

**1 Interdisciplinary Team Process**

- 1.1 The primary objective of the Interdisciplinary (ID) Team will be to establish treatment plans and modify programs for optimum effectiveness. The team will identify the goals of each supported person served in OPTIONS programs or services, taking into consideration supported person's choices, strengths and needs. It is important to note that the supported person will be central to the development of the ISP and the ongoing evaluation process. The ID Team will also involve significant family members (with permission of the supported person) and referring/funding agency representatives in the ISP process. Information gathered from these sources will be integrated with information provided by OPTIONS' Community Support Specialists (direct care staff members) and input from the supported person to create ISP goals and objectives. The ID Team will oversee the implementation of the ISP, monitor progress, and direct necessary changes.
- 1.2 Case managers from referring and/or funding agencies will be actively involved in the development of their supported person's ISPs. OPTIONS will not modify or update an ISP without the participation of referring/funding source case managers.
- 1.3 When a person is referred to OPTIONS, the Referral Committee will evaluate information contained in the referral packet. When the committee determines that admission may be appropriate, a pre-admission screening evaluation interview with the referred person and referring/funding agency representatives will be scheduled. The issues of goals and plans for the future will be discussed, and OPTIONS will seek to identify the short and long-term goals and desires of the referred person.
- 1.4 Following this interview, a pre-admission review will be held to discuss information gained from the referral packet and the pre-admission screening evaluation. Finally, the Referral Committee will determine whether admission to the specific program or service for which the person is being referred to is appropriate and will be capable of meeting the needs of the referred person.
- 1.5 The initial assessment process begins with the pre-admission screening evaluation and the pre-admission review. Goals and plans for the future are discussed in depth during this process. Within 30 days of admission, the ID Team, including the supported person, will meet to review and update all information relevant to the treatment plan for him/her. This review will include a complete re-assessment of personal goals, developmental status, and prioritization of problems, disabilities, and developmental strengths and weaknesses. The Program Manager acts as team leader. The team leader will ensure that each member of the ID Team is present, prepared with his/her report; ready to discuss the needs of the

supported person and make recommendations. During this meeting, the ID Team will develop an individual service plan (ISP) for meeting the needs of the supported person. The supported person, as a member of the ID Team, will be consulted throughout this process to ensure the relevance of any and all goals established by the team. The primary tool for developing the ISP will be a persons-centered plan that details the aspirations and desires of the supported persons. Significant family members/advocates and referral/funding agency representatives will provide additional information relevant to the development of the ISP. The ID Team will identify specific barriers to independent living in observable and/or behavioral terms. The ISP will address these specific barriers and include expected outcomes in measurable terms. The ISP, as a document, will also include: date of implementation, identification of the case manager responsible for overall implementation of the plan, persons responsible for other specific aspects of the plan, work assignments and/or activities that are consistent with work goals and relevant to current geographic labor market, and specific techniques and methods to be employed in realizing goals. The final written evaluation and ISP will then be given to the supported person, family members and referral/funding agency representatives

- 1.6 The ID Team will monitor progress toward ISP goals and objectives and will re-evaluate the status of the supported person at least annually. During these reviews, the ID Team will also consider the following issues: need for continued program services or alternative placement; need for conservatorship if applicable, protection of civil and legal rights, recreational interests, and the safety of the supported person and others in his/her environment. The Program Manager, as a representative of the ID Team, will coordinate ongoing communication between individuals and organizations providing services to the supported person .

## 2 Interdisciplinary Team Membership

- 2.1 The Interdisciplinary Team will include some or all of the following personnel, based on the individual needs of each supported person :

- Chief Executive Officer
- Chief Operating Officer
- Qualified Mental Retardation Professional (QMRP)(Please note that all QMRP's are also Program Managers)
- Program Director
- Program Manager
- Registered Nurse Consultant
- Supervisor
- Coordinator
- Community Support Specialists

## **ADMINISTRATIVE POLICY**

Interdisciplinary Team

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