

Ohio Extraordinary Care Instrument — Definitions

Rating Scale

Independent or N/A (0)	Requires Assistive Device (1)
<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><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 may include wheelchairs, communication devices or apps, lifts, or walkers.</i></p>
Sometimes Requires Physical/Verbal Support (2)	Always Requires Physical/Verbal Support (3)
<p><i>This should be scored if the individual requires hands-on assistance and/or verbal direction from another person at least once daily, but not every time, to meet the need. This could include hands-on support and/or verbal direction from another person to use an assistive device.</i></p> <p><i>If the need must be met only once daily and the individual requires assistance each time, then that need should be scored as Always Requires Physical/Verbal Support.</i></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 and/or verbal direction from another person to use an assistive device.</i></p>
Needs	
Turning/Positioning	Ambulation
<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><i>Individual's ability to use their body to relocate to another desired location by walking, crawling, scooting, and/or using an assistive device. Assistive devices could include wheelchairs, canes, or lifts.</i></p>
Transfer Assistance	Behavioral Health
<p><i>Physical assistance is required from at least one person to transfer the individual between surfaces. Examples include transferring the individual into their wheelchair, transferring the individual using a lift, or transferring the individual into their stander.</i></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>
Bathing	Oral Hygiene
<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><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>

Dressing	Toileting
<i>Completing all steps necessary to put on and remove clothing items and shoes. This includes using zippers, buttons, snaps, shoestrings, Velcro, and/or other means to secure clothing to the individual's body. This also includes choosing clothes, protective weather gear, and shoes appropriate to the individual's environment and physical needs.</i>	<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> <i>If the individual is incontinent, then score based on their ability to manage their incontinence needs.</i>
Hair, Nail, and/or Skin Care	Communication
<i>Using clippers to trim fingernails and toenails, brushing or combing hair, and/or applying skincare products as needed for protection.</i>	<i>Individual's ability to share their wants, needs, and interests with others by using various means, such as verbal communication, written communication, American Sign Language, cued speech, assisted communication devices or apps, and/or Picture Exchange Communication System (PECS).</i>
Basic Purchases	Basic Meal Preparation
<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 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>	<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> <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>
Basic Household Chores	Laundry
<i>Includes cleaning surfaces, removing refuse, 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>	<i>Laundry includes cleaning soiled clothes by machine or hand, sorting clothes, ironing, folding clothes, and putting away clothes.</i>
Accessing Transportation	Managing Personal Funds
<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. 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>	<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>

Cognition	Medication Administration
<i>Individual requires supervision and support related to Intellectual Disability, Traumatic Brain Injury, ADHD, Dementia, and/or other diagnoses affecting the individual's cognitive functioning. Symptoms can include difficulty with memory, learning new things, concentrating, hallucinations, delusions, or making decisions that affect their everyday life. The individual may not recognize danger, time, and/or their surroundings.</i>	<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>
Feeding Assistance	Seizure Protocol
<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><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>
Respiratory/Pulmonary Care	Catheter or Ostomy Care
<i>Individual requires suctioning, vent care, trach care, and/or oxygen administration.</i>	<i>Individual requires catheter or ostomy care.</i>

Ohio Extraordinary Care Instrument

Individual's Name: _____

Assessor's Name: _____

Date of Birth: _____

Date Completed: _____

Instructions

Use the scale below to assign a value that indicates the greatest level of support needed by the individual to meet each need or prevent unsafe behavior. Please note that there is an age range presumed as not applicable for some needs. For those needs, score as a (0).

Only one value may be assigned for each need.

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

Rating Scale

Independent or N/A (0)		Requires Assistive Device (1)	
Sometimes Requires Physical/Verbal Support (2)		Always Requires Physical/Verbal Support (3)	
Need	Score	Need	Score
Turning/Positioning <i>Enter (0) for ages birth - 9 months</i>		Ambulation <i>Enter (0) for ages birth - 18 months</i>	
Transfer Assistance <i>Enter (0) for ages birth - 18 months</i>		Behavioral Health <i>Enter (0) for ages 0-4 years</i>	
Bathing <i>Enter (0) for ages 0-5 years</i>		Oral Hygiene <i>Enter (0) for ages 0-5 years</i>	
Dressing <i>Enter (0) for ages 0-5 years</i>		Toileting <i>Enter (0) for ages 0-5 years</i>	
Hair, Nail, and/or Skin Care <i>Enter (0) for ages 0-10 years</i>		Communication <i>Enter (0) for ages 0-16 years</i>	
Basic Purchases <i>Enter (0) for ages 0-16 years</i>		Basic Meal Preparation <i>Enter (0) for ages 0-16 years</i>	
Basic Household Chores <i>Enter (0) for ages 0-16 years</i>		Laundry <i>Enter (0) for ages 0-16 years</i>	
Accessing Transportation <i>Enter (0) for ages 0-16 years</i>		Managing Personal Funds <i>Enter (0) for ages 0-16 years</i>	
Cognition <i>Enter (0) for ages 0-16 years</i>		Medication Administration <i>Enter (0) for ages 0-18 years</i>	
Feeding Assistance		Seizure Protocol	
Respiratory/Pulmonary Care		Catheter or Ostomy Care	

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-XX-XX. A score of (2) or more in the Behavioral Health section indicates that referral to additional behavioral health resources should be considered by the assessor.

Is The Behavioral Health Score At Least (2) Or Higher?		Are There At Least Three Ratings Of (3) For The Items Listed Above?	
Is The Individual Being Considered For Additional Behavioral Health Resources?		Does The Individual Meet The Standard Of Extraordinary Care As Defined By OAC 5160-XX-XX?	