

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

In the Matter of:)
)
 U U) OAH No. 14-2386-MDS
) Agency No.
_____)

DECISION

I. Introduction

U U was receiving 37.25 hours per week of personal care assistance (PCA) services when she was reassessed to determine her continued eligibility for those services in 2014. Based primarily on a reassessment visit on November 3, 2014, the Division of Senior and Disabilities Services (Division) issued a decision on December 12, 2014 notifying Ms. U that her PCA services would be reduced to 0.5 hours per week. Some of the reduction resulted from regulatory changes since her prior assessment, or were related to what the Division perceived as functional improvements in Ms. U's condition. Ms. U requested a hearing.

Ms. U's hearing was held on May 13, 2015. Ms. U was represented by F U, who is her son and who holds her power of attorney. Mr. U testified on Ms. U's behalf. Darci Shaffer represented the Division. Olga Ipatova and Scott Chow, R.N., testified for the Division. The nurse-assessor who conducted the November 3, 2014 assessment was not available to testify.

Based upon the evidence presented, the Division's assessment of Ms. U's needs is upheld for the most part and reversed, in part, to provide a small amount of assistance with transfers and toileting. The Division is directed to provide Ms. U with PCA services as specified in this decision.

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 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

¹ 7 AAC 125.010(a).

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.*

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.

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). 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

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.”

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.

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

In order to qualify for PCA services, a person must be coded as requiring limited or a greater degree of physical assistance (self-performance code of 2, 3, or 4, and a support code of 2, 3, or 4) in any one of the ADLs of transfers, locomotion, eating, toilet use, dressing or bathing. Similarly, if a person is coded as requiring some degree of hands-on assistance¹⁴ (self-performance code of 1, 2, or 3, and a support code of 3 or 4) with any one of the IADLs of light or main meal preparation, light housework, routine housework, grocery shopping or laundry, then he or she is eligible for PCA services.¹⁵ It is undisputed that Ms. U remains eligible for PCA services.

¹⁰ Ex. E, p. 18.

¹¹ Ex. E, p. 26.

¹² Ex. E, p. 26.

¹³ Ex. E, p. 26.

¹⁴ For the purposes of this discussion, “hands-on” assistance does not include supervision/cueing or set-up assistance (support codes of 1 or 2). See Ex. E, pg. 26.

¹⁵ Ex. E, p. 31.

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 is coded as requiring extensive assistance (code of 3) with bathing, he or she would receive 22.5 minutes of PCA service time every day he or she was bathed.¹⁶

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

III. Background Facts

Ms. U is 74 years old. She lives with her husband in a senior complex.¹⁷ Her health conditions include gastritis, dizziness, gout, osteoarthritis, hypertension, diabetes, and coronary atherosclerosis. She has had an incident of transient cerebral ischemia. She has chronic lumbar pain, degenerative changes in both knees along with associated pain, and ankle pain. She also has told her doctor that she has pain and tingling in her fingers.¹⁸

Ms. U was receiving 37.25 hours of PCA services per week based on a 2007 assessment. When Ms. U was assessed back in 2007, she was in a wheelchair, exhibited some confusion, had a limited range of motion, and could not stand or walk without weight-bearing assistance.¹⁹ Ms. U was reassessed on November 3, 2014 to determine her on-going eligibility for the PCA program and her benefit level. At that time, Ms. U did not use a wheelchair, although she stated that she sometimes uses a cane. Based upon her visual observation, functional testing, and statements made by Ms. U, the assessor determined that Ms. U had an adequate range of motion, had a strong grip in both hands, could raise her hands over her head and behind her back, could move her legs, and was capable of performing transfers, locomotion, dressing, eating, toilet use, personal hygiene, and bathing without requiring physical hands-on assistance.²⁰ She also determined that Ms. U did not require physical hands-on assistance with light meal or main meal preparation, needed some minimal hands-on physical assistance with shopping, light housework, and laundry.²¹ While the Division determined that Ms. U was still eligible for PCA services, it completely eliminated any PCA services for ADLs, and eliminated her PCA services for IADLs

¹⁶ 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.

¹⁷ Ex. E, p. 1.

¹⁸ Ex. E, p. 3; Ms. U's physician's notes from October 13, 2014 and January 28, 2015 (faxed on March 11, 2015).

¹⁹ Ex. F, pp. 1 – 2.

²⁰ Ex. E, pp. 6 – 11, 18, 31.

²¹ Ms. U was assessed as being independent with difficulty (self-performance code of 1) and requiring physical assistance (support code of 3) with shopping, light housework, and laundry. Ex. E, p. 26.

with the exception of laundry.²² PCA services for the IADLs, with the exception of laundry, were eliminated because Ms. U’s husband receives 9.5 hours of PCA services for IADLs.²³ This resulted in Ms. U’s PCA service time being reduced from 37.25 hours per week to .5 hours per week.²⁴

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,²⁵ facts that show the citizen’s level of eligibility has changed.²⁶ In the context of PCA services, the showing required of the Division is that the recipient has had a “material change of condition.”²⁷ The Division can meet this burden using any evidence on which reasonable people might rely in the conduct of serious affairs,²⁸ 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.²⁹ In particular areas where a citizen seeks to increase services or add services that were not previously provided, the citizen has the burden of proof.³⁰

The areas in dispute, which are each addressed below, are: transfers, locomotion, locomotion to access medical appointments, dressing, toileting, personal hygiene, bathing, all IADLs, medical escort, medication assistance, and prescribed range of motion and walking exercises.

1. Transfers

Transfers are defined as how a “person moves between surfaces,” such as from a sitting to a standing position.³¹ In 2007, Ms. U was found to require extensive assistance (self-performance code of 3) for transfers eight times daily, based upon the assessor’s observation and statements made during that assessment.³² In 2014, the assessor found Ms. U to be able to

²² Ex. D; Ex. E, p. 31.

²³ Ms. Ipatova’s testimony; Ex. D, pp. 3 – 4.

²⁴ Ex. D, pp. 1, 10.

²⁵ Proof by a preponderance of the evidence means that the fact in question is more likely true than not true.

²⁶ 7 AAC 49.135.

²⁷ 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).

²⁸ 2 AAC 64.290(a)(1).

²⁹ 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>).

³⁰ 7 AAC 49.135.

³¹ Ex. E, p. 6.

³² Ex. F, pp. 1 – 2, 5.

transfer independently, based upon her observation of Ms. U standing up from a chair without using either an assistive device or requiring any hands-on physical assistance. Ms. U told the assessor that she sometimes needed to use her cane for support.³³

F U, Ms. U's son, testified that he provided non-weight bearing support, which consisted of holding her hand, when she transferred to keep her from leaning or falling. When asked to state the number of times he provided assistance, his testimony was inconsistent. At first, he stated that she only required assistance transferring in the morning when she got out of bed due to pain. He then changed his testimony to estimate providing transfer assistance 10 times a day. Given the inconsistency in his testimony, Mr. U's testimony establishes at the most that Ms. U requires limited assistance once daily to transfer from the bed.

The medical information in the record shows that Ms. U experiences dizziness, back pain, and knee pain.³⁴ These help corroborate Ms. U's need for very limited transfer assistance. While the Division has not met its burden of proof to completely eliminate Ms. U's transfer assistance, the weight of the evidence shows that it is more likely true than not true that it should be reduced substantially to limited assistance (self-performance code of 2) once daily, for a total of 7 times weekly.

2. Locomotion

Locomotion is the act of moving about in the home. It may involve the use of an assistive device such as a cane, walker, or a wheelchair.³⁵ In 2007, Ms. U was found to require extensive assistance (self-performance code of 3) for locomotion six times daily, based upon the assessor's observation and statements made during that assessment. Ms. U was in a wheelchair during that assessment.³⁶ In 2014, the assessor found Ms. U to be able to locomote independently, based upon Ms. U's statement and her observation of Ms. U walking without using either an assistive device or requiring any hands-on physical assistance. Ms. U told the assessor that she sometimes needed to use her cane for support.³⁷ Mr. U confirmed that Ms. U used a cane for walking and was not in a wheelchair.³⁸

When Mr. U was asked whether Ms. U required help with locomotion, his answer was that it depended upon her pain level: sometimes she does not need help; at other times, he has to

³³ Ex. E, p. 8.

³⁴ Ms. U's physician's notes from October 13, 2014 (faxed on March 11, 2015).

³⁵ Ex. E, p. 7.

³⁶ Ex. D, p. 10; Ex. F, pp. 2, 5.

³⁷ Ex. E, p. 7.

³⁸ Mr. U's testimony.

follow her when she moves from room to room. Mr. U's testimony established that, at the most, Ms. U requires occasional supervision for locomotion, which depends upon her pain level. PCA time is not allowed for supervision. As a result, the Division has met its burden of proof to eliminate Ms. U's assistance with locomotion; it is more likely true than not true that she no longer requires it.

3. Locomotion to Access Medical Appointments

Ms. U was provided extensive assistance (self-performance code of 3) with locomotion assistance to attend medical appointments twice weekly.³⁹ There is no direct measurement of this activity contained in the version of the CAT used in 2007, so there is no information showing how the Division determined the degree and frequency of assistance.⁴⁰ In 2014, the Division determined that Ms. U did not require assistance with locomotion to access her medical appointments.⁴¹ Mr. U was asked whether Ms. U required assistance with locomotion to attend her medical appointments. His answer was not directly responsive: he testified that he went to her appointments with her, not that he needed to physically assist her. As a result, consistent with the finding on locomotion above, the Division has met its burden of proof and shown that it is more likely true than not true that Ms. U no longer requires physical assistance with locomotion to access her medical appointments.

4. Dressing

Dressing is how a "person puts on, fastens, and takes off all items of street clothing."⁴² In 2007, Ms. U was found to require extensive assistance (self-performance code of 3) for dressing twice daily, based upon statements made during that assessment.⁴³ In 2014, the assessor found Ms. U to be able to dress herself without assistance, based upon Ms. U's statement, and her observation of Ms. U's range of motion and grip strength.⁴⁴

Mr. U testified that Ms. U requires dressing assistance when she is in a great deal of pain, which he estimated as being five times per week. However, Ms. U's medical records do not show physical impairments that limit her ability to dress herself. While she has lumbar and knee pain and complained of finger pain and tingling, there is no indication her functionality is limited to the point where she cannot dress herself. The assessor's finding is therefore considered more

³⁹ Ex. D, p. 10.

⁴⁰ See Ex. F, p. 5.

⁴¹ Ex. E, p. 7.

⁴² Ex. E, p. 8.

⁴³ Ex. D, p. 10; Ex. F, pp. 2, 5.

⁴⁴ Ex. E, p. 8.

persuasive. Consequently, the Division has met its burden of proof and demonstrated that it is more likely true than not true that Ms. U no longer requires assistance with dressing.

5. Toileting

Toileting is a complex process that combines locomotion, transfers, dressing, and cleansing.⁴⁵ Ms. U was assessed in 2007 as requiring extensive (weight-bearing) assistance (self-performance code of 3) with toileting 42 times per week.⁴⁶ Upon her 2014 reassessment, she was found to be independent with toileting, based upon Ms. U's statements to the assessor, and the assessor's observations regarding her ability to transfer, walk, and range of motion. Her time for assistance was eliminated.⁴⁷

As found above, Ms. U does not require any assistance with locomotion or dressing herself. Cleansing after toileting involves the same types of range of motion as necessary to dress herself. Consistent with the findings on locomotion and dressing, Ms. U does not require assistance with the locomotion, dressing, or cleansing components of toileting. Ms. U, however, was found to require limited transfer assistance once daily to get out of bed in the morning. Because this same need for assistance most likely carries through to the use of the bathroom first thing in the morning, she should similarly receive limited assistance with the transfer component of toileting once daily. While the Division has not met its burden of proof to completely eliminate Ms. U's toileting assistance, the weight of the evidence shows that it is more likely true than not true that it should be reduced substantially to limited assistance (self-performance code of 2) once daily, for a total of 7 times weekly.

6. Personal Hygiene and Medication Assistance

a. *Personal Hygiene*

Personal hygiene includes items such as combing/brushing hair, shaving, brushing teeth, applying makeup, washing/drying face/hands and perineum. It does not include bathing or showering.⁴⁸ Ms. U was assessed in 2007, based upon statements made to the assessor, as requiring extensive assistance (self-performance code of 3) with personal hygiene 14 times per week.⁴⁹ Upon her 2014 reassessment, based upon her statements to the assessor and the assessor's observation of her upper body range of motion and grip strength, she was found to be

⁴⁵ Ex. E, p. 9.

⁴⁶ Ex. D, p. 10; Ex. F, pp. 2, 5.

⁴⁷ Ex. D, p. 3; Ex. E, p. 9.

⁴⁸ Ex. E, p. 10.

⁴⁹ Ex. F, pp. 2, 5.

independent, needing no assistance, and her time for assistance was eliminated.⁵⁰ Personal hygiene tasks rely upon a person's extremities' range of motion and an ability to use her hands.

Mr. U testified that Ms. U can perform her personal hygiene by herself, but that she asks him to help her when she is in pain. He estimated that he provides assistance three or four times per week. However, the evidence in this case shows no real impediment to either Ms. U's upper extremities' range of motion or her use of her hands, other than Ms. U's complaint to her doctor about pain and tingling in her fingers. The weight of the evidence therefore demonstrates that the Division has met its burden of proof, and shown that it is more likely true than not true that Ms. U no longer requires assistance with personal hygiene.

b. Medication Assistance

Ms. U was receiving medication assistance 21 times weekly based upon her 2007 assessment due to statements made to the assessor regarding her memory.⁵¹ The Medicaid PCA regulations were changed after 2007; they now link medication assistance to the personal hygiene score. A person who receives a personal hygiene score of limited assistance (self-performance code of 2) is eligible for medication assistance.⁵² As found above, Ms. U does not require personal hygiene assistance. She is therefore no longer eligible for medication assistance.⁵³

7. Bathing

Bathing involves transfers in and out of the tub or shower and the actual bathing process. It also includes sponge baths. It does not include washing a person's back or hair.⁵⁴ Ms. U was previously provided extensive assistance (self-performance code of 3) with bathing based upon her 2007 assessment.⁵⁵ Ms. U's 2014 assessment found that she has a walk-in shower, and is essentially independent in this area, requiring only setup help. Her assistance with bathing was eliminated.⁵⁶ Mr. U's testimony did not dispute the assessor's finding of substantial independence: he stated that he is on standby in case Ms. U slipped or fell. As a result, the Division has met its burden of proof and demonstrated that it is more likely true than not true that Ms. U no longer requires assistance with bathing.

⁵⁰ Ex. D, p. 3; Ex. E, p. 10; Ex. F, p. 10.

⁵¹ Ex. D, p. 10; Ex. F, p. 2.

⁵² Ex. B, p. 34 – 35; Ex. D, p. 5.

⁵³ Ex. B, pp. 34 – 35.

⁵⁴ Ex. E, p. 11.

⁵⁵ Ex. D, p. 10; Ex. F, p. 2.

⁵⁶ Ex. D, pp. 3, 10; Ex. E, p. 11.

8. Instrumental Activities of Daily Living

Ms. U was previously assessed as being dependent for assistance with all of her IADLS (light meal preparation, main meal preparation, shopping, light housework, and laundry).⁵⁷ Assistance with all of her IADLS, excepting laundry assistance, was removed because Ms. U's husband, with whom she lives, who receives 9.5 hours of IADL assistance each week.⁵⁸

In 2007, two persons in the same household could receive IADL services.⁵⁹ However, the current version of the Medicaid PCA regulations no longer allows PCA services to be allowed for IADLS if another person who resides in the same household receives IADL assistance.⁶⁰ As a purely legal matter, because it is undisputed that Ms. U's husband receives IADL assistance, Ms. U is not eligible for IADL assistance.

The Division's practice is to allow IADL assistance with laundry even when another household member receives IADL assistance. The Division's 2014 assessment resulted in Ms. U being provided some assistance with laundry, based upon her ability to participate in doing laundry (self-performance code of 2, support code of 3). She had previously been found to be dependent with this task.⁶¹ Mr. U testified that Ms. U did not help with laundry and that he did it himself, because she could not do it correctly. However, the evidence does not show that Ms. U is completely incapable of doing laundry, merely that she has to have help with it. As a result, the Division has met its burden of proof and demonstrated that it is more likely true than not true that Ms. U's PCA assistance for laundry should be reduced.

9. Medical Escort

Medical escort is provided for persons who require assistance "travelling . . . **and** conferring" with medical or dental staff during routine appointments.⁶² Ms. U was receiving 60 minutes per week of PCA medical escort services. That assistance was eliminated in its entirety after her 2014 assessment.⁶³ While the Division's assessor's assessor was not available to explain the basis for her conclusion that Ms. U no longer qualified for escort services, the medical records, supplied by Ms. U for hearing, do not contain a diagnosis of dementia or a communication difficulty that would justify a need for someone to confer with medical staff on

⁵⁷ Ex. D, p. 10; Ex. F, p. 10.

⁵⁸ Ms. Ipatova's testimony; Ex. D, pp. 4, 10.

⁵⁹ See 7 AAC 43.752(g) (repealed and replaced by 7 AAC 125.030 effective 2/1/2010, Register 193).

⁶⁰ 7 AAC 125.040(a)(13)(C).

⁶¹ Ex. D, p. 10.

⁶² 7 AAC 125.030(d)(9) (emphasis supplied).

⁶³ Ex. D, pp. 5, 10; Ex. E, p. 5.

her behalf.⁶⁴ Ms. U is not an English speaker, however, that alone does not justify an escort because telephone translation services are widely available and used in medical settings.

Because Ms. U does not need someone to “confer” with medical staff on her behalf, the Division has met its burden of proof and demonstrated that it is more likely true than not true that she no longer requires medical escort assistance.

10. Prescribed Tasks

PCA services are available for persons who have a prescription for, and need help with, simple exercises, walking exercises, range of motion/stretching exercises, or foot care.⁶⁵ Ms. U was previously provided a total of 280 minutes per week of PCA assistance for range of motion exercises and walking/simple exercises. That assistance was eliminated.⁶⁶ Ms. U no longer has a prescription for walking or exercise.⁶⁷ Given the lack of a prescription, Ms. U is not entitled to receive assistance for walking or exercise activities. The Division was therefore correct to eliminate assistance for those tasks.

V. Conclusion

The Division’s reduction of Ms. U’s PCA services is upheld for the most part. However, it is modified with regard to transfers and toileting, where she should receive the following assistance:

Transfers: limited assistance (self-performance code 2) 7 times weekly

Toileting: limited assistance (self-performance code 2) 7 times weekly

DATED this 16th day of July, 2015.

Signed

Lawrence A. Pederson
Administrative Law Judge

⁶⁴ Ms. U’s physician’s notes from October 13, 2014 (faxed on March 11, 2015).

⁶⁵ 7 AAC 125.030(b)3(B), (d)(5), and (e)(2); Ex B, p. 36.

⁶⁶ Ex. D, p. 10.

⁶⁷ Mr. Chow’s testimony.

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 4th day of August, 2015.

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

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