**Progress Review Meeting Summary for Basic Services**

REQUIREMENTS FOR USE OF THIS SAMPLE DOCUMENT: 245D license holders are responsible for modifying this sample for use in their program. At a minimum, you must fill in the blanks on this form. You may modify the format and content to meet standards used by your program. This sample meets compliance with current licensing requirements as of July 1, 2019. Providers remain responsible for reading, understanding and ensuring that this document conforms to current licensing requirements. DELETE THIS HIGHLIGHTED SECTION TO BEGIN MODIFYING THIS FORM.

Person name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of team meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. This form is used to document the discussion that occurred at the meeting. The discussion and documentation may be the basis for amending the Progress Review Report. This form must have dated signatures and returned to the license holder within ten working days of submitting changes to the Progress Review Report.
2. The Progress Review Report will be deemed approved and effective if dated signatures are not obtained within ten working days of the mailing of this form. The Progress Review Report will remain in effect until the legal representative or case manager submits a written request to revise the report.
3. This program must participate in service planning and support team meetings for the person following the stated timelines established in the person’s support plan or as requested by the person or the person’s legal representative, the support team, or the expanded support team. [[245D.07](https://www.revisor.mn.gov/statutes/?id=245D.07), subd. 2 and [245D.071](https://www.revisor.mn.gov/statutes/?id=245D.071), subd. 5]. For a person receiving intensive support services, meetings must also occur within 30 days of a written request by the person, their legal representative, or the case manager at a minimum of once per year.
4. How has this program provided services in response to your identified needs, interests, preferences, and desired outcomes as specified in the support plan and support plan addendum?
5. How has this program provided services to you in a manner that supports your preferences, daily needs, and activities and accomplishment of your personal goals and service outcomes?
6. How has this program provided services to you consistent with the principles of person-centered service planning and delivery that:
7. Identifies and supports what is important *to you* as well as what is important *for you*, including your preferences for when, how, and by whom direct support service is provided to you?
8. Uses that information to identify outcomes you desire?
9. Respects your history, dignity, and cultural background?
10. How has this program provided services and supports to you that offered opportunities to be fully included in the greater community, individually and in groups?
11. If the services and supports include day services or supported employment services, has the program explored competitive, integrated employment with you? Have you received the needed services and supports to look for a job in your community?
12. How could technology be used to meet your desired outcomes? (Include any decisions made related to the use of technology and a description of any further research that must be completed before a decision regarding the use of technology can be made.)
13. Other Discussion/Responsibility:
14. The Progress Review Report was discussed at the meeting. The following changes were made:
15. The following outcomes in addition to those identified in the Progress Review Report will be implemented:

Support Team Members Approval of the Progress Review Report

| Name | Signature | Title |
| --- | --- | --- |
|  |  | Person |
|  |  | Legal Representative |
|  |  | Case Manager |
|  |  | Other |