



**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**

December 6, 2005

Dear Ms. _____:

Attached is a copy of the findings of fact and conclusions of law on your hearing held November 29, 2005. Your hearing request was based on the Department of Health and Human Resources' proposal to discontinue 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 May 18, 2005 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 discontinue services 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
[REDACTED] CCIL - Boggess, BoSS - Keeney, WVMI

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 STATE HEARING OFFICER

I. INTRODUCTION:

This is a report of the State Hearing Officer resulting from a fair hearing concluded on November 29, 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 November 29, 2005 on a timely appeal, filed June 22, 2005.

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, CCIL

_____, claimant's homemaker, WV Choice

_____, claimant's friend

Department's Witnesses:

Libby Boggess, Bureau of Senior Services by phone

Debbie LeMasters, WVMi nurse, by phone

Presiding at the Hearing was Sharon K. Yoho, 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 discontinue 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 May 18, 2005

D-3 Eligibility Determination dated May 18, 2005

D-4 Notice of potential denial dated May 25, 2005

D-5 Notice of termination dated June 9, 2005

D-6 Letter from Dr. _____ dated June 10, 2005

VII. FINDINGS OF FACT:

- 1) Ms. _____ is a 75-year-old female. She is an active participant in the A/DW program. Her A/DW eligibility was undergoing an annual evaluation on May 18, 2005.
- 2) A Pre-Admission Screening (PAS) was completed in the home with the claimant, her case manager, _____ and her homemaker _____ present. This PAS evaluation determined that the claimant had only one qualifying deficit. The evaluating nurse assigned one deficit for needing hands on assist for bathing.

- 3) This claimant has primary diagnosis of right tibialfibia fx and chronic obstructive pulmonary disease (copd).
- 4) Issues brought up at the hearing by the claimant and her witnesses were in the areas of grooming, bowel incontinence, vacating, dressing and transferring.
- 5) The claimant has difficulty trimming her own toenails due to her inability to remain bent over for long periods with her (copd) condition. The claimant advised the evaluating nurse during the PAS that she does cut her own toenails.
- 6) Ms. _____ has only occasional bowel and bladder incontinence.
- 7) The claimant does ambulate out on to her porch and occasionally goes out in to her yard and has gone over to her neighbor's yard. She can get up from her chair and from her bed but is unsteady. She holds on to furniture to steady herself. She advised the nurse during the assessment that she did not need assistance from others to get up from a chair or her bed. Dr. [REDACTED] advised in a letter dated June 10, 2005 that there are days when Ms. _____ is hardly able to get out of bed or reclining chair.
- 8) Ms. _____ can dress her self with some difficulty. She and her homemaker advised the evaluating nurse that she is already washed and dressed when the homemaker comes.
- 9) During the time of the PAS, the client was much stronger than she appears at this date. The claimant is now using a wheelchair regularly and the homemaker is now helping with dressing, transferring and ambulation.
- 10) Aged/Disabled Home and Community Based Services Manual §570 – Program Eligibility for client:

Applicants for the A/DW 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 A/DW Program as an alternative to NF care.
- 11) Aged/Disabled Home and Community Based Services Manual § 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.
- 12) 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 A/DW 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 B (g)suctioning , (h)tracheostomy, (i) ventilator , (k)parenteral fluids , (l)sterile dressings , or (m) irrigations.
 - E. #28: The individual is not capable of administering his/her own medication.

VIII. CONCLUSIONS OF LAW:

- 1) The Aged Disabled Waiver policy provides that an individual must be assigned five (5) qualifying deficits to qualify medically for the Aged Disabled Waiver program. At the time of the PAS this claimant had only one (1) qualifying deficit in bathing.
- 2) The issues raised at the hearing were in the areas of grooming, dressing, incontinence and transferring which are listed in 570.1.c #26 and in vacating which is item #25. It cannot be concluded by evidence or testimony of this claimant's caregivers that the nurse should have assigned this claimant additional points at the time of the PAS. The homemaker and case manager present during the PAS did not object to the information Ms. _____ gave to the evaluating nurse. This claimant appears to have become weaker in the months following the May 2005 evaluation however; the evaluating nurse accurately assessed the condition of the claimant on May 18, 2005.

IX. DECISION:

After reviewing the information presented during this hearing and the applicable policy and regulations, I find that the claimant was accurately assigned one (1) qualifying deficit at the PAS. With the authority granted to me by the WV State Board of Review I am further ruling to **uphold** the Agency's proposed action to discontinue this claimant's 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 6th Day of December 2005.

**Sharon K. Yoho
State Hearing Officer**