1
2 **587280 TRANSITION TO ADULTHOOD**
3
4 REVISION DATE: XX/XX/XXXX
5 REVIEW DATE: 5/6/2024, 11/7/2023
6 EFFECTIVE DATE: June 29, 2022
7 REFERENCES: A.R.S. § 36-551; A.R.S. § 36-550; A.R.S. § 36-501; A.A.C.
8 R4-6-212;, IDEA Part B, Section 1415 (m);, Section 504 of the
9 Rehabilitation Act of 1973; AMPM 587; AMPM 520; AMPM 320-P

10 **PURPOSE**

11 This policy applies to the AHCCCS System of Care for ALTCS eligible
12 members. This policy is specifically targeted to the Division's Behavioral
13 Health Administration in relation to their role with oversight of the
14 Administrative Services Subcontractors (AdSS) and the role of support
15 coordination. This policy is an optional resource for the Tribal Health Program
16 and is not a requirement for the Tribal Health Program. The Division
17 delegates the responsibility to AdSS for the implementation of behavioral
18 health services in alignment with this policy. The Division remains
19 responsible for support coordination and oversight of the AdSS. The purpose
20 of this policy is establishes the Division of Developmental Disabilities'
21 (Division's) requirements for providing behavioral health services and
22 supports to Members who are transitioning to adulthood by strengthening
23 Strengthen practice in the Integrated System of Care system of care and

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~~promote~~ promoting continuity of care through collaborative planning. This policy is an optional resource for the Tribal Health Program and is not a requirement for the Tribal Health Program.~~by:~~

~~1. Supporting individuals transitioning into early adulthood in ways that reinforce their recovery process.~~

~~2. Ensuring a smooth and seamless transition from the AHCCCS Children System of Care to the AHCCCS Adult System of Care.~~

~~3. Fostering an understanding that becoming a self-sufficient adult is a process that occurs over time and can extend beyond the age of 18.~~

DEFINITIONS

1. "Adult Recovery Team" or ~~(~~"ART"~~)~~ is a group of individuals that, following the Nine Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems, work in collaboration and are actively involved in a M~~m~~ember's assessment, service planning, and service delivery. At a minimum, the team consists of the M~~m~~ember, M~~m~~ember's ~~h~~Health ~~c~~Care ~~d~~Decision ~~m~~Maker ~~(~~if applicable~~)~~, advocates ~~(~~if assigned~~)~~, and a qualified behavioral

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43
44 health representative. The team may also include the
45 Mmember's family, physical health, behavioral health or social
46 service pProviders, other agencies serving the Mmember,
47 professionals representing various areas of expertise related to
48 the Mmember's needs, or other individuals identified by the
49 Mmember.
50 2. "Adult System of Care" or "ASOC" means a spectrum of effective
51 community-based services and supports for adult Members and
52 their families who live with, or who are at risk for, physical or
53 behavioral health challenges. The ASOC is organized into a
54 coordinated network, builds meaningful partnerships with
55 families and Members, and addresses their cultural and linguistic
56 needs in order to help them to function better at home, in
57 school, work, in the community, and throughout life.
58 3. "Assessment" – Behavioral Health" means the ongoing collection
59 and analysis of an individual's medical, psychological,
60 psychiatric, and social conditions in order to initially determine if
61 a health disorder exists, if there is a need for behavioral health

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services, and on an ongoing basis ensure that the individual's service plan is designed to meet the individual's ~~(and family's)~~ current needs and long-term goals.

4. "Child and Family Team" or ~~("CFT")~~ is a group of individuals that includes, at a minimum, the child and their family, or Health Care Decision Maker ~~health care decision maker~~. A behavioral health representative, and any individuals important in the child's life that are identified and invited to participate by the child and family. This may include teachers, extended family members, friends, family support partners, healthcare ~~p~~Providers, coaches, and community resource ~~p~~Providers, representatives from churches, temples, synagogues, mosques, or other places of worship/faith, agents from other service systems like the Arizona Department of Child Safety (DCS) or the Division. The size, scope, and intensity of involvement of the team members are determined by the objectives established for the child, the needs of the family in providing for the child, and by who is needed to develop an effective service plan, and can

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81
82 therefore, expand and contract as necessary to be successful on
83 behalf of the child.

84 5. "Children's System of Care" or "CSOC" means a spectrum of
85 effective community-based services and supports for children
86 and their families who live with, or who are at risk for, physical
87 or behavioral health challenges. The CSOC is organized into a
88 coordinated network, builds meaningful partnerships with
89 families and Members, and addresses their cultural and linguistic
90 needs in order to help them to function better at home, in
91 school, in the community, and throughout life.

92 6. "Health Care Decision Maker" or "HCDM" means an individual
93 who is authorized to make health care treatment decisions for a
94 Member. As applicable to the situation, this may include a parent
95 of an unemancipated minor or an individual lawfully authorized
96 to make health care treatment decisions as specified in A.R.S. §§
97 Title 14, Chapter 5, Article 2 or 3; or A.R.S. §§ 8514.05,
98 36-3221, 36-3231 or 36-3281.

99
100 7. "Integrated Systems of Care" or "ISOC" means the coordination

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101
102 of physical and behavioral health care within the AHCCCS health
103 care delivery system to ensure appropriate, adequate, and
104 timely services for all Members.

105 8. "Member" means the same as "Client", a person receiving
106 developmental disabilities services from the Division, as specified
107 in A.R.S. § 36-551.

108 9. "Mental Disorder" means, as specified in A.R.S. § 36-501, a
109 substantial disorder of the person's emotional processes,
110 thought, cognition, or memory. Mental Disorder is distinguished
111 from:

112 a. Conditions that are primarily those of drug abuse,
113 alcoholism, or intellectual disability, unless, in addition to
114 one or more of these conditions, the person has a Mental
115 Disorder.
116 b. The declining mental abilities that directly accompany
117 impending death.
118 c. Character and personality disorders characterized by

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119
120 lifelong deeply ingrained antisocial behavior patterns,
121 including sexual behaviors that are abnormal and
122 prohibited by statute unless the behavior results from a
123 Mental Disorder.

124 10. "Provider" means, for purposes of this policy, an agency or
125 individual operating under a contract or service agreement to
126 engage in the delivery of services, or ordering or referring for
127 those services, and is legally authorized to do so by the State.

128 11. "Responsible Person" means the parent or guardian of a minor
129 with a developmental disability, the guardian of an adult with a
130 developmental disability, or an adult with a developmental
131 disability who is a Member or an applicant for whom no guardian
132 has been appointed.

133 12. "Seriously Mentally Ill~~ness~~" or "SMI" means, as specified in
134 A.R.S. § 36-550, ~~is a designation~~ persons who as a result of a
135 Mental Disorder exhibit emotional or behavioral functioning that
136 is so impaired as to interfere substantially with their capacity to
137 remain in the community without supportive treatment or

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138
139 services of a long-term or indefinite duration. In these persons
140 mental disability is severe and persistent, resulting in a
141 long-term limitation of their functional capacities for primary
142 activities of daily living such as interpersonal relationships,
143 homemaking, self-care, employment, and recreation. as
144 specified in A.R.S. 36-550 and determined in an individual 18
145 years of age or older.
146 13. "Serious Mental Illness Evaluation" means is the process of
147 analyzing current and past treatment information including
148 assessment, treatment, other medical records, and
149 documentation for purposes of making a determination as to an
150 individual's Serious Mental Illness serious mental illness
151 eligibility.
152 14. "Service Plan" means a complete written description of all
153 covered health services and other informal supports which
154 includes individualized goals, family support services,
155 peer-and-recovery support, care coordination activities and

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156
157 strategies to assist the Mmember in achieving an improved
158 quality of life.

159
160 15. Transition Planning means an individualized, collaborative
161 process that helps Members acquire skills to prepare for
162 adulthood by:

a. Providing services and supports that reinforce the Member's health and wellness.

b. Ensuring a seamless transition from the Children's System of Care to the Adult System of Care.

c. 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.

~~**BACKGROUND**~~

163 ~~The psychological and social development of adolescents transitioning into~~
164 ~~young adulthood is challenged by the economic, demographic, and cultural~~
165 ~~shifts that have occurred over several generations. Sociologist researcher,~~
166 ~~Frank F. Furstenberg, Jr., as Network Chair of the Network on Transitions to~~

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167
168 ~~Adulthood stated: "Traditionally, early adulthood has been a period when~~
169 ~~young people acquire the skills they need to get jobs, to start families, and~~
170 ~~to contribute to their communities. But, because of the changing nature of~~
171 ~~families, the education system, and the workplace, the process has become~~
172 ~~more complex. This means that early adulthood has become a difficult~~
173 ~~period for some young people, especially those who are not going to college~~
174 ~~and lack the structure that school can provide to facilitate their~~
175 ~~development." While some individuals adapt well as they transition into the~~
176 ~~responsibilities of adulthood, others experience challenges such as those~~
177 ~~youth who have mental health concerns. Between 2008 and 2017, the~~
178 ~~amount of adults that experienced serious psychological distress in the last~~
179 ~~month increased among most age groups, with the largest increases seen~~
180 ~~among younger adults aged 18-25 (71%). Notably, rates of serious~~
181 ~~psychological distress increased by 78% among adults aged 20-21 during~~
182 ~~the time period. Meanwhile, there was a decline among adults aged 65 and~~
183 ~~older. These findings were consistent across other measures, with the rate of~~
184 ~~adolescents and young adults experiencing depressive symptoms in the last~~
185 ~~year increasing by 52% and 63%, respectively, while rates remained stable~~

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186
187 ~~adults aged 26 and older. As the transition to adulthood has become more~~
188 ~~challenging, youth with mental health needs struggle to achieve the~~
189 ~~hallmarks of adulthood such as finishing their education, entering the labor~~
190 ~~force, establishing an independent household, forming close relationships,~~
191 ~~and potentially getting married and becoming parents. While these may be~~
192 ~~considered the trademarks of adulthood from a societal viewpoint, some~~
193 ~~studies suggest that youth may conceptualize this transition in more~~
194 ~~"intangible, gradual, psychological, and individualistic terms." Top criteria~~
195 ~~endorsed by youth as necessary for a person to be considered an adult~~
196 ~~emphasized features of individualism such as accepting "responsibility for~~
197 ~~the consequences of your actions," deciding one's "own beliefs and values~~
198 ~~independently of parents or other influences," and establishing "a~~
199 ~~relationship with parents as an equal adult." Oftentimes, youth who~~
200 ~~successfully transition to adulthood are those that acquire a set of skills and~~
201 ~~the maturational level to use these skills effectively. Transition planning can~~
202 ~~emphasize interpersonal skill training through a cognitive-behavioral~~
203 ~~approach to help youth develop positive social patterns, assume personal~~
204 ~~responsibility, learn problem-solving techniques, set goals, and acquire skills~~

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205
206 ~~across various life domains. With transition to adulthood occurring at later~~
207 ~~ages and over a longer span of time, many young people in their 20's may~~
208 ~~still require the support of their families. Involving families in the transition~~
209 ~~planning process and identifying the individual support needs of their~~
210 ~~children recognizes the diversity that is needed when accessing services and~~
211 ~~supports. Youth who have been enrolled in government programs due to~~
212 ~~family hardship, poverty, physical, or mental health challenges are often the~~
213 ~~least prepared to assume adult responsibilities. For others, such as youth~~
214 ~~leaving foster care, they must acquire housing without the financial support~~
215 ~~of a family. Eligibility for public programs, such as Medicaid, Social Security,~~
216 ~~and vocational rehabilitation, as well as housing and residential services,~~
217 ~~may engender planning for changes at the age of 18. Youth who have~~
218 ~~disabilities that significantly impact their ability to advocate on their own~~
219 ~~behalf may require a responsible adult to apply for guardianship. Other~~
220 ~~youth may benefit from a referral to determine eligibility for services as an~~
221 ~~adult with a serious mental illness. Thus, it is the responsibility of the~~
222 ~~behavioral health system to ensure young adults are provided with the~~

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223
224 ~~supports and services they need to acquire the capacities and skills~~
225 ~~necessary to navigate through this transitional period to adulthood.~~

226 **POLICY**

227 ~~This policy addresses the recommended practice for transitioning youth from~~
228 ~~the AHCCCS Children System of Care to the AHCCCS Adult System of Care,~~
229 ~~with a focus on the activities that will assist youth in acquiring the skills~~
230 ~~necessary for self-sufficiency and independence in adulthood, and as~~
231 ~~specified in AMPM 520 which requires that transition planning begins when~~
232 ~~the youth reaches the age of 16, however, if the Child and Family Team~~
233 ~~(CFT) determines that planning should begin prior to the youth's 16th~~
234 ~~birthday, the team may proceed with transition planning earlier to allow~~
235 ~~more time for the youth to acquire the necessary life skills, while the team~~
236 ~~identifies the supports that will be needed. Age 16 is the latest this process~~
237 ~~should start. For youth who are age 16 and older at the time they enter the~~
238 ~~AHCCCS System of Care, planning shall begin immediately. It is important~~
239 ~~that members of the CFT look at transition planning as not just a transition~~
240 ~~into the AHCCCS Adult System of Care, but also as a transition to adulthood.~~
241 ~~Support Coordination shall receive training on the general practices outlined~~

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242
243 in this policy for purposes of increasing their ability to coordinate services for
244 their members. The Division shall provide formal oversight of the AdSS to
245 ensure compliance with AdSS Medical Policy 280.

246 **A. REQUIREMENTS FOR MEMBERS TRANSITIONING TO**
247 **ADULTHOOD**

248 1. The Division shall require Providers to utilize the best practices
249 outlined in this policy for assisting Members in transitioning to
250 adulthood.
251 2. The Division shall require clinical practice and behavioral health
252 Providers to deliver services that are:
253 a. Individualized;
254 b. Strengths-based; and
255 c. Culturally sensitive.
256 3. The Division shall require Providers to begin Transition Planning
257 when the Member reaches the age of 16.
258 4. The Division shall require Providers to begin Transition Planning
259 prior the Member’s 16th birthday if:

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260
261 a. The Child and Family Team (CFT) determines that planning
262 should begin in advance to identify needed supports; and
263 b. To allow more time for the Member to acquire the
264 necessary life skills.
265 5. The Division shall require Providers to begin Transition Planning
266 immediately for Members who are age 16 and older at the time
267 they enter the Children's System of Care.

268 **B. A. TRANSITION TO ADULT BEHAVIORAL HEALTH SERVICES**
269 **SERIOUS MENTAL ILLNESS DETERMINATIONS**

270
271 1. The Division shall require Providers to complete an evaluation
272 and referral for a Serious Mental Illness (SMI) eligibility
273 determination for Members, at the age of 17.5 if:
274 a. It is determined that the Member has a qualifying SMI
275 diagnosis; or
276 b. If an evaluation is requested by any member of the CFT,
277 unless declined by the Responsible Person.
278 1. When the adolescent reaches the age of 17 and the CFT believes
279 that the youth may meet eligibility criteria as an adult

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~~designated as having a Serious Mental Illness (SMI), the Division and subcontracted providers shall ensure the young adult receives an eligibility determination at the age of 17.5, as specified in Division Medical Policy 320-P.~~

~~2. If the youth is determined eligible, or likely to be determined eligible for services as a person with a SMI, the adult behavioral health services case manager is then contacted to join the CFT and participate in the transition planning process. After obtaining permission from the parent/guardian, it is the responsibility of the children's behavioral health service provider to contact and invite the adult behavioral health services case manager to upcoming planning meetings. When more than one behavioral health service provider is involved, the responsibility for collaboration lies with the provider who is directly responsible for behavioral health service planning and delivery.~~

~~3. If the young adult is not eligible for services as a person with a SMI, it is the responsibility of the children's behavioral health provider, through the CFT, to coordinate transition planning with~~

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299
300 ~~the adult general mental health provider. Whenever possible, it is~~
301 ~~recommended that the young adult and their family be given the~~
302 ~~choice of whether to stay with the children's provider or~~
303 ~~transition to the adult behavioral health service provider. The~~
304 ~~importance of securing representation from the adult service~~
305 ~~provider in this process cannot be overstated, regardless of the~~
306 ~~person's identified behavioral health category assignment (SMI,~~
307 ~~General Mental Health, Substance Use). The children's behavioral~~
308 ~~health provider should be persistent in its efforts to make this~~
309 ~~occur.~~
310 ~~2.~~ The Division shall require children's behavioral health Providers
311 to contact and invite the adult behavioral health Provider to
312 upcoming planning meetings if:
313 ~~a.~~ The Member is determined eligible for services as a person
314 with a SMI; and
315 ~~b.~~ The Responsible Person consents.

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316
317 ~~3.~~ The Division shall require the adult behavioral health services
318 case manager to join the CFT and participate in the Transition
319 Planning process.
320 ~~4.~~ The Division shall require the Provider who is directly responsible
321 for behavioral health service planning and delivery to ensure
322 collaboration occurs when more than one behavioral health
323 Provider is involved in the Member's care.
324 ~~5.~~ The Division shall require the AdSS to have a process for
325 ensuring collaboration and coordination of care between the CFT
326 and the SMI Provider.
327 ~~6.~~ The Division shall allow Members not eligible for an SMI
328 designation to retain their current CFT team members and
329 Providers until the Member turns 21, when requested by the
330 Responsible Person.
331 ~~7.~~ The Division shall require the children's behavioral health
332 Provider to coordinate Transition Planning with the adult general
333 mental health Provider four months prior to the transition to

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334
335 adult services when the young adult Member is not eligible for
336 services as a person with a SMI.
337 8. The Division shall require the child and adult behavioral health
338 Providers, when Transition Planning, to:
339 a. Coordinate service delivery;
340 b. Identify services that will be needed; and
341 c. Identify the methods for ensuring payment for those
342 services to meet the individualized needs of the Member.

343 **CB. REQUIREMENTS FOR INFORMATION SHARING PRACTICES, AND**
344 **ELIGIBLE SERVICE FUNDING, AND DATA SUBMISSION**
345 **UPDATES**

346 1. The Division shall require the CFT and adult behavioral health
347 Providers to review and follow health record disclosure
348 requirements specified in Division Medical Policy 940 pPrior to
349 releasing treatment information, the CFT, including the adult
350 service provider, will review and follow health record disclosure
351 guidelines per AMPM 940.

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352
353 2. The Division shall require Providers to assist If the Member with
354 seeking services that may be available under non-Medicaid
355 funding if the Member young adult is not Medicaid eligible as an
356 adult, services that can be provided under non-Medicaid funding
357 will follow policy guidelines as specified in AMPM Policy 320-T1.
358 3. The behavioral health provider will ensure that the behavioral
359 health category assignment is updated along with other
360 demographic data consistent with the AHCCCS Technical
361 Interface Guidelines.
362 **D. TRANSITION PLANNING REQUIREMENTS**
363 1.4. The Division shall require Providers to obtain updated treatment
364 documents that require signature when the Member turns 18
365 with:
366 a. The Member's signature; or
367 b. The Responsible Person's signature, if the Responsible
368 Person is someone other than the Member and changed
369 upon the Member turning 18. Youth, upon turning age 18,
370 will be required to sign documents that update their

371
372 responsibilities with relation related to their behavioral
373 health treatment as an adult. Some examples include a
374 new consent to treatment and authorizations for sharing
375 protected health information to ensure that the team
376 members can continue as active participants in service
377 planning.
378 2. The Division shall not require Providers to conduct A a full
379 Aassessment is not required at the time of transition from child
380 to adult behavioral health services unless:
381 a. Aan annual update is due; or
382 b. Tthere have been significant changes to the Member's
383 young adult's status that clinically indicates the need to
384 update the Assessment. or behavioral health Service Plan.
385 3. The Division shall require behavioral health Providers to orient
386 the Member and their family to potential changes they may
387 experience as part of the transition to the Adult System of Care
388 to:

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389
390 a. Minimize any barriers that may hinder seamless service
391 delivery; and
392 b. Support the Member's and family's understanding of their
393 changing roles and responsibilities.
394 4. The Division shall require the AdSS to ensure that its
395 subcontracted network of Providers:
396 a. Evaluate the need for a referral to a family support partner
397 or peer mentor to assist the Member and family with
398 transition to the Adult System of Care;
399 b. Complete crisis and safety planning prior to the Member's
400 transition to the Adult System of Care as specified in
401 320-O; and
402 c. Notify the Member of the type of crisis services that will be
403 available through the Adult System of Care and how to
404 access crisis services when needed.

405 **E. PERSONAL CHOICE**

406 The Division shall require the AdSS to ensure their subcontracted
407 network of Providers support Members with:

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408
409 a. Making informed decisions about their treatment, unless
410 there is a Responsible Person other than Member;
411 b. Developing goals and identifying methods, services, and
412 supports necessary to meet the needs of transitioning to
413 adulthood;
414 c. Including supportive team members, their parents, and
415 any other identified natural supports;
416 d. Acquiring self-advocacy skills to assist them in learning
417 how to speak and advocate on their own behalf as outlined
418 in Division Medical Policy 584;
419 e. Providing information about how the behavioral health
420 service delivery systems operate in accordance with the
421 Arizona Vision and 12 Principles for Children's Service
422 Delivery and nine guiding principles for recovery-oriented
423 adult behavioral health services and systems, as specified
424 in AMPM 100;
425 f. Utilizing best practices to build community supports and
426 pro-social activities for Members who have disclosed to the

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427
428 behavioral health service Provider their self-identity as gay,
429 lesbian, bisexual, or transgender;
430 g. Maintaining or building a support structure as the Member
431 transitions to adulthood; and
432 h. Aligning services with the family and Member's cultural
433 beliefs while transitioning to adulthood.
434 **C. KEY PERSONS FOR COLLABORATION**
435 1. Team Coordination:
436 When a young person reaches age 17 it is important to begin
437 establishing team coordination between the child and adult
438 service delivery systems. This coordination must be in place no
439 later than four-six months prior to the youth turning age 18. In
440 order to meet the individualized needs of the young adult on the
441 day s/he turns 18 a coordinated effort is required to identify the
442 behavioral health provider staff who will be coordinating service
443 delivery, including the services that will be needed and the
444 methods for ensuring payment for those services. This is
445 especially critical if the behavioral health provider responsible for

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446
447 ~~service planning and delivery is expected to change upon the~~
448 ~~youth's transition at the age of 18. Orientation of the youth, their~~
449 ~~family and CFT to potential changes they may experience as part~~
450 ~~of this transition to the AHCCCS Adult System of Care will help~~
451 ~~minimize any barriers that may hinder seamless service delivery~~
452 ~~and support the youth's/family's understanding of their changing~~
453 ~~roles and responsibilities. It might be helpful to engage the~~
454 ~~assistance of a liaison (e.g., family and/or peer mentor) from the~~
455 ~~adult system to act as an ambassador for the incoming young~~
456 ~~adult and their involved family and/or caregiver. As noted in~~
457 ~~AMPM 220, the young adult, in conjunction with other involved~~
458 ~~family members, caregivers or guardian, may request to retain~~
459 ~~their current CFT until the youth turns 21. Regardless of when~~
460 ~~the youth completes their transition into the AHCCCS Adult~~
461 ~~System of Care, the CFT will play an important role in preparing~~
462 ~~the Adult Recovery Team (ART) to become active partners in the~~
463 ~~treatment and service planning processes throughout this~~
464 ~~transitional period. Collaboration between the child and adult~~

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465
466 ~~service provider for transition age youth is more easily facilitated~~
467 ~~when agencies are dually licensed to provide behavioral health~~
468 ~~service delivery to both children and adult populations.~~
469 ~~2. Family involvement and culture must be considered at all times~~
470 ~~especially as the youth prepares for adulthood. Although this~~
471 ~~period in a young person's life is considered a time for~~
472 ~~establishing their independence through skill acquisition, many~~
473 ~~families and cultures are interdependent and may also require a~~
474 ~~supportive framework to prepare them for this transition. With~~
475 ~~the assistance of joint planning by the child and adult teams,~~
476 ~~families can be provided with an understanding of the increased~~
477 ~~responsibilities facing their young adult while reminding them~~
478 ~~that although their role as legal guardian may change, they still~~
479 ~~remain an integral part of their child's life as a young adult. It is~~
480 ~~also likely that the youth's home and living environment may not~~
481 ~~change when they turn 18 and are legally recognized as an~~
482 ~~adult. During this transitional period, the role that families~~
483 ~~assume upon their child turning 18 will vary based on:~~

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~~a. Individual cultural influences,~~

~~b. The young adult's ability to assume the responsibilities of adulthood,~~

~~c. The young adult's preferences for continued family involvement, and~~

~~d. The needs of parents/caregivers as they adjust to upcoming changes in their level of responsibility.~~

~~3. Understanding each family's culture can assist teams in promoting successful transition by:~~

~~a. Informing families of appropriate family support programs available in the AHCCCS Adult System of Care,~~

~~b. Identifying a Family Mentor who is sensitive to their needs to act as a "Liaison" to the AHCCCS Adult System of Care~~

~~c. Recognizing and acknowledging how their roles and relational patterns affect how they view their child's movement toward independence, and~~

~~d. Addressing the multiple needs of families that may exist as a result of complex relational dynamics or those who may be involved with one or more state agencies.~~

~~Some youth involved with DCS may express a desire to reunite with their family from whose care they were removed. In these~~

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506
507 situations it is important for the CFT to discuss the potential
508 benefits and challenges the youth may face.

509 **DF. COLLABORATION WITH SYSTEM PARTNERS**

510
511 1. The Division shall require the AdSS to ensure their subcontracted
512 network of Providers coordinate with the following system
513 partners to promote collaborative planning and seamless
514 transitions to the Adult System of Care:

515 a. Schools

516
517 i. Prepare Members and their parents in developing an
518 understanding of what happens as Members
519 transition from secondary education to adult life;

520 ii. Collaborate with school staff to receive individualized
521 plans and gather information to assist the behavioral
522 health Provider with Transition Planning;

523 iii. Collaborate with school staff to determine if the
524 Member is eligible for a transition plan through the
525 Individualized Education Plan (IEP); and

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526

527
528 iv. Collaborate with the school to determine if the
529 Member is eligible to participate in school-based
530 work activities.

531 b. Department of Child Safety (DCS)

532
533 Work with the DCS Specialist to determine if Members in
534 foster care may be eligible for services through the Young
535 Adult Program (YAP) and Transitional Independent Living
536 Program (TILP).

537 c. Department of Economic Security/Rehabilitation Services
538 Administration (DES/RSA)

539 Discuss the appropriateness of a referral to DES/RSA
540 under a Vocational Rehabilitation program with the CFT as
541 early as age 14 or any time thereafter when the Member is
542 ready to work.

543 2. The Division shall require behavioral health Providers to assist
544 Members and their families or caregivers in accessing or

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545
546 preparing necessary documentation, including:

547
548 ~~Coordination among all involved system partners promotes~~
549 ~~collaborative planning and seamless transitions when eligibility~~
550 ~~requirements and service delivery programs potentially change upon~~
551 ~~the youth turning 18. Child welfare, juvenile corrections, education,~~
552 ~~developmental disabilities, and vocational rehabilitation service~~
553 ~~delivery systems can provide access to resources specific to the young~~
554 ~~adult's needs within their program guidelines. For example, students in~~
555 ~~special education services may continue their schooling through the~~
556 ~~age of 21. Youth in foster care may be eligible for services through a~~
557 ~~program referred to as the Arizona Young Adult Program (AYAP) or~~
558 ~~Independent Living Program (ILP) through the Arizona Department of~~
559 ~~Child Safety (DCS).~~

560 ~~System partners can also assist young adults and their~~
561 ~~families/caregivers in accessing or preparing necessary~~
562 ~~documentation, such as:~~

563 a.~~1.~~ Birth certificates~~.~~;

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b.~~2.~~ Social security cards and social security disability benefit applications~~.~~;

c. Driver's license or State identification cards;

d~~3~~. Medical records including any eligibility determinations and evaluations ~~assessments.~~;

e4. ~~Individualized Education Program~~ ~~(~~IEP~~)~~ Plans~~.~~;

f~~5~~. Certificates of achievement, diplomas, General Education Development transcripts, and application forms for college~~.~~;

g~~6~~. Case plans for ~~youth~~ Members continuing in the foster care system~~.~~;

h~~7~~. Treatment plans~~.~~;

i. Selective Service registration;

j.~~8.~~ Documentation of completion of probation or parole conditions~~.~~;

Draft Policy for Public Comment

585

586
587 k.~~9.~~ Guardianship applications~~.~~;

588 l~~10~~. Advance directives~~.~~;

589 m. Redeterminations of Division eligibility; and

590
591 n. Voter registration.

592
593 ~~E. NATURAL SUPPORT~~

594
595 ~~Maintaining or building a support structure will continue to be~~
596 ~~important as the youth transitions to adulthood and has access to new~~
597 ~~environments. This is especially relevant for young adults who have no~~
598 ~~family involvement. For some youth, developing or sustaining social~~
599 ~~relationships can be challenging. The child and adult teams can assist~~
600 ~~by giving consideration to the following areas when planning for~~
601 ~~transition:~~

602 ~~1. Identify what supports will be needed by the young adult to~~
603 ~~promote social interaction and relationships.~~

604 ~~2. Explore venues for socializing opportunities in the community.~~

Draft Policy for Public Comment

605

606
607 ~~3. Determine what is needed to plan time for recreational activities.~~

608
609 ~~4. Identify any special interests the youth may have that could~~
610 ~~serve as the basis for a social relationship or friendship.~~

611 ~~**F. PERSONAL CHOICE**~~

612
613 ~~Although young adults are free to make their own decisions about~~
614 ~~treatment, medications, and services, they are generally aware that~~
615 ~~their relationships, needs, and supports may not feel different~~
616 ~~following their 18th birthday. They may require assurance that their~~
617 ~~parents are still welcomed as part of their support system, that they~~
618 ~~still have a team, rules still apply, and that information will be provided~~
619 ~~to assist them with making their own treatment decisions. However,~~
620 ~~some young adults may choose to limit their parent's involvement, so~~
621 ~~working with youth in the acquisition of self-determination skills will~~
622 ~~assist them in learning how to speak and advocate on their own behalf.~~
623 ~~This may involve youth developing their own understanding of~~
624 ~~personal strengths and challenges along with the supports and~~
625 ~~services they may need. When planning for transition, teams may also~~

Draft Policy for Public Comment

~~need to provide information to young adults on how the behavioral health service delivery systems operate in accordance with the following:~~

~~1. Arizona Vision and 12 Principles for Children's Service Delivery, and~~

~~2. Nine Guiding Principles for Recovery Oriented Adult Behavioral Health Services and Systems.~~

~~G. CLINICAL AND SERVICE PLANNING CONSIDERATIONS~~

~~The Division supports clinical practice and behavioral health service delivery that is individualized, strengths-based, recovery-oriented, and culturally sensitive in meeting the needs of children, adults, and their families. Transitioning youth to adulthood involves a working partnership among team members between the children's behavioral health service system and the AHCCCS Adult System of Care. This partnership is built through respect and equality, and is based on the expectation that all people are capable of positive change, growth, and leading a life of value. Individuals show a more positive response when~~

Draft Policy for Public Comment

~~there is a shared belief and collaborative effort in developing goals and identifying methods (services and supports) to meet their needs.~~

~~H. CRISIS AND SAFETY PLANNING~~

~~The team is responsible for ensuring that crisis and safety planning is completed prior to the youth's transition as specified in AMPM 220. For some youth, determining potential risk factors related to their ability to make decisions about their own safety may also need to be addressed. Collaboration with the adult case manager and/or ART will ensure that the transitioning young adult is aware of the type of crisis services that will be available through the AHCCCS Adult System of Care and how to access them in their time of need.~~

~~I.~~G. TRANSITION PLANNING ACTIVITIES

~~The length of time necessary for transition planning is relevant to the needs, maturational level, and the youth's 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~~

Draft Policy for Public Comment

665
666 ~~assessment of self-care and independent living skills, social skills, work~~
667 ~~and education plans, earning potential, and psychiatric stability must~~
668 ~~be incorporated into the Service Planning. Living arrangements,~~
669 ~~financial, and legal considerations are additional areas that require~~
670 ~~advance planning.~~

671 1. The Division shall require the AdSS to ensure their network of
672 behavioral health Providers perform the following Transition
673 Planning activities:

674 a.~~1.~~ ~~Self-care and Independent Living Skills~~ Assess self-care
675 and independent living skills needs of each ~~young adult~~
676 Member;

677 ~~As the youth approaches adulthood, the acquisition of daily living~~
678 ~~skills becomes increasingly important. Personal care and hygiene~~
679 ~~can include grooming tasks such as showering, shaving (if~~
680 ~~applicable), dressing, and getting a haircut. Learning phone~~
681 ~~skills, how to do laundry and shop for clothes, cleaning and~~
682 ~~maintaining one's personal living environment, use of public~~

Draft Policy for Public Comment

683
684 ~~transportation or learning how to drive are other suggested~~
685 ~~areas for transition planning. Acquisition of various~~
686 ~~health-related skills includes fitness activities such as an exercise~~
687 ~~program, nutrition education for planning meals, shopping for~~
688 ~~food, and learning basic cooking techniques. Planning around~~
689 ~~personal safety would address knowing their own phone number~~
690 ~~and address, who to contact in case of emergency, and~~
691 ~~awareness of how to protect themselves when out in the~~
692 ~~community.~~

693 b. Provide Members services and supports that meet their
694 self-care and independent living skills needs;

695 2. ~~Social and Relational Skills~~

696
697 ~~The young adult's successful transition toward self-sufficiency~~
698 ~~will be supported by their ability to get along with others, choose~~
699 ~~positive peer relationships, and cultivate sustainable friendships.~~
700 ~~This will involve learning how to avoid or respond to conflict~~
701 ~~when it arises and developing an understanding of personal~~

Draft Policy for Public Comment

702
703 ~~space, boundaries, and intimacy. Some youth may require~~
704 ~~additional assistance with distinguishing between the different~~
705 ~~types of interactions that would be appropriate when relating to~~
706 ~~strangers, friends, acquaintances, boy/girlfriend, family member,~~
707 ~~or colleague in a work environment. For example, teams may~~
708 ~~want to provide learning opportunities for youth to practice these~~
709 ~~discrimination skills in settings where they are most likely to~~
710 ~~encounter different types of people such as a grocery store,~~
711 ~~shopping mall, supported employment programs, etc. Planning~~
712 ~~for youth, who have already disclosed to the behavioral health~~
713 ~~service provider their self-identity as gay, lesbian, bisexual, or~~
714 ~~transgender, may include discussions about community supports~~
715 ~~and pro-social activities available to them for socialization.~~
716 ~~Adolescents who do not have someone who can role model the~~
717 ~~differing social skills applicable to friendship, dating, and~~
718 ~~intimate relationships may need extra support in learning~~
719 ~~healthy patterns of relating to others relevant to the type of~~
720 ~~attachment.~~

Draft Policy for Public Comment

721
722
723 c3. Vocational/Employment Collaborate with other system
724 partners to plan and prepare the Member for employment
725 or other vocational opportunities, through the following
726 activities:

727 i. Utilizing career interest inventories or engaging in
728 vocational assessment activities to identify potential
729 career preferences, volunteer opportunities, or other
730 meaningful activities;

731 ii. Identifying skill deficits and effective strategies to
732 address these deficits;

733 iii. Determining training needs and providing
734 opportunities for learning through practice in real
735 world settings;

736 iv. Learning about school-to-work programs that may be
737 available in the community and eligibility
738 requirements;

Draft Policy for Public Comment

739

740

741 v. Developing vocational skills such as building a
742 resume, filling out job applications, interviewing
743 preparation, use of online job sites, etc.;

744 vi. Learning federal and state requirements for filing
745 annual income tax returns; and

746 vii. Offering opportunities for work experience in the
747 community, whether it is through employment,
748 volunteering, or internship experience when the
749 Member reaches the age of 14.

750 ~~An important component of transitioning to adulthood includes~~
751 ~~vocational goals that lead to employment or other types of~~
752 ~~meaningful activity. While a job can provide financial support,~~
753 ~~personal fulfillment, and social opportunities, other activities~~
754 ~~such as an internship or volunteering in an area of special~~
755 ~~interest to the young adult can also provide personal satisfaction~~
756 ~~and an opportunity to engage socially with others. The CFT along~~
757 ~~with involved system partners work together to prepare the~~

Draft Policy for Public Comment

758
759 ~~young adult for employment or other vocational endeavors. It is~~
760 ~~imperative that a representative from the adult behavioral health~~
761 ~~system be involved in this planning to ensure that employment~~
762 ~~related goals are addressed before, during, and after the youth's~~
763 ~~transition to adulthood.~~

764 ~~Service planning that addresses the youth's preparation for~~
765 ~~employment or other meaningful activity can include:~~

766 ~~a. Utilizing interest inventories or engaging in vocational~~
767 ~~assessment activities to identify potential career~~
768 ~~preferences or volunteer opportunities,~~

769 ~~b. Identifying skill deficits and effective strategies to address~~
770 ~~these deficits,~~

771 ~~c. Determining training needs and providing opportunities for~~
772 ~~learning through practice in real world settings,~~

773 ~~d. Learning about school-to-work programs that may be~~
774 ~~available in the community and eligibility requirements,~~

Draft Policy for Public Comment

775

776

777 e. Developing vocational skills such as building a resume,

778 filling out job applications, interviewing preparation, use of

779 online job sites, etc. and

780 f. Learning federal and state requirements for filing annual

781 income tax returns.

782 Youth involved in school-based work activities (paid or non-paid)

783 are able to "test the waters'' of the work world, develop a work

784 history, better understand their strengths and weaknesses,

785 explore likes and dislikes, and begin to develop employment

786 related skills necessary for their success in competitive work

787 settings. School based work activities can start as early as

788 middle school yet should begin no later than the youth's

789 freshman year of high school. When youth reach the age of 14

790 they can be given work experience in the community, whether it

791 is through a volunteer or internship experience. It is best for

792 school and community-based work experience to be short term,

793 so that youth can experience a variety of employment settings

Draft Policy for Public Comment

794
795 ~~and perform different job duties in more than one vocation to~~
796 ~~assist them in identifying possible career choices. These~~
797 ~~work-related opportunities will assist teams in determining~~
798 ~~where the youth excels or struggles in each type of work~~
799 ~~undertaken, the types of supports that might be needed, and~~
800 ~~what the best "job match" might be in terms of the youth's~~
801 ~~personal interests and skill level.~~

802 ~~As youth narrow their career focus, it is useful to tour~~
803 ~~employment sites, job shadow, and interview employers and~~
804 ~~employees who work in the youth's chosen fields of interest. It~~
805 ~~may be necessary to plan for on-going support after a job has~~
806 ~~been obtained to assist the young adult in maintaining successful~~
807 ~~employment. Identifying persons in the job setting who can~~
808 ~~provide natural support such as supervisors and co-workers, as~~
809 ~~well as employer related accommodations may be necessary to~~
810 ~~ensure that the young adult can continue to perform their job~~
811 ~~duties.~~

812 ~~4. Vocational/Employment Considerations for Youth with Disabilities~~

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813
814 ~~For youth who have a disability, regardless of whether they are~~
815 ~~in Special Education, may be eligible for services through the~~
816 ~~Arizona Department of Economic Security/Rehabilitation Services~~
817 ~~Administration (DES/RSA) under a Vocational Rehabilitation (VR)~~
818 ~~program when transitioning from school to work. The school can~~
819 ~~refer youth with a disability to the VR program as early as age~~
820 ~~14 or at any time thereafter when they are ready to work with~~
821 ~~VR to address their career plans. Students with disabilities~~
822 ~~between the ages of 14 and 22 are able to participate in~~
823 ~~PreEmployment Transition Services as potentially eligible~~
824 ~~students, meaning they do not have to be VR clients.~~
825 ~~Pre-Employment Transition Services are group based, general~~
826 ~~workshops covering five topic areas that may provide the~~
827 ~~information a youth needs to begin the career exploration~~
828 ~~process, develop skills for successful employment and learn~~
829 ~~about post-secondary education opportunities. Planning for~~
830 ~~employment is done in conjunction with the youth's VR counselor~~
831 ~~through the development of an Individual Plan of Employment.~~

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832
833 Including the VR counselor in the school's IEP planning that
834 might involve VR services is necessary since only VR personnel
835 can make commitments for DES/RSA program services. Refer to
836 DES/RSA for information on the VR process regarding
837 intake/eligibility, planning for employment, services, and
838 program limitations.

839 5. Education

840
841 Collaboration between the CFT and the education system is
842 helpful with preparing youth and their parents/caregivers in
843 developing an understanding of what happens as young adults
844 transition from secondary education to adult life. Asking the
845 youth to share their individualized plans with the rest of the
846 team may provide information to assist with transition planning.
847 Individualized plans could include:

848 a. Education Career Action Plan (ECAP),
849
850 b. 504 Plan,

Draft Policy for Public Comment

~~c. Transition Plan, and~~

~~d. Summary of Performance.~~

~~6. Individualized Plans~~

~~a. Educational Consideration for all Students:~~

~~i. Education Career Action Plan - In 2008 the Arizona State Board of Education approved Education and Career Action Plans for all Arizona students in grades 9-12. The ECAP is intended to develop the young adult's individual academic and career goals. An ECAP process portfolio has attributes that should be documented, reviewed, and updated, at a minimum, annually; academic, career, postsecondary, and extracurricular.~~

~~b. Education Considerations for Youth with Disabilities:~~

~~i. 504 Plan — Section 504 of the Rehabilitation Act of 1973 protects the civil rights of individuals with~~

Draft Policy for Public Comment

874
875 ~~disabilities in programs and activities that receive~~
876 ~~federal funds. Recipients of these funds include~~
877 ~~public school districts, institutions of higher~~
878 ~~education, and other state and local education~~
879 ~~agencies. This regulation requires a school district to~~
880 ~~provide accommodations that can be made by the~~
881 ~~classroom teacher(s) and other school staff to help~~
882 ~~students better access the general education~~
883 ~~curriculum through a 504 Plan that outlines the~~
884 ~~individualized services and accommodations needed~~
885 ~~by the student.~~

886 ~~ii. Transition Plan - While youth are in secondary~~
887 ~~education, Individuals with Disabilities Educational~~
888 ~~Act (IDEA) requires public schools to develop an~~
889 ~~individualized transition plan for each student with~~
890 ~~an IEP. The transition plan is the section of the IEP~~
891 ~~that is put in place no later than the student's 16th~~
892 ~~birthday. The purpose of the plan is to develop~~

Draft Policy for Public Comment

893
894 ~~postsecondary goals and provide opportunities that~~
895 ~~will reasonably enable the student to meet those~~
896 ~~goals for transitioning to adult life. All of the~~
897 ~~following components are required as part of the~~
898 ~~transition plan:~~
899

~~1) Student invitation to all IEP meetings where transition topics are discussed.~~

~~2) Age-appropriate transition assessments.~~

~~3) Measurable Postsecondary Goals (MPGs) in the areas of:~~

~~a) Education/Training, Employment, and Independent living, (if needed). Annually updated MPGs. Instruction and services that align with the student's MPGs: a) b) c) Coordinated set of transition activities, Courses of study, and Annual goals. Outside agency participation with prior~~

Draft Policy for Public Comment

900
901 ~~consent from the family or student that~~
902 ~~has reached the age of majority. a)~~
903 ~~Summary of Performance (SOP). The~~
904 ~~SOP is required under the reauthorization~~
905 ~~of the IDEA Act of 2004. An SOP is~~
906 ~~completed for every young adult whose~~
907 ~~special education eligibility terminates~~
908 ~~due to graduation from high school with~~
909 ~~a regular diploma or due to exceeding~~
910 ~~the age eligibility for FAPE under State~~
911 ~~law. In Arizona, the student reaches the~~
912 ~~maximum age of eligibility upon~~
913 ~~completing the school year in which the~~
914 ~~student turns 22. A Public Education~~
915 ~~Agency must provide the youth with a~~
916 ~~summary of their academic achievement,~~
917 ~~functional performance, and~~
918 ~~recommendations on how to assist in~~

Draft Policy for Public Comment

919
920 ~~meeting the young adult's postsecondary~~
921 ~~goals. The SOP must be completed~~
922 ~~during the final year of a student's high~~
923 ~~school education.~~

924 ~~7. Other Considerations~~

925
926 ~~a. Transfer of Rights' Requirement for Public Education~~
927 ~~Agencies. Under Arizona State law, a child reaches the age~~
928 ~~of majority at 18. The right to make informed educational~~
929 ~~decisions transfers to the young adult at that time.~~

930 ~~i. According to IDEA, "beginning not later than one~~
931 ~~year before the child reaches the age of majority~~
932 ~~under State law, a statement that the child has been~~
933 ~~informed of the child's rights under this title, if any,~~
934 ~~that will transfer to the child on reaching the age of~~
935 ~~majority under section 1415(m)" must be included in~~
936 ~~the student's IEP. This means that schools must~~
937 ~~inform all youth with disabilities on or before their~~

Draft Policy for Public Comment

~~17th birthday that certain rights will automatically transfer to them upon turning age 18, and~~

~~ii. In order to prepare youth with disabilities for their transfer of rights, it is necessary for parents/caregivers to involve their child in educational decision-making processes early. The CFT or ART, in conjunction with the adult behavioral health provider, should assist the youth/parent/caregiver with this process.~~

~~b. A student with a disability between the age of 18 and 22, who has not been declared legally incompetent, and has the ability to give informed consent, may execute a Delegation of Right to Make Educational Decisions. The Delegation of Right allows the student to appoint their parent or agent to make educational decisions on their behalf. The student has the right to terminate the agreement at any time and assume their right to make decisions.~~

Draft Policy for Public Comment

957
958
959 d8. Postsecondary Education Considerations When
960 postsecondary education is the goal for the Member, assist
961 the Member with the following:

962 i. Matching the Member's interests with the right
963 school;

964 ii. Connecting the Member to the preferred schools, and
965 assisting with applications for scholarships or other
966 financial aid; and

967 iii. Connecting the Member with the Disability Resource
968 Centers from their preferred postsecondary
969 institutions if accommodations are needed.

970 When postsecondary education is the goal for young
971 adults, transition planning may include preparatory work in
972 a number of areas, including, but not limited to, matching
973 the young adult's interests with the right school,
974 connecting the youth to the preferred schools Disability

Draft Policy for Public Comment

975
976 Resource Center if accommodations are needed, assisting
977 with applications for scholarships or other financial aids,
978 etc. The CFT should anticipate and help plan for such
979 needs. If accommodations are needed, connect the youth
980 with the Disability Resource Centers from their preferred
981 postsecondary institutions, and

982 e9. Plan for medical and physical healthcare by assisting the
983 Member with the following: Medical/Physical Healthcare
984 Planning can include assisting the youth with:

985 ia. Transferring healthcare services from a pediatrician
986 to an adult health care pProvider, if pertinent;,

987 iib. Applying for medical and behavioral health care
988 coverage, including how to select a health plan and a
989 physician;,

990 iiic. Preparing an application for submission at age 18 to
991 AHCCCS for ongoing Medicaid services;,

Draft Policy for Public Comment

992
993
994

ivd. Obtaining personal and family medical history (e.g., copies of immunization records, major illnesses, surgical procedures);,

ve. Providing iInformation to the Member on advance directives as indicated in the Division Medical Policy 640;,

vif. Identifying methods and supports needed for managing healthcare appointments, keeping medical records, following treatment recommendations, and taking medication;,

viig. Assessing the supports or training needed How to identify healthcare concerns, address questions during appointments, and consult with doctors regarding diagnosis, treatment, and prognosis;, and

995
996 viiih. Assessing the supports or training needed for the
997 Member to Assuming responsibility for understanding

Draft Policy for Public Comment

998
999 and manage~~ing~~ the symptoms of their mental illness
1000 and obtaining knowledge of the benefits, risks, and
1001 side effects of their medication.

1002 f. Evaluate and plan for the Member's living arrangements to
1003 include:

1004 i. Assessing the ability to live independently;
1005
1006 ii. Identifying the level of community supports needed;
1007
1008 iii. Identifying the least restrictive living arrangement
1009 options to meet the Member's assessed needs and
1010 personal preferences;

1011 iv. If needed, assisting the Member with completing and
1012 filing applications for public housing or other
1013 subsidized housing programs;

1014 v. Allowing Members to continue to receive treatment
1015 at a BHIF at the time they turn 18 if they continue to
1016 require treatment and give their consent; and

Draft Policy for Public Comment

1017

1018
1019 10. Living Arrangements

1020
1021 Where young adults will live upon turning age 18 could change
1022 based on their current housing situation (e.g., living at home
1023 with family, with a relative, in a behavioral health inpatient or
1024 residential facility, other out-of-home treatment setting), or
1025 whether they decide to choose housing on-site while pursuing
1026 their postsecondary education. Youth who do not have the
1027 support of their parents or extended family, or who may be
1028 under the care and custody of the child welfare system, may
1029 require intensive planning to evaluate their ability to live
1030 independently, identify the level of community supports needed,
1031 and match the type of living environment to their individual
1032 personality and preferences. Each situation will require planning
1033 that specifically uses the young adult's strengths in meeting their
1034 needs and addresses any personal safety concerns.

1035 The most common types of living situations range from living
1036 independently in one's own apartment, with or without

Draft Policy for Public Comment

~~roommates, to a supported or supervised type of living arrangement. If needed, the team may assist the young adult with completing and filing applications for public housing or other subsidized housing programs. Refer to Arizona 2-1-1 for further information on housing options, state and federally funded programs, and other areas for consideration when addressing housing needs.~~

~~Youth living in a behavioral health inpatient facility at the time they turn age 18 can continue to receive residential services until the age of 22 if they were admitted to the facility before their 21st birthday and continue to require treatment.~~

vi. Allowing l~~L~~icensed residential agencies ~~may~~ to continue providing ~~to provide~~ behavioral health services to individuals aged 18 or older if the following conditions are met as specified in A.A.C. R9-10-318 (B):

1)~~a.~~ Person was admitted before their 18th birthday

Draft Policy for Public Comment

1055
1056 and is completing high school or a high school
1057 equivalency diploma, or is participating in a job
1058 training program, is not 21 years of age or
1059 older;~~,~~ or

1060 2)~~b.~~ Through the last day of the month of the
1061 person's 18th birthday.

1062 g. Complete financial planning to include:

1063
1064 i. Reviewing and updating any federal and state
1065 financial forms to reflect the Members's change in
1066 status to avoid disruptions in healthcare or financial
1067 assistance services, including applying for food
1068 stamps, housing, or other emergency assistance;

1069 ii. Assisting Members who are eligible for Social
1070 Security Income (SSI) benefits as a child with
1071 obtaining disability redetermination during the month
1072 preceding the month of their 18th birthday;

Draft Policy for Public Comment

1073

1074
1075 iii. Assisting the Member and their family or caregiver
1076 with identifying any changes related to Social
1077 Security benefits, including opportunities for Social
1078 Security Work Incentives;

1079 ~~11. Financial~~

1080
1081 ~~Assessing the financial support needed will include identifying~~
1082 ~~how much money is required to support the young adult's living~~
1083 ~~situation and how s/he will obtain it. This will include~~
1084 ~~determining whether the income from employment will pay the~~
1085 ~~bills or if Social Security Disability programs, food stamps, or~~
1086 ~~other emergency assistance will cover the young adult's financial~~
1087 ~~responsibilities. Depending on the special needs of the young~~
1088 ~~adult, arranging for a conservator or guardian may also be~~
1089 ~~necessary.~~

1090 ~~Together, the team should review and update any federal and/or~~
1091 ~~state financial forms to reflect the young adult's change in status~~
1092 ~~to ensure there is no disruption in healthcare or financial~~

Draft Policy for Public Comment

1093
1094 ~~assistance services. Youth who are eligible for Social Security~~
1095 ~~Income (SSI) benefits as a child will have a disability~~
1096 ~~redetermination during the month preceding the month when~~
1097 ~~they attain age 18. This determination will apply the same rules~~
1098 ~~as those used for adults who are filing new applications for SSI~~
1099 ~~benefits. The team can assist the young adult and their~~
1100 ~~family/caregiver with identifying any changes related to Social~~
1101 ~~Security benefits, including opportunities for Social Security~~
1102 ~~Work Incentives.~~

1103 ~~Young adults who learn about financial matters prior to age 18~~
1104 ~~have a better opportunity to acquire the skills necessary for~~
1105 ~~money management. Skill development can include:~~
1106

iv~~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, if needed;~~,~~

v~~b~~. Identifying weekly/monthly expenses that occur such as food, clothes, school supplies, and leisure

Draft Policy for Public Comment

1107
1108 activities and determining the monetary amount for
1109 each area if needed;~~,~~

1110 vi~~c~~. Learning how to monitor spending and budget
1111 financial resources if needed;~~,~~

1112 vii~~d~~. Providing e~~E~~ducation on how credit cards work and
1113 differ from debit cards, including an understanding of
1114 finance charges and minimum monthly payments if
1115 needed;~~,~~ and

1116 viii~~e~~. Understanding the short and long-term
1117 consequences of poor financial planning (e.g.,
1118 overdrawn account [NonSufficient Funds fee],
1119 personal credit rating, eligibility for home and/or car
1120 loans, potential job loss) if applicable.

1121 ~~12. Legal Considerations~~

1122
1123 h. ~~Transition planning that addresses~~ Address legal
1124 considerations ~~ideally begins~~ when the Member ~~youth~~ is

Draft Policy for Public Comment

1125
1126 17.5 years of age to ensure the Member young adult has
1127 the necessary legal protections upon reaching the age of
1128 majority., including: This can include the following:

1129 a. Document Preparation

1130
1131 Some families/caregivers may decide to seek legal advice
1132 from an attorney who specializes in mental health, special
1133 needs and/or disability law in planning for when their child
1134 turns 18 if they believe legal protections are necessary.
1135 Parents, caregivers, or guardians may choose to draw up a
1136 Will or update an existing one to ensure that adequate
1137 provisions have been outlined for supporting their child's
1138 continuing healthcare and financial stability. Other legal
1139 areas for consideration can include:

1140 i. Guardianship;,
1141
1142 ii. Conservator;,
1143
1144 iii. Special needs trust;, and

Draft Policy for Public Comment

1145

1146
1147 iv. Advance directives (e.g., living will, powers of
1148 attorney).

1149 ~~b. Legal Considerations for Youth with Disabilities~~

1150
1151 ~~Persons with developmental disabilities, their families and~~
1152 ~~caregivers may benefit from information about different~~
1153 ~~options that are available when an adult with a disability~~
1154 ~~needs the assistance of another person in a legally~~
1155 ~~recognized fashion to help manage facets of their life.~~
1156 ~~Refer to the Arizona Center for Disability Law's Legal~~
1157 ~~Options Manual for access to information and forms. This~~
1158 ~~publication also addresses tribal jurisdiction in relation to~~
1159 ~~the guardianship process for individuals who live on a~~
1160 ~~reservation. While this resource is focused on planning for~~
1161 ~~individuals with disabilities, teams can utilize this~~
1162 ~~information to gain a basic understanding of the legal~~
1163 ~~rights of individuals as they approach the age of majority.~~

1164 ~~13. Transportation~~

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~~A training program, whether a formal or informal one, may be useful in helping the young adult acquire the skills necessary for driving or when using public transportation. Planning can include assisting the youth with test preparation and acquiring a driver's permit. Use of a qualified instructor, family member, or other responsible adult can provide the youth with "behind the wheel" driving experience including how to read maps or manage roadside emergencies. If obtaining a driver's license is not feasible, skill training activities for using public transportation can include reviewing bus schedules, planning routes to get to a designated location on time, and learning how to determine the cost and best method of transportation for getting to and from work or scheduled appointments.~~

~~When transitioning to the adult behavioral health system,~~

i. E~~e~~ducate the family and Member ~~young adult~~ on the transportation options available through the adult service delivery system~~.~~ to support the Member's continued

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1185
1186 attendance at behavioral health treatment appointments.

1187 ~~This will help support the young adult's continued~~

1188 ~~attendance at behavioral health treatment appointments,~~

1189 ~~as well as assist the team with~~

1190 j. Identify ~~identifying~~ and plan~~ning~~ for other transportation

1191 needs that are not necessarily associated with accessing

1192 medical or behavioral health services.

1193 ~~14. Personal Identification~~

1194
1195 ~~The team can assist the youth with acquiring a State issued~~

1196 ~~identification card in situations where the young adult may~~

1197 ~~not have met the requirements for a driver's license issued~~

1198 ~~by the Arizona Motor Vehicle Division. An identification~~

1199 ~~card is available to all ages (including infants); however,~~

1200 ~~the youth may not possess an Arizona identification card~~

1201 ~~and a valid driver's license at the same time.~~

1202 ~~15. Mandatory and Voluntary Registrations~~

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1203

1204
1205 ~~Selective Service registration is required for almost all male U.S.~~
1206 ~~and non-U.S. citizens who are 18 through 25 years of age and~~
1207 ~~residing in the United States. Registration can be completed at~~
1208 ~~any U.S. Post Office and a Social Security Number is not needed.~~
1209 ~~When a Social Security Number is obtained after registration is~~
1210 ~~completed, it is the responsibility of the young adult male to~~
1211 ~~inform the Selective Service System. Upon turning age 18 the~~
1212 ~~young adult can register to vote. Online voter registration is~~
1213 ~~available through Arizona's Office of the Secretary of State.~~

1214 **H~~J~~. TRAINING AND SUPERVISION RECOMMENDATIONS**

1215
1216 ~~1. The practice elements of this policy apply to Division, AdSS, and~~
1217 ~~subcontracted network and provider behavioral health staff who~~
1218 ~~participate in assessment and service planning processes,~~
1219 ~~provider case management and other clinical services, or who~~
1220 ~~supervise staff that provide service delivery to adolescents,~~
1221 ~~young adults, and their families.~~

1222 12. The Division shall require ~~monitor~~ the AdSS to ensure: ~~each~~

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~~AdSS has established a process for ensuring the following:~~

a. ~~Staff~~ Providers are trained and understand how to implement the practice elements outlined in this policy;

b. The AdSS' network and ~~provider~~ Provider agencies are notified of changes in policy and additional training is available if required; and

c. ~~Upon request from AHCCCS or the Division, the~~ The AdSS ~~shall~~ provides documentation demonstrating that all required network and ~~provider~~ Provider staff have been trained on this policy upon request from AHCCCS or the Division.

23. The Division shall monitor the AdSS for incorporation of this policy into other supervision processes the AdSS and their network and ~~provider~~ Provider agencies have in place for direct care clinical staff, in alignment with A.A.C. R4-6-212, Clinical Supervision Requirements.

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1241

1242
1243 **IK. DIVISION OVERSIGHT AND MONITORING OF AdSS OVERSIGHT**

1244
1245 The Division shall provide oversight and monitoring of compliance by
1246 Administrative Services Subcontractors serving Members enrolled in a
1247 DDD subcontracted health plan with respect to any contractual
1248 delegation of duties specific to this policy and as specified in AdSS
1249 Medical Policy 587 using one or more of the following methods: use, at
1250 a minimum, the following methods to ensure the AdSS are in
1251 compliance with AdSS Medical Policy 280 and associated policies:

1252 a1. Completing Aannual Ooperational Rreviews of compliance;
1253 with standards for Transition Aged Youth (TAY) and related
1254 evidence-based programs, including but not limited to:

1255 ba. Reviewing applicable Ppolicies and /procedures; to
1256 promote, and evidence of, adequate programming for TAY
1257 utilizing the Transition to Independence (TIP) Model, or
1258 other evidence-based programs for this population.

1259 b. Policies/procedures to track numbers, and evidence of,

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1260
1261 ~~staff currently trained in TIP evidence-based programs.~~

1262
1263 ~~c. Policies/procedures to analyze, and evidence of, sufficiency~~
1264 ~~of current First Episode Psychosis (FEP) programming for~~
1265 ~~TAY (aged 18-24).~~

1266 ~~d. Evidence of the AdSS completing an analysis of the data in~~
1267 ~~Sections J.(1)(a.)(b.)(c.) and any related plans for~~
1268 ~~developing additional FEP programming for TAY.~~

1269 c~~2~~. Review of ~~Analyze~~ deliverable reports or other data as
1270 applicable; ~~required, including but not limited to, Provider~~
1271 ~~Network Development and Management Plans~~
1272 ~~demonstrating network adequacy and plans to promote~~
1273 ~~specialty services described in this policy~~.

1274 d~~3~~. Conducting oversight meetings with each AdSS for the
1275 purpose of reviewing compliance and addressing any
1276 systemic access to care concerns or other quality of care
1277 concerns;~~.~~ and

Draft Policy for Public Comment

1278

1279
1280 e4. Reviewing data submitted by the AdSS demonstrating
1281 ongoing compliance monitoring of their network and
1282 Pprovider agencies through Behavioral Health Clinical
1283 Chart Reviews.

1284 **SUPPLEMENTAL INFORMATION**

1285 **A.** Transition to adulthood is a process that occurs over many years and
1286 varies depending on the individual. Involving families in the Transition
1287 Planning process and collaborating with the Member to identify the
1288 individual needs acknowledges the diversity that is needed when
1289 accessing services and supports.

1290 **B.** Often, Members who successfully transition to adulthood are those
1291 that acquire a set of skills and the maturational level to use these skills
1292 effectively. Transition Planning can emphasize interpersonal skill
1293 training through a cognitive-behavioral approach to help youth develop
1294 positive social patterns, assume personal responsibility, learn
1295 problem-solving techniques, set goals, and acquire skills across
1296 various life domains.

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1297
1298 **C.** Planning for a Member's transition to adulthood involves a working
1299 partnership among team members in the Children's System of Care
1300 and the Adult System of Care.
1301 **D.** Whenever possible, it is recommended that the young adult and their
1302 family be given the choice of whether to stay with the children's
1303 Provider or transition to the adult behavioral health service Provider.
1304 The importance of securing representation from the adult service
1305 Provider in this process cannot be overstated, regardless of the
1306 person's identified behavioral health category assignment (SMI,
1307 General Mental Health, Substance Use). The children's behavioral
1308 health Provider should be persistent in its efforts to make this occur.
1309 **E.** Members, upon turning age 18, will be required to sign documents
1310 that update their responsibilities with relation related to their
1311 behavioral health treatment as an adult. Some examples include a new
1312 consent to treatment and authorizations for sharing protected health
1313 information to ensure that the team members can continue as active
1314 participants in service planning.

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1315
1316 **F.** Members who learn about financial matters prior to age 18 have a
1317 better opportunity to acquire the skills necessary for money
1318 management.
1319 **G.** Some families/caregivers may decide to seek legal advice from an
1320 attorney who specializes in mental health, special needs and/or
1321 disability law in planning for when their child turns 18 if they believe
1322 legal protections are necessary. Parents, caregivers, or guardians may
1323 choose to draw up a will or update an existing one to ensure that
1324 adequate provisions have been outlined for supporting their child's
1325 continuing healthcare and financial stability.

1326 **H.** Persons with developmental disabilities, their families and caregivers
1327 may benefit from information about different options that are available
1328 when an adult with a disability needs the assistance of another person
1329 in a legally recognized fashion to help manage facets of their life. Refer
1330 to the Disability Rights Arizona's Legal Options Manual for access to
1331 information and forms. This publication also addresses tribal
1332 jurisdiction in relation to the guardianship process for individuals who
1333 live on a reservation. While this resource is focused on planning for

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1334
1335 individuals with disabilities, teams can utilize this information to gain a
1336 basic understanding of the legal rights of individuals as they approach
1337 the age of majority.

1338 **I. OTHER LEGAL CONSIDERATIONS**

1339
1340 1. Transfer of Rights' Requirement for Public Education Agencies.
1341 Under Arizona State law, a child reaches the age of majority at
1342 18. The right to make informed educational decisions transfers
1343 to the young adult at that time.

1344 a. According to IDEA, "beginning not later than one year
1345 before the child reaches the age of majority under State
1346 law, a statement that the child has been informed of the
1347 child's rights under this title, if any, that will transfer to the
1348 child on reaching the age of majority under section
1349 1415(m)" must be included in the student's IEP. This
1350 means that schools must inform all youth with disabilities
1351 on or before their 17th birthday that certain rights will
1352 automatically transfer to them upon turning age 18; and

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1353

1354
1355 b. In order to prepare Members with disabilities for their
1356 transfer of rights, it is necessary for parents/caregivers to
1357 involve their child in educational decision-making
1358 processes early. The CFT or ART, in conjunction with the
1359 adult behavioral health Provider, should assist the
1360 Member/parent/caregiver with this process.

1361 2. A student with a disability between the age of 18 and 22, who
1362 has not been declared legally incompetent, and has the ability to
1363 give informed consent, may execute a Delegation of Right to
1364 Make Educational Decisions. The Delegation of Right allows the
1365 student to appoint their parent or agent to make educational
1366 decisions on their behalf. The student has the right to terminate
1367 the agreement at any time and assume their right to make
1368 decisions.

1369 **J.** For Housing options, refer to Arizona 2-1-1 for state and federally
1370 funded programs, and other areas for consideration when addressing
1371 housing needs.

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1372
1373
1374
1375
1376 Signature of Chief Medical Officer:

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