## LONG TERM CARE ADMINISTRATION

Living Choice	
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## **COMMUNITY SERVICE PLAN ADDENDUM**

Participant Name				SoonerCare ID	
	Last	First	M.I.		

			ate Amount for the F					ND GOAL te Pay; O=0		dicare;	SP=Sta	ite Plar	n; SC=9	Self Car	re			
SERVICE/SUPPORT	Service Service Code	Type of Service	Service Provider	# of Units	Freq.	Units/ Year	Rate/ Unit	Begin Date	End Date	1	Р	0	M	SP	SC	Program		
E/SI	Service	e line to be	added:															
RVIC	Service Type of Service Code Service Provider			# of Units	Freq.	Units/ Year	Rate/ Unit	Begin Date	End Date	1	Р	0	М	SP	SC	Program		
SE																		
		Expected	Outcome			Action	Steps				Monitoring of Expected Outcome							
											How will outcome be monitored?							
					HOW OFTEN will monitoring occur?													
GOALS										☐ PI	an Yeai	r		continu				

Participant/Legal Representative Initials\_\_\_\_\_\_ NOTE: Full signature required on final page only. Initials required for all other pages. OKHCA Revised 10-27-2015

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## COMMUNITY SERVICE PLAN ADDENDUM

Participant Name											SoonerC	are ID	) #							
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GOALS												How v	will outo	utcome be monitored?						
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												☐ Until Expected Outcome is met								
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РОБ	Service Code	Type of Service		Service Provider		# of Units	Freq.	Units/ Year	Rate/ Unit	Begin Date	End Date	-	Р	0	М	SP	sc	Program		
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GOALS													HOW OFTEN will monitoring occur?							
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## **COMMUNITY SERVICE PLAN ADDENDUM**

Participant Name											SoonerC	are ID	) #							
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									TC/CM Name (Print or Type):											
Signati				egal Agent is with a mark, two wi	tnesses		<b>Date</b> ired.)		TC/CM Signature:											
Witness Signature and Date:								TC/CM Supervisor Signature:												
Witness Signature and Date:									TC/CM Agency:											
Supporting Documentation:									Program – Administrative Use Only											

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