

DDSD DECISION CONSULTATION FORM

Health-Related Issues

Person's Name:

Date of Meeting:

I, _____ (individual and/or plenary guardian) do not accept the following clinical order(s) or recommendations. I understand the risks and benefits as explained by the ordering clinician and interdisciplinary team. In the chart below, titled "Meeting Participants", please list the ordering physician and all interdisciplinary team members who participated in the explanation).

Did the individual and/or plenary guardian discuss the risks and benefits of the order/recommendation with the clinical/medical practitioner? Yes No

If yes, please complete the table below to include discussion points¹

If no, the individual and/or guardian must have this conversation prior to completing the Decision Consultation Form.

List all Clinical Orders and/or Recommendation to include date of the order/recommendations	Benefits to accepting and implementing the Clinical Order/Recommendation	Risks associated with not accepting and not implementing the Clinical Order/Recommendations	List in detail the reason/explanation for not accepting the Clinical Order/Recommendation

¹ If the person/medical guardian, as a result of the risk/benefit discussion with the healthcare practitioner, 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 person/medical guardian 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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Does the individual and/or plenary guardian need additional information to make an informed decision? Yes No

If yes, please document the information needed in the table below:

List Information Needed	Source of Information	Person(s) Responsible to Provide or Obtain Information	Timeline (due date) to obtain information Timeline

Action Plan to Implement Decision

Action Step(s)	Name of Person(s) Responsible to include agency and title	Timeline

Date the Health and Safety section of the ISP was revised:

Date for follow-up meeting (if applicable):

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Meeting Participants

Name (Printed) & Role on Team	Signature (Indicate "by phone" if applicable)	Contact Information (email and phone #)
Individual:		
Plenary Guardian:		
Case Manager:		
Clinical/Medical Practitioner(s):		
Interdisciplinary Team Members (name, title, and agency)		
Other: (List name, title, and agency)		

Signature: _____ (individual and/or plenary guardian)

Date:

Witness: Print or type in name
Instructions:

Witness Signature: _____

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1. The Decision Consultation process is used when an individual/plenary guardian has concerns or questions about health-related recommendations. This includes medical/clinical orders or recommendations from the Primary Care Practitioner, treating Physicians/Practitioners, or 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 Jackson Individual Quality Reviewers (IQR).
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 individual/plenary guardian, 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 individual/plenary guardian 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 additional 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 the individual/plenary guardian to discuss risks and benefits of recommended orders or treatments with the relevant medical practitioners. Possible sources of consultation or additional information include:
 - a. Individual's Primary Care Practitioner (PCP; physician(s) and/or specialists)
 - b. Obtaining 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 (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 relevant clinical team members 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, the administrative file for the Living Supports and Customized Community Supports Agency, Therapists, and Behavior Support Consults files (as per Appendix A of the DD Waiver Service Standards), attached to the relevant HCP, and may be made available to any IDT member as requested.
8. This form cannot 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/plenary guardian has concerns about non-health related recommendations from any entity or review process including the Jackson Individual Quality Review (IQR) the Team Justification Form and process will be used.