

MEDICAL AND/OR BEHAVIORAL CERTIFICATION

Caregiver Compensation

Version Date: April 2024

PURPOSE:

This document certifies a person requires a specific level of support for medical and/or behavioral conditions, as recommended by a licensed healthcare provider.

INSTRUCTIONS:

Select up to five of the most critical treatments or interventions the caregiver needs to manage in order to support the individual’s medical or behavioral needs. Do not answer based on periods of increased illness as it is anticipated all person’s needs will temporarily increase during these periods. Prescribed medical treatments should be needed for at least 90 days. Verification from a medical and/or behavioral professional is required for treatment or interventions that necessitate weekly total assistance.

PARTICIPANT INFORMATION:

Person’s name:

Caregiver’s name:

MEDICAL JUSTIFICATION:

Medical treatment	Level of assistance	Frequency of assistance	Notes required for: “Other prescribed treatment”
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CATEGORY DESCRIPTIONS

Medical treatment - any medical task that takes 10-20 hrs a week.

Level of assistance:

- Partial assistance - caregiver provides some assistance with an activity. Person can participate to a limited degree.
- Total assistance - caregiver provides all services associated with an activity. The person is incapable of participating.

Frequency of assistance - how often a caregiver administers or oversees the prescribed treatment of a person.

BEHAVIOR JUSTIFICATION:

Behavior	Level of assistance	Frequency of assistance	Notes
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CATEGORY DESCRIPTIONS

Level of assistance:

- Partial assistance - Person requires supervision to prevent the behavior. Person does not stop a behavior without prompting from the caregiver and/or third-party.
- Total assistance - Person requires supervision to prevent the behavior. Person does not stop a behavior without prompting and physical support from the caregiver and/or third-party.

Frequency of assistance - how often the caregiver of the person administers or oversees behavioral interventions.

CERTIFICATION STATEMENT:

I certify the information provided is true to the best of my knowledge, and I have clinical experience working with the person named on this form.

Name:

Job title:

Organization:

Credentials:

For medical assessments, credentials must be one of the following: MD, DO, or APRN. Other medical credentials may be accepted as necessary on a case by case basis.

For behavioral assessments, Master's level or higher credentials are required (social worker, physician, psychologist, or board certified behavior analyst). Other behavior credentials may be accepted as necessary on a case by case basis.

Signature:

Date:

MEDICAL TREATMENT DEFINITIONS

Allergy treatments - includes injection or oral medication for anaphylaxis or other serious allergic reactions.

Artificial ventilator - mechanical ventilators which breathe for the person and are used continuously. Consider the care and monitoring of the ventilator.

Catheter - If a catheter is used continuously, consider catheter care only, such as insertion, removal, cleaning and emptying bag.

Inhalation therapy or nebulizer - This does not include oxygen.

IV infusion or dialysis - When medication needs to be delivered directly into the bloodstream, infusion therapy is used. Dialysis is a treatment to clean your blood when your kidneys are not able to.

Medication - Total assistance means the daily administration of at least 3 non-routine medications that require checking lab levels and have been prescribed by a doctor.

Needle injection - includes insulin and other subcutaneous injections. Also includes insulin pumps on medically necessary botox.

Ongoing wound care - Involves every stage of wound management.

Ostomy (colostomy, ileostomy, or tracheostomy) - Care related to the ostomy, such as cleaning the tube area or emptying the bag. Includes the care of stoma, cannula, and other trach care.

Other prescribed medical treatments - Examples include; cleaning and care of gastric or nasogastric (NG) tube, medical treatment aftercare, and range of motion (ROM) stretches to prevent contractures and maintain mobility. Any medical task that takes 10-20 hrs a week (diabetes care, bowel care, etc.)

Oxygen - If oxygen is used continuously, consider how often care is needed to administer the oxygen; otherwise consider how often oxygen is needed.

Postural drainage/chest PT - Positioning a patient with an involved lung segment such that gravity has a maximal effect on draining the broncho-pulmonary secretions from the tracheobronchial tree.

Respiratory suctioning - Clearing the airway of a patient. It involves suctioning, clearing secretions, and maintaining the patency of the airway. Daily care may include a cough assist vest/machine.

Seizure disorder care (includes grand mal or convulsive seizures) - includes only grand mal or convulsive seizures that occurred in the past 12 months.

BEHAVIOR SUPPORT DEFINITIONS

Disordered eating - Includes impulsive food or liquid ingestion such as binge eating or compulsive/rapid ingestion of large quantities of food or liquid. Also includes eating disorders such as anorexia or bulimia. These behaviors may put the individual at risk of illness, injury, or harm.

Disruptive behaviors, not physical or verbal aggression - Includes any behavior which disrupts or interferes with activities of the person or others, such as socially disruptive or offensive behavior like urinating in public, defecating and smearing, or yelling in inappropriate venues.

Eating or drinking non-food items (pica) - Includes ingestion of items or liquids not meant for food such as paper clips, coins, detergent, dirt, cleaning solutions, etc.

Eloping - Includes suddenly running or quickly darting away. Differs from wandering in that it is more extreme – mostly in terms of speed. Wandering away is typically slower, intentional or unintentional, while eloping involves running faster and is generally intentional.

Property destruction - Includes the intentional destruction of property as well as compulsive behavior that leads to property destruction. Also includes unintentional property destruction caused by compulsive behavior (e.g. pick the linoleum off the floor because it is poking up, or watch numerous items get sucked down the toilet). These different types of property destruction would likely be reflected differently in the type of support required, but both are captured by this question. Also includes theft.

Self-injurious behavior - Includes any behavior which harms one's physical self, such as head banging, biting/hitting self, skin picking, scratching self, etc.

Sets fires - Person must have attempted to set fires deliberately and purposefully, and there is a reasonable risk of fire setting in the future without supervision.

Severe physical assault or aggression - Includes more severe behavior that causes injury such as biting, punching, or attacking.

Sexually aggressive behavior - Includes forcefully making sexual advances toward an unwilling or vulnerable person. Behavior is directed at other persons and poses a serious risk of harm to the individual or another person such as; soliciting sex from a prostitute, or forcefully making sexual advances toward a child or an unwilling or vulnerable adult. Includes making unwanted advances or harassment through social media, sexting, or other sexually explicit messaging. The behavior is directed toward another person. Also includes sexual activity with animals.

Sexually inappropriate behavior - Includes public behavior not directed toward a particular individual. Covers a wide range of behaviors such as disrobing or masturbating in public.

Suicide attempt - Includes attempts rated Level 4 or 5 (see level descriptions below). If this category is used, a practitioner will need to use the Columbia suicide severity rating scale or a similar model the practitioner is trained to use.

- Level 1- Subject endorses passive thoughts about death (e.g., a wish to be dead or not alive anymore, or wish to fall asleep and not wake up).
- Level 2- General, non-specific thoughts of wanting to end one's life/die by suicide (e.g., "I've thought about killing myself") without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period.
- Level 3- Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different from a specific plan with time, place or method details worked out (e.g., thought of a method to kill self but not a specific plan). Includes person who would say, "I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it...and I would never go through with it."
- Level 4- Active suicidal thoughts of killing oneself and subject reports having some intent to act on such thoughts, as opposed to "I have the thoughts but I definitely will not do anything about them."
- Level 5- Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out.

Verbal aggression or emotional outbursts - Includes verbal threats, name calling, verbal outbursts, temper tantrums, extreme agitation, and combative behavior.

Wandering away - moving away at a slower more casual pace. This could be intentional or unintentional. Using locks or other environmental adaptations to prevent wandering would be considered monitoring.