



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
4190 Washington Street West
Charleston, WV 25313

Joe Manchin III
Governor

Martha Yeager Walker
Secretary

July 26, 2005

Dear Ms. _____:

Attached is a copy of the findings of fact and conclusions of law on your hearing held June 10, 2005. Your hearing request was based on the Department of Health and Human Resources' proposal to close your Aged and Disabled Waiver Case.

In arriving at a decision, the State Hearings 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 services Program is based on current policy and regulations. Some of these regulations state as follows: 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 your hearing revealed: You do not meet the medical eligibility criteria for continued services.

It is the decision of the State Hearings Officer UPHOLD the PROPOSAL of the Department to close your Aged and Disabled Waiver case.

Sincerely,

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

cc: Erika H. Young, Chairman, Board of Review
Kay Ikerd, RN – BoSS
Oretta Keeney, RN – WVMI
[REDACTED] RN - CCIL

III. PARTICIPANTS:

_____, Claimant
_____, RN/Case Manager – Coordinating Council for Independent Living (CCIL)
_____, Homemaker – Panhandle Support
Kay Ikerd, RN – Bureau of Senior Services (BoSS) *
Michelle Wiley, RN – West Virginia Medical Institute (WVMI)*
* Participated by teleconference

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. QUESTIONS TO BE DECIDED:

The question(s) to be decided: Does Ms. _____ 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:

Department's Exhibits:

- D-1 WV Provider Manual Chapters 570 *PROGRAM ELIGIBILITY FOR CLIENT*; 570.1 *MEDICAL ELIGIBILITY*; 570.1.a *PURPOSE* and; 570.1.b *MEDICAL CRITERIA*
- D-2 PAS dated 11/08//04
- D-3 Letter of Potential Denial dated 12/06/04
- D-4 Letter of Termination/Denial dated 12/22/04
- D-5 Scheduling Notice dated 03/22/05
- D-6 Memorandum with Hearing Exhibits dated 02/28/05
- D-7 Request For Hearing dated 12/29/04
- D-8 Medical Necessity Reevaluation Request dated 10/06/04
- D-9 GroupWise Messages re: Scheduling

Claimants' Exhibits:

- C-1 NONE

VII. FINDINGS OF FACT:

1) Aged/Disabled Home and Community Based Services Manual § 570 PROGRAM ELIGIBILITY FOR CLIENT:

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.

2) Aged/Disabled Home and Community Based Services Manual § 570.1.a. - Purpose:

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

- * New applicants and existing clients are medically eligible based on current and accurate evaluations.
- * 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.
- * The medical eligibility determination process is fair, equitable, and consistently applied throughout the State.

3) Aged/Disabled Home and Community Based Services Manual § 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
- #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.

- B. #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 person assist in the home)
 - Walking ----- Level 3 or higher (one person or two 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)

C. #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.

D. #28: The individual is not (c) capable of administering his/her own medications.

4) This issue involves the denial of services under the Aged and Disabled Waiver Services Program. The re-evaluation assessment was completed on November 8, 2004. It indicates Ms. _____ does not meet the medical eligibility for continued services.

5) Ms. Kay Ikerd, RN, reviewed the Aged and Disabled Waiver Program Eligibility Criteria.

6) Ms. Michelle Wiley, RN reviewed Ms. _____'s Pre-Admission Screening (PAS) Assessment dated November 8, 2004, in the following manner:

Question #24

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

Question #25

In the event of an emergency, the individual can vacate the building, Physically Unable.

Total = 1

Question #26:

- a. Eating - 1 **Total = 0**
b. Bathing - 2 **Total = 1**

c. Dressing - 2	Total = 1	
d. Grooming -2	Total = 1	
e. Cont/Bladder - 2	Total = 0	
f. Cont/Bowel - 2	Total = 0	
g. Orientation - 2	Total = 0	
h. Transferring - 2	Total = 0	
i. Walking - 2	Total = 0	
j. Wheeling - 1	Total = 0	Total = 3

Question #27

None **Total = 0**

Question #28

The individual is capable of administering his own medications: With Prompting/Supervision. **Total = 0.**

7) Ms. _____ had a total of four (4) deficits on the PAS assessed on November 8, 2004.

8) The West Virginia Medical Institute sent a letter of Potential Denial to Ms. _____ on December 6, 2004. The letter stated there were four (4) deficits on the PAS. Ms. _____ was permitted to submit additional documentation within two weeks of the letter.

9) No additional medical documentation was received by the West Virginia Medical Institute.

10) On December 22, 2004, the WVMI notified Ms. _____ that, "Your request for benefits under the Home and Community Based Aged/Disabled Waiver Program has been terminated/denied. Your PAS indicated deficiencies in 4 areas."

11) Ms. _____ completed a Request for Hearing on December 29, 2004.

12) Ms. _____ attempted to introduce a note from Ms. _____'s physician dated June 6, 2005. Ms. Ikerd objected to the timeliness of the note and it was not allowed by the State Hearing Officer.

13) Ms. _____ advocated Ms. _____'s need for assistance with Walking and Transferring. According to Ms. _____, the regulations do not indicate how the functional abilities are assessed.

VIII. CONCLUSIONS OF LAW:

1) Ms. _____ does not meet the continued medical eligibility criteria for the Aged and Disabled Waiver Program. There was no evidence submitted that Ms. _____ needed a one or two person assistance for Transferring in the home.

IX. DECISION:

It is the decision of this State Hearing Officer to UPHOLD the PROPOSAL of the Department in this particular matter.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 26th Day of July, 2005.

Ray B. Woods, Jr., M.L.S.
State Hearing Officer