587 – TRANSITION TO ADULTHOOD

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I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS CHP (CHP), and DES DDD (DDD) Contractors. This Policy is an optional resource for Fee-For-Service programs and is not a requirement for FFS providers. This Policy intends to strengthen practice in the System of Care (SOC) and promote continuity of care through collaborative planning by:

1. Supporting individuals transitioning into early adulthood in ways that reinforce their health and wellness.

2. Ensuring a smooth and seamless transition from the Children System of Care (CSOC) to the Adult System of Care (ASOC).

3. Fostering an understanding that becoming a stable and productive adult is a process that occurs over time and can extend beyond the age of eighteen.

II. DEFINITIONS

Refer to the AHCCCS ACOM and AMPM Dictionary for common terms found in this Policy.

III. POLICY

Transition to adulthood is a process that occurs over many years and varies depending on the individual. Working with families during transition planning and collaborating with the youth to identify their individual needs recognizes the diversity that is needed when accessing transition services and supports.

Often, youth who successfully transition to adulthood are those that acquire a set of skills and the maturational level to use these skills effectively. Transition planning can emphasize interpersonal skill training through a cognitive-behavioral approach to help youth develop positive social patterns, assume personal responsibility, learn problem-solving techniques, set goals, and acquire skills across various life domains. It is the responsibility of the behavioral health system to ensure young adults are provided with the supports and services they need to acquire the capacities and skills necessary to navigate through this transitional period to adulthood. The Contractor shall ensure that their subcontracted network of providers utilize the best practices outlined in this Policy for assisting youth in transitioning to adulthood.

Throughout this Policy, the term young adult is used to describe individuals who are engaged in transition-to-adulthood planning. This includes youth beginning at age 16, when transition planning is required to start, through early adulthood as they move into the adult behavioral health system.

The term is applied flexibly to reflect developmental needs rather than a single, fixed age range and aligns with current practice patterns in which children's providers may serve members up to age 22.

A. PROCEDURES

The Contractor shall ensure that clinical practice and behavioral health service delivery is individualized, strengths-based, and culturally responsive in meeting the needs of youth and their families. The planning for a youth's transition to adulthood involves a working partnership among team members in the Children's System of Care and the Adult System of Care. The Contractor and their subcontractors shall adhere to the procedures clearly specified in AMPM Policy 520, which require that transition planning begins when the youth reaches the age of 16. However, if the Child and Family Team (CFT) as well as the transition services at school or other supports (i.e. Vocational Rehabilitation) determines that planning should begin prior to the youth's 16th birthday, the team may proceed with transition planning earlier to allow more time for the youth to acquire the necessary life skills. For youth who are age 16 and older at the time they enter the Children's System of Care, planning shall begin immediately.

1. Transition to Adult Behavioral Health Services:
   a. Serious Mental Illness (SMI) Determination, If it is determined that the member has a qualifying SMI diagnosis or meets criteria for an SMI evaluation as outlined in AMPM Policy 320-P (e.g., request by the member, request by the Health Care Decision Maker, court order, or clinical indication), the Contractor and their subcontracted provider shall ensure that an SMI eligibility determination is initiated at 17.5 years of age and completed by a qualified clinician and determining entity, as specified in AMPM Policy 320-P, unless declined by the guardian. The SMI assessment and evaluation process may begin at 17.5 years of age; however, the SMI eligibility category does not become effective until the individual turns 18 years of age. If the youth is determined to be eligible for services as a person with an SMI, the adult behavioral health provider is expected to join the CFT or Adult Recovery Team (ART) and participate in the transition planning process. After obtaining permission from the Health Care Decision Maker (HCDM), it is the responsibility of the child's behavioral health service provider to contact and invite the adult behavioral health provider to upcoming planning meetings. The Contractor shall maintain a process for collaboration and coordination of care between the CFT or ART and the SMI service provider,
   b. General Mental Health (GMH). The young adult can request to retain their current team members and providers until the age of 21. When a young adult is transitioning to an adult behavioral health provider, it is important to establish coordination between the child and adult service delivery systems. This coordination shall be in place no later than four months prior to the transition. To meet the individualized needs of the young adult, a coordinated effort is required to identify the behavioral health provider staff who shall be coordinating service delivery, including the services that will be needed and the methods for ensuring payment for those services. The requirements for information sharing practices and eligible service funding are outlined in the following policies:
      i. Prior to releasing treatment information, behavioral health providers shall review and follow health record disclosure guidelines per AMPM Policy 940, and
      ii. If the young adult is not Medicaid eligible, services that can be provided under non-Medicaid funding shall follow Policy guidelines as specified in AMPM Policy 320-T1.

2. Transition Planning Considerations:
   a. When a young adult turns 18, the behavioral health provider shall be required to get updated treatment paperwork with the young adult's signature. Some examples include a new consent to treatment and authorizations for sharing protected health information with the team members that can continue as active participants in service planning,
   b. A new comprehensive assessment is not required at the time of transition from child to adult behavioral health services unless an annual update is due or there have been significant changes to the young adult's status that clinically indicate the need to update the assessment,
   c. Education for the young adult and their family regarding their changing roles and the changes they may experience as part of the transition to the Adult System of Care, and
   d. The Contractor shall ensure that its subcontracted network of providers:
      i. Evaluates the need for a referral to a family support partner or peer mentor to assist the youth and family in this transition,
      ii. Completes crisis and safety planning prior to the young adult's transition, when needed refer to AMPM Policy 320-O, and
      iii. Ensures that the young adult is aware of the type of crisis services that will be available through the Adult System of Care and how to access assistance when needed.

3. Personal Choice

   The Contractor shall ensure their subcontracted network of providers' support:
   a. Young adults in making informed decisions about their treatment, unless there is an appointed healthcare decision maker,
   b. Young adults in developing goals and identifying services and supports to meet their needs,
   c. Young adults' inclusion of supportive team members, including the previous HCDM, and any other identified natural supports,
   d. Young adults' decision to not authorize inclusion of family members in treatment plan or to prohibit family member access to medical records,
   e. Young adults in the acquisition of self-advocacy skills to assist them in learning how to speak and advocate on their own behalf as outlined in AMPM Policy 584,
   f. Young adults with information about how the behavioral health service delivery systems operate in accordance with the Arizona Vision, 12 Principles for Children Behavioral Health Service Delivery, and Nine Guiding Principles for recovery-oriented adult behavioral health services and systems as outlined in AMPM Exhibit 300-3,
   g. Young adults who have disclosed to the behavioral health service provider their self-identity as gay, lesbian, bisexual, or transgender, with best practices identified for the Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual (and/or Aromantic) (LGBTQIA+) community. This should include building community supports and pro-social activities as well as connections to providers that provide quality care specific to this population,
   h. Young adults in maintaining or building a support system, and
   i. Young adults in ways that align with the family's and young adult's cultural beliefs about this time of life transition.

4. Collaboration with System Partners

The Contractor shall ensure their subcontracted network of providers coordinates with all involved system partners to promote collaborative planning and seamless transitions. Child welfare, juvenile corrections, education, developmental disabilities, and vocational rehabilitation service delivery systems can provide access to resources specific to the young adults' needs within their program guidelines. Providers shall be knowledgeable about these programs and the resources that can be utilized to meet the unique needs of each transition-aged youth:

a. The school – The behavioral health providers are expected to collaborate with the education system. Preparing youth and their HCDM for the transition from secondary education to adult life. The contracted providers shall request individualized plans to assist with transition planning. The individualized plans include Education Career Action Plan (ECAP), 504 Plan, Transition Plan, and Summary of Performance (SOP). The behavioral health providers shall collaborate with the school to determine if a youth is eligible for a transition plan within their Individualized Education Program (IEP),
b. The Department of Child Safety (DCS) - For youth in the custody of DCS, behavioral health providers are expected to collaborate with DCS, refer to AMPM Policy 585 for additional information. The behavioral health providers shall work with DCS Specialist to determine if youth in foster care may be eligible for services through the Young Adult Program (YAP) and Transitional Independent Living Program (TILP),
c. The Department of Economic Security (DES) - Youth who have a disability, regardless of whether they are in Special Education, may be eligible for services through the Arizona Department of Economic Security Rehabilitation Services Administration (DES RSA) under a Vocational Rehabilitation (VR) program when transitioning from school to work. The behavioral health providers shall consider a VR referral and discuss within the CFT meetings. Youth with a documented disability may be able to access Pre-Employment Transition Services (Pre-ETS) through VR as early as age 14. The contracted providers may share referral procedures information with the youth and their families about Pre-ETS, and
d. Documentation Assistance – The behavioral health provider shall identify if there is a need to assist young adults and their families/caregivers in accessing or preparing necessary documentation, such as:
    i. Birth certificates,
    ii. Social security cards and social security disability benefit applications,
    iii. Driver's License or Identification cards,
    iv. Medical records including any eligibility determinations and assessments,
    v. Individualized Education Program (IEP),
    vi. Certificates of achievement, diplomas, General Education Development (GED) transcripts, and application forms for college,
    vii. Case plans for youth continuing in the foster care system,
    viii. Treatment plans,
    ix. Selective Service Registration,
    x. Voter Registration,
    xi. Documentation of completion of probation or parole conditions,
    xii. Guardianship applications,
    xiii. Advance directives, and
    xiv. Redeterminations of DDD Eligibility.

B. TRANSITION PLANNING

The length of time necessary for transition planning is relative to the youth's needs and ability to acquire the necessary skills to assume the responsibilities of adulthood. When planning for the young person's transition into adulthood and the adult behavioral health system, a transition plan that includes an assessment of self-care, independent living skills, behavioral health needs, social skills, work and education plans, earning potential, and overall stability shall be incorporated into the Service Planning. The Contractor shall ensure their subcontracted network of provider works in collaboration with the youth as outlined in AMPM Policy 583 to consider the following areas when transition planning:

1. Self-care and Independent Living Skills

   As youth approach adulthood, the acquisition of daily living skills becomes increasingly important. Providers shall assess self-care and independent living skills needs of each young adult and ensure that services and supports are provided to meet their needs.

2. Vocational/Employment

   In collaboration with the young adults, the team may identify vocational goals that lead to employment or other types of meaningful activities. The providers and involved system partners shall work together to prepare the young adult for employment or other vocational opportunities.

3. The service planning that addresses the youth's preparation for employment or other meaningful activities can include, but is not limited to:
   a. Utilizing career interest inventories or engaging in vocational assessment activities to identify potential career preferences, volunteer opportunities, or other meaningful activities,
   b. Identifying skill deficits and effective strategies to address these deficits,
   c. Determining training needs and providing opportunities for learning through practice in real world settings,
   d. Learning about school-to-work programs that may be available in the community and eligibility requirements,
   e. Developing vocational skills (such as building a resume, filling out job applications, interviewing preparation, use of online job sites, etc.),
   f. Learning federal and state requirements for filing annual income tax returns, and
   g. Giving opportunities for work experience in the community, whether it is through employment, volunteering, or internship experience, when the youth reaches the age of 14.

4. Postsecondary Education Considerations

   When postsecondary education is the goal for young adults, transition planning may include preparatory work in a number of areas, including, but not limited to:
   a. Matching the young adults' interests with the right school,
   b. Providing education to practice disability disclosure, and

c. Connecting the youth to the preferred schools and assisting with applications for scholarships or other financial aid.

If a reasonable accommodation may be needed, connect the young adult with the Disability Resource Centers from their preferred postsecondary institutions.

5. Medical/Physical Healthcare

The planning can include assisting the young adult with:

a. Transferring healthcare services from a pediatrician to an adult health care provider, if pertinent,
b. Applying for medical and behavioral health care coverage, including how to select a health plan and a physician,
c. Preparing an application for submission at age 18 to AHCCCS for ongoing Medicaid services,
d. Obtaining personal and family medical history (e.g., copies of immunization records, major illnesses, surgical procedures),
e. Information on advance directives, as indicated in the AMPM Policy 640,
f. Methods for managing healthcare appointments, keeping medical records, following treatment recommendations, and taking medication,
g. How to identify healthcare concerns, address questions during appointments, and consult with doctors regarding diagnosis, treatment, and prognosis, and
h. Assuming responsibility for understanding and managing the symptoms of their mental illness and obtaining knowledge of the benefits, risks, and side effects of their medication.

6. Living Arrangements

The youth may require ongoing planning and evaluation of their ability to live independently, identify the level of community supports needed, and match the type of living environment to their individual personality and preferences. This planning and evaluation shall include review of the most integrated and least restrictive environment or setting to best support the young adult in community living. If needed, the team shall assist the young adult with completing and filing applications for public housing or other subsidized housing programs.

The youth receiving treatment in an Arizona Behavioral Health Inpatient Facility (BHIF) at the time they turn age 18 can continue to receive residential services if they continue to require treatment and give their consent.

The licensed residential agencies may continue to provide behavioral health services to individuals aged 18 or older in accordance with AAC R9-10-318(B), as enforced by the Arizona Department of Health Services:

a. If the person was admitted to the BHIF before their 18th birthday, is not 21 years of age or older, and is completing high school or a high school equivalency diploma or participating in a job training program; or
b. Through the last day of the month of the person's 18th birthday.

7. Financial

   Together, the team should review and update any federal and/or state financial forms to reflect the young adult's change in status to ensure there is no disruption in healthcare or financial assistance services. This could include applying for food stamps, housing, or other emergency assistance. Youth, who are eligible for Social Security Income (SSI)/Social Security Disability Insurance (SSDI) benefits as a child, shall have a disability redetermination during the month preceding the month when they attain age 18.

   The planning considerations may include, but are not limited to:
   a. Setting up a simple checking and/or savings account to learn how it can be used to pay bills, save money, and keep track of transactions,
   b. Identifying weekly/monthly expenses that occur (such as food, clothes, school supplies, and leisure activities) and determining the monetary amount for each area,
   c. Learning how to monitor spending and budget financial resources,
   d. Education on how credit cards work and differ from debit cards, including an understanding of finance charges and minimum monthly payments,
   e. Understanding the short- and long-term consequences of poor financial planning (e.g., overdrawn account [Non-Sufficient Funds fee], personal credit rating, eligibility for home and/or car loans, potential job loss), and
   f. Assisting members in learning about the incentives for work and how working income may affect SSI/SSDI benefits.

8. Legal Considerations

   The transition planning that addresses legal considerations needs to begin before the youth turns age 18 to ensure the young adult has the necessary legal protection upon reaching the age of majority. This is important to prevent any delays of medically necessary services that would require consent to treatment. This can include the following:
   a. Guardianship,
   b. Conservator,
   c. Special needs trust,
   d. Supported Decision Making, and
   e. Advance directives (e.g., living will, powers of attorney).

   Refer to the Disability Rights Arizona's Legal Options Manual for access to information and forms.

9. Transportation

   When transitioning to the adult behavioral health system, providers shall educate the family and young adult on the transportation options available through the adult service delivery system to support the young adult's continued attendance at behavioral health treatment appointments

C. TRAINING AND SUPERVISION RECOMMENDATIONS

1. The Contractors shall ensure:
   a. The providers are trained and understand how to implement the requirements outlined in this Policy,
   b. Whenever this Policy is updated or revised, provider agencies are notified and staff responsible for planning for transition aged youth are retrained on the changes,
   c. Documentation demonstrating that all required provider staff have been trained in this Policy can be provided to AHCCCS upon request, and
   d. In alignment with AAC R4-6-212 Clinical Supervision Requirements, the supervision of this Policy is to be incorporated into other supervision processes provider agencies have in place for direct care clinical staff.