

# DDSD DECISION CONSULTATION FORM

## Introduction:

The Decision Consultation process is used to support informed decision making. The process assures that questions are answered, resources are provided if desired and that informed decisions are made, documented, and honored. The Decision Consultation Form (DCF) is required whenever an Authorized Decision Maker (e.g., Non-adjudicated Adult, Guardian, Power of Attorney) needs additional information, has concerns, or decides not to follow recommendations from a professional or clinician fully or partially for either healthcare or non-healthcare decisions. See the Developmental Disabilities (DD) Waiver Service Standards, Chapter 3, for more information.

## Instructions:

1. If the Authorized Decision Maker, because of the risk/benefit discussion with the healthcare practitioner or recommending party, has already made a decision and they do not desire further information, this form may be completed by the Case Manager in conversation with the Authorized Decision Maker without convening a team meeting.
  - a. This form is not to be used to circumvent core elements of eligibility for Medicaid benefits or core elements of DD Waiver Service Standards such as refusal of an annual physical or refusing an annual nursing assessment where required.
  - b. Notably, the DD Waiver Service Standards state that the DCF must be used when opting out of ongoing nursing services in Family Living and for non-medical decisions including those regarding “working, volunteering, hobbies and *other activities*.”
2. While Interdisciplinary Team (IDT) involvement can be very beneficial, the choice is that of the Authorized Decision Maker. However, if the decision(s) lead to changes in the Individual Service Plan (ISP) or require a new or adjusted healthcare plan, a meeting with the team becomes a necessity. Further information regarding IDT roles and responsibilities can be found in chapter 3.1.1 of the DD Waiver Service Standards.
3. The Case Manager is responsible for:
  - a. Convening the meeting to address the issue(s) when applicable (see # 2 above) or needed.
  - b. Facilitating the acquisition of 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 as needed.
  - e. Retaining records in the Case Management File and making them available to any IDT member as requested.
4. For healthcare decisions, possible sources of consultation or additional information may include but not be limited to:
  - a. Individual’s Primary Care Practitioner (PCP, other physician(s) and/or specialists)
  - b. Obtaining a second opinion from another physician or specialist.
  - c. Individual’s Interdisciplinary Team
  - d. The Continuum of Care Project – COC (505-925-2350),
  - e. The Health Decisions Resource team – COC (505-925-2350)
  - f. The Transdisciplinary Evaluation and Support Clinic – TEASC (505-272-5158),
  - g. DDSD Regional Offices - Metro (800-283-5548), SE (866-895-9138), SW (866-742-5226), NW (866-862-0448), NE (866-315-7123)
  - h. DDSD Bureau of Behavioral Support – BBS (800-238-5548)
  - i. DDSD Clinical Services Bureau – CSB (800-283-8415)
  - j. Local hospital ethics committee
5. After the Decision Consultation Meeting, the clinical members of the team are responsible for follow-up with ordering practitioners as needed, updating plans, and providing staff training in a timely manner.

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Individual's Name:

Date of Meeting:

Order or Recommendation Being Considered:

Has the Authorized Decision Maker (e.g., Non-adjudicated Adult, Guardian, Power of Attorney, Surrogate Healthcare Decision Maker) already discussed risks and benefits with the recommending party? No  Yes

If yes, briefly note discussion points: \_\_\_\_\_  
 \_\_\_\_\_

Has the Authorized Decision maker requested additional information, have concerns, or decided not to follow recommendations fully or partially? No  Yes

List Information Needed: Include Risks, Benefits, and Alternatives (if applicable)	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, document what decision has been made about the Order or Recommendation: Accept  Reject  Accept with modifications (explain) \_\_\_\_\_

**Action Plan to Implement Decision**

Action Step	Person(s) Responsible	Timeline

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

**Meeting Participants**

Name (Printed) & Role on Team	Signature (Indicate "by phone" if applicable)	Contact Information (email, phone #)
Individual:		
Authorized Healthcare Decision Maker:		
Authorized (non-Healthcare) Decision Maker:		
Case Manager:		
Clinical/Medical Consultant(s) (if applicable):		
Other participating IDT members:		