

Person's Name:

Month & Year:

MEETING / CONTACT DETAILS:

Note: The ISC visits with the person, and/or, as appropriate and necessary, meets with, or makes contact with, the family and/or legal representative, and others chosen by the person or legal representative, to review and update the ISP on an annual basis. The activities listed on the checklist set the stage for the annual planning meeting. Completion of the activities may require more than one contact to complete. All items on the checklist must be addressed prior to the annual ISP planning meeting. Items marked "no" on this checklist should be explained in the notes section of this form or recorded on the "Issue Reporting & Tracking" form and forwarded to the responsible provider and DMRS, as appropriate.

Date	Location of Meeting or Type of Contact	Persons Present / Contacted

Person's Name:

Month & Year:

INDIVIDUAL PLANNING & IMPLEMENTATION

YES NO

A-1	Assessments and other information needed or required for conducting an annual review and preparing an update of the ISP have been provided to the ISC by responsible parties prior to the time that the annual review is conducted, or obtained, as appropriate, by the person's ISC agency.	<input type="checkbox"/>	<input type="checkbox"/>	
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DONE?

YES	NO	ITEMS AND ACTIVITIES COVERED DURING THE ANNUAL REVIEW & PREPARING THE ISP UPDATE:
<input type="checkbox"/>	<input type="checkbox"/>	A-2 Review the current ISP for needed changes and updates. Determine what is working and not working in the ISP.
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	A-3 Complete/Update the Personal Focus section of the ISP. (<u>Note</u> : Decisions made in response to this item are recorded on the ISP planning draft to be distributed to all participants prior to the planning meeting.)
<input type="checkbox"/>	<input type="checkbox"/>	A-4 Determine the desired Personal Outcomes for the ISP, and using the available assessment information, identify the barriers, needs, risks & choices applicable to the desired Outcomes. (<u>Note</u> : Decisions made in response to this item are recorded on the ISP planning draft to be distributed to all participants prior to the planning meeting.)
<input type="checkbox"/>	<input type="checkbox"/>	A-5 Determine the applicability of the General Support Goals in the ISP, including any barriers, choices, strategies that the person, family or legal representative may have around these Goals. (<u>Note</u> : Decisions made in response to this item are recorded on the ISP planning draft to be distributed to all participants prior to the planning meeting.)
<input type="checkbox"/>	<input type="checkbox"/>	A-6 Review all available assessments & evaluations, including most ICAP, risk assessment information, recent physical examination, dental exam, and vision screening, etc., in order to identify barriers, risks and strategies for achieving Outcomes and Support Goals for the ISP. (<u>Note</u> : Decisions made in response to this item are recorded on the ISP planning draft to be distributed to all participants prior to the planning meeting.)
<input type="checkbox"/>	<input type="checkbox"/>	A-7 Review whether any other additional assessments are indicated for determining needs, risks, etc. related to the upcoming ISP. (<u>Note</u> : If additional assessments are indicated, send the pre-meeting ISP draft to the DMRS which is to include identification of the need for the assessment in order to request prior authorization for the completion of the assessment.)

Person's Name:

[Empty text box for Person's Name]

Month & Year:

[Empty text box for Month & Year]

DONE?

<input type="checkbox"/>	<input type="checkbox"/>	A-8	Determine the participants / invitees for the ISP planning meeting & record on the ISP Distribution Sheet.
<input type="checkbox"/>	<input type="checkbox"/>	A-9	Review rights and responsibilities of the person and/or family/legal representative in receiving DMRS/HCBS Medicaid Waiver services.
<input type="checkbox"/>	<input type="checkbox"/>	A-10	Review the right to, and process for, changing current services and/or the providers of those services, including ISC, at anytime.
<input type="checkbox"/>	<input type="checkbox"/>	A-11	Review Appeal and complaint resolution processes available through the ISC agency, provider agencies, DMRS and TennCare Bureau.
<input type="checkbox"/>	<input type="checkbox"/>	A-12	Review Freedom of Choice and complete the form.
<input type="checkbox"/>	<input type="checkbox"/>	A-13	Review with the person and/or family/legal representative the planning process and purpose of the ISP. (It's how we make sure the person gets what they need and want from services)
<input type="checkbox"/>	<input type="checkbox"/>	A-14	Review with the person and/or family/legal representative their rights under Title VI.

NOTES / COMMENTS:

Note: The space below may be used to record other notes, comments, decisions, etc. resulting from the annual ISP review and update preparation activities:

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Person's Name:

Month & Year:

NOTES/ COMMENTS:

Note: The space below may be used to record other notes, comments, decisions, etc. resulting from the annual ISP review and update preparation activities:

Signature of ISC: _____ Date: _____