

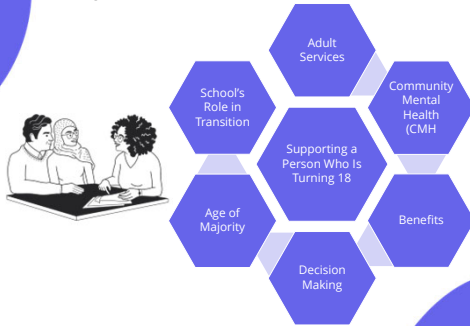
Transition Beyond IDEA

Karen Wang, Transition Specialist



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Today we will discuss...



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The Role of School in Transition

Transition planning under the Individuals with Disabilities Education Act (IDEA) must start "not later than the first IEP to be in effect when the child turns 16."

The student is the creator of the transition plan, in collaboration with the Individualized Education Program (IEP) team which includes:

- ✓ **The student**
- ✓ **The parents of the student**
- ✓ At least one general education teacher if the student is, or may be, participating in the general education environment
- ✓ **Not less than one special education teacher of the child, or where appropriate, not less than one special education provider of the child;**
- ✓ A representative of the district who -
 - ✓ Is qualified to provide/supervise special education
 - ✓ Is knowledgeable about the general education curriculum; and the resources of the district
- ✓ **An individual who can interpret the instructional implications of evaluation results.**
- ✓ At the discretion of the parent or the district, other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate
- ✓ Representative(s) of any agency likely to be responsible for or paying for transition services, with the consent of the parents or the student who has reached the age of majority



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Transition Services

Transition services means **a coordinated set of activities** for a child with a disability that-

- ✓ is designed to be within a results-oriented process
- ✓ is focused on improving academic and functional achievement to facilitate movement from school to post-school activities including
 - ✓ postsecondary education
 - ✓ vocational education
 - ✓ integrated employment (including supported employment)
 - ✓ continuing and adult education
 - ✓ adult services
 - ✓ independent living
 - ✓ community participation

Services are based on **individual needs**, taking into account strengths, preferences, and interests and include opportunities to develop functional skills for work and community life. Before the student leaves school, the IEP must also contain, if appropriate, a statement of each public agency and each participating agency's responsibilities (including financial) for the Transition activities.

Individuals with Disabilities Education Act (IDEA) 34 CFR §300.43
<https://sites.ed.gov/idea/regs/b/a/300.43>



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Transition Planning Resources

Individuals with Disabilities Education Act (IDEA)
 34 CFR §300.43 <https://sites.ed.gov/idea/regs/b/a/300.43>

Transition Planning: A Guidebook for Young Adults and Family
[Transition Planning: A Guidebook for Young Adults and Family](#)

A Transition Guide to Postsecondary Education and Employment for Students and Youth with Disabilities <https://sites.ed.gov/idea/files/postsecondary-transition-guide-august-2020.pdf>

**Michigan Department of Education - Family Matters Fact Sheet-
 Special Education Transition Planning: Considerations for Students with Disabilities and Families**
[MDE Family Matters Fact Sheet Special Education Transition Planning: Considerations for Students with Disabilities and Families](#)

Think College is a national organization dedicated to improving inclusive higher education options for students with intellectual disabilities.
[Think College](#)



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Age of Majority in Michigan - Students' Rights

When individuals reach the age of majority, they have the right to make decisions about their special education services, including the right to:

- Attend their IEP meetings.
- Invite anyone they choose to their IEP meeting.
- Consent to any special education evaluations.
- Provide input during the development of their IEP.
- Give signed permission for any personal records being sent to any outside agency under the Family Educational Rights and Privacy Act (FERPA).
- Disagree with any school records.
- Access dispute resolution options such as IEP facilitation, mediation, state complaints, and due process.



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Age of Majority in Michigan

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In Michigan, the law states that individuals become a legal adult when they turn 18 years old. This is when individuals have reached the age of majority.

All rights covered by state and federal legislation automatically transfer to the individual. Students with an individualized education program (IEP) and their parents, on or before their 17th birthday, must be given information regarding this transfer of rights.

Individuals who have reached the age of majority and feel uncomfortable making decisions on their own, may choose an advocate to assist them with their educational transition plans.



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Rights That Transfer at Age of Majority

The following are examples of additional rights that transfer at the age of majority.

The right to:

- Sign a home lease, legal contracts, or finance a mortgage.
- Get a credit card and driver's license.
- Open an individual bank account.
- Marry, vote, and enlist in the armed services.
- Consent to medical treatment.
- Make living arrangements.

Michigan Department of Education - Family Matters Fact Sheet
Transition: Age of Majority Considerations
https://www.michigan.gov/mde/0,4570,7-153_1766_7746_8170d0f617b67746&hash=BFSF31E7255F5F5619FD2326D8C3708C,00.html
https://www.michigan.gov/mde/0,4570,7-153_1766_7746_8170d0f617b67746&hash=BFSF31E7255F5F5619FD2326D8C3708C,00.html

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What to think about when approaching age 18

A Free Appropriate Public Education (FAPE) is an **entitlement** required by IDEA.

Most post-school agencies and support services are **eligibility-based**.

Obtaining a Michigan ID card (if individual does not have one)

Registering to vote

Registering with Selective Service - males between 18-25

Legal Decision Making

Benefits (Supplemental Security Income, Medicaid, Home Help Services, Food Assistance)

Adult Services (short term or lifelong assistance with finding/keeping employment, independent living, participating in community life, college/university or trade school)

Michigan Alliance for Families - Rights and Responsibilities
<https://www.michiganallianceforfamilies.org/rights-and-responsibilities/>

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Parents of individuals with disabilities often ask how will they make important decisions when they reach adulthood, and after they are gone.

Guardianship is often considered at this time.

Families often lack information about alternatives that can be used to support individuals to make decisions with support from their family, friends and other allies.


Supported Decision-Making is a tool people can use to make decisions with support from family, friends, and other allies.

It starts with acknowledging that people with disabilities have the right to make their own decisions and receive the support they need and want to understand the situations and choices they make while maintaining their rights.

Supported Decision-making mirrors how all adults make decisions. Autonomy means making one's own choices, learning to solve problems, and experiencing the consequences of making those choices.

Supported Decision Making in Michigan

(Adapted from Michigan Developmental Disabilities Council, January 2020)



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Guardianship

Guardianship takes away a person's civil rights.


Having a guardian impacts a person's right to

- Residence and travel
- Choice of friends
- Healthcare and medical decisions
- Access to personal finances
- Right to contract
- Possess a driver's license
- Own property
- Marriage
- Dating and romance

Guardianship Law (MCL 330.1602)
<http://legislature.mi.gov/doc.aspx/mcl-330-1602>




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Myths	Facts
<ul style="list-style-type: none"> • Guardianship protects the person. • Guardianship prevents bad things from happening • Guardianship ensures good things will happen. 	<ul style="list-style-type: none"> • When people have guardians, they can still be abused by friends, family members, or strangers • Just like anyone else, they can be hit by a car, choose the wrong foods, destination, or friends. • Guardianship doesn't guarantee needed services or supports.

The Reality of Guardianship



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Understanding Supported Decision-Making

Supported decision making gives people the help they need and want, to understand the situations and choices they face, so they can make their own decisions

- All adults have the right to make decisions, to direct one's life, to be treated with dignity, and to be respected as an autonomous adult.
- Adults seek advice from family, friends, and experts when making important decisions.
- Many options, other than guardianship, are available to support decision-making.
- Person-Centered Planning and Self Determination guidelines mandate that the choices of adults with disabilities are respected and honored so that they maintain autonomy.
- Many ways to support individuals in making decisions and directing their own lives



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Person-Centered Planning strengthens the supports around a person to preserve the person's autonomy and decision-making, thereby rendering guardianship unnecessary.

Person-Centered Planning documents who the person has authorized to assist them in making life decisions

Self-direction is a way for people with disabilities to hire and manage providers of publicly funded services and supports with the help and assistance they need.

Person Centered Planning and Self-Determination



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Supported Decision-Making

Safeguards to Support Decision-Making Authority and Civil Rights Protections

- Guardianship restricts a person's freedom to make decisions. It should be considered only as a last resort when no alternatives are available.
- Guardianship should be reviewed regularly to confirm its continued necessity.
- Family members should receive information about alternatives to guardianship to support people with disabilities to make decisions about health care, money, education, housing, relationships, or other areas.
- A court should only grant a guardianship after a full and fair court hearing that includes the person with a disability.
- Everyone's decision-making ability should be supported to the maximum extent possible.


Families, Friends and Allies (or Circle of Support)

- provide more protection for a person than guardianship can provide through their guidance, counsel and expertise
- negate the need for evaluation of an individual's competence
- enable multiple people to help a person rather than a single guardian

Formal Systems of support

- Young adults in school, and their families, can use the IEP planning process to support autonomy, decision-making, and self-determination
- Support and education are provided by a variety of advocacy organizations
- Community Mental Health programs must support and implement the principles and practices of Self-Determination

The Arc Michigan: Rethinking Guardianship/Supported Decision-Making
<https://arcmi.org/resource-center/documents/>



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Supplemental Security Income (SSI) Basics

SSI makes monthly payments to meet basic needs for food, clothing, and shelter (rent, utilities, etc.). Base monthly rate depends on your living arrangement and countable income. If individuals need assistance managing their SSI benefits, a representative payee (usually a parent), can be assigned to help the individual.

Social Security Administration (SSA)
<https://www.ssa.gov/sister-understanding-ssi.htm>

SSI is a federal program funded by general tax revenues (not Social Security taxes), run by the Social Security Administration (SSA).

SSI makes monthly payments to people who have low income and few resources and are

- Age 65 or older
- Blind
- Disabled (based on Disability Determination Services criteria)


Individuals do not need to have worked in the past to get SSI.

If eligible for SSI, also eligible for Medicaid


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SSI - Eligibility



Determination of disability
(completion of the Adult Disability Report)



Income



Assets/Resources

Every system has different eligibility criteria. Eligibility for special education services does not necessarily mean eligibility for supplemental security income.

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SSI – Eligibility DDS



Disability Determination Services (DDS)

Social Security Administration definition of disability

Severe
Long term
Limits the ability to work*

*If you don't work, Social Security will look at how your disability limits your daily activities.

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SSI Eligibility – Income

Anything an individual receives that can be used to meet the need for food or shelter

Income Examples	
	Cash
	Wages
	Income not earned (other Social Security benefits)
	In-kind support (food or shelter that you receive for free or less than its value)

2024 Income limit to receive SSI is \$943/month (individual) or \$1415/month (married couple)
If a child under age 18 receives SSI, there will be a redetermination when the individual turns 18 using the disability, income, and resource rules for adults.

Social Security Administration (SSA)
[What You Need To Know About Your Supplemental Security Income \(SSI\) When You Turn 18 \(ssa.gov\)](https://www.ssa.gov/pubs/EN-05-11005.pdf)
(https://www.ssa.gov/pubs/EN-05-11005.pdf)



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SSI Eligibility – Resources/Assets

Countable resource limit of \$2000 for an individual, \$3000 if married

Resources counted for SSI	
	Bank accounts
	401K
	Trusts that ARE NOT Special Needs Trusts
	Stocks
	Bonds

Resources not counted for SSI	
	The home you live in
	One vehicle
	Personal effects and household goods
	Life insurance policies (<\$1500)
	Burial spaces and burial funds (<\$1500)
	Up to \$100,000 of funds in an Achieving a Better Life Experience (ABLE) Account

Social Security Administration (SSA)
[What You Need To Know About Your Supplemental Security Income \(SSI\) When You Turn 18 \(ssa.gov\)](https://www.ssa.gov/pubs/EN-05-11005.pdf)
(https://www.ssa.gov/pubs/EN-05-11005.pdf)



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Medicaid

Health Insurance administered by Michigan Department of Health and Human Services (MDHHS)

- Doctor visits, prescriptions, surgery, etc.
- Durable Medical Equipment that is doctor prescribed


If an individual is eligible for SSI, they are automatically eligible for Medicaid.

Includes Community Mental Health services (CMH):

- Job Development and Job Coaching
- Respite Services
- Community Living Supports (hiring staff)
- Skill Building

Medicaid pays for services that are **medically and clinically necessary**. Based on:

- o Personal information
- o Clinical information
- o For community mental health services, based on the person-centered planning process



Apply for Medicaid online MI.Michigan.com/michigan.gov

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Medicaid: Last Payer

Medicaid is always the last payer. If you have other insurance that will cover the equipment or service, it will be billed before Medicaid is billed.



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Medicaid – Childhood Disability Beneficiaries

Medicaid is available to a person receiving Disabled Adult Child (DAC) Retirement Survivor Disability Insurance (RSDI) benefits if the individual

- o Is 18 years or older **AND** has a disability or blindness that began before age 22
- o Received SSI and became ineligible due to a change in parents' status (parent retired, parent became disabled, or parent passed away) **AND**
- o Is receiving RSDI **AND**
- o Would be eligible for SSI without such SSDI benefits

An individual might receive DAC RSDI, but not DAC Medicaid, but will not receive DAC Medicaid without receiving DAC RSDI.



MDHHS Bridges Eligibility Manual, Policy 158 <https://dhs.michigan.gov/OLMWEB/EO/Policy/SEM158.pdf>

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SSI and Medicaid Advocacy Tips

Work Incentives Planning Assistance (WIPA)
Information for people with disabilities about how earnings from work affect their Social Security and other public benefits

SSI appeal <https://www.ssa.gov/vid/appeals-ssi.htm>
WIPA <https://www.michigan.gov/wipa/contact-us>




- Generally, individuals should wait until after their 18th birthday to apply for SSI and Medicaid.
- Individuals should apply for SSI and Medicaid as soon as they turn 18. The process takes a while and the purpose of applying early is to be prepared for the future.
- Be honest when providing disability information for the disability determination.
- The amount of SSI that an individual receives depends on whose income/resources in the household are being considered. Individuals 18 and older are considered a household of 1 if they are paying their fair share of expenses (food, shelter), even if they live with family or other people.
- Each system has their own eligibility criteria. Understand the differences.
- If an individual is denied SSI appeal the decision.

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**Food Assistance:
Michigan Combined Application Project (MiCAP)**

SSI beneficiaries	No other income	Age 18+ in Michigan
Living independently	Prepare meals separately	One page application

Call MiCAP at 877-522-8050 if you think you may be eligible.
<https://www.michigan.gov/mdhhs/assistance-programs/other-help/food/michigan-combined-application-project-micap>



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Adult Services - Vocational Rehabilitation (VR) Services - MRS

Michigan Rehabilitation Services (MRS)-
Support eligible individuals with disabilities to prepare, secure, retain, advance in, or regain employment. Assist individuals while in school and after school is completed (high school diploma or certificate of completion).

Pre-Employment Transition Services (Pre-ETS)

- Early intervention services with the goal of competitive, integrated employment
- Students with disabilities ages 14-26 in high school or college.
- Job exploration, Work-Based Learning Experience, Counseling on Post-Secondary Education, Workplace Readiness Training, Self-Advocacy Training, including Peer Mentoring.

All services are provided at no cost to the individual receiving services.

Individualized Services: Counselor works with individual to decide on an employment goal, develop a plan, follow the plan, work towards/reach the goal.

Eligibility


- Existing physical or mental impairment **AND**
- Vocational or work-related barriers due to disability **AND**
- The requirement of MRS services

MRS contracts with vocational providers to do vocational assessments, provide job development, placement, and follow up services.

Possible assistance with college tuition (working towards a degree/certification), purchasing technology needed for coursework, as well as work related expenses.

Order of Selection for Services: MRS must serve individuals with most significant disabilities (Section 2300)
https://www.michigan.gov/leo/-/media/Project/Websites/leo/Folder27/Michigan_Rehabilitation_Services_Manual_Rev_5-2021.pdf

Michigan Rehabilitation Services <https://www.michigan.gov/leo/bureaus-agencies/mrs>



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Adult Services - VR Services - BSBP

Michigan Bureau of Services for Blind Persons (BSBP)
Provide opportunities for individuals who are blind or visually impaired to achieve employment, and/or achieve maximum and meaningful independence.

Michigan resident
Provides diagnostic evaluations, vocational counseling, and training in daily living without vision

Pre-Employment Transition Services (Pre-ETS)

- Students 14-26 who are legally blind (some exceptions for eligibility)
- Designed to complement and enhance services student may/may not be receiving at school
- Post-secondary focus on workplace readiness and skills that will lead to success upon exiting school system.

Employment

Vocational Rehabilitation Eligibility


- Legally blind (some exceptions)
- Desire to be employed
- At least one functional barrier to employment

Depending on eligibility, services may include low-vision equipment, vocational training, technical school training, college education, job development, placement and follow up.

Specialized Services

- DeafBlind Services
- Braille and Talking Book Library
- Residential instruction

BSBP Program Overviews
<https://www.michigan.gov/leo/bureaus-agencies/bureau-of-services-for-blind-persons/broad-overview>
Client Assistance Program <https://www.dmrmb.org/services/client-assistance-program-cap>



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Adult Services: Community Mental Health Services

Contact your local
community mental health
agency to enroll.

CMH services are important because
they can provide lifelong supports to
individuals with disabilities. Supports
allow individuals to:

- live independently
- work
- be engaged in their communities



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Medicaid Provider Manual

Medicaid pays for community mental health services (some emergency
services can be paid for if a person doesn't have Medicaid).

The Medicaid Provider Manual is used to understand the eligibility criteria
for services, what medical necessity means, the criteria for services to be
determined medically necessary, and how Medicaid services can be used
to support individuals with disabilities.

Medicaid Provider Manual (Don't print the manual)

<https://www.mdch.state.mi.us/dch-medicare/manuals/MedicaidProviderManual.pdf>



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Community Mental Health Services Medical Necessity Criteria

Medicaid Provider Manual
Behavioral Health and Intellectual and Developmental Disabilities Supports and Services

2.5.A. MEDICAL NECESSITY CRITERIA

Mental health, developmental disabilities, and substance use services are supports, services,
and treatment:

- o Necessary for screening and assessing the presence of a mental illness, developmental disability or substance use disorder; and/or
- o Required to identify and evaluate a mental illness, developmental disability or substance use disorder; and/or
- o Intended to treat, ameliorate, diminish or stabilize the symptoms of mental illness, developmental disability or substance use disorder; and/or
- o Expected to arrest or delay the progression of a mental illness, developmental disability, or substance use disorder; and/or
- o **Designed to assist the beneficiary to attain or maintain a sufficient level of functioning in order to achieve his goals of community inclusion and participation, independence, recovery, or productivity.**



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Community Mental Health Services Determination of Medical Necessity

2.5.B. DETERMINATION CRITERIA-

The determination of a medically necessary support, service or treatment must be:

- Based on information provided by the beneficiary, beneficiary's family, and/or other individuals (e.g., friends, personal assistants/aides) who know the beneficiary;
- Based on clinical information from the beneficiary's primary care physician or health care professionals with relevant qualifications who have evaluated the beneficiary;
- For beneficiaries with mental illness or developmental disabilities, based on person centered planning, and for beneficiaries with substance use disorders, individualized treatment planning;
- Made by appropriately trained mental health, developmental disabilities, or substance abuse professionals with sufficient clinical experience; based on info. from trained professionals.
- Made within federal and state standards for timeliness;
- Sufficient in amount, scope and duration of the service(s) to reasonably achieve its/their purpose; and
- Documented in the individual plan of service.



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Community Mental Health Services Supports, Services, Treatment, Decisions

2.5.C. Supports, Services and Treatment

Provided in the least restrictive, most integrated setting. Inpatient, licensed residential or other segregated setting shall only be used when less restrictive levels of treatment, service or support have been, for that beneficiary, unsuccessful or cannot be safely provided.

2.5.D. Decisions

Services may not be denied based solely on preset limits of the cost, amount, scope, and duration of services. Instead, determination of the need for services shall be conducted on an individualized basis.

Services are defined by the State and approved by Centers for Medicare and Medicaid Services (CMS).

Medicaid Provider Manual (Don't print the manual)

<https://www.michiganstate.musdch-medicaid/manuals/MedicaidProviderManual.pdf>



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Person Centered...

Person Centered
Thinking

Person Centered
Practices

Person Centered
Planning

Person Centered
Planning Process



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Mental Health Code

Person-Centered Planning is required by state law

"Person-Centered Planning (PCP) means a process for planning and supporting an individual receiving services that builds on the individual's capacity to engage in activities that promote community life and that honors the person's preferences, choices and abilities".

Michigan Compiled Laws MCL 330.1700(g)

PCP is a way for people receiving supports and services from the mental health system to set goals that they want to achieve and develop a plan to accomplish them.

The PCP process leads to the development of an Individual Plan of Service (IPOS)



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Guiding Values and Principles

Person-Centered Planning is an **individualized** process designed to respond to the **unique needs and desires of each person**.

Every person is presumed competent to direct the planning process, achieve goals and outcomes, and build a meaningful life in the community. PCP should not be constrained by any preconceived limits on the person's ability to make choices.

Every person has strengths, can express preferences, and can make choices. The person-centered planning approach identifies the person's strengths, goals, choices, medical and support needs and desired outcomes. The person's choices and preferences are honored.

Choices could include:

- Family and friends involved in their life and PCP process
- housing
- Employment
- Culture
- Social activities and recreation
- Vocational training
- Relationships and friendships
- Transportation



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Guiding Values and Principles - Continued

The person's choices are implemented unless there is a documented health and safety reason that they cannot be implemented. In that situation, the PCP process should include strategies to support the person to implement their choices or preferences over time.

Every person contributes to their community and has the right to choose how supports and services enable them to meaningfully participate and contribute to their community.

Through the PCP process, a person maximizes independence, creates connections, and works towards achieving their chosen outcomes.

A person's cultural background is recognized and valued in the PCP process. Cultural background may include language, religion, values, beliefs, customs, dietary choices and other things chosen by the person. Linguistic needs, including American Sign Language (ASL) interpretation, are also recognized, valued and accommodated.



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The Individual Plan of Service is developed through the person-centered planning process.

Life goals are identified by the individual and medically necessary services and supports are identified and documented in the IPOS to help work toward and reach goals.

PCP process is used at least annually to update the Individual Plan of Service. IPOS should be updated when needs or choices change.

Assessments may be used to inform the PCP process but is not a substitute for the process. Together, assessments and the PCP process are used to identify goals, risks, needs and authorize services.

PCP Individual Plan of Service (IPOS)



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The IPOS documents what services the mental health system will be providing and paying for:

Type of service
(what service is needed?)


Amount of service
(how much of the service is needed?)

Duration of service
(how long should the service be provided?)

No assessment scale or tool should be utilized to set a dollar figure or budget that limits the person-centered planning process

REMINDER:
Services may not be denied based solely on preset limits of the cost, amount, scope, and duration of services. Determination of the need for services is made on an individualized basis.

PCP – IPOS





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Community Mental Health – Medicaid Covered Services

These are some commonly used Medicaid covered services-

- o **Supports Coordination:** Someone to help develop the Person-Centered Plan and IPOS and to link and coordinate services and supports.
- o **Respite Services:** Intermittent, short-term staffing to provide a break to an unpaid caregiver.
- o **Community Living Supports (direct care workers/staff):** Scheduled staff support to help individuals access and participate in their communities, work toward becoming more independent and assist them in being productive.
- o **Skill Building Services:** Assistance to engage in meaningful activities such as recreation, work or volunteering.
- o ***Supported/Integrated Employment Services:** Provides job development as well as initial and ongoing supports at work to maintain employment in an integrated setting. (Employment outside of school hours-after school, evenings, weekends, school breaks)
 - o Medicaid will not pay for this service during school hours
- o **Assistive Technology:** Adaptations to vehicles, communication devices, items necessary to live independently.
- o **Environmental Modifications:** Physical adaptations to the home to make it accessible and safe.

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Self Determination – Policy

Michigan Department of Health and Human Services
Behavioral Health and Developmental Disabilities Administration

Self Determination is the value that people served by the public mental health system must be supported to have a meaningful life in the community.

The components of a meaningful life include:

- o work or volunteer activities that are chosen by and meaningful to person,
- o reciprocal relationships with other people in the community, and
- o daily activities that are chosen by the individual and support the individual to connect with others and contribute to their community.

With arrangements that support self-determination, individuals have control over an individual budget for their mental health services and supports to live the lives they want in the community.

Self-Determination Policy and Practice Guideline

<https://www.michigan.gov/https://www.michigan.gov/media/Project/Websites/mhhs/Folder3/Folder41/Folder2/Folder141/Folder1/Folder241/Self-Determination-Policy-and-Practice-Guideline-4-7-1.pdf?rev=119a249430d4bc69c768898fa5eb714>



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Self Determination – Policy, Cont'd



Person-centered planning (PCP) is a central element of self-determination. PCP is the crucial medium for expressing and transmitting personal needs, wishes, goals and aspirations. As the PCP process unfolds, the appropriate mix of paid/non-paid services and supports to assist the individual in realizing/achieving these personally defined goals and aspirations are identified.



The principles of self-determination recognize the rights of people supported by the mental health system to have a life with freedom, and to access and direct needed supports that assist in the pursuit of their life, with responsible citizenship. These supports function best when they build upon natural community experiences and opportunities.



The person determines and manages needed supports in close association with chosen friends, family, neighbors, and co-workers as a part of an ordinary community life.

Self-Determination Policy and Practice Guideline

<https://www.michigan.gov/https://www.michigan.gov/media/Project/Websites/mhhs/Folder3/Folder41/Folder2/Folder141/Folder1/Folder241/Self-Determination-Policy-and-Practice-Guideline-4-7-1.pdf?rev=119a249430d4bc69c768898fa5eb714>



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Supporting an Individual Who is Turning 18

Continue an open line of communication with the individual. Assume competence!

Talk about the transfer of rights when an individual turns 18. Explain the individual's rights and encourage their active role in decision-making at their IEP meetings.

Discuss decision-making options and identify family, friends, and allies who can support the individual to make their own decisions, with support that is needed.

Continue open conversations with the individual about their wishes for the future:

- where to live
- employment and daily activities
- continuing education
- support for daily & major life decisions
- build community connections

Help the individual apply for needed benefits to access services that will help the individual work toward and reach their desired goals.

Stay involved! Continue to attend planning meetings, at the invitation of the individual.

PACER's National Center on Transition and Employment:
Prepare Your Child for Age of Majority and Transfer of Rights
<https://www.pacer.org/transition/resources/library/publications/NPC-19.pdf>
Michigan Developmental Disabilities Institute
Possibilities Video Series <https://dd.wa.gov/possibilities>



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 248-963-0607 للغة العربية
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