



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

Joe Manchin III
Governor

Martha Yeager Walker
Secretary

August 28, 2006

Dear Ms. _____:

Attached is a copy of the findings of fact and conclusions of law on your hearing held August 25, 2006. Your hearing request was based on the Department of Health and Human Resources' proposal to decrease homemaker hours 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 February 21, 2006 Pre-Admission Screening Assessment, you did not meet the eligibility criteria for level of care C under the Aged/Disabled Waiver Program in which you were previously assessed.

It is the decision of the State Hearings Officer to **uphold** the proposed action of the Department to decrease homemaker hours to a level B under the A/DW program.

Sincerely,

Sharon K. Yoho
State Hearing Officer
Member, State Board of Review

cc: Erika H. Young, Chairman, Board of Review
_____, All Care Home & Com. Ser. - Boggess, BoSS - _____, WVMI

**WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES
BOARD OF REVIEW**

Claimant,

v.

Action Number: 06-BOR-1719

**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 concluded on August 25, 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 August 25, 2006 on a timely appeal, filed April 18, 2006.

It should be noted here that the claimant's benefits have been continued pending a hearing decision.

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, All Care Home & Community Services
_____, Homemaker RN, Pro Careers

Department's Witnesses:

Brian Holstein, Bureau of Senior Services

_____, WV Medical Institute

Presiding at the Hearing was Sharon K. Yoho, State Hearing Officer and a member of the State Board of Review.

All participants appeared by speakerphone.

IV. QUESTIONS TO BE DECIDED:

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

V. APPLICABLE POLICY:

Aged/Disabled Home and Community Based Service Manual §570 and §580

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

D-1 Aged/Disabled Home and Community based Services Manual §570.1 c,d. and §580.2

D-2 Pre-Admission Screening, PAS, completed February 21, 2006

D-3 Eligibility Determination dated February 21, 2006

D-4 Notice of proposal to decrease homemaker hours dated March 21, 2006

VII. FINDINGS OF FACT:

- 1) Ms. _____ is a 64-year-old female. She is an active participant in the A/DW program and her eligibility was undergoing an annual evaluation on February 21, 2006.
- 2) A WV Medical Institute nurse completed a Pre-Admission Screening (PAS) in Ms. _____'s home with the claimant, her homemaker, _____, and her case manager, _____ present. This PAS evaluation determined that the claimant remained eligible for the Aged/Disabled Waiver program however; it was determined that the level of care that she required had decreased from level C to a level B with 16 points awarded.

- 3) This claimant has primary diagnoses of Chronic Lower Leg Ulcers, Osteo Arthritis, Morbid Obesity and Diabetes.
- 4) The evaluating nurse on February 21, 2006 determined this claimant to have 16 points in determining the level of care required. The evaluating nurse assigned seven (7) points in the areas of Medical Conditions/Symptoms, nine (9) points in the area of functional levels.
- 5) The claimant does have some difficulty with walking and does use a cane and a walker. Her homemaker at the time of the PAS was only providing supervision for Ms. _____ while she walks. The claimant and the homemaker advised the nurse during the assessment that Ms. _____ can walk without hands on assistance.
- 6) Ms. _____ can get up from sitting at times with the use of her walker. The homemaker helps her up during the hours she is in the home. Ms. _____ holds on to the homemaker and will sometimes pull the homemakers pants down while trying to get up. She has had to call family and church members to come to her home to help her into bed at night. She has had a trapeze over her bed to assist her in getting out of her bed. The homemaker told the evaluating nurse, during the assessment, that she does have to help Ms. _____ with transferring.
- 7) The claimant's witnesses voiced concerns regarding Ms. _____'s ability to vacate her home if there were a fire. They believe that she would not be able to vacate and could burn up in a house fire.
- 8) Aged/Disabled Home and Community-Based Services Manual Section 570 (D-1)-Program Eligibility for client:

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

- C. Be approved as medically eligible for NF Level of Care.
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- 9) Aged/Disabled Home and Community-Based Services Manual Section 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 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.

10) Aged/Disabled Home and Community-Based Services Manual Section 570.1.b – Medical Criteria:

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

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

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 orientation with a diagnosis of dementia, Alzheimer's, 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.

11) Aged/Disabled Home and Community Based Service Manual # 570.1.c,d:
There are four levels of care for clients of ADW Homemaker services. Points will be determined as follows, based on the following sections of the PAS 2005:

#23 1 point for each (can have total of 12 points) Medical Condition

#24 1 point Decubitus

#25 Level 1 - 0 points Functional levels

Level II - 1 point for each item A through I

Level III - 2 points for each item A through M; I (walking) must be equal to or greater than III before points given for J (wheeling)

Level IV - 1 point for A, 1 point for E, 1 point for F, 2 points for G through M

#26 1 point for continuous oxygen

#27 - 1 point for "NO" answer – medication administration

#33 - 1 point if Alzheimer's or other dementia

#34 - 1 point if terminal

Levels of Care Service Limits:

Level A 5-9 points 62 Hours per Month

Level B 10-17 points 93 Hours per Month

Level C 18-25 points 124 Hours per Month

Level D 26-44 points 155 Hours per Month

VIII. CONCLUSIONS OF LAW:

- 1) The Aged Disabled Waiver policy provides that an individual must be assigned 18 to 25 points to qualify as requiring a Level C in care, which is 124 hours per month in homemaker services. 10 to 17 points indicates a Level B which is for 93 hours per month in homemaker services. The evaluating nurse assigned 16 points, which falls within the Level B of care.
- 2) Testimony regarding the claimant's difficulty in walking did not support that, at the time of the PAS, she needed hands on assistance for ambulating. Testimony and information documented on the PAS does conclude that Ms. _____ did, at the time of the PAS, need hands on assistance to transfer much of the time. Policy does not allow for a deficit or a point to be assigned for vacating unless the client is rated at a level 3 or higher in walking and or orientation. Ms. _____ was correctly rated at a level 2 for walking and a level 1 for orientation therefore; a point for vacating was not assigned.
- 3) The claimant should have been assigned a point for transferring however; this additional point would give her 17 points, which remains in the B Level of Care as stipulated in policy.

IX. DECISION:

After reviewing the information presented during this hearing and the applicable policy and regulations, I find that the evaluating nurse should have assessed the claimant with 17 points. With the authority granted to me, by the WV State Board of Review, I am ruling to **uphold** the Agency's proposed action to decrease this claimant's homemaker services 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 28th Day of August, 2006.

**Sharon K. Yoho
State Hearing Officer**