

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 2<sup>nd</sup> 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
<b>S-1</b>	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"/>
<b>S-2</b>	F/LR report they understand the options for resolving complaints, making changes to services & providers, etc.	<input type="checkbox"/>	<input type="checkbox"/>
<b>S-3</b>	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"/>
<b>S-4</b>	F/LR report that the person is safe & secure.	<input type="checkbox"/>	<input type="checkbox"/>
<b>S-5</b>	F/LR report that the person is valued, respected and treated with dignity by support staff.	<input type="checkbox"/>	<input type="checkbox"/>
<b>S-6</b>	F/LR report that problems and concerns are resolved in a timely and satisfactory manner.	<input type="checkbox"/>	<input type="checkbox"/>



