



**45-DAY/ANNUAL MEETING CHECKLIST- MN CRS**

Name: \_\_\_\_\_  
Meeting Date: \_\_\_\_\_

**A. PRIOR TO THE MEETING:**

**Review the following documents with person receiving services and submit to the person’s support team at least five (5) days before the meeting for review:**

- \_\_\_\_\_ Create a meeting agenda with the person receiving services and send to team
- \_\_\_\_\_ Review **Person Centered Description (PCD)** and/or **Person Centered Plan (PCP)** with the person receiving services and send to team
- \_\_\_\_\_ Review **Support Plan** with person receiving services and send to team
- \_\_\_\_\_ Review **Goals** with person receiving services and send to team
- \_\_\_\_\_ Review **Services Questionnaire and Safety Plan** with the person and send to team
- \_\_\_\_\_ Review **Positive Support Transition Plan** with the person and send to team, if applicable
- \_\_\_\_\_ Review **Behavior Support Plan** with the person and send to team, if applicable

**Internal documents to review and update:**

- \_\_\_\_\_ **Information Sheet**
- \_\_\_\_\_ **Financial Summary** for persons for whom we manage (have access to) accounts
- \_\_\_\_\_ **Rights and Restriction Summary**, if applicable
- \_\_\_\_\_ **Exposure determination Form**
- \_\_\_\_\_ **Standing Order Medication List**
- \_\_\_\_\_ **Seizure Plan**, if applicable
- \_\_\_\_\_ **Psychotropic Medication Review and Report**, if applicable, complete

**B. ON DATE OF THE MEETING:**

**Review all and obtain signatures were designated:**

- \_\_\_\_\_ **Person Centered Description** review
- \_\_\_\_\_ **Goals** review draft for discussion
- \_\_\_\_\_ **Support Plan** review draft for discussion
- \_\_\_\_\_ **Services Questionnaire and Safety Plan** review draft, Update
- \_\_\_\_\_ **Positive Support Transition Plan**, if applicable
- \_\_\_\_\_ **Behavior Support Plan**, if applicable
- \_\_\_\_\_ **Service Recipients Rights** review and obtain signatures
- \_\_\_\_\_ **Notice of Privacy Practices for Individuals** review, have the **Acknowledgement of Receipt of Notice of Privacy Practice** obtain signatures
- \_\_\_\_\_ **Health Needs Record**
- \_\_\_\_\_ **Informed Consent for Administration of Psychotropic Medications**, if applicable
- \_\_\_\_\_ **Psychotropic Medication Review and Report**, if applicable
  
- \_\_\_\_\_ **Consent to Exchange Information** obtain signatures
- \_\_\_\_\_ **Medication Administration and Emergency Medical Authorization** obtain signatures
- \_\_\_\_\_ **Consent to Manage/Audit Finances** obtain signatures
- \_\_\_\_\_ **Coordinated Services and Supports Plan** request or obtain current/updated
- \_\_\_\_\_ **Rights Restriction Summary**, if applicable, obtain signatures
- \_\_\_\_\_ **Support Team Meeting Summary** obtain signatures

**C. AFTER THE MEETING:**

**Complete/revise and send out within 10 working days of meeting:**

- \_\_\_\_\_ **Support Plan**
- \_\_\_\_\_ **Support Team Meeting Summary**
- \_\_\_\_\_ **Service Questionnaire and Safety Plan** with signatures
- \_\_\_\_\_ **Goals**
- \_\_\_\_\_ If changes made to **Positive Support Transition Plan**
- \_\_\_\_\_ If changes made to **Behavior Support Plan**

**\*Review Coordinated Services and Support Plan for directives/services authorized and accuracy. Contact case manager for revisions, if needed, by completing a Discrepancy Letter.**



**45-DAY/ANNUAL MEETING CHECKLIST- MN HOURLY**

Name: \_\_\_\_\_  
Meeting Date: \_\_\_\_\_

**A. PRIOR TO THE MEETING:**

**Review the following documents with person receiving services and submit to the person’s support team at least five (5) days before the meeting for review:**

- \_\_\_\_\_ Create a meeting agenda with the person receiving services and send to team
- \_\_\_\_\_ Review **Person Centered Description (PCD)** and/or **Person Centered Plan (PCP)** with the person receiving services and send to team
- \_\_\_\_\_ Review **Support Plan** with person receiving services and send to team
- \_\_\_\_\_ Review **Goals** with person receiving services and send to team
- \_\_\_\_\_ Review **Services Questionnaire and Safety Plan** with the person and send to team
- \_\_\_\_\_ Review **Positive Support Transition Plan** with the person and send to team, if applicable
- \_\_\_\_\_ Review **Behavior Support Plan** with the person and send to team, if applicable

**Internal documents to review and update:**

- \_\_\_\_\_ **Information Sheet**
- \_\_\_\_\_ **Financial Summary** for persons for whom we manage (have access to) accounts
- \_\_\_\_\_ **Rights and Restriction Summary**, if applicable
- \_\_\_\_\_ **Exposure determination Form**
- \_\_\_\_\_ **Seizure Plan**, if applicable

**B. ON DATE OF THE MEETING:**

**Review all and obtain signatures were designated:**

- \_\_\_\_\_ **Person Centered Description** review
- \_\_\_\_\_ **Goals** review draft for discussion
- \_\_\_\_\_ **Support Plan** review draft for discussion
- \_\_\_\_\_ **Services Questionnaire and Safety Plan** review draft, Update
- \_\_\_\_\_ **Positive Support Transition Plan**, if applicable
- \_\_\_\_\_ **Behavior Support Plan**, if applicable
- \_\_\_\_\_ **Service Recipients Rights** review and obtain signatures
- \_\_\_\_\_ **Notice of Privacy Practices for Individuals** review, have the **Acknowledgement of Receipt of Notice of Privacy Practice** obtain signatures
- \_\_\_\_\_ **Consent to Exchange Information** obtain signatures
- \_\_\_\_\_ **Medication Administration and Emergency Medical Authorization** obtain signatures
- \_\_\_\_\_ **Consent to Manage/Audit Finances** obtain signatures
- \_\_\_\_\_ **Coordinated Services and Supports Plan** request or obtain current/updated
- \_\_\_\_\_ **Rights Restriction Summary**, if applicable, obtain signatures
- \_\_\_\_\_ **Support Team Meeting Summary** obtain signatures

**C. AFTER THE MEETING:**

**Complete/revise and send out within 10 working days of meeting:**

- \_\_\_\_\_ **Support Plan**
- \_\_\_\_\_ **Support Team Meeting Summary**
- \_\_\_\_\_ **Service Questionnaire and Safety Plan**
- \_\_\_\_\_ **Goals**
- \_\_\_\_\_ If changes made to **Positive Support Transition Plan**
- \_\_\_\_\_ If changes made to **Behavior Support Plan**

**\*Review Coordinated Services and Support Plan for directives/services authorized and accuracy. Contact case manager for revisions, if needed, by completing a Discrepancy Letter.**