

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

In the Matter of: )  
 )  
 W G )  
\_\_\_\_\_ )

OAH No. 14-0419-MDS  
Agency No.

**DECISION**

**I. Introduction**

W G has been receiving Personal Care Assistance (PCA) services paid for by Medicaid. The Division of Senior and Disabilities Services (division) reassessed her condition and reduced the weekly hours of services it would pay for. Ms. G contested that reduction and requested a hearing.

The hearing was held on June 19, 2014. The division was represented by lay advocate, Angela Ybarra. David Chadwick testified on behalf of the division. Ms. G represented herself and testified at the hearing.

Based on the evidence presented, the division has met its burden of proving a material change justifying some, but not all, of the reductions in Ms. G's PCA services. The division should recalculate Ms. G's PCA time in accordance with this decision and change her scores to accurately reflect her PCA needs.

**II. Facts**

Ms. G is 61 years old.<sup>1</sup> She has been diagnosed with multiple medical conditions, including diabetes, gout, obstructive sleep apnea, asthma, chronic airway obstruction, restless leg syndrome, congestive heart failure, hypertension, osteoarthritis, reflux esophagitis, and she is also morbidly obese.<sup>2</sup> In addition to these diagnoses, Ms. G has numerous other medical issues that were not reflected in the division's Consumer Assessment Tool (CAT).<sup>3</sup> These other issues include macular degeneration, several allergies, pressure ulcers, or bed sores, and she uses a hearing aid.

Ms. G lives in an apartment in a converted motel with her roommate and PCA. Ms. G has been receiving PCA services for several years. In 2007, her nursing needs and

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<sup>1</sup> Exhibit E1.

<sup>2</sup> Exhibit E3. At the time of the assessment visit, Ms. G estimated she weighed 284 pounds. Exhibit E24; Exhibit E10.

<sup>3</sup> Exhibit F.

functional abilities were evaluated using the CAT. In that assessment, Ms. G was able to stand from a sitting position and to ambulate approximately 6 feet. However, her movement was “shuffling and uneven,” and Ms. G could only get out of the chair with weight bearing assistance from her PCA. She needed a walker for support.<sup>4</sup>

Ms. G was reevaluated on September 20, 2013.<sup>5</sup> The division completed its assessment of Ms. G’s needs, and notified her on March 13, 2014, that her PCA services would be reduced from 44.00 hours each week to 25.75 hours each week.<sup>6</sup> As stated in that notice, the areas that were reduced were for the tasks of body mobility, transfers, locomotion in-room, locomotion to medical appointments, dressing, personal hygiene, bathing, medication, documentation, and escort.<sup>7</sup>

### III. Discussion

#### A. *The PCA Program*

The purpose of the PCA program:

is to provide a recipient physical assistance with activities of daily living (ADL), physical assistance with instrumental activities of daily living (IADL), and other services based on the physical condition of the recipient.<sup>[8]</sup>

The division uses the CAT to help it assess the level of assistance needed.<sup>9</sup> The amount of time allotted for needed assistance is determined by the Personal Care Assistance Service Level Computation chart.<sup>10</sup> The PCA Service Level Computation chart shows the amount of time allotted for each ADL or IADL depending on the level of assistance needed for each task.

Under the PCA regulations in effect prior to January 26, 2012, the division would provide a recipient with time for a particular ADL based on *the assessor’s perception of how much time would reasonably be required* (up to a maximum level specified by regulation) *to perform the activity at issue*.<sup>11</sup> However, in January 2012, the PCA regulations were amended to implement a new system in which the self-performance code and support code for the specific activity

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<sup>4</sup> Exhibit F1.

<sup>5</sup> Exhibit E.

<sup>6</sup> Exhibit D.

<sup>7</sup> Exhibit D2-4.

<sup>8</sup> 7 AAC 125.010(a).

<sup>9</sup> 7 AAC 125.020(b).

<sup>10</sup> 7 AAC 125.024(1).

<sup>11</sup> See former regulations 7 AAC 43.750, 7 AAC 43.751, 7 AAC 43.752, and 7 AAC 43.755.

*automatically dictate* the amount of PCA time awarded.<sup>12</sup> Thus, because the division is now required to use those specific time allowances, the amount of time Ms. G was allowed for each task may be less than what she was allowed before the Service Level Computation chart was adopted. Any reductions based on those new time allowances are proper reductions because a greater amount of time is no longer authorized.<sup>13</sup> These regulation changes have significantly affected numerous PCA recipients.

The different levels of assistance with ADLs are defined by regulation and in the CAT.<sup>14</sup> The assistance level called “supervision” is defined as oversight, encouragement, or cueing three or more times a week, with physical assistance no more than two times a week.<sup>15</sup> “Limited Assistance” is defined as requiring direct physical help or guidance from another individual three or more times a week, with weight-bearing support no more than two times a week.<sup>16</sup> “Extensive Assistance” is defined as requiring direct physical help with weight-bearing support at least three times a week, or full assistance without any involvement from the recipient at least three times a week, but not all of the time.<sup>17</sup> Full assistance means the recipient is “dependent” and has to rely entirely on the caretaker to perform the particular activity.<sup>18</sup>

The division may change the number of hours of allotted PCA service if there has been a material change in the recipient’s condition.<sup>19</sup> When the division wishes to reduce the amount of time allotted to the recipient, the division has the burden of proving a change of condition justifying that reduction.<sup>20</sup> When the recipient is seeking additional time for specific services, he or she has the burden of justifying the need for the increase.<sup>21</sup> The division notified Ms. G of its decision on March 13, 2014, so her condition on that date is used when determining the amount of services she is eligible to receive.<sup>22</sup>

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<sup>12</sup> See 7 AAC 125.024(a)(1) and the Division's *Personal Care Assistance Service Level Computation* chart, which is located at Exhibit B34-36.

<sup>13</sup> See 7 AAC 125.026(d)(3)(C).

<sup>14</sup> The July 29, 2009 version of the CAT has been adopted by reference, 7 AAC 160.900(d)(6), and therefore the definitions in the CAT have the same effect as a regulation.

<sup>15</sup> Exhibit E6.

<sup>16</sup> 7 AAC 125.020(a)(1); Exhibit E6.

<sup>17</sup> 7 AAC 125.020(a)(2); Exhibit E6.

<sup>18</sup> 7 AAC 125.020(a)(3); Exhibit E6.

<sup>19</sup> 7 AAC 125.026(a).

<sup>20</sup> 7 AAC 49.135.

<sup>21</sup> *Id.*

<sup>22</sup> See *In re T.C.*, OAH Case No. 13-0204-MDS (Commissioner of Health and Social Services 2013), page 7 (notice sent to recipient is the decision under review), available at <http://aws.state.ak.us/officeofadminhearings/Documents/MDS/HCW/MDS130204.pdf>

**B. Ms. G's 2013 Assessment**

For the 2013 assessment at issue in this appeal, it should be noted at the outset that there is no factual dispute between the parties that Ms. G is bed bound. She describes herself as such, and both the CAT and adverse action letter utilize the term several times.<sup>23</sup> Thus, one of the primary issues in this appeal relates to the effect her being bed bound has on her PCA needs assessment.

**1. Body Mobility**

Body mobility is the activity of positioning or turning a person in a bed or chair.<sup>24</sup> The CAT refers to this as “bed mobility,” which includes moving a recipient to and from a lying position, turning a recipient from side to side, or positioning a recipient in a bed or chair.<sup>25</sup> Under current regulations, PCA time for body mobility is allowed only if the recipient is not ambulatory.<sup>26</sup> The standard for body mobility in the PCA Service Level Computation chart is that it occurs every two hours, or up to 12 times daily, and it is to be:

[r]educed by any frequencies for other ADL tasks (transfer, toileting, bathing, locomotion, etc.) where body mobility is a functional part of the overall task.<sup>[27]</sup>

In other words, the PCA Service Level Computation chart provides for 12 total body mobility movements per day. Some or all of those movements may occur during *other* activities in which body mobility is an essential part of the activity. So, if all 12 body mobility movements occur in other activities, no additional time is allowed in the specific body mobility category.

Ms. G is not ambulatory, so she may receive PCA services for body mobility. In the 2007 assessment, she was assessed at a 3/2, needing extensive assistance, with a frequency of six times per day.<sup>28</sup> In the 2013 assessment, she was assessed at a 2/2, needing only limited assistance.<sup>29</sup> However, because of the 2012 regulation changes, Ms. G was not allowed any time for this activity, meaning that she received 0 frequencies, which results in 0 weekly minutes. Mr. Chadwick explained that Ms. G had 2 body mobility movements in dressing, 10 in toileting, and 1 in bathing, all of which totals 13 body mobility movements. Thus, her other

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<sup>23</sup> See Exhibit D3.

<sup>24</sup> 7 AAC 125.030(b)(1).

<sup>25</sup> 7 AAC 125.030(h).

<sup>26</sup> 7 AAC 125.030(b)(1)(A).

<sup>27</sup> Exhibit B34.1.b.

<sup>28</sup> Exhibit D9.

<sup>29</sup> Exhibit E7.

activities effectively “used up” the 12 body mobility movements allowed and she was not entitled to any additional time for this activity.

Ms. G should have been scored a **3/2 in body mobility**. The assessor wrote that she “[o]bserved caregiver to assist Ms. G by turning her using a draw cloth and physically pulling her body and repositioning her legs for comfort. Ms. G twisted upper body to help.”<sup>30</sup> This activity clearly is more than limited assistance. The action of physically pulling Ms. G’s body on a draw cloth, turning her lower extremities, and then repositioning her legs, is weight-bearing support. Since it occurs multiple times per day, it is extensive assistance. However, in spite of the re-scoring in body mobility, Ms. G cannot be allowed PCA time for this activity since her 12 body mobility movements have been taken up with other activities.

The division did not meet its burden of proving that Ms. G should be scored 2/2 in body mobility, but it did meet its burden of proof as to allowing her 0 frequencies and 0 total minutes per week.

## 2. Transfers

A transfer is the movement between surfaces, such as standing up from a bed, or sitting down into a chair, but not including those transfers that are to or from a toilet.<sup>31</sup> Ms. G previously received a score of 3/2 for this ADL, with a frequency of six times per day. The current assessment gave her the same score, but, as with body mobility, allowed her 0 frequencies per week.<sup>32</sup>

The assessor’s notes state:

No transfers out of bed by caregiver this year. Ms. G due to size and not bearing weight for an extended period of time would need extensive support. Ms. G directs all care and is highly involved in the decision making. Transfer not observed.<sup>[33]</sup>

The division’s adverse action letter quotes the assessor and adds only that “[o]n your current assessment you indicated that you were bed bound and did not transfer out of bed.”<sup>34</sup>

The PCA program provides personal care services so that recipients can complete a particular ADL.<sup>35</sup> Logically, the department will only pay for those services that are

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<sup>30</sup> Exhibit E7.

<sup>31</sup> 7 AAC 125.030(b)(2).

<sup>32</sup> Exhibit D9.

<sup>33</sup> Exhibit E7.

<sup>34</sup> Exhibit D2.

actually provided by the PCA.<sup>36</sup> Ms. G reported to the assessor that she was bed bound and did not have any transfers out of bed “this year.” The assessment was done on September 20, 2013, so Ms. G’s answer more likely than not meant for all of 2013. She did not report any transfers during 2014, so the preponderance of the evidence is that Ms. G’s PCA does not provide any assistance with transfers, nor has she since at least the first part of 2013. Therefore, the division met its burden of proving it was correct to allow 0 frequencies for this activity.

Regarding the scoring, the division should have scored **transfers as a 4/3**. Ms. G was able to adjust her upper body somewhat in the body mobility category, but for the purpose of transfers, that would be of little practical effect. Ms. G requires a stretcher and two attendants for transfers because she is bed bound; even if she were allowed time for this activity, her PCA would not be able to accomplish transferring Ms. G by herself.

### 3. Locomotion-In Room

The ADL of locomotion refers to how a person moves from room to room within her own home.<sup>37</sup> Ms. G was previously scored as a 3/2 in this activity, but the current assessment increased her score to 4/3, meaning she is totally dependent in this activity and requires a two-person physical assist.<sup>38</sup> This is a correct score and it is consistent with Ms. G’s needs for transfers, as well.

As with the other activities discussed above that do not presently occur in Ms. G’s life, the division assigned a frequency of 0 to locomotion, with 0 time allowed. This is a correct score and the division met its burden regarding this activity.

### 4. Locomotion to Medical Appointments

The division previously assessed Ms. G as needing extensive assistance for locomotion to medical appointments. For the current assessment, she was appropriately scored as a 4, meaning total dependence.<sup>39</sup> She was allowed a frequency of 1 time per week, which provides the maximum time by regulation of 10 minutes per week for this

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<sup>35</sup> 7 AAC 125.030(b).

<sup>36</sup> 7 AAC 125.030(a)-(b).

<sup>37</sup> Exhibit E7.

<sup>38</sup> See Exhibit E8.

<sup>39</sup> According to the PCA Service Level Computation chart, this activity does not require a second number because there is no support score for this task. See Exhibit B34.

ADL.<sup>40</sup> The division met its burden of proof regarding Ms. G's locomotion to medical appointments.

#### 5. Dressing

The ADL of dressing includes "the donning, fastening, unfastening, and removal of the recipient's street clothing."<sup>41</sup> The most recent assessment scored Ms. G with a 3/2 for dressing, with a frequency of 14 times per week, for a total of 157.5 total minutes. The score of 3/2 is a reduction from the previous assessment of 4/2. When asked why she no longer received the higher score, Mr. Chadwick explained that a score of 4 really is for someone who is immobile. The assessor wrote that Ms. G was:

highly involved with activity but with painful shoulders and knee joints need help with upper and lower body dressing . . . . Ms. G was not able to put hands behind back and reaching to touch feet while sitting in bed was painful.<sup>42</sup>

The division correctly scored Ms. G at 3/2 in the activity of dressing. She should not be scored a 4/2 for this activity. She is able to move her arms somewhat, and to adjust her upper extremities. Plus, her PCA has to provide weight bearing support in order to get Ms. G's clothes on her lower extremities. At the hearing, Ms. G suggested that due to her incontinence, she needs assistance with dressing more often than twice daily. However, a person who needs assistance with dressing and undressing in connection with incontinence is not entitled to dressing assistance for that activity; rather, assistance for that activity is considered to be included in the activity of toileting.<sup>43</sup> Accordingly, the division met its burden of proof that the correct score is 3/2 for dressing.

#### 6. Eating

Ms. G was assessed as independent in eating in the prior CAT. For the current assessment, she was scored a 0/1, meaning independent with a support score for setup help only. The assessor stated that Ms. G reported herself as independent with feeding herself, and that she needed only set up help by her PCA to bring food to her bedside. The assessor observed that Ms. G had good upper body strength, used her hands frequently during

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<sup>40</sup>

*Id.*

<sup>41</sup>

7 AAC 125.030(b)(4).

<sup>42</sup>

Exhibit E9.

<sup>43</sup>

*In Re V.W.*, OAH No. 12-0957-MDS (Commissioner of Health and Social Services 2013), pages 2-3.

conversation, and that she demonstrated fine motor skills when drawing a clock.<sup>44</sup> Ms. G acknowledged that she used to be independent with eating, but testified that is no longer the case since the summer of 2013. She stated that her hands shake now and she spills food, so her PCA has to help with eating and drinking.

Based on the evidence, the division did not meet its burden of proving that Ms. G should be scored a 0/1 for eating. Ms. G requires limited assistance for this activity, which includes “other nonweight-bearing assistance three or more times during the last seven days.”<sup>45</sup> Since a one-person physical assist is required, Ms. G should be **scored as a 2/2 in the ADL of eating.**

#### 7. Toileting

This ADL covers how a person uses the toilet, which includes routine incontinence care,<sup>46</sup> and cleaning and adjusting clothing afterwards.<sup>47</sup> Ms. G was previously scored as needing extensive assistance, with a frequency of 8 times per day. The new assessment left the level of assistance the same, and increased the frequency to ten times per day. Ms. G testified that she is totally incontinent of bladder and bowel, and there is no disagreement on this point from the division. The assessor wrote:

[Ms. G] reports total incontinence of bladder, and is fully assisted by using depends and blue pads laid out on bed, with caregiver changing her frequently. . . . [Ms. G] and PCA demonstrated part of the routine of changing after urinating and the packets PCA prepares in advance for incontinent episodes. [Ms. G] highly involved & helps by twisting upper body while caregiver rearranges her legs to turn her on side to clean.<sup>48</sup>

Because she is bed bound, there are no instances in which Ms. G is able to get out of bed and use the bathroom or a commode. As a result, all of her toileting occurs in the bed and requires that Ms. G be changed and cleansed each time. Were it not for the fact that Ms. G is able to move her upper body and assist with turning herself to the side for changing and cleansing, she would be scored a 4/2 in toileting. However, because she can participate in the activity, the division met its burden of proof that the score of 3/2 is correct in Ms. G’s case.

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<sup>44</sup> Exhibit E10.

<sup>45</sup> See Exhibit E10.

<sup>46</sup> 7 AAC 125.030(b)(6)(D).

<sup>47</sup> Exhibit E9.

<sup>48</sup> Exhibit E10.



As to the *frequency* of the toileting ADL, Dr. T T, Ms. G's physician, wrote that: it is medically necessary to increase [Ms. G's] incontinence supplies due to her diabetes and inability to get out of bed. She is frequently incontinent, requiring changing and skin care every 2 hours to prevent skin breakdown.<sup>[49]</sup>

Dr. T's letter requested that because of Ms. G's condition, her incontinence supplies be increased to twelve sets per day.<sup>50</sup> This is consistent with the doctor's report that Ms. G requires changing and skin care every 2 hours.

The division allowed a frequency of 10 toileting ADL's per day, which is an increase from the prior assessment. Ms. G requested an even *higher* level, 12 frequencies per day. Thus, she has the burden of proof by a preponderance of the evidence that the increase is justified.<sup>51</sup> Based on the evidence that she is bed bound and in need of more frequent changing and skin care, Ms. G met her burden of proving that her frequency for toileting should be increased. Ms. G is thus allowed a frequency of **12 toileting ADL's per day**.

#### 8. Personal hygiene

Personal hygiene includes washing and drying face and hands; nail care, if the recipient is not diabetic; skin, mouth, and teeth care; brushing and combing hair; shaving, when done separately from bathing; and shampooing hair, when done separately from bathing.<sup>52</sup> The division had previously scored Ms. G with a 3/2 for this activity, with a frequency of 2 times per day, or 14 per week.<sup>53</sup> Her new assessment lowered her score to a 1/1, meaning supervision and setup help only.<sup>54</sup> The division also reduced the frequency of this task to 0 times per week. The assessor wrote:

[Ms. G] able to do hygiene tasks with set up help of PCA. [Ms. G] cleans her own teeth . . . . Hygiene activity not observed [Ms. G] has good hands strenght (sic) and ROM to reach face, raised hands above head during conversation.<sup>[55]</sup>

In her testimony, Ms. G strenuously objected to the assessor's note that stated she raised her hands above her head during the assessment visit. Ms. G claimed that as someone with both gout and arthritis, she cannot hold her hands above her head, so it is impossible for her to

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<sup>49</sup> Letter dated September 7, 2012; Ms. G's Exhibit 5 at pg. 12.

<sup>50</sup> *Id.*

<sup>51</sup> 7 AAC 49.135.

<sup>52</sup> 7 AAC 125.030(b)(7).

<sup>53</sup> Exhibit D9.

<sup>54</sup> Exhibit E11.

<sup>55</sup> *Id.*

perform any personal hygiene task that involves hair care. She said she might be able to swat a mosquito or scratch her head, but not for longer than a minute or so. Ms. G requested that her score for personal hygiene be increased to 4/2.

Neither the division nor Ms. G is correct in their scoring of her personal hygiene needs. Based on the evidence presented, Ms. G requires limited assistance for this ADL. She is highly involved in the activity and is able to perform most of the personal hygiene tasks because they can be performed while she is sitting up. She cannot effectively shampoo or brush her hair, but there is no evidence that weight bearing assistance is needed for these tasks. Thus, Ms. G is **scored as a 2/2 in the ADL of personal hygiene**. This entitles her to a frequency of 10 minutes per day for this activity, or 70 minutes per week.<sup>56</sup>

#### 9. Bathing

The ADL of bathing involves the taking of a full-body bath, shower, or sponge bath.<sup>57</sup> In the current assessment, the division reduced Ms. G's previous score from 4/2 to 3/2, meaning extensive assistance with a one-person physical assist. The score was based on the assessor's notes:

[Ms. G] is confined to bed baths only and is helped by caregiver with set up and washing those areas she is unable to reach . . . [Ms. G] needs assist with turning and positioning as demonstrated, for bathing in bed, limited range of motion for lower body washing. [Ms. G] has demonstrated upper body range of motion and hand strength to hold wash cloth.<sup>[58]</sup>

The division gave Ms. G a frequency of 1 time per day for this activity, with a total time allowed of 22.5 minutes per day, or 157.5 minutes per week.<sup>59</sup> Ms. G requested that the bathing score be returned to the previous score of 4/2, and that she be allowed a frequency of 4-5 times per day, based on her skin condition and her constant use of the bathroom. She testified that she cannot hold a wash cloth long enough or with enough strength to clean herself effectively because of her gout.

The division correctly scored Ms. G in the ADL of bathing. The division met its burden of proving that Ms. G should be scored as a 3/2 because she is not immobile and she is able to perform some of the activity. Because she has a score of 3/2, the amount of time

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<sup>56</sup> See PCA Service Level Computation chart, Exhibit B34.

<sup>57</sup> 7 AAC 125.030(b)(8).

<sup>58</sup> Exhibit E12.

<sup>59</sup> Exhibit D9.

is restricted by regulation to 22.5 minutes per day, or 157.5 minutes per week.<sup>60</sup> The division's score and frequency for this ADL are affirmed.

#### 10. IADL's

In her prior assessment, the division scored Ms. G as a 3/4 in all of the IADL's, or Instrumental Activities of Daily Living. Light meal preparation received a frequency of 14 times per week; main meal preparation frequency was 7 times per week; shopping and light housework received frequencies of 1 time per week; and laundry in-home received a frequency of 2 times per week rather than 1 time because of Ms. G's incontinence.<sup>61</sup>

In the current assessment, the division scored all of these IADL's exactly the same as it did in the previous assessment. Ms. G challenged the light housework score on the CAT, asserting it should not be scored as a 2/4. She is correct – that score is a typographical error, as shown in the adverse action letter. Light housework was, indeed, scored as a 3/4 along with the other IADL's.<sup>62</sup> Ms. G also challenged the CAT on laundry in-home. She claimed that her PCA does the laundry at a laundromat. She later acknowledged that there is a laundromat at the motel, but she does not like to use it. Regardless of the location of the laundry, that IADL is correctly scored in that it doubled the usual frequency of 1 time per week to 2 times per week because of her incontinence.<sup>63</sup>

#### 11. Medication

Personal care services include time for:

assisting the recipient with the administration of routine oral medication, eye drops, and skin ointments; that assistance may include reminding the recipient and placing a medication within the recipient's reach.<sup>[64]</sup>

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<sup>60</sup> See PCA Service Level Computation chart, Exhibit B34.

<sup>61</sup> Exhibit D9.

<sup>62</sup> The CAT scored light housework as a 2/4. This is nonsensical: a self-performance score of 2 would indicate the person was involved in the activity, but that is inconsistent with a support score of 4, which is total dependence. See Exhibit E27. Moreover, Ms. G is not capable of being involved in the activity of light housework, as she is bed bound. Thus, the light housework score of 2/4 in the CAT will be treated as a typographical error that was corrected in the adverse action letter, which shows it scored as a 3/4. Exhibit D9.

<sup>63</sup> Whether Ms. G uses an in-home or out-of-home laundromat is not a central issue in this appeal because the scores are the same regardless which one Ms. G uses. But it serves to illustrate Ms. G's perception of the CAT and the process, to a certain extent. She repeatedly called its inaccuracies "lies," and was very concerned that her health had not been accurately portrayed in the document. Likewise, she was upset that the assessor was not present for the hearing; Ms. G had wanted to question her at length about the assessment visit and why the assessor completed the CAT the way she did. The assessor's presence might have been helpful, but the current record in this appeal is sufficient to determine whether the division accurately scored Ms. G's functional abilities.

<sup>64</sup> 7 AAC 125.030(d)(1).

Whether a recipient is allowed time for medication needs is based on the score for personal hygiene.<sup>65</sup> The division removed Ms. G's time for medication services because the CAT scored her as a 1/1 in personal hygiene, which does not result in any allowed PCA time for this activity.<sup>66</sup> The division did not meet its burden regarding this activity. This decision finds that Ms. G's personal hygiene score should be 2/2, limited assistance, so her **medication score also should be 2/2**. Based on the directive in the PCA Service Level Computation chart, this score allows Ms. G 2 minutes of PCA time per day for medication services.<sup>67</sup>

## 12. Documentation and Escort

Ms. G had previously been authorized for documentation of vital signs. In her current assessment, that time was removed for both activities.<sup>68</sup> Documentation of vital signs requires a prescription to receive time for this activity.<sup>69</sup> There is no evidence in the record that Ms. G has a prescription for documenting her vital signs, so the division met its burden for this activity.

Ms. G also previously received 60 minutes each week for a PCA to escort her to medical appointments. Escort services are included in other personal care services that may be provided.<sup>70</sup> Escort includes, but is not limited to:

Travelling with the recipient to and from a routine medical or dental appointment outside the recipient's home and conferring with medical or dental staff during that appointment.<sup>[71]</sup>

There is no evidence that Ms. G has memory problems, difficulty with new situations, or any cognitive deficiencies. Therefore the division met its burden of proof for this activity.

## IV. Conclusion

As discussed above, the division has met its burden of proof to justify some of the reductions in Ms. G's PCA time, but has not met its burden as to all of the proposed

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<sup>65</sup> See PCA Service Level Computation chart, Exhibit B34-35.

<sup>66</sup> *Id.*

<sup>67</sup> *Id.*

<sup>68</sup> Exhibit D4.

<sup>69</sup> 7 AAC 125.030(d)(3).

<sup>70</sup> 7 AAC 125.030(d)(9).

<sup>71</sup> *Id.*

reductions. The division should recalculate Ms. G's PCA time in accordance with this decision and change her scores to accurately reflect her PCA needs.<sup>72</sup>

Dated this 8<sup>th</sup> day of August, 2014.

*Signed*

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Kay L. Howard  
Administrative Law Judge

## Adoption

The undersigned, by delegation from of 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 12<sup>th</sup> day of September, 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.]

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<sup>72</sup> It should be noted that on July 8, 2014, Ms. G filed an email letter with the division and OAH that apparently was meant to appeal a division decision regarding a replacement mattress. That is a separate appeal and is not addressed in this decision.