

# COMMUNITY TRANSITION SERVICES



HOME & COMMUNITY  
BASED SERVICES  
**HCBS**

ELDERLY, BLIND  
AND DISABLED  
**EBD**

## COMMUNITY TRANSITION PLAN

CLIENT NAME \_\_\_\_\_

Behavioral health	Assessed need	Critical service	Needed prior to move in	Provider	Service type	Entity responsible for referral	Person to make referral	Service initiation date	Date referral should be completed by	Date referral actually completed
Assistance to get provider appointments					HCBS Managed Care	CMA				
Emergency services					State medicaid plan					
BHO services					Managed care	CMA				
AA meetings					Community resource	TC				
Intensive case management					CCT	ICM				
Behavioral services					CCT	ICM				
Family service					CCT	ICM				
Mentorship/Peer					CCT	ICM				
Substance abuse counseling					CCT	ICM				
SEP case management - EBD					HCBS	CM				
Adult day care (BI,EBD,CMHS)					HCBS	CM				
Day treatment (BI)					HCBS	CM				
Respite care- nursing facility					HCBS	CM				
Behavioral education/ management					HCBS	CM				
Day habilitation (DD)					HCBS	CM				
Support community connection (DD)					HCBS	CM				
Behavioral services (DD)					HCBS	CM				
Mentorship (DD)					HCBS	CM				
Day habilitation (DD)					HCBS	CM				
Other										
Other										

Medical	Assessed need	Critical service	Needed prior to move in	Provider	Service type	Entity responsible for referral	Person to make referral	Service initiation date	Date referral should be completed by	Date referral actually completed
Physician					State medicaid plan	NF				
Home health					State medicaid plan	NF				
Disposable supplies					HCBS	CMA				
Medical alert bracelet					HCBS	CMA				
Medical alert tag					HCBS	CMA				
Diabetec Supplies					HCBS	CMA				
Incontinence supplies					HCBS	CMA				
Oxygen					HCBS	CMA				
Medication box					HCBS	CMA				
Intensive home medication monitoring					HCBS	CMA				
Medication set-up					State medicaid plan	NF				
Physician in community					State medicaid plan	NF				
Medication administration					State medicaid plan	NF				
Prescription medication					State medicaid plan	NF				
Physical therapy					State medicaid plan	NF				
Speech therapy					State medicaid plan	NF				
Durable medical equipment					State medicaid plan	NF				
Medication monitoring					State medicaid plan	NF				

Podiatry services					State medicaid plan	NF				
Immunizations					State medicaid plan	NF				
Labs & x-rays					State medicaid plan	NF				
Emergency services					State medicaid plan	NF				
Optometrist					State medicaid plan	NF				
Eyeglasses after surgery					State medicaid plan	NF				
Program of all inclusive care (PACE)					State medicaid plan	NF				
Private duty nursing					State medicaid plan	NF				
Specialized medical supplies - describe										
Specialized medical equipment – describe										
Enhanced nursing services					CCT	ICM				
Extended dental					CCT	ICM				
Extended vision					CCT	ICM				
Dental (DD)					HCBS	CM				
Vision (DD)					HCBS	CM				
Message therapy (DD)					HCBS	CM				
Movement therapy (DD)					HCBS	CM				
Other										

Physical Accessability	Assessed need	Critical service	Needed prior to move in	Provider	Service type	Entity responsible for referral	Person to make referral	Service initiation date	Date referral should be completed by	Date referral actually completed
Widened doors					HCBS	CMA				
Bathroom handrails					HCBS	CMA				

Environmental control system					HCBS	CMA				
No-step entrance					HCBS	CMA				
No stairs					HCBS	CMA				
First floor apartment					HCBS	CMA				
Roll-in shower					HCBS	CMA				
Shower bench					HCBS	CMA				
Brace/prosthesis					HCBS	CMA				
Transfer equipment					HCBS	CMA				
Lifting chair					HCBS	CMA				
Entrance ramp					HCBS	CMA				
Curb cut					HCBS	CMA				
Wheel chair access kitchen					HCBS	CMA				
Transfers					HCBS	CMA				
Mobility					HCBS	CMA				
Cooking or eating					HCBS	CMA				
Toilet					HCBS	CMA				
Dressing change					HCBS	CMA				
Bathing, personal hygiene					HCBS	CMA				
Grocery shopping					HCBS	CMA				
House cleaning					HCBS	CMA				
Manual wheelchair					HCBS	CMA				
Power wheelchair					HCBS	CMA				
Shower chair					HCBS	CMA				
Shower bench					HCBS	CMA				
Brace/prosthesis					HCBS	CMA				
Cane, walker, crutch					HCBS	CMA				
Lifting chair					HCBS	CMA				
Regular bed					CTS	TC				
Fully automatic bed					HCBS	CMA				
Semi automatic bed					HCBS	CMA				
Therapeutic mattress					HCBS	CMA				
I.V. Supplies					HCBS	CMA				
Feeding tube					HCBS	CMA				
Modified utensils					HCBS	CMA				

Glasses					HCBS	CMA				
Contact lens					HCBS	CMA				
Hearing aides					HCBS	CMA				
TTY					HCBS	CMA				
Modified phone					HCBS	CMA				
Sound doorbell					HCBS	CMA				
Home delivered meals					HCBS	CMA				
Home modifications extended					HCBS	CMA				
Personal emergency response system					HCBS	CMA				
Relative personal care					HCBS	CMA				
Consumer directed attendant support services					HCBS	CMA				
In-home support services health maintenance activities					HCBS	CMA				
In-home support services personal care services					HCBS	CMA				
In-home support services relative personal care					HCBS	CMA				
In-home homemaker services					HCBS	CMA				
Other										
Other										

Housing	Assessed need	Roommate	Hud section 8	Utility deposit	Rent	Move-in date	Address
Previous residence							
Independent apt							
Assisted living							
Alternative care facility							
Residential group home							
Private with family							
Host home							
Other							

House & Household Set-up	Assessed need	Critical service	Needed prior to move in	Provider	Service type	Entity responsible for referral	Person to make referral	Service initiation date	Date referral should be completed by	Date referral actually completed
Furniture					CTS	TC				
Bed					CTS	TC				
Linens					CTS	TC				
Food					CTS	TC				
House ware items					CTS	TC				
Toiletries					CTS	TC				
File box					CTS	TC				
Food stamps					CTS	TC				
Household setup items					CTS	TC				
Security deposit that are required to obtain a lease on a residence					CTS	TC				
Set-up or deposits for utility or service access, including telephone, electricity, heating and water					CTS	TC				
Moving expenses required to occupy a community-based residence					CTS	TC				
Health and safety assurances including a one-time eradication and one-time cleaning prior to occupy					CTS	TC				
A one-time purchase of food not to exceed \$100										
Other										
Other										
Other										

Transportation	Assessed need	Critical service	Needed prior to move in	Provider	Service type	Entity responsible for referral	Person to make referral	Service initiation date	Date referral should be completed by	Date referral actually completed
Fixed route bus					Community Resource	TC				
Personal care provider					HCBS	CMA				

Family/friends					Community Resource	TC				
Para transit					HCBS	CMA				
Taxi					Community Resource	TC				
Medical transportation					HCBS	CMA				
Public transportation					Community Resource	TC				
Travel training/ independent living skills					HCBS	CMA				
Vehicle modification					HCBS	CMA				
Non-medical transportation to and from day program					HCBS	CMA				
Bus pass					Community Resource	TC				
Other										

Independent Living	Assessed need	Critical service	Needed prior to move in	Provider	Service type	Entity responsible for referral	Person to make referral	Service initiation date	Date referral should be completed by	Date referral actually completed
Hygiene maintenance					HCBS	CMA				
Meal preparation					HCBS	CMA				
Housework					HCBS	CMA				
Laundry					HCBS	CMA				
Travel training					HCBS	CMA				
Home maintenance					HCBS	CMA				
Transitional living service					HCBS	CMA				
Independent living skills training					CCT	CMA				
Mentorship					HCBS	CMA				
Specialized day rehabilitation services					HCBS	CMA				
Day habilitation services					HCBS	CMA				
Supported community connection					HCBS	CMA				
Faith community					Community Resource	TC				
Volunteer opportunities					Community Resource	TC				
Other										



Employment	Assessed need	Critical service	Needed prior to move in	Provider	Service type	Entity responsible for referral	Person to make referral	Service initiation date	Date referral should be completed by	Date referral actually completed
Vocational rehabilitation					HCBS	CMA				
Other										

Finances	Assessed need	Critical service	Needed prior to move in	Provider	Service type	Entity responsible for referral	Person to make referral	Service initiation date	Date referral should be completed by	Date referral actually completed
SSI /SSDI APPLICATION					CTS	TC	TC			
OTHER					CTS	TC	TC			

Support & Safety	Identified Need or Risk Factor	Risk Mitigation Plan Required	Risk Mitigation Plan Completed
Family/Friend is not available to assist in transition and continued community residence			
Has a history of not managing physical health problems or illness successfully in community			
Has had episode of not managing mental illness successfully in the community			
Hospital and/or nursing facility placement due to non-compliance with medications			
Has had frequent falls			
Has used emergency services within the last six months			
Has had frequent illness and/or medical hospitalization while in the community			
Has had prior failed episodes of living in the community			
Family has high concerns regarding safety in the community			
Has never lived alone			
Will require services from multiple service providers in the community			
Will require psychiatric services in the community and is not currently enrolled with a mental health service provider			
Will require assistance with intake processes for needed services/resources			
Requires psychiatric medications and is not currently enrolled with a mental health service provider			
Other:			

Life Plan Focus	Goal	Time Frame
<b>Health Safety (IADLs, ADLs)</b>		
<b>Community Integration</b> <ul style="list-style-type: none"> <li>- Social network</li> <li>- Volunteering</li> <li>- Faith community</li> <li>- Employment</li> <li>- Transportation</li> </ul>		
<b>Living Arrangements</b>		

Additional Comments:

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Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_