





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.



