

Ohio Department of Medicaid
OHIO EXTRAORDINARY CARE INSTRUMENT

Individual's First Name	Individual's Last Name	Assessor's Name
Date of Birth	Age at Assessment	Date Completed

INSTRUCTIONS

The purpose of this tool is to fulfill the extraordinary care criteria requirement as defined in OAC 5160-44-32.

Using the Rating Scale, the assessing agency will assign one value that indicates the greatest level of support required by the individual to meet each need. All needs must be assessed and may be completed in any order. Medical documentation is not required to meet the standard of Extraordinary Care for any of the needs below. Please note that there is an age range presumed as not applicable for some needs. For those needs, score as a **(0)**. Authorization requires meeting both a standard of extraordinary care and applicable provider certification rule requirements.

Refer to *Ohio Extraordinary Care Instrument – Definitions for additional instructions.*

RATING SCALE

Independent or N/A (0) Sometimes Requires Physical/Verbal Support (2)	Requires Assistive Device (1) Always Requires Physical/Verbal Support (3)
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Need	Score	Need	Score
Feeding Assistance		Seizure Protocol	
Respiratory/Pulmonary Care		Catheter or Ostomy Care	
Turning/Positioning <i>Enter (0) for ages 8 months and younger</i>		Ambulation <i>Enter (0) for ages 17 months and younger</i>	
Transfer Assistance <i>Enter (0) for ages 17 months and younger</i>		Oral Hygiene <i>Enter (0) for ages 4 years and younger</i>	
Dressing <i>Enter (0) for ages 4 years and younger</i>		Toileting <i>Enter (0) for ages 4 years and younger</i>	
Behavioral Support <i>Enter (0) for ages 4 years and younger</i>		Bathing <i>Enter (0) for ages 6 years and younger</i>	
Hair, Nail, and/or Skin Care <i>Enter (0) for ages 9 years and younger</i>		Communication <i>Enter (0) for ages 15 years and younger</i>	
Basic Purchases <i>Enter (0) for ages 15 years and younger</i>		Basic Meal Preparation <i>Enter (0) for ages 15 years and younger</i>	
Basic Household Chores <i>Enter (0) for ages 15 years and younger</i>		Laundry <i>Enter (0) for ages 15 years and younger</i>	
Accessing Transportation <i>Enter (0) for ages 15 years and younger</i>		Accessing Personal Funds <i>Enter (0) for ages 15 years and younger</i>	
Cognition/Decision Making <i>Enter (0) for ages 15 years and younger</i>		Medication Administration <i>Enter (0) for ages 17 years and younger</i>	

OHIO EXTRAORDINARY CARE INSTRUMENT RESULTS

If the individual scores a (3) in at least three of the items above, then the individual meets the standard of extraordinary care as defined by OAC 5160-44-32.			
Are there at least three ratings of (3) for the items listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the individual meet the standard of extraordinary care as defined by OAC 5160-44-32?	<input type="checkbox"/> Yes <input type="checkbox"/> No

OHIO EXTRAORDINARY CARE INSTRUMENT — DEFINITIONS

Rating Scale	
<p>Independent or N/A (0)</p> <p><i>This should be scored if the individual does not have the need, the individual can meet the need without any assistance from another person, and/or if the individual's age falls within the range indicated.</i></p>	<p>Requires Assistive Device (1)</p> <p><i>This should be scored if the individual requires an assistive device to meet the need and the individual can use the assistive device on their own (without hands-on support and/or verbal direction from another person). Assistive devices could include wheelchairs, communication devices or apps, lifts, or walkers.</i></p>
<p>Sometimes Requires Physical/Verbal Support (2)</p> <p><i>This should be scored if the individual requires hands-on assistance and/or verbal direction from another person on some occasions, but not every time, to meet the need. This could include hands-on support, gestures such as pointing/modeling, and/or verbal direction from another person to use an assistive device.</i></p>	<p>Always Requires Physical/Verbal Support (3)</p> <p><i>This should be scored if the individual requires hands-on assistance and/or verbal direction from another person each time the need must be met. This could include hands-on support, gestures such as pointing/modeling, and/or verbal direction from another person to use an assistive device.</i></p>

Needs	
<p>Feeding Assistance</p> <p><i>Individual requires oral stimulation, jaw positioning, thickening of liquids, supervision to prevent choking or aspiration, and/or tube feeding. Tube feeding includes administration of liquids and/or nutrition via G/J-Tube.</i></p>	<p>Seizure Protocol</p> <p><i>Individual requires a seizure protocol to maintain their health and safety during seizure activity and/or has a VNS protocol.</i></p> <p><i>A seizure protocol consists of step-by-step instructions that a paid caregiver would follow to ensure the individual's health and safety during seizure activity, such as administering emergency seizure medication, calling emergency services, and/or notifying other team members. Taking a daily seizure medication without seizure protocol would not meet criteria for extraordinary care.</i></p>
<p>Respiratory/Pulmonary Care</p> <p><i>Individual requires suctioning, vent care, trach care, and/or oxygen administration.</i></p>	<p>Catheter or Ostomy Care</p> <p><i>Individual requires catheter or ostomy care.</i></p>
<p>Turning/Positioning</p> <p><i>Turning the individual's body and/or changing their body's position in a bed or seating to prevent bed sores, improve body function, and alleviate discomfort.</i></p>	<p>Ambulation</p> <p><i>Individual's ability to use their body to relocate to another desired location. Types of ambulation could include, but are not limited to, walking, crawling, scooting, and/or using an assistive device.</i></p>
<p>Transfer Assistance</p> <p><i>Physical assistance is required from at least one person to transfer the individual between surfaces. Examples could include transferring the individual into their wheelchair, transferring the individual using a lift, or transferring the individual into their stander.</i></p>	<p>Oral Hygiene</p> <p><i>Completing all steps necessary to routinely care for the individual's teeth and gums as directed by their dental provider. Steps may include brushing teeth with toothpaste and a traditional toothbrush and/or using alternative means to clean teeth and gums such as xylitol wipes. This includes care for additional dental needs as directed by the individual's dental provider such as dentures, braces, or flossing.</i></p>

<p>Dressing</p> <p><i>Completing all steps necessary to put on and remove clothing items and shoes. This includes, but is not limited to, using zippers, buttons, snaps, shoestrings, Velcro, and/or other means to secure clothing to the individual's body.</i></p>	<p>Toileting</p> <p><i>Completing all steps required to manage bowel and/or bladder functions when needed. This includes cleaning after elimination. This does not include transfers, which are addressed in Transfer Assistance.</i></p> <p><i>If the individual is incontinent, then score based on their ability to manage their incontinence needs.</i></p>
<p>Behavioral Support</p> <p><i>Strategies are needed to prevent or mitigate injury due to unsafe behaviors such as verbal aggression, hitting, kicking, biting, property destruction, wandering or leaving caregiver supervision, sleep disturbances, fire setting, unsafe smoking, inappropriate sexual behavior, and/or cruelty to animals. This list is not exhaustive and may include any behavioral health concerns that pose a safety risk to the individual and/or others.</i></p>	<p>Bathing</p> <p><i>Completing all steps necessary to clean the individual's body in a shower, bathtub, and/or bed bath as their body requires to maintain their health and safety. Steps may include using and rinsing off personal hygiene products, choosing a safe water temperature, and preventing water overflow.</i></p>
<p>Hair, Nail, and/or Skin Care</p> <p><i>Using clippers to trim fingernails and toenails, brushing or combing hair, and/or applying skincare products as needed for protection.</i></p>	<p>Communication</p> <p><i>Individual's ability to share their wants, needs, and interests with others by using various means. Examples include, but are not limited to, verbal communication, written communication, American Sign Language, cued speech, assisted communication devices or apps, and/or Picture Exchange Communication System (PECS).</i></p>
<p>Basic Purchases</p> <p><i>Completing all steps necessary to buy an item from a physical store, online retailer, or restaurant. Steps could include choosing the item to be purchased, appropriately communicating as needed with retail or restaurant employees, counting money, and/or maintaining proof of purchase. Examples could include purchasing a food item from a grocery store, paying for a meal at a restaurant, paying for a movie ticket, or ordering an item online for delivery.</i></p>	<p>Basic Meal Preparation</p> <p><i>The individual may be able to complete a combination of tasks to prepare food for them to eat, such as cleaning ingredients, cutting food items, opening a ready-to-eat food item, making a sandwich, using appliances to heat or reheat a meal, and/or following a recipe. A meal may consist of one prepared food item.</i></p> <p><i>To be scored as Independent with Basic Meal Preparation, the individual must be able to complete all steps required to prepare food items without health and safety concerns present.</i></p>
<p>Basic Household Chores</p> <p><i>Includes cleaning surfaces, removing waste, and putting away items in the home to help maintain a physically safe environment with clear walkways. Cleaning may be completed manually and/or using appliances such as a vacuum.</i></p>	<p>Laundry</p> <p><i>Laundry includes cleaning soiled clothes by machine or hand, sorting clothes, ironing, folding clothes, and putting away clothes.</i></p>

<p>Accessing Transportation</p> <p><i>Completing all steps necessary to coordinate and use transportation not provided by the individual's primary caregiver to access community places, such as an Uber or Lyft ride, cab ride, bus ride, ride with a paid waiver provider, and/or ride with a family member or friend.</i></p> <p><i>Steps to set up transportation could include using an app or calling to schedule a ride, waiting at the pickup location during the selected time, communicating with the driver or business as needed, and paying for the ride.</i></p>	<p>Accessing Personal Funds</p> <p><i>Storing money earned/received for personal use and financial responsibilities in a space known to the individual and not accessed without the individual's consent and understanding. Personal funds can include allowances from caregivers, Social Security funds, money earned through employment, and/or money gifted by a family member or friend. Personal funds can be physical money or electronic.</i></p>
<p>Cognition/Decision Making</p> <p><i>Individual requires supervision and support related to their cognitive functioning and decision making. Symptoms can include difficulty with memory, learning new things, concentrating, hallucinations, delusions, or making unsafe decisions. The individual may not recognize danger, time, and/or their surroundings.</i></p>	<p>Medication Administration</p> <p><i>Completing all steps necessary to safely administer prescription and/or over-the-counter medications as directed by the individual's prescriber and/or medical provider. Steps may include filling prescriptions, ensuring the correct medication amount, type, and dosage is received from the pharmacy; reporting any concerns with medications received and/or adverse reactions to medications; administering the correct medication amount, type, and dosage; and/or accessing medication containers. This may also include administering medication by various methods dependent upon the individual's needs, such as medication administration via G/J-Tube, pump, intravenous injection, inhalation, crushing medications into food or drink, and/or liquid medication administration.</i></p>