## Instructions for Use of the Decision Justification Form in relation to Healthcare Coordination

At various times, individuals who are served through the DD Waiver system receive recommendations for medical testing or medical follow up appointments. The team may consider these recommendations and determine:

- The test/follow up is appropriate for the individual
- The test/follow up is inappropriate for the individual's needs and an alternate action is appropriate
- The test/follow up is inappropriate for the individual's needs and no further action is necessary
- The test/follow up creates too much risk for the individual but an alternative test/follow up that creates less risk is appropriate
- The test/follow up creates too much risk for the individual and no further action is necessary

The Decision Justification Form is a document that is to be used to outline the decision by the team if they make the decision not to follow the recommendations of a specialist or other person recommending a course of action.

This form provides a way to document that the team has given due consideration to the recommendations and either 1) created an action plan to implement the recommendation, or 2) made a thoughtful determination that the recommendation should not be implemented.

## To Complete the form:

- State the recommendation and who made it in the appropriate box.
- State if the recommendation is to be accepted or rejected.
- State the reason that the recommendation was either accepted or rejected. If an alternate test or procedure is recommended by the team, document that in the "reason" box.
- If accepted, state the date that the ISP was revised.

This form should be filed with the evaluation report in which the recommendation (s) is/are made.

This form may also be used for other decisions that the team makes regarding an individual's healthcare. Use the Box B. Section of the document to describe those decisions and any actions that the team feels need to be made to follow through on those decisions.