

TRANSITION PLAN
and
INDIVIDUAL HEALTH TRANSITION PLAN
Resident's name

When a potential living option that best meets the resident's needs is introduced, a transition planning meeting (TPM) is held to begin the development of the Transition Plan. Drawing from the resident's IPP, observations from the resident's involvement in the exploration stages and the visits with the service provider, the team prepares and documents a Transition Plan that addresses the support needs throughout the transition experience, identifies the resources and services that will be available upon placement with the living option, and designs a process of transitioning the resident from the current residence to the future living option.

This is a progressive document that will be introduced at the TPM. It may be revised by the team throughout the implementation of the plan. The information included within this document represents information from assessments, reports and interviews that form the basis of the Transition Plan. Additional reports and documents may supplement this plan for more detail.

An individualized health transition plan (IHTP) will be developed by the planning team. The IHTP will provide specific information on how the resident's health needs will be met and the health transition services that will be provided. For resident transitioning to an Adult Residential Facility for Persons with Special Health Care Needs (ARFPSHN), as defined in Section 4684.50 of the Welfare and Institutions Code, the need for the ARFPSHN must be specified in the resident's IPP and an individual health care plan (IHCP) will be developed to identify and document the health care and intensive support service needs of the resident. The IHCP must be prepared and fully and immediately implemented upon the resident's placement.

Once the Transition Plan has been implemented, the IHTP (and IHCP for individuals transitioning to an ARFPSHN) has been developed, a Transition Review will be held. The purpose of this meeting is to review the results of the Transition Plan implementation, the response of the resident to the transition activities and to ensure all areas of concern or questions have been addressed. The Transition Review will occur no less than 15 days prior to the planned move. If the team identifies significant unresolved issues, a plan for resolving the situation will be developed and if necessary, the move will be postponed pending the resolution of the issues.

This Transition Plan and IHTP document will be completed at the Transition Review meeting, and made available to the future service provider upon the individual's placement at the living option. It is intended to be used as a reference for the most current and applicable information about the individual's preferences, needs, and effective strategies, promoting continuity of care and a smooth transition to the new living option. Additionally, it will serve as resource for the follow-up services and post-placement monitoring.

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The document contains the following sections:

- A. CONTACTS**
- B. SNAPSHOT OF PERSONAL AND PHYSICAL SUPPORTS**
- C. PERSONAL PREFERENCES**
- D. SOCIAL / BEHAVIOR SUPPORT**
- E. MOBILITY / ENVIRONMENTAL CONSIDERATIONS**
- F. MEDICAL SUPPORT**
- G. HEALTH CARE CONDITIONS**
- H. DIETARY / NUTRITIONAL SUPPORT**
- I. MEDICATIONS / TREATMENTS / SUPPLEMENTS**
- J. EXAMS / EVALUATIONS / APPOINTMENTS**
- K. MEDICAL EQUIPMENT NEEDS**
- L. MEDICAL / HEALTH SUPPLY NEEDS**
- M. ACTIVITIES OF DAILY LIVING**
- N. PROGRAMS**
- O. FINANCIAL INFORMATION**
- P. PERSONAL PROPERTY**
- Q. SUMMARY**
- R. MEETINGS**

The contents of this document may be detailed more specifically in other processes, such as:

INDIVIDUAL PROGRAM PLAN by resident and the ID team

TRANSITION ACTIVITIES worksheet used by the Regional Project

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Name			
UCI #	Program / Residence	Legal status	<input type="checkbox"/> 6500 <input type="checkbox"/> HOP <input type="checkbox"/> CAMR <input type="checkbox"/> LPS <input type="checkbox"/> Voluntary
Date of birth	Level of care		
Gender	Date of last IPP		

A. CONTACTS

Regional Center	
Service Coordinator	Phone Email
Regional Project Transition Coordinator	Phone Email
Residence Manager	Phone Email
Social Worker	Phone Email
Individual Program Coordinator Minimum Data Set Coordinator	Phone Email
Physician	Phone Email
Authorized Representative and/or Conservator(s) <i>(specify)</i>	Phone Email Address
Family member(s) <i>(specify relationship)</i>	Phone Email Address
Advocate	Phone Email Address
Service Provider <i>(specify type of living option)</i>	Phone Email Address
Administrator	Phone Email
Lead staff	Phone Email
Physician	Phone Email
Dentist	Phone Email

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Dietician	Phone Email
Other (specify)	Phone Email
Other (specify)	Phone Email
Other (specify)	Phone Email
Day or work program service provider <i>(specify type of program)</i>	Phone Email Address
Administrator	Phone Email
Lead staff	Phone Email
Other (specify)	Phone Email

B. SNAPSHOT OF PERSONAL AND PHYSICAL SUPPORTS

Summarize the most relevant support needs, which will be additionally referenced in later sections of the Transition Plan to develop actions to prepare for the future living option.

S/he communicates by:
S/he ambulates by:
S/he eats by:
S/he receives the following personal support on a regular basis:
S/he uses the following equipment on a regular basis:

C. PERSONAL PREFERENCES

Discuss and document the personal preferences and method of communication and develop a plan of action to prepare for the future living option.

Personal Preferences	Source(s) of information	Action(s) needed to prepare for the future living option	Completion date(s)
The following people are in his/her life:			

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Personal Preferences	Source(s) of information	Action(s) needed to prepare for the future living option	Completion date(s)
S/he enjoys having the following things available:			
S/he communicates by:			
His/her preference for communication from others is:			

D. SOCIAL / BEHAVIOR SUPPORT

Discuss and document the current social skills and behavior support needs and develop a plan of action to prepare for the future living option.

Social / Behavior	Source(s) of information	Action(s) needed to prepare for the future living option	Completion date(s)
General description of interpersonal behavior/skills:			
Current behavior plans and/or training:			
Antecedents that may present a risk for behaviors:			
Behaviors that may require additional support:			
Additional supports that may be effective:			
Indications that s/he is comfortable and/or content:			
S/he should be introduced to the following people:			

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Social / Behavior	Source(s) of information	Action(s) needed to prepare for the future living option	Completion date(s)

E. MOBILITY / ENVIRONMENTAL CONSIDERATIONS

Discuss and document the current mobility and environmental considerations and develop a plan of action to prepare for the future living option.

Mobility / Environmental	Source(s) of information	Action(s) needed to prepare for the future living option	Completion date(s)
General description of mobility abilities and/or environmental support needs:			
Alerts:			

F. MEDICAL SUPPORT

Discuss and document the current health status and medical conditions. If a change in medical support is required for the transition, specify the change and develop a plan of action.

Medical	Source(s) of information	Action(s) needed to prepare for the future living option	Completion date(s)
General description of health status:			
Medical alerts and/or risks:			

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Medical	Source(s) of information	Action(s) needed to prepare for the future living option	Completion date(s)
History of hospitalizations:			
History of serious injuries:			
Current medical conditions / treatments:			
Allergies (<i>medications, food, seasonal, or environmental</i>):			
Physician recommendation:			
Dental recommendation:			

Height	Date	Weight	Date	Age	Date
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G. HEALTH CARE CONDITIONS

Discuss and document the current health care conditions. If a change in the health care plan is required for the transition, specify the changes and develop a plan of action.

Health Care Condition	Health Care Plan required?	Specify change(s)	Responsible party	Completion date

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Health Care Condition	Health Care Plan required?	Specify change(s)	Responsible party	Completion date
Emergency considerations (<i>if there are any, specify plan of action</i>)				

H. DIETARY / NUTRITIONAL SUPPORT

Discuss and document the current diet as ordered by the physician, including nutritional needs and food consistency. If a change in the health care plan is required for the transition, specify the changes and develop a plan of action.

Dietary / Nutritional	Plan required?	Specify change(s)	Responsible party	Completion date
Diet order:				
Alerts / restrictions:				
Preferences:				

I. MEDICATIONS / TREATMENTS / SUPPLEMENTS

List any/all medications, treatments, and supplements as ordered by the physician, including indications for the medication and specifications for administration.

Type	Dose/Frequency	Indication/Purpose	Method of administration

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Type	Dose/Frequency	Indication/Purpose	Method of administration
Medication titration (<i>if any are currently being titrated, specify the plan</i>):			
Pain management:			
Alerts:			

J. EXAMS / EVALUATIONS / APPOINTMENTS

Discuss and document the most recent examinations/evaluations and findings for each of the following specialists. Identify any/all upcoming appointments and develop a plan to ensure continuity of care.

Type of exam/evaluation	Date of most recent appointment	Findings	Date of recommended follow-up appointment
Physical exam			
Dental exam			
Neurology			
Psychiatry			
Audiology/Speech			
Eye			
Lab work (<i>specify</i>)			
Sedation recommendations (<i>if any, specify the type</i>)			

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K. MEDICAL EQUIPMENT NEEDS

List any/all medical equipment needed for medical and health care and develop a plan of action for each of the items.

Type of equipment	Serial or model number	Source of equipment currently in use	Action needed to prepare for the future living option	Completion date

L. MEDICAL / HEALTH SUPPLY NEEDS

List any/all supplies needed for medical and health care, including the quantity used on a regular basis. Determine the quantity to be provided to the individual upon placement with the future living option.

Type of supplies	Specifications/Detail	Quantity needed per 24 hour period	Quantity to be provided upon placement

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Type of supplies	Specifications/Detail	Quantity needed per 24 hour period	Quantity to be provided upon placement

M. ACTIVITIES OF DAILY LIVING

Discuss and document his/her abilities and support needs for each activity of daily living. Develop a plan of action to prepare for the future living option.

Activities of Daily Living	Current status and support needed for as much independence as possible	Source(s) of information	Action(s) needed to prepare for the future living option	Completion date(s)
Grooming				
Oral hygiene				
Eating/Dining				
Dressing				
Bathing <i>(specify type)</i>				
Toileting				
Household				
Sleeping				
Transferring <i>(specify method)</i>				
Other				
Other				

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N. PROGRAMS

Discuss and document the current programming needs and develop a plan of action to prepare for the future living option.

Programs	Source(s) of information	Action(s) needed to prepare for the future living option	Completion date(s)
General description of leisure plans:			
General description of current work/day/school program:			
Other things s/he likes to do:			
Money earned and/or spending pattern:			
Additional training needs:			

O. FINANCIAL INFORMATION

Insert current financial and pertinent legal information.

Benefits	Number/Specify	Benefits	Monthly amount
MEDI-CAL		SSI	
MEDICARE		SSA	
MEDICARE D		Savings I	
Health Insurance Carrier		Savings II	
Legal Status		Current Trust Balance	
Current Representative Payee:			
After Placement Representative Payee:			
Burial Plan:			
Amount needed upon placement:			

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P. PERSONAL PROPERTY

List any/all of the individual's personal items and develop a plan of action for each of the items.

Type of property	Serial or model number	Source of property currently in use	Action needed to prepare for the future living option	Completion date

Q. SUMMARY

Summarize the team discussion regarding any items not addressed in other areas:

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Summarize the team discussion regarding whether the living option meets the individual's needs:

When all items have been resolved and questions have been answered, the consensus of the ID team will be documented in the INDIVIDUAL PROGRAM PLAN.

Summarize next steps:

The actions to prepare for the future living options should be reviewed, and specific activities in need of coordination should be identified. The Regional Project will coordinate and track the completion of these items on the TRANSITION ACTIVITIES worksheet.

R. MEETINGS

List any/all meetings scheduled to develop, revise, and review the Transition Plan

Type of meeting	Participants	Projected date	Actual date
Transition Planning Meeting			
Transition Review Meeting <i>(No less than 15 days prior to the date of placement)</i>			