



# RULE-MAKING ORDER

## CR-103 (June 2004) (Implements RCW 34.05.360)

**Agency:** Department of Social and Health Services, Aging and Disability Services Administration

- Permanent Rule  
 Emergency Rule

**Effective date of rule:**

**Permanent Rules**

- 31 days after filing.  
 Other (specify) \_\_\_\_\_ (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

**Effective date of rule:**

**Emergency Rules**

- Immediately upon filing.  
 Later July 1, 2008

**Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?**

- Yes  No If Yes, explain:

**Purpose:**

The department is amending Chapter 388-106 WAC, Long-Term Care Services, to phase in a 17 level CARE assessment payment system effective July 1, 2008, as directed by Engrossed Substitute House Bill 2687 (Washington State Supplemental Operating Budget).

Currently, the department assigns a home and community residential client to one of 12 CARE classifications. The development of the 17 CARE classifications for home and community residential clients will allow the department to tie payment more closely to acuity. Each of the 17 levels of CARE classifications will be assigned a payment rate.

**Citation of existing rules affected by this order:**

Repealed: None  
 Amended: WAC 388-106-0080, 388-106-0110, 388-106-0115  
 Suspended: None

**Statutory authority for adoption:** Engrossed Substitute House Bill 2687, Chapter 329, Laws of 2008

**Other authority:** N/A

**PERMANENT RULE ONLY (Including Expedited Rule Making)**

Adopted under notice filed as WSR \_\_\_\_\_ on \_\_\_\_\_.(date)  
 Describe any changes other than editing from proposed to adopted version:

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting:

Name: \_\_\_\_\_ phone ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ fax ( ) \_\_\_\_\_  
 e-mail \_\_\_\_\_

**EMERGENCY RULE ONLY**

Under RCW 34.05.350 the agency for good cause finds:

- That immediate adoption, amendment, or repeal of a rule is necessary for the preservation of the public health, safety, or general welfare, and that observing the time requirements of notice and opportunity to comment upon adoption of a permanent rule would be contrary to the public interest.  
 That state or federal law or federal rule or a federal deadline for state receipt of federal funds requires immediate adoption of a rule.

Reasons for this finding: Engrossed Substitute House Bill 2687 directs the department to phase in full implementation of a 17 level CARE assessment payment system by July 1, 2008.

**Date adopted:**  
**June 20, 2008**

NAME (TYPE OR PRINT)

SIGNATURE

*Stephanie E Schiller*

TITLE  
 DSHS Rules Coordinator

**CODE REVISER USE ONLY**

OFFICE OF THE CODE REVISER  
 STATE OF WASHINGTON  
 FILED

DATE: June 30, 2008  
 TIME: 9:42 AM

**WSR 08-14-098**

**Note: If any category is left blank, it will be calculated as zero.  
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.  
A section may be counted in more than one category.**

**The number of sections adopted in order to comply with:**

<b>Federal statute:</b>	New	___	Amended	___	Repealed	___
<b>Federal rules or standards:</b>	New	___	Amended	___	Repealed	___
<b>Recently enacted state statutes:</b>	New	___	Amended	<u>3</u>	Repealed	___

**The number of sections adopted at the request of a nongovernmental entity:**

New	___	Amended	___	Repealed	___
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**The number of sections adopted in the agency's own initiative:**

New	___	Amended	___	Repealed	___
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**The number of sections adopted in order to clarify, streamline, or reform agency procedures:**

New	___	Amended	___	Repealed	___
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**The number of sections adopted using:**

<b>Negotiated rule making:</b>	New	___	Amended	___	Repealed	___
<b>Pilot rule making:</b>	New	___	Amended	___	Repealed	___
<b>Other alternative rule making:</b>	New	___	Amended	<u>3</u>	Repealed	___

AMENDATORY SECTION (Amending WSR 05-11-082, filed 5/17/05, effective 6/17/05)

**WAC 388-106-0080 How is the amount of long-term care services I can receive in my own home or in a residential facility determined?** The amount of long-term care services you can receive in your own home or in a residential facility is determined through a classification system. (~~Twelve~~) Seventeen classifications apply to clients served in residential and in-home settings. (~~Two additional exceptional care groups apply to clients served in in-home settings.~~) The department has assigned each classification a residential facility daily rate or a base number of hours you can receive in your own home.

AMENDATORY SECTION (Amending WSR 08-10-022, filed 4/25/08, effective 5/26/08)

**WAC 388-106-0110 How does the CARE tool evaluate me for the exceptional care classification of (~~in-home care~~) the E Group?** CARE places you in the exceptional care E Group classifications (~~for the in-home setting~~) when the following criteria are met in either diagram 1 or 2:

Diagram 1
You have an ADL score of greater than or equal to 22.
AND
You need a Turning/repositioning program.
AND
You ( <del>require</del> ) <u>need</u> at least one of the following: <ul style="list-style-type: none"><li>■ External catheter;</li><li>■ Intermittent catheter;</li><li>■ Indwelling catheter care;</li><li>■ Bowel program;</li><li>■ Ostomy care; or</li><li>■ Total in Self Performance for Toilet Use.</li></ul>
AND

Diagram 1
<p>You need one of the following services provided by an individual provider, agency provider, a private duty nurse, or through self-directed care <u>when in the in home setting, or provided by AFH/boarding home staff, facility RN/LPN, facility staff or private duty nursing when living in a residential setting:</u></p> <ul style="list-style-type: none"> <li>■ Active range of motion (AROM); or</li> <li>■ Passive range of motion (PROM).</li> </ul>

Diagram 2
You have an ADL score of greater than or equal to 22.
AND
You need a Turning/repositioning program.
AND
<p>You need one of the following services provided by an individual provider, agency provider, a private duty nurse, or through self-directed care <u>when in the in home setting, or provided by AFH/boarding home staff, facility RN/LPN, facility staff or private duty nursing when living in a residential setting:</u></p> <ul style="list-style-type: none"> <li>■ Active range of motion (AROM); or</li> <li>■ Passive range of motion (PROM).</li> </ul>
AND
<p>All of the following apply:</p> <ul style="list-style-type: none"> <li>■ You require IV nutrition support or tube feeding;</li> <li>■ Your total calories received per IV or tube was greater than 50%; and</li> <li>■ Your fluid intake by IV or tube is greater than 2 cups per day.</li> </ul>
AND
<p>You need assistance with one of the following, provided by an individual provider, agency provider, a private duty nurse, or through self-directed care <u>when in the in home setting or provided by AFH/boarding home staff, facility RN/LPN, facility staff, a private duty nurse or nurse delegation when living in a residential setting:</u></p> <ul style="list-style-type: none"> <li>■ Dialysis; or</li> <li>■ Ventilator/respirator.</li> </ul>

AMENDATORY SECTION (Amending WSR 05-11-082, filed 5/17/05, effective 6/17/05)

WAC 388-106-0115 How does CARE use ((the)) criteria ((of cognitive performance as determined under WAC 388-106-0090, clinical complexity as determined under WAC 388-106-0095, mood/behaviors as determined under WAC 388-106-0100, and ADLs as determined under WAC 388-106-0105)) to place me in a classification group for residential facilities? The CARE tool uses the criteria of cognitive performance as determined under WAC 388-106-0090, clinical complexity as determined under WAC 388-106-0095, mood/behaviors as determined under WAC 388-106-0100, ((and)) ADLs as determined under WAC 388-106-0105 and exceptional care under WAC 388-106-0110 to place you into one of the following ((twelve)) seventeen residential classification groups:

((Classification))	((ADL Score))	((Group))
<b>((Group D</b> Cognitive performance score = 4-6 and Clinically complex = yes and Mood/behavior = yes or no))	((ADL Score 18-28))	((D High (12)))
	((ADL Score 13-17))	((D Med (11)))
	((ADL Score 2-12))	((D Low (10)))
<b>((Group C</b> Cognitive performance score = 0-3 and Clinically complex = yes and Mood/behavior = yes or no))	((ADL Score 18-28))	((C High (9)))
	((ADL Score 9-17))	((C Med (8)))
	((ADL Score 2-8))	((C Low (7)))
<b>((Group B</b> Mood & behavior = Yes and Clinically complex = no and Cognitive performance score = 0-6))	((ADL Score 15-28))	((B High (6)))
	((ADL Score 5-14))	((B Med (5)))
	((ADL Score 0-4))	((B Low (4)))
<b>((Group A</b> Mood & behavior = No and Clinically complex = No and Cognitive performance score = 0-6))	((ADL Score 10-28))	((A High (3)))
	((ADL Score 5-9))	((A Med (2)))
	((ADL Score 0-4))	((A Low (1)))

CARE classification is determined first by meeting criteria to be placed into a group, then you are further classified based on ADL score or behavior point score into a classification sub-group following a classification path of highest possible group to lowest qualifying group.

(1) If you meet the criteria for exceptional care, then CARE will place you in Group E. CARE then further classifies you into:

- (a) Group E High if you have an ADL score of 26-28; or
- (b) Group E Medium if you have an ADL score of 22-25.
- (2) If you meet the criteria for clinical complexity and have a cognitive performance score of 4-6 then you are classified in Group D regardless of your mood and behavior qualification or behavior points. CARE then further classifies you into:
  - (a) Group D High if you have an ADL score of 25-28; or
  - (b) Group D Medium-High if you have an ADL score of 18-24; or
  - (c) Group D Medium if you have an ADL score of 13-17; or
  - (d) Group D Low if you have an ADL score of 2-12.
- (3) If you meet the criteria for clinical complexity and have a CPS score of less than 4, then you are classified in Group C regardless of your mood and behavior qualification or behavior points. CARE then further classifies you into:
  - (a) Group C High if you have an ADL score of 25-28; or
  - (b) Group C Medium-High if you have an ADL score of 18-24; or
  - (c) Group C Medium if you have an ADL score of 9-17; or
  - (d) Group C Low if you have an ADL score of 2-8.
- (4) If you meet the criteria for mood and behavior qualification and do not meet the classification for C, D, or E groups, then you are classified into Group B. CARE further classifies you into:
  - (a) Group B High if you have an ADL score of 15-28; or
  - (b) Group B Medium if you have an ADL score of 5-14; or
  - (c) Group B Low if you have an ADL score of 0-4.
- (5) If you meet the criteria for behavior points and have a CPS score of greater than 2 and your ADL score is greater than 1, and do not meet the classification for C, D, or E groups, then you are classified in Group B. CARE further classifies you into:
  - (a) Group B High if you have a behavior point score 12 or greater; or
  - (b) Group B Medium-High if you have a behavior point score greater than 6; or
  - (c) Group B Medium if you have a behavior point score greater than 4; or
  - (d) Group B Low if you have a behavior point score greater than 1.
- (6) If you are not clinically complex and you do not qualify under either mood and behavior criteria, then you are classified in Group A. CARE further classifies you into:
  - (a) Group A High if you have an ADL score of 10-28; or
  - (b) Group A Medium if you have an ADL score of 5-9; or
  - (c) Group A Low if you have an ADL score of 0-4.