

DDSD DECISION CONSULTATION FORM

For health related issues

Revised February 2015

Individual's Name: _____ Date of Meeting: _____

Order or Recommendation Being Considered: _____

Has the individual/healthcare decision maker already discussed risks and benefits with the recommending healthcare practitioner? No Yes if yes, briefly note discussion points¹: _____

Does the individual/healthcare decision maker need additional Information? No Yes
If yes, briefly note topics to discuss below: _____

List Information Needed	Source of Information	Person(s) Responsible to Obtain Information	Timeline

Note date when team will reconvene to discuss new information: _____

If no additional information is needed ¹, indicate what decision the individual or healthcare decision maker has made about the Order or Recommendation: Accept Reject Accept with modifications (explain)

Action Plan to Implement Decision

Action Step	Person(s) Responsible	Timeline

Date the Health and Safety Action Plan page of the ISP was revised: _____

¹ If the healthcare decision maker, as a result of the risk/benefit discussion with the healthcare practitioner, has already made a decision with regard to the order/recommendation, *and* they do not desire further information, this form may be completed by the case manager in conversation with the health decisioncare maker without convening a team meeting, unless the team needs to discuss changes to the current ISP and/or healthcare plans as a result of this decision.

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Meeting Participants

Name (Printed) & Role on Team	Signature (Indicate "by phone" if applicable)	Contact Information (email, phone #)
Individual:		
Healthcare Decision Maker:		
Case Manager:		
Clinical/Medical Consultant (s): (if applicable)		
Other: (give role/title)		

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Instructions:

1. The Decision Consultation process is used when an individual or health care decision maker has concerns or questions about a health related recommendations. This includes medical orders or recommendations from the Primary Care Practitioner or a Specialists; clinical recommendations from licensed clinicians who may or may not be part of the individual's team and health related recommendations/suggestions from external reviewers such as DHI or the Jackson Community Practice Review (CPR).
2. This process assures that questions are answered, resources are provided if desired and that informed decisions are made, documented and honored.
3. If the healthcare decision maker, as a result of the risk/benefit discussion with the healthcare practitioner, has already made a decision with regard to the order/recommendation, and they do not desire further information, this form may be completed by the case manager in conversation with the healthcare decision maker without convening a team meeting, unless the team needs to discuss changes to the current ISP and/or healthcare plans as a result of this decision.
4. The Case Manager is responsible for:
 - a. convening the meeting to address the issues
 - b. facilitate acquiring added resources as needed
 - c. completing the Decision Consultation Form as a means of documenting the discussions and meeting outcome(s)
 - d. updating the Health and Safety Action Plan page of the ISP.
 - e. retaining records (see #7)
5. It is very important for healthcare decision makers to discuss risks and benefits of recommended orders or treatments with the relevant healthcare practitioners. Possible sources of consultation or additional information include:
 - a. Individual's Primary Care Practitioner (PCP; physician(s) and/or specialists)
 - b. Obtaining a second opinions from another physician or specialist.
 - c. The Continuum of Care Project - COC (505-925-2350),
 - d. The Health Decisions Resource team – COC (505-925-2350)
 - e. The Transdisciplinary Evaluation and Support Clinic -TEASC (505-272-5158),
 - f. DDSD Regional Offices (for behavior support specialist, case management or nursing)
 - g. DDSD Bureau of Behavioral Support or Clinical Services Bureau (505-841-5500)
 - h. Local hospital ethics committee
6. After the Decision Consultation Meeting, the Clinical members of the Team are responsible for updating plans and providing staff training in a timely manner.
7. The completed form is to be retained in the Case Management File and may be made available to any IDT member as requested.
8. This form is not to be used to circumvent core elements of eligibility for Medicaid benefits or core elements of DDSD Standards such as refusal of an annual physical or refusing an annual nursing assessment where required.
9. This form should not be used to document the Guardian's decisions regarding selection of Adult Nursing Services benefits in Family Living. Refer to the DDSD Standards for documentation of that process.
10. If the team, including the individual or guardian has concerns about non-health related recommendations from any entity or review process including the Jackson Community Practice Review (CPR) the Team Justification Form and process will be used.