

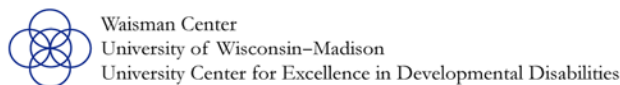


Transition to Adult Healthcare for Young Adults with Special Needs

Saturday, April 15, 2008
UW Health - American Family Children's Hospital
Madison

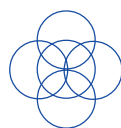
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Healthy & Ready to Work:
A Series of Materials Supporting Youth with Special Health Care Needs

Transition to Adult Health Care: A Training Guide in Two Parts



Waisman Center
University of Wisconsin–Madison
University Center for Excellence in Developmental Disabilities

Rules of 18

In Wisconsin, when a person reaches his or her 18th birthday, he or she legally becomes an adult. Ability or disability does not matter. Upon reaching the age of 18, all the rights of legal adulthood are in effect (except for drinking beer or alcohol. This is not a right until age 21).

Some of these rights include the ability to:

- Vote;
- Get married;
- Make a will;
- Make a contract (rent an apartment, buy a car, take out a loan);
- Give or refuse consent for medical treatment;
- Make independent decisions free from parental control; and
- Apply for credit

There are also responsibilities that come along with these rights. Some of these responsibilities include:

- Being tried in adult criminal court; (This actually begins at age 17 and, in some circumstances, can occur as young as age 14 if the individual is “waived” into adult court.)
- Self support; (Parents are not required to support their adult children.)
- Serving on Jury Duty if called to do so;
- Being held liable for contracts entered into; and
- REGISTERING FOR THE DRAFT. It does not matter if someone is capable of serving or not. EVERY male citizen and alien residing in the United States must register within 30 days of his 18th birthday. Even a male with severe disabilities must register, although there may be no way he can serve. Failure to register for the draft is a federal crime.

Parents must understand that they do not continue to have decision-making authority for their adult child after that child turns 18. Even in cases of severe disability, adults are presumed able to act on their own behalf unless a court of law decides otherwise.

There are options for individuals who need assistance with decision-making. Guardianship is the most widely known option, but there are other possibilities.

Guardianship can be established for an individual who lacks the mental capacity to make informed decisions about his or her own care or finances. Physical disability and/or making poor decisions without actual mental incapacity are not enough to require guardian.

There are different types of guardianship. Full guardianship may not be needed. Sometimes a limited guardianship can be established so that the individual with a disability can retain some rights. The types of guardians include: Guardian of the Person, Guardian of the Estate, Temporary Guardian, Limited Guardian, Standby Guardian and Successor Guardian. Parents do not necessarily need to serve as their adult child's guardian. A friend, another family member or a volunteer guardian appointed by the judge can assume this role.

Another option to consider may include utilizing Power of Attorney. Having a Representative Payee for financial matters may be sufficient. Good information is needed to make informed decisions in this area. As in other areas of life, the least restrictive option possible deserves serious consideration.

Information for this handout was obtained from:

- "Guardianship of Adults: A Decision-Making Guide for Family Members, Friends and Advocates," a handbook by Roy Froemming, J. D., and Betsy Abramson, J. D. It is available from the Department of Health and Family Services. Division of Supportive Living, ATTN: Publications Order, One West Wilson St., P. O. Box 7851, Madison, WI 53707-7851. Include the publication number (PSL-460), your name, address and a phone number in case of questions.
- "On Being 18," by Attorney David E. McFarlane, published by the State Bar of Wisconsin, 5302 Eastpark Blvd., P. O. Box 7158, Madison, WI 53707-7158. Phone number: (608) 257-3838.
- The Wisconsin Guardianship Support Center, Elder Law Center, Coalition of Wisconsin Aging Groups, 2850 Dairy Drive, Suite 100, Madison, WI 53718-6751. Phone number: (608) 224-0660 or toll free at 1-800-488-2596.
- Wisconsin Coalition for Advocacy, 16 North Carroll Street, Suite 400, Madison, WI 53703. Phone number: (608) 267-0214 or toll free at 1-800-928-8778.



Healthy Lifestyle Habits

Diet and Exercise Healthy eating habits Controlling weight Having enough energy Personal appearance (Grooming and clothes)	Balance Understanding stress Work and leisure Challenge and relaxation Alone and with others
Healthy Relationships Friends vs. acquaintances Social networks (clubs, church, sports teams, etc.) Activities vs. hanging out	Self-Awareness and Self Protection Avoiding risky behaviors Safety practices Privacy and boundaries Feelings and emotions
Prevention Going to dentist Going to doctor Going to specialist Medication	
Healthy Lifestyle Habits are a gift we give ourselves	

Health Care Checklist

QUESTION	YES	NO
Do I know how I learn best?		
Can I describe my special health care needs?		
Do we discuss and demonstrate healthy lifestyle habits as a family?		
Can I name my doctor(s)?		
Can I tell when I'm getting sick?		
Can I describe my symptoms when I'm sick?		
Do we use a family calendar for tracking appointments, activities, etc.?		
Can I make my own appointments?		
Can I arrange transportation to appointments?		
Do I give information and answer questions at appointments?		
Have I discussed transitioning to adult care providers with my present providers?		
Do I know how to register or check in for appointments (i.e., showing insurance/MA card)?		
Do I know the medications I am taking, the reason(s), schedule, and pertinent side effects?		



QUESTION	YES	NO
Do I know how to fill and refill prescriptions?		
If I am on my parent's insurance, do I know how long this can continue?		
Do I know what insurance or health care coverage will be available when I turn 18?		
Have we talked about and made plans for guardianship (none, full, limited)?		
Do I know how to use formal or informal advocacy or supports?		
Have we discussed and planned for Power of Attorney for Health Care and Advanced Directives?		



When I am Sick

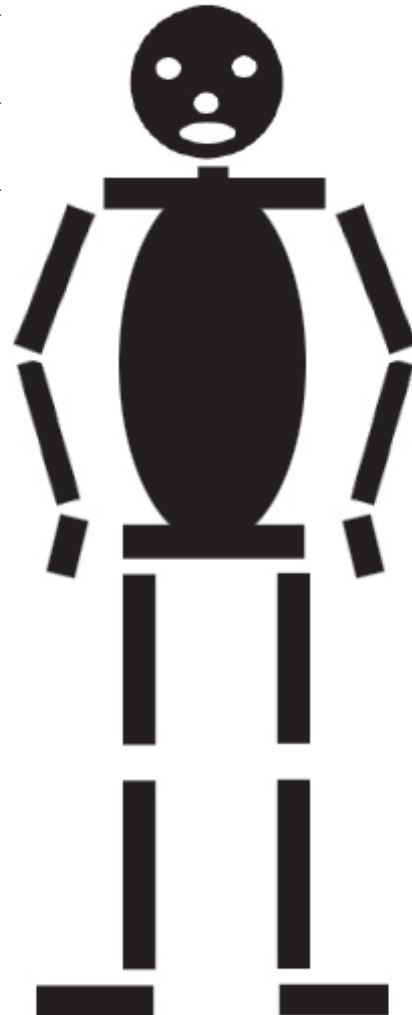
Doctor's Name _____ Nurse _____

Care Coordinator _____

Phone Numbers _____

My Symptoms:

List from head to toe, circle or mark with an X on the drawing below



Making An Appointment

When you call to make an appointment you need to have some basic information ready. You should also have your calendar. Fill in as many of the blanks on this form as you can before you make your call. Then you can use it as an outline when you do call. The person answering the phone may be able to help you or may need to transfer your call to someone else. If that happens, you may have to repeat some of the same information.

Place your call using this phone number _____

Hello, my name is _____

I need an appointment to see _____

because _____
for example: check-up, don't feel well, back pain...)

How soon can I get in?
(write the date and time you are told here _____)

(If that time is okay, say you'll take the appointment.)
(If it is not, ask for another date and/or time. _____)

How long is the appointment?
(write the amount of time here _____)
(If you will need more time be sure to say so and how much)

OK, my appointment is _____ for _____
(write the date, time and for how long and say it back to be sure)

(If you will need a lift or help to get onto the exam table or other accommodations
what you will need _____)

Visiting My Doctor

Getting ready for an appointment

Doctor's Name _____ Date _____

Why I am going to the doctor: _____

Medications I am taking: _____

What I want to remember to ask my doctor: _____

At my appointment

Why I am at the doctor: _____

What is wrong? _____

What should I do? _____

How long will it last? _____

Visiting My Doctor continued

Can I go to work/school? _____

Do I need different medicine? _____

Are there side effects? _____

What if I don't start feeling better or I feel worse? _____

Are there any changes in what I'm suppose to do to take care of myself? _____

Do I need another appointment? _____

Where will you write this down so you remember? _____



Visiting a New Doctor

Why I am here: _____

This is my medical history: _____

These are my medical conditions: _____

Medications and medication allergies: _____

Other allergies: _____

Past surgeries/hospitalizations: _____

Other doctors I have seen: _____

How I communicate best: _____

Other things to know about me: _____

What should I know about you? _____

Ordering Prescriptions and Refills

When your doctor wants you to take medication, the prescription may be called in to a pharmacy and you will pick it up. If the doctor gives you a written prescription, you will take it to your pharmacy to get it filled. If there are refills ordered so that you will continue to take the medication, you will need to order refills so you don't run out of the medication.

To order a refill on a medication you already have, use the information on your medication bottle. Have the bottle with you or write the information in the blanks on this form before you make your phone call. You can then use this form as an outline for your call.

The phone number of the pharmacy is usually on the label on the medication bottle. Take your insurance or MA card when you go to get your medicine.

Pharmacy Phone Number _____

Hello, my name is _____
I need a refill on a prescription.

The prescription number is _____
(This number is usually on the upper right of the label on the bottle)

The name of the medication is _____

When can I pick it up? _____

Can you deliver it? _____ If yes, when? _____

Is there a co-pay? (How much?) _____

Thank you.



When you call the pharmacy, a person may answer and take the information. Sometimes you may get an answering system that tells you how to give the information the pharmacy needs by pushing certain numbers on the phone. If this is too hard or too confusing, you can usually stay on the phone or push a number given to get help from a person who will take the information from you.

The number of refills is usually on the lower left part of the label on the medication bottle. If you don't have any more refills left, but still need the medication, the pharmacy will usually call your doctor to get a new prescription.

Call to order refills on your medication when you have one week of medicine left, so you don't run out on a weekend, holiday or while on a trip. Mark your calendar to remind yourself of when to re-order.

Make sure you understand how to take your medication and any side effects that might happen. You will get written information when you pick up your medication, but ask the pharmacist any questions you may have.

If you get home and have a question or concern, call and ask the pharmacist for information over the phone. You can also call your doctor's office and ask to speak to your doctor's nurse. Nurses can also answer a lot of your questions and can check with your doctor if needed.

ROUND WHITE TABLET Side 1: 5084 Side 2: V	TIMOTHY LAWRENCE, MADISON, WI 53705 PREDNISON 1MG TABLETS MFG QUALITEST TAKE AS DIRECTED	DATE 11/20/06
This Medicine May Lower Your Ability To Fight Off Infections. Avoid Contact With People Who Have Contagious Diseases.	RX 2304811-02848 QTY 100 REFILLABLE UNTIL 10/10/07 <i>Walgreens</i>	USE BEFORE 11/19/07 J. DAVIS, MD
Take With Food Or Milk	606 S WHITNEY WAY, MADISON, WI 53711 (608) 274-1311	MJS/MJS/MJS/GEX Rx ONLY
Most Insurance allow refill on or after 12/14/2006	If You Have Diabetes, This Medicine May Change Your Blood Or Urine Sugar. If This Occurs, Call Your Doctor.	
	Take Or Use This Medicine Exactly As Directed. Do Not Skip Doses Or Discontinue Unless Directed By Your Doctor.	

Emergency Medical Information Card



Name _____ Date of Birth _____

Address _____

Allergies to Latex or Medications: _____

Phone () _____

Emergency Contacts:

Name _____ Relationship _____

Phone () _____ Primary Doctor _____

Healthcare Contacts:

Doctor _____ Phone () _____

Hospital/Clinic _____ Phone () _____

Insurance Card Number _____ Phone () _____

Special Needs Information:

Chronic Illnesses/Diagnosis/Disabilities/Communication/Equipment/Other _____

Other Important Stuff _____

How I Communicate _____

Turn over for medications and other information

Emergency Medical Information Card



Name _____ Date of Birth _____

Address _____

Allergies to Latex or Medications: _____

Phone () _____

Emergency Contacts:

Name _____ Relationship _____

Phone () _____ Primary Doctor _____

Healthcare Contacts:

Doctor _____ Phone () _____

Hospital/Clinic _____ Phone () _____

Insurance Card Number _____ Phone () _____

Special Needs Information:

Chronic Illnesses/Diagnosis/Disabilities/Communication/Equipment/Other _____

Other Important Stuff _____

How I Communicate _____

Turn over for medications and other information

Emergency Medical Information Card

Medications:

Name _____	Dose _____
Name _____	Dose _____
Name _____	Dose _____
Name _____	Dose _____
Name _____	Dose _____
Name _____	Dose _____
Name _____	Dose _____
Name _____	Dose _____
Name _____	Dose _____
Name _____	Dose _____
Name _____	Dose _____

Power of Attorney for Health Care? Yes _____ No _____

If Yes, Who? _____

Phone () _____

Additional Information _____

For general questions about health and community resources call Waisman Resource Center at 1-800-532-3321

Emergency Medical Information Card

Medications:

Name _____	Dose _____
Name _____	Dose _____
Name _____	Dose _____
Name _____	Dose _____
Name _____	Dose _____
Name _____	Dose _____
Name _____	Dose _____
Name _____	Dose _____
Name _____	Dose _____
Name _____	Dose _____
Name _____	Dose _____

Power of Attorney for Health Care? Yes _____ No _____

If Yes, Who? _____

Phone () _____

Additional Information _____

For general questions about health and community resources call Waisman Resource Center at 1-800-532-3321

Transition to Adult Health Care Workshop

Evaluation

Your feedback will help us know what you learned and what you will do with what you learned. We will not attach your name to your answers. Thanks for helping us out!

1. Tell us about something you learned about transitioning to adult health care at the workshop on (DATE). Please be specific.

2. What is something you will do differently about your health care because of something you learned at the workshop?

2. What are ways we can improve the workshop for future offerings?

