

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:

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"> ■ External catheter; ■ Intermittent catheter; ■ Indwelling catheter care; ■ Bowel program; ■ Ostomy care; or ■ Total in self performance for toilet use.
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"> ■ Active range of motion (AROM); or ■ Passive range of motion (PROM).
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"> ■ Active range of motion (AROM); or ■ Passive range of motion (PROM).
AND
All of the following apply: <ul style="list-style-type: none"> ■ You require IV nutrition support or tube feeding; ■ Your total calories received per IV or tube was greater than 50%; and ■ Your fluid intake by IV or tube is greater than 2 cups per day.
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"> ■ Dialysis; or ■ Ventilator/respirator.

[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.]