

LONG TERM CARE ADMINISTRATION

Living Choice

Medically Fragile

COMMUNITY SERVICE PLAN

New

Reassessment

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

A. HOUSING INFORMATION

Housing Supplements (Check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Low-Income Housing Tax Credits | <input type="checkbox"/> Section 811 | <input type="checkbox"/> Funds for Assistive Technology related to Housing |
| <input type="checkbox"/> HOME Dollars | <input type="checkbox"/> 202 Funds | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> CDBG Funds | <input type="checkbox"/> USDA Rural Housing Funds | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Housing Choice Vouchers | <input type="checkbox"/> Veteran's Affairs Housing Funds | |
| <input type="checkbox"/> Housing Trust Funds | <input type="checkbox"/> Funds for Home Modifications | |

Living Arrangements:

Will Participant live with family?

- Yes
 No

Housing Type:

- | | |
|--|--|
| <input type="checkbox"/> Home – owned by Participant | <input type="checkbox"/> Apartment – not assisted living |
| <input type="checkbox"/> Home – owned by family member | <input type="checkbox"/> Apartment – assisted living |
| | <input type="checkbox"/> Group home of no more than 4 people |

Participant/Legal Representative Initials _____

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B. LONG TERM GOAL

CHALLENGES - OPTIONAL

STRENGTHS - OPTIONAL

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COMMUNITY SERVICE PLAN

C. SERVICES AND GOALS - #1														
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 #1	Expected Outcome		Action Steps					Monitoring of Expected Outcome						
								HOW will outcome be monitored?						
								HOW OFTEN will monitoring occur?						
								HOW LONG will monitoring continue? <input type="checkbox"/> Plan Year <input type="checkbox"/> Until Expected Outcome is met						

SERVICES AND GOALS - #2														
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 #2	Expected Outcome		Action Steps					Monitoring of Expected Outcome						
								HOW will outcome be monitored?						
								HOW OFTEN will monitoring occur?						
								HOW LONG will monitoring continue? <input type="checkbox"/> Plan Year <input type="checkbox"/> Until Expected Outcome is met						

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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
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? <input type="checkbox"/> Plan Year <input type="checkbox"/> 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
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? <input type="checkbox"/> Plan Year <input type="checkbox"/> Until Expected Outcome is met					

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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? <input type="checkbox"/> Plan Year <input type="checkbox"/> 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? <input type="checkbox"/> Plan Year <input type="checkbox"/> Until Expected Outcome is met						

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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? <input type="checkbox"/> Plan Year <input type="checkbox"/> 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? <input type="checkbox"/> Plan Year <input type="checkbox"/> Until Expected Outcome is met						

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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? <input type="checkbox"/> Plan Year <input type="checkbox"/> 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? <input type="checkbox"/> Plan Year <input type="checkbox"/> Until Expected Outcome is met						

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SERVICES AND GOALS - #11														
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 #11	Expected Outcome			Action Steps					Monitoring of Expected Outcome					
									HOW will outcome be monitored?					
									HOW OFTEN will monitoring occur?					
									HOW LONG will monitoring continue? <input type="checkbox"/> Plan Year <input type="checkbox"/> Until Expected Outcome is met					

SERVICES AND GOALS - #12														
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 #12	Expected Outcome			Action Steps					Monitoring of Expected Outcome					
									HOW will outcome be monitored?					
									HOW OFTEN will monitoring occur?					
									HOW LONG will monitoring continue? <input type="checkbox"/> Plan Year <input type="checkbox"/> Until Expected Outcome is met					

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SERVICES AND GOALS - #13														
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 #13	Expected Outcome		Action Steps					Monitoring of Expected Outcome						
								HOW will outcome be monitored?						
								HOW OFTEN will monitoring occur?						
								HOW LONG will monitoring continue? <input type="checkbox"/> Plan Year <input type="checkbox"/> Until Expected Outcome is met						

SERVICES AND GOALS - #14														
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 #14	Expected Outcome		Action Steps					Monitoring of Expected Outcome						
								HOW will outcome be monitored?						
								HOW OFTEN will monitoring occur?						
								HOW LONG will monitoring continue? <input type="checkbox"/> Plan Year <input type="checkbox"/> Until Expected Outcome is met						

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SERVICES AND GOALS - #15														
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 #15	Expected Outcome		Action Steps					Monitoring of Expected Outcome						
								HOW will outcome be monitored?						
								HOW OFTEN will monitoring occur?						
								HOW LONG will monitoring continue? <input type="checkbox"/> Plan Year <input type="checkbox"/> Until Expected Outcome is met						

SERVICES AND GOALS - #16														
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 #16	Expected Outcome		Action Steps					Monitoring of Expected Outcome						
								HOW will outcome be monitored?						
								HOW OFTEN will monitoring occur?						
								HOW LONG will monitoring continue? <input type="checkbox"/> Plan Year <input type="checkbox"/> Until Expected Outcome is met						

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SERVICES AND GOALS - #17															
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 #17	Expected Outcome			Action Steps							Monitoring of Expected Outcome				
											HOW will outcome be monitored?				
											HOW OFTEN will monitoring occur?				
											HOW LONG will monitoring continue? <input type="checkbox"/> Plan Year <input type="checkbox"/> Until Expected Outcome is met				

SERVICES AND GOALS - #18															
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 #18	Expected Outcome			Action Steps							Monitoring of Expected Outcome				
											HOW will outcome be monitored?				
											HOW OFTEN will monitoring occur?				
											HOW LONG will monitoring continue? <input type="checkbox"/> Plan Year <input type="checkbox"/> Until Expected Outcome is met				

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SERVICES AND GOALS - #19													
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
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? <input type="checkbox"/> Plan Year <input type="checkbox"/> Until Expected Outcome is met					

SERVICES AND GOALS - #20													
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
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? <input type="checkbox"/> Plan Year <input type="checkbox"/> Until Expected Outcome is met					

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SERVICES AND GOALS - #21														
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 #21	Expected Outcome			Action Steps					Monitoring of Expected Outcome					
									HOW will outcome be monitored?					
									HOW OFTEN will monitoring occur?					
									HOW LONG will monitoring continue? <input type="checkbox"/> Plan Year <input type="checkbox"/> Until Expected Outcome is met					

SERVICES AND GOALS - #22														
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 #22	Expected Outcome			Action Steps					Monitoring of Expected Outcome					
									HOW will outcome be monitored?					
									HOW OFTEN will monitoring occur?					
									HOW LONG will monitoring continue? <input type="checkbox"/> Plan Year <input type="checkbox"/> Until Expected Outcome is met					

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SERVICES AND GOALS - #23															
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 #23	Expected Outcome			Action Steps					Monitoring of Expected Outcome						
									HOW will outcome be monitored?						
									HOW OFTEN will monitoring occur?						
									HOW LONG will monitoring continue? <input type="checkbox"/> Plan Year <input type="checkbox"/> Until Expected Outcome is met						

SERVICES AND GOALS - #24															
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 #24	Expected Outcome			Action Steps					Monitoring of Expected Outcome						
									HOW will outcome be monitored?						
									HOW OFTEN will monitoring occur?						
									HOW LONG will monitoring continue? <input type="checkbox"/> Plan Year <input type="checkbox"/> Until Expected Outcome is met						

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SERVICES AND GOALS - #25														
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 #25	Expected Outcome		Action Steps					Monitoring of Expected Outcome						
								HOW will outcome be monitored?						
								HOW OFTEN will monitoring occur?						
								HOW LONG will monitoring continue? <input type="checkbox"/> Plan Year <input type="checkbox"/> Until Expected Outcome is met						

SERVICES AND GOALS - #26														
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 #26	Expected Outcome		Action Steps					Monitoring of Expected Outcome						
								HOW will outcome be monitored?						
								HOW OFTEN will monitoring occur?						
								HOW LONG will monitoring continue? <input type="checkbox"/> Plan Year <input type="checkbox"/> Until Expected Outcome is met						

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SERVICES AND GOALS - #27														
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 #27	Expected Outcome		Action Steps					Monitoring of Expected Outcome						
								HOW will outcome be monitored?						
								HOW OFTEN will monitoring occur?						
								HOW LONG will monitoring continue? <input type="checkbox"/> Plan Year <input type="checkbox"/> Until Expected Outcome is met						

SERVICES AND GOALS - #28														
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 #28	Expected Outcome		Action Steps					Monitoring of Expected Outcome						
								HOW will outcome be monitored?						
								HOW OFTEN will monitoring occur?						
								HOW LONG will monitoring continue? <input type="checkbox"/> Plan Year <input type="checkbox"/> Until Expected Outcome is met						

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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 <i>(If Participant signs with a mark, two witnesses are required.)</i>	Date	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