

MEMBER INTERDISCIPLINARY TEAM SUMMARY

INSTRUCTIONS

The Member Interdisciplinary Team Summary will be used as an outline by the Support Coordinator to present the member issue or service concern at any interdisciplinary team meeting. The Support Coordinator will complete all applicable sections and email it to the District Program Manager to submit to the assigned Central Office Interdisciplinary Team or the Immediate Response Team. The Summary shall be used to document the action plan to resolve the member issue or service concern, in addition to the progress made to resolve the issue. Upon resolution and final documentation of the issue, the Support Coordinator will upload the Summary to the member’s case record in OnBase.

SECTION 1: INTERDISCIPLINARY TEAM MEETING INFORMATION

Summary Completed By: _____

Meeting member’s need will be presented at:

- | | |
|---|---|
| District Interdisciplinary Team Meeting | Central Office Interdisciplinary Team Meeting |
| Immediate Response Team | Other |

SECTION 2: MEMBER INFORMATION

Member Name (*Last, First, M.I.*): _____

Date Form Completed: _____ Date of Birth: _____ AHCCCS ID: _____

Date of Last Contact with Member/Responsible Person: _____ Frequency of Contacts: _____

Member’s Living Arrangement:

- | | | |
|------------------------------|----------------------------|--|
| Family Home | Own Home | Individually Designed Living Arrangement |
| Child Developmental Home | Adult Developmental Home | Group Home |
| Nursing Supported Group Home | Intermediate Care Facility | Skilled Nursing Facility |
| Other: _____ | | |

Member’s DDD Diagnoses:

Member’s Physical Health Diagnoses:

Member’s Behavioral Health Diagnoses:

Is member determined to have a Serious Mental Illness? Yes No
 Is member receiving court ordered treatment? Yes No

Member's Services:

DDD Services*

Service	Service Frequency In Place	Service Frequency Assessed

*See DDD Services Acronym Legend at end of document for list of acronyms.

Indirect Services/Community Supports/Natural Supports:

Physical Health Services: List the Provider Speciality

Behavioral Health Services:

Member's Health Plan:

American Indian Health Plan Mercy Care UnitedHealthcare Third Party Liability: _____

Is member assigned a Care Manager? Yes No

If yes, Name: _____

Responsible Person Name: _____

Email Address: _____ Area Code and Phone No.: _____

Does member have a:

Public Fiduciary Court-Appointed Guardian

Behavioral Health Human Rights Advocate assigned by the Special Assistance Program

If yes, Name: _____

SECTION 3: DDD TEAM MEMBERS INVOLVED IN ISSUE RESOLUTION

Support Coordinator Name: _____ District: _____

Support Coordinator's Supervisor Name: _____

District Nurse Name (*If assigned*): _____

Behavioral Health Complex Care Specialist Name (*If assigned*): _____

DDD Behavioral Health Advocate Name (*If assigned*): _____

SECTION 4: BACKGROUND INFORMATION

Briefly summarize the member's history over the past year that relates to the member's **current** issue or service concern. Include the following details, if applicable: If issue has been ongoing or sporadic; What has been attempted in the past to resolve the issue; Changes in the member's routine or home environment, new family stressors, or significant life events; Current medications; Medical or behavioral health hospitalizations or crisis interventions; Legal involvement, including details of court ordered treatment; History of abuse or trauma; and any Notice of Actions, grievances, or appeals.

SECTION 5: CURRENT SITUATION

Briefly describe the member's **current** issue or service concern that needs to be resolved and specifically outline what assistance is needed. Include the following details, if applicable: Description of member's current condition, including behaviors and/or symptoms, note if they are new or re-occurring or if member is a danger to her/himself or others; What has been attempted to resolve the issue; Why were the attempts unsuccessful; What are the current barriers in resolving the issue; If Cost Effectiveness Study is over 100%; and Any Notice of Actions, grievances, or appeals.

SECTION 6: ACTION PLAN TO RESOLVE MEMBER'S CARE ISSUE

Document action items needed to resolve the member issue or service concern that were identified at an interdisciplinary team meeting. Update the action plan on a weekly basis until resolution is achieved.

#	Action to be Taken	Person Responsible	Due Date (Target)	Completed (Yes or No)	Comments (Progress Made)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

SECTION 7: PROGRESS UPDATES ON RESOLVING MEMBER'S CARE ISSUE

Summarize the progress made on resolving the member's issue or service concern that is not included on the action plan comments above. Include the following details, if applicable: Recent actions taken that were unsuccessful and explain why; Any changes in the member's condition, including behaviors and/or symptoms; Any new barriers to address; etc.

SERVICE LIST ACRONYMS

ACRONYM	SERVICE DESCRIPTION
Aug Comm	Augmentative Communication Evaluation, Training, Or Devices Or Software
Therapy	Adaptive Behavior Treatment By Protocol
Therapy	Family Adaptive Behavior Treatment Guidance
ALC	Assisted Living Center
ALH	Assisted Living Home
ASI	Positive Behavioral Support – Consultation
ATC	Attendant Care
CBE	Center Based Employment
DTA	Day Treatment & Training - Adult
DTI	Day Treatment - Early Intervention Team Based
DTS	Day Treatment & Training - Children Summer Program
DTT	Day Treatment & Training - Children After School
ECB	Habilitation, Early Childhood Autism Specialized, Bachelors Consultant
ECH	Habilitation, Early Childhood Autism Specialized, Hourly
ECM	Habilitation, Early Childhood Autism Specialized, Masters Consultant
ESA	Employment Support Aide
FIM	Fiscal Intermediary Monthly Fee
GSE	Group Supported Employment
HAA	Habilitation Developmental Home Indep Adult (No Agency)
HAB	Habilitation Services - Group Home
HAH	Habilitation Services - Support - Hourly
HAI	Habilitation Services - Individual Designed Living Arrangements Hourly
HAM	Habilitation Services – Music Therapy
HAN	Habilitation Services - Nursing Supported Group Home
HBA	Habilitation Developmental Home Vendor Supported Adult
HBC	Habilitation Developmental Home Vendor Supported Child
HID	Habilitation Services - Individual Designed Living Arrangements Daily
HN1	Nursing Continuous, > 4 Hours Per Day
HN9	Nursing Intermittent, = Or < 4 Hours Per Day
HNR	Nursing Respite
HNV	Nursing Visit
HPD	Habilitation Services - Community Protection/Treatment Group Home
HSK	Housekeeping - Chore/Homemaker
ICM	Intermediate Care Facility
ISE	Individual Supported Employment
MOD	Environmental Modification
OEA	Occupational Therapy Evaluation 3+
OTA	Occupational Therapy 3+
OTI	Occupational Therapy - Early Intervention Team Based
PEA	Physical Therapy Evaluation 3+
PSI	Psychologist - Early Intervention Team Based
PTA	Physical Therapy 3+
PTI	Physical Therapy - Early Intervention Team Based
RBD	Room & Board, Vendor Developmental Home

SERVICE LIST ACRONYMS (CONTINUED)

RBH	Residential Bed - Hold Hospital
RBS	Room & Board, State Directed Developmental Home
RRB	Room & Board, All Group Homes
RSD	Respite Daily
RSP	Respite Hourly
SAL	Stipends & Allowances
SEA	Speech Therapy Evaluation 3+
STA	Speech Therapy 3+
STI	Speech Therapy - Early Intervention Team Based
SWI	Social Worker - Early Intervention Team Based
TRA	Transportation - Day Program
TRE	Transportation - Employment Related
TTE	Transition To Employment

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