**Progress Review Report for Intensive Support 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 August 1, 2020. 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.

1. The purpose of the service plan review is to determine whether changes are needed to the service plan based on the assessment information, the license holder’s evaluation of progress towards accomplishing outcomes, or other information provided by the support team or expanded support team.
2. The license holder must give the person or the person's legal representative and, case manager, and other people as identified by the person or the person's legal representative an opportunity to participate in the ongoing review and development of the service plan and the methods used to support the person and accomplish outcomes identified in the person’s support plan or support plan addendum.
3. This form must be sent to the person or person legal representative within five working days prior to the review meeting if requested by the team in the support plan or support plan addendum.
4. This program must send this report to the person, the person’s legal representative, and the case manager by mail within ten working days of the progress review meeting.
5. Within ten working days of the mailing of this report, dated signatures must be obtained from the person or the person’s legal representative and the case manager to document approval of any changes to the support plan addendum.
6. If dated signatures are not obtained by the person, the person’s legal representative, and case manager within ten working days of submitting this report, or the person, the person’s legal representative, and case manager has not proposed written modifications to this report, this report is deemed approved and effective and will remain in effect until the legal representative or case manager submits a written request to revise this report.

**Progress Review Report**

| Name: | Date of Progress Review Report: |
| --- | --- |
| Type of Progress Review Report: \_\_\_Annual \_\_\_Semi-Annual \_\_\_Quarterly \_\_\_ Monthly \_\_\_ Other | Date Progress Review Report was distributed to the team: |

**How often has the team requested formal progress review reports (minimum of annually):**

|  | Monthly  |  | Quarterly |  | Semi-Annually  |
| --- | --- | --- | --- | --- | --- |
|  | Annually [minimum requirements] |  | Other: [as requested] |  |  |

**Team request to receive the Progress Review Report:** \_\_\_ at the time of the team meeting; or

 \_\_\_ at least 5 days before the team meeting.

**Outcome #1:**

| Outcome Statement (with measurable and observable criteria for outcome achievement): |
| --- |
| Summary of progress toward achieving this outcome: |
| Recommendation for implementing this outcome: \_\_\_\_\_ Continue \_\_\_\_\_ Change \_\_\_\_\_ Discontinue |
| Rationale for the recommendation: |

**Outcome #2:**

| Outcome Statement (with measurable and observable criteria for outcome achievement): |
| --- |
| Summary of progress toward achieving this outcome: |
| Recommendation for implementing this outcome: \_\_\_\_\_ Continue \_\_\_\_\_ Change \_\_\_\_\_ Discontinue |
| Rationale for the recommendation: |

**If there are additional outcomes, please attach additional page(s) as needed.**

| Date: | Name: | Title |
| --- | --- | --- |
|  |  | Person |
|  |  | Legal Representative |
|  |  | Case Manager |

This report was reviewed and approved by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and signature of Designated Coordinator Date

If you have questions you can contact the Designated Coordinator at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*PLEASE NOTE: See **Progress Review Meeting Summary** sample formfor additional topics that **must** be discussed and documented at least once per year.