

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

Earl Ray Tomblin Governor BOARD OF REVIEW 1400 Virginia Street Oak Hill, WV 25901 Karen L. Bowling Cabinet Secretary

April 15, 2015



RE: v. WV DHHR
ACTION NO.: 15-BOR-1173

Dear Mr.

Enclosed is a copy of the decision resulting from the hearing held in the above-referenced matter.

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.

You will find attached an explanation of possible actions you may take if you disagree with the decision reached in this matter.

Sincerely,

Kristi Logan State Hearing Officer Member, State Board of Review

Encl: Claimant's Recourse to Hearing Decision

Form IG-BR-29

cc: Bureau of Senior Services

Allied Nursing and Community Services

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES BOARD OF REVIEW

Claimant,

v. Action Number: 15-BOR-1173

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES,

DECISION OF STATE HEARING OFFICER

INTRODUCTION

This is the decision of the State Hearing Officer resulting from a fair hearing for This hearing was held in accordance with the provisions found in Chapter 700 of the West Virginia Department of Health and Human Resources' Common Chapters Manual. This fair hearing was convened on April 9, 2015, on an appeal filed December 22, 2014.

The matter before the Hearing Officer arises from the December 18, 2014, decision by the Respondent to reduce the Claimant's homemaker hours under the Aged/Disabled Waiver program from a Level C to a Level B.

At the hearing,	the Respondent	appeared by	/ Tamra	Grueser,	RN	with	<u>th</u> e	Bureau	of Se	nior
Services. Appe	aring as a witnes	s for the Res	spondent	was			,	RN with	the V	Vest
Virginia Medic	al Institute. The	Claimant a	ppeared_	pro se.	Appe	aring	as	witnesse	es for	the
Claimant were		Case Manag	er and			, 1	Hom	emaker	RN.	All
witnesses were sworn and the following documents were admitted into evidence.										

Department's Exhibits:

- D-1 WV Medicaid Provider Manual Chapter 501 Aged/Disabled Waiver Services Policy, §§501.5.1 and 501.5.1.1
- D-2 Pre-Admission Screening (PAS) dated December 17, 2014
- D-3 PAS Summary dated December 17, 2014
- D-4 Medical Necessity Evaluation Request form dated October 7, 2014
- D-5 PAS dated December 16, 2013

Respondent.

D-6 Notice of Decision - Re-Evaluation Assessment dated December 18, 2014

15-BOR-1173 P a g e | 1

Claimant's Exhibits:

- C-1 PAS dated February 27, 2012
- C-2 PAS dated January 10, 2013

After a review of the record, including testimony, exhibits, and stipulations admitted into evidence at the hearing, and after assessing the credibility of all witnesses and weighing the evidence in consideration of the same, the Hearing Officer sets forth the following Findings of Fact.

FINDINGS OF FACT

- On December 17, 2014, the Claimant was evaluated to determine continued medical eligibility for the Aged and Disabled Waiver program. West Virginia Medical Institute (WVMI) Nurse completed a Pre-Admission Screening (PAS) (D-2) form with the Claimant to assess his functional abilities in the home. Nurse assessed the Claimant with fifteen (15) level-of-care points based on the information derived from the medical evaluation.
- On December 18, 2014, the Respondent issued notice (D-6) to the Claimant of its decision to reduce his homemaker hours from Level C to Level B as a result of the assessment by Nurse Eighteen (18) points (D-1) are required for the Claimant to continue receiving services at a Level C care.
- 3) The Department stipulated that the Claimant should have received one (1) point each for the medical conditions of pain and mental disorder.
- 4) The Claimant testified that he experiences bowel incontinence 2-3 times weekly.
- Nurse documented (D-2) that the Claimant reported that he had not had a bowel accident for at least 2-3 weeks prior to the December 2014 medical assessment.

APPLICABLE POLICY

Aged/Disabled Home and Community-Based Services Waiver Policy Manual Sections 501.5.1.1(a) and 501.5.1.1(b) (D-1) set forth the Service Level criteria. There are four (4) Service Levels for Personal Assistance/Homemaker services, and points are 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:

15-BOR-1173 Page | 2

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 - 0-62 hours per month

Level B - 10 points to 17 points - 63-93 hours per month

Level C - 18 points to 25 points - 94-124 hours per month

Level D - 26 points to 44 points - 125-155 hours per month

DISCUSSION

The Claimant was assessed as a Level 2 – occasional incontinence – in the area of bowel incontinence based on his disclosure to the WVMI nurse that he had not experienced a bowel accident in recent weeks. To be assessed as a Level 3 – total incontinence – the Claimant would have to have three (3) or more bowel accidents weekly. Based on the information that was made known to the WVMI nurse at the time of the Claimant's medical evaluation, he was correctly assessed as a Level 2 for bowel incontinence.

CONCLUSIONS OF LAW

Whereas the Claimant received seventeen (17) points on his December 2014 PAS, and a minimum of eighteen (18) points are required to receive a Level C care, the Claimant was correctly assessed at a Level B care.

15-BOR-1173 Page | 3

DECISION

It is the decision of the State Hearing Officer to **uphold** the Department's decision to reduce the Claimant's homemaker hours under the Aged/Disabled Waiver program to a Level B care.

ENTERED this 15th day of April 2015

Kristi Logan State Hearing Officer

15-BOR-1173 P a g e | 4