

Person's Name:

Month &amp; Year:

Note: The status of ISP is to be determined monthly based on the face-to-face visit with the person and/or interviews with family members, the legal representative, provider staff & others; and the review of any documentation available to the CM. In addition to a monthly review, other specific reviews or surveys are done at certain points during the year.

CHECK TO SEE IF ADDITIONAL REVIEWS, and/or SATISFACTION SURVEY ARE NEEDED THIS MONTH:

\* If any of the reviews below are also to be done this month, complete & attach the appropriate forms: (CHECK ALL THAT APPLY)

☐ PERIODIC REVIEW. ☐ ACTION PLAN REVIEW. ☐ SEMI-ANNUAL SATISFACTION SURVEY <sup>(1)</sup> ☐ ANNUAL REVIEW. ☐ NONE THIS MONTH.

<sup>(1)</sup> ☐ Check if Semi-Annual Survey is not applicable, and check reason below: (Check One)

☐ The person is a legally competent adult, and the person does not have involved family members; or

☐ The person is a legally competent adult who has involved family members, but the person has declined consent for the family members to be contacted.

### MONTHLY ISP STATUS REVIEW CHECKLIST:

Note: For some persons, it will be possible to determine some or all of the following items during the contacts. For others, additional activity may be needed during the month to make these determinations.

If an item is marked, "No", the reason should be described on the "CM Reporting & Tracking Form" and a copy sent to the Provider and DMRS.

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.

#### INDIVIDUAL PLANNING & IMPLEMENTATION

		YES	NO	
<b>M-1</b>	Authorized services in the ISP are being provided in accordance with the ISP.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>M-2</b>	In general, outcomes, goals, and risks, identified in the ISP (i.e., the ISP Action Plan) are being addressed as needed & expected.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>M-3</b>	The ISP is current, reflects the person's needs & preferences, and has been updated to reflect any recent changes, assessments, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>M-4</b>	Providers of DMRS services have submitted required Monthly Review reports to the Case Manager.	<input type="checkbox"/>	<input type="checkbox"/>	

#### RIGHTS, RESPECT & DIGNITY

		YES	NO	N/A
<b>M-5</b>	Behavior supports are being implemented as written in the ISP/BSP. (N/A, if there is no BSP or need for BSP identified in the ISP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Note: Any item marked "NO", must be explained on an "CM Reporting & Tracking Form".)

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YES NO N/A

## HEALTH

<b>M-6</b>	Healthcare services are being delivered in accordance with the ISP.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>M-7</b>	Provider <u>staff takes appropriate action to address emerging health problems</u> or an issue, including the completion of any needed assessments, consults, medical appointments, etc. (N/A, if there are no emerging healthcare issues at time of review)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## OPPORTUNITIES FOR WORK

YES NO N/A

<b>M-8</b>	The person is working in accordance with his/her preferences as identified in the ISP. (N/A, if the person chooses not to work, or the person is a child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>M-9</b>	If the person does not have a job, he/she is supported in engaging in age appropriate activities for socialization, recreation, and learning in accordance with preferences / outcomes identified in the ISP. (N/A, if the person has a job)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>M-10</b>	The <u>person has opportunities to perform volunteer community activities</u> in accordance with his/her preferences as identified in the ISP (N/A, if the person does not choose to volunteer in community activities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## NOTES / COMMENTS:

Note: If desired, the space below may be used to enter notes or comments from the monthly ISP review activities. However, items marked "No" during the review, MUST be explained on the "CM Issue Reporting & Tracking Form", which must be sent to the Provider & the DMRS Regional Office.

DATE	ENTRY

(Note: Any item marked "NO", must be explained on an "CM Reporting & Tracking Form".)

Person's Name:

Month & Year:


Signature of CM Conducting This Review: \_\_\_\_\_ Date: \_\_\_\_\_