


Children's Turning 18/21 Transition Action Plan

	Name of CDDP: Address: Phone/FAX: SC Name & Phone #:
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County of Origin:	Transition type: <input type="checkbox"/> T-18 <input type="checkbox"/> T-21
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Personal Information

Name:		Today's Date:	
DOB:	Age:	Gender:	
Provider Name:			Type:
Current Address:			Phone:

Family/Guardian Information

Parent/Next of Kin:		Relationship:	
Address:			Phone:
Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type:	Name:	
Address:			Phone:

Planning Meeting Dates:

Meeting	Scheduled date	Actual Meeting Date
Initial meeting (age 16.5)		
Follow Up (age 17)		
Follow Up/PCP mtg (age 17.3)		
SIS/SNAP Assessment (age 17.3)		
Follow Up (age 17.6)		
Follow Up (age 17.9)		
Adult Entry Mtg. (within 30 days prior of move)		

Planning Team: Initial Meeting Occurs Within 30 Days of Turning 17 yrs. Old

Team Members:	Name:	Phone	Mtg(s) Attended (✓) if present						
Parents/Family									
Guardian									
SPD Res Spec.									
CDDP SC									
Current Caregiver									
Other									
Other									
Other									
Other									

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Transition Action Plan

Objective	Activities to Meet Objective	Person Responsible	Completed?
1. DD Eligibility Determination begins discussion (begin at age 16.5)	a. Review Current Eligibility	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Complete Release of Info.	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Is Add'l testing needed?	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. Refer for Evaluation	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	e. SC Start/Request eligibility	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	f. DD eligibility determination <u>status reviewed</u> (age 17) *If completed, send copies to Kids SSI unit (Carol and Jay)	CDDP	Choose <hr/> Date Completed:
2. Intake/Referral: Open with Region (Age 16.5 – 17 yrs)	a. Schedule Mtg.	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Complete Referral	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> Date Completed:
3. Schedule initial T-18 Planning Mtg (16.5 yrs.)	a. Contact Participants	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Schedule Location	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Explore early placement options having openings in the immediate future—If yes, complete tasks for “Prior to 18 yrs old”	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> Date Completed:
4. Schedule all Follow Up & Person-Centered Planning Meeting(s) (Age 17.0 – 17.9) *The timetable for an early transition will be a case by case situation. Once early transition has been determined, teams should meet a min. of every two months.	a. Schedule all 1/4 mtg. (17)	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Date of 1/4 mtg. (17.3)	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Date of PCP meeting (17.3)	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. Date of 1/4 mtg. (17.6)	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	e. Date of 1/4 mtg. (17.9)	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> Date Completed:

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5. SNAP/SIS (Age 17.0 – 17.6) *SIS can take up to 3 months for meeting	a. Contact Region	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Invite Respondent Group	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Schedule Location	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. Send meeting reminder	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	f. Team to discuss with individual attendance at mtgs. and duration of attendance	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Date SNAP Comp:
			Date SIS Comp:
6. Rate Notification	a. Confirm Rates: SNAP: \$ SIS: \$	Region	Date SNAP confirmed: Date SIS confirmed:
	b. Current Residential rate for child: DD 142 (Kids Res)\$ DD 143 (Proctor) \$	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	c. Determine appropriate temporary rate prior to age 18 with region and SPD Regional Coordinator	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. Discuss w/ potential providers temporary rate and duration of rate when referring individual	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Legal Considerations	a. Discuss Guardianship and other legal matters	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	b. Coordinate with any legal system	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. Coordinate SSI eligibility w/ SSI kids unit (phone # 503-378-5352-Carol 503-378-5325-Jay) (Age 17)	a. Assure recent DD eligibility testing documents have been sent to SPD kids SSI unit (Carol/Jay)	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No Date Completed:
	b. Contact kids SSI unit to inquire about SSI eligibility status	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date Completed:

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Coordinate SSI eligibility cont...	c. Consult w/ SSI kids unit re: the Continuing Disability Review (CDR)	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No Date Completed:
	d. Consult w/ SSI kids unit re: documents needed for adult presumptive medical disability determination (PMDDT) <i>*Refer to SSI process handout</i>	CDDP/SPD Residential Specialist	<input type="checkbox"/> Yes <input type="checkbox"/> No Date Completed:
9. Referral Packets (Age 17.6)	a. In-county referral-send to region & county	Region or CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	b. Out of county referral-send to region & receiving county	Region or CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	c. List Providers contacted: 1. 2. 3. 4.	Region or CDDP	Verify receipt & status w/ Provider <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
	d. Determine if new development is needed. If yes, start referral process to CDDP & Region	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <hr/> Date Complete
10. Identify Potential Providers (Age 17.6)	a. Schedule screening (including location of mtg.)	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Notify participants	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Conduct Screening mtgs. <i>*If Prior to 18 move, Discuss any potential health or safety risks for individual referred and current housemates that are over 18 yrs—per ISP Addendum (SDS 4541)</i>	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. Follow up with potential providers (phone or email) <i>*Discuss rate details, effective as of individual's 18th Birthday</i>	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	e. Schedule visits at individual provider sites	CDDP or Current Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Identify Potential Providers cont...	f. Follow up with the person to inquire how visit went	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	g. Follow up with providers after visit to inquire how visit went	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	h. Confirm new development status, if applicable	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
			Date Completed:
11. Provider Identification Process	a. Confirm w/ Provider interest in supporting individual referred	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Send completed ISP Plan Addendum/Safety Assessment (SDS4541) and variance to SPD Licensing for review of potential health and safety risks	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. SPD Licensing approves/denies variance	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. If variance approved, Confirm acceptance of individual by receiving county CDDP	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	e. If variance approved, Confirm acceptance of individual and temporary rate by provider <i>*Temp rate is rate prior to turning 18 vs. long-term adult rate</i>	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	f. Confirm acceptance of placement identified by individual and/or guardian	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	g. Notify team of decision	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	h. Confirm DHS guardian completed criminal background checks on all adults living at proposed site- <i>per DHS/CW rule</i>	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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11. Provider Identification Process cont...	<p>j. Send memo to SPD Regional Coordinator of receiving region requesting permission for individual to be considered for early move & approval of funding (prior to age 18) to an adult site: <i>*cc: SPD County Relations Mgr.</i></p> <ul style="list-style-type: none"> • <i>CDDP managers of receiving and sending counties</i> • <i>SPD Children's Res. Mgr.</i> • <i>SPD Res. Spec.</i> <p><i>Children's & Adult Regional Crisis worker from receiving county/region</i></p>	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <hr/> Date Completed:
11a. Provider Identification Process	a. Confirm acceptance of individual by receiving county CDDP	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Confirm acceptance of individual and individual's rate by provider	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Acceptance by individual and/or guardian	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. Confirm DHS guardian completed criminal background checks on all adults living at proposed site- <i>per DHS/CW rule</i>	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <hr/> Date Completed:
12. Coordinate final transition activities into new program	a. Utilize transition/move planning document for outline of activities for successful transition	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Confirm authorization by ODDS County Relations that permission has been granted to move prior to age 18.	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Notify team & receiving county/region of approval for early transition—include copy of ODDS approval memo	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. Confirm Long-Term Funding (LTD) has been approved by sending Region	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No

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12. Coordinate final transition activities into new program cont...	e. Schedule entry/exit mtg. At new program site (17.9 yrs) Invite , at a minimum: <ul style="list-style-type: none"> • Individual in services • Family/Guardian • Old and New Providers • Receiving CDDP SC 	CDDP	<input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> Date Completed:
13. Submit Entry paperwork, payment documents	a. Submit 0337 to SPD Waiver & Enrollment Unit by sending CDDP	CDDP	Date Completed:
14. Foster Care Submit appropriate paperwork to assure provider payment process	a. <u>Submit the following paperwork to Foster Care Unit:</u> <ul style="list-style-type: none"> • <u>Foster Care Data Form</u> • <u>SNAP Summary pages, indentifying the specific start date</u> <i>*Assures medical card and R&B payment</i>	CDDP	Date Completed:
15. Adult Res (DD 50) Submit appropriate paperwork to assure provider payment process	a. Confirm SPD Residential Specialist submitted an exit form to SPD Contracts Unit	CDDP	Date Completed:
	b. Tier Notification letter sent to SPD Contracts Unit, SPD Regional Coordinator of receiving county, and receiving CDDP	CDDP	Date Completed:
	c. Receiving County creates eXPRS CPA	CDDP	Date Completed:
16. Submit Entry paperwork & Title XIX waiver (month of 18 th birthday)	a. Month of 18 th birthday, submit Title XIX waiver and 0337 to SPD Waiver and Enrollment Unit	CDDP	Date Completed: