

TRANSITION

Participants will have a transition plan in place for all appropriate times of transition, such as age, service discontinuation, change in a Service Coordinator or agency, or major life event.

Discussions about transition begin as soon as the participant is enrolled in the Program and continue periodically throughout enrollment. Discussions should include expected outcomes and behaviors appropriate to health care, educational/vocational, and independent living. Collaborate with other agencies to identify appropriate transition team members including the participant and the caregiver/family. When possible, schedule a transition meeting with the family and other appropriate key players within six (6) months of the anticipated transition.

The Transition Plan form may be completed to identify action steps, timelines, and person(s) responsible. The Transition Plan should address the participant's/family's concerns and priorities. Document in the SHS Information System that a Transition Plan has been placed in the participant file. If the Transition Plan form is not utilized, document necessary transition activities in the SHS Information System.