Nursing Home Transition and Diversion Waiver

TEAM MEETING SUMMARY

Participant’s Name: ____________________________________________

Date/Time of Meeting: ___/___/___ at _____ am/pm

Location: ______________________________________________________

Facilitator: __________________________________________________

Participant’s Comments: ________________________________________

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Recommendations for changes in the Service Plan: ________________

______________________________________________________________

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______________________________________________________________

Issues Addressed: ______________________________________________

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TEAM MEETING SUMMARY
continued

Participant’s Name: ___________________________ Date: ________

Outstanding Issues/Health and Welfare Concerns: ______________________

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Next Steps: ___________________________

_________________________________________________________________

_________________________________________________________________

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_________________________________________________________________

Anticipated Time Frame for Next Team Meeting: ______________________

_________________________________________________________________

_________________________________________________________________
Participant’s Name: ___________________________________________  Date: ________________________________

ATTENDANCE:

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<thead>
<tr>
<th>Service</th>
<th>Attendee Signature</th>
<th>Agency Name</th>
<th>ISR Submitted?</th>
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<td>Service Coordinator</td>
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<td>Assistive Technology</td>
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<td>Community Integration Counseling</td>
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<td>Community Transitional Services</td>
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<td>Congregate and Home Delivered Meals</td>
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<td>Environmental Modifications Services</td>
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<td>Home and Community Support Services</td>
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<td>Independent Living Skills Training</td>
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<td>Nutritional Counseling/Educational Supports</td>
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<td>Positive Behavioral Interventions and Supports</td>
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<td>Wellness Counseling Service</td>
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Participant (and/or Guardian, if applicable) Signature  Date

Signature of Service Coordinator / Agency  Date