

**WAC 388-106-0095 How does the CARE tool measure clinical complexity?** The CARE tool places you in the clinically complex classification group only when you have one or more of the following criteria and corresponding ADL scores:

| <b>Condition</b>  | <b>AND an ADL score of</b> |
|---|----------------------------|
| ALS (Lou Gehrig's Disease)  | >14                        |
| Aphasia (expressive, receptive, or both)  | >=2                        |
| Cerebral Palsy  | >14                        |
| Diabetes Mellitus (insulin dependent)   | >14                        |
| Diabetes Mellitus (noninsulin dependent)  | >14                        |
| Emphysema & shortness of breath (at rest or exertion) or dizziness/vertigo  | >10                        |
| COPD & shortness of breath (at rest or exertion) or dizziness/vertigo   | >10                        |
| Explicit terminal prognosis   | >14                        |
| Hemiplegia  | >14                        |
| Multiple Sclerosis  | >14                        |
| Parkinson Disease   | >14                        |
| Pathological bone fracture  | >14                        |
| Quadriplegia  | >14                        |
| Rheumatoid Arthritis  | >14                        |
| You have one or more of the following skin problems: <ul style="list-style-type: none"> <li>■ Current pressure injuries, with areas of persistent skin redness;</li> <li>■ Current pressure injuries with partial loss of skin layers;</li> <li>■ Current pressure injuries, with a full thickness lost;</li> <li>■ Skin desensitized to pain/pressure;</li> <li>■ Open lesions (not cuts, rashes); or</li> <li>■ Stasis ulcers.</li> </ul> AND<br>You received one of the following types of skin care or treatment: <ul style="list-style-type: none"> <li>■ Pressure injury care;</li> <li>■ Pressure relieving device;</li> <li>■ Turning/repositioning program as defined in WAC 388-106-0010;</li> <li>■ Application of dressing; or</li> <li>■ Wound/skin care treatment.</li> </ul>   | >=2                        |
| You have a burn(s) and you received one of the following: <ul style="list-style-type: none"> <li>■ Application of dressing; or</li> <li>■ Wound/skin care</li> </ul>  | >=2                        |
| You have one or more of the following problems: <ul style="list-style-type: none"> <li>■ You are frequently incontinent daily with some control present (bladder);</li> <li>■ You are incontinent all or most of the time multiple times per day having no control (bladder);</li> <li>■ You are frequently incontinent two to three times per week (bowel); or</li> <li>■ You are incontinent all or most of the time (bowel).</li> </ul> AND<br>One of the following applies: <ul style="list-style-type: none"> <li>■ The status of your individual management of bowel bladder supplies is "Uses, needs assistance, has incontinence";</li> <li>■ The status of your individual management of bowel bladder supplies is "Does not use, has leakage onto skin"; or</li> <li>■ You use "Any scheduled toileting plan."</li> </ul> | >10                        |
| You have a current swallowing problem, and you are not independent in eating.   | >10                        |
| You have edema.   | >14                        |
| You have pain daily.  | >14                        |
| You need and received a bowel program as defined in WAC 388-106-0010.   | >10                        |

| <b>Condition</b>  | <b>AND an ADL score of</b> |
|---|----------------------------|
| You need dialysis.  | >10                        |
| You require IV nutritional support or tube feedings; and<br><br>Your total calories received per IV or tube was at least 25%; and<br><br>Your fluid intake is greater than 2 cups.  | >=2                        |
| You need hospice care.  | >14                        |
| You need injections.  | >14                        |
| You need intravenous medications.   | >10                        |
| You need management of IV lines.  | >10                        |
| You need ostomy care.   | >=2                        |
| You need oxygen therapy.  | >10                        |
| You need radiation.   | >10                        |
| You need and received passive range of motion.  | >10                        |
| You need and received walking training.   | >10                        |
| You need suction treatment.   | >=2                        |
| You need tracheostomy care.   | >10                        |
| You need a ventilator/respirator  | >10                        |
| You are <18 and you have pain related to your disability and you complain of pain or show evidence of pain daily. (If you are under eighteen and do not have pain related to your disability, you may be placed in the clinically complex classification based on other factors above.) | >14                        |
| Key:<br>< means less than.<br>> means greater than.<br>>= means greater than or equal to.   |                            |

[Statutory Authority: RCW 74.08.090 and 74.09.520. WSR 20-23-124, § 388-106-0095, filed 11/18/20, effective 12/19/20; WSR 07-10-024, § 388-106-0095, filed 4/23/07, effective 6/1/07; WSR 05-11-082, § 388-106-0095, filed 5/17/05, effective 6/17/05.]