

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

In the Matter of )  
 )  
 N G )  
\_\_\_\_\_ )

OAH No. 14-1160-MDS  
Agency No.

**DECISION**

**I. Introduction**

The Division assessed N G as needing 20 hours of personal care assistance. Ms. G appealed. The parties were able to resolve some issues in dispute, with the Division agreeing that Ms. G qualified for a higher service level for transfers, locomotion, dressing, medication, escort, and laundry-out of home/incontinence. At the hearing regarding the remaining issues, Ms. G proved that she needs additional assistance in the activities of toilet use, personal hygiene, and light meal preparation.

**II. Facts**

N G is a 95 year-old-woman. She suffers from many different medical problems, including Alzheimer’s disease, osteoarthritis, lumbosacral spondylosis, and macular degeneration. Because of her Alzheimer’s, Ms. G is very confused and unaware. She has difficulty in understanding others. Her macular degeneration has progressed to the point where she is legally blind. Due to her arthritis, Ms. G is bent over and is very hampered in her movements, although she does have some upper body mobility and strength. In short, given her impairments, Ms. G is unable to do normal activities of daily living without assistance.

The Division of Public Assistance and Ms. G’s family agree that Ms. G is eligible for personal care assistance from the Division. The question in this fair hearing is how much assistance she is eligible to receive.

The Division assesses how much assistance an applicant needs to care for herself using a standardized assessment format, called the Consumer Assessment Tool (CAT). Under the CAT, the assessor will assign a numerical score for each of several activities of daily living (ADLs)—tasks like walking, eating, and so on—and for several “instrumental activities of daily living” (IADLs)—tasks like cooking, housework, and so on. Scores are divided into two categories, a “self-performance” score, and a “support” score. As a general matter, personal care assistance minutes are assigned for scores that show that the recipient needs actual hands-on assistance to

accomplish the ADL or IADL. Scores that show independence or need for only supervision, set-up help, or cueing will not qualify for assistance.<sup>1</sup>

On June 5, 2014, Registered Nurse Margaret Rogers visited Ms. G at Ms. G's home to evaluate Ms. G under the CAT. Two of Ms. G's children, L G, who serves as Ms. G's primary care provider, and M G U, were present and helped provide information about Ms. G. Ms. Rogers observed that Ms. G had good range of motion and grip strength.<sup>2</sup> In general, Ms. Rogers learned that Ms. G could move around in bed, and walk inside the home with a walker. She saw Ms. G stand up on her own, but it took Ms. G several tries, and Ms. Rogers recorded on the CAT that Ms. G sometimes requires physical assistance to stand up. Ms. Rogers noted that Ms. G needed help to dress but she can eat and drink without assistance other than cueing. Ms. Rogers understood that Ms. G could transfer onto and off of the toilet. Ms. G is incontinent, however, and she needs assistance with changing her protective undergarments and with cleansing. She also needs assistance with personal hygiene tasks such as hair, denture, and skin care, and with bathing. Finally, Ms. G is too infirm, both physically and cognitively, to do household chores, or IADLs as they are called in the CAT, and needs considerable assistance with these tasks.

Based on her observations and information given by L and M, Ms. Rogers scored Ms. G as follows on the following ADLs:

1. Bed Mobility: 0/0;
2. Transfers 2/2, with a frequency of 2x per day, 14x per week;
3. Locomotion 0/0;

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<sup>1</sup> The CAT numerical coding system has two components for scoring a person's need for assistance with ADLs. The first component is the self-performance code. These codes rate how capable a person is of performing a particular activity of daily living. The relevant possible codes for ADLs are:

- 0** the person is independent and requires no help or oversight;
- 1** the person requires supervision;
- 2** the person requires limited assistance;
- 3** the person requires extensive assistance;
- 4** the person is totally dependent;
- 5** the person needs cueing

The second component of the CAT scoring system is the support code. These codes rate the degree of assistance that a person requires for a particular ADL. The possible codes are:

- 0** no setup or physical help required;
- 1** only setup help required;
- 2** one person physical assist required;
- 3** two or more person physical assist required.

IADLs have a different scoring scheme. For a full explanation of how the CAT is scored, and what the numerical scores mean for ADLs and IADLs, see, for example, *In re LB*, OAH No. 12-406-MDS at 7-8 (Comm'r Health and Soc. Serv. 2012) available at <http://aws.state.ak.us/officeofadminhearings/Documents/MDS/PCA/MDS120406.pdf>.

<sup>2</sup> Division Exhibit E at 4.

4. Locomotion-access medical appointments, 5,
5. Dressing 2/2, 2x per day, 14x per week;
6. Eating 0/1
7. Toilet use 2/2, 6x per day, 42x per week;
8. Personal hygiene, 2/2, 1x per day, 7x per week;
9. Bathing 3/2, 1x per day, 7x per week.

And as follows on the following IADLs:

1. Light meal preparation 2/3, 2x per day, 14x per week;
2. Main meal preparation, 3/4, 1x per day, 7x per week;
3. Shopping, 3/4, 1x per week;
4. Light Housework, 3/4, 1x per week;
5. Laundry in-home, 3/4, 1x per week;
6. Laundry-out of home/incontinence, did not score.

And as follows on the following other covered activities:

1. Medication: (using personal hygiene score) 2/2, 2x per day 28x per week
2. Escort 120 minutes per year, based on 12 doctor visits at 10 minutes per visit, for 2.31 minutes per week.

The Division completed the assessment, and on June 24, 2014, it sent a notice to the Gs that Ms. G was approved for 20 hours per week of PCA service. A corrected notice, also authorizing 20 hours of service, was sent on July 8, 2014. On July 3, 2014, D G—a daughter who is also a power of attorney for Ms. G—requested a fair hearing.

A hearing was convened on August 8, 2014, attended by four of Ms. G's children: D, L, M, and O V. The Division was represented by Victoria Cobo. The parties used the time to discuss the case, and they reached agreement on some issues. The Division agreed to the following changes to the CAT:

- Transfers, increase frequency to 5x per day, 35x per week;
- Locomotion, score of 2/2, 5x per day, 35x per week;
- Locomotion access appointments score of 3, two times per week;
- Dressing, score of 3/2, 2x per day, 14x per week.

The Gs agreed with these scores. They disagreed with the Division, however, on the scores for the ADLs of toileting, bathing, and personal hygiene. A supplemental hearing was held on August 25, 2014, and evidence was taken on the remaining issues in dispute. At the

supplemental hearing, the Division agreed that Ms. G was eligible for additional assistance with laundry based on her incontinence. The Division further agreed that she was eligible for assistance with escort. The Division asked for additional time to calculate how much escort assistance she was eligible for based on the testimony. The Division was unable to provide this calculation, however.

### **III. Discussion**

The Medicaid program authorizes PCA services for the purpose of providing “physical assistance with activities of daily living (ADLs), physical assistance with instrumental activities of daily living (IADLs), and other services based on the physical condition of the recipient.”<sup>3</sup> Under the regulations governing the Medicaid program, “[t]he department will not authorize personal care services for a recipient if the assessment shows that the recipient only needs assistance with supervision, cueing, and setup in order to independently perform an ADL or IADL.”<sup>4</sup>

In this case, the parties have agreed on many aspects of Ms. G’s eligibility for PCA services. They disagree, however, on how she should be scored for toilet use, personal hygiene, bathing, and light meal preparation. As a threshold matter, the Gs and the Division disagree on when a person is completely dependent, and therefore should be scored a four in the self-performance category. That issue is a legal issue—an issue of defining and interpreting the regulations. This decision will address that legal issue first, and then will apply the legal standards to the facts to determine the proper score.

#### **A. What is the test for complete dependence?**

At issue in this case is determining whether Ms. G needs extensive assistance on certain ADLs (a self-performance score of “3”) or whether she is completely dependent (a score of “4”). Under the regulations, dependent means “the recipient cannot perform any part of the activity, but must rely entirely upon another individual to perform the activity.”<sup>5</sup> The parties generally agree that the line between extensive assistance and complete dependence is one of

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<sup>3</sup> 7 AAC 125.010(a).

<sup>4</sup> 7 AAC 125.020(e). “Cueing” means “daily verbal or physical guidance provided to a recipient that serves as a signal to the recipient that the recipient needs to perform an activity.” *Id.* “Setup” means “arranging items for use or getting items ready for use so that the recipient can independently perform an ADL or IADL.” *Id.* “Supervision” means “observing and giving direction, as needed, so that the recipient can independently perform an ADL or IADL.” *Id.*

<sup>5</sup> 7 AAC 125.020(a)(3).

participation—if the recipient can participate in the activity, the recipient is not completely dependent, even if the recipient could not complete the ADL on his or her own.

The Gs argue, however, that the participation must be *effective* in order to give a score of “3.” In their view, their mother’s near-blindness and her Alzheimer’s make her participation in bathing and personal hygiene ineffective. Their mother participates in her own care only because they go out of their way to involve her. In their view, she is not really participating in accomplishing the ADLs—she is just being given an opportunity to appear to be participating as a form of therapy. They ask for a legal ruling that if a recipient’s participation is not effective, then the recipient is completely dependent, even if it appears that the recipient is involved in the activity.

The Division did not necessarily dispute the Gs’s argument that participation must be effective. In the Division’s view, however, complete dependence is limited to extreme cases—the comatose, quadriplegic, or multiple limb fractures. Here, Ms. G is mobile, active, and responsive. The Division does not consider her to be close to complete dependence.

In support of their argument, the Gs cite to *In re O.U.*<sup>6</sup> They note that in that case, Mr. U had vision in only one eye, balance problems, and cognitive impairments. Mr. U was found to be completely dependent (“4”) in bathing. The reason he was scored as completely dependent, however, was because he was unable to participate in bathing. Due to his balance problem and the lack of assistive devices, he had to hold onto the PCA while in the shower, leaving him unable to participate in the activity of washing himself. Thus, *In re O.U.* affirms that a complete lack of participation will result in a score of “4.” It does not address whether ineffective participation can support a score of “4.”

A more recent case, however, *In re S.O.*, does suggest that ineffective participation could result in a score of “4”:

The line between extensive assistance and total dependence is, at times, blurred. Whether the recipient requires extensive assistance or total dependence is a fact specific determination to be made on a case-by-case basis. Consideration should be given to whether the recipient is merely cooperating with the caretaker. If the recipient is merely cooperating, then the level of assistance is closer to Total Dependence.<sup>7</sup>

Following *In re S.O.*, this decision accepts the Gs’s argument that ineffective participation in an ADL can result in a score of total dependence. Yet, a close reading of *In re*

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<sup>6</sup> G Post-Hearing Filing at 1 (citing *In re O.U.*, OAH No. 12-0930-MDS (Health and Social Services 2013)).  
<sup>7</sup> *In re S O*, OAH No. 14-0908-MDS at 3 (Health and Social Services 2014).

*S.O.* reveals that it sets a high standard for ineffective participation. In *In re S.O.*, for example, Mr. O. could participate in brushing his teeth and washing his face. Without assistance, his participation in both of these activities would not have been fully effective—neither his teeth nor his face would have reached a level of cleanliness that would be hygienic. Because his participation went further than mere cooperation, however, he was not totally dependent on these activities.<sup>8</sup> Thus, for a recipient’s participation to be judged ineffective, the participation must truly be merely window dressing and not further the activity. For example, merely holding an implement (such as a toothbrush or washcloth) might not be effective participation. A person who can accomplish some of the task, however, is effectively participating, even if the task is not complete.

Moreover, although this decision accepts the concept that the recipient’s participation must be effective at some level to take a recipient out of total dependence, this decision rejects any argument that effective means “efficient.” For many, if not almost all, cases of aged and infirm people who need assistance on ADLs, it would be more efficient for the PCA to do the entire task than to involve the recipient in the task. The PCA could do it faster and perhaps better without involving the recipient. That, however, is not the test for dependence. The regulations and the CAT make clear that if a person can “perform any part of the activity,” the person is not totally dependent, even if the person’s participation slows down the completion of the task.

With this interpretation of “total dependence” in mind, this decision will next apply the law to the facts of this case for the ADLs that are in dispute, in order to determine Ms. G’s level of assistance.

#### **B. Does Ms. G need extensive assistance on toilet use?**

The Division determined that Ms. G needed only limited assistance in using the toilet six times per day. The Gs argue that she needs extensive assistance eight times per day.

Extensive assistance means that “the recipient is able to perform part of the activity, but periodically requires direct physical help from another individual for weight-bearing support or full performance of the activity.”<sup>9</sup> The CAT makes clear that weight-bearing support must occur at least three times per week, or full dependence must occur at least for a part of each week, to qualify as extensive assistance.

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<sup>8</sup> *Id.* at 4-5.

<sup>9</sup> 7 AAC 125.020(a)(2).

Limited assistance means that the recipient is highly involved in the activity and “receives direct physical help from another individual in the form of guided maneuvering of limbs, including help with weight-bearing when needed.”<sup>10</sup> The CAT explains that nonweight-bearing physical assistance three or more times per week or weight-bearing assistance 1-2 times per week would qualify as limited assistance.

Although the Division acknowledged that Ms. G needed considerable help with changing her protective undergarments, wiping and cleansing herself, and washing her hands after toilet use, it scored Ms. G as needing only limited assistance. It appears that the Division reached this conclusion because it understood that Ms. G was able to transfer on and off the toilet.

L G provided extensive detail about how he helps his mother when she needs to use the toilet. He explained that during the daytime, Ms. G usually needs only balance support as she transfers on and off the toilet. Yet, he does provide weight-bearing assistance even during the daytime. Because of her balance problems, he always has to prop her up while cleansing and while she tries to pull up her pants. If Ms. G is having a bad day, he will often provide weight-bearing assistance to help transfer on and off the toilet. When she uses the toilet at night, she is disoriented, and is unable to follow instructions. In addition to doing all the cleansing, L provides weight-bearing assistance in supporting her to the commode, and lowering and raising her. If she urinates or defecates in bed, which does sometimes happen, L has to lift her while changing, cleansing, and dressing her. In an attempt to avoid having nighttime accidents, L now has her on a schedule to get up twice at night to use the toilet. Based on this testimony, the Gs have proved that Ms. G requires extensive assistance for toilet use. In addition, because the Division did not include the nighttime toilet use or changing, frequency for toilet use should be increased to eight times per day.

### **C. What level of assistance does Ms. G require on bathing?**

For the ADL of bathing, the Division determined that Ms. G required extensive assistance. The Gs argue that although Ms. G is involved in the task of bathing, her participation is ineffective. In their view, the PCA actually does 100 percent of the bathing task—any action taken by Ms. G is merely therapeutic and largely ineffectual.

At the hearing, both D and O provided extensive testimony of how they assist Ms. G during bathing. Whoever is assisting Ms. G will first sit Ms. G down on the toilet, and then remove all of her clothes and jewelry. D noted that they do have assistive devices, which

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<sup>10</sup> 7 AAC 125.020(a)(1).

includes a bath bench and bars. In order to get Ms. G into the tub, the assistant will sit Ms. G on the bench and then lift her legs into the tub. Sometimes Ms. G will lift her legs a little. Following instructions from the assistant, Ms. G will then scoot herself on the bench until she is in the tub and can be bathed.<sup>11</sup>

The bathing process involves use of soap, washcloth, and the hand-held shower head, each of which might be given to Ms. G so that Ms. G can feel like she is involved in the bathing. O explained that she has some success in getting Ms. G to wash her own arms, but, although O encourages Ms. G to wash her own face, she is not able to accomplish that task—she might be able to get some soap on her chin, but not even do that correctly. O sometimes gives her mother the shower head to rinse, but because she cannot see, Ms. G is not able to completely rinse the soap off herself. D said that the most difficult task was trying to get her mother to stand and hold onto the bars so that her legs and bottom could be scrubbed. Ms. G cannot remain standing long enough to be rinsed, so D just has to work around her in a seated position.

Getting Ms. G out of the tub involves reversing the process. D testified that she dries Ms. G, and then brings her out of the bathroom, applies lotion, checks her feet, dresses her, and then brushes her hair.<sup>12</sup>

Here, the Gs have proved that Ms. G's participation in bathing is minimal—at most, she can scoot on the bench, lift her legs a little (sometimes), lift her arms, and wash her arms. For all other tasks involved in bathing, Ms. G's participation is not effective, due to the combination of her near-blindness and dementia/confusion. The question here is whether this minimal participation is sufficient to take Ms. G out of the realm of complete dependence and place her in the realm of extensive assistance.

Although the Gs have done an excellent job in giving a complete factual description and in making their argument, the answer to the question is yes. The regulations make clear that “dependent” means “the recipient cannot perform *any part* of the activity.”<sup>13</sup> Here, Ms. G can scoot herself along the bench into the tub, she can lift her arms to participate in being washed, and, with cueing, she can wash most of her own arms. Thus she can perform a minimal part of the activity effectively enough to not be considered dependent as that term is used in the CAT.

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<sup>11</sup> D. G testimony; O. V.

<sup>12</sup> D. G testimony. No testimony was given on whether Ms. G can participate in drying herself after bathing.

<sup>13</sup> 7 AAC 125.020(a)(4) (emphasis added).



#### **D. What level of assistance does Ms. G require on personal hygiene?**

For the ADL of personal hygiene, PCA time is allowed for washing and drying the face and hands, nail care, skin care, mouth and teeth care, brushing and combing the hair, shaving when done separately from bathing, and shampooing the hair when done separately from bathing.<sup>14</sup> The Division assessed Ms. G as needing only limited assistance in personal hygiene. The Gs argue that she is completely dependent, again asserting that whatever participation she contributes to personal hygiene is not effective.

L and M testified that Ms. G cannot effectively participate in any of her hygiene tasks. They explained that although she could grip a washcloth, she could not realistically wash her face because she cannot see. One of the Gs must brush her hair at least once a day; more often if she messes her hair up during the day. Even when she is washing her hands, they turn on the water and put soap in her hands. She rubs her hands together to make suds. She has to ask, “is that enough?” They hand her a towel and she pats her hands, but can’t tell if they’re dry. She asks, “are they dry?” They can then cue her into drying more. They let her try to put on lotion, but she leaves it lumped up and does not apply it thoroughly. They have to finish the task. She does not participate in the task of cleaning her dentures. L explained that she could go through motions because she remembers how to do motions. But they wouldn’t get clean. D testified that Ms. G is not able to participate in her foot care.<sup>15</sup> Given the limitations of her ability to do any of these tasks effectively, the Gs believe that she is fully dependent in personal hygiene.

In some respects, the G’s argument on personal hygiene is an even closer call than the similar argument that they made with regard to bathing. Because bathing involves washing and drying the entire body, the fact that Ms. G’s bad eye sight means she will miss some spots does not negate the fact that she has participated to some extent in the washing of her body. With personal hygiene, however, the focus is narrower—washing only the face and hands, or putting lotion on a specific site. If Ms. G’s confusion and bad eye sight mean that she cannot wash or apply lotion to the specific site, then she is essentially helpless in personal hygiene.

Yet, the testimony does not establish a total lack of effective participation. Ms. G is a willing participant in personal hygiene who has sufficient range of motion and strength to wash and dry her hands with cueing support. She can apply lotion to her arms and legs. When she misses some spots she can be cued to go further. She would need physical assistance to finish

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<sup>14</sup> 7 AAC 125.030(b)(7).

<sup>15</sup> L. G testimony; M. U testimony; D. G testimony.

applying lotion to specific sites or to wash her face, but she could accomplish a part of these tasks. Therefore, Ms. G is not dependent in personal hygiene. The question here is whether the assistance provided to Ms. G in personal hygiene is extensive or limited.

Ms. Rodgers explained the score of limited assistance in personal hygiene by noting that Ms. G can grip a washcloth.<sup>16</sup> In general, a person who can stand, and who has upper body mobility, will often be assessed as needing only limited assistance in personal hygiene, even if the person requires considerable assistance in the actual hygiene tasks. This is because the legal definition of “extensive assistance” requires that the PCA support the person’s weight during personal hygiene tasks at least three times per week, or do all of the hygiene tasks at least one day per week.<sup>17</sup> The support given in hygiene tasks does not often involve bearing a person’s weight.

Here, however, the Gs have met their burden of proving that Ms. G requires either full dependence or weight-bearing assistance during hygiene tasks. As stated above, Ms. G is completely dependent for some hygiene tasks like her foot care, denture care, and applying lotion to her specific sores. She is not scored as completely dependent, however, because she can participate in the activities of washing and drying her hands, and applying lotion to non-specific sites. She could not, however, both hold onto her walker and hold onto a washcloth or towel. The testimony revealed that she is frail and has significant balance problems. When standing, she needs to grip her walker to stay upright. Even then, because of her pain issues, she is stooped and somewhat unsteady. Given her balance issues, at least some of the time, she would need weight-bearing assistance for the hygiene tasks in which she participates while standing up, such as washing her hands. Therefore, based on the evidence of dependence in some tasks, and her balance issues interfering in other tasks, she requires extensive assistance in personal hygiene.

**E. Does Ms. G need additional time for escort services?**

The Division allowed 120 minutes per year for escort services. At the hearing, Ms. Rodgers explained that she understood that escort time was only for the time spent taking a person to medical appointment. In fact, however, escort service is provided for time spent “traveling with the recipient to and from a routine medical or dental appointment outside the

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<sup>16</sup> Rodgers testimony.

<sup>17</sup> See, e.g. *In re Q.Y.*, OAH No. 13-05250-MDS at 11 (Health and Social Services 2013) (finding that person with limited upper body mobility who needed considerable help from PCA in personal hygiene was eligible for only limited—not extensive—assistance because the help needed was not weight-bearing or total dependence).

recipient's home and conferring with medical or dental staff during that appointment."<sup>18</sup>  
Therefore, Ms. G is entitled to additional time for escort services.

The testimony at the hearing revealed that Ms. G would visit Dr. C eight times per year plus one routine lab appointment, and that these visits were usually about one hour in length, with travel time about 10 minutes each way.<sup>19</sup> She also has routine visits to the following specialists: an orthopedic physician, an eye doctor, the dentist, and hearing specialists. Travel to these specialists took a little longer, about 15 minutes each way. The Gs noted that in the last six months Ms. G had visited the orthopedic specialist four times; they characterized all of these visits as routine.<sup>20</sup>

In their July 22, 2014, letter, the Gs requested escort services for 18 routine medical appointments. The testimony at the hearing established that this is a reasonable request. The testimony also established that time spent with the doctor was about half an hour. Reasonable travel for nine of the visits was 20 minutes; for the other nine, travel was about 30 minutes. This totals 990 minutes of escort services per year, or 19 minutes per week.

**F. How much assistance does Ms. G require on the IADL of light meal preparation?**

No testimony was received at the hearing regarding the IADL of light meal preparation. The Gs's July 22, 2014, letter, however, specifically disputed the Division's score of 2/3 for light meal preparation. The letter requested that the score be adjusted to 3/4, and offered the following justification for this request:

N's poor vision and dementia make it impossible for her to prepare a nutritious meal. She is unable to read the buttons on the microwave or operate the stovetop or oven. She cannot see to pour cereal into a bowl, cut fruit or pour milk.<sup>21</sup>

At the hearing, the Gs incorporated this letter into their argument. The facts asserted here with regard to her inability to prepare light meals are consistent with the facts proved at hearing. The Division did not offer any argument or facts to refute this contention. Accordingly, the Gs have met their burden of proving that Ms. G's score for light meal preparation should be 3/4.

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<sup>18</sup> 7 AAC 125.030(d)(9).

<sup>19</sup> D. G testimony. D testified that total time for routine medical appointments was 1-2 hours. She estimated that each visit took about half an hour plus wait time, so estimating a routine visit at one hour plus travel time is reasonable.

<sup>20</sup> D. G testimony; July 22, 2014 letter from D G to Fair Hearing Representative at 2.

<sup>21</sup> July 22, 2014 letter from D G to Fair Hearing Representative at 7.

**G. The remaining disputes regarding the CAT are not relevant to PCA care**

The Gs also dispute many other findings of the CAT. Except as discussed in this decision, however, the other findings are not relevant to this dispute. To the extent that they may matter in a different proceeding, the Gs have preserved their right to dispute the other findings.

**IV. Conclusion**

Based upon the agreements of the parties and this decision regarding the disputed issues, the assessment of Ms. G’s need for assistance on the following ADLs and IADL in the CAT should be amended as follows:

Transfers: increase frequency to 35 times per week;

Locomotion: score of 2/2, 35 times per week;

Locomotion access appointments: score of 3, two times per week;

Dressing: score of 3/2, 14 times per week;

Toilet use: score of 3/2, 56 times per week;

Personal hygiene: score of 3/2; assistance on medication should be adjusted to reflect this higher score on personal hygiene;

Escort: 19 minutes per week;

Laundry-out of home/incontinence: 3/4;

Light meal preparation: score of 3/4.

With regard to any other issues in dispute that relate to the PCA service level, the Division’s assessment is affirmed. With regard to issues that do not relate to PCA service level, those issues were not considered.

DATED this 23rd of September, 2014.

*Signed* \_\_\_\_\_  
Stephen C. Slotnick  
Administrative Law Judge

**Adoption**

Under a delegation from the Commissioner of Health and Social Services, I adopt this Decision as the final administrative determination in this matter, under the authority of AS 44.64.060(e)(1).

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 19th day of October, 2014.

By: *Signed* \_\_\_\_\_  
Name: Stephen C. Slotnick  
Title: Administrative Law Judge/DOA

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