

Enhanced - Exceptional Tab Instructions

The purpose of the Enhanced - Exceptional tab (or Enhanced – Exceptional Addendum to ANA/CNA) is to record specific information about medical and behavioral supports currently needed and being provided to the individual by the caregiver(s.) This information is necessary to determine whether the individual’s needs meet the criteria for which a qualified Personal Support Worker (PSW) may be paid at an Enhanced or Exceptional Personal Support Worker (PSW) rate when providing care to the individual.

Fully meeting the criteria means that the individual routinely requires the specific task(s) listed, at the frequency listed and all other requirements stated are met. Do not check items for which an individual receives “similar” support or receives the type of support specified, but at a lesser frequency; or when the individual requires a portion of the support listed, but all elements specified are not met.

Medical Task Checklist

Directions: If the individual has a current Nursing Care Plan, review the content of the plan.

If all nursing tasks are completed by familial caregivers who have been trained to perform the care by a medical professional, ask the interview participants to identify the trained nursing tasks and describe the frequency at which the tasks are performed. Document the nursing task(s) trained to familial caregivers which are not contained in a nursing care plan. Include the source of information relied upon in determining whether tasks meet rating criteria.

Ventilator - select this item if the individual currently utilizes a mechanical ventilator. Do not check the box if the individual has historical use of a ventilator but does not currently use the ventilator. Do not check this box if the individual has a CPAP or BiPAP, only.

CPAP/BiPAP – select this item if the individual currently uses a CPAP or BiPAP and requires assistance from the caregiver on a daily basis to apply/adjust the CPAP/BiPAP.

Oxygen – select this item if the individual routinely requires the administration of oxygen **5 or more days** per week, **every week** and

requires the assistance of the caregiver to monitor for signs of low oxygen, and to administer and adjust the oxygen flow rate.

Extensive Respiratory Treatment – select this item if the individual requires treatment, other than an inhaler, to loosen and drain phlegm from airways. Treatment must be required daily. Examples of treatments that may be part of the treatment regimen include chest percussion, either manual or mechanical, postural drainage, tracheal aerosol and nebulizer treatments. Do not check this item for treatments that are necessary only when the individual has an infection, or other illness or seasonal allergy.

Tracheostomy care– select this item if the individual currently has and requires care for a tracheostomy.

Suctioning airway – check this box if the individual requires nasopharyngeal/tracheal suctioning to maintain a clear airway on a daily basis. Do not include suctioning of the oral cavity or suctioning that is not routinely necessary.

Stoma Care – select this item if the individual has a stoma (a surgical opening into the body, generally for the insertion of a tube/application of an external appliance such as a colostomy bag, urostomy, feeding tube or breathing tube) and requires caregiver assistance to monitor, clean and dress the stoma site.

Tube feeding – select this item if the individual requires assistance from a caregiver to administer feedings through a nasogastric, gastrostomy or jejunostomy tube. Do not check the box if the individual administers his own feeding and requires only supervision.

Diabetes Management – select this item if the individual has Diabetes and requires ALL of the following:

- Daily blood glucose checks
- Management of a diabetic diet
- Sliding scale insulin administered by a caregiver

Central Line, Intravenous (IV) injections/infusions; and/or daily intramuscular or subcutaneous injections – select this item if the individual requires assistance from a caregiver to administer medications or other fluids through an IV, or to administer injections on a daily basis. *Do include* daily

insulin injections that were considered under Diabetes management. *Do not* select this item if the infusions or injections are administered only in a clinical setting by a medical professional or are administered only by a nurse or other medical professional providing in-home nursing services.

Dialysis – select this item if the individual requires a caregiver to administer peritoneal dialysis or hemodialysis in the home. Do not include dialysis treatments administered in a clinical setting or administered by a nurse or other medical professional through an outpatient program.

Shunt care – select this item if the individual has a cerebral shunt and requires the caregiver to closely monitor for signs of infection, blockage or other malfunction and document daily neurological checks.

Monitoring of vital signs - select this item if the individual meets ALL of the following criteria:

- Vital signs are taken at least daily
- A physician has ordered the tracking of vital signs.
- Results are documented each time vitals are taken and tracking is provided to the physician
- Vitals include: temperature, heart rate, respiratory rate and blood pressure

Do not select this item if vital signs are taken less than daily, or if the results are not documented, or if the taking of vital signs is done at the direction of the representative rather than ordered by (or requested by) a physician.

Seizure interventions – select this item if the individual has seizures that require intervention to stop the seizure, such as administration of PRN medications including Ativan or Diastat or application of magnet to the Vagus Nerve Stimulator. Check the box only if these interventions are typically required 2 or more times per month. Do not include scheduled seizure medications or seizure monitoring/timing that does not include treatment to stop the seizure.

Baclofen Pump – select this item if the individual uses a Baclofen pump and requires the caregiver to closely monitor the individual's condition for adverse effects.

Wound care/ulcer care – select this item if the individual currently requires medical treatment for a wound (other than a new stump) or a skin ulcer that

has resulted in full loss of skin (and may include loss of other tissue.) The wound or ulcer must be serious enough to have required professional medical evaluation. Do not select this item if individual has a minor wound that does not require treatment that would be delegated by a nurse or trained by a medical professional, such as basic first aid for a scrape; or when individual does not currently have a skin ulcer that is currently a stage III or stage IV, even if the individual has a history of skin ulcers or is at risk of skin ulcers.

Amputation site care – select this item if the individual has recently undergone an amputation and needs assistance from a caregiver to monitor and care for the amputation site. This includes the monitoring and application/adjustment of compression bandages. Do not select this item if the individual has a fully healed amputation site that no longer requires wound care or if the amputation site care is provided by a home health agency providing outpatient care and is not provided by the caregiver.

Colostomy/Urostomy/Ileostomy care – select this item if the individual has one or more of the appliances listed and requires a caregiver to provide tracking and disposal of output, and maintenance of ostomy device/tubing. Do not select this item if the individual does not require a caregiver to actively monitor and maintain the device/tubing, such as an individual who empties and maintains his own ostomy bag and independently contacts his healthcare provider when issues arise.

Digital Stimulation/Impaction Removal – select this item when the individual requires digital stimulation of the bowel to induce a bowel movement or removal of impacted fecal material on a daily or near daily basis (at least five days per week.) Do not select this item if the individual does not need the caregiver to perform digital stimulation or impaction removal, even if the individual requires other bowel care to prevent impaction. Do not select this item if the individual requires impaction removal performed by a medical professional rather than the individual's caregiver.

Urinary Catheterization – select this item if the individual requires caregiver assistance with the insertion of a catheter into the bladder when necessary or as prescribed to drain fluid from the bladder; or care for a catheter which has been inserted into the bladder. Care includes monitoring for signs of infection and proper functioning of the catheter, and cleaning of the exposed

area of a catheter. Catheter care may include measuring output and irrigation. Do not select this item when the individual uses only a condom catheter and does not use a catheter that is inserted into the bladder.

Mechanical Lift/Stander/Sidelyer/BodyJacket – select this item if the individual requires a mechanical lift for all or almost all transfers, or assistance from a caregiver to use of stander, sidelyer or body jacket on a daily basis or near daily basis (at least 5 days per week, every week.) A mechanical lift can be a freestanding mechanical lift or a built-in lift such as a ceiling lift. Do not select this item if the only mechanical lift used is a vehicle wheelchair lift or a rising recliner/chair.

Requires awake caregiver 20 or more hours per day to monitor medical status and complete nursing tasks. – An awake caregiver is necessary when the individual has a demonstrated medical need that poses a significant risk to health and safety if intervention is not immediate, and which cannot be safely addressed through intermittent checks, use of medical alarms or other adaptations. Select this item if the individual's medical needs necessitate an awake caregiver 20 or more hours per day on a daily basis. Consider the need for an awake caregiver in both daytime and nighttime hours. Do not select if the individual does not typically require an awake caregiver, but needs an awake caregiver during times of illness.

None of the above – select this item if the individual does not currently require any of the treatments specified above.

Behavior Support Checklist

Directions: In this section you are recording the presence of the actual behavior support document and the supports actually provided to the individual during the last 12 months.

Important Note: The Behavior Support Plan item differs significantly from the question on the *Social & Behavioral Supports/ Behavioral Supports* tab. Record only plans that fully meet the criteria listed.

Behavior Support Plan Implementation

To check the Behavior Support Plan box, the following must ALL be true:

- Individual has a formal Behavior Support Plan (BSP) developed by a qualified behavior consultant; or individual has a Mental Health Plan developed by a mental health professional
- The BSP is based on a Functional Assessment of the behavior and includes ALL of the following:
 - Proactive supports
 - Reactive supports
 - Crisis Supports
- (OR) If the individual has a MHP, the MHP must include all of the following components
 - Proactive supports
 - Reactive supports
 - Crisis Supports
- The BSP or MHP is currently being implemented. This means that caregivers are trained to implement the BSP/MHP and there is an expectation that caregivers will provide support as specified in the BSP/MHP
- The BSP/MHP addresses supports for behaviors that pose a danger to the individual or others; or significantly and negatively impact the individual's ability to complete or receive support for ADL/IADL/Medical Tasks.
- Caregivers document the incidence of dangerous or other significant behaviors addressed in the plan. Behaviors must be individually documented, after each episode. Documentation must include type of behavior(s) with date of episode. Additional detail is not required to meet this criteria. The individual or their guardian or representative may determine the format of documentation by the caregiver(s.) Examples include a calendar with behavior incidents noted on the date they occur, a daily log or journal, incident reports, or a behavior data tracking form developed by the Behavior Consultant or Mental Health Provider.

It is incorrect to check the box when

- The BSP was developed by someone who does not meet the qualifications of a behavior consultant; or the Mental Health Plan was developed by someone other than a Mental Health Professional.
- The behavior support document is a “Behavior Guideline”, “Interaction Guideline”, “Safety Plan” or a Mental Health Plan that

does not contain both proactive and reactive supports in addition to crisis supports.

- The BSP/MHP is not currently implemented. For example, caregivers have not been trained to the BSP, or the Job Description/ task list indicates that the plan is not implemented or contradicts the BSP/MHP.
- The behaviors addressed in the plan do not present a danger to self or others, and do not prevent completion of ADL/IADL/Medical tasks. Examples of these types of behaviors include verbal behaviors and repetitive but non-injurious behaviors.
- Incidence of behavior is not recorded.

Behavior Support plan Revision

- Check the box if the BSP was amended to incorporate significant changes in support two or more times in the preceding year because the individual demonstrated new or changing behaviors, or the strategies in the BSP had become ineffective. A BSP change is significant if it adds entirely new strategies, replaces existing strategies or includes multiple changes in the way a strategy is implemented.
- *Do not check the box if modifications to the BSP are not significant.* Examples of changes that do not rise to the level considered significant include:
 - Altering the reward, or number of successes needed to achieve a reward, included in a strategy based on incentives
 - Modifying an existing visual aid, social story or other tool used as the component in an existing strategy to address continuing behaviors

Development of complex tools used in BSP

Select this item if the individual's BSP includes complex behavior support tools that must be developed or significantly altered by a caregiver one or more times per month. Complex behavior support tools are tools that require specific training in the use of the tools.

Examples of complex behavior support tools include:

- social stories developed and adapted by the caregiver as new triggers of behavior are encountered
- visual structure systems that require the caregiver to create new tools, incorporate new arrangements and images as new triggers of behaviors are encountered

Examples of caregiver supports using complex behavior support tools that do NOT meet this criteria include:

- Use of social stories or visual structure systems developed and adapted by a behavior consultant, even when they are implemented by the caregiver.
- Minor adaptation of tools that require only the selection of images from a preset array of images.
- Use of a preprepared social stories or other tools from a book, website or other media that are implemented without significant adaptation by the caregiver.
- Adaptation which is needed less than one time per month.

Protective Physical Interventions (PPIs)

- Select this item if the Crisis strategies in the individual's BSP include Protective Physical Interventions (PPI) to be used in a crisis situation and have been needed at one of the following frequencies:
 - The individual has required the application of PPI during crises 3 or more times in the last 6 months. Do not include deflection, evasion or body positioning maneuvers when counting PPIs.
 - The individual has required the application of PPI 5 or more times in the last 12 months. Do not include deflection, evasion or body positioning maneuvers when counting PPIs.
 - The individual has required caregivers to apply a PPI, including deflection, evasion or body positioning maneuvers at least weekly throughout the last 6 months.
 - Individual has had a BSP which includes PPIs for less than 6 months AND the individual required the assistance of emergency services, protective services or crisis intervention services to address a dangerous behavior issues 2 or more times in the last 12 months.
- *Do not check the box if* the individual's behavior has not escalated to the level requiring PPI in the last 12 months at any of the frequencies listed, above. This is true even if the individual met the criteria in a previous assessment.

Requires awake caregiver 20 or more hours per day to provide behavior supports. – An awake caregiver is necessary when the individual has behaviors which occur during daytime AND nighttime hours that poses a significant risk to health and safety if intervention is not immediate, and which cannot be safely addressed through intermittent checks, environmental adaptations, or adaptive technology. Consider the need for an awake caregiver in both daytime and nighttime hours. Select this item if the individual's behavior support needs necessitate an awake caregiver 20 or more hours per day on a daily basis. Do not select if an awake caregiver is needed on an occasional or cyclical basis.

None of the above – select this item if a behavior support plan is not currently implemented, or if the implementation does not include the documentation of the incidence of behaviors.