



# RULE-MAKING ORDER PERMANENT RULE ONLY

## CR-103P (December 2017) (Implements RCW 34.05.360)

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STATE OF WASHINGTON  
FILED

DATE: July 19, 2018

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WSR 18-16-004

**Agency:** Department of Social and Health Services, Aging and Long-Term Supports Administration

**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)

**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 WAC 388-106-0010 in order to clarify the definition of "informal support" to indicate that paid caregivers may not be the source of informal support unless they are household or family members of a client, to provide further detail on the determination of self-performance of Instrumental Activities of Daily Living, and to clarify how cognitive performance is determine using the Comprehensive Assessment Reporting Evaluation (CARE) tool.

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

New: None  
 Repealed: None  
 Amended: WAC 388-106-0010  
 Suspended: None

**Statutory authority for adoption:** RCW 74.08.090

**Other authority:**

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

Adopted under notice filed as WSR 18-11-035 on May 8, 2018 (date).  
 Describe any changes other than editing from proposed to adopted version: None

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

Name:  
 Address:  
 Phone:  
 Fax:  
 TTY:  
 Email:  
 Web site:  
 Other:

**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:**

Federal statute:	New	___	Amended	___	Repealed	___
Federal rules or standards:	New	___	Amended	<u>1</u>	Repealed	___
Recently enacted state statutes:	New	___	Amended	___	Repealed	___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New	___	Amended	___	Repealed	___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 on 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:**

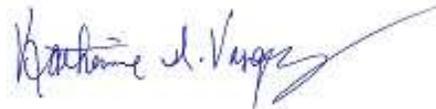
Negotiated rule making:	New	___	Amended	___	Repealed	___
Pilot rule making:	New	___	Amended	___	Repealed	___
Other alternative rule making:	New	___	Amended	<u>1</u>	Repealed	___

**Date Adopted:** July 18, 2018

**Name:** Katherine I. Vasquez

**Title:** DSHS Rules Coordinator

**Signature:**



**WAC 388-106-0010 What definitions apply to this chapter? "Ability to make self understood"** means how you ~~((make))~~ made yourself understood to those closest to you in the last seven days before the assessment; ~~((express))~~ expressed or ~~((communicate))~~ communicated requests, needs, opinions, urgent problems and social conversations, whether in speech, writing, sign language, symbols, or a combination of these including use of ~~((a))~~ an alternative communication ~~((board or keyboard))~~ method:

(a) Understood: You ~~((express))~~ expressed ideas clearly;

(b) Usually understood: You ~~((have))~~ had difficulty finding the right words or finishing thoughts, resulting in delayed responses, or you required some prompting to make self understood;

(c) Sometimes understood: You ~~((have))~~ had limited ability, but ~~((are))~~ were able to express concrete requests regarding at least basic needs (e.g. food, drink, sleep, toilet);

(d) Rarely/never understood: At best, understanding ~~((is))~~ was limited to caregiver's interpretation of client specific sounds or body language (e.g. indicated presence of pain or need to toilet);

(e) Child under three: Proficiency is not expected of a child under three and a child under three would require assistance with communication with or without a functional disability. Refer to the developmental milestones table in WAC 388-106-0130.

**"Activities of daily living (ADL)"** means the following:

(a) Bathing: How you ~~((take))~~ took a full-body bath/shower, sponge bath, and transferred in/out of tub/shower.

(b) Bed mobility: How you moved to and from a lying position ~~((turn))~~ turned side to side, and ~~((position))~~ positioned your body while in bed, in a recliner, or other type of furniture you slept in.

~~((c))~~ ~~((Body care: How you perform with passive range of motion, applications of dressings and ointments or lotions to the body and pedicure to trim toenails and apply lotion to feet. In adult family homes, enhanced services facilities, contracted assisted living, enhanced adult residential care, and enhanced adult residential care-specialized dementia care facilities, dressing changes using clean technique and topical ointments must be performed by a licensed nurse or through nurse delegation in accordance with chapter 246-840 WAC. Body care excludes:~~

~~((i))~~ Foot care if you are diabetic or have poor circulation; or

~~((ii))~~ Changing bandages or dressings when sterile procedures are required.

~~((d))~~ Dressing: How you put on, ~~((fasten))~~ fastened, and ~~((take))~~ took off all items of clothing, including donning/removing prosthesis, splints, either braces or orthotics, or both.

~~((e))~~ (d) Eating: How you ~~((eat))~~ ate and ~~((drink))~~ drank, regardless of skill. Eating includes any method of receiving nutrition, e.g., by mouth, tube or through a vein. Eating does not include any set up help you ~~((receive))~~ received, e.g. bringing food to you or cutting it up in smaller pieces.

~~((f))~~ (e) Locomotion in room and immediate living environment: How you ~~((move))~~ moved between locations in your room and immediate living environment. If you are in a wheelchair, locomotion includes how self-sufficient you ~~((are))~~ were once in your wheelchair.

((g)) (f) Locomotion outside (of immediate living environment including outdoors) room: How you ((move)) moved to and ((return)) returned from your immediate living environment, outdoors, and more distant areas. If you are living in a contracted assisted living, enhanced services facility, adult residential care, enhanced adult residential care, enhanced adult residential care-specialized dementia care facility or nursing facility (NF), this includes areas set aside for dining, activities, etc. If you are living in your own home or in an adult family home, locomotion outside immediate living environment including outdoors, includes how you ((move)) moved to and ((return)) returned from a patio or porch, backyard, to the mailbox, to see the next-door neighbor, ((etc)) or when accessing your community.

((h)) (g) Walk in room, hallway and rest of immediate living environment: How you ((walk)) walked between locations in your room and immediate living environment.

((i)) (h) Medication management: Describes the amount of assistance, if any, required to receive prescription medications, over the counter ((preparations)) medications, or herbal supplements.

((j)) (i) Toilet use: How you ((use the toilet room)) eliminated or toileted, used a commode, bedpan, or urinal, ((transfer)) transferred on/off toilet, ((cleanse)) cleansed, ((change pad)) changed pads, ((manage)) managed ostomy or catheter, and ((adjust)) adjusted clothes. Toilet use does not include emptying a bedpan, commode, ostomy or catheter bag. This type of set up assistance is considered under the definition of support provided.

((k)) (j) Transfer: How you moved between surfaces, ((i.e)) e.g., to/from bed, chair, wheelchair, standing position. Transfer does not include how you ((move)) moved to/from the bath, toilet, or ((get)) got in/out of a vehicle.

((l)) (k) Personal hygiene: How you maintain personal hygiene tasks, such as combing hair, brushing teeth, shaving, applying makeup, washing/drying face, hands (including nail care), and perineum ((+)) including menses care(+)). Personal hygiene does not include hygiene in baths and showers.

**"Age appropriate"** proficiency in the identified task is not expected of a child that age and a child that age would require assistance with the task with or without a functional disability. Refer to the developmental milestones table in WAC 388-106-0130 for the specific ages.

**"Aged person"** means a person sixty-five years of age or older.

**"Agency provider"** means a licensed home care agency or a licensed home health agency having a contract to provide long-term care personal care services to you in your own home.

**"Alternative benefit plan"** means the scope of services described in WAC 182-501-0060 available to persons eligible to receive health care coverage under the Washington apple health modified adjusted gross income (MAGI)-based adult coverage described in WAC 182-505-0250.

**"Application"** means a written request for medical assistance or long-term care services submitted to the department by the applicant, the applicant's authorized representative, or, if the applicant is incompetent or incapacitated, someone acting responsibly for the applicant. The applicant must submit the request on a form prescribed by the department.

**"Assessment details"** means a ((summary)) printed record of information that the department entered into the CARE assessment describing ((your needs)) the assistance you may need.

**"Assessment or reassessment"** means an inventory and evaluation of ((abilities)) strengths and ((needs)) limitations based on an in-person interview in your own home or ((your place of residence)) another location that is convenient to you, using the department's comprehensive assessment reporting evaluation (CARE) tool.

**"Assistance available"** means the amount of assistance that will be available for a task if status is coded:

- (a) Partially met due to availability of other informal support;
- or
- (b) Shared benefit. The department determines the amount of the assistance available using one of four categories:
    - (i) Less than one-fourth of the time;
    - (ii) One-fourth to one-half of the time;
    - (iii) Over one-half of the time to three-fourths of the time; or
    - (iv) Over three-fourths but not all of the time.

**"Assistance with body care"** means you received or need assistance with:

- (a) Application of ointment or lotions;
- (b) Trimming of toenails;
- (c) Dry bandage changes; or
- (d) Passive range of motion treatment.

~~(**"Assistance with medication management"** means you need assistance managing your medications. You are scored as:~~

~~(a) Independent if you remember to take medications as prescribed and manage your medications without assistance.~~

~~(b) Assistance required if you need assistance from a nonlicensed provider to facilitate your self administration of a prescribed, over the counter, or herbal medication, as defined in chapter 246-888 WAC. Assistance required includes reminding or coaching you, handing you the medication container, opening the container, using an enabler to assist you in getting the medication into your mouth, alteration of a medication for self administration, and placing the medication in your hand. This does not include assistance with intravenous or injectable medications. You must be aware that you are taking medications.~~

~~(c) Self directed medication assistance/administration if you are an adult with a functional disability who is capable of and who chooses to self direct your medication assistance/administration.~~

~~(d) Must be administered if you must have medications placed in your mouth or applied or instilled to your skin or mucus membrane. Administration must either be performed by a licensed professional or delegated by a registered nurse to a qualified caregiver (per chapter 246-840 WAC). Administration may also be performed by a family member or unpaid caregiver in in-home settings or in residential settings if facility licensing regulations allow. Intravenous or injectable medications may never be delegated except for insulin injections.))~~

**"Authorization"** means an official approval of a departmental action, for example, a determination of client eligibility for service or payment for a client's long-term care services.

**"Blind person"** means a person determined blind as described under WAC 182-500-0015 by the division of disability determination services of the medical assistance administration.

**"Body care"** means how you perform with passive range of motion, applications of dressings and ointments or lotions to the body, and pedicure to trim toenails and apply lotion to feet. In adult family homes, enhanced services facilities, contracted assisted living, enhanced adult residential care, and enhanced adult residential care-specialized dementia care facilities, dressing changes using clean

technique and topical ointments must be performed by a licensed nurse or through nurse delegation in accordance with chapter 246-840 WAC. Body care excludes:

(a) Foot care if you are diabetic or have poor circulation; or  
(b) Changing bandages or dressings when sterile procedures are required.

**"Categorically needy"** means the status of a person who is eligible for medical care under Title XIX of the Social Security Act. See WAC 182-512-0010 and chapter 182-513 WAC.

**"Child"** means an individual less than eighteen years of age.

**"Health action plan"** means an individual plan, which identifies health-related problems, interventions and goals.

**"Client"** means an applicant for service or a person currently receiving services from the department.

**"Current"** means a behavior occurred within seven days of the CARE assessment date, including the day of the assessment. Behaviors that the department designates as current must include information about:

(a) Whether the behavior is easily altered or not easily altered; and

(b) The frequency of the behavior.

**"Decision making"** means your ability (verbally or nonverbally) to make, and actual performance in making, everyday decisions about tasks ~~((or))~~ of activities of daily living in the last seven days before the assessment. The department ~~((determines whether you were))~~ codes your ability to make decisions as one of the following:

(a) Independent: Decisions about your daily routine were consistent and organized; reflecting your lifestyle, choices, culture, and values.

(b) ~~((Modified independence/))~~ Difficulty in new situations: You had an organized daily routine, were able to make decisions in familiar situations, but experienced some difficulty in decision making when faced with new tasks or situations.

(c) ~~((Moderately impaired/))~~ Poor decisions; unaware of consequences: Your decisions were poor and you ~~((require))~~ required reminders, cues and supervision in planning, organizing and correcting daily routines. You attempted to make decisions, although poorly.

(d) ~~((Severely impaired/))~~ No or few decisions: Decision making was severely impaired; you never/rarely made decisions.

(e) Child under twelve: Proficiency in decision making is not expected of a child under twelve and a child under twelve would require assistance with decision making with or without a functional disability. Refer to the developmental milestones table in WAC 388-106-0130.

**"Department"** means the state department of social and health services, aging and ~~((disability))~~ long-term support administration, developmental disabilities administration, or its designee.

**"Designee"** means area agency on aging.

**"Developmental milestones table"** is a chart showing the age range for which proficiency in the identified task is not expected of a child and assistance with the task would be required whether or not the child has a functional disability.

**"Difficulty"** means how difficult it is or would be for you to perform an instrumental activity of daily living (IADL). This is assessed as:

(a) No difficulty in performing the ~~((activity))~~ IADL;

(b) Some difficulty in performing the ~~((activity))~~ IADL (e.g., you need some help, are very slow, or fatigue easily); or

(c) Great difficulty in performing the ((activity)) IADL (e.g., little or no involvement in the ((activity)) IADL is possible).

"**Disability**" is described under WAC 182-500-0025.

"**Disabling condition**" means you have a medical condition which prevents you from self performance of personal care tasks without assistance.

"**Estate recovery**" means the department's process of recouping the cost of medicaid and long-term care benefit payments from the estate of the deceased client. See chapter 182-527 WAC.

"**Home health agency**" means a licensed:

(a) Agency or organization certified under medicare to provide comprehensive health care on a part-time or intermittent basis to a patient in the patient's place of residence and reimbursed through the use of the client's medical identification card; or

(b) Home health agency, certified or not certified under medicare, contracted and authorized to provide:

(i) Private duty nursing; or

(ii) Skilled nursing services under an approved medicaid waiver program.

"**Income**" means income as defined under WAC 182-509-0001.

"**Individual provider**" under RCW 74.39A.240 means a person (~~employed by you~~) contracted with the department to provide personal care or respite services (~~in your own home. See WAC 388-71-0500 through 388-71-05909~~).

"**Informal support**" means:

(a) Assistance that will be provided without home and community (~~program~~) based services funding. The person providing the informal support must be age 18 or older. Sources of informal support include but are not limited to: family members, friends, housemates/roommates, neighbors, school, childcare, after school activities, church, and community programs. (~~Except for a situation in which the age of a child or shared benefit determines status, if a person is available and willing to provide unpaid assistance to a client,~~) The department (~~may~~) will not consider (~~the person to be a source of informal support, even if the person is also~~) an individual provider (~~for~~) to be a source of informal support unless the individual provider is also a family member or a household member who had a relationship with the client (~~-~~) that existed before the individual provider entered into a contract with the department;

(b) Adult day health is (~~considered~~) coded in the assessment as a source of informal support, regardless of funding source;

(c) Informal support does not include shared benefit or age appropriate functioning.

"**Institution**" means medical facilities, nursing facilities, and institutions for the intellectually disabled. It does not include correctional institutions. See medical institutions in WAC 182-500-0050.

"**Instrumental activities of daily living (IADL)**" means routine activities performed around the home or in the community in thirty days prior to the assessment and includes the following:

(a) Meal preparation: How meals (~~are~~) were prepared (e.g., planning meals, cooking, assembling ingredients, setting out food, utensils, and cleaning up after meals). NOTE: The department will not authorize this IADL to only plan meals or clean up after meals. You must need assistance with other tasks of meal preparation.

(b) Ordinary housework: How ordinary work around the house (~~is~~) was performed (e.g., doing dishes, dusting, making bed, cleaning the bathroom, tidying up, laundry).

(c) Essential shopping: How shopping (~~(is)~~) was completed to meet your health and nutritional needs (e.g., selecting items). Shopping is limited to brief, occasional trips in the local area to shop for food, medical necessities and household items required specifically for your health, maintenance or well-being. This includes shopping with or for you.

(d) Wood supply: How wood (~~(is)~~) or pellets were supplied (e.g., splitting, stacking, or carrying wood or pellets) when you use wood, pellets, or a combination of both, as the (~~(sole)~~) only source of fuel for heating and/or cooking.

(e) Travel to medical services: How you (~~(travel)~~) traveled by vehicle to a physician's office or clinic in the local area to obtain medical diagnosis or treatment(~~(-)~~). This travel includes driving vehicle yourself(~~(-)~~) or traveling as a passenger in a car, bus, or taxi.

(f) Managing finances: How bills (~~(are)~~) were paid, checkbook is balanced, household expenses are managed. The department cannot pay for any assistance with managing finances.

(g) Telephone use: How telephone calls (~~(are)~~) were made or received on your behalf (with assistive devices such as large numbers on telephone, amplification as needed).

**"Long-term care services"** means the services administered directly or through contract by the (~~(aging and disability services)~~) department and identified in WAC 388-106-0015.

**"MAGI"** means modified adjusted gross income. It is a methodology used to determine eligibility for Washington apple health (medicaid), and is defined in WAC 182-500-0070.

**"Medicaid"** is defined under WAC 182-500-0070.

**"Medically necessary"** is defined under WAC 182-500-0070.

**"Medically needy (MN)"** means the status of a person who is eligible for a federally matched medical program under Title XIX of the Social Security Act, who, but for income above the categorically needy level, would be eligible as categorically needy. Effective January 1, 1996, an AFDC-related adult is not eligible for MN.

**"New Freedom consumer directed services (NFCDS)"** means a mix of services and supports to meet needs identified in your assessment and identified in a New Freedom spending plan, within the limits of the individual budget, that provide you with flexibility to plan, select, and direct the purchase of goods and services to meet identified needs. Participants have a meaningful leadership role in:

(a) The design, delivery and evaluation of services and supports;

(b) Exercising control of decisions and resources, and making their own decisions about health and well-being;

(c) Determining how to meet their own needs;

(d) Determining how and by whom these needs should be met; and

(e) Monitoring the quality of services received.

**"New Freedom consumer directed services (NFCDS) participant"** means a participant who is an applicant for or currently receiving services under the NFCDS waiver.

**"New Freedom spending plan (NFSP)"** means the plan developed by you, as a New Freedom participant, within the limits of an individual budget, that details your choices to purchase specific NFCDS and provides required federal medicaid documentation.

**"Own home"** means your present or intended place of residence:

(a) In a building that you rent and the rental is not contingent upon the purchase of personal care services as defined in this section;

- (b) In a building that you own;
- (c) In a relative's established residence; or
- (d) In the home of another where rent is not charged and residence is not contingent upon the purchase of personal care services as defined in this section.

**"Past"** means the behavior occurred from eight days to five years of the assessment date. For behaviors indicated as past, the department determines whether the behavior is addressed with current interventions or whether no interventions are in place.

**"Personal aide"** is defined in RCW 74.39.007.

**"Personal care services"** means physical or verbal assistance with activities of daily living (ADL) and instrumental activities of daily living (IADL) due to your functional limitations. Assistance is evaluated with the use of assistive devices.

**"Physician"** is defined under WAC 182-500-0085.

**"Plan of care"** means assessment details and service summary generated by CARE.

**"Provider or provider of service"** means an institution, agency, or person:

- (a) Having a signed department contract to provide long-term care client services; and

- (b) Qualified and eligible to receive department payment.

**"Reasonable cost"** means a cost for a service or item that is consistent with the market standards for comparable services or items.

**"Representative"** means a person who you have chosen, or has been appointed by a court, whose primary duty is to act on your behalf to direct your service budget to meet your identified health, safety, and welfare needs.

**"Residential facility"** means a licensed adult family home under department contract; a licensed enhanced services facility under department contract; or licensed assisted living facility under department contract to provide assisted living, adult residential care or enhanced adult residential care.

**"Self performance for ADLs"** means what you actually did in the last seven days before ((the)) your assessment, not what you might be capable of doing. Self-performance for ADLs is based on ((the)) your level of performance that occurred three or more times in the seven-day period. Scoring of self-performance for ADLs does not include physical assistance that occurred ((fewer)) less than three times in the seven day look back period, or set-up help. Your self performance level is scored as:

- (a) Independent, if you received no help or oversight, or if you needed help or oversight only once or twice;

- (b) Supervision, if you received oversight (monitoring or standby), encouragement, or cueing three or more times;

- (c) Limited assistance, if you were highly involved in the ((activity)) ADL and received assistance that involved physical, nonweight bearing contact between you and your caregiver, or guided maneuvering of limbs on three or more occasions.

- (d) Extensive assistance, if you performed part of the ((activity)) ADL, but on three or more occasions, you needed weight bearing support or you received full performance of a subtask of the ((activity)) ADL, but not all, of the ((activity)) ADL.

- (e) Total dependence, if you received full caregiver performance ((of)) every time the ((activity)) ADL and all subtasks are completed during the entire seven-day period from others. Total dependence means complete nonparticipation by you in all aspects of the ADL; or

(f) ((Activity)) ADL did not occur, if you or others did not perform an ADL over the last seven days before your assessment. The ((activity)) ADL may not have occurred because:

- (i) You were not able (e.g., walking, if paralyzed);
- (ii) No provider was available to assist; or
- (iii) You declined assistance with the task.

**"Self-administration of medication"** means your ability to manage your prescribed and over the counter medications. Your level of ability is coded for the highest level of need and scored as:

(a) Independent, if you remember to take medications as prescribed and manage your medications without assistance.

(b) Assistance required, if you need assistance from a nonlicensed provider to facilitate your self-administration of a prescribed, over the counter, or herbal medication, as defined in chapter 246-888 WAC. Assistance required includes reminding or coaching you, handing you the medication container, opening the container, using an enabler to assist you in getting the medication into your mouth, alteration of a medication for self-administration, and placing the medication in your hand. This does not include assistance with intravenous or injectable medications. You must be aware that you are taking medications.

(c) Self-directed medication assistance/administration, if you are an adult with a functional disability who is capable of and who chooses to self-direct your medication assistance/administration as prescribed by your medical professional.

(d) Must be administered, if you must have prescription or over the counter medications placed in your mouth or applied or instilled to your skin or mucus membrane. Administration must either be performed by a licensed professional or delegated by a registered nurse to a qualified caregiver (per chapter 246-840 WAC). Administration may also be performed by a family member or unpaid caregiver in in-home settings or in residential settings if facility licensing regulations allow. Intravenous or injectable medications may never be delegated except for insulin injections.

**"Self-performance for bathing"** means what you actually did in the last seven days before your assessment, not what you might be capable of doing or how well you performed the ADL of bathing. Self-performance for bathing is based on your level of performance that occurred on at least one or more occasions in the seven-day period. Scoring of self-performance for bathing does not include physical assistance that did not occur in the seven day look back period, or set-up help. Your self performance level is scored as:

(a) Independent, if you received no help or oversight to complete the ADL of bathing.

(b) Supervision, if in order to bathe you received oversight (monitoring or standby), encouragement, or cueing.

(c) Physical help transfer only, if in order to bathe you had help to transfer only.

(d) Physical help, if in order to bathe you had hands on assistance with bathing, but you did not receive full caregiver performance of the ADL of bathing.

(e) Total dependence, if in order to bathe you received full caregiver performance of the ADL of bathing every time. Total dependence means complete physical nonparticipation by you in all aspects of bathing; or the ADL:

(f) Did not occur, if you or others did not perform the ADL of bathing over the last seven days before your assessment. The ADL of bathing may not have occurred because:

(i) You were not able (e.g., you may be paralyzed);

(ii) No provider was available to assist; or

(iii) You declined because you chose not to perform the ADL.

**"Self performance for IADLs"** means what you actually did in the last thirty days before the assessment, not what you might be capable of doing or how well you performed the ADL. Scoring is based on the level of performance that occurred at least one time in the thirty-day period. Your self performance is scored as:

(a) Independent, if you received no help, set-up help, or supervision;

(b) ~~((Set up help/arrangements only))~~ Assistance, if ~~((on some occasions you did your own set up/arrangement and at other times))~~ you received any help ((from another person)) with the task, including cueing or monitoring in the last thirty days;

(c) ~~((Limited))~~ Total assistance, if ~~((on some occasions))~~ you ~~((did not need any assistance but at other times in the last thirty days you required some assistance))~~ are a child and needed the ADL fully performed by others and you are functioning outside of typical developmental milestones; or

(d) ~~((Extensive assistance if you were involved in performing the activity, but required cueing/supervision or partial assistance at all times;~~

~~(e) Total dependence if you needed the activity fully performed by others; or~~

~~(f) Activity did not occur if you or others did not perform the activity in the last thirty days before the assessment))~~ ADL did not occur, if you or others did not perform the ADL in the last thirty days before the assessment.

**"Service summary"** is CARE information which includes: Contacts (e.g. emergency contact), services the client is eligible for, number of hours or residential rates, personal care ~~((needs))~~ tasks, the list of formal and informal providers and what tasks they will provide, a provider schedule, ~~((referral needs/))~~ identified referrals/information, and dates and agreement to the outlined services.

**"Shared benefit"** means:

(a) A client and their paid caregiver both share in the benefit of an IADL task being performed; or

(b) Two or more clients in a multi((-))client household benefit from the same IADL task(s) being performed.

**"SSI-related"** is defined under WAC 182-512-0050.

**"Status"** means the level of assistance:

(a) That will be provided by informal supports; or

(b) That will be provided by a care provider who may share in the benefit of an IADL task being performed for a client or for two or more clients in a multi((-))client household; or

(c) That will be provided to a child primarily due to his or her age.

The department determines the status of each ADL or IADL and codes the status as follows:

(a) Met, which means the ADL or IADL will be fully provided by an informal support;

(b) Unmet, which means an informal support will not be available to provide assistance with the identified ADL or IADL;

(c) Partially met, which means an informal support will be available to provide some assistance, but not all, with the identified ADL or IADL;

(d) Shared benefit, which means:

(i) A client and their paid caregiver will both share in the benefit of an IADL task being performed; or

(ii) Two or more clients in a multi((-)client household will benefit from the same IADL task(s) being performed.

(e) Age appropriate or child under (age), means proficiency in the identified task is not expected of a child that age and a child that age would require assistance with the task with or without a functional disability. The department presumes children have a responsible adult(s) in their life to provide assistance with personal care tasks. Refer to the developmental milestones table in WAC 388-106-0130; or

(f) Client declines, which means you will not want assistance with the task.

**"Supplemental security income (SSI)"** means the federal program as described under WAC 182-500-0100.

**"Support provided"** means the highest level of support provided (to you) by others in the last seven days before the assessment, even if that level of support occurred only once. The department determines support provided as follows:

(a) No set-up or physical help provided by others;

(b) Set-up help only provided, which is the type of help characterized by providing you with articles, devices, or preparation necessary for greater independence in performance of the ((activity)) ADL. (For example, set-up help includes but is not limited to giving or holding out an item or cutting up prepared food);

(c) One-person physical assist provided;

(d) Two- or more person physical assist provided; or

(e) ((Activity)) ADL did not occur during entire seven-day period.

**"Task"** means a component of an activity of daily living. Several tasks may be associated to a single activity of daily living.

**"You/your"** means the client.