WAC 388-116-2020 Eligibility determination for in-state applicants. (1) For the purposes of this section "activities of daily living" means bathing, bed mobility, eating, medication management, mobility, toileting, and transferring.

(2) In-state applicants are determined eligible to receive benefits when they:

(a) Are age 18 or older;

(b) Have not exhausted the lifetime limit of benefit units;

(c) The employment security department has determined they are a qualified individual;

(d) Complete a care needs assessment that indicates they need assistance with at least three activities of daily living, and their need for assistance with at least three activities of daily living is expected to last for at least 90 days.

(i) An applicant meets the minimum level of assistance required with bathing, bed mobility, eating, mobility, toileting, and transferring if their level of assistance is assessed as supervision, limited assistance, extensive assistance, total dependence, or the activity did not occur due to no provider.

(ii) An applicant meets the minimum level of assistance required with medication management if their level of assistance is assessed as assistance required or must be administered.

(3) A person's performance of bathing, bed mobility, eating, mobility, toileting, and transferring will be evaluated using a seven-day lookback period from the date of the care needs assessment.

(4) Each activity of daily living is evaluated based on functional or cognitive limitations using the following levels of assistance:

(a) Bathing, bed mobility, eating, mobility, toileting, and transferring:

(i) No assistance: The person required no assistance to complete the activity of daily living;

(ii) Supervision: The person completed the activity of daily living and required monitoring, cueing, or set-up assistance;

(iii) Limited assistance: The person completed the activity of daily living, was involved in the activity of daily living, and received guided (non-weight bearing) assistance from their provider;

(iv) Extensive assistance: The person completed the activity of daily living and performed only part of the activity and received physical assistance (weight bearing) from their provider to complete the activity;

(v) Total dependence: The person did not participate at all in the completion of the activity and relied on their provider to complete the activity;

(vi) Did not occur, no provider: The activity of daily living did not occur because no provider was available to assist, support, or cue the person, or the activity was completed with great difficulty without a provider;

(vii) Declined to answer: The person chose not to provide information about their activities of daily living; or

(viii) Unable to answer: The person was unable to provide information about their activities of daily living.

(b) For medication management:

(i) No assistance: The person required no assistance with medication management;

(ii) Assistance required: The person required reminding or prompting to take medication, opening the container, or placing the medication in the person's hand;

(iii) Must be administered: The person required the medication to be placed in their mouth, applied or instilled to the skin, or mucous membrane. Administration must be performed by a licensed professional or be delegated by a registered nurse to a qualified caregiver as specified in WAC 246-840-910. Administration may also be done by a family member or an unpaid caregiver;

(iv) Declined to answer: The person chose not to provide information about their medication management; or

(v) Unable to answer: The person was unable to provide information about their medication management.

(5) The assessor will consider the following factors to determine whether an individual's need for assistance is ongoing and expected to last at least 90 days:

(a) Diagnosis of a chronic condition or prognosis of a condition impacting activities of daily living that is likely to last longer than 90 days;

(b) Terminal illness, hospice, or palliative care;

(c) Home-based assistance received from family, friends, or paid providers within the last month;

(d) Care in a residential setting; or

(e) Recent history of falls resulting in serious injury or hospitalization.

(6) The in-state applicant or their legal representative is responsible for providing information required to determine eligibility.

(7) The in-state applicant or their legal representative may request the department obtain medical records with written consent.

[Statutory Authority: RCW 50B.04.020 (3)(k). WSR 25-18-020, s 388-116-2020, filed 8/21/25, effective 9/21/25.]