Ongoing Therapy Discharge Planning

This form is a resource for discharge planning for ongoing DD Waiver OT, PT or SLP services when the OT, PT, or SLP service will not be continued or cannot be continued due to unavailability of local services. This form is to be used by the Case Manager when guiding IDT discussion of discharge planning.

when guiding IDT discussion of discharge	ge pianning.	,		
Name:	DOB:	CM:		
Date Form Completed:	ISP Budget Dates	CM contact info.		
	From: To:			
Discussed with IDT? Yes No	Discussed with Guardian? Yes No	Therapist Contact Information:		
Date of Meeting:	Date of Discussion:	· ·		
Therapy Service Considered for	Current Therapy Services on	Current Aspiration Risk Status:		
Discharge: PT OT SLP	Budget:	Low Moderate or High		
	(circle all that apply) PT OT SLP			
	(chief an anacapping)			
The following section is a guide for reviewing the current Therapy Intervention Plan (TIP) of the therapy service. Attach a copy of the TIP to this form. (Note: The TIP is part of the Therapy Documentation Form)				
I. Status and/or Plan for C	urrent Therapy Goals and Objectives	(Identify each as labeled in TIP and state		
,	ned" with the plan for maintenance or "dis	·		
changing that part of the pl				
changing that part of the pr	,			
II. Status and Plan for Writi	ten Direct Support Instructions (<i>Ident</i>	ify each WDSI authored and state		
"maintained" with the plan for transferring training and monitoring responsibilities to another entity[i.e.,				
different therapy provider, as appropriate; supervisor at the living supports and/or CCSS agency] or				
"integrated into the ISP TSSs" or "discontinued" with the rationale.)				
integrated into the 131-133	is of discontinued with the rationale.			

or strategies and state the plan for ongoing staff training and monitoring.)	III.
or strategies and state the plan for ongoing staff training and monitoring.)	

IV.	Plan for CARMP Strategies Developed, Trained and/or Monitored by Therapist (Identify CARMF	
	strategies authored and state the plan for ongoing staff training and monitoring.)	

V. Plan for Assistive Technology Trained and/or Monitored by Therapist (*Identify AT trained strategies authored and state the plan for ongoing maintenance of equipment, staff training and monitoring.*)

IV. Other relevant plans or information.

CM signature:	Date:
Therapist signature:	Date:

NOTE: Should be maintained in CM files for documentation of and a resource for IDT transition planning.