



**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 27, 2005

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Mr. \_\_\_\_\_:

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 continued medical eligibility criteria.

It is the decision of the State Hearings Officer to 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 – WVMH  
MountainHeart Community Services

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

\_\_\_\_\_,

**Claimant,**

**v.**

**Action Number: \_\_\_\_\_**

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

**Respondent.**

**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 27, 2005 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 June 10, 2005 on a timely appeal filed April 8, 2005.

It should be noted here that the claimant's benefits have been continued pending a hearing decision. A pre-hearing conference was not held between the parties and, Mr. \_\_\_\_\_ did not have legal representation.

**II. PROGRAM PURPOSE:**

The Program entitled Aged and Disabled Waiver Services 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

\_\_\_\_\_, Homemaker – Integrated Resources

Kay Ikerd, RN – Bureau of Senior Services (BoSS) \*

Michelle Wiley, RN – West Virginia Medical Institute (WVMI)\*

\* Participated by teleconference call

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 Mr. \_\_\_\_\_ meet the medical 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 10/07/04
- D-3 Medical Necessity Re-evaluation Request dated 09/08/04
- D-4 Letter of Potential Denial dated 12/06/04
- D-5 Letter of Termination/Denial dated 12/22/04
- D-6 Scheduling Notice dated 04/18/05
- D-7 Memorandum with Hearing Exhibits dated 04/04/05
- D-8 Request For Hearing dated 12/27/04
- D-9 GroupWise Message re: Scheduling

#### **Claimants' Exhibits:**

- C-1 List of Medical Diagnoses
- C-2 Letter from [REDACTED] D.O., dated 05/23/05

## **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

B. #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.

C. #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)

D. #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.

E. #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 October 7, 2004. It indicates Mr.\_\_\_\_\_ 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 Mr.\_\_\_\_\_’s Pre-Admission Screening (PAS) Assessment dated October 7, 2004, in the following manner:

Question #24

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

Question #25

In the event of an emergency, the individual can vacate the building, With Supervision.  
**Total = 0**

Question #26:

a. Eating - 1 **Total = 0**

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

Question #27

None **Total = 0**

Question #28

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

- 7) Mr.\_\_\_\_\_ had a total of two (2) deficits on the PAS assessed on October 7, 2004.
- 8) The West Virginia Medical Institute sent a letter of Potential Denial to Mr.\_\_\_\_\_ on December 6, 2004. The letter stated there were only two (2) deficits on the PAS. Mr. [REDACTED] was permitted to submit additional documentation within two weeks of the letter. No additional medical documentation was submitted to the West Virginia Medical Institute.
- 9) On December 22, 2004, the WVMi notified Mr.\_\_\_\_\_ that, "Your request for benefits under the Home and Community Based Aged/Disabled Waiver Program has been terminated/denied."
- 10) Mr.\_\_\_\_\_ completed a Request for Hearing on December 27, 2004.
- 11) Integrated Resources is a sister company of MountainHeart Community Services.
- 12) The letter from [REDACTED] D.O., and dated May 23, 2005 (Exhibit C-2) listed the same diagnoses listed on the October 7, 2004 assessment. Mr.\_\_\_\_\_ 's list of medical problems (Exhibit C-1) is also listed on the PAS.

## **VIII. CONCLUSIONS OF LAW:**

- 1) Mr.\_\_\_\_\_ does not meet the continued medical eligibility criteria for the Aged and Disabled Waiver Program.

**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 27th Day of July, 2005.**

---

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