

Interdisciplinary Team (IDT) Form

Interdisciplinary Team (IDT)

IDT Meeting

G0100. Type of IDT Meeting	<input type="checkbox"/>	1. Initial IDT 2. Specialized Services Review
G0200. Date of IDT Meeting	<input style="width: 100%;" type="text"/>	
G0300. Individual PASRR Condition	<input type="checkbox"/>	1. IDD Only 2. MI Only 3. IDD and MI

IDT Participants Information

G0400. IDT Participation *Identify all meeting participants:*

- | | | |
|---|--|---|
| <p>G0400A. Participant Type</p> <ol style="list-style-type: none"> 1. Nursing Facility (NF) 2. Individual 3. Legally Authorized Representative 4. LA - IDD 5. LA - MI 6. MCO Service Coordinator 7. Other | <p>G0400B. Attendance Type</p> <ol style="list-style-type: none"> 1. Yes - Attended in person 2. Yes - Attended via phone 3. No - Did not attend 4. No - Not Applicable | <p>G0400C. Title</p> <ol style="list-style-type: none"> 1. Qualified Intellectual Disability Professional (QIDP) 2. Qualified Developmental Disability Professional (QDDP) 3. Registered Nurse (RN) 4. Licensed Clinical Social Worker (LCSW) 5. Licensed Professional Counselor (LPC) 6. Licensed Marriage and Family Therapist (LMFT) 7. Licensed Psychologist 8. Advanced Practice Nurse (APN) 9. Physician (MD or DO) 10. Qualified Mental Health Professional (QMHP) 11. Other |
|---|--|---|

	A.	B.	C.	D. Other Title	E. First Name	F. Middle Initial	G. Last Name	H. Suffix
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Interdisciplinary Team (IDT) Form

IDT Specialized Services

G0500. Specialized Services Indication

A. Are Specialized Services indicated at this time?

0. No
 1. Yes

B. Was there a discussion of the Individual's need for habilitation therapies (OT, PT, ST)?

0. No
 1. Yes

G0600. Individual Acceptance/ Refusal of Specialized Services Indicated

0. The Individual has refused all Specialized Services at this time
1. The Individual has accepted one or more of the Specialized Services at this time

G0700. List of Nursing Facility Specialized Services

Check only the services the Individual or their Legally Authorized Representative (LAR) agreed to.

- | | |
|--------------------------|---|
| <input type="checkbox"/> | A. Customized Manual Wheelchair (CMWC) |
| <input type="checkbox"/> | B. Durable Medical Equipment (DME) |
| <input type="checkbox"/> | C. Specialized Assessment Occupational Therapy (OT) |
| <input type="checkbox"/> | D. Specialized Assessment Physical Therapy (PT) |
| <input type="checkbox"/> | E. Specialized Assessment Speech Therapy (ST) |
| <input type="checkbox"/> | F. Specialized Occupational Therapy (OT) |
| <input type="checkbox"/> | G. Specialized Physical Therapy (PT) |
| <input type="checkbox"/> | H. Specialized Speech Therapy (ST) |
| <input type="checkbox"/> | I. None of the above apply |

G0800. List of LA/LMHA Specialized Services

Check only the services the Individual or their Legally Authorized Representative (LAR) agreed to.

LA Specialized Services

- | | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | A. Service Coordination |
| <input type="checkbox"/> | B. Alternate Placement Assistance |
| <input type="checkbox"/> | C. Vocational Activities |
| <input type="checkbox"/> | D. Pre-Vocational Activities |
| <input type="checkbox"/> | E. Employment Assistance |
| <input type="checkbox"/> | F. Supported Employment |
| <input type="checkbox"/> | G. Day Habilitation |
| <input type="checkbox"/> | H. Independent Living Skills Training |
| <input type="checkbox"/> | I. Behavioral Support |

G0800 continued on next page

Interdisciplinary Team (IDT) Form

IDT Specialized Services

G0800. List of LA/LMHA Specialized Services *Check only the services the Individual or their Legally Authorized Representative (LAR) agreed to.*

LMHA Specialized Services

- | | |
|--------------------------|--|
| <input type="checkbox"/> | J. Group Skills Training |
| <input type="checkbox"/> | K. Individual Skills Training |
| <input type="checkbox"/> | L. Intensive Case Management |
| <input type="checkbox"/> | M. Medication Training (Group) |
| <input type="checkbox"/> | N. Medication Training (Individual) |
| <input type="checkbox"/> | O. Medication Training & Support Services (Group) |
| <input type="checkbox"/> | P. Medication Training & Support Services (Individual) |
| <input type="checkbox"/> | Q. Psychiatric Diagnostic Interview Examination |
| <input type="checkbox"/> | R. Psychosocial Rehabilitative Services (Group) |
| <input type="checkbox"/> | S. Psychosocial Rehabilitative Services (Individual) |
| <input type="checkbox"/> | T. Routine Case Management |
| <input type="checkbox"/> | U. Skills Training & Development (Group) |
| <input type="checkbox"/> | V. Skills Training & Development (Individual) |

If none of the Specialized Services apply from fields G0800A thru G0800I and G0800J thru G0800V, please check:

- | | |
|--------------------------|----------------------------|
| <input type="checkbox"/> | W. None of the above apply |
|--------------------------|----------------------------|

G0900. Type of Durable Medical Equipment (DME) *Check all that apply*

- | | |
|--------------------------|---|
| <input type="checkbox"/> | A. Gait Trainers |
| <input type="checkbox"/> | B. Standing Boards |
| <input type="checkbox"/> | C. Special Needs Car Seats or Travel Restraints |
| <input type="checkbox"/> | D. Specialized/Treated pressure reducing support surface mattresses |
| <input type="checkbox"/> | E. Positioning Wedges |
| <input type="checkbox"/> | F. Prosthetic Devices |
| <input type="checkbox"/> | G. Orthotic Devices |

Other Services

G1000. Individual Is Best Served In 0. Nursing Facility
1. Community Setting

G1100. Comments

Interdisciplinary Team (IDT) Form

IDT Confirmation

G1200. LA/LMHA Specialized Services and Participation Confirmation

The LA or LMHA agreed at the IDT meeting to the specialized services indicated above.

LMHA Specialized Services and Participation Confirmation

A. I am Confirming the MI section

B. LA - MI We agree

0. No
1. Yes

C. LA - MI
Specialized
Services
Comments

D. LA - MI Signature Date

E. LA - MI Attendance Type

1. Yes - Attended in person
2. Yes - Attended via phone
3. No - Did not attend

F. LA - MI
Participation
Confirmation
Comments

LA Specialized Services and Participation Confirmation

G. I am Confirming the IDD section

H. LA - IDD We agree

0. No
1. Yes

I. LA - IDD
Specialized
Services
Comments

J. LA - IDD Signature Date

K. LA - IDD Attendance Type

1. Yes - Attended in person
2. Yes - Attended via phone
3. No - Did not attend

L. LA - IDD
Participation
Confirmation
Comments