- ❑ Obtain school and work-related accommodations
    - Supportive employment
  - ❑ Needed assistive technology
  - ❑ Addresses academic needs during times of frequent or prolonged absences
- (AAP, 2000)



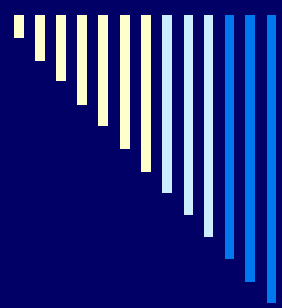
# IEP and Transition Planning

- ❑ Transition planning begins at age 16 or age 14 if indicated
- ❑ Plans for smooth transition to postsecondary programs in education, employment and community living
- ❑ Youth participation important
- ❑ Invite other community representatives for input into the plan



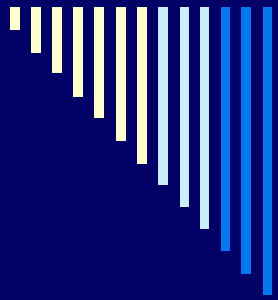
# Regional Occupational Programs

- There are 72 Regional Occupational Center/Programs (ROC/P) in California.
- Offer students community classroom programs and unpaid on-the-job training related to the students' instructional programs.
- Offer paid work experience related to the student's classroom instruction under the supervision of the employers



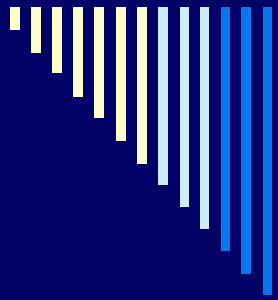
# Regional Occupational Programs

- The phone number of the local Regional Occupational Program can be found in the Community Services section under the “Education” heading.
- Website address: <http://www.carocp.org/>



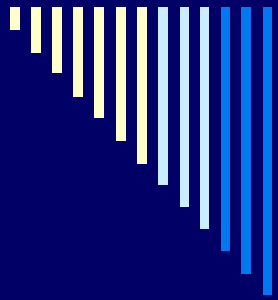
# Workability I

- Joint CA Department of Education/Rehabilitation program (300 programs in CA)
- Promotes independent living by providing opportunity to obtain marketable job skills while completing their education



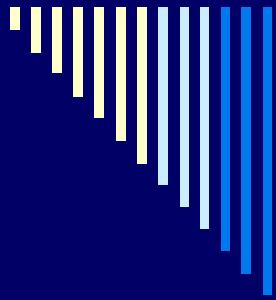
# Workability I

- Provides comprehensive pre-employment worksite training, employment and follow-up services
- Youth in special education who are making the transition from school to work, and postsecondary education or training



# Workability I, II, III, IV

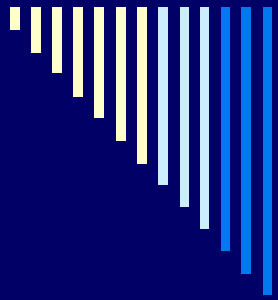
- Workability I – High Schools
- Workability II - Adult Education Schools and Regional Occupational Programs (ROPs)
- Workability III – Community Colleges
- Workability IV – Four-Year Accredited Colleges and Universities



# Disabled Student Services

- ☐ Registration accommodations
- ☐ Class scheduling accommodations
- ☐ Interpreters/signers
- ☐ Work assignments modifications
- ☐ Equipment modifications
- ☐ Assistance with housing

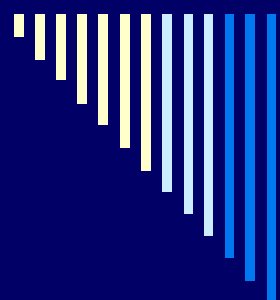




---

# Disabled Student Services

- ☐ Mentor programs
  - ☐ Access campus maps
  - ☐ Parking permits
  - ☐ Mobility assistance
  - ☐ Disability management
  - ☐ Advocacy Services
-



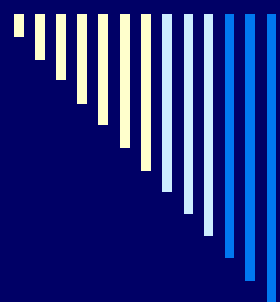
# Transition Resource Referrals: Employment Services

## Disability-related Employment Services

- Regional Center
- Supported Employment Agency
- Workability II, III, IV
- Vocational Rehabilitation

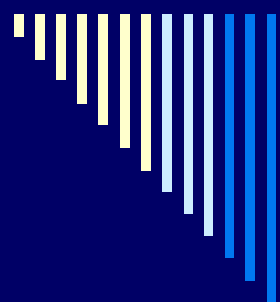
## Employment Services

- WIA One-Stops
  - Youth Employment Program
- Community Colleges
  - Vocational Training
  - Adult Education



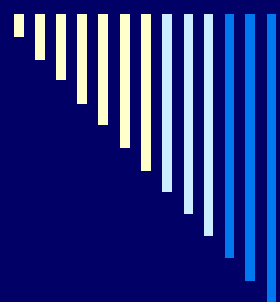
# WIA Youth Services (One-Stops; WorkSource)

- Year Round Program
- Services available to all youth:
  - Tutoring, study skills training, and instructions leading to secondary school completion including dropout prevention strategies
  - Alternative secondary school services
  - Paid and unpaid work experience, including internships and job shadowing



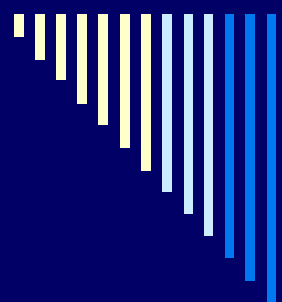
# WIA Youth Services (One-Stops; WorkSource)

- Year Round Program
- Services available to all youth:
  - Occupational skill training
  - Summer Employment
  - Guidance and Counseling Guidance and Counseling, which may include drug and alcohol abuse counseling and referral
  - Leadership\*
  - Adult Mentoring for 1 year\*



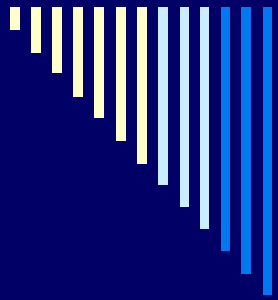
# WIA Youth Services (One-Stops; WorkSource)

- Supportive services
- Linkage to community services
- Childcare
- Housing assistance cost
- Transportation
- Medical services referral
- Uniforms and any other appropriate work attire
- Work related tool costs, safety shoes, eye wear



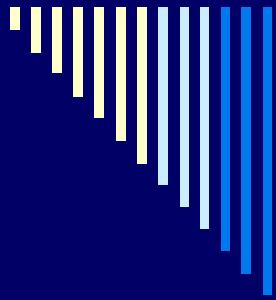
# WIA Youth Services (One-Stops; WorkSource)

- Twelve months follow-up services
- Leadership development
- Regular contact with the participant/employer
- Assistance to get a better job
- Tracking the progress of youth in employment after training
- Adult mentoring, etc.



# Workforce Investment Agencies Services Eligibility/Referral

- ☐ 16 years and older with disabilities
  - ☐ Deficient in occupational skills
  - ☐ Pregnant
  - ☐ Parenting
  - ☐ ESL students
  - ☐ “At risk” students
- 
- ☐ Any one can make referral
  - ☐ Listed in Yellow Pages in the Community Services section under Employment



# Vocational Rehabilitation

- Established by the Rehabilitation Act of 1973 and amended 1992
  - Defines disability as a physical, mental, or emotional impairment that limits ability to perform a major life activity such as:
    - walking, seeing, hearing, speaking, breathing, learning, working, caring for oneself, performing manual tasks
- (CHOICES, 1999)



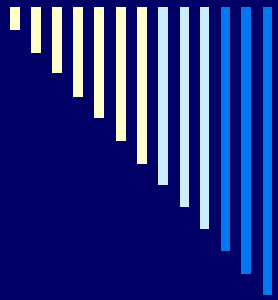


# Eligibility for VR Services

- A student is eligible for VR if he/she meets the following criteria:
  - Has a physical or mental impairment which constitutes or results in a substantial impediment to employment
  - Can benefit from VR services in terms of an employment outcome
  - Requires VR services to prepare for, enter, engage in or retain gainful employment

(CHOICES,1999)

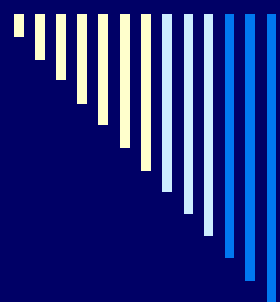
---



## VR Eligibility (cont.)

- ❑ Individuals who do not have a severe disability may only be provided with information and referral
- ❑ All children who receive SSI are supposed to to be referred to VR at ages 16-17.

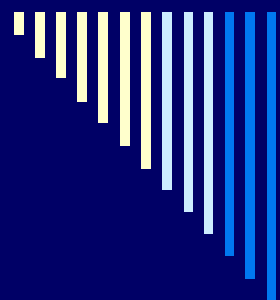
(CHOICES,1999)



# Vocational Rehabilitation: IPE (cont.)

- Care coordinators can request a copy of the IPE to ensure that health concerns/needs are addressed on the IPE
- Title V CSHCN, or other health care providers/payors should coordinate with VR to ensure that the young person is in optimal health and functional capacity

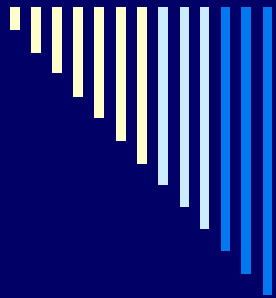
(CHOICES,1999)



# Vocational Rehabilitation: The IPE

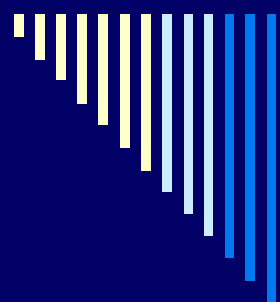
- Every client receiving VR services is a full partner in developing the Individual Plan for Employment ( IPE).
- The IPE must be jointly developed, consistent with the goals of the client, include a statement in the client's own words how he/she will participate, be written in a language that the client understands, and distributed to the client

(CHOICES,1999)



## Department of Rehabilitation: IPE

- ❑ Individualized Plan for Employment (IPE)
- ❑ Vocational training
- ❑ Purchase of work-related equipment and supplies (work clothes, safety equipment, interpreters, etc.)
- ❑ Job search
- ❑ Development and placement services that include job coaches and on-the-job training

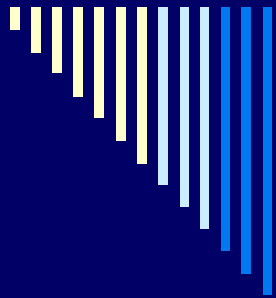


# Vocational Rehabilitation: Services

- Services provided (Adult and Youth):
  - Assessment of vocational strengths, preferences
  - Assistive equipment
  - Funding for supplies
  - Job placement/coaching
  - Vocational training or post secondary education
  - Limited personal assistance

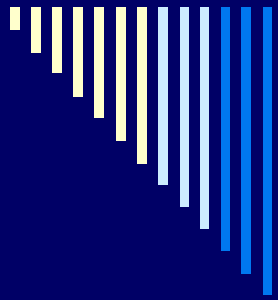
(CHOICES,1999)

---



## Departments of Rehabilitation/Education Transition Services Eligibility

- ❑ Youth 16 years and older who have disabilities
- ❑ Disability documentation that includes medical and school records
- ❑ Apply directly at local DR office
- ❑ Can mail or fax
- ❑ Notified within 60 days of eligibility
- ❑ *Order of Selection*-waiting list using a number of criteria that determines placement on list
- ❑ Phone numbers can be found in Community Services section of yellow pages
- ❑ [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov)
- ❑ 916-263-8952 for local listings

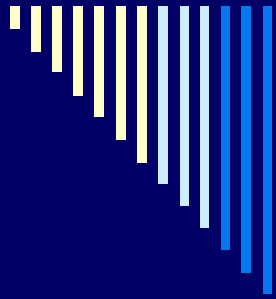


## VR Eligibility (cont.)

- Individuals have the right to appeal denial of services
  - Can use the VR appeal process (state process)
  - Can go to Client Assistance Program (every state has a CAP)

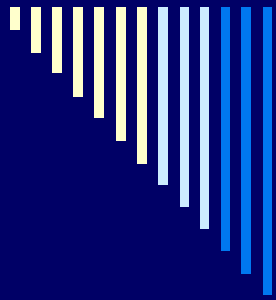
(CHOICES, 1999)





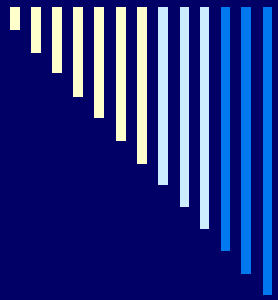
# Job Corps

- ❑ Free vocational training program for low income 16-24 year olds that provides living accommodations, health care, and a GED.
- ❑ Types of Programs  
Business Clerical, Facilities Maintenance, Tile Setter, Landscape Technician, Culinary Arts, Electronics Assembly, Surveyor Assistant I, Welder, Carpenter, Off-Center Programs
- ❑ Located in San Bernardino, San Diego, Los Angeles, Long Beach, San Francisco, San Jose, Treasure Island
- ❑ Contact 1-800-733-JOBS or web-site at:  
[www.jobcorps.org](http://www.jobcorps.org).



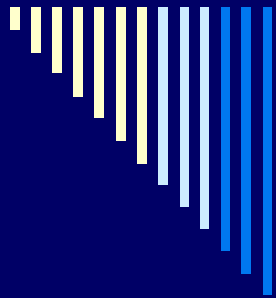
# Americorps

- ❑ It is a federally supported community service program.
- ❑ In exchange for 10 months of community service, the youth receives
  - Living allowance
  - Living accommodations (depends on program)
  - Health insurance
  - Training,
  - \$4,275 education award to help pay for college or vocational training for serving full-time in community service.
  - Web-site at: [www.americorps.org](http://www.americorps.org).



# Conservation Corps

- CA workforce development program for youth, ages 18 to 25 years in the field of environmental conservation, fire protection, and emergency response
- [www.ccc.ca.gov/](http://www.ccc.ca.gov/)



# SSA Cash Benefits

- ❑ Social Security Benefits: for all children under 18 and in school who have parents who are disabled, retired or deceased
- ❑ Social Security Disability Insurance: is a benefit for disabled children of disabled, deceased or retired workers (comes with a Medicare benefit after two years)

(CHOICES,1999)

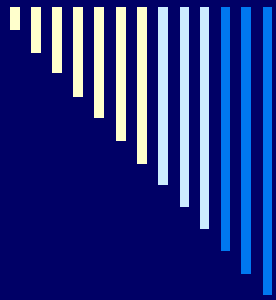


# Myths about SSI

- ☐ People who work are not eligible for SSI
- ☐ People who go to work will lose SSI benefits
- ☐ People who go to work will lose Medicaid
- ☐ People who earn over \$500 per month will lose cash and health benefits
- ☐ SSI stops when you enter training

(CHOICES, 1999)

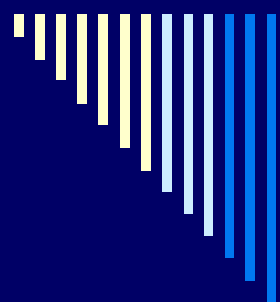
---



## SSI As A Temporary Aid

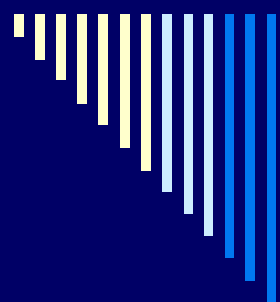
- ❑ While making transition from school to work
- ❑ During periods of training
- ❑ While working at low-paying and part-time employment
- ❑ Ensures Medicaid eligibility

(CHOICES, 1999)



# Continuing Disability Review

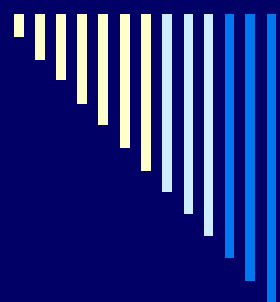
- ❑ At age 18 must be re-determined for SSI benefits
- ❑ Criteria for adult eligibility is used
- ❑ Two interviews will be scheduled
  - Living arrangements, income and resources
  - Medical reasons
- ❑ Need to provide medical evidence



# Continuing Disability Review

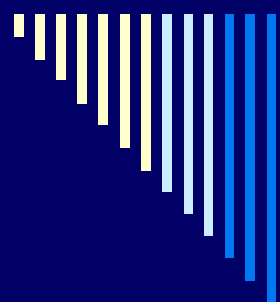
- ❑ Performed to determine severity of the disability
- ❑ May request information from physician, providers and teacher who work with the individual
- ❑ Evaluation is done by the Disability Determination Service (DDS)





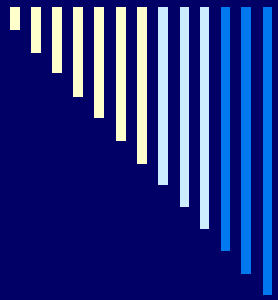
# Continuing Disability Review

- ❑ DDS will determine if the youth's disability is "severe" according to adult criteria
- ❑ Determine the youth's ability to work in the future
- ❑ Will review ability to function in school setting as had limited work experiences



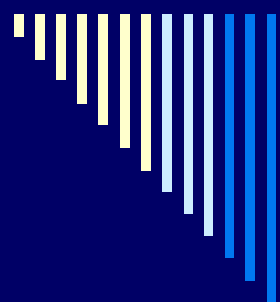
# Continuing Disability Review

- If determined to be ineligible, then full SSA Appeals process is available
- If receiving VR services prior to age 18, can continue to receive SSI benefits



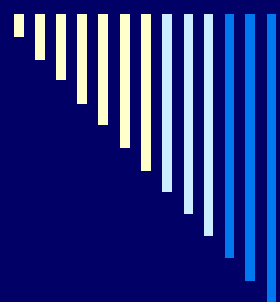
# SSI Work Incentives

- ❑ Impairment Related Work Expenses
- ❑ Plan for Achieving Self Support (PASS)
- ❑ 1619A
- ❑ 1619B
- ❑ Student Earned Income Exclusion



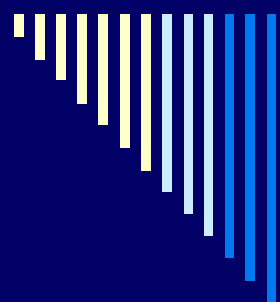
# Transition Resource Referrals: Community Living Services

- ☐ Regional Center
- ☐ Child and Family Services
- ☐ Food Stamps
- ☐ Voter Registration
- ☐ Center for Independent Living
- ☐ SSI/SSDI and Work-related incentive programs
- ☐ RTD/Metro Access
- ☐ DMV
- ☐ Access Services
- ☐ Section 8 Housing
- ☐ DPSS
- ☐ Recreation
- ☐ Welfare to Work Program
- ☐ Transportation Training



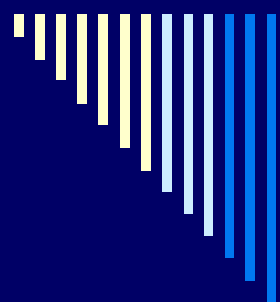
# Transition Resource Referrals: Community Living Services

- ❑ Regional Center
- ❑ Child and Family Services
- ❑ Food Stamps
- ❑ Voter Registration
- ❑ Center for Independent Living
- ❑ SSI/SSDI and Work-related incentive programs



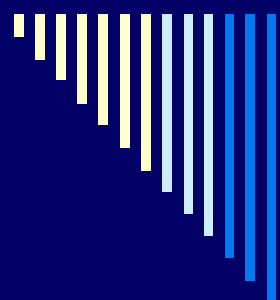
# Transition Resource Referrals: Community Living Services

- ☐ RTD/Metro Access
- ☐ DMV
- ☐ Access Services
- ☐ Section 8 Housing
- ☐ DPSS
- ☐ Recreation
- ☐ Welfare to Work Program
- ☐ Transportation Training



# Centers for Independent Living Core Services

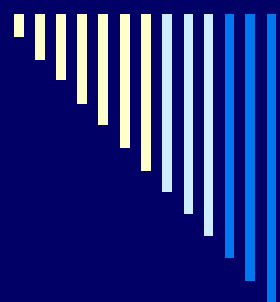
- Advocacy and Legislative Monitoring
- Housing
- Attendant Registry and Referral
- Information and Referrals
- Peer Counseling
- Additional Services are provided by CILs but vary according to each center



# Centers for Independent Living Core Services

- ❑ Referral for services can be made by anyone
- ❑ Initial appointment is made by consumer only
- ❑ Individuals with disabilities 18 years and older
- ❑ Community Services section of Yellow Pages under heading of Disability Services
- ❑ [www.cflic.org/directory/index.html](http://www.cflic.org/directory/index.html)

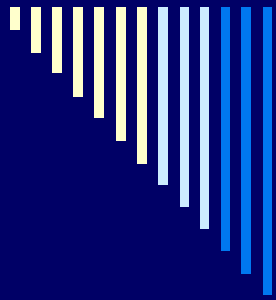




# Transportation Programs

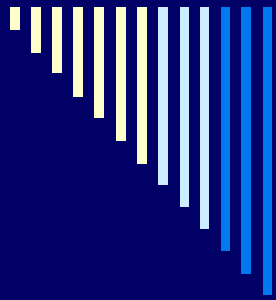
## □ School

- Special education students may be eligible for free transportation
- Transportation to school, off-campus therapies, after-school programs
- Parents may qualify for mileage reimbursement if drive their children
- Transportation services must be written into IEP
- Contact local special education office or principal



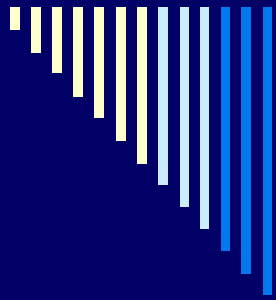
***Rancho Los Amigos National Rehabilitation Center  
Occupational Therapy Driving and Training Program***

- ☐ Driver's education
- ☐ Screening by occupational therapist of driving capabilities
- ☐ Inpatient driving evaluations
- ☐ Outpatient driving evaluations
- ☐ On-road training using a modified car or van
- ☐ Evaluation of teen drivers who have disabilities/special health care needs



## *Rancho Los Amigos National Rehabilitation Center Occupational Therapy Driving and Training Program*

- ❑ Assist with DMV license application
- ❑ Assist with obtaining special instruction permit
- ❑ Mobility training
- ❑ Evaluation of need for vehicle modification and adaptive equipment
- ❑ Assessment of functional abilities for driving (i.e. vision, fatigue level, perception, cognitive functioning, ability to read maps, and rapid decision-making)



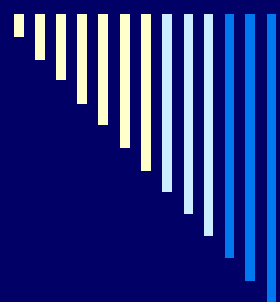
# Transportation Programs

***Rancho Los Amigos National Rehabilitation  
Center***

***Occupational Therapy Driving and Training  
Program***

***7601 E. Imperial Highway  
Driving Program, Bldg 900, Room 91  
Downey, CA 90242  
Phone: 562.401.7081  
Fax: 562.401.6167***

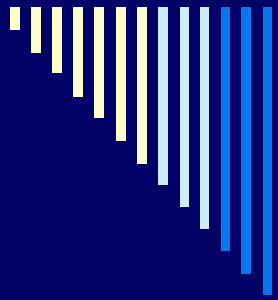
***[http://www.rancho.org/ser\\_driving.htm](http://www.rancho.org/ser_driving.htm)***



# Transportation Programs

## □ Medical Care

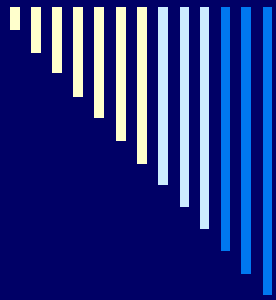
- Some medical facilities may offer taxi vouchers/reduced parking fees
- Some agencies such as American Cancer Society
- ACCESS Services
- Advanced notice required
- Geographic and eligibility requirements vary



# Transportation Programs

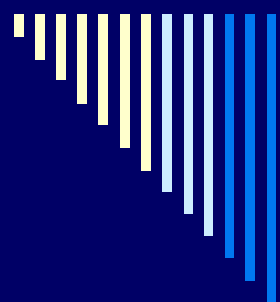
## □ Community Living

- Reduced fare pass for Metro Bus and Rail
- Buses with wheelchair lifts
- Some communities have specialized transportation programs
  - Require advanced reservations



## Transportation Programs Contacts

- TranStar (SoCal only)
  - [www.scag.ca.gov/transit](http://www.scag.ca.gov/transit)
- California Transit Links
  - [www.apta.com/sites.transus/ca.htm](http://www.apta.com/sites.transus/ca.htm)
  - [www.publictransportation.org](http://www.publictransportation.org)
- California Transit Association
  - 916-446-4656
  - [www.caltransit.org](http://www.caltransit.org)



# Transition Resource

- Betz, C.L. & Nehring, W.M. (2007).  
*Promoting Health Care Transition  
Planning for Adolescents with Special  
Health Care Needs and Disabilities*
- *Published by Brookes Publishing*