

Month &amp; Year:

Note: The CM 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.

[illegible]

CM Documentation Form: **ANNUAL ISP REVIEW & UPDATE PREPARATION**

PAGE 2 of 5

Person's Name:

Month & Year:

INDIVIDUAL PLANNING & IMPLEMENTATION

YES NO

<b>A-1</b>	Assessments and other information needed or required for conducting an annual review and preparing an update of the ISP have been provided to the CM by responsible parties prior to the time that the annual review is conducted, or obtained, as appropriate, by the person's Case Manager.	<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"/>	<b>A-2</b> Review the current ISP for needed changes and updates. Determine what is working and not working in the ISP. DECISIONS ABOUT WHAT IS AND IS NOT WORKING & NEEDED CHANGES:
<input type="checkbox"/>	<input type="checkbox"/>	<b>A-3</b> 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"/>	<b>A-4</b> Determine the desired Personal Outcomes for the ISP and using the available assessment information, identify the barriers, needs, risks & choices applicable 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"/>	<b>A-5</b> 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"/>	<b>A-6</b> Review all available assessments & evaluations, including most recent 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"/>	<b>A-7</b> 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.)

Version 09.01.2004

CM Documentation Form: **ANNUAL ISP REVIEW & UPDATE PREPARATION**

PAGE 3 of 5

Person's Name:

Month & Year:

DONE?

<input type="checkbox"/>	<input type="checkbox"/>	<b>A-8</b>	Determine the participants / invitees for the ISP planning meeting & record on the ISP Distribution Sheet.
<input type="checkbox"/>	<input type="checkbox"/>	<b>A-9</b>	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"/>	<b>A-10</b>	Review the right to, and process for, changing current services and/or the providers of those services, including CM, at anytime.
<input type="checkbox"/>	<input type="checkbox"/>	<b>A-11</b>	Review Appeal and complaint resolution processes available through the CM agency, provider agencies, DMRS and TennCare Bureau.
<input type="checkbox"/>	<input type="checkbox"/>	<b>A-12</b>	Review Freedom of Choice and complete the form.
<input type="checkbox"/>	<input type="checkbox"/>	<b>A-13</b>	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"/>	<b>A-14</b>	Review Title VI information.
<input type="checkbox"/>	<input type="checkbox"/>	<b>A-15</b>	Develop the Individual Budget

**Participant Managed Services –**

The person/legal representative has chosen to directly manage services ☐ Yes ☐ No

By marking yes, the person is indicating that he/she is either initiating or continuing participant managed services and that a representative has been chosen to handle the responsibilities of participant managed services. If the individual is a minor, the parent or legal guardian makes this decision; if an adult, the legal representative makes the decisions and if there is no legal representative, the individual will choose a representative.

If Yes, complete the section below. If the person/legal representative chooses not to directly manage services, the following section does not apply and will not be completed.

YES NO NA

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>A-16</b>	The Financial Administrator has been chosen.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>A-17</b>	A Supports Broker has been chosen if desired.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>A-18</b>	Orientation to and training in self-determination/ participant managed services has been received.

Person's Name:

Month &amp; Year:

DONE?

<input type="checkbox"/>	<input type="checkbox"/>		<b>A-18</b> The individual and/or representative understands the rights and responsibilities of directing one's care and is willing to manage services and is willing and capable of assuming this responsibility. These responsibilities include but may not be limited to the following: Recruit, hire and manage staff; prepare an outline of duties and work schedules; Notify providers of schedule changes in a timely manner; train and evaluate providers; negotiate reimbursement and payment rates for providers (within DMRS established rates); serve as the employer of record for providers; verify accuracy of documentation or provide documentation as required; review and monitor payments for services by the FA to confirm services have been provided; notify the case managers and others as appropriate of concerns about service deliver that affect health and welfare, including abuse, neglect and exploitation; develop and manage services within the self-determination budget.
<input type="checkbox"/>	<input type="checkbox"/>		<b>A-19</b> A back-up/emergency plan for the provision of services has been developed to be included in the ISP.
<input type="checkbox"/>	<input type="checkbox"/>		<b>A-20</b> The individual and/or representative understands the processes for terminating participant managed services.
<input type="checkbox"/>	<input type="checkbox"/>		<b>A-21</b> The individual and/or representative is satisfied with the services provided through the FA/SB.
<input type="checkbox"/>	<input type="checkbox"/>		

## 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:


CM Documentation Form: **ANNUAL ISP REVIEW & UPDATE PREPARATION**

PAGE 4 of 5

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 CM:**\_\_\_\_\_ **Date:**\_\_\_\_\_