

Participant First Name	Participant Last Name	Participant ID	If Hospitalized, Most Recent Date of Hospitalization. (MM/DD/YY)	If Participant Went to the Emergency Room, Most Recent Date of Emergency Room Visit. (MM/DD/YY)	Type of Assessment	Dates the IDT Members Completed Their Initial Assessments (Identify Assessment Date by Discipline). (MM/DD/YY)	IDT Members (Disciplines) Actively Involved in the Development and Implementation of the Participant's Plan of Care at the Time of the Assessment.	IDT Members (Disciplines) Who Completed an Assessment.	Were Any Assessments NOT Completed? (Y/N)	Which Assessments Were NOT Completed?	Reason Assessments Were Delayed or Not Completed.
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Were Assessments Completed in Person? (Y/N)	Was There a Change in the Participant's Status? (Y/N)	If Yes, Describe the Change in the Participant's Status.	Were Any Assessments NOT Documented? (Y/N)	Which Assessments Were NOT Documented?	If Applicable, Was the Service Approved or Denied?	IDT Members (Disciplines) Actively Involved in the Development and Implementation of the Participant's Plan of Care at the Time of Assessment.	Date the Initial Plan of Care Was Completed? (MM/DD/YY)	Were There Any Negative Participant Outcomes? (Y/N)	If Yes, Describe the Negative Outcomes.	(Other Date as Requested)	(Other Date as Requested)	(Other Date as Requested)
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