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| --- | --- |
| Name of Individual: | Date of Meeting: |
| DDD ID#: |  |
| SCA: | Residential Provider: |
| SC: | Day Provider: |

**Meeting minutes / summary of discussion (required):**

**Is a revision to the ISP needed? (Check all that apply):**

**Addition / revision / or discontinuation of a service**

**Change in supervision / support need (Support Settings, Mobility/Adaptive Equipment, Behavioral/Sensory Needs)**

**Significant changes in Health & Nutrition (High risk Allergies, Self-Care, Dietary, Health Hazards / Concerns)**

**Pre-transfer planning**

**Other**

**No revision needed**

**Specific Changes:**

**IF APPLICABLE:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service(s) being added/revised** | **Provider Name and location** | **Units Per Week** | **Exceptions** | **Start Date** |
|  |  |  |  |  |
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| --- | --- | --- |
| **Service(s) being ended** | **Provider Name and location** | **End Date** |
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|  |  |  |
|  |  |  |

**Team Meeting Participants:** (Participation may occur over the telephone)

|  |  |  |  |
| --- | --- | --- | --- |
| **Team Member** | **Name** | **Signature** | **Date** |
| **Individual** |  |  |  |
| **Legal Guardian, if applicable** |  |  |  |
| **Family Member, if applicable** |  |  |  |
| **Support Coordinator** |  |  |  |
| **Residential Provider** |  |  |  |
| **Day Service Provider** |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Description:**

There are times that the planning team must convene to discuss current services, needed services, changing supervision or support needs, a significant event that occurred in the individual’s life, changes in health or nutrition and/or issues or concerns not resolved outside of a formal meeting.

The planning team also functions as an interdisciplinary team (IDT). An IDT is one in which persons of various backgrounds interact and work together to develop one whole, integrated plan for the individual. An interdisciplinary process encourages mutual sharing of the strengths and insights of all team members, including the individual, rather than reliance on professionals who concentrate on a Specific discipline. Planning team members are encouraged to participate in discussions related not only to their primary area of expertise but to all aspects of the individual’s life.

This worksheet has been developed to help guide IDT meetings and memorialize the discussions and determinations of these meetings. There are times when an IDT meeting will result in necessary revision(s) to the service plan and there are times that changes to the plan are not needed.

Attendance at an IDT Meeting may occur over the telephone, if members are in agreement. If participation occurs over the telephone, the person’s name may be entered for them and “Telephone participation” entered in the signature column.

**Instructions for Use:**

1. This form is completed by the Provider each time the team is convened to discuss services, changing support needs, or issues not resolved outside of a formal meeting.
2. If there are members of the IDT who participate by telephone, the Provider will enter their name but will indicate phone participation in the signature column of the worksheet.
3. The Provider gives a copy of the worksheet, including names/signatures, to the Support Coordinator.
   1. The Provider should include any assessments used to inform any recommended revisions to the service plan (I.e. Unsupervised Time Assessment, Medication Administration Assessment, etc.)
4. The Support Coordinator uploads a copy to I record as well as any assessments, if applicable, provided by the Provider.
5. If the IDT determines that changes to the service plan are necessary, the Support Coordinator will use information from this Worksheet to revise the ISP and other planning documents accordingly.
6. The Support Coordinator Supervisor checks for presence of an ISP Worksheet when reviewing the ISP and ensures that the information is accurately reflected in the service plan.

**If the Support Coordinator does not receive the ISP Revision Worksheet / IDT Meeting Minutes from the Provider:**

1. The Support Coordinator or their Supervisor will email the Provider reminding them of requirement to submit a completed worksheet using **<DDD ID#> - request for IDT Meeting Minutes** in the subject line.
2. If a response is not received within 2-3 days, the Support Coordinator or their Supervisor will email the Provider a second time using the same email chain, copying [DDD.PPMU@dhs.state.nj.us](mailto:DDD.PPMU@dhs.state.nj.us) for assistance from the Provider Performance and Monitoring Unit with follow up.
3. If after 2-3 additional days, a response is not received, the SC will upload the email chain to I record in lieu of the ISP Worksheet and move forward with development of the service plan.
   1. The Support Coordinator or their Supervisor will email [DDD.PPMU@dhs.state.nj.us](mailto:DDD.PPMU@dhs.state.nj.us) and [DDD.SCHelpdesk@dhs.state.nj.us](mailto:DDD.SCHelpdesk@dhs.state.nj.us) for follow up with the Provider.