**Interdisciplinary Plan of Care**
**Discipline Specific Assessment and Plan**

**Participant Name:_____ Date of Review_____ Team_____**

**Social Work**
___Home Alone ___Home with Others:_____
___Group Home_____ ___Nursing Home_____

What has been Better for the participant in the last 6 months?_____

_____

What is the most important thing the participant would like to have happen in the next 6 months?_____
_____
_____

Primary Staff Focus:_____
Staff Concern/Goal:_____
Interventions:_____
_____
Contact Plan:_____

☐**Social Services Summary and Review Complete** ☐**Included in IPC Goals and Outcomes**

**PRIMARY CARE**

- STATUS CHANGE INDICATORS

___Infections ___Falls ____Hospitalizations ____ER Visits

☐ Participant receiving Dialysis

Primary Staff Focus:_____
Staff Concern/Goal:_____
Interventions:_____
_____
Contact Plan:_____

☐**Primary Care Summary and Review Complete** ☐**Included in IPC Goals and Outcomes**

**Dietary (PACE required)**
Primary Staff Focus:_____
Staff Concern/Goal:_____
Interventions:_____
_____
Contact Plan:_____

**Nursing:**

Primary Focus:_____
Concern/Goal:_____
Interventions:_____
_____
Contact Plan:_____

☐ **Nursing Summary and Review Complete** ☐ **Included in IPC Goals and Outcomes**

**REHABILITATION THERAPY:** **Provider:**_____

☐ **PT** _____ ☐**OT** _____

☐ **ST**_____ ☐**RA** _____

Primary Focus:_____
Concern/Goal:_____
Interventions:_____
_____
Contact Plan:_____

☐ **Rehab Summary and Review Complete** ☐**Included in IPC Goals and Outcomes**

**Recreation Therapy** (PACE required)

☐ General Programming ☐ Specialized Programming ☐Does not attend PACE day center

Primary Focus:_____
Concern/Goal:_____
Interventions:_____
_____
Contact Plan:_____

☐ **Rec Therapy Summary and Review Complete** ☐**Included in IPC Goals and Outcomes**
☐ **Not Applicable**

☐ **Home Care Input Reviewed**
Considerations:_____
_____

☐ **Transportation Input Received**
Considerations_____
_____

☐ **Biannual RN/Homecare Homevisit Completed**
Concerns_____
_____

☐ **Biannual SW Homevisit Completed**
Concerns:_____
_____

Community Care – Interdisciplinary Plan of Care
GOALS AND OUTCOMES

**Participant name:**_____ **Date of Review**_____

**Participant/Caregiver Primary Outcomes**_____

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**Specialized Care Plans:** ☐ None ☐ Aggressive ☐ Behavioral Health ☐ Frequent Faller

☐ Palliative ☐ Restraint Protocol ☐ Risk Agreement

1. I decide with whom and where I live ☐ Met ☐ Not Met
   If not met, area of concern:_____
   _____

2. I make decisions regarding my supports and services ☐ Met ☐ Not met
   If not met, area of concern?_____
   _____

3. I feel safe ☐ Met ☐ Not Met
   If not met, area of concern_____
   _____

4. I am free from abuse and neglect. ☐ Met ☐ Not Met
   If not met, area of concern?_____
   _____

5. I am involved with my community: ☐ Met ☐ Not met
   If not met, area of concern:_____

6. I decided how I spend my day: ☐ Met ☐ Not Met
   If not met, area of concern:_____
   _____

7. My life is stable. ☐ Met ☐ Not Met
   If not met, area of concern:_____
   _____

8. I have the best possible health. ☐ Met ☐ Not met
   If not met, area of concern:_____
   _____

9. I have relationships with family and friends I care about: ☐ Met ☐ Not Met
   If not met, area of concern:_____
   _____

10. I am respected and treated fairly: ☐ Met ☐ Not Met
    If not met, area of concern:_____
    _____

11. I have privacy: ☐ Met ☐ Not Met
If not met, area of concern:_____
_____

12. I do things that are important to me: ☐ Met ☐ Not Met
If not met, area of concern:_____
_____

**Focus Area Section:**
Mark focus areas(s) develop or continue an IDT plan for areas identified through IDT assessment and/or participant/caregiver input

| | | Focus | Met | Not Met | Comments |
|---|---|---|---|---|---|
| 1. | Physical Health | _____ | _____ | _____ | |
| 2. | Mental/Emotional/Spiritual health | _____ | _____ | _____ | |
| 3. | Functional Abilities | _____ | _____ | _____ | |
| 4. | Social issues | _____ | _____ | _____ | |
| 5. | Safety/Home Environment | _____ | _____ | _____ | |
| 6. | Transition/Administrative Issues | _____ | _____ | _____ | |
| 7. | Nutrition/Hydration | _____ | _____ | _____ | |
| 8. | SDS Participation | _____ | _____ | _____ | |

_____
Date of Service Outcomes

**Team Considerations:** (including home screen)

**Outcomes/Goals/Interventions Section:**

**Participant Unmet Outcome (if applicable):**
Focus Area:
Participants/ Team Area of Concern:

Goal:

Discipline Intervention:

Participant/Caregiver Involvement:

**Participant Unmet Outcome:**
Focus Area:
Participant/ Team Area of Concern:

Goal:

Discipline Intervention:

Participant/Caregiver Involvement:

**Participant  Unmet Outcome:**
Focus Area:
Participant/ Team Area of Concern:

Goal:

Discipline Intervention:

Participant/Caregiver Involvement:

**Participant  Unmet Outcome:**
Focus Area:
Participant/ Team Area of Concern:

Goal:

Discipline Intervention:

Participant/Caregiver Involvement:

I have been introduced to Self Directed Supports and been offered the service ☐ Yes Date:_____

I have reviewed and agree with the I-team care plan and current service plan.

Participant/.Designee Signature:_____ Date:_____

Responsible Staff Member:_____ Date:_____

Care Plan Addendum:
Focus:
Area of Concerns:
Goal:

Discipline Interventions:

Staff member to review with Pariticant/Caregiver:_____

Care Plan Addendum
Focus:
Area of Concern:
Goal:

Discipline Interventions:

Staff Member to review with participant/Caregiver:_____