

## Multi-Disciplinary Team Review/Response

This form is utilized to document review and response of Individualized Action Plans by a multi-disciplinary team (MDT). The intent is for the team to provide feedback to the treating provider to ensure that Individualized Action Plans are high quality and meet the needs of the person served. This process is designed to ensure there is a completed feedback loop where the MDT reviews plans, provides feedback to the treating provider, and adjust plans based on the team review. The review and response process will be determined by individual agency protocol.

Data Field	Identifying Information Instructions
<b>Person's Name:</b>	Record the first name, last name, and middle initial of the person being served. Order of name is at agency discretion.
<b>Record number:</b>	Record your agency's established identification number for the person.
<b>D.O.B:</b>	Document person's date of birth.
<b>Organization Name:</b>	Record the organization for whom you are delivering the service.
<b>MDT Review Date:</b>	Document the date of the review.
<b>Plan Completed by:</b>	Identify the treating provider including name, title, and program.
<b>Date(s) of Individualized Action Plan(s) Reviewed:</b>	Record the date(s) of the Individualized Action Plan(s) being reviewed.
<b>Reason/Type of Review:</b>	Check box indicating the reason for the particular review – <i>Initial, 90 day, Annual, Major Change, Discharge or Other.</i>

Data Field	MDT Summary
<b>Individualized Action Plan(s) reviewed and approved:</b>	Check this box if the MDT approves the IAP. If there are no comments/questions, proceed to the signature section.
<b>Individualized Action Plan(s) reviewed and the following corrective actions are necessary:</b>	Check this box if the MDT deems corrective actions are necessary. Document clear, concise and specific corrective actions the treatment provider must do in order for the plan to be approved.
<b>Comments/questions:</b>	Document any specific comments or questions for the treating provider.

Data Field	Signatures Instruction
<b>MDT Signature/ Credentials:</b>	All persons completing the MDT review must sign with name and credentials.
<b>Date:</b>	All persons completing the MDT review must date next to his/her signature.

Data Field	Treating Provider Response to MDT Review
<b>Not Applicable:</b>	Check this box to indicate there are no corrective actions indicated.
<b>Corrective Action in Process:</b>	Check this box if corrective actions are planned or are in process based on the results of the MDT review. Describe the corrective actions in detail and provide estimated timeframe for completion. <b>For example</b> , if the MDT determined a medication evaluation was necessary, document the date of the evaluation or plans for ensuring an evaluation is going to occur.
<b>Corrective Action Completed:</b>	Check this box if the corrective action outlined by the MDT has been completed. <b>For example</b> , if the MDT cited the treatment plan as needing an additional objective for one of the goals, checking the box indicates the additional objective was added.

<b>Comments/ questions:</b>	The treating provider may use this space to document any further comments/questions in response to the MDT review. <b>For example</b> , this may include questions regarding a corrective action listed or documentation of steps taken to prevent recurrence of a specific record keeping issue in the future.
<b>Treating Provider Signature/Credentials</b>	<b>Legibly</b> record signature and credentials, according to agency policy, of the primary provider of services, coordinator of services, or the author of the plan.