

## Team Justification Form For non-health related issues

Revised February 2015

Individuals served through the DD Waiver at times receive evaluations or reviews conducted by a variety of professionals. These evaluations/reviews typically include non- health related recommendations for the individual and the team to consider. Use this form to document that the team has given due consideration to these recommendations and either decided to 1) implement the recommendation 2) created an action plan and revised the ISP to implement the recommendation if necessary or 3) made a thoughtful determination that the recommendation should not be implemented. If the team disagrees with a recommendation, this form must be completed and filed with the report in which the recommendation(s) were made.

Recommendation	Source	Date Considered	Team Decision and Rationale

**Action Plan to Implement Decision:** (e.g. initiation of safety net supports related to individual's informed choice that involves significant risk; related revisions needed to ISP or support plans, arrangements to seek a second opinion or additional consultation)

Related Action Steps	Responsible Parties	Timeline

**The DDS Team Justification form is used for non-health related issues.  
The DDS Decision Consultation Form for medical or health related orders or recommendations.**