

State of West Virginia DEPARTMENT OF HEALTH AND HUMAN RESOURCES Office of Inspector General Board of Review

Board of Review P.O. Box 6165 Wheeling, WV 26003

Joe Manchin III	
Governor	

Martha Yeager Walker Secretary

	July 20, 2006
Dear Mr:	

Attached is a copy of the findings of fact and conclusions of law on your hearing held July 11, 2006. Your hearing request was based on the Department of Health and Human Resources' proposal to deny services under the Aged Disabled Waiver, A/DW, 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 A/DW program is based on current policy and regulations. Some of these regulations state as follows: The Aged/Disabled (HCB) Title XIX Waiver Services Program is granted to those individuals who meet all eligibility requirements. One of these requirements is that the individual must qualify medically. Eligible individuals are those who qualify medically for nursing facility level of care but have chosen the waiver program as a means to remain in their home, where services can be provided. (Aged/Disabled (HCB) Services Manual 570- 570.1b (11/1/03).

The information which was submitted at your hearing revealed that at the time of the January 25, 2006 Pre-Admission Screening Assessment, you did not meet the medical eligibility criteria for services under the Aged/Disabled Waiver Program.

It is the decision of the State Hearings Officer to **uphold** the proposed action of the Department to deny services under the A/DW program.

Sincerely,

Melissa Hastings State Hearing Officer Member, State Board of Review

cc: Erika H. Young, Chairman, Board of Review

BOSS WVMI

Family Services

WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES BOARD OF REVIEW

DECISION OF STATE HEARING OFFICER

Claimant,	
v.	Action Number: 06-BOR-1292
West Virginia Department of Health and Human Resources,	
Respondent.	

I. INTRODUCTION:

This is a report of the State Hearing Officer resulting from a fair hearing concluded on July 11, 2006 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 July 11, 2006 on a timely appeal filed April, 10, 2006.

It should be noted here that the claimant's application has been denied.

II. PROGRAM PURPOSE:

The Program entitled Aged Disabled Waiver is set up cooperatively between the Federal and State governments and administered by the West Virginia Department of Health & Human Resources.

Under Section 2176 of the Omnibus Budget Reconciliation Act of 1981, states were allowed to request a waiver from the Health Care Financing Administration (HCFA) so that they could use Medicaid (Title XIX) funds for home and community-based services. The program's target population is individuals who would otherwise be placed in an intermediate or skilled nursing facility (if not for the waiver services). Services offered under the Waiver Program will include: (1) chore, (2) homemaker and (3) case management services. West Virginia has been offering the Waiver Services Program since July 1982 to those financially eligible individuals who have been determined to need ICF level care but who have chosen the Waiver Program Services as opposed to being institutionalized.

III. PARTICIPANTS:

Claimant's Witnesses:

_____ - claimant - Case Manager Family Services

Department's Witnesses:

Connie Tetrick – RN Bureau of Senior Services by phone - WVMI RN by phone

Presiding at the Hearing was Melissa Hastings, State Hearing Officer and a member of the State Board of Review.

IV. QUESTIONS TO BE DECIDED:

The question(s) to be decided is whether the Department was correct in their decision to deny services under the Aged/Disabled Waiver (HCB) program.

V. APPLICABLE POLICY:

Aged/Disabled Home and Community Based Service Manual §570

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- **D**-1 Aged/Disabled Home and Community based Services Manual §570, 570.1 a,b.
- **D**-2 Pre-Admission Screening, PAS, completed January 25, 2006
- **D**-3 Notice of potential denial dated January 31, 2006
- **D**-4 Notice of termination/denial dated February 15, 2006

Claimant's Exhibits:

None

VII. FINDINGS OF FACT:

- 1) Mr. _____ is a 70 year-old male. He is an applicant for the A/DW program. His A/DW eligibility was undergoing an initial evaluation on January 25, 2006.
- A WV Medical Institute (WVMI) Nurse completed a Pre-Admission Screening (PAS) in the claimant's home with the claimant and case manager participating. The evaluating nurse determined that the claimant had only three (3) qualifying deficits. She assigned a deficit for Mr. _____'s need for physical assistance in bathing, grooming and dressing.
- 3) The primary diagnosis listed on the Pre-Admission Screening (D2) was Chronic Obstructive Pulmonary Disease.

4)		ant and his representative, Case Manager , contend that Mr have been awarded a deficit for walking and ability to vacate the building.
5)	regula	g cross examination of the evaluating nurse by Ms. an explanation of the tions required for an assignment of a level 3 for walking were explained to Ms. Following this explanation, Ms. conceded that the evaluation eted by the nurse was accurate and there were no other deficits to contest for Mr.
6)	doing confirm	indicates that he experiences shortness of breath which prevents him from most tasks. Macular degeneration has developed in his other eye now but he ms that he is still capable of ambulating around his home by himself and able to is own medications.
7) Progra	_	Disabled Home and Community-Based Services Manual Section 570 (D-1)-ibility for client:
	Applic Progra C.	cants for the ADW Program must meet the following criteria to be eligible for the am: Be approved as medically eligible for NF Level of Care
8) Purpos	_	Disabled Home and Community-Based Services Manual Section 570.1.a – 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 A/DW services receives an appropriate LOC that reflects current/actual medical condition and short and long-term services needs.
	C.	The medical eligibility determination process is fair, equitable and consistently applied throughout the state.
9) Medic	Aged/. al Crite	Disabled Home and Community-Based Services Manual Section 570.1.b – ria:
	An in	dividual must have five deficits on the PAS to qualify medically for the A/DW

A. Decubitus - Stage 3 or 4 (Item 24 on PAS 2005)

elements on the PAS:

B. Unable to vacate a building- a person is physically unable at all times at Level 3 or higher in walking or mentally incapable of leaving the building at Level 3 or higher in

Program. These deficits are derived from a combination of the following assessment

orientation with a diagnosis of dementia, Alzheimers, or related condition. (Item 25, I and 33, on the PAS 2005).

C. Functional abilities of individual in the home. (Item 25 on the PAS 2005).

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 total incontinent- defined as when the recipient has no control of bowel or bladder

functions at any time)

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 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. Individual has skilled needs in one or more of these areas B (g)suctioning, (h)tracheostomy, (i) ventilator, (k)parenteral fluids, (l)sterile dressings, or (m) irrigations. (Item 26 on the PAS 2005)

E. The individual is not capable of administering his/her own medications is defined as an individual not capable of administering his/her own medications if the prescription medication must be placed in the recipient's hand, mouth, tube or eye by someone other than the recipient at all times.

VIII. CONCLUSIONS OF LAW:

- The Aged Disabled Waiver policy provides that an individual must have five (5) qualifying deficits to be medically eligible for the Aged Disabled Waiver program. At the time of the PAS the WVMI nurse assigned the claimant three (3) qualifying deficits in the area of bathing, grooming and dressing.
- 2) The issues raised at the hearing were in the areas of Walking and Ability to Vacate the Building.
- 3) Evidence and testimony admitted during this hearing reveal that the Pre Admission Screening was appropriately completed on January 25, 2006.

- 4) Evidence and testimony admitted during this hearing confirm that the Level 1 Independent in the contested area of walking was appropriately assigned by the evaluating nurse.
- 5) The Ability to vacate a building category was appropriately determined based on policy requiring a level 3 assessment in walking and/or a level 3 assessment in orientation. Walking was the only item contested by the claimant in this category. As noted in item 4 above, a Level 1 Independent was appropriately assigned to the claimant.

IX. DECISION:

After reviewing the information presented during this hearing and the applicable policy and regulations, a determination has been made that claimant meets the criteria for three (3) deficits in the areas of Bathing, Dressing and Grooming. Policy requires five (5) deficits to be eligible for the Aged/Disabled Waiver Program therefore it is the decision of the Hearings Officer to **UPHOLD** the agency's proposed action to deny services.

X. The **RIGHT OF APPEAL**:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 20th Day of July 2006.

Melissa Hastings State Hearing Officer