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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**

Healthcare Plans & Risk Mitigation Documents

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

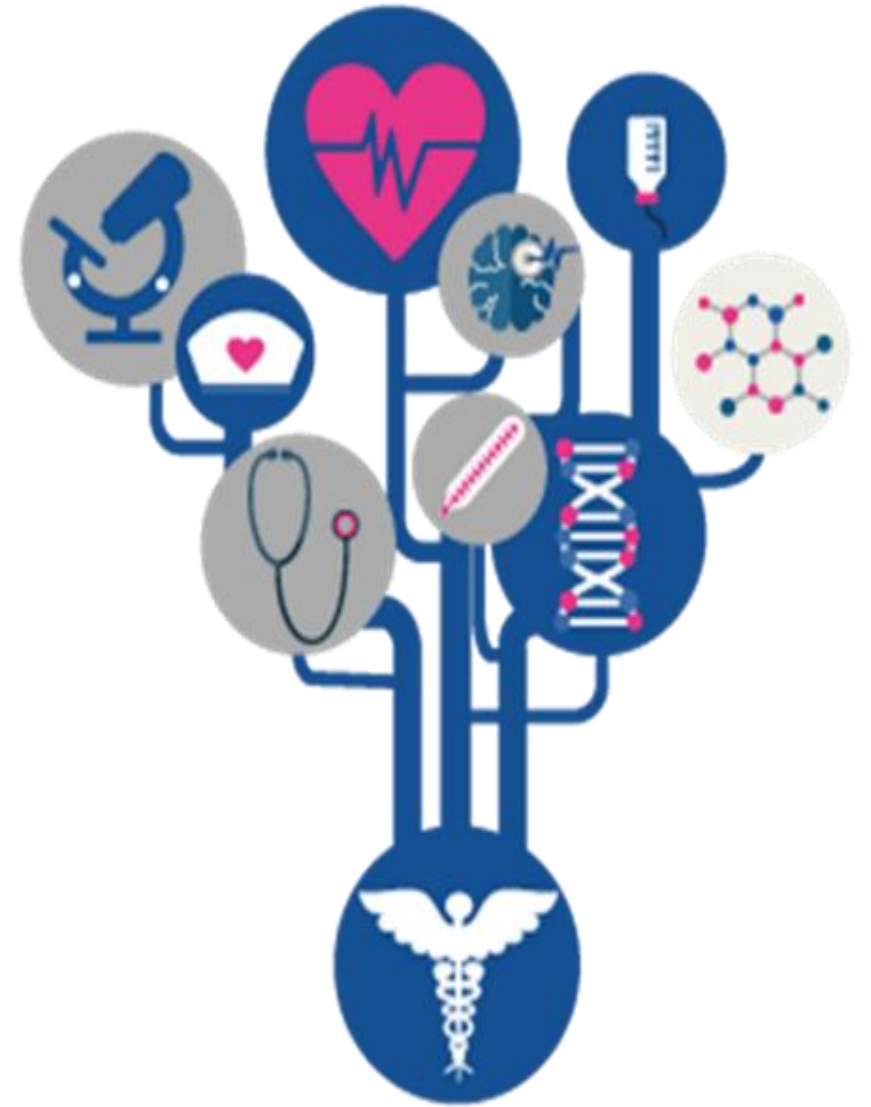
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Director, Office of Health and Wellness



Healthcare Plans

What is a Healthcare Plan?

A medical document used to identify individuals with diagnosed or “at risk” medical conditions that require direct care staff intervention in the absence of the RN.



Healthcare Plans (HCPs):

- HCPs are a plan of action that incorporates the physician's order(s) and recommendations of intervention that are undertaken by the nurse, and the interdisciplinary team (esp DSPs).
- HCPs are developed/updated by the RN.
- HCPs are Individualized, Person Specific.



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

Which I/DD Individuals does this policy apply to?

Applicability:

All Intellectual/Developmental Disabilities (I/DD) Providers in rendering Community Residential Alternative Services and Community Living Support Services Providers serving individuals who are authorized to receive Skilled Nursing Services funded through the NOW or COMP waiver.


DBHDD Healthcare Plan Policy: 02-266

Procedures – **Healthcare Plan Requirements**

- Developed by a **RN ONLY & Signed/Dated By RN**
- Updated as needed and annually
- Incorporates input from multiple sources
- Lists steps to be implemented by direct support staff



References utilized to develop the Health Care Plan:



State Nursing
Assessments



MD Medical
Documentation



HRST



New
Medical
Diagnosis

What HCP Format or Template may Provider RNs need to use?

HCPs
developed by
the Provider
RN Agency

HCPs
purchased by
the Provider
Agency

HRST
Healthcare
Plan Templates

Healthcare Plan Format/Template:

- HRST Healthcare Templates are optional.
- DBHDD does not mandate the HRST HCP templates.
- Note established templates may require modification to encompass required elements



Bowel and Bladder Management

Covid-19

Gastrointestinal Management

Neurological Management

Skin Integrity Management

Endocrine Management

Respiratory Management

Cardiovascular Management

Musculoskeletal Management

Reproductive Management

Mental Health with Medications Management

Person Specific

Preventative and Routine Healthcare Maintenance

Respiratory Management Healthcare Plan

Name: <i>Import</i>	HCL: <i>Import</i>	Responsible Discipline			
DOB: <i>Import</i>					
My allergies are: <i>Import</i>		<i>DSP</i>	<i>RN</i>	<i>LPN</i>	<i>Other</i>
In an EMERGENCY, Call 911 IMMEDIATELY IF:					
<ul style="list-style-type: none"> ✓ I am having severe problems breathing in or breathing out ✓ I have stopped breathing ✓ I have lost consciousness due to difficulty breathing and/or I am still in respiratory distress ✓ 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 had a respiratory tract infection and I'm lethargic, have low blood pressure or my level of consciousness has changed from usual ✓ I am coughing until I vomit, and a lot of blood is present in the mucus ✓ I am complaining of chest pain and I have sudden onset respiratory distress 					
Call 911:					
<ul style="list-style-type: none"> ✓ I have used my rescue inhalers or nebulizer treatments and I have had no or little improvement. ✓ Anytime you are concerned that I'm not acting or responding in my typical manner 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 Respiratory Management are:					
<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)</i> _____ <i>and the condition that causes my signs and symptoms is/are:</i>					
<input type="checkbox"/> Acute Respiratory Distress <input type="checkbox"/> Allergies that affect the respiratory system					

<input type="checkbox"/> Aspiration / Aspiration Pneumonia <input type="checkbox"/> Asthma / Reactive Airway Disease <input type="checkbox"/> Bi-PAP <input type="checkbox"/> Cancer, Respiratory <input type="checkbox"/> Choking <input type="checkbox"/> Chronic Bronchitis <input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD) / Obstructive Airway Disease <input type="checkbox"/> C-PAP <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Emphysema <input type="checkbox"/> Oxygen Administration <input type="checkbox"/> Pneumonia <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Upper Respiratory Infection <input type="checkbox"/> Ventilator Dependent <input type="checkbox"/> Other <input type="checkbox"/> I have a neurological issue that affects my ability to breathe (explain) _____ <input type="checkbox"/> I started a new medication and I have respiratory side effects (explain) _____ <input type="checkbox"/> I have respiratory issues that cause me to fatigue easily. <input type="checkbox"/> I eat quickly and need someone to help pace me and monitor me for aspiration and choking <input type="checkbox"/> I overstuff my mouth and increase my risk for aspiration and choking <input type="checkbox"/> I eat very slowly <input type="checkbox"/> I take medications for _____ and I experience respiratory side effects (explain) _____ <input type="checkbox"/> Increased stress affects my respiratory status <input type="checkbox"/> I put others at risk due to not performing appropriate hand, sneeze and cough hygiene <input type="checkbox"/> I cannot sit upright <input type="checkbox"/> Due to my health issues and body shape, I am lying down almost all the time <input type="checkbox"/> I cannot mobilize my secretions <input type="checkbox"/> I am unable to eat independently, and need fed by my caregiver <input type="checkbox"/> I cannot control my own secretions and aspirate <input type="checkbox"/> I choke very easily <input type="checkbox"/> I have ulcers in my nose <input type="checkbox"/> I have acute delirium when I am having severe respiratory distress				
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HEALTHCARE PLAN Respiratory Management Healthcare Plan

Name: MINNIE MOUSE	Date of Birth: 03/16/1949	HCL: -	Status: Completed
My allergies are:			Active: Y

	Discipline Responsible		
In an EMERGENCY, Call 911 IMMEDIATELY if:			
<i>I am having severe problems breathing in or breathing out</i>	DSP	RN	LPN
<i>I have stopped breathing</i>	DSP	RN	LPN
<i>I have lost consciousness due to difficulty breathing and/or I am still in respiratory distress</i>	DSP	RN	LPN
<i>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>	DSP	RN	LPN
<i>I have had a respiratory tract infection and I'm lethargic, have low blood pressure or my level of consciousness has changed from usual</i>	DSP	RN	LPN
<i>I am coughing until I vomit, and a lot of blood is present in the mucus</i>	DSP	RN	LPN
<i>I am complaining of chest pain and I have sudden onset respiratory distress</i>	DSP	RN	LPN

	Discipline Responsible		
Call 911:			
<i>I have used my rescue inhalers or nebulizer treatments and I have had no or little improvement.</i>	DSP	RN	LPN
<i>Any time you are concerned that I'm not acting or responding in my typical manner and I require emergency intervention</i>	DSP	RN	LPN
<i>When you notice that I am not acting in my typical manner and the change is very sudden</i>	DSP	RN	LPN

My diagnoses and risks related to Respiratory Management are:

- This is what I look like when my condition is present or flaring up (condition name and description of signs and symptoms) coughing and wheezing and the condition that causes my signs and symptoms is/are asthma
- Allergies that affect the respiratory system
- Aspiration / Aspiration Pneumonia



- Asthma / Reactive Airway Disease
- I have respiratory issues that cause me to fatigue easily.
- Due to my health issues and body shape, I am lying down almost all the time
- I am unable to eat independently, and need fed by my caregiver
- I choke very easily

Implementation Strategies that may help me decrease my risks related to Respiratory Management

	Discipline Responsible		
<i>Review my allergy list to make sure I've not received anything to which I am allergic.</i>	DSP	RN	LPN
<input checked="" type="checkbox"/> I need others to help feed me the remainder of my meal after I become fatigued	DSP		
<input checked="" type="checkbox"/> Monitor me for choking	DSP		
<input checked="" type="checkbox"/> Notify the nurse if I am aspirating while eating or drinking thickened liquids as evidenced by coughing	DSP	RN	LPN
<input checked="" type="checkbox"/> Administer my nebulizer treatments as prescribed		RN	LPN
<input checked="" type="checkbox"/> Administer my inhalant medication as prescribed	DSP	RN	LPN
<input checked="" type="checkbox"/> Administer my rescue inhaler as prescribed	DSP	RN	LPN
<input checked="" type="checkbox"/> I always need to carry my rescue inhaler with me	DSP	RN	LPN
<input checked="" type="checkbox"/> Avoid known allergens that cause respiratory distress	DSP	RN	LPN
<input checked="" type="checkbox"/> Administer my PRN (as needed) medication for my respiratory symptoms		RN	LPN
<input checked="" type="checkbox"/> Seat me as upright as possible when eating	DSP		
<input checked="" type="checkbox"/> Notify the nurse if I cough during meals	DSP		
<input checked="" type="checkbox"/> Make an appointment with a health care practitioner if I am coughing, have a fever and generally feel ill	DSP		LPN
<input checked="" type="checkbox"/> Monitor me closely during meals and any food or fluid intake activity	DSP		
<input checked="" type="checkbox"/> Plan my day to allow for frequent rest periods	DSP		
<input checked="" type="checkbox"/> Monitor me for decreasing or changes in my level of consciousness	DSP	RN	LPN
<input checked="" type="checkbox"/> The nurse is to review all laboratory results and notify health care practitioner if abnormal levels are present		RN	
<input checked="" type="checkbox"/> Notify the nurse for any change in my respiratory status	DSP		
<input checked="" type="checkbox"/> I need my nurse to listen to my lung sounds		RN	LPN
<input checked="" type="checkbox"/> Reposition me at LEAST every 2 hours, or more frequently, during the day	DSP		

My progress within the past 12 months



- Summary of my progress from the past 12 months
Continues to receive nebulizer treatments

Nursing Intervention

	Discipline Responsible	
<i>Describe those things that must be done by the nurse relative to respiratory management, including those non-delegable duties listed in O.C.G.A. Â§ 43-26-32 or the HRST Item Q score.</i>	RN	LPN
Nebulizer treatments		

Signature

Shannon Smith

Shannon Smith, RN
Professional Development Nurse Liaison
09/06/2022

HCP Recommendations in the State NA:

- If the individual receives waiver nursing services, then a State Nursing Assessment has been completed by OHW RNs with HCP recommendations provided by the Nursing Supports Calculations Team.
- At minimum, the provider RN is expected to develop HCPs recommended in this assessment.

Examples of Healthcare Plan Groupings and State Nursing Assessment Healthcare Plan Recommendations

13. Healthcare Plans Recommendations



Nurse completing the assessment will paste this section from Nursing Supports Form sent when calculator is completed. Nurse will review information and edit areas of assessment as needed to rule out discrepancies ensuring consistency throughout assessment.

Healthcare Plans Recommendations

- **Bowel/Bladder Management:** Hx of UTIs, BPH, urinary retention, incontinent of b/b, briefs, check/change q 2hrs, foley catheter and care, constipation, meds, suppositories, bowel assessments, tracking, and protocol.
- **Cardiovascular Management:** Anemia, bradycardia, pacemaker, hypercholesterolemia, hypokalemia, meds, HTN, V/S monitoring, s/s hypo/hypertension, labs, ASA prophylaxis, protocol.
- **Respiratory Management:** COPD, aspiration pneumonia, s/s of resp. distress, v/s monitoring, pulse ox monitoring, scheduled and prn neb treatments, continuous O2 therapy, trach suctioning, trach care, protocol.

Examples of Healthcare Plan Groupings and State Nursing Assessment Healthcare Plan Recommendations

13. Healthcare Plans Recommendations



Nurse completing the assessment will paste this section from Nursing Supports Form sent when calculator is completed. Nurse will review information and edit areas of assessment as needed to rule out discrepancies ensuring consistency throughout assessment.

Healthcare Plans Recommendations

- GI Management: NPO, feedings/flushes/meds via G-tube, HOB raised 30 degrees, G-tube replacement q 3 months and PRN, choking and aspiration risk, GERD, meds, weight monitoring, I&Os.
- Skin Integrity: hx of MRSA, folliculitis, pruritus, scratches, at risk due to incontinence, immobility, and SIB, check/change/reposition q 2hrs, topicals, stoma site care, trach care, daily skin assessments and tracking.

Healthcare Plan Recommendations in the OHW NA:

- DBHDD does not mandate that providers utilize the exact titles as those reflected in the HCP recommendations section in the State NA to develop HCPs.
- A condition/health decline to be mitigated may be combined or “covered” under another healthcare plan.

Medical Condition covered under another HCP:

An individual diagnosed with curvature of the spine (scoliosis) may have a recommendation for a musculoskeletal healthcare plan, but the health decline caused by the condition is respiratory in nature.

The provider of nursing support services chose to cover the mitigated condition in a HCP addressing respiratory compromise instead of addressing it in a musculoskeletal HCP.

Element Requirements in the HCP:

- Although there is flexibility with choosing a HCP format there are specific requirements that must be included in each HCP for waiver individuals receiving RN Oversight.
- DBHDD requires that the Provider RNs incorporate the Elements of the HCP listed in DBHDD policy and the COMP/NOW Waiver Manuals.

Elements of a Healthcare Plan:

Elements	Description
Demographic Information	Identifying information describing the individual
Effective Date	Date the initial HCP becomes effective
Diagnosis	Medical Diagnoses and treatment for undiagnosed symptoms
Description of Symptoms of Exacerbation of Condition	Physical descriptors on the onset or when the individual is experiencing the condition.
Nursing Diagnoses	Identification of an individual's health problem and related risks.

Elements of a Healthcare Plan:

Elements	Description
Goals and Objectives (Standards of Care)	Expected outcomes serve as the basis for evaluation of the effectiveness of the interventions provided.
Interventions	Interventions (orders) are measurable (behavioral terms), specific and are based upon the individual's needs.
Documentation and Location	Documentation requirements for each assigned task or intervention and location of the documentation is reflected in this section.
Evaluation of Progress	The RN Oversight process is the requirement for this section.
Signature of RN	Upon completion, the provider RN must sign and date the HCP to indicate approval.

Staff Training of Healthcare Plan

Within the HCP, interventions are delegated according to discipline, competence, and qualification. Provider Staff are trained prior to implementation of the HCP by the RN.

The agency should have evidence of staff training available upon request.

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

Which I/DD Individuals does this policy apply to?

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.

DBHDD Risk Mitigation Policy: 02-807

Procedures – Risk Mitigation Requirements

- Developed by a Provider.
- Updated as needed and annually
- Incorporates input from multiple sources
- Lists steps to be implemented by direct support staff



What can the Risk Mitigation Document reference?

**Nursing
Assessment
Recommendations**

**Physician
Instructions
Clinical
Documentation**

**Communication
with staff
responsible for
providing care**

**HRST
SIS
Behavioral
Assessment**

**ISP
Individual 360
Social Work
Assessment**

What Risk Mitigation Document format do Providers need to use?

Individualized
Checklist

Individualized
Plan

Individualized
Protocol

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

Staff Training of Risk Mitigation Document:

Provider agencies are required to train all staff who have direct contact with the individual to recognize and respond to signs and symptoms associated with at risk conditions or vulnerabilities.

Staff Training of Risk Mitigation Document:

- Training occurs prior to any staff having direct contact with an individual, annually, and as needed to address changes in the individual's condition.
- All trainings must be documented to include, at a minimum, the date, purpose, staff attendees, staff who provided training and content of the training.



Questions?



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Georgia Department of Behavioral Health & Developmental Disabilities

