

## Interdisciplinary Team (IDT) Form

**Interdisciplinary Team (IDT)**

**IDT Meeting**

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

**IDT Participants Information**

**G0400. IDT Participation** *Identify all meeting participants:*

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

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

## Interdisciplinary Team (IDT) Form

<b>IDT Specialized Services</b>	
<b>G0500. Specialized Services Indication</b>	<p style="text-align: right;"><i>Are Specialized Services indicated at this time?</i></p> <p style="text-align: center;"> <input type="checkbox"/> 0. No  <input type="checkbox"/> 1. Yes         </p>
<b>G0600. Individual Acceptance/ Refusal of Specialized Services Indicated</b>	<p style="text-align: center;"> <input type="radio"/> 0. The Individual has refused all Specialized Services at this time  <input type="radio"/> 1. The Individual has accepted one or more of the Specialized Services at this time         </p>
<b>G0700. List of Nursing Facility Specialized Services</b>	<i>Check only the services the Individual or their Legally Authorized Representative (LAR) agreed to.</i>
<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	
<b>G0800. List of LA/LMHA Specialized Services</b>	<i>Check only the services the Individual or their Legally Authorized Representative (LAR) agreed to.</i>
<b><u>LA Specialized Services</u></b>	
<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	
<b>G0800 continued on next page</b>	

## 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
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#### 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

<input type="checkbox"/>	0. Nursing Facility
<input type="checkbox"/>	1. Community Setting

#### G1100. Comments

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## 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