



D·B·H·D·D

Georgia Department
of Behavioral Health
& Developmental
Disabilities

- BE D·B·H·D·D**
- BE COMPASSIONATE**
- BE PREPARED**
- BE RESPECTFUL**
- BE PROFESSIONAL**
- BE CARING**
- BE EXCEPTIONAL**
- BE INSPIRED**
- BE ENGAGED**
- BE ACCOUNTABLE**
- BE INFORMED**
- BE FLEXIBLE**
- BE HOPEFUL**
- BE CONNECTED**
- BE D·B·H·D·D**

OHW Case Study & HCP vs Risk Mitigation Policy

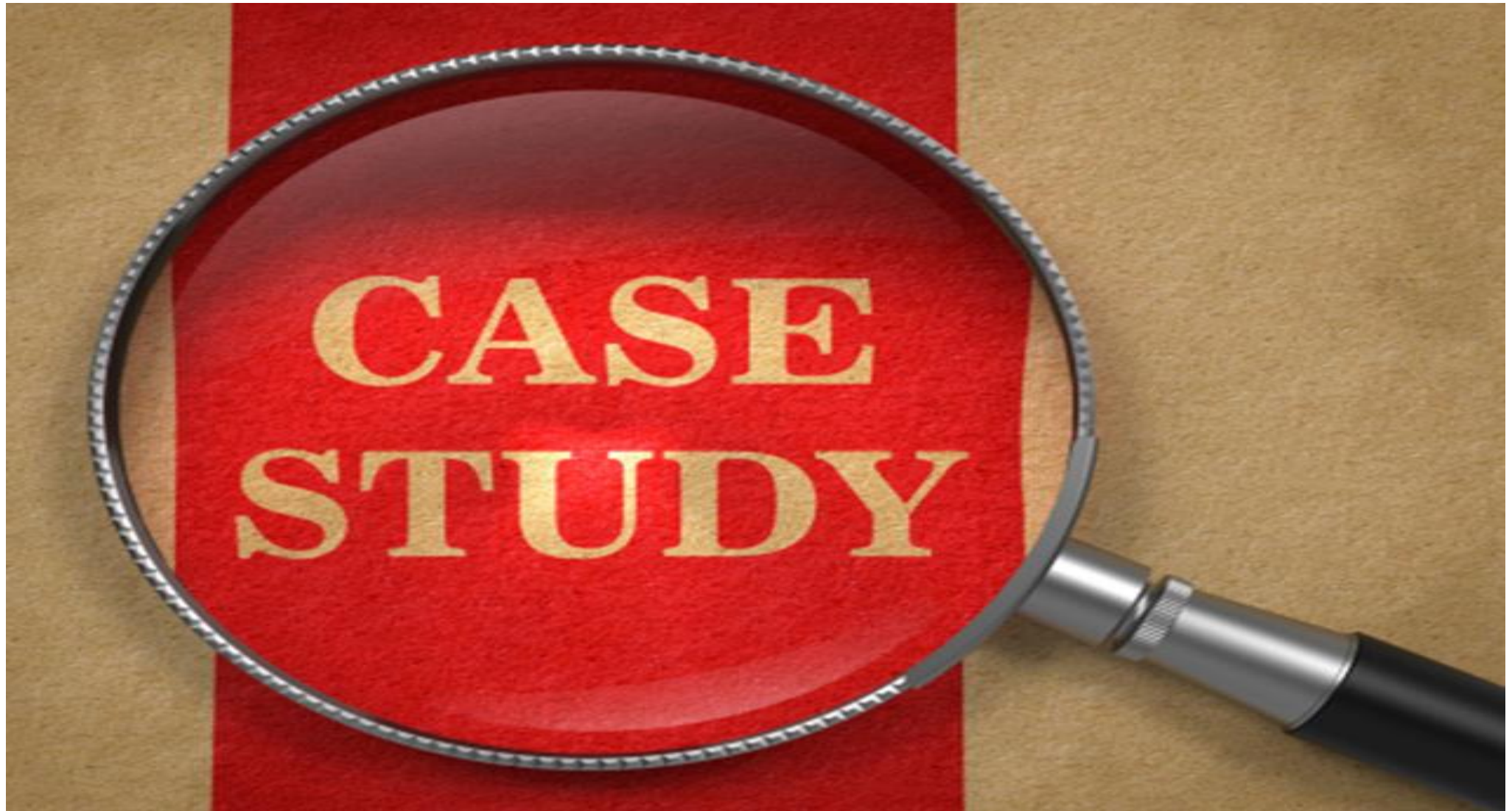
BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

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Case Study



Case Study: 52-Year-Old Male

Resides in a 3-person CRA group home

Authorized: CRA, ISC, SMS, CAG, LPN, RN

Diagnoses

- IDD, Autism,
- Bipolar,
- Parkinsonism
- Allergic: Seasonal, Aspirin (nosebleed)
- Benign Prostate Hyperplasia with HX of urinary obstruction 9-11-20, Incontinence of bladder, UTI, Indwelling catheter 12-3-2021
- Constipation, Incontinence of bowel

Diagnoses

- Dysphagia, GERD
- Focal onset seizures,
- Hyperlipidemia,
- Hypertension,
- Hypothyroidism,
- Hx Sacrum/Lower Buttocks Decubitus,
- Iron Deficiency,
- Insomnia

Case Study: 52-Year-Old Male

- Activities of Daily Living (ADL's) Assistance
 - Unsteady Gait
 - Requires 2 staff for assistance with ambulation using gait belt
 - He requires 1-2 staff for
 - Pressing
 - Personal hygiene
 - Bathing
 - Toileting
 - He requires 1 staff for hand-over-hand mealtime/snacks assistance utilizing adaptive equipment. Pureed Low Fat/Cholesterol/Sodium Diet with nectar liquids. Requires 2 staff for assistance with transfers.
- Supported by several clinical professionals: PCP, Urologist, Neurologist, Psychiatrist, Dentist, Optometrist

Case Study: 52-Year-Old Male

- Receives LPN for medication administration
- RN Oversight for:
 - Complex Assessment
 - HealthCare Plans: Bowel and Bladder, Cardiovascular, Gastrointestinal, Mental Health, Neurological, Skin Integrity, Preventative and Routine Healthcare Maintenance

Level of Care Change:

Alteration from the individual's baseline which can impact medical, behavioral, and psycho-social realms of health.



Case Study: Level of Care Change for 52-Year-Old Male

- Staff reported a decrease in appetite, taking longer to eat, holding food in his mouth, and requiring verbal prompts to swallow. Reported coughing during and after meals.
- Nurse provider notified and seen by PCP. Swallow test completed on 2-16-2022 with results confirming aspirating liquids.
- New order for GI consult and seen on 2-18-2022 with recommendations for G-Tube placement. Family notified and given consent.
- Taken to Hospital for G-Tube insertion on 3-2-2022 and returned home about 5:00pm. G-tube is intact, has bandage around base of G-Tube and abdominal pad covering G-tube.

New Orders:

- NPO. Jevity 1.5 cal. give one container Q 3 hours @ 8:00am; 11:00am; 2:00pm and 5:00pm; residual checks Q 30 mins if >60ml., Notify PC as needed.
- Flush with 60 ml. before feedings and 100ml. after each feeding
- Meds: Crush all medications and administer via G-tube; give 30 ml. before meds and 100 ml. water after medications are administered.
- Clean skin around peg-tube daily with warm water and a mild soap, notify MD of signs or symptoms of infection.
- Keep HOB elevated 45 degrees. Maintain upright position for 1 hour after meals.
- Nutritional Assessment when PCP office has an appointment scheduled.

Factors indicating individual identified at heightened risk:

Increased Risk
of Choking &
Aspiration

Swallow Test
with aspiration
results

GI Consult for
G-Tube

New G-Tube
Placement &
Orders

What should happen:

- RCR created in IDD-C for Nursing to assess for new LOC
- RCR task assigned to OHW RN
- Nursing Assessment completed with new nursing calculations.
- Notification via email to provider and Support Coordinator of completed NA with new nursing calculations.
- Version change to PA

What should happen (continued):

- Waiver Nursing services to begin new G-Tube orders
- Waiver Nursing services to train provider staff on new orders
- Waiver RN to update HCPs and ensure HCP training to provider staff
- Provider Staff Training Rosters completed and available
- HRST updated for LOC

What should happen (continued):

- CIR completed in IMAGE
- Individual placed on Statewide Clinical Oversight surveillance and documented in the Developmental Disabilities Clinical Oversight Application (DDCO).
- OHW will review in IDD Connects- Support Notes, Referral and Coaching, and Individual Quality Outcome Measures Review to review documentation concerning the event/incident.
- OHW will reach out to providers and ISC/SC to follow up with OHW Statewide Clinical Oversight Surveillance for LOC event.

What should happen (continued):

- Confirm compliance with Hospitalization/MD recommended treatment(s) and discharge instructions.
- Confirm that HCPs and HRST have been updated.
- Confirm that provider staff have been trained on new orders and HCPs.
- Confirm that follow up appointments with PCP and GI were completed with new orders implemented.
- Confirm the nursing supports that were clinically recommended by OHW have been added to the PA and the provider is implementing and documenting the supports recommended as per policy.

A close-up photograph of a hand holding a blue pen, writing on a spiral-bound notebook. The notebook is open, and the pen is positioned over a line of text. The background is blurred, focusing attention on the writing process.

BE INFORMED

HCP vs Risk Mitigation Policies

Healthcare Plans for Individuals
with Intellectual/Developmental
Disabilities (I/DD) in Community
Residential Alternative, and
Community Living Support
Services with Skilled Nursing
Services, 02-266

Policy 02-266

Applicability:

- All Intellectual/Developmental Disability (I/DD) Providers- in Community Residential Alternative Services and Community Living Support Services Providers who are authorized to provide Skilled Nursing Services.

Revisions:

- Definitions of Individual and provider
- Improved outline format
- Procedures-from all settings to specific settings
- Additional information to be considered in the HCP
- Elements of the HCP

Elements of a Healthcare Plan:

Elements
Demographic Information
Effective Date
Diagnosis
Description of Symptoms of Exacerbation of Condition
Nursing Diagnoses
Goals and Objectives (Standards of Care)
Interventions
Documentation and Location
Evaluation of Progress
Signature of RN

Neurological System Management Health Care Plan

Name: Georgia Peach	HCL:3		Responsible Discipline			
DOB: 4-12-1968						
My allergies: Penicillin			DSP	RN	LPN	Other
In an EMERGENCY, Call 911 IMMEDIATELY IF:			X	X	X	
<ul style="list-style-type: none"> ✓ I have stopped breathing ✓ My heart is not beating ✓ Follow American Heart Association guidelines or as directed by my health care practitioner if I lose consciousness ✓ My hands, feet, lips or ears are blue/gray, or I have patchy areas on my upper or lower extremities with blue, gray and white areas ✓ I have a seizure lasting longer than _____ minutes ✓ I have seizures back-to-back as prescribed in my health care practitioner's seizure plan ✓ If my eyes roll up into the top and look to one way or the other and do not return to their normal position within _____ minutes ✓ I have vomited and may have aspirated ✓ I have a seizure and I do not have a diagnosed seizure disorder 						
Call 911:			X	X	X	
<ul style="list-style-type: none"> ✓ I have received my breakthrough seizure medication and I am still seizing ✓ Anytime you are concerned that I'm not acting or responding in my typical <u>manner</u> and I require emergency intervention ✓ When you notice that I am not acting in my typical manner and the change is very sudden 						
My diagnoses and risks related to Neurological Management are:			X	X	X	
<p><input type="checkbox"/> <i>This is what I look like when my condition is present or flaring up (condition name and description of signs and symptoms) myoclonic seizures usually lasts 30 seconds – 3 minutes and the condition that causes my signs and symptoms is/are:</i></p>						

<input type="checkbox"/> Seizure Disorder <input type="checkbox"/> I have (type) <u>myoclonic</u> of seizures <input type="checkbox"/> I have seizures (average) <u>5-10</u> per year <input type="checkbox"/> My seizure activity and the postictal period generally last for <u>30 seconds- 3 minutes; 30 minutes-1 hours</u> <input type="checkbox"/> I take medication(s) that lower my seizure threshold (list) <u>Keppra, Klonopin, Topamax</u> <input type="checkbox"/> I don't have very good tone and I must use a mobility device (describe) <u>gait belt</u>				
<p>Current Status – will have breakthrough seizures but does not require emergency <u>services</u>; stable medication regimen</p>	X	X	X	
<p>Implementation Strategies that may help me decrease my risks related to Neurological Management</p>	X	X	X	
<input type="checkbox"/> Complete tasks that I am unable to <input type="checkbox"/> Keep my environment and schedule at home, school and/or work the same <input type="checkbox"/> Keep my environments calm and quiet <input type="checkbox"/> Provide consistent caregivers <input type="checkbox"/> Monitor me for irritability or drowsiness <input type="checkbox"/> Monitor me for nausea, vomiting, headache or double vision <input type="checkbox"/> Assist me to walk safely <input type="checkbox"/> Explain all tests and procedures before I have them so that I can be prepared <input type="checkbox"/> Check me to make sure my skin color is all the same following a seizure <input type="checkbox"/> Assist me to stay safe during seizures <input type="checkbox"/> Provide me privacy during seizures <input type="checkbox"/> Monitor me for decreasing or changes in my level of consciousness <input type="checkbox"/> Do not force me to move after I indicate that I have pain <input type="checkbox"/> Keep my sleep/wake times the same <input type="checkbox"/> Explore options for a hearing improvement device <input type="checkbox"/> Prepare me for any neurological testing needed <input type="checkbox"/> Monitor me for any change in my neurological status				

<input type="checkbox"/> Monitor me for my eyes going up and to one side and I am unable to move them back <input type="checkbox"/> Monitor me closely for poor circulation <input type="checkbox"/> Make an appointment with my primary health care practitioner if I start having numbness in my feet, legs, hands or arms, <input type="checkbox"/> Notify the nurse if I start stumbling or falling <input type="checkbox"/> Make an appointment with my health care practitioner if I start scratching, and/or causing significant injury to, my legs <input type="checkbox"/> Help me to maintain my dignity and privacy <input type="checkbox"/> Secure reliable transportation to all my health care practitioner appointments <input type="checkbox"/> Make appointments with my health care practitioner(s) as prescribed <input type="checkbox"/> Ask the pharmacist to review all my medications <input type="checkbox"/> Report medication side effects to the health care practitioner <input type="checkbox"/> Administer my neurological medications as prescribed <input type="checkbox"/> Check my blood pressure in both arms and record <input type="checkbox"/> I need my caregivers to use standard infection control precautions				
Supportive Technology / Adaptive Equipment	X	X	X	
<input type="checkbox"/> Explore what supportive technology/adaptive equipment options are available to promote my independence in meeting my identified needs. <input type="checkbox"/> I need ongoing support from my caregivers to ensure that I am utilizing gait belt identified supportive technology/adaptive equipment to meet my identified needs.				
Specific Teaching/Education Strategies	X	X	X	
<input type="checkbox"/> My support team needs training and education about me on the following HCP (based upon individual support needs identified) <input type="checkbox"/> Other (will require documentation) _____				
Documentation required to support this health care plan	X	X	X	
<input type="checkbox"/> Location stored <u>Medical chart</u> <input type="checkbox"/> Name of document _____				
Proxy				

My progress within the past 12 months	X	X	X	
<input type="checkbox"/> Summary of my progress from the past 12 months: Seen by neurologist q 4 months; no medication changes within the past year; 5 seizures lasting 30 seconds – 1 minute with no injuries or ER visits				
Nursing Intervention		X	X	
LPN will: <ul style="list-style-type: none"> • Administer medications as ordered and document on MAR • Monitor medications for effectiveness • Monitor and record all seizure activity • Monitor seizure log • Call 911 if seizure lasts longer than 3 minutes • Obtain labs for therapeutic drug monitoring • Ensure Individual attends all appointments and follow ups with Neurologist as scheduled • Monitor <u>vitals</u> signs, seizure logs, and weight logs • Assess for changes in condition that may promote seizure activity • Monitor and document seizure activity and duration if activity occurs during nurse work hours • If no return to base line or seizure activity lasting longer than 3 <u>minutes</u> then call 911 • Contact RN for all seizure activity RN will: <ul style="list-style-type: none"> • Train staff to observe for signs/symptoms of seizure activity and defining returning to base line after seizure activity • Provide competency checks periodically to DSP • Review logs- seizure, vitals, weights on a weekly basis • Monitor and follow up on lab reports and provide to PCP/Neurologist • Contact Neurologist/PCP with seizure activity information • Nursing assessment and documentation of changes in health status, assure follow-up with MD for changes in health 				

Risk Mitigation of Health
Conditions or Vulnerabilities in
Intellectual and/or Developmental
Disability (I/DD) Services, 02-807

Policy 02-807

Applicability:

- All Intellectual/Developmental Disability (I/DD) Community Service Providers with the exception of Community Residential Alternative Service Providers and Community Living Support Service Providers providing services to individuals who have authorized Skilled Nursing Services.

Revisions:

- Definitions of At Risk Conditions, Risk Mitigation Document, and Vulnerabilities
- Elements of the Risk Mitigation Document
- Procedures- timeframes of updates and reviews, training staff, and documentation sources

Elements of a Risk Mitigation Document:

Date of creation

Date of any applicable updates to the document

Individualized demographic information

Allergies or No Known Allergies (NKA)

Statement and description of known condition, risks, and diagnoses

Any applicable individualized action steps to be taken when needed

Communication Plan

Contact details for primary caregiver and responsible parties

Date: 3-10-2022

Risk Mitigation Plan – CAG: Live Long Day Service

Name: Georgia Peach

DOB: 4-12-1968

Address: 51 Oaks Drive, Always, GA

Phone: 229-888-8888



Allergies: Penicillin

Statement and Description of known condition/risks/diagnoses/vulnerabilities:	Action Steps based upon confirmation of condition/risks/diagnoses/vulnerabilities:
Any respiratory distress (having trouble breathing), choking, chest pain, injury beyond 1 st aid. If you notice Georgia is not acting in their typical manner or if you notice a sudden change in Georgia.	When in doubt- call 911. Maintain safe environment for Georgia, protect Georgia from injury, and continue to monitor Georgia until EMS arrives.
Seizures: Georgia has seizures that usually last 30 seconds up to 3 minutes. Her muscles may become stiff, and she could fall during a seizure.	Monitor seizure activity and call 911 if seizure lasts longer than 3 minutes. Maintain a safe environment for Georgia, protect her from injury, and continue to monitor her if EMS called. Remove any food from her mouth during a seizure.
Fall Risk: Georgia is at risk for falls during seizure activity and when she walks on uneven surfaces.	Provide safety and protect Georgia from injury during seizure activity. Provide physical assistance when Georgia is walking over uneven surfaces, curbs, steps.
Communication Plan for Primary Caregivers- List Provider:	Name/Title or relation to Individual and List Contact Number:
Pauline Patty -House Manager with Happy Homes Inc.	229-777-7777



SC/ISC submission of
RCR for Additional Staffing

SC/ISC submission of RCR For Additional Staffing

1. When there is a level of care change prompting the provider to submit an “INITIAL” request for additional staffing the SC/ISC should submit RCR explaining the change that prompted the request in comments.
2. For “ANNUAL” renewals OHW Staff complete the RCR for clinical assessments.
3. If there is a Level Of Care change during the year outside of the annual renewal the SC/ISC should submit RCR for clinical assessment before the provider submits a new packet. SC/ISC should look to see if a RCR has already been submitted and in progress for clinical assessment. Others may be knowledgeable of level of care change and RCR already submitted. Duplicate request create issues in IDD-C.

How To View Status Of RCR In IDD Connects

The screenshot displays the IDD Connects interface. At the top, a dark blue navigation bar contains the following tabs: Demographics, Eligibility, Evaluation, ISP, Prior Authorization, Documents, Outcomes & Support Notes, Services, Individual 360, Appeals, and Letters. A red arrow points to the 'Outcomes & Support Notes' tab.

On the left side, a vertical navigation menu lists several options: Individual Quality Outcome Measures Review, Referral and Coaching, Clinical Recommendations, Request for Clinical Review →, and Support Notes. A red arrow points to the 'Request for Clinical Review →' option.

The main content area is titled 'Request for Clinical Review' and features a 'Filter' section. The filter options are arranged in a grid:

- ID:
- Date Requested From:
- Date Requested To:
- Requested By:
- Status:
- Urgent Request:
- Assigned Clinician:
- Date Closed From:
- Date Closed To:

IDD-C Request For Clinical Review Status

[View All Clinical Requests](#)

	ID	Request Type	Date Requested	Requested By	Assigned Clinician
+	4583	Behavioral	11/05/2019	Jessica Reeves	Jessica Reeves
+	6440	Nursing	12/16/2019	John Campbell	Tina Byars
+	25413	Nursing	11/02/2020	John Campbell	Tina Byars
+	25532	Behavioral	11/03/2020	Jessica Reeves	Jessica Reeves
+	28944	SIS	01/21/2021	Kelli Wingfield	
-	43485	Nursing	10/22/2021	John Campbell	Tina Byars
Urgent Request:		<input type="text" value="N"/>		Action(s) Taken: <input type="text" value="Updated Nursing Assessment"/>	
Date Closed:		<input type="text" value=""/>		Status: <input type="text" value="Completed"/>	
-	44143	Behavioral	11/03/2021	Jessica Reeves	Jessica Reeves
Urgent Request:		<input type="text" value="N"/>		Action(s) Taken: <input type="text" value="Updated Behavioral Support"/>	
Date Closed:		<input type="text" value=""/>		Status: <input type="text" value="Completed"/>	



Questions?



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