

**ANNUAL ISP REVIEW & UPDATE
DOCUMENTATION FORM**

(Person's Name)	(Month & Year)

- FOR ISC SERVICES
- FOR CASE MANAGEMENT SERVICES

(ISC Agency or DIDD Office Name)

MEETING OR OTHER CONTACT DETAILS:

(Record the basic details of the meeting or other contacts made to complete the annual review of the ISP.)

Date	Meeting Location or Type of Contact	Names of Persons Involved

ANNUAL REVIEW & ISP UPDATE PREP ACTIVITIES:

(Instruction: All of the activities listed below must be addressed in reviewing the current ISP and preparing an update of the plan on an annual basis. For any activity not completed, explain why and the steps to be taken to address the activity in the comments section.)

	Done?
1. Prior to the annual review, responsible parties have provided to the ISC / CM those assessments and other needed or required information to be used in updating the plan.	<input type="checkbox"/> Yes
2. Review the current ISP with the person and legal representative to identify needed changes and updates. Determine what is working and not working for the person.	<input type="checkbox"/> Yes
3. Determine the person's desired outcomes and other supports for daily life that are to be included in the person's plan.	<input type="checkbox"/> Yes
4. Review all available assessments and evaluations, including the most recent uniform needs assessment, recent medical examinations/consults (including annual physical exam. Identify potential risks and barriers to achievement of the person's desired outcomes. Identify strategies for addressing risks and barriers.	<input type="checkbox"/> Yes
5. Determine if other assessments or evaluations are necessary.	<input type="checkbox"/> Yes
6. Review the rights and responsibilities of the person and or his/her legal representative in receiving DIDD / HCBS waiver services.	<input type="checkbox"/> Yes
7. Review the right to, and the process for, changing services and/or the providers of those services, including changing the assigned ISC or CM at anytime.	<input type="checkbox"/> Yes
8. Review the adverse action appeal rights and the complaint resolution processes available to the person through the ISC agency, provider agencies, DIDD, and TennCare Bureau, as applicable.	<input type="checkbox"/> Yes
9. Review and complete the "Freedom of Choice" selection form and review Title VI rights with the person and legal representative.	<input type="checkbox"/> Yes
10. Determine if signed consents to release and/or obtain health-protected information are needed to complete the assessment and planning process. (Obtain if needed)	<input type="checkbox"/> Yes

COMMENTS & NOTES:

(Name & Job Title of Person Conducting The Review)

X

(Signature)