

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

In the Matter of: )  
 )  
P S. D ) OAH No. 15-1426-MDS  
 ) Agency No.  
\_\_\_\_\_ )

**DECISION**

**I. Introduction**

P S. D receives PCA services. She requested an increase in those services. The Division of Senior and Disabilities Services (Division) denied that request. Ms. D requested a hearing.

Ms. D’s hearing was held on December 21, 2015. Ms. D represented herself. T O, who is employed with PCA agency No Name Services, participated in the hearing. Darcy Shaffer represented the Division.

Based upon the evidence presented, Ms. D is not eligible for additional PCA services. The denial of her request for an increase in her PCA services is **AFFIRMED**.

**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 . . .”<sup>1</sup> 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.”<sup>2</sup>

The Division uses the Consumer Assessment Tool, or “CAT,” 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.<sup>3</sup>

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,

---

<sup>1</sup> 7 AAC 125.010(a).

<sup>2</sup> 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.*

<sup>3</sup> *See* 7 AAC 125.024(a)(1). The CAT is itself a regulation, adopted in 7 AAC 160.900.

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.<sup>4</sup> 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 independent<sup>5</sup> and requires no help or oversight); **1** (the person requires supervision); **2** (the person requires limited assistance<sup>6</sup>); **3** (the person requires extensive assistance<sup>7</sup>); **4** (the person is totally dependent<sup>8</sup>). 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).<sup>9</sup>

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).<sup>10</sup>

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.<sup>11</sup>

---

<sup>4</sup> Ex. E, pp. 6 – 11.

<sup>5</sup> 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.

<sup>6</sup> 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.”

<sup>7</sup> 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.”

<sup>8</sup> 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.”

<sup>9</sup> Ex. E, p. 18.

<sup>10</sup> Ex. E, p. 18.

<sup>11</sup> Ex. E, p. 26.

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 toP 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).<sup>12</sup>

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** (setup 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).<sup>13</sup>

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 assistance<sup>14</sup> (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.<sup>15</sup>

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.<sup>16</sup>

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

---

<sup>12</sup> Ex. E, p. 26.

<sup>13</sup> Ex. E, p. 26.

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

<sup>15</sup> Ex. E, p. 31.

<sup>16</sup> See 7 AAC 125.024(a)(1) and the Division’s *Personal Care Assistance Service Level Computation* chart contained at Ex. B, pp. 44 - 46.

### III. Facts

Ms. D is 80 years old. She lives by herself in a single level apartment. Her health conditions include cervicalgia, lumbar disc displacement, Tietze's disease, joint pain – shoulder, diabetes, and osteoporosis.<sup>17</sup>

Ms. D was last assessed for PCA services in July 2014. She disagreed with the results of that assessment. In January 2015, she and the Division settled their disagreement by agreeing that she would receive 8.75 hours per week of PCA services. Those PCA services consisted of extensive assistance (self-performance code of 3) with bathing, 7 times weekly; minor physical assistance (self-performance code of 1, support code of 3) with light meal preparation, 14 times weekly; and intermediate physical assistance (self-performance code of 2, support code of 3) with main meal preparation, 7 times weekly, and shopping, light housework, and laundry, once weekly.<sup>18</sup>

Ms. D requested an increase in her PCA services on September 29, 2015: extensive assistance (self-performance code of 3) with locomotion, 28 times weekly; extensive assistance with transfers (self-performance code of 3) with locomotion, 28 times weekly; extensive assistance with toileting (self-performance code of 3), 28 times weekly; intermediate physical assistance (self-performance code of 2, support code of 3) with light meal preparation, 14 times weekly; and maximum physical assistance (self-performance code of 3, support code of 3) with both shopping and laundry for an incontinent person.<sup>19</sup> The Division denied Ms. D's request in its entirety.<sup>20</sup>

Ms. D goes to Zumba classes once per week.<sup>21</sup> She testified that she was able to locomote on her own, within her home, by leaning on furniture and using a cane. She also testified that she was able to transfer in and out of bed and her lift chair without help. She further testified that she was able to transfer onto the toilet, and toilet herself, without requiring another person's assistance. Based upon her testimony, and the fact that she is able to attend a Zumba class once a week, it is more likely true than not true that she has the physical capability to locomote within her home, transfer, and toilet without needing the physical hands-on assistance which she requested.

---

<sup>17</sup> Ex. F, pp. 1, 3.

<sup>18</sup> Ex. H.

<sup>19</sup> Ex. E.

<sup>20</sup> Ex. D.

<sup>21</sup> Ms. D's testimony.

Ms. D agreed that she did not require additional assistance with either light meal or main meal preparation. She also agreed that she was able to participate to some extent with shopping, housework, and laundry. She initially testified that she was incontinent, but upon cross-examination, it was clear that she is seldom incontinent.<sup>22</sup> She therefore did not demonstrate that it was more likely true than not true that she required an increase from the services she is already receiving for light meal preparation, main meal preparation, shopping, housework, and laundry.

#### **IV. Discussion**

Ms. D is requesting an increase in her PCA services. She has the burden of proof by a preponderance of the evidence.<sup>23</sup> She can meet this burden using any evidence on which reasonable people might rely in the conduct of serious affairs,<sup>24</sup> including such sources as written reports of firsthand evaluations of the patient.

Ms. D, as found above, failed to establish that she required an increase in her already existing PCA services. From her testimony, it appeared the purpose behind her request for an increase was so that she could have PCA time to use for transportation, which is only provided as part of medical escort, and is not provided for shopping or other purposes.<sup>25</sup> Consequently, Ms. D is not eligible for an increase to her PCA services.

#### **V. Conclusion**

The Division's denial of Ms. D's request for an increase in her PCA services is affirmed.

DATED this 30th day of December, 2015.

*Signed*

\_\_\_\_\_  
Lawrence A. Pederson  
Administrative Law Judge

---

<sup>22</sup> Ms. D's testimony.

<sup>23</sup> 7 AAC 49.135.

<sup>24</sup> 2 AAC 64.290(a)(1).

<sup>25</sup> See 7 AAC 125.030 (b), (c), and (d)(9).

## Adoption

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

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

DATED this 12th day of January, 2016.

By: Signed  
Name: Andrew M. Lebo  
Title: Administrative Law Judge

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