

LONG TERM CARE ADMINISTRATION

Living Choice

Medically Fragile

Supplemental Community Service Plan Goals & Outcomes

Participant Name				
	<i>Last</i>	<i>First</i>	<i>M.I.</i>	<i>SoonerCare ID</i>

Challenges	Strengths

ANTICIPATED OUTCOMES	ACTION STEPS
Goal #	

ANTICIPATED OUTCOMES

ACTION STEPS

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Goal #

ANTICIPATED OUTCOMES	ACTION STEPS
<p>Goal #</p>	

Signature of Member or Legal Agent <i>(If Member signs with mark, two witnesses are required.)</i>			Date
Signature of Witness	Date	Signature of Witness	Date
Signature of Case Manager			Date