**Progress Review Meeting Summary**

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

Program name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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 accomplish their outcomes.

At least once per year, or within 30 days of a written request by the person, the person's legal representative, or the case manager, the license holder, in coordination with the person's support team or expanded support team, must meet with the person, the person's legal representative, and the case manager, and other people as identified by the person or the person's legal representative, and participate in service plan review meetings following stated timelines established in the person's support plan or support plan addendum.

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 toward accomplishing outcomes, or other information provided by the support team or expanded support team.

**Meeting Summary**

| **At least once per year, the team must discuss how technology might be used to meet the person's desired outcomes.**   * Summarize the discussion and any decisions that were made related to the use of technology. * Describe any further research that must be completed before a decision regarding the use of technology can be made. |
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| **At least once per year, for individuals receiving residential supports and services according to** [**245D.03, subd. 1**](https://www.revisor.mn.gov/statutes/cite/245D.03#stat.245D.03.1) **(3), the team must:**   * Discuss options for transitioning out of a community setting controlled by a provider and into a setting not controlled by a provider. Summarize the discussion and include any decision that was made regarding transitioning out of a provider-controlled setting. * Include a description of any further research or education that must be completed before a decision regarding transitioning out of a provider-controlled setting can be made. |
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| **At least once per year, for individuals receiving day services according to** [**245D.03, subd. 1**](https://www.revisor.mn.gov/statutes/cite/245D.03#stat.245D.03.1)**(4), the team must:**   * Discuss options for transitioning to an employment service such as: employment exploration, or employment development, or employment services, summarize the discussion, and include any decision that was made. * Include a description of any further research or education that must be completed before a decision regarding transitioning to an employment service can be made. |
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| **How has this program provided services in response to your identified needs, interests, preferences, and desired outcomes as specified in the support plan and the support plan addendum?** |
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| **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?** |
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| **How has this program provided services to you consistent with the principles of person-centered service planning and delivery that:**   * 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?      * Uses that information to identify outcomes you desire?      * Respects your history, dignity, and cultural background? |
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| **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?** |
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| **The Progress Review Report was discussed at the meeting. The following changes were made:** |
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Other Discussion/Responsibility:

Support Team Members Approval of the Progress Review Report

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