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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? | \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_ |

Obtain: Goals/Activity Logs; Acuity Forms; Behavioral Plans.