



Transition Planning Guide





ASSISTING INDIVIDUALS WITH disabilities transition from facilities to the community requires careful planning, coordination and communication. The following are considerations that the Money Follows the Person (MFP) team have found to be critical in assuring success. This list is not meant to be all inclusive but is based on MFP experience with transitioning. It is hoped that the questions and considerations listed will stimulate other questions and considerations. It is essential that each transition be tailored to the individual and his/her needs, recognizing one size does not fit all. The questions presented in this guide are directed to the individual transitioning while understanding it may take a support team to assist with the transition. Some questions may need to be answered by his/her support team on behalf of the individual. Please note that a funding source or a natural support should be identified for all determined needs.

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Getting Started

Who will help you meet your daily support needs?

- Is the support paid? yes no
- Will natural supports be in place? yes no

Do you need an Intellectual Disability or Brain Injury waiver slot? yes no
Has a reserved capacity slot been requested through a Medicaid application? yes no
Has it been granted? yes no

Does your Level of Care for waiver need to be updated? yes no
Do you have a current psychological evaluation and/or documentation of appropriate diagnosis for the waiver? yes no

Do you have a guardian? yes no
Does your guardian agree with the transition? yes no

Is a guardian needed before the transition? yes no

Do you need 24 hours of support? yes no
Can you safely have time without supervision from a care provider? yes no
If yes, what is the maximum amount of time for this and what supports need to be in place to ensure your safety and success with this? _____

Who will notify Medicaid/Department of Human Services Income Maintenance worker of the transition and the new address? _____

Housing

Where are you moving? _____

Who is responsible for finding housing? _____

If housing has been found, does it meet your financial and accessibility needs? yes no

Who will/can sign the lease? _____

Can the housing support the voltage requirements for electrical medical equipment and what is the emergency medical back up arrangements?

Is subsidized housing available? yes no
If so, who will make the application? _____

Who will follow up with any housing subsidy waiting lists? _____

Who will make application for utility assistance?

Who will set up utilities? _____
Who will pay utilities? _____

How much will you need for deposits and rent and how much will you need on-going? _____

Will you have nearby access to community resources? (Examples: groceries, banks, rehab services) yes no

Medical or Physical Conditions that Impact Lifestyle

Who is your primary care doctor _____

Will this be your doctor after the transition?

yes no

Has an appointment been scheduled?

yes no _____

How many days' worth of medication is the discharge facility able to provide? _____

Will prescription(s) be sent with you or to the pharmacy? _____

How long are the prescriptions valid? _____

Are there any medications which require blood work be drawn in order to obtain medication?

yes no _____

Does the pharmacy stock these medications?

yes no _____

Are there over-the-counter medications that will be needed? yes no

Who will be responsible to provide over-the-counter medications? _____

How do you take medications? Who supports it? Can you self-medicate? yes no

Who orders medications? _____

What PRN (as needed) medications are needed? _____

Who determines when they are needed? _____

Are your medications going to be covered by insurance once you leave the facility? yes no

Are they available at the pharmacy of choice? _____

Everyone should be aware that there will be copayments and charges for over prescriptions and over-the-counter medications.

What medical specialists need to be established? _____

Who makes your medical appointments? _____

Do you have any known allergies? yes no _____

Do you have a history of seizures? yes no

How do the seizures present themselves? _____

What do the seizures look like? _____

What is the seizure protocol? _____

Are you diabetic? yes no

If so how do you meet these needs? How will diabetic supplies be obtained and who will provide them? (Examples: meters and strips) How do you manage your diabetes and can you give your own injections? _____

Do you have any diet restrictions? yes no
If so, what are they? _____

Do you have any contagious diseases? yes no
If so, what supports are necessary to manage this condition? _____

Do you have any special considerations regarding your medical diagnosis? yes no
Are any nursing services needed? (Example: epilepsy injections) _____

Do you need incontinence supplies? yes no
Who is responsible to get those? _____

Be aware that prescriptions and preauthorization are needed for incontinence supplies.

What is your preferred emergency medical care hospital? _____

Do you smoke? yes no

What training is needed for direct support staff and/or non-paid caregivers in this area to support you? Who will provide it? What is the timeline for training? _____

Psychiatric, Mental Health and Behavioral Health

- What are your diagnoses(s) and how do they manifest? _____

- Are your medications going to be covered by insurance once you leave the facility? yes no
Are the medications available at the pharmacy of choice? yes no
- Do you have schedule 2 medications prescribed? yes no
What are the protocols in place for storage and handling? _____
- Do you take any psychotropic PRN medications? yes no
If so what are the protocols in place for when they can be administered? _____
- When was your last psychological evaluation? _____
When is it due again? _____
- Do you have a psychiatrist? yes no
Are appointments set up? yes no
This should be set up prior to the transition.
What is your new psychiatrist's procedure for appointments? _____
- Do you have interfering behaviors? yes no
What do the interfering behaviors look like? _____

- Do you have inappropriate sexual behaviors to be aware of? yes no
- Has there been any recent police involvement? yes no
- Do you have a therapist? yes no
If so, have appointments been made? For when?

- Have you had any ER visits/hospitalizations in the last year? yes no
Why were you hospitalized? _____

- Where were you hospitalized? _____
- Do you have a history of substance abuse? _____
If so what is your drug of choice? _____
What supports are needed to support your recovery? _____

- Have you been involuntarily discharged from any other facilities? yes no
If so why? _____

- What tips and tricks for meeting behavioral support needs have been used in the past? _____

- For individuals with a brain injury, when did your injury occur and how? _____

Did it change your behavior? yes no
What is your level of awareness into your injury?

- Do you have behaviors of concern in certain environments? yes no _____
- Do you have a history of past trauma and abuse? yes no _____
Have you had treatment for past trauma and abuse and/or is it still needed? yes no _____
- Are there or has there been any behavioral support plans in place? yes no
If so does this plan need to be carried over to your new home? yes no
Does the behavioral support plan need to be modified for your new home environment?
 yes no
Do you need a system in place to track behaviors?
 yes no
- Are there any environmental modifications needed to be made to your new home for safety purposes?

- What training is needed for direct support staff and/or non-paid caregivers in this area to support you? Who will provide it? What is the timeline for training? _____

Durable Medical Equipment/ Assistive Devices

- What durable medical equipment do you own?

- What needs to be purchased? Who will purchase it?

- Has there been a face to face assessment for durable medical equipment with a community medical provider? yes no
- Is renting equipment needed until preauthorization is obtained an option? (Example: hospital bed)
 yes no
- What kind of disposable supplies do you need?

What is your current level of use? _____

What is the level of usage supported by Medicaid?

How will the difference be addressed if there is one? _____

- Do you need assistive devices?
(Examples: walker, hearing aid, communication device, Project Lifesaver) yes no
Do these need to be purchased? yes no
How will they be maintained? _____

- What basic first aid supplies do you need?
 Blood pressure Thermometer Scale
 Other _____
- What training is needed for direct support staff and/or non-paid caregivers in this area to support you? Who will provide it? What is the timeline for training? _____

Personal Assistance

- How do you communicate? _____
If there is a communication device, how do you use it? _____
Who will help you maintain and/or update it?

- Do you have positioning needs? yes no
What supports do you need to meet these needs?

Is assistance/supervision is needed for:

- Cooking
 - Dressing
 - Bathing
 - Toileting
 - Oral hygiene
 - Cleaning
 - Accessibility
 - Shopping
 - Menstrual cycles
- Do you need any adaptive devices to complete any of these tasks? yes no
 - What training is needed for direct support staff and/or non-paid caregivers in this area to support you? Who will provide it? What is the timeline for training? _____

Public Safety

- Do you know what to do in case of an emergency?
 yes no
- Do you know who to call if you do not feel safe or need assistance? _____
- Do you have a disaster plan in place to cover your needs in the case of a disaster? yes no
- What training is needed for direct support staff and/or non-paid caregivers in this area to support you? Who will provide it? What is the timeline for training? _____

Transportation

- What mode of transportation will you be using and do you need support arranging it? _____
 yes no
Who is paying for it? _____
- What support do you need for transportation?

Is there a certain seat you need to sit in? _____
Do you need to be a divider for safety purposes?
 yes no
Do you need to be transported in a van?
 yes no
Is there accessible transportation available when transport is needed? yes no
- Is the community accessible? yes no
(Examples: curbs, stairs, crossing the street)
- Are you safe in traveling in a vehicle? yes no
What accommodations or support have been used in the past to help you be safe while traveling?

- Are there any assistive devices that are needed during transportation? yes no
(Examples: harnesses, calming devices)
- What training is needed for direct support staff and/or non-paid caregivers in this area to support you? Who will provide it? What is the timeline for training? _____

Education

If still in school:

- What is your home school district? _____
What school district will you go to after the transition? _____
- Who will authorize the school records to be transferred if you are transferring schools? _____

- Do you have an Individual Education Plan or 504?
 yes no
- Is there a summer program available for you to attend? yes no
What does this program look like? _____
- What does the school's transportation look like?

- Are you involved in extracurricular activities? _____
If so, which activities will you be involved in?

Are there supports needed for participation?
 yes no

If out of school:

- Where did you graduate from high school? _____
_____ When? _____
Was it a certificate or diploma?

Regardless of Age:

- What educational skills do you have? _____

(Examples: reading, writing)
- Would you like to continue your education?
 yes no
What supports are needed to complete this?

- What training is needed for direct support staff and/or non-paid caregivers in this area to support you? Who will provide it? What is the timeline for training? _____

Employment

- Do you want to work? yes no maybe
- Have you had any past volunteer/work experience at school or in community? yes no
- Have you completed any training programs?
 yes no _____
Has there been a certificate earned? yes no
- What tasks have you completed at your jobs in the past? _____

- Do you have your I-9 information? yes no
(Examples: driver's license, state ID, SS card.)
If not, who will help you obtain identification?

- Have you been referred to Vocational Rehabilitation? yes no
If not who will do that? _____
- What supervision is required for you to be successful with employment? _____
- Have you received job coaching in the past?
 yes no
- Do you have prevocational experience?
 yes no
What was the duration? _____
- Do you have any segregated employment experience? yes no
- Have you completed any employment/vocational assessments? yes no
If so, are the results available? yes no
- What community rehabilitation programs (CRP) have you worked with? _____
- What training is needed for direct support staff and/or non-paid caregivers in this area to support you? Who will provide it? What is the timeline for training? _____

Money Management

- Do you have a representative payee? yes no
If so, will your representative payee continue after the transition? yes no
If you do not have a representative payee, do you need one before the transition? yes no
- How will you access cash from your representative payee? _____
- Is your guardian also a conservator? yes no
- Who will notify Social Security of the change in living arrangements? _____
- Do you have past financial concerns/liens/debts owed? yes no
- Do you need a new bank account? yes no
If yes, do you need help to set this up? yes no
If so, who will assist? _____
- Who will help you apply for food stamps? _____
- Do you have any trusts? yes no
(Examples: burial, miller, special needs)
- What are your sources of income? _____

Can an estimate be given on what your income will be once you transition? yes no _____

Social, Leisure, Community, Family Support

- What activities can you do independently?

- What activities or places should be avoided?

- What activities do you participate in now that assistance is needed with? _____

- What new activities would you like to experience and what support do you need for this? _____

- What assistance do you need for community mobility? _____
- Do you have the ability to financially support your interests? yes no

Environmental Modifications

- Does your home environment need an assessment from an Occupational/Physical Therapist for accessibility and safety? yes no
Who will arrange it? _____

Who will fund it? _____

- Will you have access to the entire house? yes no
Is the entire house accessible or are accommodations needed and how will it be paid?

- Do you need a calm room/sensory room? yes no

- Do you need vehicle modifications? yes no
Who is paying for it? _____

- Does your home need any modifications needed to prevent property damage or for safety reasons? yes no

- Do you have any safety concerns in regards to using public restrooms? yes no

- What is your level of family involvement and natural supports? _____

Do you have any family you cannot have contact with? yes no

- What training is needed for direct support staff and/or non-paid caregivers in this area to support you? Who will provide it? What is the timeline for training? _____

Legal

- Do you have a criminal history or outstanding warrants? yes no
- Do you have a court committal? yes no
- Do you have any restraining orders or protective orders against you? yes no
- Do you have any restraining orders or protective orders in place against others with whom you have had past conflict with? yes no
- Is there DHS involvement? yes no
If so why? _____

When does DHS involvement end? _____

Does DHS agree with the transition? yes no

- Are you on the sex offender registry? yes no
Would this affect housing? yes no

- Do you have a probation officer? yes no

- Do you have any court fines that need to be paid? yes no

Rights Restrictions

- Do you want and/or need right restrictions for your health and safety? yes no
What are they? _____

Do arrangements need to be made to accommodate for these prior to the transition? yes no

Can and will your provider(s) support these restrictions? yes no

(Examples: Access to food, internet, family, medical, social media and level of supervision)

Staff and Caregiver Training

- Is there any additional training that is needed that has not been discussed? Who will provide it? What is the timeline for training? _____

Helpful Resources



Assistive Technology Center - Easter Seals - The technology center houses the equipment loan service, demonstration center, lending library and used equipment referral service: www.easterseals.com/ia/at

ASK Resource Center - Education, advocacy and resource organization for parents and families. Assists families navigate through the education and health systems: askresource.org

Brain Injury Alliance of Iowa - Provides brain injury prevention, education, advocacy, support groups and training: biaia.org

Center for Autism and related disorders (CARD) - Resources, information and training on Applied Behavioral Analysis: <https://centerforautism.com>

Consumer Choice Option (CCO) - Information about the self-direction option available under the HCBS waivers: dhs.iowa.gov/ime/members/medicaid-a-to-z/consumer-choices-option or veridianfiscalsolutions.org/cco/

Community Connections Supporting Reentry Resource Guide - Comprehensive resource guide for programs in various communities throughout the state: doc.iowa.gov/quick-link/ccsr-resource

Conner Training Connection Grant - Provided funds for individuals transitioning from Woodward and Glenwood Resource Centers to pay for initial essential household set up costs: uihc.org/ucedd/conner-training-connection

Department of Housing and Urban Development (HUD) - Rental assistance and assistance with disputes over income guidelines: www.hud.gov

DirectCourse - A training program facilitated by the Iowa Association of Community Providers for direct support professionals and frontline supervisors: iowaproviders.org/directcourse

Disability Resource Library - Information for, by, and about people with disabilities available in a variety of different formats; books, DVDS, reference materials, training software and assistive technology. Free research assistance it is also available: uichildrens.org/cdd/drl

Disability Rights Iowa - Provides self-advocacy, education, non-legal advocacy and legal and systems advocacy to people with disabilities that have faced discrimination, denied services or faced abuse: disabilityrightsiowa.org

Epilepsy Foundation of Iowa - Support, advocacy, education: epilepsyiowa.org/

Food Bank of Iowa - Locate local food pantries and resources: foodbankiowa.org/gethelp

Habitat for Humanity - Stores throughout Iowa with a variety of used adaptive and home health equipment. Some locations can provide housing assistance: www.habitat.org/

Home and Community Based Services (HCBS) - Information about waivers, programs and services available under Medicaid: <http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs>. Administrative rules can be found at dhs.iowa.gov/administrative-rules

Iowa Compass - Information about services and supports for Iowans with disabilities, their families and services providers. Access thousands of unique local, state and national programs for people with complex health-related conditions and disabilities: iowacompass.org



Iowa Department
of Human Services



*Center for Disabilities
and Development*

