

## **CURRENT ASSESSMENT OF HEALTH CARE TRANSITION ACTIVITIES IN CARE COORDINATION PROGRAMS**

### **1. Transition Policy**

- Level 1.* The care coordination program has no uniform approach or written policy that it shares with YSHCN and families on HCT.
- Level 2.* Care coordinators follow a similar, but not a written policy that it shares with YSHCN and families on HCT.
- Level 3.* The care coordination program has a written HCT policy that describes its HCT approach, legal changes that take place in privacy and consent at age 18, and the age when Title V eligibility ends. The HCT policy is not consistently shared with youth and families.
- Level 4.* The care coordination program has a written HCT policy that describes its HCT approach, legal changes that take place in privacy and consent at age 18, and the age when Title V eligibility ends. Care coordinators consistently share and discuss the HCT policy with all YSHCN and families beginning at ages 12 to 14. The policy is publicly posted and used by all care coordinators.

### **2. Transition Tracking and Monitoring**

- Level 1.* Care coordinators vary in the identification of transition-age YSHCN, but most wait close to the age of transfer to prepare youth for HCT.
- Level 2.* Care coordinators use patient records to document certain relevant HCT information (e.g., adult doctor information, date of transfer to adult doctor).
- Level 3.* The care coordination program uses an individual transition flow sheet or registry for identifying and tracking a subset of transition-age YSHCN, ages 14 and older, as they complete some but not all the Six Core Elements of HCT.
- Level 4.* The care coordination program uses an individual transition flow sheet or registry for identifying and tracking all transition-age YSHCN, ages 14 and older, as they complete all the Six Core Elements of HCT, using an EHR if possible.

### **3. Transition Readiness**

- Level 1.* Care coordinators vary in whether they assess HCT readiness/self-care skills.
- Level 2.* Care coordinators assess HCT readiness/self-care skills, but do not consistently use a HCT readiness assessment tool.
- Level 3.* Care coordinators assess HCT readiness/self-care skills using a HCT readiness/self-care skill assessment tool.
- Level 4.* Care coordinators consistently assess and re-assess each year HCT readiness/self-care skills beginning at ages 14 to 16, using a transition readiness/self-care assessment tool.

### **4. Transition Planning**

- Level 1.* Care coordinators vary in whether they include goals and action steps related to HCT in the plan of care for YSHCN.
- Level 2.* Care coordinators consistently include goals and action steps related to HCT for YSHCN, but vary in addressing privacy and consent changes that take place at age 18 and, if needed, decision-making supports for adult-focused health care.
- Level 3.* Care coordinators consistently include goals and action steps related to HCT for YSHCN based on the results from a HCT readiness/self-care assessment tool. Care coordinators consistently address privacy and consent changes that take place at age 18 and, if needed, decision-making supports for adult-focused health care. This plan of care is regularly updated.
- Level 4.* The care coordination program has incorporated HCT into its plan of care template for all YSHCN. Care coordinators consistently include YSHCN goals and action steps related to HCT based on the results from a HCT readiness/self-care assessment tool. Care coordinators consistently address privacy and consent changes that take place at age 18 and, if needed, decision-making supports for adult-focused health care. This plan of care is regularly updated and shared with YSHCN and families.

## **5. Transfer of Care**

- Level 1.* Care coordinators vary in whether they give YSHCN and families a list of adult providers. They rarely share plans of care with HCT information to adult providers for their transitioning YSHCN.
- Level 2.* Care coordinators consistently give YSHCN and families a list of adult providers and share the plan of care, including HCT information to the adult provider(s) for transitioning YSHCN.
- Level 3.* The care coordination program is actively involved in outreach to identify potential adult providers for transitioning YSHCN. Care coordinators share the plan of care with HCT information to the adult provider(s) for their transitioning YSHCN.
- Level 4.* The care coordination program is actively involved in outreach to identify potential adult providers for transitioning YSHCN. Care coordinators consistently share the plan of care with HCT information for YSHCN transferring to the adult provider(s). In addition, care coordinators routinely communicate with adult providers to ensure information was received and transfer was completed.

## **6. Transition Completion**

- Level 1.* Care coordinators vary in whether they follow-up with YSHCN and parents/caregivers about the HCT support provided by the care coordination program.
- Level 2.* Care coordinators consistently encourage YSHCN and parents/caregivers to provide feedback about the HCT support provided by the care coordination program, but do not use a specific HCT feedback survey.
- Level 3.* Care coordinators consistently obtain feedback from YSHCN and parents/caregivers using a HCT feedback survey.
- Level 4.* The care coordination program uses the results from its HCT experience survey as part of its transition performance measurement for the Title V block grant reporting.

## **7. Youth and Family Engagement**

- Level 1.* The care coordination program offers general information about HCT to YSHCN and parents/caregivers, but has limited involvement of YSHCN and parents/caregivers in Title V HCT program development and evaluation.
- Level 2.* The care coordination program, in addition to its HCT education efforts with YSHCN and parents/caregivers, has trained YSHCN and parents leaders about the Six Core Elements of HCT.
- Level 3.* The care coordination program offers HCT education to YSHCN and parents/caregivers, has trained YSHCN and parent leaders about the Six Core Elements, and involves them in Title V program development and evaluation on HCT.
- Level 4.* The care coordination program offers HCT education to YSHCN and parents/caregivers and involves YSHCN/parent HCT leaders, knowledgeable about the Six Core Elements, in statewide efforts to advance HCT improvements.

*Adapted by Got Transition from the Current Assessment of Health Care Transition Implementation, a measurement tool used to monitor implementation of the Six Core Elements of Health Care Transition.*