

## Skilled Nursing Facility Transition Plan

ENROLLEE INFORMATION			
Enrollee's Name (Last, First):			
Enrollee's Medicaid ID Number:		Date of Birth:	
Managed Care Plan:		Enrollee's Age:	
Care Coordinator: (Last, First)			
Care Coordinator's Phone Number:			
Name of Current Nursing Facility:		Admission Date:	
Current Nursing Facility's Address:			
Current Nursing Facility's Phone Number:			
Parent/Guardian's Name(s) (Last, First):			
Relationship to Enrollee:			
Address:			
Phone Number(s):			
Email Address(es):			
Preferred Language:			
Preferred Method of Contact:			
Date of Last Freedom of Choice Certification:			
Parent/Guardian's Choice of Setting:	<input type="checkbox"/> Home or other Community Setting <input type="checkbox"/> Nursing Facility		
Date & Place of Proposed Discharge (including address, if known): <input type="checkbox"/> N/A			
ENROLLEE HEALTH HISTORY			
Health Conditions/Diagnoses:			
Functional Status:			

Summary of Events that led to Nursing Facility Admission:				
History of Service Utilization (e.g., ED, hospitalizations):				
Current Medications	Medication	Dose	Route	Frequency
Current Services (including therapy services)	Service/Frequency		Provider Name & Telephone Number	
Current Durable Medical Equipment (DME)/Supplies:	DME/Supplies		DME Provider Name & Telephone Number	

**MEETING DISCLOSURES AND PROCEDURAL INFORMATION**

To be provided to the parent(s)/guardian(s) before the meeting begins and in their preferred language: (check all that were reviewed with the parent(s)/guardian(s))

A Federal court has ordered Florida to engage in a transition planning process for children who live in nursing homes. You do **NOT** have to move your child out of the nursing home. Your child may continue to live in their current nursing home. It is your choice.

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<input type="checkbox"/> A Federal Court has ordered the State to provide reliable Private Duty Nursing (PDN) to all children who transition to the Community from a Nursing Facility.		
<input type="checkbox"/> The transition planning process will provide you with information about the services that might be available to your child if you choose to bring your child home.		
<input type="checkbox"/> The transition planning process will result in a written Transition Plan. The Transition Plan will describe what would need to be done to transition your child home, any barriers that may prevent your child's transition home or to the community, and ways to overcome those barriers.		
<input type="checkbox"/> You may invite your child's primary care physician, a family advocate, or others to this meeting. (Date this was discussed with parent(s)/guardian(s): _____)		
<input type="checkbox"/> Consent to record obtained from all meeting participants and HIPAA reviewed/verified on recording device (e.g., Teams, Zoom)		
TRANSITION PLAN MEETING		
Date of Transition Plan:		<input type="checkbox"/> Initial <input type="checkbox"/> Update
Location of Meeting: <input type="checkbox"/> In Person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone		
Language Interpreter Used: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>Participants Present (check all present and list names)</b>		
<input type="checkbox"/> Enrollee:		
<input type="checkbox"/> Parent/Guardian Name (Last, First) and Relationship to Enrollee:		
<input type="checkbox"/> Managed Care Plan Care Coordinator and/or other Plan Staff:		
<input type="checkbox"/> Managed Care Plan Medical Staff:		
<input type="checkbox"/> Nursing Facility Care Coordinator:		
<input type="checkbox"/> Nursing Facility Staff – Other:		
<input type="checkbox"/> Primary Care Physician:		
<input type="checkbox"/> Specialty Physician:		
<input type="checkbox"/> DCF Representative <input type="checkbox"/> N/A		
<input type="checkbox"/> Other(s) Relationship(s) to Recipient:		
<input type="checkbox"/> Parent(s)/Guardian(s) unable to be reached after three attempts <input type="checkbox"/> Parent(s)/Guardian(s) declined to participate in transition plan meeting <input type="checkbox"/> Parent(s)/Guardian(s) agreed to participate but not present at time of meeting <input type="checkbox"/> Parent(s)/Guardian(s) participated and wish to transition child <input type="checkbox"/> Parent(s)/Guardian(s) participated, wish to transition child, and transition is in progress <input type="checkbox"/> Parent(s)/Guardian(s) participated and declined to transition child at this time		

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### Service Definitions

Service Definitions reviewed with parent(s)/guardian(s)

Service	Description
Care Coordination	<ul style="list-style-type: none"> <li>• Support to assist you in obtaining all of the needed services for your child, including coordinating the transition from a nursing home to your home or the community setting of your choice</li> </ul>
Private Duty Nursing (PDN)	<ul style="list-style-type: none"> <li>• One-on-one, medically necessary nursing care from a skilled nurse</li> <li>• These services are available in your home and your child may be eligible to receive up to 24 hours a day of PDN per day</li> <li>• The court has ordered the State to provide reliable PDN to any child who transitions from a nursing home to the community</li> </ul>
Medical Equipment and Supplies	<ul style="list-style-type: none"> <li>• Items for every day, or extended use at home, including:               <ul style="list-style-type: none"> <li>○ Ventilation equipment and supplies</li> <li>○ Oxygen equipment and supplies</li> <li>○ Feeding equipment and supplies</li> <li>○ Mobility devices such as a wheelchair</li> </ul> </li> </ul>
Transportation	<ul style="list-style-type: none"> <li>• Non-emergency Medical Transportation for your child and a caregiver to medical appointments</li> </ul>
Prescribed Pediatric Extended Care (PPEC)	<ul style="list-style-type: none"> <li>• Centers for children through age 20</li> <li>• Provides skilled nursing supervision, medical services, nursing services, personal care, psychosocial services, respiratory therapy services, and developmental therapies in a non-residential setting</li> <li>• Transportation is provided by the PPEC Center</li> <li>• Provides caregiver training</li> <li>• Available for up to 12 hours a day</li> </ul>
Medical Foster Care	<ul style="list-style-type: none"> <li>• A program for children through age 20</li> <li>• Provides temporary placement for 24-hour care in a licensed foster home with specially trained foster parents</li> <li>• This program is time-limited unless the child is in state custody</li> </ul>
Family-to-Family Home Visits	<ul style="list-style-type: none"> <li>• An opportunity for you to visit other family homes where children are receiving PDN in the home</li> <li>• During the visit, you will observe PDN provided to their child and have an opportunity to ask questions</li> <li>• Visits can be in-person or virtual and your child's care coordinator can accompany you</li> </ul>
Family-to-Family Peer Support	<ul style="list-style-type: none"> <li>• An opportunity to connect to a family that has received PDN for a child with complex medical needs</li> <li>• Interactions may be one-on-one, or with a group of families.</li> <li>• Interactions may be in-person, virtual, or by phone</li> </ul>
Expanded Benefits	<ul style="list-style-type: none"> <li>• Benefits that are ordered by your health plan, in addition to the standard benefit package</li> </ul>
Developmental Disabilities Individual	<ul style="list-style-type: none"> <li>• The iBudget Waiver is designed to promote and maintain the health of individuals with developmental disabilities and to provide medically</li> </ul>

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<p>Budgeting (iBudget) Waiver</p>	<p>necessary supports and services to prevent placement in a nursing home</p> <ul style="list-style-type: none"><li>• Services are for eligible children 3 or older with a developmental disability</li><li>• Services include:<ul style="list-style-type: none"><li>○ Home Modifications: Adaptations to home for accessibility, such as ramps and door-widening</li><li>○ Vehicle Modifications: Adaptations to the vehicle for accessibility, including portable ramps</li><li>○ Consumable Medical Supplies: such as diapers, wipes, and pads</li><li>○ Residential Habilitation: Enables eligible children to live in licensed group homes up to 24 hours a day with nursing services and medical supervision</li></ul></li><li>• Your care coordinator can help you apply for this program through the Agency for Persons with Disabilities</li></ul>
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\* If your goals/barriers exceeds the amount of space given, please use the table provided in Appendix A for parent's desires and barriers (pg. 19). If there are additional care plan-related goals and/or barriers identified by the care coordinator, and are not service related, add them to Appendix B (pg. 20).

<b>PARENT(S)/GUARDIAN(S)/ENROLLEE'S GOALS AND BARRIERS</b> <small>(as identified by the parent(s)/guardian(s) and may also be incorporated into the care plan below)</small>					
Goals:					
Barriers:					
ACTION PLAN FOR TRANSITION					
COMMUNITY-BASED SERVICES AND SUPPORTS					
Service	Goal(s)/Need(s)	Barrier(s)	Action(s) Needed	Responsible Person(s)	Due Date(s)
<b>Care Coordination</b> <input type="checkbox"/> Education to parent(s)/guardian(s)  <input type="checkbox"/> Other coordination/support to with transition					

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<p><b>Private Duty Nursing (PDN)</b></p> <p><input type="checkbox"/> Education and individualized information about this service provided to parent(s)/guardian(s)</p> <p><input type="checkbox"/> Outreach to connect parent(s)/guardian(s) to services offered</p> <p><input type="checkbox"/> Family-to-family peer support offered from a family that has received PDN for a child with complex medical needs (see below)</p>					

## Skilled Nursing Facility Transition Plan

<input type="checkbox"/> Needed for Transition  <input type="checkbox"/> Not Needed for Transition					
<b>Medical Equipment and Supplies</b> <input type="checkbox"/> Education and individualized information about this service provided to parent(s)/guardian(s)  <input type="checkbox"/> Outreach to connect parent(s)/guardian(s) to services offered  <input type="checkbox"/> Needed for Transition  <input type="checkbox"/> Not Needed for Transition					



## Skilled Nursing Facility Transition Plan

Service	Goal(s)/Need(s)	Barrier(s)	Action(s) Needed	Responsible Person(s)	Due Date(s)
<b>Transportation</b> <input type="checkbox"/> Education and individualized information about this service provided to parent(s)/guardian(s)  <input type="checkbox"/> Outreach to connect parent(s)/ guardian(s) to services offered  <input type="checkbox"/> Needed for Transition  <input type="checkbox"/> Not Needed for Transition					

## Skilled Nursing Facility Transition Plan

Service	Goal(s)/Need(s)	Barrier(s)	Action(s) Needed	Responsible Person(s)	Due Date(s)
<b>Prescribed Pediatric Extended Care (PPEC)</b> <input type="checkbox"/> Education and individualized information about this service provided to parent(s)/guardian(s)  <input type="checkbox"/> Outreach to connect parent(s)/ guardian(s) to services offered  <input type="checkbox"/> Needed for Transition  <input type="checkbox"/> Not Needed for Transition					

### Skilled Nursing Facility Transition Plan

Service	Goal(s)/Need(s)	Barrier(s)	Action(s) Needed	Responsible Person(s)	Due Date(s)
<b>Medical Foster Care</b> <input type="checkbox"/> Education and individualized information about this service provided to parent(s)/guardian(s)  <input type="checkbox"/> Outreach to connect parent(s)/ guardian(s) to services offered  <input type="checkbox"/> Needed for Transition  <input type="checkbox"/> Not Needed for Transition					

### Skilled Nursing Facility Transition Plan

Service	Goal(s)/Need(s)	Barrier(s)	Action(s) Needed	Responsible Person(s)	Due Date(s)
<b>Expanded Benefits</b> <input type="checkbox"/> Education and individualized information about this service provided to parent(s)/guardian(s)  <input type="checkbox"/> Outreach to connect parent(s)/ guardian(s) to services offered  <input type="checkbox"/> Needed for Transition  <input type="checkbox"/> Not Needed for Transition					

**Referral Information**

Name of person receiving referral:	Reason why referral was made:	Date of referral:

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Service	Goal(s)/Need(s)	Barrier(s)	Action(s) Needed	Responsible Person(s)	Due Date(s)
<p><b>Developmental Disabilities Individual Budgeting (iBudget) Waiver</b></p> <p><input type="checkbox"/> Individualized education provided to parent(s)/guardian(s) about services required under iBudget:</p> <p><input type="checkbox"/> Home Modifications</p> <p><input type="checkbox"/> Vehicle Modifications</p> <p><input type="checkbox"/> Consumable Medical Supplies</p> <p><input type="checkbox"/> Respite</p> <p><input type="checkbox"/> Occupational Therapy</p> <p><input type="checkbox"/> Speech Therapy</p> <p><input type="checkbox"/> Physical Therapy</p> <p><input type="checkbox"/> Respiratory Therapy</p> <p><input type="checkbox"/> Behavior Analysis Services</p> <p><input type="checkbox"/> Private Duty Nursing</p> <p><input type="checkbox"/> Life Skills Development</p> <p><input type="checkbox"/> Dietitian Services</p> <p><input type="checkbox"/> Personal Emergency Response System</p> <p><input type="checkbox"/> Skilled Nursing</p> <p><input type="checkbox"/> Specialized Medical Equipment &amp; Supplies</p> <p><input type="checkbox"/> Outreach offered to connect parent(s)/guardian(s) to services</p> <p><input type="checkbox"/> Needed for Transition</p> <p><input type="checkbox"/> Not Needed for Transition</p>					

## Skilled Nursing Facility Transition Plan

Service	Goal(s)/Need(s)	Barrier(s)	Action(s) Needed	Responsible Person(s)	Due Date(s)
<p><b>Additional Services and Supports</b></p> <p><input type="checkbox"/> Education and individualized information about this service provided to parent(s)/guardian(s)</p> <p><input type="checkbox"/> Outreach to connect parent(s)/guardian(s) to services offered</p> <p><input type="checkbox"/> Needed for Transition</p> <p><input type="checkbox"/> Not Needed for Transition</p>					

## Skilled Nursing Facility Transition Plan

Service	Goal(s)/Need(s)	Barrier(s)	Action(s) Needed	Responsible Person(s)	Due Date(s)
<b>Family-to-Family Home Visits</b> <input type="checkbox"/> Education and individualized information about this service provided to parent(s)/guardian(s)  <input type="checkbox"/> Outreach to connect parent(s)/ guardian(s) to services offered  <input type="checkbox"/> Needed for Transition  <input type="checkbox"/> Not Needed for Transition					



## Skilled Nursing Facility Transition Plan

Service	Goal(s)/Need(s)	Barrier(s)	Action(s) Needed	Responsible Person(s)	Due Date(s)
<b>Family-to-Family Peer Support</b> <input type="checkbox"/> Education and individualized information about this service provided to parent(s)/guardian(s)  <input type="checkbox"/> Outreach to connect parent(s)/ guardian(s) to services offered  <input type="checkbox"/> Needed for Transition  <input type="checkbox"/> Not Needed for Transition					

## Skilled Nursing Facility Transition Plan

<b>ADDITIONAL STEPS NEEDED FOR TRANSITION</b> (e.g., environmental, social, educational, etc.)					
Step	Goal(s)/Need(s)	Barrier(s)	Action(s) Needed	Responsible Person(s)	Due Date(s)
TRANSITION PLAN NOTES/SUMMARY					
Enrollee Signature:			Date:		
Parent/Guardian Signature:			Date:		
Managed Care Plan Care Coordinator Signature:			Date:		
Nursing Facility Care Coordinator Signature:			Date:		

## Skilled Nursing Facility Transition Plan

*Appendix A. Additional Goal(s)/Needs(s) for Transition Planning*

Service	Goal(s)/Need(s)	Barrier(s)	Action(s) Needed	Responsible Person(s)	Due Date(s)

## Skilled Nursing Facility Transition Plan

*Appendix A. Continued, Additional Goal(s)/Needs(s) for Transition Planning*

Service	Goal(s)/Need(s)	Barrier(s)	Action(s) Needed	Responsible Person(s)	Due Date(s)

## Skilled Nursing Facility Transition Plan

*Appendix B. Additional Care Plan Goals (Not Service Related)*

Goal(s)/Need(s)	Barrier(s)	Action(s) Needed	Responsible Person(s)	Due Date(s)