

Catastrophic Registration Process

The Georgia State Board of Worker's Compensation Managed Care and Rehabilitation Division has created a pathway for Georgia Rehabilitation Suppliers to obtain their Catastrophic Registration in the following manner.

Any rehabilitation supplier who has been registered at the State Board of Workers' Compensation for two years as a GA Rehabilitation Supplier is eligible to apply.

Any registered rehabilitation supplier with the following credentials is eligible to apply at any time:

- Prior employment as a case manager at a "Certified Center of Excellence"
- Life Care Planner Certification (CLCP or NCLCP)
- CRRN Certified Registered Rehabilitation Nurse

If applying based on the above credentials, a CV and/or a copy of the certificate will be required.

Applicant will submit the Notification of Intent to Apply for Catastrophic Registration. If applying based upon the above credentials, the applicant must include the documentation with the Notification of Intent form. Upon Board receipt of this form, a Catastrophic Registration packet will be provided to the applicant.

To qualify the applicant will submit: the required CEU certificates; three WC-R2A's; and three corresponding initial reports. The applicant must select three of the four scenarios (spinal cord injury, amputation, brain injury, burns) provided as the basis for the initial report and WC-R2a in a problem-based case method.

The initial report format, included in the application packet, must be utilized for ease of review by the catastrophic review committee. Please remain vendor, provider, and carrier neutral, with use of made-up names for the vendors, physicians, etc. A WC-R2a Guide and sample WC-R2a is also included in the application packet for the applicant's reference.

In addition, a rubric is provided for the applicant to understand the review process. Grades 3 and 4 are passing and Grades 1 and 2 are returned to the applicant for revision. This is a scholarly exercise with professional medical and rehabilitation vocabulary required.

The applicant is expected to review the Managed Care and Rehabilitation's Housing and Transportation Guides and use these two documents in developing your plans. These documents are located on the Managed Care & Rehabilitation section on the Board's website:

www.sbcw.georgia.gov.

We realize that the applicant is getting a snap shot in time of a "make believe" client of which you cannot ask questions. You may extrapolate and "make up" details that you feel could enhance your actions and plan. However, remember this is an initial report and plan. Do not try to take on the next 20 years in one report. That is not expected. We are trying to establish that the candidate has the basic safe and effective critical thinking skills to manage these cases and the ability to ask the pertinent questions when needed.

The applicant will be advised of a decision within 60 days of submission of the application. If the applicant is not accepted as a catastrophic supplier, the reasons will be provided with useful information to help the applicant. The revised documentation may be submitted within 60 days; otherwise, an applicant will be required to begin the application process anew.

CEUS Required for CAT Rehab Supplier Application

The following CEUs (total of 132 CEU hours) from **www.AACEU.com** must be attached with the application. www.AACEU.com was chosen for its longstanding, nationwide reputation for provision of CEUs which are continuously updated with current evidenced based research oriented for best medical practices. This website provides one of the most cost effective provision of CEUs - \$241 for six months or \$431 for five years.

TBI/SCI DUAL DX:

Neurological Disorder Brain Injuries' and Spinal Cord Injury (10 HRS)

SCI:

Aging and Spinal Cord injury (12)

Spinal Cord Injury: Management and Treatment (10)

TBI:

Neuroanatomy and Assessment Part 1-2 (16)

Traumatic Brain Injury (4)

Return to work after Brain Injury (8)

AMPUTATIONS:

Clinical Guidelines for Upper extremity amputations (12)

BURNS

Burns: Assessment, Rehab and Healing (10)

HEARING LOSS

Hearing Loss Part 1: The Facts (10)

Hearing Loss Part 2: Hearing Loss in the Work Place (10)

ETHICS

Models of disability and advocacy in rehabilitation counseling (4)

Catastrophic Case Management

Chronic Pain -basic (6)

Cultural Issues – Working with diverse patients, awareness and respect (2)

Drug Addiction/ Substance use Principles of drug addiction treatment a research based guide (4)

Opioid Abuse Part 1 Overview (4)

Project-based Case Rubric – GA Catastrophic Rehabilitation Competency

Score Levels	Content	Conventions	Organization
4	<ul style="list-style-type: none"> • Is well thought out and supports the recommendation as related to the diagnoses • Reflects application of critical thinking • Has clear goals that is related to the diagnoses • Includes all pertinent aspects medical treatment inpatient and outpatient, therapy, DME, Supply, Home Care, Transport, Safety, Therapeutic Recreation in the R2a and the in the report • Is accurate portrayal accident and treatment history of history and there is evidence of a comprehensive future case manager plan • Report and R2a is derived from and reflects the medical records available and the treatment plan from the treating physicians is not missing any 	<ul style="list-style-type: none"> • No spelling, grammatical, or punctuation errors • High-level use of medical vocabulary and word choice 	<ul style="list-style-type: none"> • Information is clearly focused in an organized and thoughtful manner and follows the outline provided • Information is constructed in a logical pattern to support the diagnoses All components (Diagnoses, Medical treatment (Acute, Sub-Acute, Day, Outpatient,) Therapy, DME, Supplies, Pharmacy, Housing, Home Care, Safety, Transport, Therapeutic Recreation, Language (if applicable)

Score Levels	Content	Conventions	Organization
3	<ul style="list-style-type: none"> • Is well thought out and supports the recommendation as related to the diagnoses • Has application of critical thinking that is apparent • Has clear goal that is related to the diagnoses • Includes all but 1 Includes all pertinent medical treatment inpatient and outpatient, therapy, DME, Supply, Home Care, Transport, Safety, Therapeutic Recreation in the R2a and the in the report • Missing no more than 1 pertinent aspects medical treatment inpatient and outpatient, therapy, DME, Supply, Home Care, Transport, Safety, Therapeutic Recreation in the R2a and the in the report • Is accurate portrayal accident and treatment history of history and there is evidence of a mostly future case manager plan 	<ul style="list-style-type: none"> • Few (1 to 3) spelling, grammatical, or punctuation errors • Good use of vocabulary and word choice 	<ul style="list-style-type: none"> • Information is clearly focused in an organized and thoughtful manner and follows the outline provided with only 1 change from the outline • All components (Diagnoses, Medical treatment (Acute, Sub-Acute, Day, Outpatient,) Therapy, DME, Supplies, Pharmacy, Housing, Home Care, Safety, Transport, Therapeutic Recreation, Language (if applicable)) but organization is varied

Score Levels	Content	Conventions	Organization
2	<ul style="list-style-type: none"> • Supports the diagnoses • Has application of critical thinking that is apparent • Report and R2a is derived from the medical records available and the treatment plan from the treating physicians but may be missing no more than 2 diagnoses or components of the treatment plan • Has some factual errors or inconsistencies • Missing more than 2 pertinent aspects medical treatment: inpatient and outpatient, therapy, DME, Supply, Home Care, Transport, Safety, Therapeutic Recreation in the R2a and the in the report • Is incomplete portrayal of accident and treatment history of history and there is and incomplete future case manager plan 	<ul style="list-style-type: none"> • Minimal (3 to 5) spelling, grammatical, or punctuation errors • Low-level use of vocabulary and word choice 	<ul style="list-style-type: none"> • Report and Plan does not follow format provided • Information appears to have a pattern, but the pattern is not consistently carried out in the Report and Plan (Diagnoses, Medical treatment (Acute, Sub-Acute, Day, Outpatient,) Therapy, DME, Supplies, Pharmacy, Housing, Home Care, Safety, Transport, Therapeutic Recreation, Language (if applicable)) • Information loosely supports the diagnoses)

Score Levels	Content	Conventions	Organization
1	<ul style="list-style-type: none"> • Provides inconsistent information in support of diagnoses • Has no apparent application of critical thinking • Has no clear goals • Report and R2a Is not pulled from medical records or is not evident • Has significant factual errors, misconceptions, or misinterpretations • Does not include a complete and accurate conceptualization of more than 3 of the Includes all pertinent aspects of medical treatment inpatient and outpatient, therapy, DME, Supply, Home Care, Transport, Safety, Therapeutic Recreation in the R2a and the in the report • Is an Incomplete accident and treatment history of history and there is no evidence of a comprehensive future case manager plan 	<ul style="list-style-type: none"> • More than 5 spelling, grammatical, or punctuation errors • Poor use of medical vocabulary and word choice 	<ul style="list-style-type: none"> • Content is unfocused and haphazard and does not follow format provided • Information does not support the solution to the diagnoses and remains vague • Information has no apparent pattern

**GEORGIA STATE BOARD OF WORKERS' COMPENSATION
MANAGED CARE & REHABILITATION DIVISION
CATASTROPHIC REGISTRATION COMMITTEE
270 PEACHTREE STREET, NW
ATLANTA, GA 30303-1299
(404) 656-0849**

**NOTIFICATION OF INTENT TO APPLY FOR CATASTROPHIC DESIGNATION
REGISTRATION**

Name: _____

Business Address: _____

Telephone: _____ **FAX:** _____

Email Address: _____

Home Address: _____

Georgia Rehabilitation Supplier Registration Number: _____

Are you currently and have you been a registered rehabilitation supplier with the Georgia State Board of Workers' Compensation consecutively for the last twenty-four months? _____

List all certifications you hold, including expiration dates:

By signing this application, I am verifying that I have read and will abide by the Standards of Practice/Code of Ethics of my specific certifications. I understand that it is my responsibility to meet requirements as outlined in the current O.C.G.A. 34-9-200.1, Rule 200.1 and Chapter 7 of the Procedure Manual, which I have read as part of this application. In addition, I realize that changes occur in the rules and the procedures each year and that it is my responsibility to be aware of these changes.

Signature of Applicant

Date

Catastrophic Supplier Application Review Committee

The Catastrophic Review Committee will be comprised of seven volunteer members from the current list of registered, practicing catastrophic rehabilitation suppliers. The committee members will serve two years. Three members will be rotated off the committee and replaced by three new committee members after two years. At the next two-year turnover, Four members will be rotated off the committee and replaced by four new committee members. This will continue with the alternating replacement of three members then four members every two years. Names of the members of the Catastrophic Review Committee will be posted on the website for transparency.

As applications are received, the WCR2As and initial reports will be distributed to the committee members. Each member will review the information and assign a grade according to the rubric provided. The chairperson of the committee will compile the grades and notify the applicant of acceptance or the rationale why the application should be revised with useful information provided. The decision will be provided within 60 days of the date of submission of the application.

Initial Report

Date of Report:

Injured worker		Carrier Address	
DOB		Adjuster	
Address		Client Attorney Address	
DOI		Carrier Attorney Address	
Diagnosis		Employer Address	
Phone		Registered Rehabilitation Supplier	

Summary

This file was referred by ___ on ___ for _____. IW is a _____ who was injured on ___ while working for _____. IW sustained _____. Tell the initial treatment up until your receipt of the claim.

Initial interview took place on ___ with ___.

Medical/Surgical History

Allergies

Height/Weight

Medications taken prior to injury

Family Medical History

Social History

- Level of education
- Housing (cost, own, rent, type, stairs, location, with whom, caretaker etc)
- Dependents
- Arrests records (why is this important? – if you have to get housing, may not be able to apply)
- Legal residency or citizen
- Valid DL

Vocational History

Current Medical Status

Authorized Physicians

Last OV (you can make these up)

Next OV (can make these up with appropriate intervals)

Treatment History Since Accident

Records Reviewed

Work Related Diagnoses with ICD 10 Codes

Work Related Surgeries with Dates and Location

Medications related to accident

DME Received

DME Needed or Ordered but Not Received

Treatment Plan

Rehabilitation Supplier Plan:

GEORGIA STATE BOARD OF WORKERS' COMPENSATION**INDIVIDUALIZED REHABILITATION PLAN**

Board Claim No.	Employee Last Name Smith	Employee First Name John	M.I.	SSN or Board Tracking #	Date of Injury
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SECTION 1 IDENTIFYING INFORMATION

EMPLOYEE	Occupation HVAC Technician	Catastrophic Injury? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	County of Injury out of state	Birthdate 01-01-1982
	Diagnosis & Functional Restrictions C4 tetraplegia, complete; ABI; vent dependent			

SECTION 2 PLAN INFORMATION

(Please check the appropriate blocks)

 Initial Plan

Date Last Plan Submitted

TYPE OF PLAN:		The Following Documentation is Submitted for Plan Approval:	
<input checked="" type="checkbox"/> Medical Care Coordination (Catastrophic Cases Only)	<input type="checkbox"/> Vocational Services (select one)	<input checked="" type="checkbox"/> Initial Rehabilitation Report	<input type="checkbox"/> Release to RTW
<input checked="" type="checkbox"/> Independent Living	<input type="checkbox"/> RTW / Same Employer	<input type="checkbox"/> Pain / Psychological Reports	<input type="checkbox"/> Physical Restrictions
<input type="checkbox"/> Extended Evaluation	<input type="checkbox"/> Job Modification	<input checked="" type="checkbox"/> Rehabilitation Narrative Report	<input type="checkbox"/> Physical Capacities
	<input type="checkbox"/> Graduated	<input type="checkbox"/> Physicians' Approval of Job	<input type="checkbox"/> Analysis of Offered Job
	<input type="checkbox"/> Placement	<input type="checkbox"/> Job Analysis at Time of Injury	<input type="checkbox"/> Vocational Evaluation
	<input type="checkbox"/> On-the-Job Training	<input type="checkbox"/> Transferable Skills Analysis	<input type="checkbox"/> Other:
	<input type="checkbox"/> Formal Training	<input type="checkbox"/> Summary of Labor Market Survey	
	<input type="checkbox"/> Self-Employment	<input checked="" type="checkbox"/> Medical Narrative Report	

Give a statement (individualized to this case) as to why services of a rehabilitation supplier are needed:

Mr. Smith is in need of rehabilitation supplier services for coordination of physician appointments, therapy appointments, respiratory care, nursing/attendant care, and for coordination of purchase and delivery of durable medical equipment, medical supplies and medications. Mr. Smith owns his own home which is wheelchair accessible.

Complete this information for an amended plan:

Type of Original Plan	Date of Original Plan	Type of Previous Amended Plan	Date
If Services were interrupted in the Original / Amended Plan, state reason		If Services are to be a continuation of a Previous Plan, state the need and justification for continuation	

SECTION 3 COMPLETE THIS PART FOR THE CHECKED TYPE OF PLAN
 Medical Care Coordination Independent Living Extended Evaluation

(catastrophic cases only)

State Specific Problems	State Specific Goals
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IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbwc.georgia.gov>

WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

SECTION 5 SERVICES AND RESPONSIBILITIES REQUIRED TO MEET GOALS

(Attach additional pages as needed)

State Services/Responsibilities	Initiation Date	Completion Date	Estimate Cost	Payer
Dr. Black, ATP, will prescribe treatment for conditions related to SCI.	08-01-2017	08-01-2018	per work comp fee schedule	Insurance Company
Dr. Redd, pulmonologist, will prescribe respiratory treatment and quarterly trach change.	08-01-2017	08-01-2018	per work comp fee schedule	Insurance Company
Dr. Yellow to prescribe treatment for colostomy	08-01-2017	08-01-2018	per work comp fee schedule	Insurance Company
Dr. Rose will provide treatment for diplopia as need.	08-01-2017	08-01-2018	per work comp fee schedule	Insurance Company
Dr. White will prescribe treatment for diabetes to assure optimal treatment for wound care.	08-01-2017	08-01-2018	per work comp fee schedule	Insurance Company
Dr. Grey will prescribe treatment for wound care as needed.	08-01-2017	08-01-2018	per work comp fee schedule	Insurance Company
Dr. Orange will perform PEG tube change every six months.	08-01-2017	08-01-2018	per work comp fee schedule	Insurance Company
Dr Blue, urologist, will prescribe treatment for neurogenic bladder. Shepherd urology nurse will perform monthly suprapubic catheter change.	08-01-2017	08-01-2018	per work comp fee schedule	Insurance Company
Shepherd dietician, will prescribe treatment for nutritional requiremenh	08-01-2017	08-01-2018	per work comp fee schedule	Insurance Company
Alice Greene, LPC, will provide psychotherapy	08-01-2017	08-01-2018	per work comp fee schedule	Insurance Company
Shepherd Center will provide outpatient therapies as needed	08-01-2017	08-01-2018	per work comp fee schedule	Insurance Company
ABC Healthcare will provide 24 hr/day LPN and daily CAN visit as prescribed	08-01-2017	08-01-2018	per work comp fee schedule	Insurance Company
HomeMedicalCo/GA Respiratory Care will provide medical/respiratory/ tube feeding supplies/meds as prescribed	08-01-2017	08-01-2018	per work comp fee schedule	Insurance Company
WC company will provide maintenance/repair on wheelchair	08-01-2017	08-01-2018	per work comp fee schedule hr/month	Insurance Company
LPN will drive Honda Odyssey van purchased in 2013. LPN will drive the van if trained family member is with Mr. Lazo. if not, a CNA will drive vehicle. Maintenance/replacement per stip.	08-01-2017	08-01-2018	CNA service per work comp fee schedule; vehicle/maintenanc per stip	Insurance Company
Rehab Supplier will coordinate services as stated above, attend medical appointments and provide health teaching/guidance and supportive counseling	08-01-2017	08-01-2018	10 hr/month	Insurance Company
Mr. Smith will commit to follow through with all treatments as stated above	08-01-2017	08-01-2018	NA	NA
Total Cost of Proposed Plan:				

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GEORGIA STATE BOARD OF WORKERS' COMPENSATION**SECTION 6 CERTIFICATE OF SERVICE**

I certify that I have discussed this plan with the employee and other parties to the case and have mailed copies on _____ / _____ / _____ to the following parties at the current Addresses below.

Month Day Year

Signature		Registration No. 999		
Rehabilitation Supplier Name		Telephone		Address
E-mail Address		City	State	Zip Code

EMPLOYEE	Last Name Smith	First Name John	M.I.	Address		
E-mail Address		Telephone Number		City	State	Zip Code
EMPLOYER	Name			Address		
E-mail Address		Telephone Number		City	State	Zip Code
INSURER / SELF-INSURER	Name Insurance Company			Address		
CLAIMS OFFICE	Name Adjuster name					
E-mail Address		Telephone Number		City	State	Zip Code
EMPLOYEE'S ATTORNEY	Name			Address		
E-mail Address		Telephone Number		City	State	Zip Code
EMPLOYER'S ATTORNEY	Name			Address		
E-mail Address		Telephone Number		City	State	Zip Code
SITF	Name			Address		
E-mail Address		Telephone Number		City	State	Zip Code

Employee Comments about this plan:

Employee Signature (This indicates you have read or have had read to you the plan, not that you agree with the plan)

Date

Is this case applicable for Kid's Chance scholarships? Yes No If yes, submit application to Kid's Chance, Inc.

SECTION 7 APPROVAL / OBJECTIONS, TWENTY (20) DAY NOTICE

Absent objection within 20 days of the date sent, the rehabilitation request is approved effective the date of the Certificate of Service. No further correspondence will be issued by the Board.

If there is an objection:

- (1) The objection must be filed on the WC-Rehab Objection Form with attached arguments sent to all parties and to any/all involved rehabilitation suppliers.
- (2) The objection must be received by the Georgia State Board of Workers' compensation within 20 days of the date of the Certificate of Service.
- (3) A Certificate of Service must be completed stating that copies of the WC-Rehab Objection Form were sent to all parties and any/all involved rehabilitation suppliers the same date as the Certificate of Service.

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbwcc.georgia.gov>

WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. 134-9-18 AND 134-9-19).

Amputation Information

Medical Treatment

Facility Care

- Inpatient acute facility
- Inpatient Specialty care facilities
- Day Specialty Care facilities with housing
- Outpatient Specialty Rehab with housing if necessary (based on residential distance from facility)
- Residential Care Needs – permanency

Outpatient Care

- Orthopedist
- Plastic Surgeon
- Hand or lower extremity specialists
- Prosthetics
- Pain management if needed
- Psychologist/MD/PHD/LPC
- Possibly for multi-trauma
 - Orthopedist
 - ENT post trach
 - Pulmonary
 - Maxillofacial
 - Other specialties may be needed

Therapy Treatment

Inpatient/Day Facilities

- PT, OT, Rec

Outpatient

- PT, OT, REC
- Driving Eval
- Home Assessment for MOD and DME add HHA

Psychological Treatment

- Counseling for patient only

- Generally family is not approved however, for brain, patient cannot participate or fully participate

Home Health Needs (RN, Attendant Care, OT, PT)

- Document medical need
- Safety need
- Attendant care need

Transport

- Medical and Therapy Transport
- 2 avocational trips within 50 miles per week

Home/Housing/ADL's –

- Ramps – build or rent
- Temp housing if cannot access entrance or necessary facilities within home due to functional deficits
- Hoyer's
- Overhead lifts
- Doorways
- Electric beds considering Skin Integrity
- Bowel program space in home (where will it be done bed, bath etc.)
- Generators
- Security, open sesame door
- Visual home monitoring – doors
- Alarms on doors
- Etc. based on level of injury

Recreational Therapy

- Evaluation and recommendations

DME/Supplies

- Prosthetics
 - Shrinking
 - Not purchasing specialty prosthetics/sockets until shrinking is complete
 - Managing client expectations on specialty prosthetics
- DME needs for home adl's
 - Trays
 - Bath

- Reacher kit
- Kitchen tools
- Laundry needs
- WC Bags
- WC Gloves

Mobility

Power chair
Manual Chair
Warranty
Seating Cushion

Pharmacy

Vendor
Pharmacy

Amputation Scenario

DOB: 5/10/1991

Sex: Female

Job Title: Fork Lift operator/warehouse

Education: GED

Height: 5'8"

Weight: 280

Social: unmarried; no parents locally or support systems

Dependents: 4 children 17, 15, 14, 12

Not receiving any child support

Housing: lives in a 3-floor apartment (all stairs, no elevator in Lawrenceville) 3 Bedroom 2 bathroom \$880/month rent; Utilities \$110; Water/Trash included. No other apartments at this location available on first floor. Patient has a felony record for armed breaking and entering.

Prior Wage: 15.00 /hr. 40 hours per week Average Weekly Wage \$550.00

Accident: 6/20/2017 – Fork lift accident flipped over and ran over foot

You receive the case 3-week post-accident while patient is in acute inpatient stay.

Diagnoses: right foot crushing injury. Partial foot amputation 6/20/2017. Below the knee amputation planned for 6/22/2017. Patient reporting nightmares. Waking over last few days from accident feels like she is choking out of breath with night mare. Difficulty sleeping.

Patient has a history of untreated sleep apnea

Patient has no personal insurance

Patient has a valid driver's license. 2 door vehicle in various stage of disrepair from time to time.

PMH: Denies any other medical conditions or surgical

Allergies: None

Vocational: Had worked in warehouses on and off since high school.

BURNS Information– depending on age of case upon receipt drives these indicators but all must be covered appreciably

Medical Treatment

Facility Care

- Inpatient acute facility
- Inpatient Specialty care facilities

Outpatient Care

- Burn Speciality care
- Pain management if needed
- Psychologist/MD/PHD/LPC
- Possibly for multi-trauma
 - Orthopedist
 - ENT post trach
 - Pulmonary
 - Maxillofacial
 - Other specialties may be needed

Therapy Treatment

Inpatient/Day Facilities

- PT, OT, REC

Outpatient

- PT, OT, REC

Psychological Treatment

- Counseling for patient only
 - Generally family is not approved however

Home Health Needs (RN, Attendant Care, OT, PT)

- Document medical need
- Safety need
- Attendant care need wound care

Transport

- Medical and Therapy Transport
- 2 avvocational trips within 50 miles per week

Home/Housing/ADL's – assess prior rent, mortgage wages and document living environment.

- Showers, bathing accessibility
- Wound care

Recreational Therapy

- Evaluation and recommendations

DME/Supplies

- DME needs for home adl's
 - Wound care needs
 - Compression Garments
 - Dressing Supplies
 - UV clothing

Mobility

Not normally an issues unless multi-trauma

Pharmacy

Vendor

Pharmacy

Burns Scenario

Full Name: Spanish Speaking Male

DOI: 11/21/2017

DOB: 5/10/1976

Claimant Attorney: Mr. Smith

Carrier Attorney:

History

This file was referred Insurance for field case management on 12/8/2017. Mr. John Ramirez is an employee of X Company LLC, who was injured on 11/2/2017 during work related activities. Mr. Ramirez was on a jack post when he slipped and fell coming into contact with a power line.

He received electrical burns on both hands, both lower legs/feet and his right thigh. He denied loss of consciousness and head trauma according to the Grady records. He was admitted to the Grady Memorial Hospital burn center and remains inpatient there receiving treatment for his wounds. Severity of burns is outlined below initially

- Second degree - R anterior lower leg 16%
- Third degree est. total of 1% right palm, 1% left palm, 4 % right medial thigh, 1% left medial foot, 1% left lateral foot.

After surgery on 12/22/2018 – The percentage of burns are

- Third degree 28% to right anterior lower leg, 1% right palm, 1% left palm, 4 % right medial thigh, 1% left medial foot, 1% left lateral foot.

As a result of the increase in TBSA for the burns after surgery, the case is being transferred to you as the catastrophic care supplier. Transfer notes from the medical case manager are below. Please complete R2 and R2a from the information. Document any needed information that is missing if any.

SUMMARY

Work status: Out of work, hospitalized Grady

Diagnosis:

T30.0: Electrical burns

T79.A19A: Traumatic compartment syndrome of upper extremity

T79.6XXA: Traumatic rhabdomyolysis

T23.391A: Full thickness burn of multiple sites of right hand

T23.392A: Full thickness burn of multiple sites of left hand

T24.211A: Partial thickness burn of right thigh

T24.301A: Full thickness burn of right lower extremity

T24.302A: Full thickness burn of left lower extremity

T25.322A: Full thickness burn of left foot

12/27/17: Follow up at Grady Burn Clinic

Next OV:1/3/18: Grady Burn Clinic, 1:15pm.

12/27/17: Grady Burn Clinic

Patient was transported from Southern Crescent Rehab to the Grady Burn Clinic for his first post-discharge follow up appointment. Case manager obtained and update and clinical from social worker Susy Patient was seen by Dr.. A Spanish interpreter was provided by the Burn Clinic. Notes state that patient is receiving daily wound care with no fever or wound problems. All area of lower extremity wounds are noted to be closed other than a tiny area on the left lateral calf. Right hand w/ excellent take of graft, some epidermolysis debrided; left hand w/moderate take and some overlying eschar which is soft, moist; no drainage or erythema. He has limited ROM both hands due to tightness and pain.

- Continue with local wound care daily as instructed
- Refills on SSD, gentamicin provided
- Rx for cocoa butter
- Referral to OT to begin ROM bilateral hands
- Continue inpatient rehabilitation
- Return to Clinic 1 week to assess wound progress. Next appointment is on 1/3/18 at 1:15am. Transportation is arranged with Global Trans.

12/28/17: Case manager conferenced with rehab director at Southern Crescent, where the client is receiving inpatient rehabilitation. Patient is ambulating with a rolling walker on the unit. He is making gains in many area, but is limited by pain, range of motion in his fingers and hands and reduced balance. He is receiving three hours of therapy daily, which rehab direct reports is necessary at this stage of client's recovery. Rehab director informed the case manager that the team has not yet set a discharge date for the client, but their goal is for him to achieve independence with some ADLs including self care. Mr. Ali said to expect that the client will have ongoing supervision needs for some ADLs including meal prep.

Rehab director stated that his facility is able to provide Spanish interpretation for the patient and he will inform case manager if that changes. He will send the next clinical update, including FIMs (functional independence measures) on 1/2/18. Case manager requested that Mr. rehab director follow up with the patient about any family to be trained plans for housing at discharge.

Case manager spoke to client's attorney's office. Per Celena, the client's plan is still to return to his home as long as he is able to navigate stairs. She stated client will not have any family available to assist in his care, but his adult son will be there some of the time.

Treatment Plan

1. Remain in inpatient rehabilitation until Southern Crescent team recommends discharge to home with outpatient therapy.

Mr. Ramirez is right hand dominant.

Medical History

Premorbid amputated left second digit.

Surgical History

- Right dorsal and palmar hand escharotomy 11/21/17
- Debridement of left lower leg 11/21/17
- Tangential excision of burn bilateral hands, left foot, bilateral lower legs 11/27 /17
- STSG left foot and BLE 12/22/2018
- Porcine graft right thigh 11/27 /17
- Bilateral hand wound vac placement 11/27/17
- Tangential excision to left palm and bilateral wound vac placement 12/1/17.
- Full thickness graft to the left hand. Left wound vac on right hand. 12/5/17

Smoker False

Spinal Cord or Dual Diagnosis Information – depending on age of case upon receipt drives these indicators but all must be covered appreciably

Medical Treatment

Facility Care

- Inpatient acute facility
- Inpatient Specialty care facilities
- Day Specialty Care facilities with housing
- Outpatient Specialty Rehab with housing if necessary (based on residential distance from facility)
- Residential Care Needs – permanency

Outpatient Care

- Brain Injury Specialist
- Neuropsychologist for testing
- Neurologist if seizures involved
- Pain management if needed
- Psychologist/MD/PHD/LPC
- Possibly for multi-trauma
 - Orthopedist
 - ENT post trach
 - Pulmonary
 - Maxillofacial
 - Urologist – catheter neurogenic bladder needs
 - Neuro-optomologist
 - Other specialties may be needed

Therapy Treatment

Inpatient/Day Facilities

- ST, PT, OT, REC Vestibular

Outpatient

- ST, PT, OT, REC Vestibular
- Driving Eval
- Home Assessment for MOD and DME add HHA
- LIFE SKILLS

Psychological Treatment

- Counseling for patient only

- Generally family is not approved however, for brain, patient cannot participate or fully participate

Home Health Needs (RN, Attendant Care, OT, PT)

- Document medical need
- Safety need
- Attendant care need

Transport

- Medical and Therapy Transport
- 2 avocational trips within 50 miles per week

Home/Housing/ADL's – Consider cognitive vs physical

- Ramps – build or rent
- Hoyer
- Overhead lifts
- Doorways
- Electric beds considering Skin Integrity
- Bowel program space in home (where will it be done bed, bath etc)
- Generators
- Security, open sesame door
- Visual home monitoring – doors
- Alarms on doors
- Etc based on level of injury

Recreational Therapy

- Evaluation and recommendations

DME/Supplies

- Bowel and Bladder Supplies
- DME needs for home adl's
 - Trays
 - Bath
 - Reacher kit
 - Kitchen tools
 - Laundry needs
 - WC Bags
 - WC Gloves

Mobility

Power chair
Manual Chair
Warranty
Seating Cushion

Pharmacy

Vendor
Pharmacy
Who controls, organizes and dispenses meds

Spinal Cord Scenario

DOB: 12/1/1963

DOI: 3 weeks ago

Patient Jon Doe is a 54-year military contract worker, working as an Engineer when he was hit from behind while driving to a meeting. Due to pre-existing ankylosing spondylitis, the patient's spinal cord at C5-6 was immediately severed in the low speed impact. He was life-flighted from Douglasville, GA to Grady Memorial Hospital. After emergency, surgical decompression surgery, he was transferred to Shepherd Center Spinal Cord Rehabilitation Unit ASIA A C6 Quadriplegia.

Diagnoses: C6 Quadriplegia; Neurogenic Bladder; Currently trach with plans to wean trach and ventilator

Plans for suprapubic catheter for long term planning.

Social: Married – wife learned during hospital stay that patient was cheating on her. She will divorce him. He needs to find new housing and caretaking

Dependents: 1 adult step daughter. No natural children

Education: Bachelor of Science in Engineering

Employment: Government Contractor- works from home, Atlanta, GA with travel last 20 years

Valid Driver's License; Valid Pilots License

PMH: Borderline Personality Disorder; Bipolar Disorder II; Remote drug use as a teen

Traumatic Brain Injury Information – depending on age of case upon receipt drives these indicators but all must be covered appreciably

Medical Treatment

Facility Care

- Inpatient acute facility
- Inpatient Specialty care facilities
- Day Specialty Care facilities with housing
- Outpatient Specialty Rehab with housing if necessary (based on residential distance from facility)
- Residential Care Needs – permanency

Outpatient Care

- Brain Injury Specialist
- Neuropsychologist for testing
- Neurologist if seizures involved
- Pain management if needed
- Psychologist/MD/PHD/LPC
- Possibly for multi-trauma
 - Orthopedist
 - ENT post trach
 - Pulmonary
 - Maxillofacial
 - Urologist – catheter neurogenic bladder needs
 - Neuro-optomologist
 - Other specialties may be needed

Therapy Treatment

Inpatient/Day Facilities

- ST, PT, OT, REC Vestibular

Outpatient

- ST, PT, OT, REC Vestibular
- Driving Eval
- Home Assessment for MOD and DME add HHA
- LIFE SKILLS

Psychological Treatment

- Counseling for patient only

- Generally family is not approved however, for brain, patient cannot participate or fully participate

Home Health Needs (RN, Attendant Care, OT, PT)

- Document medical need
- Safety need
- Attendant care need

Transport

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 - WC Gloves

Mobility

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Manual Chair
Warranty
Seating Cushion

Pharmacy

Vendor
Pharmacy
Who controls, organizes and dispenses meds

Traumatic Brain Injury (TBI) Scenario

Summary of Injury: John D

Summary of Social Situation: Gary Roster is a 24 year old single male, living with his parents working for the electrical company. GCS on scene is 3. Rancho on arrival is a 1. He was injured at work for the electric company when he was pulled by a wench head first towards an industrial chipper in Dawsonville, GA on 4/22/2014. He immediately sustained an open brain injury an left humeral fracture. He was taken by EMS to North Fulton Hospital. You as the rehab supplier arrive within 30 minutes of the accident and meet his father who is also present. The patient was still breathing agonal breaths on his own, but was not intubated until arrival at the hospital. He suffers a mid-brain hemorrhage. After three day there is increase expansion but no mid-line shift. ICP is within normal limits. Patient has not had any response. After 2-weeks he is taken for ORIF of the humeral fracture. After three weeks, patient is evaluated and accepted for admission at the Shepherd Center ICU. At this time, he has not been able to open his eye lids. However, he was able to write a few words on a paper and answer a few questions. His Rancho is now V.

DOB: 7/5/1996

DOI: Today

JOB: Right of Way Worker

Home Town: Dawsonville, GA

Living situation: Lives in basement at parents home that has kitchen, bathroom, shower, and private entrance.

Weekly Wage Prior to Accident: \$2300 per month plus overtime

AWW: \$550/week

Valid GA Driver's license

Owens Personal Truck

Single

No Dependents

Has a girlfriend that has been living with the patient for 3 years

PMH: negative

PSH: Negative

Educational: High School Diploma

Training: Lineman School

Social: Twin brother (fraternal) 18 year old sister starting college; Dad owns commercial construction business