

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

In the Matter of)
)
 N S)
_____)

OAH No. 14-1328-MDS
Agency No.

DECISION

I. Introduction

N S was receiving 21.75 hours per week of personal care assistance (PCA) services when he was reassessed to determine his continued eligibility for those services in 2014. Based primarily on a reassessment visit on February 28, 2014, the Division of Senior and Disabilities Services (Division) issued a decision on July 28, 2014 notifying Mr. S that his PCA services would be reduced to 6.25 hours per week. The reduction resulted from what the Division perceived as improvements in Mr. S’ physical functionality. Mr. S requested a hearing.

Mr. S’ hearing occurred on three separate dates: September 15, October 21, and November 26, 2014. The primary portion of the hearing, at which testimony was taken, occurred on November 26, 2014. Mr. S represented himself. L O and T J testified on his behalf. W J and V Z also attended. Victoria Cobo represented the Division. Denise Kichura, the nurse assessor who conducted the February 28, 2014 assessment visit and completed the CAT, was present at the October 21 hearing, but was not available to testify at the November 26 hearing.

At hearing, the Division voluntarily agreed to change the amount of assistance provided Mr. S pursuant to the 2014 assessment. However, this did not resolve the case. Based upon the evidence presented at hearing, the Division’s assessment of and provision for Mr. S’ PCA service needs, as modified at hearing, does not accurately reflect Mr. S’ need for assistance. The Division’s allocation of PCA service time is therefore affirmed in part and reversed in part as discussed below.

II. The PCA Service Determination Process

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”¹ Accordingly, “[t]he department will not authorize personal care services for a

¹ 7 AAC 125.010(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.”²

The Division uses the Consumer Assessment Tool, or “CAT”, as a methodology to score eligibility for the PCA program, and the amount of assistance, if any, that an eligible person needs to perform ADLs, IADLs, and the other covered services.³ In general, if certain levels of assistance are required, the regulations prescribe a fixed number of PCA minutes to be assigned per instance of that activity.

As a gateway to eligibility for PCA services, the CAT evaluates a subset of the ADLs and IADLs. If a person requires some degree of hands-on physical assistance with any one of these ADLs or IADLs, then the person is eligible for PCA services. Once eligibility is established, time for additional ADLs and IADLs, as well as certain other covered services, can be added to the PCA authorization. In Mr. S’ case, there is no dispute that he needs hands-on help with some of the gateway ADLs and IADLs.

The ADLs measured by the CAT are bed mobility, transfers (non-mechanical), transfers (mechanical), locomotion (in room), locomotion (between levels), locomotion (to access apartment or living quarters), dressing, eating, toilet use, personal hygiene, personal hygiene-shampooing, and bathing.⁴ The CAT numerical coding system for ADLs has two components. The first component is the *self-performance code*. These codes rate how capable a person is of performing a particular ADL. The possible codes are **0** (the person is independent⁵ and requires no help or oversight); **1** (the person requires supervision); **2** (the person requires limited assistance⁶); **3** (the person requires extensive assistance⁷); **4** (the person is totally dependent⁸).

² 7 AAC 125.020(e). This regulation defines “cueing” as “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;” “setup” as “arranging items for use or getting items ready for use so that the recipient can independently perform an ADL or IADL;” and “supervision” as “observing and giving direction, as needed, so that the recipient can independently perform an ADL or IADL.” *Id.*

³ See 7 AAC 125.024(a)(1). The CAT is itself a regulation, adopted in 7 AAC 160.900.

⁴ Ex. E, pp. 6 – 11.

⁵ A self-performance code of 0 is classified as “[I]ndependent – No help or oversight – or – Help/oversight provided only 1 or 2 times during the last 7 days.” See Ex. E, p. 6.

⁶ According to 7 AAC 125.020(a)(1), limited assistance with an ADL “means a recipient, who is highly involved in the activity, receives direct physical help from another individual in the form of guided maneuvering of limbs, including help with weight-bearing when needed.”

⁷ According to 7 AAC 125.020(a)(2), extensive assistance with an ADL “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.”

There are also codes which are not used in calculating a service level: **5** (the person requires cueing); and **8** (the activity did not occur during the past seven days).⁹

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). Again, there are additional codes which are not used to arrive at a service level: **5** (cueing required); and **8** (the activity did not occur during the past seven days).¹⁰

The CAT also codes certain activities known as “instrumental activities of daily living” (IADLs). These are light meal preparation, main meal preparation, light housekeeping, laundry (in-home), laundry (out-of-home), and shopping.¹¹

The CAT codes IADLs slightly differently than it does ADLs. The *self-performance codes for IADLs* are **0** (independent either with or without assistive devices - no help provided); **1** (independent with difficulty; the person performed the task, but did so with difficulty or took a great amount of time to do it); **2** (assistance / done with help - the person was somewhat involved in the activity, but help in the form of supervision, reminders, or physical assistance was provided); and **3** (dependent / done by others - the person is not involved at all with the activity and the activity is fully performed by another person). There is also a code that is not used to arrive at a service level: **8** (the activity did not occur).¹²

The *support codes* for IADLs are also slightly different than the support codes for ADLs. The support codes for IADLs are **0** (no support provided); **1** (supervision / cueing provided); **2** (set-up help); **3** (physical assistance provided); and **4** (total dependence - the person was not involved at all when the activity was performed). Again, there is an additional code that is not used to arrive at a service level: **8** (the activity did not occur).¹³

The codes assigned to a particular ADL or IADL determine how much PCA service time a person receives for each occurrence of a particular activity. For instance, if a person were

⁸ According to 7 AAC 125.020(a)(3), dependent as to an ADL, or dependent as to an IADL, “means the recipient cannot perform any part of the activity, but must rely entirely upon another individual to perform the activity.”

⁹ Ex. E, p. 18.

¹⁰ Ex. E, p. 18.

¹¹ Ex. E, p. 26.

¹² Ex. E, p. 26.

¹³ Ex. E, p. 26.

coded as requiring extensive assistance (self-performance code of 3) with bathing, he would receive 22.5 minutes of PCA service time each time he was bathed.¹⁴ The regulations do not provide the Division with the discretion to change the amounts specified by the formula.

For covered services beyond assistance with ADLs and IADLs, specific rules apply that will be discussed below.

III. Background Facts

Mr. S is 60 years old. He lives by himself in a second story apartment in a building that only has stair access. His medical conditions include several skin disorders (pruritus, acute dermatitis, weepy erythematous plaques), spinal stenosis of the lumbar region, gait disorder, physical debility, epilepsy/seizure disorder, and left shoulder pain.¹⁵ He wears a left arm brace.¹⁶ Mr. S also testified that he has trouble using his left arm, which was corroborated by Mr. J's testimony.¹⁷ The presence of the left arm brace, as noted in the assessment, is consistent with their testimony. Dr. G's letters of August 21 and October 27, 2014 both refer to Mr. S experiencing left shoulder pain, but those letters do not state that he is unable to use his left arm. Visual observation of Mr. S was that he had both hands wrapped around his walking stick. This leads to the conclusion that he is limited in the use of his left arm, but is not totally one-handed. Accordingly, it is more likely true than not true that Mr. S does not have full use of his left arm.

Mr. S appeared once telephonically and twice in-person for this case. At each of these appearances, he appeared confused, had difficulty both with focusing upon the subject matter and with answering questions directly.

Mr. S was receiving 21.75 hours of weekly PCA services in 2014 based on a June 2013 assessment. Denise Kichura, a Division nurse, made a visit to reassess Mr. S' PCA service needs on February 28, 2014. She recorded the assessment visit on the CAT. Her findings resulted in a reduction of Mr. S' PCA services to 6.25 hours per week.¹⁸ In general, the assessment shows that Ms. Kichura found that Mr. S' physical functionality had increased, which resulted in a decrease in both the degree of assistance required and the number of times weekly that assistance was required.

¹⁴ 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.

¹⁵ Dr. G's August 21, 2014 and October 27, 2014 letters: Dr. E's case progress notes; Ex. E, pp. 1, 3.

¹⁶ See, e.g., Ex. E, p. 8.

¹⁷ Mr. S' consistent testimony was that his shoulder had been injured in a fall, that he had shoulder surgery, and that he was essentially one-handed as a result.

¹⁸ Ex. D, p. 10.

IV. Discussion

When the Division is seeking to reduce or eliminate a benefit a citizen is already receiving, the Division has the overall burden to prove, by a preponderance of the evidence,¹⁹ facts that show the citizen's level of eligibility has changed.²⁰ In the context of PCA services, the showing required of the Division is that the recipient has had a "material change of condition."²¹ The Division can meet this burden using any evidence on which reasonable people might rely in the conduct of serious affairs,²² including such sources as written reports of firsthand evaluations of the patient. The relevant date for purposes of assessing the state of the facts is, in general, the date of the agency's decision under review.²³

In particular areas where Mr. S seeks to increase services or add services that were not previously provided, Mr. S has the burden of proof.²⁴

A. Transfers

Mr. S was previously provided limited assistance (self-performance code of 2) with transfers 42 times weekly. The 2014 assessment eliminated that assistance, finding that Mr. S only required supervision (self-performance code of 1) based upon Mr. S' statement that he could transfer using his walking stick, and upon the assessor's observation of Mr. S transferring by leaning upon furniture for support.²⁵ The Division agreed, at hearing, that Mr. S should receive limited assistance (self-performance code of 2) with transfers 28 times per week.

Mr. S testified that he gets on and off the couch at least 6 times daily (42 times weekly). He tries to get up on his own, using his stick, but can't do it without being picked up. Mr. J, one of Mr. S' PCAs, testified that Mr. S has to be picked up and lifted using a bear hug. Ms. O, Mr. S' other PCA, testified that she has to help transfer him by placing her hands under his armpits and picking him up. She further testified that on several occasions, she has not been able to hold him and has had to get help from his neighbors. Dr. G's August 21, 2014 letter states that Mr. S requires assistance with transferring to and from the toilet, but does not specify the type of

¹⁹ Proof by a preponderance of the evidence means that the fact in question is more likely true than not true.

²⁰ 7 AAC 49.135.

²¹ 7 AAC 125.026(a). This is a term of art that encompasses not only changes in the patient's situation, but also changes in regulations affecting the authorized level of services. See 7 AAC 125.026(d).

²² 2 AAC 64.290(a)(1).

²³ See 7 AAC 49.170; *In re T.C.*, OAH No. 13-0204-MDS (Commissioner of Health & Soc. Serv. 2013) (<http://aws.state.ak.us/officeofadminhearings/Documents/MDS/HCW/MDS130204.pdf>).

²⁴ 7 AAC 49.135.

²⁵ Ex. D, pp. 2, 10; Ex. E, p. 6.

assistance (limited vs. extensive) that is required. It is therefore undisputed that Mr. S requires assistance with transfers, but the degree and amount of assistance must be determined.

The overall weight of the evidence, based upon Mr. S', Mr. J's, and Ms. O's testimony, combined with Mr. S' limited use of his left arm, demonstrates that Mr. S has met his burden of proof to increase his assistance with transfers: it is more likely true than not true that Mr. S requires weight-bearing assistance (extensive assistance – self-performance code of 3) for transfers, which is an increase from the limited assistance previously provided. Consistent with Mr. S' testimony, he should receive that assistance 6 times daily, for 42 times weekly.

B. Locomotion Within Home

Mr. S was previously provided limited assistance (self-performance code of 2) with locomotion 35 times weekly. The 2014 assessment eliminated that assistance, finding that Mr. S only required supervision (self-performance code of 1) based upon Mr. S' statement that he could walk using his walking stick or leaning upon walls and furniture for support, and upon the assessor's observation of Mr. S walking "at least 25 feet to the other room" without using an assistive device.²⁶ The Division agreed, at hearing, that Mr. S should continue to receive limited assistance (self-performance code of 2) with locomotion at a reduced frequency of 28 times per week.

The hearing testimony was that Mr. S uses his walking stick to locomote within his apartment, but that he uses a wheelchair outside the home. Mr. S has weak legs and cannot walk by himself without assistance. Mr. S, Mr. J, and Ms. O did not dispute the fact that Mr. S requires limited assistance, but not extensive assistance, for locomotion within his home. Mr. J testified that he helps Mr. S walk approximately 4 times per day, because that it is all the assistance he is allowed to provide. Ms. O said that he probably requires assistance another two times per day. However, Mr. S testified that he stays on the couch for the most part – he sleeps on the couch and eats his meals while seated on the couch. Ms. O testified that Mr. S hardly ever leaves the couch. Given the weight of the evidence, the Division has met its burden of proof to decrease this assistance: it is more likely true than not true that Mr. S requires limited assistance with locomotion within his own home 4 times daily (28 times per week).

²⁶ Ex. D, pp. 3, 10; Ex. E, p. 7.

C. Locomotion to Access Medical Appointments

Locomotion outside the home to access medical appointments was previously provided at the limited assistance (self-performance code of 2) level twice weekly. The 2014 assessment did not reduce the level of assistance, but instead reduced the frequency of assistance to once weekly. The Division's reduction letter does not specifically provide the reason for the frequency reduction: however, the assessment states that Mr. S only has 3 yearly medical appointments.²⁷ Mr. S' testimony was that he has to see his dermatologist up to 6 times yearly, his hearing doctor up to 4 times yearly, and his regular doctor up to 5 times yearly. This comes to 11 medical visits per year. The reduction in medical locomotion to once per week is therefore amply supported by the evidence.

The evidence, however, on the degree of assistance that Mr. S requires shows that he requires extensive assistance (self-performance code of 3), rather than the limited assistance provided. This is because he has to go up and down stairs and use a wheelchair to go to his medical appointments. He is not entirely dependent, because he only requires limited assistance for basic locomotion, but the requirement to transverse the stairs and to be pushed in his wheelchair increases the degree of assistance required from limited to extensive.²⁸ As a result, it is more likely true than not true that Mr. S requires extensive assistance with locomotion to access medical appointments once per week.

D. Dressing

Mr. S was previously provided limited assistance (self-performance code of 2) with dressing 14 times weekly. The 2014 assessment did not change the level of assistance.²⁹

Mr. J testified that he has to completely dress Mr. S, and that Mr. S has fallen off the couch when trying to dress himself. Ms. O testified that she has to lift Mr. S' legs to dress him. Their testimony supports a finding that it is more likely true than not true that Mr. S requires extensive assistance with dressing. Accordingly, Mr. S has met his burden of proof to increase his level of assistance with dressing from limited to extensive (self-performance code of 3) twice daily (14 times per week).

²⁷ Ex. D, pp. 3, 10; Ex. E, p. 5.

²⁸ See Mr. S' testimony on stair usage and Mr. J's testimony on stair and wheelchair use.

²⁹ Ex. D, p. 10; Ex. E, p. 8.

E. Toileting

Mr. S was previously provided limited assistance (self-performance code of 2) with toileting 28 times weekly. The 2014 assessment eliminated that assistance, finding that Mr. S only required supervision (self-performance code of 1) based upon Mr. S' statement that he was able to use the toilet by himself, cleanse himself, and that he used the garbage/bucket at night, and by the assessor's observation that he could transfer himself.³⁰ The Division agreed, at hearing, that Mr. S should receive limited assistance (self-performance code of 2) with toileting 28 times per week. Mr. S testified that he required weight-bearing assistance with transfers on and off the toilet. Ms. O testified that he requires this assistance at least 4 times daily.

The weight of the evidence demonstrates Mr. S has met his burden of proof to increase his level of assistance from limited to extensive (self-performance code of 3). This is due to his need for weight-bearing assistance with transfers, as demonstrated by Mr. S' testimony, Ms. O's testimony, and Mr. J's testimony. However, the frequency will remain at 4 times daily (28 times per week).

F. Personal Hygiene

Mr. S was previously provided limited assistance (self-performance code of 2) with personal hygiene 7 times weekly. The 2014 assessment eliminated that assistance, finding that Mr. S only required supervision (self-performance code of 1).³¹ The Division agreed, at hearing, that Mr. S should receive limited assistance (self-performance code of 2) with personal hygiene once per week.

Mr. S testified that he was reliant upon assistance for personal hygiene tasks. However, he can use his right hand and arm, and can use his left hand to some degree. It is a reasonable conclusion on the part of the Division that he only requires limited assistance. However, personal hygiene needs are daily, not merely weekly. The Division has therefore not satisfied its burden of proof to reduce Mr. S' personal hygiene assistance. It remains at limited assistance 7 times weekly.

G. Bathing

Mr. S was previously provided extensive assistance (self-performance code of 3) with bathing 4 times weekly. The 2014 assessment reduced the specific type of assistance from

³⁰ Ex. D, pp. 3, 10; Ex. E, p. 9.

³¹ Ex. D, pp. 3, 10; Ex. E, p. 10.

extensive to limited (self-performance code of 2), but increased the frequency of assistance to 7 times per week.³² The assessment refers to Mr. S being able to use his right arm to help bathe himself, and quotes him as “choos[ing]” to have his PCA rinse him.³³

Mr. S testified that he needs help transferring in and out of the bathtub, and that he requires help washing himself, as he cannot bend down and wash his feet. His testimony is consistent with the evidence on transfers, and on his limited use of his left arm. “Extensive” assistance in bathing includes “[p]hysical help in part of bathing activity.”³⁴ It is more likely than not true that Mr. S does require, not only transfer assistance, but physical help washing himself due to the limited use of his left arm. The Division has therefore not met its burden of proof to reduce the type of assistance from extensive to limited. Mr. S should therefore receive extensive assistance with bathing, at the frequency set by the Division, of 7 times per week.

H. Instrumental Activities of Daily Living

Mr. S was previously provided physical assistance (self-performance code of 2) with his IADL of light meal preparation, and was found to be dependent (self-performance code of 3) with his IADLS of main meal preparation, shopping, light housework, and laundry based upon a finding that he was completely dependent in those tasks.³⁵ His 2014 assessment found that he did not require any assistance (self-performance code of 0 – Independent) with light meal preparation, main meal preparation, and laundry, and that he required physical assistance, but was not dependent, with shopping and light housework.³⁶ The Division agreed, at hearing, that Mr. S should have some limited assistance (self-performance code of 1, support code of 3) with light meal preparation 14 times per week, and physical assistance (self-performance code of 2) with main meals 7 times weekly.

As noted above, Mr. S does have limited use of his left arm. He is not completely one-handed. As a result, the evidence shows he is capable of participating to some extent with light meal preparation, and is not completely dependent in that regard. But, his needs are more

³² Ex. D, p. 10; Ex. E, p. 11. Interestingly enough, the PCA reduction letter (Ex. D) does not state that bathing assistance is modified, or the reason why in the narrative portion for bathing (p. 3); the modification is shown only in the Service Level Authorization Chart (p. 10).

³³ Ex. E, p. 11.

³⁴ Ex. E, p. 11.

³⁵ Ex. D, p. 10.

³⁶ Ex. D, pp. 3 - 4, 10; Ex. E, pp. 2, 26.

extensive than mere limited assistance,³⁷ so that he should continue to receive physical assistance (self-performance code of 2) with light meal preparation. A similar conclusion is directed with regard to main meal preparation, meaning that Mr. S should receive physical assistance (self-performance code of 2), but that he is not completely dependent.

With regard to light housework, Mr. S can again participate to some degree. While his limitations on locomotion, his weak legs and his limited use of his left arm certainly affect his ability to perform portions of light housework, such as standing to do dishes, etc., he is not wholly incapable of helping with light housework. He is therefore not completely dependent, but does require physical assistance (self-performance code of 2).

With regard to laundry, Mr. S cannot transit the stairs to the laundry room without extensive assistance. But, as with light housework, he can perform light portions of the laundry task, such as folding or sorting clothes. He is therefore not completely dependent, but does require physical assistance (self-performance code of 2).

With regard to shopping, Mr. S cannot transit the stairs to go to the grocery store without extensive assistance. Given the limitations on the use of his left arm, his only substantive ability to assist in shopping would be to sit in a motorized cart, operate it, and point out items he wished picked up from the shelves. This is tantamount to no involvement whatsoever. He should continue to be found dependent (self-performance code of 3) with regard to shopping.

I. Medication Assistance

Mr. S was previously provided medication assistance 14 times weekly. The 2014 assessment eliminated that assistance because Mr. S was assessed as only requiring supervision with personal hygiene, when eligibility for medication assistance depended on him requiring a minimum of limited assistance with personal hygiene.³⁸ At hearing, the Division agreed that he required limited assistance with medications 14 times weekly, based upon his personal hygiene score.

The weight of the evidence supports the Division's position. Mr. S takes several oral medications, twice daily. Mr. S should therefore receive limited assistance with medications twice daily for a total of 14 times per week.

³⁷ For instance, *see* Mr. J's testimony regarding Mr. S' hands shaking, which affects his ability to hold a knife.

³⁸ Ex. D, pp. 4, 10; Ex. E, p. 20.

J. Non-sterile Dressings

Mr. S argued that he should be provided PCA assistance for dressings, which is a new service.³⁹ He has several skin conditions which require wet dressing applications of Triamcinolone cream twice daily.⁴⁰ He is therefore eligible for this service, twice daily. However, as with medication assistance, this is driven by the personal hygiene score, which is limited assistance. Mr. S should therefore receive limited assistance with non-sterile dressing twice daily, for 14 times per week.

K. Medical Escort

Mr. S was previously provided 9.23 minutes weekly for PCA medical escort assistance. The Division eliminated this assistance, stating that he did not require an escort, merely transportation.⁴¹ At hearing, the Division agreed to reinstate this service at the amount of 40 minutes per month, based upon Mr. S having doctor's appointments approximately once per month. This comes to 9.23 minutes per week.⁴²

As discussed above in locomotion to access medical appointments, Mr. S testified that he has 11 medical appointments yearly. This does come to approximately one appointment per month. Mr. S testified that driving takes about 10 to 15 minutes each way to reach his doctors' offices. Using a 15 minute figure, and figuring approximately 10 minutes spent with the doctor for each visit, the 40 minutes per visit allowed by the Division is a reasonable amount of time for medical escort.⁴³

L. Prescribed Tasks - Exercises

Mr. S requested he receive PCA assistance for physical therapy range of motion exercises.⁴⁴ In addition, both Mr. J and Ms. O testified he needed assistance for locomotion exercise. In order for a person to receive PCA assistance with exercises, there must be a prescription for that task.⁴⁵ Because there is no evidence in the record showing that Mr. S has

³⁹ See Ex. D, p. 10.

⁴⁰ See Dr. E's progress notes and dressing application instructions.

⁴¹ Ex. D, p. 4, 10; Ex. E, p. 5.

⁴² 40 minutes multiplied by 12 months comes to 480 minutes per year. When divided by 52 weeks in a year, the result is 9.23 minutes weekly.

⁴³ The PCA program allows time for "routine" medical appointments for "travelling" and "conferring." It does not allow time for non-routine medical appointments, which would include emergency room visits, nor does it allow time for that spent in a doctor's waiting room. 7 AAC 125.030(d)(9).

⁴⁴ See Mr. S' written August 14, 2014 statement.

⁴⁵ 7 AAC 125.030(d)(3), (d)(5), and (e).

the required prescription, Mr. S has not met his burden of proof to receive PCA assistance with either range of motion or locomotion exercises.

V. Conclusion

Mr. S' PCA assistance is modified as follows:

- Extensive assistance (self-performance code of 3) for transfers is to be provided 42 times weekly.
- Limited assistance (self-performance code of 2) for locomotion within the home is to be provided, as agreed to by the Division at hearing, 28 times weekly.
- Extensive assistance (self-performance code of 3) for locomotion to access medical appointments is to be provided once weekly.
- Extensive assistance (self-performance code of 3) for dressing is to be provided 14 times weekly.
- Extensive assistance (self-performance code of 3) for toileting is to be provided 28 times weekly.
- Limited assistance (self-performance code of 2) for personal hygiene is to be provided 7 times weekly.
- Extensive assistance (self-performance code of 3) for bathing is to be provided 7 times weekly.
- Physical assistance (self-performance code of 2) for light meal preparation is to be provided 14 times weekly.
- Physical assistance (self-performance code of 2) for main meal preparation is to be provided, as agreed to by the Division at hearing, 7 times weekly.
- Physical assistance (self-performance code of 2) for light housework is to be provided, as stated in the Division's July 28, 2014 reduction letter, once weekly.
- Physical assistance (self-performance code of 2) for laundry is to be provided once weekly.
- Dependent assistance (self-performance code of 3) for shopping is to be provided once weekly.
- Limited assistance (self-performance code of 2) for medications is to be provided, as agreed to by the Division at hearing, 14 times weekly.

- Limited assistance (self-performance code of 2) for non-sterile dressings is to be provided 14 times weekly.
- Medical escort, at 9.23 minutes per week, is to be provided as agreed to by the Division at hearing.
- No assistance is to be provided for exercises.

The Division's determination regarding Mr. S' PCA assistance is otherwise unchanged.

DATED this 14th day of January, 2015.

Signed _____
Lawrence A. Pederson
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 2nd day of February, 2015.

By: *Signed* _____
Name: Lawrence A. Pederson
Title: Administrative Law Judge

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