

**BEFORE THE ALASKA OFFICE OF ADMINISTRATIVE HEARINGS ON REFERRAL
BY THE COMMISSIONER OF HEALTH AND SOCIAL SERVICES**

In the Matter of)	
)	Consolidated Cases
N L)	OAH No. 13-1469-MDS and
_____)	OAH No. 13-1833-MDS

DECISION

I. Introduction

N L receives Medicaid Home and Community-Based Waiver program (“Waiver”) services and Medicaid Personal Care Assistance (PCA) services. The Division of Senior and Disabilities Services (Division) notified Ms. L that she was no longer eligible for Waiver services and that they would be discontinued.¹ The Division further notified Ms. L that her PCA services would be reduced from 22 hours per week to 5 hours per week for the period of time from October 11, 2013 through May 28, 2014.² Ms. L requested a hearing.

Ms. L’s hearing was held on March 3, 2014. Mark Regan represented Ms. L. Todd Araujo represented the Division.

The Division had the burden of proof to demonstrate that Ms. L did not qualify for Waiver, and that her PCA services should be reduced. It did not meet its burden of proof with regard to Waiver termination. As a result, the Division’s decisions terminating Ms. L’s Waiver services is reversed. The question of whether Ms. L’s PCA services should be reduced is more complex factually. A review of the evidence demonstrates that some of her specific services should be reduced, while others increased or remain the same. As a result, her PCA services should be recalculated consistent with this decision.

II. Facts

The following facts were established by a preponderance of the evidence.³

¹ The Administrative Law Judge notified the parties that there was a notice issue in the Waiver Termination action. Ms. L did not address the notice issue in her post-hearing briefing, and it is deemed waived.

² The Division provided Ms. L with separate notices regarding the Waiver and Termination actions. The Waiver termination case (OAH Case No. 13-1833-MDS) and the PCA reduction case (OAH Case No. 13-1469-MDS) were consolidated.

³ This case involves arguably mixed burdens of proof. For instance, to terminate or reduce benefits, the Division has the overall burden of proof. 7 AAC 49.135. However, because Ms. L is seeking to increase her scoring on individual components that in the aggregate would provide for either continued or increased benefits, she arguably has the burden of proof as to each of those individual components. The burden of proof in these cases is by a preponderance of the evidence. 7 AAC 49.135. These findings therefore focuses on whether the burden of proof is met for each component, *i.e.*, whether it is more likely true than not true.

Ms. L is 69 years old. She lives with her husband in a single level home. Her son and daughter-in-law are currently living with her and her husband and helping to care for her.⁴ She has a complex medical history and numerous medical conditions, consisting of a kidney transplant, a neurogenic bladder, obesity, osteoporosis, peripheral neuropathy, knee and ankle pain, glenohumeral (shoulder joint) arthritis, coronary artery disease, and has had lumbar, ankle, and knee surgeries.⁵ She has a sacral stage III decubitis ulcer.⁶

Ms. L's primary care doctor summarized her condition as being essentially wheelchair bound due to her osteoporosis, lumbar vertebral fracture, and lumbar disc fusion. The doctor wrote that Ms. L has general lower extremity weakness, limited left upper extremity movement, and overall weakness. In the time period since April 2011, the doctor has never seen Ms. L stand independently, never seen her take an "independent step," that Ms. L required assistance to help her stand, and that she has to be assisted in undressing for examination. On Ms. L's most recent visit (January 10, 2014), the doctor's medical assistance had to physically assist Ms. L to the bathroom, help her stand, help her undress and dress, and cleanse herself afterwards. The doctor concluded that Ms. L "requires assistance for getting in/out of her wheelchair, out of bed, dressing/undressing and in using the restroom."⁷

Ms. L has been receiving Waiver benefits for a number of years. She was found eligible in 2009, based upon an assessment that found that she required someone to catheterize her, and that she required limited assistance with transfers and locomotion, and required extensive assistance with toileting.⁸ She was reassessed in 2010 and 2011, found ineligible for Waiver benefits, but continued on those benefits due to ongoing litigation.⁹ Ms. L was again reassessed in 2012, and again found ineligible. However, her 2012 assessment finding ineligibility was reviewed and apparently was reversed upon that review, although the reason for the reversal and finding continued eligibility is not contained in the record.¹⁰

Ms. L was reassessed on May 29, 2013 by Sam Cornell, a registered nurse employed by the Division, to determine her continued eligibility for Waiver services and her need for PCA

⁴ N L testimony.

⁵ Ex. 2, p. 3.

⁶ Ex. 1, p. 5; Ex. 3, p. 1.

⁷ Ex. 2, p. 4.

⁸ Ex. F, pp. 5 -6, 14 (OAH Case No. 13-1833-MDS).

⁹ Ex. D, p. 2 (OAH Case No. 13-1833-MDS). The 2010 and 2011 assessments are not in the record.

¹⁰ Ex. D, p. 2 (OAH Case No. 13-1833-MDS). The 2012 assessment is not in the record, and the specific reason for reversing the ineligibility decision is not known. *See* Margaret Rogers, R.N., testimony.

services. Mr. Cornell documented the assessment on the Consumer Assessment Tool (CAT). The assessment found the following:

- Ms. L did not require physical assistance with toilet use. She required limited physical assistance with transfers, locomotion to access medical appointments, and dressing. She required supervision and cueing with regard to locomotion within the home and bed mobility.¹¹
- Ms. L was not receiving professional nursing services or specialized treatment. She was not receiving physical therapy.¹²

Based upon the assessment, the Division terminated Ms. L's Waiver services.¹³ It also reduced her PCA services. Specifically, it removed time she had received for locomotion assistance within the home, reduced time for locomotion to access medical appointments, reduced her dressing assistance from fourteen times weekly to twice weekly, and removed toileting assistance. It also removed PCA service time she had received for Instrumental Activities of Daily Living (IADLs), which are light and main meal preparation, shopping, light housework, and laundry.¹⁴

A registered nurse employed by Qualis Health, who was licensed in the State of the Alaska at the time of the review, performed a third-party document review of the Division's determination that Mr. L was no longer eligible for Waiver services. That review concurred with the Division's determination.¹⁵

In making the following factual findings, it must be noted that all of the witnesses were credible. However, Mr. and Ms. L appeared in person for the hearing. As a result, they were observed for almost a five hour period, during which Ms. L was observed transferring. Based upon the observation of Mr. and Ms. L, their general demeanor, and their response to questions, they were credible witnesses who did not exaggerate Ms. L's care needs. If anything, a review of their testimony indicates that they might have understated Ms. L's care needs.

Ms. L's specific areas of disagreement are addressed below:

¹¹ Ex. E, pp. 6 - 7, 9.

¹² Ex. E, pp. 13 - 15.

¹³ Ex. D (OAH Case No. 13-1833-MDS).

¹⁴ Ex. D, p. 6 (OAH Case No. 13-1469-MDS).

¹⁵ Ex. D, p. 2 (OAH Case No. 13-1833-MDS).

1. Bed Mobility

The assessor found that Ms. L was able to reposition herself in bed based upon her statements and his observation of her transferring to and from the bed.¹⁶ He coded her with a one (oversight, encouragement or cueing provided) on the assessment because she spends a lot of her time in a stationary position and has an ulcer on her back, which requires monitoring.¹⁷ In contrast, Ms. L testified that while she can reposition herself from side to side, her husband has to provide weight-bearing physical assistance to move her from a lying position to a sitting position.¹⁸ Mr. L testified that he helps her sit up almost every day because her body gets stiff.¹⁹

Mr. and Ms. L were credible, as noted above. As a result, it is more likely true than not true that Ms. L requires weight-bearing physical assistance with bed mobility once daily. This would be extensive assistance, a code of three, instead of the code of one provided in the assessment.

2. Transfers

The assessor found that Ms. L required limited assistance (code of 2) twice daily, seven days per week, for transfers. This finding was based upon his observation of her transferring to and from her bed, and her statements that she needed assistance transferring “a few times a week” based on her knee pain.²⁰ This was the same level of assistance she was previously provided.²¹ Ms. L described her transfers as first involving her sitting on the side of the bed and doing leg exercises, and that her husband had to help her transfer to her walker, because she could not stand up on her own. She said he helps hold her up.²² Mr. L testified that she needed weight-bearing assistance with transfers at least three times per week.²³

Ms. L was observed requiring weight-bearing assistance to transfer from her chair in the hearing room to her wheelchair during the hearing. Based upon her testimony and Mr. L’s testimony, her doctor’s statement that she requires assistance helping her stand, and the observation of her transfers at hearing, it is more likely true than not true that Ms. L requires

¹⁶ Ex. E, p. 6 (OAH Case No. 13-1833-MDS).

¹⁷ Sam Cornell testimony.

¹⁸ N L testimony.

¹⁹ K L testimony.

²⁰ Ex. E, p. 6 (OAH Case No. 13-1833-MDS).

²¹ Ex. D, p. 6 (OAH Case No. 13-1469-MDS).

²² N L testimony.

²³ K L testimony.

weight-bearing (extensive assistance - code of 3) for transfers. Ms. L did not challenge the frequency of transfers provided.

3. Locomotion Within Home

Ms. L was previously provided limited assistance (code of 2) six times daily seven days per week for locomotion within her home. The assessor found that Ms. L required supervision/oversight/cueing (code of 1) for locomotion, and eliminated all PCA assistance time.²⁴ This finding was based upon his observation of her walking unassisted in her home while using a walker, and her statements that she used the walker in her home.²⁵

Ms. L testified that she walks using the walker with someone next to her. However, she said that her legs get weak, and that she has her husband get the wheelchair, and he has to push her in the wheelchair within the home. Mr. L said he needs to wheel her in the wheelchair once or twice a week at most, but that he needs to provide weight-bearing support in the walker three times or more per week.²⁶

Based upon Mr. and Ms. L's testimony, Ms. L's doctor's statements about her lower extremity weakness, and her diagnoses of knee and ankle pain, it is more likely true than not true that Ms. L requires weight-bearing (extensive assistance - code of 3) for locomotion.

Ms. L was previously provided six times daily (42 times per week) with locomotion.²⁷ The evidence at hearing does not show a need for assistance with every act of locomotion, but only an occasional need, once or twice a week for the wheelchair in the home, and three or more times per week with the walker. Overall, this shows it is more likely than not true that Ms. L requires weight-bearing assistance with locomotion within her home once per day, seven days per week.²⁸

4. Locomotion To Access Medical Appointments

Ms. L was previously provided extensive assistance (code of 3) twice weekly for locomotion to access medical appointments. The assessor reduced her assistance to limited assistance (code of 2) twice weekly.²⁹

²⁴ Ex. D, p. 6 (OAH Case No. 13-1469-MDS).

²⁵ Ex. E, p. 7 (OAH Case No. 13-1833-MDS).

²⁶ N L and K L testimony.

²⁷ Ex. D, p. 6 (OAH Case No. 13-1469-MDS).

²⁸ Other than the assistance described above, Ms. L described her locomotion assistance for the most part as someone walking with her, and not providing weight-bearing support. She would not receive PCA assistance for this type of supervision/standby assistance.

²⁹ Ex. D, p. 6 (OAH Case No. 13-1469-MDS).

Ms. L testified she uses her wheelchair to access medical appointments, and that she needs to be pushed in the wheelchair on carpeting.³⁰ It is therefore more likely true than not true that she continues to require extensive assistance (code of 2) to access medical appointments. The frequency of the assistance was not at issue, so it remains at twice weekly.

5. Dressing

Ms. L was previously provided limited assistance (code of 2) twice daily seven days per week for dressing. The assessor found that Ms. L continued to require limited assistance for dressing, but reduced the frequency to twice per day, one day per week.³¹ The assessment does not explain why the frequency was reduced, and the assessor, at hearing, was unable to recall why the frequency was reduced.³²

Ms. L's testimony established that she continues to require dressing twice daily, seven days per week. Her description of the dressing was consistent with limited assistance (code of 2); it did not involve weight-bearing support.³³ It is therefore more likely true than not true that Ms. L continues to require limited assistance (code of 2) with dressing twice daily, seven days per week.

6. Toileting

Ms. L was previously provided extensive assistance (code of 3) six times daily seven days per week for toileting. The assessor found that Ms. L required no assistance for toileting, and eliminated all PCA assistance time.³⁴ As discussed above, Ms. L requires extensive assistance (code of 3) with transfers. This would carry over to toileting. In addition, Ms. L testified that she needed help with cleansing after toileting, and that she toilets quite frequently due to her large intake of water.³⁵ This would also support a continued need for toileting of at least six times daily. It is therefore more likely true than not true that Ms. L continues to require extensive assistance (code of 3) six times daily seven days per week for toileting assistance.

³⁰ N L testimony.

³¹ Ex. D, p. 6 (OAH Case No. 13-1469-MDS).

³² Ex. E, p. 8 (OAH Case No. 13-1833-MDS); Sam Cornell testimony.

³³ N L testimony.

³⁴ Ex. D, p. 6 (OAH Case No. 13-1469-MDS).

³⁵ N L testimony.

7. Bandages

Ms. L has a stage III sacral decubitus ulcer, which requires medical care.³⁶ She cannot see it or reach it. She is unable to care for the ulcer herself, and it has 6” by 6” bandages which are worn constantly. It needs to be changed frequently. Her husband or daughter-in-law change it for her. When Ms. L was asked how frequently it needed to be changed, she was not able to provide a specific number, only that the wound care nurse at ANMC said the bandage should stay on for two weeks, but that it does not.³⁷ Ms. L has not been provided PCA assistance for the bandage changing in the past.³⁸ Although the assessment states that Ms. L informed the assessor that she did not have any skin breakdown, the assessor was aware of the ulcer. He did not provide any PCA time for it, but did consider it when he provided a code of 1 (supervision/cueing/oversight) for bed mobility.³⁹

8. Escort

Ms. L was previously provided with 60 minutes per week for medical escort. The number of medical appointments per week used to arrive at this amount are not apparent from the record. In her new assessment, this was reduced to 20 minutes per appointment, at a frequency of 14 appointments per year, for a weekly escort time of 5.38 minutes per week.⁴⁰ The medical records supplied by Ms. L show 21 appointments, including emergency department visits, spanning roughly 20 months in time, from September 27, 2012⁴¹ to January 28, 2014.⁴² This comes to approximately one appointment per month.

Ms. L objected to both the frequency of her appointments and the time allotted per appointment. As noted above, the Division allowed her 14 appointments per year, which is consistent with the number of medical appointments reflected in the medical records provided by Ms. L. Ms. L also objected to the time of 20 minutes provided per appointment. She, however, did not provide any evidence that the time allotted was insufficient. Accordingly, it is more

³⁶ See, e.g., Clinic Notes dated July 22, 2013, stating that Ms. L required “debride of [her] chronic calloused pressure ulcer located at the top of her gluteal fold.” Ex. 2, p. 5.

³⁷ N L testimony.

³⁸ Ex. D, p. 6 (OAH Case No. 13-1469-MDS).

³⁹ Ex. D, p. 6 (OAH Case No. 13-1469-MDS); Ex. E, p. 6 (OAH Case No. 13-1469-MDS); Sam Cornell testimony.

⁴⁰ Ex. D, pp. 4, 6 (OAH Case No. 13-1469-MDS); Ex. E, p. 5 (OAH Case No. 13-1469).

⁴¹ Ex. 20.

⁴² Ex. 1.

likely true than not true that the time provided by the Division of 5.38 minutes per week for medical escort was adequate.

9. Light Meal Preparation

Ms. L was previously provided with assistance for light meal preparation (code of 3), twice daily seven days per week. Her light meal preparation was removed because her husband resides with her.⁴³ Mr. L, however, does not reside with her all of the year. He is absent from the home for approximately two months every summer, beginning at the end of the school year, while he commercial fishes in No Name.⁴⁴

III. Discussion

A. Waiver Eligibility

The Alaska Medicaid program provides Waiver services to adults with physical disabilities who require “a level of care provided in a nursing facility.”⁴⁵ The purpose of these services is “to offer a choice between home and community-based waiver services and institutional care.”⁴⁶

The nursing facility level of care⁴⁷ requirement is determined in part by an assessment which is documented by the CAT.⁴⁸ The CAT records an applicant’s needs for professional nursing services, therapies, and special treatments,⁴⁹ and whether an applicant has impaired cognition or displays problem behaviors.⁵⁰ Each of the assessed items is coded and contributes to a final numerical score. For instance, if an individual required 5 days or more of therapies (physical, speech/language, occupation, or respiratory therapy) per week, he or she would receive a score of 3.⁵¹

The CAT also records the degree of assistance an applicant requires for activities of daily living (ADL), which include five specific categories: bed mobility (moving within a bed), transfers (i.e., moving from the bed to a chair or a couch, etc.), locomotion (walking or movement when using a device such as a cane, walker, or wheelchair) within the home, eating, and toilet use, which includes transferring on and off the toilet and personal hygiene care.⁵²

⁴³ Ex. D, pp. 3, 6 (OAH Case No. 13-1469-MDS).

⁴⁴ K L testimony.

⁴⁵ 7 AAC 130.205(d)(1)(B) and (d)(2).

⁴⁶ 7 AAC 130.200.

⁴⁷ See 7 AAC 130.205(d)(2); 7 AAC 130.230(b)(2)(A).

⁴⁸ 7 AAC 130.230(b)(2)(B).

⁴⁹ Ex. E, pp. 13 – 15.

⁵⁰ Ex. E, pp. 16 - 17.

⁵¹ Ex. E, p. 31.

⁵² Ex. E, p.18.

If a person has a self-performance code of 2 (limited assistance, which consists of non-weight bearing physical assistance three or more times during the last seven days, or limited assistance plus weight bearing assistance one or two times during the last seven days) or 3 (extensive assistance, which consists of weight bearing support three or more times during the past seven days, or the caregiver provides complete performance of the activity during a portion of the past seven days), plus a support code of 2 (physical assistance from one person) or 3 (physical assistance from two or more persons), that person receives points toward his or her total eligibility score on the CAT. A person can also receive points for combinations of required nursing services, therapies, impaired cognition (memory/reasoning difficulties), or difficult behaviors (wandering, abusive behaviors, etc.), and required assistance with the five specified activities of daily living.⁵³

In order for a person who only has physical assistance needs to score as eligible for Waiver services on the CAT, he or she would need a self-performance code of 3 (extensive assistance) or 4 (total dependence) and a support code of 2 or 3 for three or more of the five specified activities of daily living (bed mobility, transfers, locomotion within the home, eating, and toileting).⁵⁴

The results of the assessment portion of the CAT are then scored. If an applicant's score is 3 or higher, the applicant is medically eligible for Waiver services.⁵⁵

Ms. L originally qualified to Waiver services in 2009 based upon a combination of her need for assistance with her ADLs and her receipt of some nursing services (catherization). She no longer requires catherization, and there was no evidence that she has other nursing needs, or is severely cognitively or behaviorally impaired. Consequently, her only path to continued eligibility for Waiver benefits is if she requires extensive physical assistance (code of 3) in three or more of the qualifying ADLs of bed mobility, transfers, locomotion within the home, eating, and toileting. As discussed above, Ms. L should have been coded as receiving extensive physical assistance (code of 3) in the ADLs of bed mobility, transfers, locomotion, and toileting. Because she requires extensive physical assistance in these four ADLs, she remains eligible for Waiver services.⁵⁶

⁵³ Ex. E, p. 31.

⁵⁴ Ex. E, p. 31.

⁵⁵ Ex. E, p. 31.

⁵⁶ Ms. L has argued that a termination of Waiver services requires a showing of improvement from 2012, the previous assessment year. This position was considered and rejected in a prior OAH decision. *In re EH*, OAH No. 13-1000-MDS, p. 5 (Commissioner of Health and Social Services 2013);

B. PCA Assistance

The Division uses the CAT to also determine not only Waiver eligibility but also the amount of PCA services a person receives. The codes assigned to a particular ADL or Instrumental Activity of Daily Living (IADL)⁵⁷ determine how much PCA service time a person receives for each occurrence of a particular activity. For instance, if a person is coded as requiring extensive assistance (code of 3) with bathing, he or she would receive 22.5 minutes of PCA service time each time he or she is bathed.⁵⁸ Even if the Division agrees that the amount of time provided by the formula is insufficient for a particular PCA recipient's needs, the regulations do not provide the Division with the discretion to change the amounts specified by the formula.

The specific areas in dispute are:

1. Bed Mobility

As discussed above, it is more likely true than not true that Ms. L requires weight-bearing physical assistance with bed mobility once daily. This would be extensive assistance, a code of three, instead of the code of one provided in the assessment.

2. Transfers

As discussed above, it is more likely true than not true that Ms. L requires weight-bearing (extensive assistance - code of 3) for transfers. Because Ms. L did not challenge the frequency of transfers provided (twice daily), Ms. L should receive weight-bearing assistance with transfers, twice daily, seven days per week.

3. Locomotion Within Home

As discussed above, it is more likely than not true that Ms. L requires weight-bearing assistance (code of 3) with locomotion within her home once per day, seven days per week.⁵⁹

<http://aws.state.ak.us/officeofadminhearings/Documents/MDS/HCW/MDS131000%20Superior%20Court%20appeal%20pending.pdf>. It is not necessary to address this argument further, inasmuch as this decision finds for Ms. L on the issue of continued Waiver eligibility.

⁵⁷ Instrumental Activities of Daily Living include light and main meal preparation, housekeeping, shopping, and laundry. They are scored slightly differently than the ADLs. Ex. D, pp. 6 – 8 (OAH Case NO. 13-1469-MDS).

⁵⁸ See 7 AAC 125.024(a)(1) and the Division's *Personal Care Assistance Service Level Computation* chart contained at Ex. B, pp. 34 - 36.

⁵⁹ Other than the assistance described above, Ms. L described her locomotion assistance for the most part as someone walking with her, and not providing weight-bearing support. She would not receive PCA assistance for this type of supervision/standby assistance.

4. Locomotion To Access Medical Appointments

As discussed above, it is more likely true than not true that Ms. L continues to require extensive assistance (code of 3) to access medical appointments. The frequency of the assistance was not at issue, so it remains at twice weekly.

5. Dressing

As discussed above, it is more likely true than not true that Ms. L continues to require limited assistance (code of 2) with dressing twice daily, seven days per week.

6. Toileting

As discussed above, it is more likely true than not true that Ms. L continues to require extensive assistance (code of 3) six times daily seven days per week for toileting assistance.

7. Bandages

The evidence shows that Ms. L requires help with changing the bandage on her decubitus ulcer. However, she did not provide enough information from which a factual finding can be made regarding how often the bandage needs to be changed. As a result, she has not demonstrated, by a preponderance of the evidence, that she requires even a weekly changing of the bandage. As a result, no PCA time should be provided for this activity.

8. Escort

As discussed above, it is more likely true than not true that the time provided by the Division of 5.38 minutes per week for medical escort was adequate.

9. Light Meal Preparation

Ms. L was previously provided with assistance for light meal preparation (code of 3) twice daily seven days per week. Her light meal preparation was removed because her husband resides with her.⁶⁰ The PCA regulations do not allow IADLs such as light meal preparation if “provided by a spouse of the recipient.”⁶¹ Mr. L, however, does not reside with her all of the year. He is absent from the home for approximately two months every summer, beginning at the end of the school year, while he commercial fishes in No Name. This raises a legal issue about whether a PCA service can be provided for only a portion of a plan year.⁶² However, it is not necessary to address this question because Ms. L’s PCA service plan at issue in this case covers the time

⁶⁰ Ex. D, pp. 3, 6 (OAH Case No. 13-1469-MDS).

⁶¹ 7 AAC 125.040(a)(13).

⁶² See 7 AAC 125.024(e) (“The department may authorize personal care services for any specific length of time, not to exceed a 12-month period.”).

period from October 11, 2013 through May 28, 2014.⁶³ Mr. L, per his testimony, does not leave for No Name until the end of the school year, which coincides with the end of the PCA service plan. This means that Mr. L's yearly absence from the home and its effect upon Ms. L's need for IADL assistance is not an issue for the current PCA service plan.

IV. Conclusion

Ms. L's condition has not materially improved. She continues to be eligible for Medicaid Waiver services. The Division's decision to terminate those services is reversed.

As discussed in detail above, Ms. L's PCA service plan does not accurately reflect her needs for assistance in the areas of bed mobility, transfers, locomotion within the home, locomotion to access medical appointments, dressing, and toileting. Her PCA service plan should be revised consistent with this decision.

DATED this 4th day of April, 2014.

Signed

Lawrence A. Pederson
Administrative Law Judge

Adoption

The undersigned, by delegation from the Commissioner of Health and Social Services, adopts this Decision, under the authority of AS 44.64.060(e)(1), as the final administrative determination in this matter.

Judicial review of this decision may be obtained by filing an appeal in the Alaska Superior Court in accordance with Alaska R. App. P. 602(a)(2) within 30 days after the date of this decision.

DATED this 17th day of April, 2014.

By: *Signed*

Name: Jared C. Kosin, J.D., M.B.A.
Title: Executive Director
Agency: Office of Rate Review, DHSS

[This document has been modified to conform to the technical standards for publication.]

⁶³ Ex. D, p. D, p. 1 (OAH Case No. 13-1469-MDS).