LONG TERM CARE ADMINSTRATION

☐ **Living Choice** ☐ **Medically Fragile**

COMMUNITY SERVICE PLAN

☐ **New** ☐ **Reassessment**

Participant Name				**SoonerCare ID**	
	Last	*First*	*M.I.*		

A. HOUSING INFORMATION

Housing Supplements (Check all that apply):

☐ Low-Income Housing Tax Credits
☐ HOME Dollars
☐ CDBG Funds
☐ Housing Choice Vouchers
☐ Housing Trust Funds
☐ Section 811
☐ 202 Funds
☐ USDA Rural Housing Funds
☐ Veteran's Affairs Housing Funds
☐ Funds for Home Modifications
☐ Funds for Assistive Technology related to Housing
☐ Other _____
☐ Not Applicable

Living Arrangements:

Will Participant live with family?
☐ Yes
☐ No

Housing Type:

☐ Home – owned by Participant
☐ Home – owned by family member
☐ Apartment – not assisted living
☐ Apartment – assisted living
☐ Group home of no more than 4 people

B. LONG TERM GOAL

CHALLENGES - OPTIONAL

STRENGTHS - OPTIONAL

COMMUNITY SERVICE PLAN

C. SERVICES AND GOALS - #1

SERVICE/ SUPPORT

Service Code	Type of Service	Service Provider	# of Units	Freq.	Units/ Year	Rate/ Unit	Put Appropriate Amount for the Payer Source: Informal	Private Pay	Other	Medicare	State Plan	Self Care	Program

GOAL #1

Expected Outcome	Action Steps	Monitoring of Expected Outcome
		HOW will outcome be monitored? HOW OFTEN will monitoring occur? HOW LONG will monitoring continue? ☐ Plan Year ☐ Until Expected Outcome is met

SERVICES AND GOALS - #2

SERVICE/ SUPPORT

Service Code	Type of Service	Service Provider	# of Units	Freq.	Units/ Year	Rate/ Unit	Put Appropriate Amount for the Payer Source: Informal	Private Pay	Other	Medicare	State Plan	Self Care	Program

GOAL #2

Expected Outcome	Action Steps	Monitoring of Expected Outcome
		HOW will outcome be monitored? HOW OFTEN will monitoring occur? HOW LONG will monitoring continue? ☐ Plan Year ☐ Until Expected Outcome is met

COMMUNITY SERVICE PLAN

SERVICES AND GOALS - #3

SERVICE/ SUPPORT								Put Appropriate Amount for the Payer Source						
Service Code	Type of Service	Service Provider	# of Units	Freq.	Units/ Year	Rate/ Unit	Informal	Private Pay	Other	Medicare	State Plan	Self Care	Program

GOAL #3	Expected Outcome	Action Steps	Monitoring of Expected Outcome
			HOW will outcome be monitored? HOW OFTEN will monitoring occur? HOW LONG will monitoring continue? ☐ Plan Year ☐ Until Expected Outcome is met

SERVICES AND GOALS - #4

SERVICE/ SUPPORT								Put Appropriate Amount for the Payer Source						
Service Code	Type of Service	Service Provider	# of Units	Freq.	Units/ Year	Rate/ Unit	Informal	Private Pay	Other	Medicare	State Plan	Self Care	Program

GOAL #4	Expected Outcome	Action Steps	Monitoring of Expected Outcome
			HOW will outcome be monitored? HOW OFTEN will monitoring occur? HOW LONG will monitoring continue? ☐ Plan Year ☐ Until Expected Outcome is met

COMMUNITY SERVICE PLAN

SERVICES AND GOALS - #5

SERVICE/ SUPPORT								Put Appropriate Amount for the Payer Source						
Service Code	Type of Service	Service Provider	# of Units	Freq.	Units/ Year	Rate/ Unit	Informal	Private Pay	Other	Medicare	State Plan	Self Care	Program

GOAL #5	Expected Outcome	Action Steps	Monitoring of Expected Outcome
			HOW will outcome be monitored? HOW OFTEN will monitoring occur? HOW LONG will monitoring continue? ☐ Plan Year ☐ Until Expected Outcome is met

SERVICES AND GOALS - #6

SERVICE/ SUPPORT								Put Appropriate Amount for the Payer Source						
Service Code	Type of Service	Service Provider	# of Units	Freq.	Units/ Year	Rate/ Unit	Informal	Private Pay	Other	Medicare	State Plan	Self Care	Program

GOAL #6	Expected Outcome	Action Steps	Monitoring of Expected Outcome
			HOW will outcome be monitored? HOW OFTEN will monitoring occur? HOW LONG will monitoring continue? ☐ Plan Year ☐ Until Expected Outcome is met

COMMUNITY SERVICE PLAN

SERVICES AND GOALS - #7

SERVICE/ SUPPORT								Put Appropriate Amount for the Payer Source						
Service Code	Type of Service	Service Provider	# of Units	Freq.	Units/ Year	Rate/ Unit		Informal	Private Pay	Other	Medicare	State Plan	Self Care	Program

GOAL #7	Expected Outcome	Action Steps	Monitoring of Expected Outcome
			HOW will outcome be monitored?
			HOW OFTEN will monitoring occur?
			HOW LONG will monitoring continue? ☐ Plan Year ☐ Until Expected Outcome is met

SERVICES AND GOALS - #8

SERVICE/ SUPPORT								Put Appropriate Amount for the Payer Source						
Service Code	Type of Service	Service Provider	# of Units	Freq.	Units/ Year	Rate/ Unit		Informal	Private Pay	Other	Medicare	State Plan	Self Care	Program

GOAL #8	Expected Outcome	Action Steps	Monitoring of Expected Outcome
			HOW will outcome be monitored?
			HOW OFTEN will monitoring occur?
			HOW LONG will monitoring continue? ☐ Plan Year ☐ Until Expected Outcome is met

COMMUNITY SERVICE PLAN

SERVICES AND GOALS - #9

SERVICE/ SUPPORT								Put Appropriate Amount for the Payer Source						
Service Code	Type of Service	Service Provider	# of Units	Freq.	Units/ Year	Rate/ Unit		Informal	Private Pay	Other	Medicare	State Plan	Self Care	Program

GOAL #9	Expected Outcome	Action Steps	Monitoring of Expected Outcome
			HOW will outcome be monitored? HOW OFTEN will monitoring occur? HOW LONG will monitoring continue? ☐ Plan Year ☐ Until Expected Outcome is met

SERVICES AND GOALS - #10

SERVICE/ SUPPORT								Put Appropriate Amount for the Payer Source						
Service Code	Type of Service	Service Provider	# of Units	Freq.	Units/ Year	Rate/ Unit		Informal	Private Pay	Other	Medicare	State Plan	Self Care	Program

GOAL #10	Expected Outcome	Action Steps	Monitoring of Expected Outcome
			HOW will outcome be monitored? HOW OFTEN will monitoring occur? HOW LONG will monitoring continue? ☐ Plan Year ☐ Until Expected Outcome is met

COMMUNITY SERVICE PLAN

SERVICES AND GOALS - #11

SERVICE/ SUPPORT

Service Code	Type of Service	Service Provider	# of Units	Freq.	Units/ Year	Rate/ Unit	Put Appropriate Amount for the Payer Source: Informal	Private Pay	Other	Medicare	State Plan	Self Care	Program

GOAL #11

Expected Outcome	Action Steps	Monitoring of Expected Outcome
		HOW will outcome be monitored? HOW OFTEN will monitoring occur? HOW LONG will monitoring continue? ☐ Plan Year ☐ Until Expected Outcome is met

SERVICES AND GOALS - #12

SERVICE/ SUPPORT

Service Code	Type of Service	Service Provider	# of Units	Freq.	Units/ Year	Rate/ Unit	Put Appropriate Amount for the Payer Source: Informal	Private Pay	Other	Medicare	State Plan	Self Care	Program

GOAL #12

Expected Outcome	Action Steps	Monitoring of Expected Outcome
		HOW will outcome be monitored? HOW OFTEN will monitoring occur? HOW LONG will monitoring continue? ☐ Plan Year ☐ Until Expected Outcome is met

COMMUNITY SERVICE PLAN

SERVICES AND GOALS - #13

SERVICE/ SUPPORT

Service Code	Type of Service	Service Provider	# of Units	Freq.	Units/ Year	Rate/ Unit	Put Appropriate Amount for the Payer Source: Informal	Private Pay	Other	Medicare	State Plan	Self Care	Program

GOAL #13

Expected Outcome	Action Steps	Monitoring of Expected Outcome
		HOW will outcome be monitored? HOW OFTEN will monitoring occur? HOW LONG will monitoring continue? ☐ Plan Year ☐ Until Expected Outcome is met

SERVICES AND GOALS - #14

SERVICE/ SUPPORT

Service Code	Type of Service	Service Provider	# of Units	Freq.	Units/ Year	Rate/ Unit	Put Appropriate Amount for the Payer Source: Informal	Private Pay	Other	Medicare	State Plan	Self Care	Program

GOAL #14

Expected Outcome	Action Steps	Monitoring of Expected Outcome
		HOW will outcome be monitored? HOW OFTEN will monitoring occur? HOW LONG will monitoring continue? ☐ Plan Year ☐ Until Expected Outcome is met

COMMUNITY SERVICE PLAN

SERVICES AND GOALS - #15

SERVICE/ SUPPORT

Service Code	Type of Service	Service Provider	# of Units	Freq.	Units/ Year	Rate/ Unit	Put Appropriate Amount for the Payer Source: Informal	Private Pay	Other	Medicare	State Plan	Self Care	Program

GOAL #15

Expected Outcome	Action Steps	Monitoring of Expected Outcome
		HOW will outcome be monitored? HOW OFTEN will monitoring occur? HOW LONG will monitoring continue? ☐ Plan Year ☐ Until Expected Outcome is met

SERVICES AND GOALS - #16

SERVICE/ SUPPORT

Service Code	Type of Service	Service Provider	# of Units	Freq.	Units/ Year	Rate/ Unit	Put Appropriate Amount for the Payer Source: Informal	Private Pay	Other	Medicare	State Plan	Self Care	Program

GOAL #16

Expected Outcome	Action Steps	Monitoring of Expected Outcome
		HOW will outcome be monitored? HOW OFTEN will monitoring occur? HOW LONG will monitoring continue? ☐ Plan Year ☐ Until Expected Outcome is met

COMMUNITY SERVICE PLAN

SERVICES AND GOALS - #17

SERVICE/ SUPPORT

Service Code	Type of Service	Service Provider	# of Units	Freq.	Units/ Year	Rate/ Unit	Put Appropriate Amount for the Payer Source: Informal	Private Pay	Other	Medicare	State Plan	Self Care	Program

GOAL #17

Expected Outcome	Action Steps	Monitoring of Expected Outcome
		HOW will outcome be monitored? HOW OFTEN will monitoring occur? HOW LONG will monitoring continue? ☐ Plan Year ☐ Until Expected Outcome is met

SERVICES AND GOALS - #18

SERVICE/ SUPPORT

Service Code	Type of Service	Service Provider	# of Units	Freq.	Units/ Year	Rate/ Unit	Put Appropriate Amount for the Payer Source: Informal	Private Pay	Other	Medicare	State Plan	Self Care	Program

GOAL #18

Expected Outcome	Action Steps	Monitoring of Expected Outcome
		HOW will outcome be monitored? HOW OFTEN will monitoring occur? HOW LONG will monitoring continue? ☐ Plan Year ☐ Until Expected Outcome is met

COMMUNITY SERVICE PLAN

SERVICES AND GOALS - #19

SERVICE/ SUPPORT

Service Code	Type of Service	Service Provider	# of Units	Freq.	Units/ Year	Rate/ Unit	Put Appropriate Amount for the Payer Source: Informal	Private Pay	Other	Medicare	State Plan	Self Care	Program

GOAL #19

Expected Outcome	Action Steps	Monitoring of Expected Outcome
		HOW will outcome be monitored? HOW OFTEN will monitoring occur? HOW LONG will monitoring continue? ☐ Plan Year ☐ Until Expected Outcome is met

SERVICES AND GOALS - #20

SERVICE/ SUPPORT

Service Code	Type of Service	Service Provider	# of Units	Freq.	Units/ Year	Rate/ Unit	Put Appropriate Amount for the Payer Source: Informal	Private Pay	Other	Medicare	State Plan	Self Care	Program

GOAL #20

Expected Outcome	Action Steps	Monitoring of Expected Outcome
		HOW will outcome be monitored? HOW OFTEN will monitoring occur? HOW LONG will monitoring continue? ☐ Plan Year ☐ Until Expected Outcome is met

COMMUNITY SERVICE PLAN

SERVICES AND GOALS - #21

SERVICE/ SUPPORT

Service Code	Type of Service	Service Provider	# of Units	Freq.	Units/ Year	Rate/ Unit	Put Appropriate Amount for the Payer Source: Informal	Private Pay	Other	Medicare	State Plan	Self Care	Program

GOAL #21

Expected Outcome	Action Steps	Monitoring of Expected Outcome
		HOW will outcome be monitored? HOW OFTEN will monitoring occur? HOW LONG will monitoring continue? ☐ Plan Year ☐ Until Expected Outcome is met

SERVICES AND GOALS - #22

SERVICE/ SUPPORT

Service Code	Type of Service	Service Provider	# of Units	Freq.	Units/ Year	Rate/ Unit	Put Appropriate Amount for the Payer Source: Informal	Private Pay	Other	Medicare	State Plan	Self Care	Program

GOAL #22

Expected Outcome	Action Steps	Monitoring of Expected Outcome
		HOW will outcome be monitored? HOW OFTEN will monitoring occur? HOW LONG will monitoring continue? ☐ Plan Year ☐ Until Expected Outcome is met

COMMUNITY SERVICE PLAN

SERVICES AND GOALS - #23

SERVICE/ SUPPORT

Service Code	Type of Service	Service Provider	# of Units	Freq.	Units/ Year	Rate/ Unit	Put Appropriate Amount for the Payer Source: Informal	Private Pay	Other	Medicare	State Plan	Self Care	Program

GOAL #23

Expected Outcome	Action Steps	Monitoring of Expected Outcome
		HOW will outcome be monitored? HOW OFTEN will monitoring occur? HOW LONG will monitoring continue? ☐ Plan Year ☐ Until Expected Outcome is met

SERVICES AND GOALS - #24

SERVICE/ SUPPORT

Service Code	Type of Service	Service Provider	# of Units	Freq.	Units/ Year	Rate/ Unit	Put Appropriate Amount for the Payer Source: Informal	Private Pay	Other	Medicare	State Plan	Self Care	Program

GOAL #24

Expected Outcome	Action Steps	Monitoring of Expected Outcome
		HOW will outcome be monitored? HOW OFTEN will monitoring occur? HOW LONG will monitoring continue? ☐ Plan Year ☐ Until Expected Outcome is met

COMMUNITY SERVICE PLAN

SERVICES AND GOALS - #25

SERVICE/ SUPPORT

Service Code	Type of Service	Service Provider	# of Units	Freq.	Units/ Year	Rate/ Unit	Put Appropriate Amount for the Payer Source: Informal	Private Pay	Other	Medicare	State Plan	Self Care	Program

GOAL #25

Expected Outcome	Action Steps	Monitoring of Expected Outcome
		HOW will outcome be monitored? HOW OFTEN will monitoring occur? HOW LONG will monitoring continue? ☐ Plan Year ☐ Until Expected Outcome is met

SERVICES AND GOALS - #26

SERVICE/ SUPPORT

Service Code	Type of Service	Service Provider	# of Units	Freq.	Units/ Year	Rate/ Unit	Put Appropriate Amount for the Payer Source: Informal	Private Pay	Other	Medicare	State Plan	Self Care	Program

GOAL #26

Expected Outcome	Action Steps	Monitoring of Expected Outcome
		HOW will outcome be monitored? HOW OFTEN will monitoring occur? HOW LONG will monitoring continue? ☐ Plan Year ☐ Until Expected Outcome is met

COMMUNITY SERVICE PLAN

SERVICES AND GOALS - #27

SERVICE/ SUPPORT

Service Code	Type of Service	Service Provider	# of Units	Freq.	Units/ Year	Rate/ Unit	Put Appropriate Amount for the Payer Source: Informal	Private Pay	Other	Medicare	State Plan	Self Care	Program

GOAL #27

Expected Outcome	Action Steps	Monitoring of Expected Outcome
		HOW will outcome be monitored? HOW OFTEN will monitoring occur? HOW LONG will monitoring continue? ☐ Plan Year ☐ Until Expected Outcome is met

SERVICES AND GOALS - #28

SERVICE/ SUPPORT

Service Code	Type of Service	Service Provider	# of Units	Freq.	Units/ Year	Rate/ Unit	Put Appropriate Amount for the Payer Source: Informal	Private Pay	Other	Medicare	State Plan	Self Care	Program

GOAL #28

Expected Outcome	Action Steps	Monitoring of Expected Outcome
		HOW will outcome be monitored? HOW OFTEN will monitoring occur? HOW LONG will monitoring continue? ☐ Plan Year ☐ Until Expected Outcome is met

COMMUNITY SERVICE PLAN

F. VERIFICATION

By initialing the following statements, I affirm that:

_____ I am in agreement with this Community Transition Plan.

_____ A list of waiver services and provider agencies was provided and discussed with me.

	Submission Date: _____	**Personal Care Services Begin Date:** _____
Signature of Participant or Legal Agent **Date** *(If Participant signs with a mark, two witnesses are required.)*	**Institutional Discharge Date:** _____	
Signature of Witness **Date**	**TC/CM Name (Printed/Typed)**	
Signature of Witness **Date**	**Signature of TC/CM** **Date**	
	Signature of TC/CM Supervisor **Date**	
Supporting Documentation	**TC/CM Agency**	