1. Transition Policy
   - Develop a transition policy/statement with input from youth/young adults and families that describes the practice’s approach to transitioning to an adult approach to care at 18, including privacy and consent information.
   - Educate all staff about the practice’s approach to transition, the policy/statement, the Six Core Elements, and distinct roles of the youth, family, and health care team in the transition process, taking into account cultural preferences.
   - Post policy and share/discuss with youth and families, beginning at age 12 to 14, and regularly review as part of ongoing care.

2. Transition Tracking and Monitoring
   - Establish criteria and process for identifying transitioning youth/young adults and enter their data into a registry.
   - Utilize individual flow sheet or registry to track youth/young adults’ transition progress with the Six Core Elements.
   - Incorporate Six Core Elements into clinical care process, using EHR if possible.

3. Transition Readiness
   - Conduct regular transition readiness assessments, beginning at age 14, to identify and discuss with youth and parent/caregiver their needs and goals in self-care.
   - Jointly develop goals and prioritized actions with youth and parent/caregiver, and document regularly in a plan of care.

4. Transition Planning/Integration into Adult Approach to Care
   - Develop and regularly update a plan of care, including readiness assessment findings, goals and prioritized actions, medical summary and emergency care plan, and, if needed, legal documents.
   - Prepare youth and parent/caregiver for adult approach to care at age 18, including legal changes in decision-making and privacy and consent, self-advocacy, and access to information.
   - Determine of need for decision-making supports for youth with intellectual challenges and make referrals to legal resources.
   - Plan with youth and parent/caregiver for optimal timing of transfer from pediatric to adult specialty care
   - Obtain consent from youth/guardian for release of medical information.
   - Provide linkages to insurance resources, self-care management information, and culturally appropriate community supports.

5. Transfer to Adult Approach to Care
   - Address any concerns that young adult has about transferring to adult approach to care. Clarify adult approach to care, including shared decision-making, privacy and consent, access to information, adherence to care, and preferred methods of communication, including attending to health literacy needs.
   - Conduct self-care assessment (transition readiness assessment) if not recently completed and discuss needed self-care skills.
   - Review young adult’s health priorities as part of ongoing plan of care.
   - Continue to update and share portable medical summary and emergency care plan.

6. Transfer Completion/Ongoing Care
   - Assist young adult to connect with adult specialists and other support services, as needed.
   - Continue with ongoing care management tailored to each young adult.
   - Elicit feedback from young adult to assess experience with adult health care.
   - Build ongoing and collaborative partnerships with specialty care providers.