



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Joe Manchin III
Governor

Office of Inspector General

Board of Review
PO Box 29
Grafton WV 26354
July 26, 2006

Martha Yeager Walker
Secretary

Dear Ms. _____:

Attached is a copy of the findings of fact and conclusions of law on your hearing convened April 19, 2006. Your hearing request was based on the Department of Health and Human Resources' proposal to discontinue your benefits/services under the Medicaid, Aged/Disabled Title XIX (Home & Community Based) Waiver 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.

Medicaid, Aged/Disabled (HCB) Title XIX Waiver is granted to those individuals who continue to meet all eligibility requirements. Eligible individuals are those who qualify medically for a nursing facility level of care but have chosen the waiver program as a means to remain in their home. In order to medically qualify for Aged/Disabled Waiver services an individual must have a total of five (5) qualifying deficits in specific categories of nursing services. [Aged/Disabled (HCB) Services Manual §570- 570.1b (11/1/03)].

The information submitted at your hearing establishes a minimum of 5 qualifying deficits, demonstrating that you require the *level of care* commonly provided in a nursing facility.

It is the decision of the State Hearing Officer to **reverse** the proposal of the agency to discontinue your benefits under the Aged/Disabled Title XIX (HCB) Waiver Program as set forth in the December 20, 2005 notification letter.

Sincerely,

Ron Anglin
State Hearing Examiner
Member, State Board of Review

cc: Erika Young, Chairman, Board of Review
Libby Boggess, BoSS
[REDACTED] WVMI
[REDACTED] Senior Citizens

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

Claimant,

v.

Action Number 05-BOR- 7257

**West Virginia Department of Health and Human Resources,
Respondent.**

SUMMARY AND DECISION OF THE STATE HEARING OFFICER

I. INTRODUCTION:

This is a report of the State Hearing Officer resulting from a fair hearing concluded on July 21, 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 April 19, 2006 on a timely appeal requested January 3, 2006 and received by the State Hearings Examiner January 27, 2006.

II. PROGRAM PURPOSE:

The Program entitled Medicaid Title XIX Waiver (HCB) 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

_____, CM, _____ Senior

_____, RN, _____ Senior

_____, niece to claimant

_____, nephew to claimant

_____, Apt manager

_____, homemaker

Kay Ikerd, RN, Bureau of Senior Services (by phone)

_____, RN, West Virginia Medical Institute (by phone)

Presiding at the hearing was Ron Anglin, State Hearing Examiner and a member of the State Board of Review.

IV. QUESTION TO BE DECIDED:

The question to be decided is whether the claimant continues to be medically eligible for services under the Aged/Disabled Waiver (HCB) Program.

V. APPLICABLE POLICY:

Aged/Disabled Home and Community Based Services Manual §570- 570.1

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

E-1- A/D Waiver Manual §570.1.

E-2- WVMi Independent Review (PAS), 11/1/05

E-3- Notification 11/14/05 (Potential Denial)

E-4- Notification, 12/20/05 (Termination)

C-1- Additional info from CM to WVMi submitted 11/8/05

C-2- CM presentation, 4/19/06

C-3- CM recording log, 11/1/05

C-4- Medicaid approval of continence supplies, 5/31- 10/31/05

VII. FINDINGS OF FACT:

1) The claimant's A/D Waiver case was due for an annual review and a WVMi Independent Review (E-2) was completed by the WVMi on November 1, 2005.

- 2) WVMI determined that the claimant was no longer medically eligible for Waiver services and a notification of potential closure was mailed by the agency November 14, 2005.
- 3) The agency mailed a notification of termination to the claimant December 20, 2005.
- 4) A hearing request dated December 21, 2005 was received by the Bureau for Medical Services (BMS) January 3, 2006 and by this examiner January 27, 2006.
- 5) During the hearing, exhibits as noted in Section VI above were accepted.
- 6) Testimony was heard from the parties listed in section III above. All persons giving testimony were placed under oath.
- 7) On the basis of the medical evaluation completed November 1, 2005 and testimony of the WVMI RN who completed the assessment, 3 qualifying deficits were acknowledged- bathing, dressing and grooming.
- 8) Sworn testimony offered by and on behalf of the claimant reveals that the claimant needs assistance in eating as food must be cut up for her. She tries to eat a soft or liquid diet however she is unable to open Ensure cans. The claimant attempts to go to the toilet but is always wet or soiled when she gets there. She has been Medicaid approved for 120 continence pads each month (exhibit C-4) and often uses more than 4 pads per day.
- 9) The Aged/Disabled Home and Community Based Services Manual § 580.2.b states in part: All clients must be evaluated at least annually in order to confirm their medical eligibility for continued services and to establish the LOC (level of Care) they require.
- 10) The Aged/Disabled Home and Community Based Services Manual § 570 reveals that individuals medically eligible for the ADW program must meet the same criteria as those medically eligible for a nursing facility level of care.
- 11) The 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 assessment elements on the medical evaluation- Decubitus - Stage 3 or 4; ability to vacate a building*; functional abilities of individual in the home – eating (*physical assistance to get nourishment, not preparation*) bathing, grooming, dressing (all Level 2 or higher - physical assistance or more), continence* (Level 3 or more- must be total incontinent; orientation, transferring, walking, wheeling* (all Level 3 or higher- personal assistance); skilled needs; ability to self-medicate*.

- * Vacating 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 conditions
- * Incontinence- defined as when the recipient has no control of bowel or bladder functions at any time
- * Wheeling- 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.
- * Ability to self medicate-A person is incapable of self medicating 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:

1) Policy relating to the Aged/Disabled Home and Community Based Services program directs that individuals medically eligible for the ADW program must meet the same criteria as those medically eligible for a nursing facility level of care. Continuing eligibility is determined based on an assessment of the individual's functional ability in a number of designated elements pertaining to the activities of daily living. Evidence reveals that such an evaluation was completed by the West Virginia Medical Institute on November 1, 2005. This evaluation found 3 qualifying deficits in the categories of bathing, dressing and grooming.

2) Deficits are derived from a combination of the aforementioned assessment elements (VII #11). Among these are **Eating** which in order to be considered a deficit requires that assistance must be provided for the individual to get nourishment. Evidence reveals that the claimant's food must be cut up for her and she is unable to open cans of nutritional supplement. It is obvious that she requires assistance to get nourishment. Evidence establishes a qualifying deficit in Eating.

3) In order to determine a qualifying deficit in the category of **Continence** it must be shown that the recipient has no control of bowel or bladder functions at any time. Evidence reveals that the claimant, while going to the bathroom, is always wet or soiled when she gets there. Medicaid approval of continence supplies further supports her bladder incontinence. Evidence establishes a qualifying deficit in Continence.

4) Policy provides that an individual must have a minimum of five deficits to qualify medically for the ADW Program. The medical assessment established 3 qualifying deficits and evidence offered at the hearing 2 additional deficits for a total of 5. Medical eligibility for the program is reestablished.

IX. DECISION:

The agency's determination as set forth December 20, 2005 notification is reversed. This hearing clearly establishes 5 fully qualifying deficits and continuing medical eligibility for the ADW program.

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 2006

Ron Anglin
State Hearing Examiner

CLAIMANT'S RECOURSE TO ADMINISTRATIVE HEARING DECISION

For

Public Assistance Hearings, Administrative Disqualification Hearings, and Child Support Enforcement Hearings

A. CIRCUIT COURT

Upon a decision of a State Hearing Officer, the claimant will be advised he may bring a petition in the Circuit Court of Kanawha County within four months (4) from the date of the hearing decision.

The Court may grant an appeal and may determine anew all questions submitted to it on appeal from the decision or determination of the State Hearing Officer. In such appeals a certified copy of the hearing determination or decision is admissible or may constitute prima facie evidence of the hearing determination or decision. Furthermore, the decision of the circuit Court may be appealed by the client or petitioner to the Supreme Court of Appeals of the State of West Virginia.

B. THE UNITED STATE DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against because of race, color, national origin, age, sex or handicap, write immediately to the Secretary of the United States Department of health and Human Services, Washington, D.C. 20201.

C. THE UNITED STATE DEPARTMENT OF AGRICULTURE

If you believe you have been discriminated against because of race, color, national origin, age, sex or handicap, write immediately to the Secretary of the Department of Agriculture, Washington, D.C. 20250.



**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
HEARING DECISION TRANSMITTAL FORM**

DATE: July 26, 2006

TO: Libby Boggess, RN
Bureau for Senior Services

FROM: Ron Anglin, State Hearing Examiner

RE: NAME:
COUNTY: [REDACTED]
CATEGORY: Medicaid, Aged Disabled Waiver- medical eligibility

ATTACHED IS THE DECISION AND SUMMARY ON THE ABOVE-NAMED CASE:

In favor of the claimant **(REVERSED)**

**PLEASE COMPLETE THE BOTTOM OF THIS FORM AND RETURN ONE
COPY TO THE STATE HEARING OFFICER**

- ☐ Date Hearing decision implemented_____
 - ☐ Effective Date_____
 - ☐ Amount of Retroactive Payment_____
 - ☐ Case Continued No Action Necessary_____
 - ☐ No Action Necessary _____
 - ☐ Action Not Taken (Give Reason) _____
-

Date_____ Signature_____

(Agency Employee)

