

Exhibit 1—Sample Release of Records Form

INTERAGENCY RELEASE OF INFORMATION

By signing and dating this release of information, I allow the persons or agencies listed below to share specific information, as checked, about my case. I understand that this is a cooperative effort by agencies involved to share information that will lead to better utilization of community resources and better cooperation amongst our agencies to best meet my needs.

Agencies or agency representatives that will be sharing information:

Name	Address	Date

The information is to be released is: History Lab Work
 Diagnosis Psychological Assessment
 Summary of Treatment Psychiatric Evaluation
 Medications Legal issues/concerns
 School Evaluation Performance
 Other (specify) _____

and is to be released for the purpose of _____.

This consent to release is valid for one year, or until otherwise specified, and thereafter is invalid. Specify date, event, or condition on which permission will expire: _____

I understand that at any time between the time of signing and the expiration date listed above I have the right to revoke this consent.

 Student Name Date of Birth

 Address City State Zip Code

 Student Signature Date Witness Date

 Guardian or Responsible Party Date Witness Position
 (if student is under legal age)

 Guardian/Responsible Party Relationship to Student Sample contributed by Flint Hills Special Education Cooperative

Exhibit 2—Compiling Personal Transition Data

What follows are common starting points in compiling personal information for young people in career planning programs. Note that the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA) establish strict federal standards concerning the use of health, education, and human services information. (See Chapter 4 for more information.) Programs or providers who are funded by the Workforce Investment Act should also review the Section 188 Disability Checklist and local service plans for guidelines on acceptable inquiries, confidentiality, accommodations, and universal access.

Transition Information Summary

Personal Information

Name _____ Date of Birth _____

Street Address _____ Telephone _____

City, State, Zip _____ E-mail _____

Support Network

Family Contacts/Roles _____

Other Adults/Roles _____

Friends/Roles _____

Living Arrangements

Current Situation _____

Education

Current Situation _____

Health

Current Situation _____

Transition Goals

Training/Education _____

Employment, Short-term _____

Employment, Long-term _____

Transportation_____

Independent Living _____

Recreation_____

Other_____

Personal Details

Living Arrangements

Stability_____

Independent Supports_____

Training Needs _____

Income/Monetary Status

Current Cost of Living _____

Current Expenses_____

Current Sources of Personal Income_____

Family/Other Sources of Income _____

Government Benefits_____

Transportation

Currently Uses: __Public transportation __ Drives own car __ Drives family/other car
__Supported transportation

Needs: __ Drivers license __ Buy car __Orientation/Mobility training

Health/Behavior

Medical Conditions _____

Physical Conditions _____
Communication Issues _____
Medical Treatment _____
Medications/Side effects _____
History/Prognosis _____
Adaptive Equipment _____
Assistive Technology _____
Mental Health History _____
Chemical Dependency _____
Counseling _____
Behavior at School _____
Behavior at Work _____
Contact with Courts/Law Enforcement _____
Incarceration/Probation _____
Other _____
Education Detail
Background
__ In School Where/Grade _____
__ Out of School Highest Level Completed _____
Assessments Completed _____

Reading Skills _____ Math Skills _____
Writing Skills _____ Other Skills _____

Memory Skills Issues _____ Speech Issues _____

Listening Skills Issues _____ Other _____

Schools/Colleges Attended

Most Recent _____

Plans for Additional Education/Training

__ No __ Yes

If yes, describe: _____

Personal Traits

Hobbies _____

Leisure Activities _____

Interpersonal Skills _____

Things that Motivate _____

Work History

Recent Employment

1. _____

2. _____

3. _____

4. _____

Wages/Reasons for Leaving

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Employment Details

__ Resume completed __ Letters of recommendation __ Skills certification

Transferable Skills _____

Work Speed/Quality/Productivity _____

Learning Experiences _____

Volunteer/Other Positions

Disability Issues

Accommodations _____

Adaptive Equipment _____

Job Supports _____

Job Coach _____

Health Insurance Status _____

On-Going Medical Needs _____

Legal Issues _____		
Other _____		
Job Preferences		
<input type="checkbox"/> Using my hands <input type="checkbox"/> Using my mind <input type="checkbox"/> Driving a truck or car <input type="checkbox"/> Working with tools <input type="checkbox"/> Working with machines <input type="checkbox"/> Working with advanced technology <input type="checkbox"/> Working with computers <input type="checkbox"/> Working outdoors <input type="checkbox"/> Working for a large company <input type="checkbox"/> Working for a small company <input type="checkbox"/> Consistent hours <input type="checkbox"/> Flexible hours <input type="checkbox"/> Daytime hours <input type="checkbox"/> Early morning work <input type="checkbox"/> Evening hours <input type="checkbox"/> Part-time hours <input type="checkbox"/> Using my education/training <input type="checkbox"/> Jobs that require reading <input type="checkbox"/> Jobs that require math <input type="checkbox"/> Being challenged <input type="checkbox"/> Doing physical labor	<input type="checkbox"/> Doing repetitious tasks <input type="checkbox"/> Having a variety of duties <input type="checkbox"/> Having frequent changes in routine <input type="checkbox"/> Feeling needed <input type="checkbox"/> Having others view my work as important <input type="checkbox"/> Waiting <input type="checkbox"/> Sitting for long periods of time <input type="checkbox"/> Standing for long periods of time <input type="checkbox"/> Doing heavy lifting <input type="checkbox"/> Walking <input type="checkbox"/> Working in loud, noisy places <input type="checkbox"/> Being warm/hot <input type="checkbox"/> Being cold <input type="checkbox"/> Getting my hands dirty <input type="checkbox"/> Working alone <input type="checkbox"/> Working with others <input type="checkbox"/> Being my own boss <input type="checkbox"/> Having close supervision <input type="checkbox"/> Having minimal supervision	<input type="checkbox"/> Being given detailed instructions <input type="checkbox"/> Being given orders with no explanation <input type="checkbox"/> Working in a relaxed atmosphere <input type="checkbox"/> Being pressured to work fast <input type="checkbox"/> Working toward a career goal <input type="checkbox"/> Having the opportunity to be promoted <input type="checkbox"/> Earning a lot of money <input type="checkbox"/> Receiving company benefits <input type="checkbox"/> Making new friends <input type="checkbox"/> Being close to home <input type="checkbox"/> Traveling <input type="checkbox"/> Being home on weekends <input type="checkbox"/> Working on weekends <input type="checkbox"/> Taking the bus to work <input type="checkbox"/> Traveling long distances to work <input type="checkbox"/> Disclosing my disability
Job Search Assistance Needed		
<input type="checkbox"/> Working independently <input type="checkbox"/> Working with agencies <input type="checkbox"/> Working with schools <input type="checkbox"/> Clothing	<input type="checkbox"/> Resume <input type="checkbox"/> Disclosure/Disability issues <input type="checkbox"/> Informational interviews <input type="checkbox"/> Applications	<input type="checkbox"/> Reference letters <input type="checkbox"/> Finding job openings <input type="checkbox"/> Job interviews <input type="checkbox"/> Other support

Exhibit 4—Assessment Resource Mapping

Exhibit 4 is a sample format for conducting an environmental scan that builds on information gathered about assessment programs or service providers. Keep in mind that many programs provide multiple services. When compiling data, use formatting and input that will be compatible with your end product (i.e., database or spreadsheet software). Below is guidance for completing each column on the chart.

Column 1. Identify the program and its sponsor/funder.

Column 2. List the assessment services provided by this program in the four assessment domains: educational, vocational, psychological, and medical, and the four institutional uses of assessment: eligibility determination, progress measurement, program accountability, and assistive technology or accommodation determination.

Column 3. Identify the program's target youth population and the number of youth served in the most recent period available. The latter can be expressed as a percentage of the eligible population.

Column 4. Indicate how funds are distributed within the state or local area and identify who actually delivers the service and how these services are delivered.

Column 5. Identify the other agencies and organizations that the program currently partners with in providing assessment services.

This information will create a large-scale portrait of assessment services that can be used to start the analysis of services. Questions to consider in the analysis include:

- Where are the major gaps in assessment service delivery?
- Who are the target populations most in need of improved access to assessment services?
- What are the barriers to aligning assessment programs and services?
- What, if any, are the quick fixes for assessment?
- What assessment issues need to be addressed first?
- Who needs to be involved in corrective action?
- How will success be measured?
- Who is available to provide assessments, especially for youth with disabilities?

Sample Environmental Scan Format

1. Program & Sponsor/Funder	2. Assessment Services				3. Target Population & Service Level Statistics	4. Service Delivery	5. Partnering with Other Agencies
	Educ	Voc	Psych	Med			
	Eligibility Determination						
	Formal Assessments of Progress						
	Program Accountability						
	Assistive Technology/ Accommodations						
	Eligibility Determination						
	Formal Assessments of Progress						
	Program Accountability						
	Assistive Technology/ Accommodations						

Exhibit 9—Sample Inter-Agency Data-Sharing Agreement

State of _____

Requester

Agency Name _____

Data User _____

Title _____

Address _____

Phone _____

Data Provider

Agency Name _____

Custodian _____

Title _____

Address _____

Phone _____

I. PURPOSE

In this section, both parties must state in non-technical language the purpose(s) for which they are entering into the agreement, i.e., how the data will be used, what studies will be performed, or what the desired outcomes are perceived to be as a result of obtaining the data. The source of the data will come from any and all public health or claims databases. The data will only be used for research and/or analytical purposes and will not be used to determine eligibility or to make any other determinations affecting an individual. Furthermore, as the data will be shared within a State, it will be subjected to all applicable requirements regarding privacy and confidentiality that are described herein.

II. PERIOD OF AGREEMENT

The period of agreement shall extend from _____ to _____.

III. JUSTIFICATION FOR ACCESS

A. Federal requirements: Section 1902(a)(7) of the Social Security Act (as amended) provides for safeguards which restrict the use or disclosure of information concerning Medicaid applicants and recipients to purposes directly connected with the administration of the State plan. Regulations at 42 CFR 431.302 specify the purposes directly related to State plan administration.

These include (a) establishing eligibility; (b) determining the amount of medical assistance; providing services for recipients; and (d) conducting or assisting an investigation, prosecution, or civil or criminal proceeding related to the administration of the plan.

If the State Medicaid agency is a party to this agreement, specifically as the provider of information being sought by the requestor, it must be demonstrated in this section how the disclosure of information meets the above requirements.

An example of permissible data matching/sharing arrangements is the matching of data with a registry of vaccines or diseases for the purposes of improving outreach or expanding Medicaid coverage of populations being served under Medicaid.

States should identify any additional requirements that are needed for the release of additional data in this section.

B. State requirements: Cite specific State statutes, regulations, or guidelines (See Appendices)

IV. DESCRIPTION OF DATA

In this section, the parties provide specific detailed information concerning the data to be shared or exchanged.

V. METHOD OF DATA ACCESS OR TRANSFER

A description of the method of data access or transfer will be provided in this section. The requestor and its agents will establish specific safeguards to assure the confidentiality and security of individually identifiable records or record information. If encrypted identifiable information is transferred electronically through means such as the Internet, then said transmissions will be consistent with the rules and standards promulgated by Federal statutory requirements regarding the electronic transmission of identifiable information.

VI. LOCATION OF MATCHED DATA AND CUSTODIAL RESPONSIBILITY

The parties mutually agree that one State agency will be designated as "Custodian" of the file(s) and will be responsible for the observance of all conditions for use and for establishment and maintenance of security agreements as specified in this agreement to prevent unauthorized use. Where and how the data will be stored and maintained will also be specified in this section.

This agreement represents and warrants further that, except as specified in an attachment or except as authorized in writing, that such data shall not be disclosed, released, revealed, showed, sold, rented, leased, loaned, or otherwise have access granted to the data covered by this agreement to any person. Access to the data covered by this agreement shall be limited to the minimum number of individuals necessary to achieve the purpose stated in this section and to those individuals on a need-to-know basis only.

Note that, if all individually identifiable Medicaid data remains within the purview of the State Medicaid agency, matching with any other data is permissible. Any results of the data matching which contains individually identifiable data cannot be released outside the agency unless the release meets the conditions of Section III.

Any summary results, however, can be shared. Summary results are those items which cannot be used to identify any individual. It should be noted that the stripping of an individual's name or individual identification number does not preclude the identification of that individual, and therefore is not sufficient to protect the confidentiality of individual data.

VII. CONFIDENTIALITY

The User agrees to establish appropriate administrative, technical, and physical safeguards to protect the confidentiality of the data and to prevent unauthorized use or access to it. The safeguards shall provide a level and scope of security that is not less than the level and scope of security established by the Office of Management and Budget (OMB) in OMB Circular No. A-130, Appendix III – Security of Federal Automated Information System, which sets forth guidelines for security plans for automated information systems in Federal agencies.

Federal Privacy Act requirements will usually not apply if this agreement is entered into by agencies of the State and no Federal agencies are involved. The same applies to the Computer Matching and Privacy Protection Act of 1988. However, State laws, regulations, and guidelines governing privacy and confidentiality will apply.

It is strongly suggested that the guidelines presented in the Model State Vital Statistics Act be applied. The guidelines are available from the U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Health Statistics, Hyattsville, Maryland (DHHS) Publication No. (PHS) 95-1115.

Where States have enacted laws based on this model, the actual provisions of the statute take precedence.

VIII. DISPOSITION OF DATA

(Sample Language)

The requestor and its agents will destroy all confidential information associated with actual records as soon as the purposes of the project have been accomplished and notify the providing agency to this effect in writing. Once the project is complete, the requester will

1. destroy all hard copies containing confidential data (e.g., shredding or burning);
2. archive and store electronic data containing confidential information off line in a secure place, and delete all on line confidential data; and
3. all other data will be erased or maintained in a secured area.

IX. DATA-SHARING PROJECT COSTS

In this section, it should be stated in detail how the costs associated with the sharing or matching of data are to be met. If these can be absorbed by the "salaries and expenses," and the partner providing the requested data is agreeable to absorbing such costs, that should be noted here. If there are extra costs to be assumed, the parties need to specify here how they will be met. If the requesting party is to bear the burden of specific extra costs, or the party providing the data is unable or unwilling to bear such, these special requirements are to be formalized in this section.

X. RESOURCES

The types and number of personnel involved in the data sharing project, the level of effort required, as well as any other non-personnel resources and material, which are required, are to be listed here.

XI. SIGNATURES

In witness whereof, the Agencies' authorized representatives as designated by the Medicaid Director and Health Commissioner attest to and execute this agreement effective with this signing for the period set forth in Article II.

(Name)

(Name)

(Title)

(Title)

(Date)

(Date)