

CARE Tool Assessments

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Learn how to get personal care in your home paid for by the state. Includes tips about how to read the CARE assessment tool and what you can do if you disagree with the assessment results.

1. What is a CARE assessment?

If you want the state to pay for personal care you get in your home, you must meet financial and functional requirements. The Department of Social and Health Services (DSHS) must follow state rules (<https://app.leg.wa.gov/WAC/default.aspx?cite=388-106>) in deciding if you meet these requirements when you apply for Medicaid (<https://www.dshs.wa.gov/altsa/home-and-community-services/how-apply-medicaid>).

You meet **financial requirements** if your income and resources (assets) are under certain levels.

Meeting **functional requirements** means you need certain types of help with daily tasks called **Activities of Daily Living (ADL's)** such as eating, using the toilet, bathing, dressing, moving, or taking medication.

DSHS has different programs providing personal care services. The functional requirements for each are a little different. You can find each program's functional requirements in these state rules:

- Medicaid Personal Care
(<https://apps.leg.wa.gov/wac/default.aspx?cite=388-106-0210>)
(<https://apps.leg.wa.gov/wac/default.aspx?cite=388-106-0210>) (mostly for people who get SSI)
- Community First Choice (<https://apps.leg.wa.gov/wac/default.aspx?cite=388-106-0277>)
- Developmental Disabilities Administration
(<https://app.leg.wa.gov/wac/default.aspx?cite=388-825-020>)
- COPES (<http://apps.leg.wa.gov/wac/default.aspx?cite=388-106-0310>)
- Nursing facilities (<http://apps.leg.wa.gov/wac/default.aspx?cite=388-106-0355>)

(DHS decides if you meet functional requirements after having a case manager meet with you to do a **personal care assessment, also called a CARE tool assessment or a CARE assessment**. The case manager will ask you about help you've gotten to take care of yourself. DHS or your Area Agency on Aging (<https://washingtoncommunitylivingconnections.org/consite/connect/>) uses your answers to decide what services you can get, such as personal care hours and nursing services.

It's important to understand how your answers will affect how much care and what kinds of care you can get so that you can prepare for your assessment. DHS has a key to the terms used in the assessment available in multiple languages (<https://www.dshs.wa.gov/altsa/home-and-community-services/information-clients>)

After your assessment, DHS will send you a letter that should explain the services DHS believes you need. It should have information about how much help you need with each task, and if you already get any free help.

DHS may decide that you don't meet the functional and financial requirements, or may not give you enough care hours. If you disagree with DHS' decision, you can do any or all of these:

- **Ask for a hearing.** You can ask for a hearing by phone. It's best to make a written, dated request for a hearing and keep a copy. You'll get a hearing request form with your Planned Action Notice.
Even if it looks like you can work things out with DHS, ask for a hearing just in case you need one. It's easy to cancel (to *withdraw*) a hearing request if things work out.
- **Ask for corrections or additions.** If any information in the assessment is wrong or missing something, send DHS a dated letter explaining your concerns in detail. Ask them to respond in writing. Keep a copy of your letter.

- **Ask for a reassessment.** If your need for help has changed a lot since your last assessment, ask DSHS to reassess you.

2. Tips for assessment

Make sure you **understand DSHS' definitions**

(<https://www.dshs.wa.gov/altsa/home-and-community-services/information-clients>)

, including for ADL's. For example, you may think of an activity differently than how DSHS defines it. "Eating" doesn't include anything about making food. They call that "meal preparation." DSHS may also use words for levels of help differently than you normally use them.

The CARE Assessment only looks at Behavior and ADL needs from the 7 days before the assessment. **If you had a good week right before your assessment, or your condition got worse since the assessment**, this can lead to fewer personal care hours than you usually need. If this happens, you should ask for a reassessment.

DSHS will assume any unpaid help you get (called **informal support**) means you need less paid help. If this isn't true, explain why. Give as much detail as you can. Make sure the assessor puts that information in the assessment notes.

Tell the assessor if your unpaid helper can't always help you, would prefer to be paid and is a qualified caregiver, or can only help over and above the paid care you get.

If you're age 18 or younger, DSHS doesn't pay for care a parent would normally give a child your age. You might need more help with a task than kids your age usually do because of your disability. DSHS should set care hours to meet your special needs. For example, DSHS assumes that parents will make meals for their kids. If you have a special diet or tube feedings, DSHS should include hours for a paid caregiver to help with meal preparation.

3. Mistakes

You must tell DSHS **in writing** as soon you can if some of the information in the documents they sent you is wrong or missing. **Keep a dated copy** for your own records. Then there will be a record of your complete information.

DSHS may change the assessment based on what you tell them. Or a case manager may want to do a “reassessment.” This **might** change your personal care hours.

If DSHS refuses to add or change information or reassess you after a big change in the help you need, you can ask for a hearing. At the hearing, explain to the administrative law judge why you think the DSHS information is wrong or missing something.

4. Exception to Rule (ETR)

DSHS uses a formula to change the assessment information into personal care hours. Sometimes the formula doesn’t work, even when DSHS has all the right information.

Your care needs may be exceptional compared to most people with your condition or in your situation. If the information DSHS has is correct, but you still feel your personal care hours aren’t enough to meet your needs for help, you can ask DSHS for more hours through a process called “Exception to Rule” (ETR).

You or your case manager can ask for an ETR. Here are some examples of when you might do this:

You have many, extreme, or constant behavior issues making care very hard. Some clients get more personal care hours to deal with behavior issues. DSHS doesn’t add time for behaviors when:

- You already get more time because you’re “clinically complex” (<https://app.leg.wa.gov/wac/default.aspx?cite=388-106-0095>) or you have severe cognitive difficulties (<https://app.leg.wa.gov/WAC/default.aspx?cite=388-106-0090>). But those added hours still might not be enough to also deal with your behaviors.
- Your behaviors are so extreme or happen so often that the extra hours allowed for behavior aren’t enough for the caregiver to meet your needs.

You have a condition not listed here (<https://app.leg.wa.gov/wac/default.aspx?cite=388-106-0095>) that has the same effect on your ability to care for yourself as one a listed condition.

Examples: You have a rare chromosomal disease that affects you just like cerebral palsy. Or you have shortness of breath due to congestive heart failure instead of emphysema or COPD.

You need constant supervision to prevent damage to yourself, others, or property.

Examples: You constantly try to leave home. You get lost or wander into the street. You're a diabetic who eats sugary food without understanding the consequences or how to treat it.

You have many complex conditions. DSHS adds hours only for the first of your diagnoses or conditions on this list (<https://app.leg.wa.gov/wac/default.aspx?cite=388-106-0095>). If you have several of these conditions, you may need even more help.

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