

Procedural Memo: Statewide Clinical Oversight for Waivered Participants

From: Ronald Wakefield, Director

Division of Developmental Disabilities

Topic: Statewide Clinical Oversight Protocol-Implementation

Origination Date: 7/1/2017 (*this is a reissue of memo due to correction of email address*)

Update Date: 7/28/2017

Update Date: 11/29/2017

Purpose: This process of notification is applicable to parties responsible for and contributing to the support of (waivered) DD individuals in the community who face a heightened level of risk to to environmental and the complexity of medical and behavioral needs.

Notification of the Office of Health & Wellness of individual need for Statewide Clinical Oversight is implemented by

- A. sending the following information (below) to Statewide.ClinicalOversight@dbhdd.ga.gov or
- B. beginning **December 8th by calling 1-833-206-7960** (this line is available to those without internet access; communicated information will be sent to the Statewide.ClinicalOversight@dbhdd.ga.gov mailbox; follow-up will occur within 24 business hours)

Who can notify OHW of an Individual's Qualification for Statewide Clinical Oversight?

1. Individuals/Family/Guardian
2. Residential Providers
3. Clinical Provider (contracted/community-based)
4. Support Coordination entities/personnel
5. Field Office Personnel
6. Stakeholders with a vested interest in overall DD individual wellbeing

Statewide Clinical Oversight Qualifiers

1. Increase of HRST score
2. Recurring Serious Illness
3. Diagnosis of Fatal Five
4. Emergency Visit/Hospitalization
5. Outstanding Assessment (clinical)
6. Outstanding/Needed/Broken equipment or assistive devices
7. Life Threatening/Environment of Care Issue
8. Allegation of Abuse or Neglect

Notification is to include

1. Individual Name
2. Address (if applicable)/Region
3. Reporters relation to DD individual (include contact information)
4. Event/Incident warranting Statewide Clinical Oversight
 - a. Date/Time of event/incident
 - b. Supporting/contextual information regarding event/incident
 - c. (Provider) Action implemented to resolve/stabilize/mitigate individual risk
5. Assigned Support Coordinator
 - a. Support Coordinator Contact information
 - b. Date and Time of Support Coordination Notification
 - c. (Support Coordinator) Action Implemented to resolve/stabilize or mitigate individual risk
6. Assigned Field Office (include contact information)
 - a. Date and Time of Field office Notification and parties notified
 - b. (Field Office) Action Implemented to resolve/stabilize or mitigate individual risk