



## A GUIDE FOR HEALTHCARE TRANSITION

# **BECOMING INDEPENDENT**

HELPING ADOLESCENTS DEVELOP SKILLS  
TO MANAGE HEALTH CARE NEEDS.

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## Adolescent Healthcare Transition Tools

<b><u>Index</u></b>	<b><u>Page</u></b>
1. About Healthcare Transition and Why it is Important	3
2. Timeline for Healthcare Transition Planning	4
3. Questions for Parents Starting the Transition Process	5
4. Questions for Adolescents Starting the Transition Process	5
5. Ask Me Three Questions and Answer Checklist	6
6. Medical Summary and Emergency Care Plan	7-9
7. Healthcare Transition Checklist	10-12
8. Responsibility for Medical Needs Checklist	13
9. Gain the Knowledge to Live a Healthy Life with Medical Needs	14-15
10. Develop Skills to Take Care of Daily Medical Needs	15-16
11. Develop a Plan for Independence and Adult Health Care	17
12. Envisioning the Future	18
13. Healthy Transitions Moving From Pediatric to Adult Health Care	19
14. Instructions to make a Medical Appointment and Refill Medications	20
15. How to Read a Prescription Label	21
16. Health Insurance Coverage	22-23
17. Do you Understand Insurance?	24
18. Explore Adult Insurance Options	25
19. Social Security Benefits Planner for Disability- How to Qualify	26
20. Turning 18: What it Means for Your Health	27
21. Disabilities and Education: Supported Decision-Making Agreement (SDMA)	28



## Adolescent Healthcare Transition Tools

### **ADOLESCENT HEALTHCARE TRANSITION**

Adolescent Healthcare Transition is the process of teaching adolescents' skills and knowledge to gain independence for managing healthcare needs as an adult. Healthcare Transition should occur over several years to be most effective and gives the adolescent, their parent/ caregiver, and pediatric healthcare provider(s), time to prepare for the eventual transfer of healthcare needs to adult provider(s).

### **WHY IS HEALTHCARE TRANSITION IMPORTANT?**

The goal of healthcare transition is to teach young adults how to become independent in healthcare matters. This includes learning how to make healthy life choices, access health insurance and care, and effectively manage health conditions. Young adults should also be given the opportunity to ask questions and practice making healthcare decisions in a medical setting prior to moving to adult care.

The healthcare transition process should also support parents and caregivers as they encourage adolescents to take more responsibility for healthcare needs. Together adolescents and parents/ caregivers need to be aware of things like potential changes in health insurance coverage and how adolescents begin consenting for their own medical treatment when turn 18.

For healthcare providers using checklists during this time can help to assess the skills and knowledge of adolescents who are learning how to manage their own healthcare needs. The transition process also gives pediatric providers the opportunity to gather all relevant healthcare information for adult providers to successfully manage the care of adolescent patients, as they move from pediatric to adult care.

This guide offers a variety of tools and resources to help adolescents, parents/ caregivers, and healthcare providers through the healthcare transition process.



## Adolescent Healthcare Transition Tools

### TIMELINE FOR HEALTHCARE TRANSITION PLANNING

When a child is born, parents/caregivers immediately begin teaching skills to help their child succeed later in life. Below is a timeline to help plan for success managing healthcare needs as a child grows up.

<b>Table 1 Timeline for transition planning</b>	
<b>Age</b>	<b>Key Elements of Planning</b>
0–3 years	Encourage self-help with simple activities of daily living, seldom doing for children what they can do for themselves. Connect with early intervention programs in the community for help in assessing development and treating delays.
3–5 years	Assign children developmentally appropriate household chores and give them opportunities to interact with others in a variety of situations. Enroll children in preschool programs, such as Head Start.
6–8 years	Begin asking “What will you be when you grow up?”
8–10 years	Begin helping the child interact directly with health care providers and take responsibility for his or her own health care.
10–11 years	Provide career guidance with a focus on individual abilities and interests and how the disabilities might affect career choices. Connect with school system’s school-to-work program if available.
12 years	Provide adolescents with transition workbooks or other activities that can help them focus on their talents, likes, personality traits, supports, challenges, and self-awareness. Young people can then look to the future and develop the vision, goals, skill development expectations, resources, and supports needed to be successful in adulthood.
12–13 years	Consider helping young teens find a small paying or volunteer job.
13–14 years	Obtain written information about their state’s vocational rehabilitation programs and school-based transition programs.
14 years	Develop a transition plan to adult living, including health services.
14–18 years	Ask the teen what he or she wants to do as an adult and how he or she hopes to make it happen. Help the teen and parents determine the need for assistance with development of marketable skills and other transition issues.
18–19 years	One year before discharge from the pediatric health care system, help the adolescent identify an appropriate adult health care provider and plan for release and transfer of information to him or her.

*Data from Blomquist KB, Brown G, Peersen A, et al. Transitioning to independence: challenges for young people with disabilities and their caregivers. Orthop Nurs 1998;17(3):31.*

<http://illinoisap.org/wp-content/uploads/MedicalHomeTransitionPlanning.pdf>



## Adolescent Healthcare Transition Tools

### QUESTIONS FOR PARENTS STARTING TRANSITION PROCESS:

#### **DURING YOUR CHILD'S ADOLESCENT YEARS:**

- When does my child start to meet with you on their own for part of the visit to become more independent when it comes to their own health and health care?
- What does my child need to learn to get ready for adult health care? Do you have a checklist of self-care skills that my child needs to learn?
- Can I work with you to prepare a Medical Summary and Emergency Care Plan for my child?
- Before my child turns 18 and becomes a legal adult, what information about privacy and consent do we need to learn about? If my child needs help with making health decisions, where can I get information about this?
- At what age does my child need to change to a new doctor for adult health care?
- Do you have any suggestions of adult doctors for my child to transfer to?

### QUESTIONS FOR ADOLESCENT AND/ OR PARENT TO ASK:

#### **BEFORE MAKING THE FIRST APPOINTMENT TO A NEW ADULT DOCTOR:**

- Do you take my health insurance?
- Where is your office located? Is there parking or is it near a metro/bus stop?
- What are your office hours, and do you have walk-in times?
- What is your policy about making and cancelling appointments?
- If needed, can the new adult doctor help find adult specialty doctors?

#### **BEFORE THE FIRST VISIT TO THE NEW ADULT DOCTOR:**

- Did you receive my medical summary from the pediatric doctor? (If not, call the pediatric doctor to remind them to send the medical summary before your first visit to the new adult doctor.)
- What should I bring to the first visit?

For more information: <https://www.gottransition.org/youthfamilies/index.cfm>



## Adolescent Healthcare Transition Tools

### ASK ME 3 QUESTIONS AND CHECKLIST

#### Write Your Doctor's Answers to the 3 Questions Here:

**1** What is my main problem?

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**2** What do I need to do?

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**3** Why is it important for me to do this?

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#### Tips for Clear Health Communication

- ✓ Check off the ones you will try:
- I will ask the 3 questions.
- I will bring a friend or family member to help me at my doctor visit.
- I will make a list of my health concerns to tell my doctor or nurse.
- I will bring a list of all my medicines when I visit my doctor or nurse.
- I will ask my pharmacist for help when I have questions about my medicines.

Bring your medicines with you the next time you visit your doctor or pharmacist. Or, write the names of the medicines you take on the lines below.

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Like many people, you may see more than one doctor. It is important that your doctors know all the medicines you are taking so that you can stay healthy.

Taken from: The Institute for Healthcare Improvement/ National Patient Safety Foundation (IHI/ NPSF) Ask Me 3®



# Medical Summary and Emergency Care Plan

This document should be shared with and carried by youth and families/caregivers.

Date Completed:		Date Revised:	
Form completed by:			
<b>Contact Information</b>			
Name:		Nickname:	
DOB:		Preferred Language:	
Parent (Caregiver):		Relationship:	
Address:			
Cell #:	Home #:	Best Time to Reach:	
E-Mail:		Best Way to Reach: Text Phone Email	
Health Insurance/Plan:		Group and ID #:	
<b>Emergency Care Plan</b>			
Emergency Contact:		Relationship:	Phone:
Preferred Emergency Care Location:			
Common Emergent Presenting Problems		Suggested Tests	Treatment Considerations
Special Concerns for Disaster:			
<b>Allergies and Procedures to be Avoided</b>			
Allergies		Reactions	
To be avoided		Why?	
<input type="checkbox"/> Medical Procedures:			
<input type="checkbox"/> Medications:			
<b>Diagnoses and Current Problems</b>			
Problem		Details and Recommendations	
<input type="checkbox"/> Primary Diagnosis			
<input type="checkbox"/> Secondary Diagnosis			
<input type="checkbox"/> Behavioral			
<input type="checkbox"/> Communication			
<input type="checkbox"/> Feed & Swallowing			
<input type="checkbox"/> Hearing/Vision			
<input type="checkbox"/> Learning			
<input type="checkbox"/> Orthopedic/Musculoskeletal			
<input type="checkbox"/> Physical Anomalies			
<input type="checkbox"/> Respiratory			
<input type="checkbox"/> Sensory			
<input type="checkbox"/> Stamina/Fatigue			
<input type="checkbox"/> Other			







# Sample Medical Summary and Emergency Care Plan

## Six Core Elements of Health Care Transition 2.0

School and Community Information			
Agency/School	Contact Information		
	Contact Person:	Phone:	
	Contact Person:	Phone:	
	Contact Person:	Phone:	
Special information that the youth or family wants health care professionals to know			
<hr/>			
Youth signature	Print Name	Phone Number	Date
<hr/>			
Parent/Caregiver	Print Name	Phone Number	Date
<hr/>			
Primary Care Provider Signature	Print Name	Phone Number	Date
<hr/>			
Care Coordinator Signature	Print Name	Phone Number	Date

Please attach the immunization record to this form.



## Adolescent Healthcare Transition Tools

### HEALTHCARE TRANSITION CHECKLIST:

As you start to plan for adult health care, learn how to be healthy and about your medical condition needs. It takes practice to develop skills that lead to health independence. Below is a checklist that can help you plan for the future.

KNOWLEDGE	Yes /No/ Not Applicable	What do you want to learn? Who can help you learn? Other Thoughts?
I know my medical/ dental needs.		
I can explain each medical/ dental need to others.		
I can explain accommodations/ help I need at school/ work.		
I know my symptoms and when I need medical help.		
I can name my allergies to medicines and food.		
I can name all my medications or carry a list of my medications.		
I know the reason for each medication.		
I know the name and phone numbers of my health provider(s) or have them on a list.		
I know how each health provider helps me.		
I ask questions when I am at medical/ dental appointments.		
I know how my condition affects different activities (sports, driving etc.).		
I understand my mental health needs		
I know how alcohol, drugs, or tobacco might affect with my condition and medications.		
I know how my condition/ medications might affect sexuality and pregnancy.		



## Adolescent Healthcare Transition Tools

I can talk about my beliefs or customs and how they affect my health care decisions/ treatment.		
<b>BEHAVIORS</b>	<b>Yes/No/Not Applicable</b>	<b>What do you want to learn? Who can help you learn? Other Thoughts?</b>
I wear a medical alert bracelet for my conditions or allergies.		
I know who to contact for non-urgent medical needs (refills, questions etc.).		
I understand how to read a prescription.		
I can fill a prescription independently.		
I can make a medical/ dental appointment independently.		
I know where to go for emergency medical and/ or dental care.		
I am comfortable making major medical/ dental decisions.		
I communicate independently with my health providers during visits.		
I have met with my health provider alone for part of the visit.		
<b>ADHERENCE</b>	<b>Yes/No/Not Applicable</b>	<b>What do you want to learn? Who can help you learn? Other Thoughts?</b>
I know when to take my medications or treatments.		
I take my medications or treatments independently.		
I know why I need the medical treatment my provider is recommending.		
<b>INDEPENDENCE</b>	<b>Yes/No/Not Applicable</b>	<b>What do you want to learn? Who can help you learn? Other Thoughts?</b>
I know where I am going to live in the future.		



## Adolescent Healthcare Transition Tools

I know how I will pay for my living and health needs.		
I have an idea of what I want to do in the future in terms of continuing education or work.		
I have a way to get to medical/ dental appointments/ work/ classes.		
I have recreational activities or hobbies I enjoy.		
I have assessed the need for guardianship or help as an adult making decisions.		
<b>PLANNING FOR ADULT HEALTH CARE</b>	<b>Yes/No/Not Applicable</b>	<b>What do you want to learn? Who can help you learn? Other Thoughts?</b>
I have talked to my health provider about eventually transferring to adult care (practice/department policies).		
I have a plan for adult primary care.		
I have a plan for adult specialty care.		
I have a plan for adult dental care.		
I understand my current health insurance and how long I can keep it.		
I have a plan for adult insurance.		
I know about government benefits and programs that may be available to me as an adult. (SSI, SSDI, DRS waiver)		
I have a Medical Summary and it is up to date.		
I know and understand how consent and confidentiality changes when I turn 18.		
<b>TRANSFER OF CARE</b>	<b>Yes/No/Not Applicable</b>	<b>What do you want to learn? Who can help you learn? Other Thoughts?</b>
My medical records have been sent to an adult provider.		



Adolescent Healthcare Transition Tools

<b><u>Responsibility for Medical Needs</u></b>	<b>Caregiver Takes or Initiates Responsibility all the Time</b>	<b>Caregiver &amp; Adolescent Share Responsibility</b>	<b>Adolescent Takes or Initiates Responsibility All the Time</b>	<b>N/A or No One Takes Responsibility</b>
<b>Who Remembers AM Medications?</b>				
<b>Who Remembers PM Medications?</b>				
<b>Who Organizes Meds? (like pillbox etc.)</b>				
<b>Who Makes Sure Meds Taken Properly?</b>				
<b>Who Makes Sure There Is Enough Medication?</b>				
<b>Who Phones In Prescription Refills/ Reorders Supplies?</b>				
<b>Who Makes Clinic Appointments?</b>				
<b>Who Remembers Appointment Time?</b>				
<b>Who Remembers Labs Draws?</b>				
<b>Who Discusses Health Issues at Appointments?</b>				
<b>Who Phones RN/MD When Needs Arise?</b>				



## Adolescent Healthcare Transition Tools

**Goal:** GAIN THE KNOWLEDGE TO LIVE A HEALTHY LIFE WITH MEDICAL NEEDS

**Objective 1:** What are three facts about my medical condition?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Objective 2:** List all of my medications.

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**Objective 3:** What is the reason for each medication taken?

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**Objective 4:** Name four ways my medical condition may affect daily living and different activities likes sports, driving, working etc.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Objective 5:** Name signs and symptoms connected to my medical condition and allergies.

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**Objective 6:** Name medical providers, phone numbers, and how they help me.

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**Objective 7:** List the accommodations/ help needed at school and/or work.

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## Adolescent Healthcare Transition Tools

**Objective 8:** How might alcohol, drugs, and tobacco affect my medical condition and medications?

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**Objective 9:** How might my medical condition and medications affect sexuality and pregnancy?

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**Objective 10:** What religious or cultural beliefs and customs might affect health care decisions and treatment?

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### **Goal:** DEVELOP SKILLS TO TAKE CARE OF DAILY MEDICAL NEEDS

**Objective 1:** Develop a plan of care for daily living.

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**Objective 2:** Develop a plan of care for emergencies.

- Complete the Medical Summary and Emergency Care Plan.
- Obtain a copy or take a photograph of the front and back of the Health Insurance Card.

**Objective 3:** I know and understand how to consent for treatment and confidentiality when I turn 18.

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**Objective 4:** I have assessed the need for guardianship or help making adult decisions.

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## Adolescent Healthcare Transition Tools

**Objective 5:** I know the name and phone number of my health insurance and how long I can keep it.

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**Objective 7:** Where do I go when I need emergency care?

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**Objective 8:** What do I need to make a doctor's appointment?

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**Objective 9:** What do I need to fill a prescription?

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**Objective 10:** Learn how to read a prescription bottle and take the medicine as the doctor has written.

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**Objective 11:** I know how to talk to medical providers about medical needs using Ask Me 3 questions.

What is my main problem? \_\_\_\_\_

What do I need to do? \_\_\_\_\_

Why is it important for me to do this? \_\_\_\_\_

**Objective 12:** My doctor and I have a plan for primary and specialty adult care

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## Adolescent Healthcare Transition Tools

### **Goal:** DEVELOP A PLAN FOR INDEPENDENCE AND ADULT HEALTH CARE

**Objective 1:** I know where I am going to live and how I will pay for living and health needs, in the future.

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**Objective 2:** I know about government benefits and what programs are available as an adult.

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**Objective 3:** I have an idea about what I want to do for continuing education or work.

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**Objective 4:** I know how I will get to medical appointments, classes, and work.

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**Objective 5:** I have hobbies or activities I enjoy.

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**Objective 6:** I know what makes friendships and close relationship healthy and safe.

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## **ENVISIONING THE FUTURE**

**What are your hopes and dreams for the future?**

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**What do you do well? What are your talents?**

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**What are your goals for when you leave school?**

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**How do you plan to achieve this goal?**

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**What help do you need to achieve your goals?**

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**What else is important for you when thinking about your future?**

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## Adolescent Healthcare Transition Tools

### **HEALTHY TRANSITIONS MOVING FROM PEDIATRIC TO ADULT HEALTH CARE**

This website from New York State, created in 2006, offers resources for adolescents learning how to manage their healthcare needs. In particular, there are educational videos on various topics, including: Scheduling an Appointment; Speaking Up at Doctor's Office; Managing Medications; Keeping a Health Summary; and Setting Health Goals.

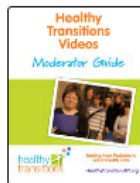
<http://healthytransitionsny.org/>

*Transition Skills Checklist*

- Scheduling an Appointment
- Getting Health Insurance
- Deciding About Guardianship
- Speaking up at the Doctor's Office
- Understanding Your Disability
- Managing Medications
- Keeping a Health Summary
- Looking Into Service Coordination
- Setting Health Goals
- Finding Community Resources

ABOUT GUIDES **VIDEOS** TOOLS

#### Videos - Moderator Guide



#### Scheduling an Appointment



Scheduling An Appointment



Scheduling Transportation



Paperwork at the Sign-in Desk



Is the doctor's office accessible?



Preparing for an IV or blood draw



Preparing for an operation



## Adolescent Healthcare Transition Tools

**MAKING A DOCTOR OR MEDICAL APPOINTMENT:** Whether you make an appointment once a year or feel sick and need to be seen, there are a few tools you need in order to make a doctor's appointment:

Begin with:

Things You Need Before Phoning:

- Doctor's Name and Telephone Number
- Your Health Insurance Card
- Calendar to write the information about the appointment
- Your Date of Birth
- Know the Reason for The Appointment:
  - General check-up
  - Annual physical
  - Sick visit -give information about the problem you are having
- Your insurance information including:
  - the name of the company
  - policy number (if the policy is under a parent/guardian know the name of the parent/guardian and their date of birth)
- The dates and times you and your parent/guardian are available to see the doctor

**Once you have this information:**

- Phone the doctor's office, give your name and the name of doctor you want to see
- Answer all questions you are asked. If you do not know an answer let the person know if there are questions you do not know the answer to.
- Ask if there is any additional information you need to bring to the appointment.
- Repeat back the information given to ensure you have the correct date and time for the appointment with the doctor
- Write the appointment in your calendar and in the calendar of your parent/ guardian

**ORDERING MEDICATION REFILLS:** Get a refill when you have at least one week's worth of medication left in the bottle. In order to refill your medication you need to know the following:

- Name and telephone number of your pharmacy
- Name of medication(s)
- Prescription number(s)
- Name of prescribing physician
- Current dosage
- When you would like to pick up the refills
- If there have been any changes to your health insurance carrier since your last refill
- If you have any new allergies



## Adolescent Healthcare Transition Tools

### HOW TO READ A PRESCRIPTION LABEL

<b>H</b>	<b>WARNINGS</b>	<b>A</b>	<b>Miss Member</b> 1111 Meadow Drive, Anywhere, RI 00000	<b>B</b>	<b>DATE: 01/01/2016</b>
	Take This Medication With Food.	<b>C</b>	<b>Metformin 500mg</b> IC Glucophage 500mg		
	This Drug May Impair The Ability To Drive Or Operate Machinery. Use Care Until You Become Familiar With Its Effects.	<b>D</b>	<b>TAKE 1 TABLET BY MOUTH UP TO 2 TIMES DAILY</b>		
	Do Not Take Other Medicines Without Checking With Your Doctor Or Pharmacist.	<b>E</b>	<b>RX 1234567-09</b>	<b>Rx</b>	
		<b>F</b>	QTY: 60 2 Refills 03/01/2016		
		<b>G</b>	<b>Your Pharmacy</b> 1111 State Road, Rhode Island 00000		

Look at the prescription label above, then draw a line from each letter to the item it matches on the bottle.

<b>A</b>	Instructions for taking the medication
<b>B</b>	Number of pills, refills, and date filled
<b>C</b>	Pharmacy contact information
<b>D</b>	Your name and address
<b>E</b>	Additional information or instructions
<b>F</b>	Medication name and strength
<b>G</b>	Prescription Number
<b>H</b>	Date prescription written by doctor

Source: <http://www.rhodeahead.com/medicare/learn/how-read-prescription-label>



## Adolescent Healthcare Transition Tools

### HEALTH INSURANCE COVERAGE

Health insurance pays for provider services, medications, hospital care, and special equipment when you're sick. Insurance also covers preventive health services, immunizations, mental/behavioral health services, and more. It can help you and your family stay healthy.

How do I get health insurance?

Things that affect how you get health insurance coverage include:

- Your age
- The state where you live
- Your income
- Your Employment status
- Whether your parents have private health insurance you can join or not
- Other personal situations

Things you need to know about your health insurance before you get care:

- Premium cost and how often to pay
- Yearly Deductible
- Co-payment for doctor visits and other medical services
- Percent you pay in co-insurance
- Cost of prescription medicine
- Understand the cost difference between seeing a provider IN-NETWORK and OUT OF NETWORK
- Know the maximum number of visits per year for services, like physical therapy or home care
- Understand insurance requirements to be allowed to see a specialist or go to the hospital

Below are a few health insurance words that will help you understand your health insurance coverage.

**Premium** is the amount you pay for your health insurance or plan. You, your employer, and/or your parents usually pay it monthly, quarterly, or yearly. It is not included in your deductible, your copayment, or your co-insurance.

**Deductible** is the amount you owe for health care services before your health insurance or plan begins to pay. For example, if your deductible is \$1,000, your health insurance will not pay anything except for preventive care until you've met your \$1,000 deductible.



## Adolescent Healthcare Transition Tools

**Co-payment** or copay is the amount you may be required to pay for a covered service. It is usually paid at the time you receive the service. For example you may pay \$25 every time you have a doctor visit.

**Co-insurance** is your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance in addition to the deductible.

**Network** is the hospitals, providers, and suppliers your health insurer has contracted with to provide health care services. Contracted providers are 'in-network' with your health insurance. Generally it costs less to see a provider who is 'in-network' than a provider 'out-of-network'. Check with your provider each time you make an appointment, so you can know how much you have to pay.

1. Ask your parent/ caregiver if you can talk with them about your health insurance coverage. Use the check list below to ask specific questions:

- How much is the health insurance premium and how often it is paid?
- What is the yearly deductible?
- Are there co-payments for doctor visits and other medical services? How much?
- Are there co-insurance costs? How much?
- What is the cost for prescriptions?

2. Ask if you can see the health insurance card and a bill if they have one. Using the health insurance card, see if you can check off the following items. Ask for help if you need it.

- The name of the health insurance company
- Member Name
- Member ID Number
- Group Number
- Telephone number for member services
- Telephone number for Pre-authorization
- Cost of prescription medicine

3. What have you learnt about health insurance coverage from talking with your parent/ caregiver?

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# Do You Understand Insurance?

## Learn Your Insurance Benefits

- Use providers who are in your network to be sure your insurance benefits will cover as much of the cost as possible.
- Begin to learn more about what services are covered by your insurance. Know your plan's deductible(s) and co-payments. This will be in your policy book.
- Always carry your own copy of your current insurance card.
- Find out if you need a referral from your primary care physician before you go to a new doctor or specialist.
- Find out if your insurance company will pay for your equipment to be fixed and/or replaced if necessary.
- Read about the appeal process in your policy book and use it when you think services have been denied in error.
- Before turning 18 years old, check what age your current plan coverage will end and apply for adult health insurance before your coverage ends.

## When Contacting Your Insurance Company, Be Ready to Provide:

- ✓ Your name
- ✓ Date of birth
- ✓ Identification number (on your insurance card)
- ✓ Relationship to the policyholder (self, child, parent, etc.)
- ✓ Policyholder's date of birth, address and phone number
- ✓ Date of service
- ✓ Reason you are calling
- ✓ If available, a reference number (on the EOB or letter from insurance)

## Keep Track of Insurance Information

- Keep track of phone calls with your insurance company. Write down the date, the number you called, who you talked to, what you talked about and what is going to happen next.
- Follow up to make sure issues/problems are resolved.
- Keep all insurance information where you can easily find it (folder or large envelope marked insurance). Save information, such as *Explanation of Benefit* (EOB) forms, eligibility and denial letters, and notices regarding a change in covered or excluded services, deductibles, co-payments or out-of-pocket expenses.





## Adolescent Healthcare Transition Tools

### Explore Adult Insurance Options

Before turning 18 years old, check what age your current plan coverage will end and apply for adult health insurance before your coverage ends.

**Employee Benefits - your own coverage:** Set career goals for gainful employment with health insurance coverage offered through employment.

**Employee Benefits - your parent's coverage:** The *Illinois Insurance Facts on Young Adult Dependent Coverage* web site ([http://www.insurance.illinois.gov/HealthInsurance/ya\\_dependent.asp](http://www.insurance.illinois.gov/HealthInsurance/ya_dependent.asp)) can help you figure out how long you can stay on your parents' policy and what the cost of coverage would be. Most plans carry all young adults up to age 26. Adults who are dependent on their parents for lifetime care and supervision may be able to stay on their parents' plan for longer. You can also call the **Illinois Department of Insurance** at **(877) 527-9431** to ask questions about health care coverage.

**Campus Health Plan:** College students may qualify for their school's insurance plan.

**Private Plan:** You may be able to purchase an individual plan from a health insurance company.

**Health Benefits for Workers with Disabilities:** If you have a disability and are working, you may qualify for this program. Visit <http://www.hbwdillinois.com> or call **1-800-226-0768** or **1-866-675-8440 (TTY)**.

**Medicare:** Individuals with certain disabilities who have received Social Security Disability Benefits for 24 months may be eligible for health insurance through Medicare. Call **1-800-MEDICARE (1-800-633-4227)** or go to [www.medicare.gov](http://www.medicare.gov).

**Medicaid:** Denali Care and Denali KidCare. Medicaid provides health coverage and long-term care services to low income Alaskans. There are two types of Medicaid:

#### **MAGI (Modified Adjusted Gross Income) Medicaid for:**

- Parent/Caretakers
- Expansion Adults
- Children under age 19 with or without insurance
- Adults age 19-21
- Pregnant Women

#### **Older Age and Disability related Medicaid for:**

- Seniors age 65 and older
- People with Blindness or other Disabilities
- Long Term Care
- Home and Community Based Waiver Recipients
- Working Disabled
- TEFRA for children with Disabilities at Home
- Medicare Premium Assistance

For more information about Alaska Medicaid visit:

<http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>



## Adolescent Healthcare Transition Tools

### Social Security Benefits Planner for Disability –How to Qualify

<https://www.ssa.gov/planners/disability/qualify.html#anchor7>

**Benefits for a Disabled Child:** A child under age 18 may be disabled, but we don't need to consider the child's disability when deciding if he or she qualifies for benefits as your dependent. The child's benefits normally stop at age 18 unless he or she is a full-time student in an elementary or high school (benefits can continue until age 19) or is disabled.

**Adults Disabled Before Age 22:** An adult disabled before age 22 may be eligible for child's benefits if a parent is deceased or starts receiving retirement or disability benefits. We consider this a "child's" benefit because it is paid on a parent's Social Security earnings record. The "adult child"—including an adopted child, or, in some cases, a stepchild, grandchild, or step grandchild—must be unmarried, age 18 or older, have a disability that started before age 22, and meet the definition of disability for adults.

**Example:** A worker starts collecting Social Security retirement benefits at age 62. He has a 38-year old son who has had cerebral palsy since birth. The son will start collecting a disabled "child's" benefit on his father's Social Security record.

It is not necessary that the adult child ever worked. Benefits are paid based on the parent's earnings record. An adult child must not have substantial earnings. The amount of earnings we consider "substantial" increases each year. In 2019, this means working and earning more than \$1,220 a month. In addition certain expenses the adult child incurs in order to work may be excluded from these earnings. For more information about work and disability, refer to [Working While Disabled: How We Can Help](#).

**What if the adult child is already receiving SSI benefits or disability benefits on his or her own record?** An adult child already receiving SSI benefits or disability benefits on his or her own record should still check to see if benefits may be payable on a parent's earnings record. Higher benefits might be payable and entitlement to Medicare may be possible.

**How do we decide if an adult 'child' is disabled for SSDI benefits?** If a child is age 18 or older, we will evaluate his or her disability the same way we would evaluate the disability for any adult. We send the application to the Disability Determination Services in your state that completes the disability decision for us.

**What happens if the adult child gets married?** If he or she receives benefits as an adult disabled since childhood, the benefits generally end if he or she gets married. However, some marriages (for example, to another adult disabled child) are considered protected. The rules vary depending on the situation. Contact a Social Security representative at **1-800-772-1213** (If you are deaf or hard of hearing, call TTY number at **1-800-325-0778**) to find out if the benefits can continue.

**To Apply for Benefits** telephone and request an appointment with Social Security at 1-800-772-1213. (If you are deaf or hard of hearing, call our TTY number at 1-800-325-0778.) Completing the [Adult Disability Report](#) and taking it to the appointment may help with processing the application quicker.



## Adolescent Healthcare Transition Tools

For more information about Healthcare Transition Resources visit:

<https://www.gottransition.org/resources/index.cfm#healthinsurance>

# Turning 18: What it Means for Your Health

Turning 18 may not make you feel any different,  
but legally, this means you are an adult.

## What does this mean?

- After you turn 18, your doctor talks to **you**, not your parents, about your health.
- Your health information and medical records are private (or confidential) and cannot be shared unless you give the OK.
- It is up to you to make decisions for your own health care, although you can always ask others for help.

## Things to know

- The confidentiality between you and your doctor is legally known as the Health Insurance Portability and Accessibility Act, or HIPAA.
- This law gives privacy rights to minors (people who are under age 18) for reproductive and sexual health, mental health, and substance abuse services. Check your state's minor consent laws for more information.

## What needs to be done?

- If you want to share medical information with others, your doctor will ask you to fill out a form that allows them to see your medical record.
- If you need help making decisions, talk to your family, your support team, or your doctor about who needs to be involved and what you need to do to make sure they can be a part of the conversations.

## Additional Resources

- If you know you need **extra** support managing your health or making decisions, the [National Resource Center for Supported Decision-Making](#) has information to connect you with resources in your state.

Created by Got Transition ([www.GotTransition.org](http://www.GotTransition.org))


search

Home
Divisions and Agencies
Services
News
Contact Us

Health and Social Services > Governor's Council on Disabilities and Special Education > Supported Decision-Making Agreement (SDMA)

## Supported Decision-Making Agreement (SDMA)



### SDMA Links & Resources

- > SDMA Home Page
- > Decision Makers, Supporters, and Family Guardians
- > Lawyers, Paralegals and Non-Lawyer Advocates
- > Policy Makers and the Alaska Court System
- > Public Guardians and Court Visitors
- > Service Providers and Care Coordinators
- > Students, Parents and Educators
- > SDMA Overview
- > Step-By-Step Training Videos
- > Contact Information



**Supported Decision-Making Agreement (SDMA)**  
from AlaskaDHSS Training  
 550 W 7th Ave, Suite 1230, Anchorage, AK 99501  
 Toll Free: 1 (888) 269-8990  
 Anchorage: (907) 269-8993  
 Fax: (907) 269-8995

### Governor's Council on Disabilities and Special Education

- Home
- About the Council
- Council Meetings
- Contact Council Staff

### Committees

- Early Intervention
- Education Committee
- Employment & Transportation
- Executive Committee
- Developmental Disabilities
- Legislative Committee

### Ad Hoc and Workgroups

- Autism
- FASD
- Medicaid
- Project SEARCH

**Supported Decision-Making Agreements** are written agreements that give people the help they need to make choices about their lives. These choices could be about where to live, what to do during the day, how to spend money, or when to see a doctor.

If you have an agreement, supporters can help you find out what choices you have and help you learn more about the choices you have made. They can find ways for you to try out different choices, to see how you feel and which ones you like. If you want them to, supporters can remind you of important dates and come with you to meetings or appointments. — [Read more about SDMA](#)



Service Providers and Care Coordinators



Decision-Makers, Supporters, and Family Guardians



Lawyers, Paralegals and Non-lawyer Advocates



Public Guardians and Court Visitors



Policy Makers and the Alaska Court System



Students, Parents and Educators

### Projects

- Alaska ABLE Plan
- Developmental Disabilities (DD)
- Shared Vision
- Disability Benefits 101 (DB101)
- Health
- Project SEARCH
- Self-Employment
- Supported Decision-Making Agreement (SDMA)
- Previous Projects

### Partners

- Center for Human Development
- Disability Law Center
- Division of Vocational Rehabilitation
- Mental Health Trust
- Peer Power
- Special Education Service Agency (SESA)

### Resources

- Publications
- Public Comment
- Disability History Exhibit
- Follow GCDSE on Twitter
- Connect with us on Facebook

### Stay Connected with Email or Text Subscriptions

- GCDSE General Announcements
- Autism
- Employment for People with Disabilities

For more information visit: <http://dhss.alaska.gov/gcdse/Pages/projects/SDMA/default.aspx>