

Provider Transition Plan

Outcome: <i>Example: The setting is integrated into the community and individual's ability to interact with the broader community is not limited.</i>				
Review Element (Area):	Action Steps	Person Responsible	Timeframe Start/End	Progress
<i>Ex. Review element/area would be one of the following: Physical Location, Choice of Setting/Person Centered, Community Integration, Recipient Rights, Living Arrangements, and/or policy enforcement. If you answered 'No' to any of the questions under one of these headings, you will need to include action steps to come into compliance.</i>	<i>Ex. Identify the actions steps/plan your agency will follow in order to meet the standard for the review element.</i>	<i>Ex. Identify the lead representative at your agency that will assure action steps are completed and that will be responsible for updating the plan</i>	<i>Target dates to begin with end dates</i>	<i>Ex. Progress on action steps and overall review area should be noted here. Progress summary should identify the steps that were completed, when they were completed, etc. If steps had to be modified that should be included here as well.</i>

Insert Agency Name
Date Submitted:

Submitted by: _____
Agency Staff Name and Title

Date

Approved by: _____
LGE Office Staff Name and Title

Date