

# STATE OF WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES OFFICE OF INSPECTOR GENERAL

Joe Manchin III Governor

Board of Review 4190 West Washington Street Charleston, West Virginia 25313 Email: raywoods@wvdhhr.org Martha Yeager Walker Secretary

March 15, 2005

Dear Mr;		

Attached is a copy of the findings of fact and conclusions of law on your hearing held February 4, 2005. Your hearing request was based on the Department of Health and Human Resources' proposal to close your Aged and Disabled Waiver Services Case.

In arriving at a decision, the State Hearing Officer is governed by the Public Welfare Laws of West Virginia and the rules and regulations established by the Department of Health and Human Resources. These same laws and regulations are used in all cases to assure that all persons are treated alike.

Eligibility and benefit levels for Aged and Disabled Waiver Services are determined based on current regulations. One of these regulations states:

Applicants for the ADW Program must meet all of the following criteria to be eligible for the program:

- A. Be 18 years of age or older.
- B. Be a permanent resident of West Virginia. The individual may be deinstitutionalized from a NF in any county of the state, or in another state, as long as his permanent residence is in West Virginia.
- C. Be approved as medically eligible for NF Level of Care.
- D. Meet the Medicaid Waiver financial eligibility criteria for the program as determined by the county DHHR office, or the SSA if an active SSI recipient.
- E. Choose to participate in the ADW Program as an alternative to NF care.

Even if an individual is medically and financially eligible, a waiver allocation must be available for him/her to participate in the program. (WV Provider Manual Chapter 570 PROGRAM ELIGIBILITY FOR CLIENT).

The information submitted at the hearing revealed: You do not meet the medical eligibility for continued services.

It is the decision of the State Hearing Officer to UPHOLD the proposal of the Department, to close the Aged and Disabled Waiver Services Aged and Disabled Waiver Services case.

Sincerely,

Ray B. Woods, Jr., M.L.S. State Hearing Officer Member, State Board of Review

cc: State Board of Review Kay Ikerd, RN - B o S S

Oretta Keeney, RN - W V M I

Case Manager – Americare Management Services, Inc.

Patrick McKinney, Supervisor District DHHR Office

# WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES

NAME	<b>:</b>
ADDR	ESS:
	SUMMARY AND DECISION OF THE STATE HEARING OFFICER
I.	INTRODUCTION
March	This is a report of the State Hearing Officer resulting from a fair hearing concluded on 15, 2005 for Mr
	This hearing was held in accordance with the provisions found in the Common Chapters al, Chapter 700 of the West Virginia Department of Health and Human Resources. This aring was scheduled for February 4, 2005, on a timely appeal filed January 18, 2005.
will rer	It should be noted here that, Mr's Aged and Disabled Waiver Program Benefits, main open during the fair hearing process.
held be	All persons giving testimony were placed under oath. A pre-hearing conference was not etween the parties.
II.	PROGRAM PURPOSE
	The program entitled Home and Community Based Services, is set up cooperatively en the Federal and State Government and administered by the West Virginia Department and Human Resources.
could target	Under Section 2176 of the Omnibus Budget Reconciliation Act of 1981, states were d to request waiver from the Health Care Financing Administration (HCFA) so that they use Medicaid (Title XIX) funds for home and community based services. The program's population is individuals who would otherwise be placed in an intermediate or skilled g facility (if not for the waiver services).
III.	PARTICIPANTS
*Steph	Case Manager – Americare Management Services, Inc., Homemaker – Mountain State Home Health nanie Schiefer, RN – West Virginia Medical Institute (WVMI) kerd, RN - Bureau of Senior Services (BoSS)
*Testir	mony obtained by Conference Call.

Presiding at the hearing was, Ray B. Woods, Jr., M.L.S., State Hearing Officer and, a Member of the State Board of Review.

## IV. QUESTION(S) TO BE DECIDED

Does Mr. \_\_\_\_ continue to meet the eligibility criteria for the Aged and Disabled Waiver Services Program?

## V. APPLICABLE POLICY

WV Provider Manual Chapters 570 PROGRAM ELIGIBILITY FOR CLIENT; 570.1 MEDICAL ELIGIBILITY; 570.1.a PURPOSE and; 570.1.b MEDICAL CRITERIA

#### VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED

- D-1 WV Provider Manual Chapters 570; 570.1; 570.1.a & 570.1.b
- D-2 PAS-2000 assessed 11/10/04
- D-3 Scheduling Notice dated 01/18/05
- D-4 Request for Hearing dated 12/30/04
- D-5 GroupWise Messages (2) re: Scheduling

#### VII. FINDINGS OF FACT

- X This issue involves the proposed closure of Mr. \_\_\_\_\_'s Home and Community Based Services Case. The assessment completed on November 10, 2004 indicates Mr. \_\_\_\_\_ does not meet the eligibility for continued services.
- X Ms. Kay Ikerd, RN, reviewed the Aged and Disabled Waiver Program Eligibility Criteria.
- \* Ms. Schiefer, RN reviewed Mr. \_\_\_\_\_'s PAS-2000 assessed on November 10, 2004, in the following manner:

#### Question #24

Decubitus----- **Total = 0**;

#### Question #25

In the event of an emergency, the individual can vacate the building, Independently. **Total = 0** 

#### Question #26:

a. Eating - 2	Total = 1
b. Bathing - 2	Total = 1
c. Dressing - 2	Total = 1
d. Grooming -2	Total = 1
e. Cont/Bladder - 1	Total = 0
f. Cont/Bowel - 1	Total = 0
g. Orientation - 2	Total = 0
h. Transferring - 2	Total = 0
i. Walking - 2	Total = 0

j. Wheeling - 1 Total = 0 Total = 4

Questi Vone	estion #27 ne Total = 0	
The in	estion #28 e individual is capable of administering his own medicated al = 0.	tions: With prompting/supervision.
2004.	Mr had a total of four (4) deficits on the PAS	S-2000 assessed on November 10,
	Ms stated Mr had surgery or icult for him to walk at times. Mr appeared at the ng a crutch.	
ŧ	The telephone system at the	R Office went out of service, before

## VIII. CONCLUSIONS OF LAW

## **WV Provider Manual Chapter 570 PROGRAM ELIGIBILITY FOR CLIENT:**

the conclusion of the hearing. The Claimant was given the opportunity of rescheduling the hearing or, the State Hearing Officer rendering a decision based upon the testimony and

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- C. Be approved as medically eligible for NF Level of Care.

exhibits presented during the hearing. The Claimant chose the latter.

- D. Meet the Medicaid Waiver financial eligibility criteria for the program as determined by the county DHHR office, or the SSA if an active SSI recipient.
- E. Choose to participate in the ADW Program as an alternative to NF care.

Even if an individual is medically and financially eligible, a waiver allocation must be available for him/her to participate in the program.

## **WV Provider Manual Chapter 570.1 MEDICAL ELIGIBILITY:**

A QIO under contract to BMS determines medical eligibility for the A/D Waiver Program.

## **WV Provider Manual Chapter 570.1.a PURPOSE:**

The purpose of the medical eligibility review is to ensure the following:

- A. New applicants and existing clients are medically eligible based on current and accurate evaluations.
- B. Each applicant/client determined to be medically eligible for ADW services receives an appropriate LOC that reflects current/actual medical condition and short- and long-term service needs.
- C. The medical eligibility determination process is fair, equitable, and consistently applied throughout the State.

#### **WV Provider Manual Chapter 570.1.b MEDICAL CRITERIA:**

An individual must have five deficits on the PAS to qualify medically for the ADW Program. These deficits are derived from a combination of the following assessment elements on the PAS:

- A. #24: Decubitus Stage 3 or 4
- B. #25: In the event of an emergency, the individual is c) mentally unable or d) physically unable to vacate a building. a) and b) are not considered deficits.
- C. #26: Functional abilities of individual in the home.

Eating - Level 2 or higher (physical assistance to get nourishment, not preparation)

Bathing - Level 2 or higher (physical assistance or more)

Grooming - Level 2 or higher (physical assistance or more)

Dressing - Level 2 or higher (physical assistance or more)

Continence - Level 3 or higher (must be incontinent)

Orientation - Level 3 or higher (totally disoriented, comatose)

Transfer - Level 3 or higher (one person or two persons assist in the home)

Walking - Level 3 or higher (one person assist in the home)

Wheeling - Level 3 or higher (must be Level 3 or 4 on walking in the home to use Level 3 or 4 for wheeling in the home. Do not count outside the home.)

- D. #27: Individual has skilled needs in one or more of these areas (g) suctioning, (h) tracheostomy, (i) ventilator, (k) parenteral fluids, (l) sterile dressings, or (m) irrigations.
- E. #28: Individual is not capable of administering his/her own medications.

#### IX. DECISION

It is the decision of this State Hearing Officer to UPHOLD the proposal of the Department to close the Aged and Disabled Waiver Program case. Mr. \_\_\_\_\_ had four (4) of the required five (5) deficits on the Assessment dated November 10, 2004. He does not meet the medical eligibility criteria for continued services.

The Department's proposal was proper and correct.

# X. RIGHT OF APPEAL

See Attachment.

# XI. ATTACHMENTS

The Claimant's Recourse to Hearing Decision.

Form IG-BR-29