

Person's Name:

Month & Year:

Note: These items are reviewed halfway through the person's ISP Year. At a minimum, a member of the family or the legal representative, if one has been appointed, is contacted to conduct this review. The contact may be during the regular monthly contact, if a family member, or the legal representative (F/LR) is present. Otherwise, additional contact will be made as needed to complete these review items.

Items marked "No", are reported to the Provider and/or DMRS, unless the F/LR specifically request that it not be reported. In such cases, the CM records his/her actions in response to the "No" item under the "Discussion Notes" section of this form (on 2nd page).

Items marked "No" that indicate abuse, neglect or mistreatment must be reported according to DMRS policy & immediate action taken or initiated by the CM to protect the person from jeopardy, if abuse, neglect or mistreatment is observed or discovered.

A Semi-Annual Review is not applicable if either of these situations exists:

1. The person is a legally competent adult AND the person does not have involved family members; OR
2. The person is a legally competent adult AND The person has involved family, but the person has declined consent for these family members to be contacted.

CONTACT DETAILS:

Date of Contact	Name of Person Contacted	Relationship

DISCUSSION CHECKLIST:

		YES	NO
S-1	Family and/or legal representative (F/LR) report they are generally satisfied with the current supports & services the person is receiving.	<input type="checkbox"/>	<input type="checkbox"/>
S-2	F/LR report they understand the options for resolving complaints, making changes to services & providers, etc.	<input type="checkbox"/>	<input type="checkbox"/>
S-3	F/LR report that the current ISP reflects the person's needs & preferences (i.e., the ISP has been updated to reflect recent changes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
S-4	F/LR report that the person is safe & secure.	<input type="checkbox"/>	<input type="checkbox"/>
S-5	F/LR report that the person is valued, respected and treated with dignity by support staff.	<input type="checkbox"/>	<input type="checkbox"/>
S-6	F/LR report that problems and concerns are resolved in a timely and satisfactory manner.	<input type="checkbox"/>	<input type="checkbox"/>

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		YES	NO
S-7	F/LR report understanding the right to appeal any reduction, denial or delay in DMRS services.	<input type="checkbox"/>	<input type="checkbox"/>
S-8	F/LR report that provider staff takes appropriate action to address any concerns or problems about the person's health, if any.	<input type="checkbox"/>	<input type="checkbox"/>
S-9	F/LR report that the person wishes to remain in his/her current living / day / work situation.	<input type="checkbox"/>	<input type="checkbox"/>

DISCUSSION NOTES

Note: Use the space below only to record issues, findings, or other pertinent information from the "Semi-Annual Satisfaction Survey". If an item above is marked, "No", and it is not to be reported to the Provider and/or DMRS as directed by the family or legal representative, then record below the action to be taken by the CM to address the issue to the satisfaction of the family or legal representative. Otherwise, if an item above is marked "No", then it must be recorded on the "CM Reporting & Tracking" form and a copy sent to the Provider and DMRS.

[illegible]

Signature of CM Conducting Survey: _____ Date: _____