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Meeting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meeting Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team members present:

PRINTED NAME RELATIONSHIP SIGNATURE

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Support Coordinators: For annual meeting, check off that the following has been completed:

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| --- | --- |
| 1. Review PCPT
2. Review Last ISP
3. Review Professional Evaluation & Assessments
4. Review Tier/Level of Care
5. Discussion of Current Status Preferences of Needs and Vision of Future, Annual Medicals.
6. Progression of Outcomes/Goals & Discussion of Actions Needed
7. Review Medicaid and Redetermination
8. Was Specialist(s) Doctors reviewed and updated in iRecord and was the NJISP button checked off in iRecord?
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Obtain: Goals/Activity Logs; Acuity Forms; Behavioral Plans.