



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
9083 Middletown Mall
White Hall, WV 26555

Earl Ray Tomblin
Governor

Rocco S. Fucillo
Cabinet Secretary

August 8, 2012

Dear -----:

Attached is a copy of the Findings of Fact and Conclusions of Law on your hearing held August 7, 2012. Your hearing request was based on the Department of Health and Human Resources' action to deny your application for benefits and services through the Aged and Disabled (HCB) Title XIX Waiver Services 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 Aged/Disabled Waiver Program is based on current policy and regulations. Some of these regulations state that 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 a 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, Section 501]

Information submitted at the hearing fails to demonstrate that you medically qualify for benefits and services provided through the Medicaid Aged/Disabled Home and Community-Based Waiver Services Program.

It is the decision of the State Hearing Officer to **uphold** the Department's action in denying your application for benefits and services through the Medicaid Aged/Disabled Waiver Services Program.

Sincerely,

Thomas E. Arnett
State Hearing Officer
Member, State Board of Review

Pc: Erika H. Young, Chairman, Board of Review
BoSS
WVMI

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

IN RE: -----,

Claimant,

v.

Action Number: 12-BOR-1205

**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 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 originally scheduled to convene on June 26, 2012, but was rescheduled at the request of the Department and convened on August 7, 2012, on a timely appeal filed April 27, 2012.

II. PROGRAM PURPOSE:

The ADW Program is defined as a long-term care alternative that provides services that enable an individual to remain at or return home rather than receiving nursing facility (NF) care. Specifically, ADW services include Homemaker, Case Management, Consumer-Directed Case Management, Medical Adult Day Care, Transportation, and RN Assessment and Review.

III. PARTICIPANTS:

-----, Claimant

-----, Claimant's granddaughter/witness

Kay Ikerd, RN, Bureau of Senior Services (BoSS), Department's representative

Debbie Sickles, RN, West Virginia Medical Institute (WVMI), Department's witness

Presiding at the hearing was Thomas E. Arnett, State Hearing Officer and a member of the State Board of Review.

IV. QUESTION TO BE DECIDED:

The question to be decided is whether or not the Department was correct in its action to deny the Claimant's application for benefits and services through the Medicaid Aged/Disabled Home and Community-Based Waiver Services Program.

V. APPLICABLE POLICY:

Medicaid Aged & Disabled Home and Community-Based Waiver Services Manual, Chapter 500, Section 501

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- D-1 Aged/Disabled Home and Community-Based Services Manual, Section 501
- D-2 Pre-Admission Screening (PAS) assessment completed on March 14, 2012
- D-3 Notice of Potential Denial dated March 15, 2012
- D-4 Notice of Termination/Denial dated April 2, 2012

VII. FINDINGS OF FACT:

- 1) On March 14, 2012, the Claimant was evaluated (medically assessed) to determine medical eligibility for participation in the Aged/Disabled Waiver Services Program, hereinafter ADW Program (Exhibit D-2, Pre-Admission Screening (PAS) form).
- 2) On or about March 15, 2012, the Claimant was notified of Potential Denial (Exhibit D-3). This notice states, in pertinent part:

To be eligible for benefits you must be deficient in at least 5 of 13 critical areas as mandated in the Medicaid Program Regulations, Aged/Disabled Home and Community Based Services Waiver, Policy and Procedures Manual, Chapter 501.5.1.1.

Based on your PAS you have deficiencies in only 2 areas – Grooming and Dressing.

This notice goes on to advise the Claimant that additional medical information would be considered before a final determination was made, if received within two weeks.

- 3) The Claimant was notified that medical eligibility could not be established via a Termination/Denial Notice dated April 2, 2012 (Exhibit D-4). This notice states, in pertinent part:

The West Virginia Medical Institute (WVMI) recently conducted an assessment of your medical eligibility for the Aged and Disabled Waiver Program. You have been determind [sic] medically ineligible for Waiver services.

This decision results in the denial or termination of your Waiver services. This is based on policy in the Medicaid program regulations, Aged and Disabled Waiver Policy Manual, Section 501.5.1.1 and the Pre-Admission Screening (PAS) Form (attached).

REASON FOR DECISION: Medical eligibility for the **Aged and Disabled Waiver Program** requires deficits in at least **five (5)** of the health areas listed below: (only two are indicated - vacating a building and continence.)

Your Pre-Admission Screening Form (PAS) indicates deficiencies in **two (2)** areas. Because you have less than **five (5)** deficits, you are not medically eligible for the Aged and Disabled Waiver Program.

- 4) As noted in the previous findings, the Department stipulated that the Claimant was demonstrating two (2) deficits (vacating a building in the event of an emergency and continence), but indicated the medical assessment completed in March 2012 fails to identify five (5) functional deficits as required by ADW Program medical eligibility criteria.
- 5) The Claimant contends that she should have been found medically eligible, as she is also demonstrating functional deficits in bathing, dressing, grooming and medication administration. It should be noted that eating and orientation were questioned, however; meal preparation is not considered when evaluating for a deficit in eating, and an individual must be disoriented at all times in order to qualify for a deficit in orientation. The following will address the contested functional deficits:

Bathing - Pursuant to Medicaid policy criteria, a deficit can only be awarded in bathing if the individual requires hands-on physical assistance to wash, or physical assistance with transferring in and out of the tub/shower. Debbie Sickles, RN, WVMI, testified that the Claimant reported during the assessment that she takes a sponge bath, and denied requiring assistance to wash any area of her body. The Claimant reported she was able reach all areas of her body without assistance and demonstrated how she was able to wash her upper and lower back. Because the Claimant does not bathe in the tub or shower, transferring in and out of the tub/shower cannot be considered. Whereas the Claimant indicated she is independent with bathing during the assessment, a functional deficit cannot be awarded.

Dressing – RN Sickles cited documentation in Exhibit D-2 (pages 6 & 7), and testified that the Claimant denied requiring assistance with putting on her shirts, pants, socks, shoes, and bras during the assessment. She further indicated she did not require assistance with buttons, zippers or snaps. The Claimant testified that she was untruthful about her abilities because she was

concerned that she would be placed in a nursing facility. However, there was no testimony provided to articulate how the Claimant gets dressed on a daily basis, or which areas of dressing require assistance, and why. Because the Claimant reported she was independent, and she demonstrated a full range of motion during the assessment, the evidence fails to verify the Claimant required hands-on physical assistance (Level-2) with dressing at the time of the assessment.

Grooming – A deficit can only be awarded in grooming if the individual requires hands-on physical assistance (Level-2). RN Sickles testified that the Claimant reported she did not need assistance with her dentures or mouth care during the assessment. The Claimant denied needing any assistance with washing her hair in the kitchen sink or combing/brushing her hair. The Claimant further reported that she does not require any help with clipping her nails (toes or fingers), shaving her legs, or applying deodorant and lotions. Whereas the Claimant did not report any limitations with grooming, and demonstrated the ability to reach all required areas during the range of motion assessment, a deficit cannot be awarded in dressing.

Medication Administration – According to the Medicaid ADW regulations, a functional deficit is identified in medication administration only when the individual needs someone to place the medications in his/her mouth, eye, tube, etc... Prompting and supervision (reminders, medication set-up, etc...) does not qualify as a deficit. The Claimant's granddaughter testified that the Claimant sometimes forgets to take her medications, but indicated she can administer all of her medications. This information is consistent with the testimony and documentation cited by RN Sickles. While the Claimant would benefit from someone setting up or reminding her to take medications, this level of assistance does not qualify as a functional deficit.

6) Aged/Disabled Home and Community-Based Services Manual Section 501.5 – Member Eligibility:

Applicants for the ADW Program must meet 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 discharged or transferred from a nursing home in any county of the state, or in another state, as long as his/her permanent residence is in West Virginia.
- C. Be approved as medically eligible for nursing home level of care.
- D. Meet the Medicaid Waiver financial eligibility criteria for the program as determined by the county DHHR office, or the Social Security Administration (SSA), if an active SSI (Supplemental Security Income) recipient.
- E. Choose to participate in the ADW Program as an alternative to nursing home care.

Even if an individual is medically and financially eligible, a slot must be available for him/her to participate in the program.

- 7) Aged/Disabled Home and Community-Based Services Manual Section 501.5.1 – states that 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.
- 8) Aged/Disabled Home and Community-Based Services Waiver Policy Manual 501.5.1.1 Medical Criteria:

An individual must have five (5) deficits on the Pre Admission Screening (PAS) to qualify medically for the ADW Program. These deficits are derived from a combination of the following assessment elements on the PAS.

- #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) Independently and b) With Supervision are not considered deficits.
- #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)
 - Dressing ---- Level 2 or higher (physical assistance or more)
 - Grooming--- Level 2 or higher (physical assistance or more)
 - Continence (bowel, bladder) -- 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 assistance in the home)
 - Walking----- Level 3 or higher (one-person assistance 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)
- #27 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.
- #28 Individual is not capable of administering his/her own medications.

VIII. CONCLUSIONS OF LAW:

- 1) Medicaid policy requires that an individual must demonstrate five (5) deficits on the PAS assessment in order to qualify medically for the Aged/Disabled Waiver Program. This is the same level of care that is required to qualify medically for nursing home services.
- 2) Evidence reveals that the Claimant was awarded two (2) deficits on a PAS completed by WVMI in March 2012 – vacating a building [in the event of an emergency] and [bladder] incontinence.
- 3) Evidence submitted at the hearing fails to confirm the Claimant was demonstrating any additional deficits at the time the assessment was completed.
- 4) Whereas the Claimant demonstrated only two (2) program qualifying deficits, medical eligibility for the Aged/Disabled Waiver Program cannot be established.

X. DECISION:

It is the decision of the State Hearing Officer to **uphold** the Department's action to deny the Claimant's application for benefits and services through the Medicaid, 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_____ Day of August 2012.

**Thomas E. Arnett
State Hearing Officer
Member, State Board of Review**