This e-newsletter keeps you up-to-date about current activities of Got Transition and related health care transition topics of interest to the adolescent health community.

Please share any transition-related items you’d like highlighted in our next issue at info@gottransition.org.

And be sure to check out www.GotTransition.org for all your news and resources on the transition of young adults to adult health care!

New 2017 Transition Coding and Reimbursement Tip Sheet

Got Transition and the American Academy of Pediatric have just released a 2017 Transition Coding and Reimbursement Tip Sheet to support the delivery of health care transition services in pediatric and adult primary specialty care settings. The tip sheet includes:

- An updated list of transition-related CPT codes (including the new code for transition readiness assessment) with current Medicare fees and relative value units (RVUs).
- Seven clinical vignettes with recommended CPT and ICD-10 codes.
- Detailed CPT coding descriptions for transition-related services with selected coding tips.

State Title V Transition Innovation: Kentucky’s Commission for Children with Special Health Care Needs

As part of our series highlighting best practices, Karen Rundall and Lee Gordon from Kentucky’s Commission for Children with Specials Health Care Needs (the Commission) agreed to share their experience about incorporating health care transition services as part of their regional care coordination program for youth with special health care needs (YSHCN). For nearly two decades, Kentucky has been working on transition
issues, starting with a Health & Ready to Work federal grant, in collaboration with Shriners Hospital for Children and the University of Kentucky's Human Development Institute.

**Q: Can you describe Kentucky’s health care transition milestones?**

A: Several years ago, Kentucky developed a set of age-specific transition checklists that include health and independent living questions and resources for YSHCN and their families. These checklists are for children ages 0-4 and 5-11, and for adolescents ages 12-14, 15-17, and 18-21. Starting at age 12, Title V care coordinators begin to ask transition questions directly to youth to build their self-advocacy skills and readiness for adult-focused care. When YSHCN celebrate their birthdays at ages 14, 16, and 18, the Commission sends letters that incorporate transition milestones. The 18th birthday letter acknowledges YSHCNs’ adult status and incorporates information about HIPAA privacy and voter registration.

In Kentucky, most YSHCN transfer to adult providers around age 18, which affords a couple of years when YSHCN are in adult systems of care and, at the same time, still receiving needed care coordination support. On their 21st birthday, young adults are no longer eligible for Title V care coordination services. Information from the transition checklist is incorporated into the Title V electronic medical record system, which is used by staff to continuously assess self-care skills and evaluate progress.

**Q: Does the state Title V program have its own transition policy, and how is this information shared?**

A: Kentucky's Title V program developed its transition policy with feedback from our Youth Advisory Council. It explains when the transition process begins, when the young adult should begin to transfer to an adult provider, and how the Commission will assist with the transition and transfer process. It has been distributed to all 11 regional offices, where it is posted in offices and waiting rooms. It also goes to YSHCN as part of their birthday letters.

**Q: How is the state Title V program working to identify adult providers to care for YSHCN leaving pediatric care?**

A: Our nurse case managers have gone out to adult providers in their regions to introduce themselves and discover which adult providers are willing to accept new young adults with special health care needs. When providers agree, a follow-up letter is sent, acknowledging the continued availability of Title V care coordination support and thanking them. We also provide the new adult doctor with the youth's portable medical summary and plan of care and offer to help make connections with needed referrals.

**Q: How do you obtain feedback on your transition program?**

A: Each quarter, the Title V program obtains a list of patients who have aged out of the program. These former patients are called and asked to respond to a brief set of questions about their transition experience and their connection to an adult doctor. In the last two years, 141 patients have aged out of the program, and 61 of them were reached for feedback. All of the respondents said that they have an adult physician, and they were satisfied with the transition support received. State Title V officials also perform a random chart audit of each care coordinator's adolescent patient population to determine if an age-specific transition checklist was conducted and recorded in the EMR.

---

**State Public Health Innovations in Health Care Transition:**

**A Review of 2017 Title V Block Grant Applications**

The 32 state Title V public health programs that selected transition as one of their national performance measures have made impressive gains since 2016 with the adoption of evidence-information transition interventions. A new Got Transition report highlights numerous state examples of best practices that are underway or planned related to transition practice improvements, health care professional transition
education, consumer transition training and leadership, transition communications, and interagency transition planning. New information about measuring national and state performance from the National Survey of Children's Health is provided along with specific suggestions for further enhancing state Title V health care transition leadership.

Got Transition presented findings from this report at the Annual Conference of the Association of Maternal and Child Health Programs (AMCHP) in Kansas City, MO. The workshop also featured two state Title V programs - from Arkansas and Minnesota - and how they have put into action evidence-based transition strategies related to the Six Core Elements of Health Care Transition. The presentation was videotaped by AMCHP and is available online HERE.

---

**Call for Abstracts**

* 9th Annual Health Care Transition Research Consortium Symposium
** 4th Annual Mental Health Dialogue on Transition

*The International and Interdisciplinary Health Care Transition Research Consortium (HCTRC), in collaboration with Baylor's Annual Transition Conference, has announced a Call for Abstracts for researchers to be presented in Houston, Texas on October 4, 2017. The categories of abstracts for presentations or posters include: 1. Adolescent/Emerging Adult/Family Experience; 2. Continuous Quality Improvement/Program Development/Models of Care; 3. Health Provider or Patient/Caregiver Education; 4. Health Care Transition Outcomes and Readiness Measures; 5. Self-management; and 6. Other.

**Submissions for brief presentations for the 4th Annual Mental Health Dialogue on Transition (October 3, 2017, in Houston, Texas) are also being accepted. Of particular interest are abstracts that incorporate youth engagement strategies as well as youth involvement in programming; however, all topics related to behavioral and mental health care will be considered.

To find information on abstract formatting or to submit an abstract, CLICK HERE. The deadline for submission for both the HCTRC and Mental Health Dialogue on Transition is April 30, 2017.

---

The National Alliance to Advance Adolescent Health/Got Transition