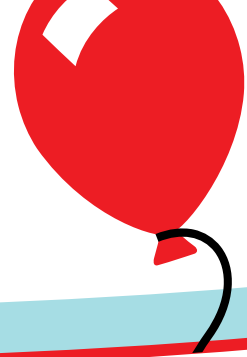


Balloon Notes

Transitioning to Adult Care



Dear Patient and Family,

The health care transition from being a teen to a young adult is both challenging and exciting. During this transition, our teen patients will reach a time when they are best cared for by doctors that focus on adult health care. This transition from pediatric to adult health care typically occurs when our patients are between the ages of 18 and 21.

Your Children's Health Care Team will help you and your family make a transition plan during visits. This plan may include:

- Building knowledge and skills about medical conditions and wellness
- Determining who will make medical decisions
- Having health insurance and ways to pay for health care
- Making goals for the future.

We will talk with you and your family about the timing of the move from pediatric to adult health care. When it is time to move to adult health care, your Children's Health Care Team will help transfer care, including:

- Finding a new adult doctor
- Sending medical records to this new adult doctor
- Talking to this new adult doctor about health needs.

At the age of 18, teens become legal adults and will be expected to be more responsible for their care. This includes making medical decisions and signing consents to give permission for medical treatment. Permission is also needed for the care team to share an adult's personal health information with family or friends. Without the young adult giving permission, we will not be able to talk to family or friends about their health care. We can help these patients and families learn about other options or legal tools for decision-making.

Your Children's Health Care Team wants you and your family to be ready for this transition to adult care and is here to help. Please contact us if you have any questions or concerns.

**Best Wishes,
Your Children's Health Care Team**

Balloon Notes

About Health Care Transition



Health care transition is the move from child, or pediatric, health care to adult health care. Below is a list to help plan for your health care transition.

1. Build knowledge about health, medical conditions, and wellness. This can begin early and includes learning:
 - Medical condition, medications, and medical history.
 - Healthy wellness habits including diet, exercise, and sleep.
 - Skills to help manage your health such as how to call for a medical visit, how to fill a prescription, and what to do in an emergency.
2. Determine who will make medical decisions.
 - At the age of 18, a teen becomes a legal adult.
 - An adult is responsible for making medical decisions such as signing consents to give permission for medical treatment and deciding who knows about personal health information.
 - If a child will not be able to make medical decisions as an adult, another decision-making option or legal tool must be in place.
 - Examples of other options or legal tools for decision-making could include guardianship, supported decision making, or medical power of attorney.
3. Find and transfer care to an adult doctor.
 - Talk with your pediatric doctor about when a new adult doctor is needed.
 - Contact your health insurance company to help find new adult doctors.
 - Ask pediatric doctor to talk with new adult doctor as care is transferred.
4. Have health insurance and ways to pay for health care.
 - Contact your health insurance company to find out when your health insurance will change and options for future health insurance.
 - Select new health insurance that will cover the costs of medical needs.
5. Make goals for the future.
 - Think about options for school or work.
 - Include goals for adulthood, independence, and future living situations or arrangements.

Helpful Websites for Health Care Transition

Medical Conditions and Wellness:

- *Centers for Disease Control and Prevention: www.cdc.gov/DiseasesConditions
- *KidsHealth: www.kidshealth.org
- *MedlinePlus: www.medlineplus.gov/childrenandteenagers.html
- WebLitLegit: www.safercaretexas.org/weblitlegit

Medical Decision Making:

- *Advance Directives: <https://hhs.texas.gov/laws-regulations/forms/advance-directives>
- *The Arc of Texas: www.thearcoftexas.org/alternatives-to-guardianship/
- *Disability Rights Texas: www.disabilityrightstx.org
- *Texas Council for Developmental Disabilities: www.tcdd.texas.gov/resources/guardianship-alternatives/
- Texas Law Help: www.texaslawhelp.org

Health Insurance:

- *Health Insurance Marketplace: www.healthcare.gov
 - *Medicare: <https://www.medicare.gov/>
 - *Supplemental Security Income: www.ssa.gov/ssi
 - *Texas Department of Insurance: <https://www.tdi.texas.gov/>
 - *Texas Health and Human Services: <https://hhs.texas.gov/services/health/medicaid-chip>
 - *Texas Health Insurance Premium Payment (HIP): www.gethipptexas.com
 - *Texas Health Options: www.texashealthoptions.com
- A Roadmap to Better Care and a Healthier You (Booklet):
www.marketplace.cms.gov/outreach-and-education/downloads/c2c-roadmaps.pdf

Future Planning:

- Going to College: www.going-to-college.org
- *Federal Student Aid: www.studentaid.ed.gov
- Texas Education Agency (TEA): www.tea.texas.gov
- *Texas Project First: www.texasprojectfirst.org
- Texas Transition: <https://www.texastransition.org/>
- *Texas Workforce Commission: www.twc.texas.gov
- *Think College!: www.thinkcollege.net
- *U.S. Department of Education: www.ed.gov

Programs and Foundations:

- *Got Transition/Center for Health Care Transition: www.gottransition.org
- *Navigate Life Texas: www.navigatelifetexas.org
- *Partners Resource Network: www.prntexas.org/texas-ptis/path-project/
- *Texas Department of State Health Services – *Children with Special Health Care Needs*:
www.dshs.texas.gov/mch/cshcn.aspx
- *Texas Parent to Parent: www.txp2p.org

For more resources visit: www.childrens.com

***Websites available in Spanish**

Medical Decision Making and Health Care Rights



For the Teens and Young Adults

Before the age of 18, your parents work with your healthcare team and make medical decisions for you. On your 18th birthday, you become an adult. As an adult, you will work with your healthcare team and be in charge of making decisions about your healthcare. As an adult, you will:

- Sign a **consent** for medical treatment. This consent gives your healthcare team the permission to care for you and share your health information, or **PHI**, with others who are involved in your healthcare.
- Decide if you want your family members or friends to know your health information. Your health information is protected and private under the **HIPAA** privacy rule. If you want your healthcare team to share your health information with your family members or friends, you will sign a **release of information**.
- Sign an **advanced directive** about your future care. If you are interested in information about advanced directives, ask your healthcare team, social worker, or chaplain.

For the Parents and Caregivers

On your teen's 18th birthday, they become an adult. As an adult, they will begin to work with their healthcare team and be in charge of making decisions about their healthcare. Your young adult will sign a **consent** for medical treatment and decide who their healthcare team to share their health information, or **PHI**, with.

Your young adult will also sign a **release of information**. This release lets the healthcare team know who they can share your young adult's health information with. Without your young adult's permission, Children's Health is not allowed to share your healthcare information with you.

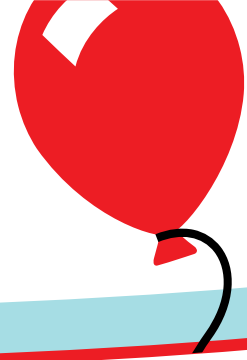
Not all young adults will be able to make medical decisions for themselves. In these cases, assistance in decision making may be needed. Types of assistance can include: **medical power of attorney**, **guardianship**, or **supported decision-making agreement**. Talk with your healthcare team or social worker if your teen will need assistance in decision making when they are an adult.

Helpful Terms to Know

- o **Consent for treatment:**
 - Giving your healthcare team permission to treat you.
 - Giving your healthcare team permission to share your health information as needed for treatment purposes.
 - Giving your healthcare team permission to share your health information with others.
 - Acknowledging that you will be responsible for payment of the treatment provided.
- o **PHI (Protected Health Information):** Information you provide to your healthcare team, or that is created or received about your healthcare. Examples of PHI can include your name, address, telephone number, email address, medical record number, and social security number.
- o **Release of information:** Giving your healthcare team permission to share your health information with your family or others.
- o **Advanced Directives:** Legal documents that allow you to make decisions about treatment and end-of-life if you should become too ill or hurt to express your wishes.
- o **Medical Power of Attorney:** This document gives the person who you choose (your agent) the legal power to make health care decisions for you. You can explain what your wishes are in the documents. Your agent can only make the decisions when you are not able to make them yourself.
- o **Guardianship:** A person (guardian) appointed by a judge in a court case to be the supervisor or administrator for an incapacitated person (ward). The guardian makes decisions for the ward and reports to the court each year.
- o **Supported Decision Making Agreement:** A disabled adult can execute this to name “supporter” to help them get information they need to make an informed decision, understand options/risks, and communicate the decision to others. The supporter does not make the decision for the adult. The disabled adult can end it at any time.

Balloon Notes

Moving to Adult Healthcare



Skills: Be able to understand the difference between pediatric and adult healthcare.

You may have questions and concerns about moving from pediatric to adult healthcare. Talk to your healthcare providers and healthcare teams to help answer any of your questions. Here are a few questions other teens have asked and steps you can take to prepare for this move.

“I don’t know my new adult healthcare providers and they won’t know what works best for me.”

Set up a time to meet your new adult providers.
Be patient as your new providers get to know you.
Ask your pediatric providers to send your medical records to your new adult providers.

“My parents have always taken care of everything. They talk to the doctors. They fill my prescriptions and tell me when to take them.”

Begin talking to your pediatric providers and asking them questions about your healthcare.
Begin to manage your medications by learning about your medications (Example: dosage, when medication needs to be taken) and how to fill your prescriptions.

“I am overwhelmed by everything I have to do in the adult clinics.”

Find an adult Primary Care Provider (PCP) who can help coordinate care with your specialists.
Talk to your adult healthcare team about managing your care and additional services you may need.
Bring an adult you trust to your appointment to provide assistance and support.

“I am worried about being able to pay for my appointments and medications.”

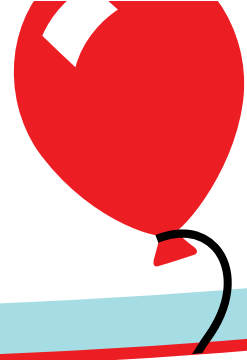
Understand your healthcare insurance.
Learn how to maximize your benefits.
Identify when your current insurance ends and how to access new insurance.

Strategies:

Talk to your healthcare team if you have concerns about moving to adult healthcare.

Balloon Notes

Differences Between Pediatric and Adult Health Care



Skill: Understands the differences between pediatric (for children) and adult health care.

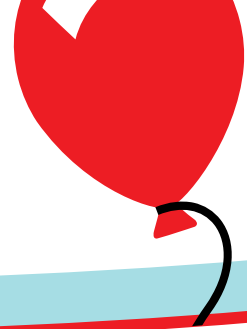
There are some differences between pediatric and adult health care. Below are ways the two are different. Talk with your pediatric health care team about these items.

Pediatric Health Care (Where you are now)	Adult Health Care (Where you will be)
Parents/Caregivers answer all the questions and make the decisions about your health care	You answer all the questions and make the decisions about your health care
Parents/Caregivers are responsible for making appointments	You make your own appointments
Parents/Caregivers are responsible for your insurance	You have your own insurance
Parents/Caregivers are responsible for financial payments	You are responsible for financial payments
Parents/Caregivers fill prescriptions	You fill your own prescriptions
Support services are offered to you (i.e. social work, child life specialists, psychology, financial services)	You are responsible for talking to your health care team about your financial and emotional needs
Transportation provided by parents/caregivers	You are responsible for finding transportation
Pediatric health care team gives medical information to parents/caregivers	Adult health care team will give all medical information to you
Pediatric health care team will advocate for your pain management	You are responsible for talking to your health care team about managing your pain
Parents/Caregivers are responsible for signing consents and making medical decisions	You are responsible for signing consents and making medical decisions

Make a goal for your next appointment to practice at least one of these skills. Your health care team is here to help you!

Balloon Notes

Questions to Consider for Health Insurance



Getting health insurance is an important part of transitioning to adult care. Different types of health insurance plans offer different ways for you to get health care and helps pay for your medical needs. At the bottom are definitions of terms you will read in this handout. They are good to know when signing up for and talking with others about your health insurance.

Below are some things to consider when selecting a health insurance plan:

Cost (Paying for health insurance):

Consider the amount you can afford to pay monthly for your premium and out-of-pocket expenses (deductible, co-insurance, out-of-pocket limit, and copays).

- What will be my monthly premium payment for health insurance coverage?
- How much will I be able to spend on my health insurance premium?
- Is there a deductible I must pay before my insurance will begin to pay for my healthcare needs?
- After I pay my deductible, what will my health insurance pay for my healthcare needs?
- Is there a yearly out-of-pocket maximum?
- What will I pay for an appointment with my primary care physician?
- What will I pay for an appointment with my specialty physician?
- Will I pay extra to see a physician outside the network?

Coverage (Identifying amount of benefits needed):

Make sure that your health insurance will cover your medical needs.

- Are pharmacy benefits part of the medical deductible, co-insurance, or out-of-pocket maximum?
- Is dental and vision covered under my health insurance plan?
- Does my health insurance have coverage for durable medical equipment (DME) such as wheelchairs, walkers, crutches...?
- Does my health insurance have any limitations?
 - How many times can I see my primary care physician a year?
 - Is there a maximum amount of prescriptions I can receive?

Types of Insurance Plans

- **Exclusive Provider Organization (EPO):** A managed care plan where services are covered only if you use doctors, specialists, or hospitals in the plan's network (except in an emergency).
- **Health Maintenance Organization (HMO):** A type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the HMO. It generally will not cover out-of-network care except in an emergency. An HMO may require you to live or work in its service area to be eligible for coverage. HMOs often provide integrated care and focus on prevention and wellness.
- **Point of Service (POS):** A type of plan where you pay less if you use doctors, hospitals, and other health care providers that belong to the plan's network. POS plans require you to get a referral from your primary care doctor in order to see a specialist.
- **Preferred Provider Organization (PPO):** A type of health plan where you pay less if you use providers in the plan's network. You can use doctors, hospitals, and providers outside of the network without a referral for an additional cost.

Source:

<https://www.healthcare.gov/choose-a-plan/plan-types/>

Access to Care:

It is important to identify in-network physicians that will care for your specific medical needs to avoid out-of-network costs. Not all of your physicians may be in-network with your health insurance plan.

- Are my current physicians in-network?
- What hospitals are in-network in my area?
- Is it possible to stay with my specialist, if they are out-of-network with my health insurance plan?
 - If so, what will I pay for my appointment with my specialist?
- Do I need a referral from my primary doctor to see a specialist?
- Are my current prescriptions covered?
- What hospitals are in-network in my area?
- Is it possible to stay with my specialist, if they are out-of-network with my health insurance plan?
- If so, what will I pay for my appointment with my specialist?
- Do I need a referral from my primary doctor to see a specialist?
- Are my current prescriptions covered?

Below are common terms that may be used by your insurance:

Appeal: the action taken if you disagree with a coverage or payment decision by your health insurance or plan.

Benefits or Covered Services: the services or supplies your health insurance or plan agrees to cover. Covered benefits and non-covered benefits vary from plan to plan.

Co-Insurance: a percentage you may be required to pay as a shared cost between you and your health insurance or plan after you pay any deductible.

Co-Payments: a set amount paid by you to a health care provider for a medical service or supply.

Deductible: amount you owe for health care services before your health insurance or plan begins to pay.

Excluded Services: health care services that your health insurance or plan does not pay for.

Explanation of Benefits (EOB): a summary of health care charges that your health insurance or plan sends you after you see a doctor or get a service. This is not a bill.

Formulary (drug list): list of prescription drugs covered by a prescription drug plan.

In-Network: a provider who contracts with your health insurance or plan to provide health care services.

Out-of-Network: a provider that does NOT have a contract with your health insurance or plan to provide services to you. You will pay more see them.

Out-of-Pocket Maximum: the most you will be required to pay (usually per year) before your health insurance or plan starts to pay 100% for your health care benefits. It is a set amount by your health insurance or plan.

Preauthorization (prior authorization): an authorization required from health insurance or plan before you receive treatment for certain services.

Premium: the amount you pay a health insurance or plan each month for health or prescription drug coverage.

Primary Care Physician: a doctor you see first for most health problems. He or she may send you to another doctor who focuses in a certain medical area.

Specialist: a doctor that focuses on a specific area of medicine.