

#### State of West Virginia DEPARTMENT OF HEALTH AND HUMAN RESOURCES Office of Inspector General Board of Review P.O. Box 1736 Romney, WV 26757

Michael J. Lewis, M.D., Ph.D. Cabinet Secretary

July 11, 2011

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Dear ----:

**Earl Ray Tomblin** 

Governor

Attached is a copy of the Findings of Fact and Conclusions of Law on your hearing held July 7, 2011. Your hearing request was based on the Department of Health and Human Resources' proposal to reduce your homemaker service hours under the Medicaid Aged/Disabled (HCB) Title XIX Waiver Services Program.

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 for the Aged and Disabled Waiver Program is based on current policy and regulations. These regulations provide that the number of homemaker service hours are determined based on the Level of Care (LOC). The Level of Care is determined by evaluating the Pre-Admission Screening Form (PAS) and assigning points to documented medical conditions that require nursing services. Program services are limited to a maximum number of units/hours which are reviewed and approved by WVMI (Aged/Disabled Home and Community Based Waiver Policy and Procedures Manual 501.3).

The information which was submitted at your hearing revealed that while you remain medically eligible for participation in the Aged and Disabled Waiver program, your Level of Care should be reduced from a level "C" to a level "B" Level of Care. As a result, you are eligible to receive 3 hours per day or 93 hours per month of homemaker services.

It is the decision of the State Hearing Officer to Uphold the proposal of the Department to reduce your homemaker service hours under the Medicaid Aged/Disabled (HCB) Title XIX Waiver Services program.

Sincerely,

Eric L. Phillips State Hearing Officer Member, State Board of Review

cc: Erika Young, Chairman, Board of Review Kay Ikerd, RN, Bureau of Senior Services

## WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES BOARD OF REVIEW

IN RE: ----,

#### Claimant,

v.

#### **ACTION NO.: 11-BOR-1286**

## WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES,

#### **Respondent.**

### **DECISION OF STATE HEARING OFFICER**

### I. INTRODUCTION:

This is a report of the State Hearing Officer resulting from a fair hearing for -----. This hearing was held in accordance with the provisions found in the Common Chapters Manual, Chapter 700 of the West Virginia Department of Health and Human Resources. This fair hearing was convened on a timely appeal, filed May 20, 2011.

It should be noted here that the Claimant's benefits under the Aged and Disabled Waiver program continue at the previous level of determination pending a decision from the State Hearing Officer.

### **II. PROGRAM PURPOSE:**

The Aged and Disabled Waiver program, hereinafter ADW, is defined as a long-term care alternative that provides services that enable an individual to remain at or return home rather than receiving nursing facility (NF) care. Specifically, ADW services include Homemaker, Case Management, Consumer-Directed Case Management, Medical Adult Day Care, Transportation, and RN Assessment and Review.

### **III. PARTICIPANTS:**

-----, Claimant's mother

-----, RN

Kay Ikerd, RN Bureau of Senior Services (BoSS) Debbie Sickles, RN West Virginia Medical Institute (WVMIO

Presiding at the hearing was Eric L. Phillips, State Hearing Officer and a member of the Board of Review.

## **IV. QUESTION TO BE DECIDED:**

The question to be decided is whether or not the Department was correct in its proposal to reduce the Claimant's homemaker service hours provided through the Medicaid Aged and Disabled Waiver program.

# V. APPLICABLE POLICY:

Aged and Disabled Home and Community Based Waiver Policy Manual Chapter 501.3.2.1 and Chapter 501.3.2.2

# VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

## **Department's Exhibits**:

- D-1 Aged and Disabled Home and Community Based Waiver Policy Manual Chapter 501.3.2.1 and Chapter 501.3.2.2
- D-2 Pre-Admission Screening dated May 4, 2011
- D-3 Notice of Decision dated May 5, 2011

## VII. FINDINGS OF FACT:

- 1) On May 4, 2011, the Claimant was medically assessed to determine his continued eligibility and to assign an appropriate Level of Care, hereinafter LOC, in participation with the Aged and Disabled Waiver program. Prior to the re-evaluation, the Claimant was assessed at a Level "C" LOC under the program guidelines.
- 2) On May 5, 2011, the Claimant was issued a Notice of Decision, Exhibit D-3. This exhibit noted that the Claimant had been determined medically eligible to continue to receive in-home services under the program guidelines, but his corresponding level of care would be reduced to 93 hours per month (LOC "B" determination).
- 3) Ms. Debbie Sickles, West Virginia Medical Institute (WVMI) assessing nurse completed Exhibit D-2, the Pre-Admission Screening assessment, hereinafter PAS, as part of her medical assessment of the Claimant. Ms. Sickles testified that the Claimant was awarded a total of 16 points during the evaluation, which qualifies for a Level "B" LOC.
- 4) The Claimant's mother, ----, contended that additional points should have been awarded in the areas of medication administration, eating and walking.

The following addresses the contested areas:

**Medication Administration**-----testified that the Claimant requires total assistance with his medications because he does not know what medications to take. -----testified that she removes the Claimant's medications from the bottle or pillbox and places them in the Claimant's hand, allowing him to take the medications with a glass of water. Ms. Sickles

documented in the PAS assessment the following, "Member's mother takes the medications out of the pill planner and places the medications in the members hand and the member puts his hand up to his mouth and swallows the medications." Ms. Sickles assessed the Claimant as requiring prompting and supervision with medication administration and awarded one point to the Claimant's LOC. Kay Ikerd, RN Bureau of Senior Services testified that the Claimant was awarded the maximum number of points allowed in the contested area.

Policy dictates that a total of one point can be awarded in the area of medication administration. The Claimant was awarded the maximum allowable points in the contested area; therefore, additional points cannot be awarded.

**Eating-----**purported that the Claimant can use a fork and spoon, but cannot use a knife to cut up foods and cannot prepare his own meals. The Claimant was assessed as a Level 2 requiring physical assistance. Ms. Ikerd testified that an assessment of Level 3 is awarded when the individual cannot use utensils to feed themselves. Additionally, Ms. Ikerd testified that food preparation is not considered when assessing an individual's functional ability with eating.

Testimony failed to establish that the Claimant requires total assistance in the functional area of eating; therefore, the Claimant was correctly assessed and additional points cannot be awarded.

**Walking**-----testified that the Claimant requires assistance with walking "when we are out because he starts leaning sideways." -----stated that the Claimant trips "once in a while" in the home, but does not use a cane or any other assistive device. The Claimant was assessed as a Level 2 Supervised/Assistive Device. Ms. Sickles documented in the assessment the following, "Member did not use any type of assistive device during demonstration, but displayed a staggering gait."

Testimony failed to establish that the Claimant required total assistance in ambulation in the home; therefore, the Claimant was correctly assessed and additional points cannot be awarded.

- 5) Aged/Disabled Home and Community-Based Services Waiver Policy Manual 501.3.2.1 and 501.3.2.2: There will be four levels of care for clients of ADW homemaker services. Points will be determined based on the following sections of the PAS:
  - #23 Medical Conditions/Symptoms- 1 point for each (can have total of 12 points)
  - #24 Decubitus- 1 point
  - #25 1 point for b., c., or d.
  - #26 Functional abilities
    - Level 1-0 points
    - Level 2-1 point for each item a. through i.

Level 3- 2 points for each item a. through m.; i. (walking) must be equal to or greater than Level 3 before points are given for j. (wheeling)

Level 4 - 1 point for a., 1 point for e., 1 point for f., 2 points for g. through m.

#27 - Professional and Technical Care Needs- 1 point for continuous

oxygen

- #28 Medication Administration- 1 point for b. or c.
- #34 Dementia- 1 point if Alzheimer's or other dementia
- #35 Prognosis- 1 point if terminal

The total number of points allowable is 44.

## LEVELS OF CARE SERVICE LIMITS

- Level A 5 points to 9 points- 2 hours per day or 62 hours per month
- Level B 10 points to 17 points- 3 hours per day or 93 hours per month
- Level C 18 points to 25 points- 4 hours per day or 124 hours per month
- Level D 26 points to 44 points- 5 hours per day or 155 hours per month

# VIII. CONCLUSIONS OF LAW:

- 1) Medicaid policy dictates that an individual's Level of Care (LOC) is determined by the number of points awarded on the Pre-Admission Screening (PAS) assessment tool.
- 2) On May 4, 2011, the Claimant was assessed a total of 16 points as part of his PAS assessment completed by West Virginia Medical Institute.
- 3) As a result of evidence and testimony presented during the hearing process, no additional points may be awarded. The Claimant's total points remain at 16.
- 4) In accordance with existing policy, an individual with 16 points qualifies as a Level "B" LOC and is therefore eligible to receive 3 hours per day or 93 hours per month of homemaker services.

## IX. DECISION:

It is the decision of the State Hearing Officer to uphold the Agency's proposal to reduce the Claimant's homemaker service hours under the Aged/Disabled, Title XIX (HCB) Waiver Program.

### X. RIGHT OF APPEAL:

See Attachment

## XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this \_\_\_\_\_ day of July, 2011.

Eric L. Phillips State Hearing Officer