

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

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| Diagram 1   |
| You have an ADL score of greater than or equal to 22.   |
| AND   |
| You need a turning/repositioning program.   |
| AND   |
| You need 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   |
| You need one of the following services provided by an individual provider, agency provider, a private duty nurse, or through self-directed care when in the in home setting, or provided by AFH/assisted living facility staff, facility RN/LPN, facility staff or private duty nursing when living in a residential setting: <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   |
| You need one of the following services provided by an individual provider, agency provider, a private duty nurse, or through self-directed care when in the in home setting, or provided by AFH or assisted living facility staff, facility RN/LPN, facility staff or private duty nursing when living in a residential setting: <ul style="list-style-type: none"> <li>■ Active range of motion (AROM); or</li> <li>■ Passive range of motion (PROM).</li> </ul> |
| AND   |
| All of the following apply: <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   |
| You need assistance with one of the following, provided by an individual provider, agency provider, a private duty nurse, or through self-directed care when in the in home setting or provided by AFH or assisted living facility staff, facility RN/LPN, facility staff, a private duty nurse or nurse delegation when living in a residential setting: <ul style="list-style-type: none"> <li>■ Dialysis; or</li> <li>■ Ventilator/respirator.</li> </ul>      |

[Statutory Authority: RCW 74.08.090 and 74.09.520. WSR 14-15-092, § 388-106-0110, filed 7/18/14, effective 8/18/14. Statutory Authority:

2008 c 329. WSR 08-19-102, § 388-106-0110, filed 9/17/08, effective 10/18/08. Statutory Authority: RCW 74.08.090, 74.09.520, and 2007 c 522. WSR 08-10-022, § 388-106-0110, filed 4/25/08, effective 5/26/08. Statutory Authority: RCW 74.08.090, 74.09.520. WSR 05-11-082, § 388-106-0110, filed 5/17/05, effective 6/17/05.]