DDD Team Meeting Checklist

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	neeting expectations Annual
	Case Manager reviews/discusses the option to self direct services, and current services and providers with participant and/or guardian. Confirms provider choices and the Case Manager coordinates the meeting
	Team Meeting Notice should be in writing and sent thirty (30) days prior to the meeting date. Notice is sent to all team members, chosen providers, and the regional Participant Support Specialist. Notice must
	include the approved funding amount.
	Case Manager will review and complete a summary and identify trends regarding incident reports, seizure
	logs, health and safety, MAR's and PRN medication usage, positive behavior support plan, and current services and progress.
	Case Manager reviews psychological evaluation, the ICAP and other current assessments and prepares a
	brief summary for the team consisting of the recommendations, notable comments, strengths, weaknesses, learning style, possible reinforcement tools, motivators, behavioral concerns and psychologist's input regarding possible explanations or motivation for such behaviors.
	Behavioral functional analysis is completed prior to the annual meeting if the participant needs a positive
	behavior support plan.
	Providers will prepare a summary consisting of a review of the current objective and an explanation of the
	participant's progress toward mastery, areas of concern or lack of progress, suggestions for development
	and/or adjustment of objective and a general idea of units needed for participant to be successful. Also, include information regarding appropriate levels of support specific to the service provided. If the
	provider is unable to attend the meeting, a copy of the summary is to be sent to the Case Manager prior to
	the meeting to be reviewed by the team.
	If requesting Skilled Nursing services, review the participants nursing needs and prompt nursing staff to
	submit a request for a Physicians order for skilled nursing services
	Case Manager may complete the following sections of the plan with the participant and/or guardian prior
	to the meeting; the "About Me", the demographics, medical information, medications, equipment, and review the rights and responsibilities.
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IPC mo	
	Introductions
	Complete (or if done, review) 'About Me' section giving opportunity for clarification, additions, etc
	From the 'About Me' section identify Participant's needs and preferences
	Review summary of incident reports, seizure logs, current services and progress on objectives
	Review the psychological evaluation, ICAP, and assessments and resulting recommendations
	Identify and address any health and safety issues
	Positive behavioral support plan – functional analysis
	Discuss rights, restrictions, and how the team will support them to exercise their rights more fully.
	Complete each page of IPC format
	Discuss how conflict of interest for Case Manager will be addressed
	Identify service types and what each provider will do Develop schedules reflecting needs and preferences of participant
	Develop objectives based upon assessments, baselines and task analysis
	Develop Circle of Support for participants receiving Supported Living, or Personal Care
	Discuss units and level of support for each service, creating pre-approval form
	Signatures
	Plan of Care needs to be submitted to the Division 30 days prior to implementation date. If there is an
	ECC request the Plan of Care must be submitted 40 days prior to implementation date.

Implementation [4-19-05] Rev 1: 11-05 Rev 2: 08-08 Rev 3: 07-09 Rev 4: 07-11

DDD Team Meeting Checklist

Pre-n	neeting expectations	4-6 month review		
	Case Manager reviews/discu	usses the option to self direct services, and current services and providers with		
		Confirms provider choices and Case Manager coordinates the meeting		
	☐ Case Manager updates the "About Me" and medical/medication sections with the participant and/or			
	guardian prior to meeting during home visits.			
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ш	•	nd complete a summary and identify trends regarding incident reports, seizure		
		R's and PRN medication usage, positive behavior support plan, and current		
	services and progress.	amount consisting of a marious of the assument chicative and an assulanction of the		
		nmary consisting of a review of the current objective and an explanation of the d mastery, areas of concern or lack of progress, suggestions for development		
		ve and a general idea of units utilized and what units are needed for		
		Also, include information regarding appropriate supervision levels specific		
		the provider is unable to attend the meeting, a copy of the summary is to be		
		ior to the meeting to be reviewed by the team.		
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Four to	o Six month IPC review me	eting		
Purpos	se is to review and assess wh	nether or not the plan is working as written and if not, what are you going		
_	about it?	, , ,		
	Introductions			
	Update the entire plan of car	· ·		
ш		that they accurately reflect the activities, timeframes, preferences and needs		
	of the participant			
	to include percentages on of	of summaries of incident reports, seizure logs, current services and progress		
П		ye behavioral support plan based upon trends of the behaviors		
	Review rights and modificat			
		sks and plans to address them		
		s will need to be completed prior to the next annual meeting		
	Signatures	r		

Implementation [4-19-05] Rev 1: 11-05 Rev 2: 08-08 Rev 3: 07-09 Rev 4: 07-11