

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

In the Matter of)	
)	
N X)	OAH No. 16-1139-MDS
_____)	Agency No.

DECISION

I. Introduction

The Division of Senior and Disabilities Services reduced N X’s personal care assistance benefits from 29.25 hours per week to 4.5 hours per week. Ms. X appealed and requested a fair hearing. The evidence at the hearing showed that some of the Division’s findings in its 2016 assessment were in error. The Division will provide services at a level that is less than the prior authorization, but more than the 4.5 hours per week offered in its 2016 authorization.

II. Facts

N X is a 67-year-old resident of Anchorage. She lives alone in an apartment complex.¹ Ms. X suffers from a number of different health problems. For example, she suffers from osteoarthritis, esophageal reflux, chronic pain syndrome, hypertension, depression, hammer toes, bipolar disorder, and migraines.² Ms. X also testified that she suffers from hallucinations, although this disorder is not reflected in the documents in the record.³ She is on several different types of medication, including medication for pain.

During the last six months, she has had two falls. The cause of the falls, apparently, was that her knee gives out. Neither fall led to a critical incident report or her being hospitalized. During this six-month period, she had one visit to the emergency room; that visit appears to have been for shortness of breath related to hypertension.⁴ Her falls are not new—an assessment from 2014 also reported falls.⁵

Ms. X is currently receiving physical therapy for both of her shoulders.⁶ On a bad day, she is not able to raise her hands at all. She currently needs surgery on her left foot, which is

¹ Division Exhibit E at 1.
² Division Exhibit E at 3.
³ X testimony.
⁴ Division Exhibit I.
⁵ Division Exhibit G at 3.
⁶ X testimony.

scheduled for December 7. Because of the need for this surgery, she was not able to have a needed hip replacement surgery for her left hip.⁷

Because of her health problems, Ms. X needs assistance in order to complete some of her activities of daily living. She receives assistance with personal activities from the Medicaid Personal Care Assistance (PCA) program. She also receives assistance for household chores and other tasks from the Medicaid home and community-based waiver services program.

The Division must periodically reassess Ms. X's eligibility for PCA benefits. As part of this assessment process, Samantha Fili, a nurse with the Division, visited Ms. X's apartment on May 18, 2016. Ms. Fili evaluated Ms. X's physical ability to do her activities of daily living (ADLs) by having her do some of these activities, asking questions about her functional ability, and having her demonstrate functions such as range of motion. She also evaluated Ms. X's ability to do what are called "instrumental activities of daily living" (IADLs)—household chores, such as laundry, shopping, and preparing a meal. The Division uses a standardized assessment format, called the Consumer Assessment Tool (CAT), to assess how much assistance an applicant needs.⁸ Under the CAT, the assessor will assign a numerical score for each of several ADLs and IADLs. The Division then uses the scoring on the CAT, and other information it may have, such as medical records, to determine the level of assistance the recipient needs.

While at Ms. X's apartment, Ms. Fili first performed a functional assessment. Ms. Fili recorded limited motion in Ms. X's left arm. Ms. X indicated that she had a limited range of motion in her right arm due to a fall.⁹ Later in the assessment, however, Ms. Fili saw Ms. X bend over and use her right hand to move her dog's water dish out of the pathway.¹⁰ Ms. Fili recorded in the CAT that Ms. X could touch her hands over her head, and behind her back. She could not, however, touch her feet while in a sitting position. Ms. Fili recorded that Ms. X's grip was strong.¹¹ She confirmed this determination when she watched Ms. X use a foot lifter device to pull her legs up and onto a bed—a maneuver that requires Ms. X to use grip strength to pull up on the device.¹² In addition, Ms. X was oriented with regard to time and place. She could not, however, draw a clock, and she could remember only two of three items in a test of her short-term

⁷ X testimony.

⁸ Division Exhibit E.

⁹ Division Exhibit E at 4.

¹⁰ Fili testimony.

¹¹ Division Exhibit E at 4.

¹² Fili testimony.

memory.¹³ This represents a deterioration in memory ability from her 2014 assessment, but is consistent with 2015.¹⁴

The record includes three previous assessments and an exhibit from a health-care provider.¹⁵ The nurse who performed the assessment visit in 2015, Paula Ray, testified that the level of capability she observed in 2015 was similar to what she saw reported on the 2016 CAT.¹⁶ She speculated that Ms. X's condition might have improved some if she had the hip-replacement surgery that was planned at the time of the 2015 assessment. (As explained above, however, that surgery has not occurred and is still needed.) The Division explained that even though past CATs had indicated that Ms. X had a high level of functionality, no change had been made to her PCA authorization since 2011. At that time, Ms. X's other hip needed surgery, so the prior level of authorization was quite high.¹⁷

Based on the scores in the 2016 CAT and the documents in the record, on September 16, 2016, the Division sent Ms. X a notice that her PCA benefits would be reduced from 29.25 hours per week to 4.5 hours per week.¹⁸ On September 30, 2016, Ms. X requested a fair hearing.¹⁹ A telephonic hearing was held on November 14, 2016. A follow-up hearing was convened on November 17, 2016. S U, a program associate with Medical Facility A, drafted a letter on behalf of Ms. X outlining the areas of dispute with the CAT.²⁰ He also appeared and testified at the hearing.

III. Discussion

The Medicaid program authorizes PCA services for “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.”²¹ 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. Scores that show independence or need for only supervision, set-up help, or cueing will not qualify for assistance.²² Because the Division is seeking to reduce

¹³ Division Exhibit E at 4.

¹⁴ Division Exhibits G at 4; H at 4.

¹⁵ Division Exhibits F-I.

¹⁶ Ray testimony.

¹⁷ U testimony.

¹⁸ Division Exhibit D.

¹⁹ Division Exhibit C.

²⁰ Division Exhibit C at 3.

²¹ 7 AAC 125.010(a).

²² Scoring for ADLs is based on the following self-performance codes:
0. Independent.

Ms. X's PCA benefit, the Division has the burden of proving that she no longer qualifies for the same level of service that she received in the past.²³

The starting point for the analysis of Ms. X's eligibility for PCA services is the definition of the three main scoring categories for ADLs: standby assistance (also called supervisory assistance, scored 1/1 or 1/2), limited assistance (scored 2/2), or extensive assistance (scored 3/2). Standby assistance involves supervising or watching in case a person needs help. Because no physical assistance is provided, if the only help that Ms. X needs to complete an ADL is standby help, she would not qualify for PCA benefits on that ADL. As will be explained below, for some of Ms. X's ADLs, she needs only standby assistance.

For those activities on which Ms. X needs actual physical assistance, we must determine whether the help rises to the level of "extensive assistance" or is at a lower level of "limited assistance." The CAT lays out formulas for distinguishing between extensive assistance and limited assistance, as follows. First, a person needs only *limited* assistance on an ADL when the person is able to do some part of the ADL, and either

-
1. Supervision - Oversight.
 2. Limited Assistance.
 3. Extensive Assistance.
 4. Total Dependence.
 5. Cueing.
 8. Activity Did Not Occur During Entire 7 Days.

And the following self performance codes:

0. No setup or physical help from staff
1. Setup help only
2. One-person physical assist
3. Two+ persons physical assist
5. Cueing - cueing support required 7 days a week
8. Activity did not occur during entire 7 days

Scoring for IADLs is based on the following Self-Performance Codes:

0. Independent.
1. Independent with difficulty.
2. Assistance / done with help.
3. Dependent / done by others.
8. Activity did not occur.

And the following IADL Support Codes:

0. No support provided.
1. Supervision / cueing provided.
2. Set-up help only.
3. Physical assistance was provided.
4. Total dependence - the person was not involved at all when the activity was performed.
8. Activity did not occur.

²³ *Id.*

- at least three times per week, needs non-weight-bearing physical help from an assistant (such as guided maneuvering of limbs) to complete the ADL; or
- once or twice per week, needs weight-bearing assistance to complete the ADL.²⁴

Second, a person is considered to need *extensive* assistance on an ADL when the person either

- at least three times per week, needs weight-bearing support from an assistant to complete the ADL or,
- at least once per week, is completely dependent on the assistant to complete the ADL.²⁵

The key distinction here is whether Ms. X receives weight-bearing assistance, and, if so, how frequently she receives that level of assistance on an ADL. Under the CAT, some degree of weight bearing assistance (beyond mere physical help in guiding or maneuvering limbs) qualifies as extensive assistance.²⁶ Full weight-bearing is not required.

Before turning to the analysis of the individual ADLs, this decision must address two issues that are common to all activities. The first issue is, when Ms. X needs assistance on an ADL, how many days per week does she need that assistance? Ms. Fili answered that question by limiting assistance to four days per week, based on a belief that Ms. X's PCA came to her home only four days per week. This reasoning, however, is incorrect. The issue to be decided here is how much assistance Ms. X **actually needs**. The frequency of the PCA visit may be evidence of need, but it is far from conclusive on that issue. A person may have assistance from other sources, have work-arounds, refrain from doing the activity, or be in great pain or danger by doing the activity during the time the PCA is not present. Under any of these situations, a person would still need the assistance without regard to the presence of the PCA.

²⁴ Division Exhibit E at 8. The regulations define limited assistance to mean “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 AAC 125.020(a)(1).

²⁵ Division Exhibit E at 8. The regulations define extensive assistance to mean “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.” 7 AAC 125.020(a)(2).

²⁶ Division Exhibit E at 8. For cases on weight-bearing assistance, *see, e.g., In re O.D.*, OAH No. 13-0856-MDS at 6 (Dep't of Health and Soc. Servs. 2013) (“the weight-bearing that must be considered in this aspect of scoring encompasses partial weight-bearing and is not limited to bearing all of the client’s weight.”) *available at* <http://aws.state.ak.us/officeofadminhearings/Documents/MDS/HCW/MDS130856.pdf>; *In re K T-Q*, OAH No. 13-0271-MDS at 4 (Dep't of Health and Soc. Servs. 2013) (finding of weight-bearing assistance “does not require that the assistant bear most of the recipient’s weight, but instead that the recipient could not perform the task without the weight bearing assistance”) *available at* <http://aws.state.ak.us/officeofadminhearings/Documents/MDS/HCW/MDS130271.pdf>.

Furthermore, in this case, the Division had incorrect information regarding the number of days that the PCA came to Ms. X's home. Ms. X testified under oath, and time-sheet records later confirmed, that her PCA came to her home and provided assistance seven days per week. This error is significant and demonstrates that the Division has misjudged Ms. X's level of need.

The second issue common to all ADLs is whether Ms. X ever needs assistance that rises to the level of "complete dependence." In Ms. X's view, this level of assistance occurs when she is having a bad day and is in such pain that she will not undertake a task without assistance. Even accepting this testimony as accurate, however, does not mean that Ms. X is completely dependent. Complete dependence occurs only in the rare case of a completely disabled individual who cannot be involved in the task. Fortunately, Ms. X's situation does not fall into that category, even on bad days.

With these definitions in mind, we turn to the facts on how much assistance Ms. X needs during a week to complete her ADLs and the IADL of light meal preparation.

1. *Bed mobility.* The CAT defines the ADL of bed mobility to mean "[h]ow person moves to and from lying position, turns side to side, and positions body while in bed."²⁷ Ms. Fili scored Ms. X as a 1/0 in bed mobility, finding that she is able to turn from side to side, albeit with some difficulty.²⁸ Mr. U's letter of disputed areas does not dispute that 1/0 is the correct score for bed mobility, and it was not a point of contention at the hearing. The score of 1/0 is affirmed.

2. *Transfers.* The CAT defines the ADL of transfers to mean "[h]ow person moves between surfaces - to/from bed, chair, wheelchair, standing position (Exclude to/from bath/toilet))."²⁹ Ms. Fili scored Ms. X as a 2/2 in transfers, four times per day, four days a week. She observed Ms. X struggle with getting up out of her recliner and off the bed. She noted that Ms. X had said that on bad days she had to wait for the PCA to arrive to get help getting up off a chair, bed, or toilet seat.³⁰ In 2015, Ms. X was scored 2/2 for transfers, with a note that, for one time per week, she needed extensive assistance to get out of bed.³¹ In 2014, the score was 0/0.³² The prior authorization on this activity was a 3/2, with a frequency of 42 times per week.³³ Although Mr. U's letter did not mention this ADL, Ms. X made clear at the hearing that she disputed the scores for transfers on the CAT.

²⁷ Division Exhibit E at 6.

²⁸ Fili testimony.

²⁹ Division Exhibit E at 6.

³⁰ Fili testimony.

³¹ Division Exhibit H at 6.

³² Division Exhibit G. at 6.

³³ Division Exhibit D at 10.

Ms. X testified that she needs help in transferring to keep from falling back into her chair. That testimony describes a need for weight-bearing assistance at least some of the time—it takes a person bearing at least some of your weight if that person is to keep you from falling backwards. That testimony is consistent with what Ms. X told Ms. Fili at the assessment visit. On the other hand, Ms. Fili did observe Ms. X be independent with transfers, so on at least some occasions, Ms. X does not need PCA assistance.

On this record, the Division has not met its burden of proof that the prior authorization of 3/2 is erroneous. Therefore, that score will remain in place. With regard to frequency, Ms. X testified that she needs help with transferring five times per day. This is a reduction from the previous authorization, which is consistent with Ms. Fili’s observation that she is sometimes independent in transfers. The Division did not contest the testimony that she needs assistance to transfer five times per day. The correct score on the ADL of transfers, therefore, is 3/2, 35 times per week.

3. *Locomotion.* The CAT defines the ADL of locomotion to mean “[h]ow person moves between locations in his/her room and other areas on the same floor. If in wheelchair, self-sufficiency once in chair.”³⁴ Ms. Fili scored Ms. X as a 0/0 in locomotion, noting that on a good day Ms. X requires no assistance.³⁵ She saw Ms. X walk around the home without assistance using either one forearm crutch or no crutch, and understood Ms. X to say that she sometimes walks her dog.³⁶ In 2015, Ms. X was scored 0/0 for transfers.³⁷ In 2014, the score was 0/0.³⁸ In 2011, the score was 1/1. The prior authorization on this activity was a 3/2, with a frequency of 35 times per week.³⁹ Mr. U’s letter notes that on some days Ms. X cannot move at all, and that her ability to walk around the home varies.

In contrast to transfers, for walking in the home, this record is lacking in solid evidence on which to base a decision. Given that she has had falls, I accept that sometimes Ms. X is unable to walk even in the home without a person present to provide assistance. No evidence, however, explains what type of assistance is needed or how often it occurs. We have good evidence from Ms. Fili that most of the time, Ms. X can walk without assistance.

³⁴ Division Exhibit E at 7.

³⁵ Fili testimony.

³⁶ *Id.* Ms. X testified, however, that neighborhood children would walk her dog for her.

³⁷ Division Exhibit H at 6.

³⁸ Division Exhibit G. at 6.

³⁹ Division Exhibit D at 10.

On this record, the Division has met its burden of proof that the prior authorization of 3/2 is no longer correct. Although some level of assistance is needed, on this record, it appears that standby assistance—a steadying arm available to provide assurance that she will not fall—is all that is necessary except on very bad days. Because we do not have evidence of the frequency of the very bad days, the evidence does not support a score of limited assistance. Therefore, the score for locomotion will be 1/1.

4. *Locomotion—access medical appointments.* This ADL is to provide assistance when a person attends medical appointments. In some cases, a person may need assistance to get in and out of a car, or to walk on a street or uneven sidewalk, even if the person does not need assistance to walk in the home. This ADL is scored with only a performance score. Ms. Fili scored Ms. X as a 0, noting that “Reviewed med doc. It states NX ambulates to and from appointments with walker and no escort.” The prior authorization had scored her as a 3. Mr. U’s letter requests that this assistance be continued and, in fact, increased in frequency.

There is no evidence in the record addressing this issue. Although Ms. Fili cites to a medical document, that document does not appear to be in the record, so it is not possible to decipher what this hearsay testimony really means. The Division cited to the timesheets having checked “no” for scope of “escort.” Escort, however, is a different ADL than locomotion to medical appointments—escort refers to a person to assist for purposes of understanding the medical appointment.

On this record, we have a person who frequently needs help with transfers. She has difficulty walking in the home, including some falls (although with assistive devices and holding on to furniture, she can get by in the home with only standby help). A reasonable inference from this record is that it would be more difficult for her to get out of a taxi or to navigate sidewalks and clinics than it is to navigate her home. Therefore, the Division has not met its burden of proof that the existing authorization is in error. Ms. X, however, has not shown that the frequency should be increased over the prior authorization. Therefore, the existing score of 3 will remain in place at the existing frequency.

5. *Dressing.* The CAT defines the ADL of dressing to mean “[h]ow person puts on, fastens, and takes off all items of street clothing, including donning/removing prosthesis.”⁴⁰ Ms. Fili scored Ms. X as a 2/2 in dressing, two times per day, four days a week. She observed Ms. X to struggle with bending and lifting her arm. She noted that Ms. X had said that she has a

⁴⁰ Division Exhibit E at 8.

hard time raising her hands up to put on clothing.⁴¹ In 2015, Ms. X was scored 2/2 for dressing, with a note that some days it is hard for her to move.⁴² In 2014, the score was 1/1.⁴³ In 2011, the score was 2/2.⁴⁴ The prior authorization on this activity was a 3/2.⁴⁵ Mr. U's letter notes that Ms. X's flexibility has decreased, but does not specifically say that a score of 2/2 is wrong.

Ms. X clearly needs assistance in dressing. Given Ms. X's falling problems, she may need some weight-bearing assistance from time to time. Given the evidence that she could bend at least enough to move the dog water dish, however, the evidence is that in general, she needs limited assistance for dressing. The score for dressing will be 2/2, seven days per week.

6. *Eating.* The CAT defines the ADL of eating to mean "[h]ow person eats and drinks regardless of skill."⁴⁶ Ms. X did not disagree with the score of 0/0 for eating.

7. *Toilet use.* The CAT defines the ADL of toilet use to mean "[h]ow person uses the toilet room (or commode, bedpan, urinal); transfers on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes."⁴⁷ Ms. Fili scored Ms. X as a 2/2 in toilet use, one time per day, three days per week. Ms. Fili recorded that Ms. X used the toilet independently several times during the assessment. She also noted an elevated toilet, which makes transferring easier.⁴⁸ In 2015, Ms. X was scored 2/2 for toilet use, with a note that at times she needs some assistance to transfer.⁴⁹ In 2014, the score was 1/1.⁵⁰ In 2011, the score was 0/0.⁵¹ The prior authorization on this activity was a 3/2.⁵² Mr. U's letter requests a score of 3/2, 40 times per week.

Ms. X testified that she needs assistance to clean up after a bowel movement, and will wait until her PCA is present. This testimony is consistent with her limited range of motion, and would justify a score of 2/2, twice per day. She also testified to needing transfer assistance on occasion. The frequency of needing transfer assistance off the toilet is not clear, but the general picture presented justifies a finding of a need for extensive assistance in toilet use once per day.

Thus, this record supports a finding that at times Ms. X is independent in toilet use, at times needs limited (non-weight-bearing) assistance, and times needs extensive (weight-bearing)

⁴¹ Division Exhibit E at 8.
⁴² Division Exhibit H at 8.
⁴³ Division Exhibit G. at 8.
⁴⁴ Division Exhibit F at 8.
⁴⁵ Division Exhibit D at 10.
⁴⁶ Division Exhibit at 9.
⁴⁷ Division Exhibit E at 9.
⁴⁸ Division Exhibit E. at 9.
⁴⁹ Division Exhibit H at 9.
⁵⁰ Division Exhibit G at 9.
⁵¹ Division Exhibit F at 9.
⁵² Division Exhibit D at 10.

assistance. It appears she needs to use the toilet frequently, although no direct evidence was given on this point.

The best conclusion from this record is that Ms. X needs extensive assistance once per day, and limited assistance twice per day. At all other times, she is independent in toilet use. Because only one score can be given, she will be given a score of 3/2, with a frequency of three times per day, seven days per week.

8. *Personal hygiene.* The CAT defines the ADL of personal hygiene to mean “[h]ow person maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, hands, and perineum (Exclude baths and showers).”⁵³ Ms. Fili scored Ms. X as a 2/2 in personal hygiene, one time per day, four days per week.⁵⁴ Ms. Fili recorded that Ms. X could wash her face and brush her teeth, but her PCA applies lotion and fixes her hair.⁵⁵ In 2015, Ms. X was scored 2/2 for personal hygiene, with a note that she is able to take her own medications.⁵⁶ In 2014, the score was 1/1.⁵⁷ In 2011, the score was 0/0.⁵⁸ The prior authorization on this activity was a 3/2.⁵⁹ Mr. U’s letter requests a score of 3/2.

No substantial testimony was received on this issue. Given that the two most recent assessments have scored her need at a 2/2, and that no evidence indicates a need for weight-bearing assistance, the score will be 2/2, seven days per week.

9. *Bathing.* The CAT defines the ADL of bathing to mean “[h]ow person takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (Exclude washing of back and hair).”⁶⁰ Ms. Fili scored Ms. X as a 3/2 in bathing, one time per day, five days per week.⁶¹ Mr. U’s letter requests seven days of assistance in bathing, which would be consistent with the prior authorization. That request is reasonable, and will be granted. The correct score for bathing, therefore, is 3/2, seven days per week.

10. *Medication assistance.* This assistance, based on the personal hygiene score, was provided under the prior authorization. Phillip Martinez, a Health Program Manager I with the

⁵³ Division Exhibit E at 10.

⁵⁴ *Id.* Ms. Fili apparently based her frequency score of four times per week on the incorrect assumption that the PCA came to the home only four days per week.

⁵⁵ Division Exhibit E. at 10.

⁵⁶ Division Exhibit H at 10.

⁵⁷ Division Exhibit G at 10.

⁵⁸ Division Exhibit F at 10.

⁵⁹ Division Exhibit D at 10.

⁶⁰ Division Exhibit E at 11.

⁶¹ *Id.* The basis for Ms. Fili’s scored frequency of five bathing assists per week is not clear.

Division agreed that medication assistance would be allowable here, albeit under the lower score of 2/2 for personal hygiene.

11. *Escort.* The purpose of the ADL of escort is to provide an assistant who can accompany a client to medical appointments to assist with communication with the medical provider.⁶² Escort was provided under the prior authorization. Mr. U's letter requests that it be continued. The Division, however, has cited to the time sheets to argue that escort is not actually provided or needed.

At the hearing, Ms. X clearly demonstrated that she is an intelligent and capable person. She showed some signs of some confusion, which may relate to some of her struggles with mental issues, or it may have been because this subject is confusing. The two most recent assessments show that she now has some struggle with short-term memory, which may be an indication that escort is either needed or may be needed within a few years. The 2015 CAT notes that Ms. X makes her own medical and financial decisions.⁶³ This notation is consistent with my observation that Ms. X is intelligent and capable. Taken as a whole, the evidence does not show that she requires a PCA to assist in communication with her medical professionals. Therefore, the Division's denial of escort services is affirmed.

12. *Range of motion exercise.* As Mr. Martinez explained at the hearing, range of motion benefits are provided only when a physician prescribes these services. Ms. X's prescription has expired, and she stated at the hearing that she would have it refilled. When that occurs, she can reapply for range of motion services. At this time, however, the Division's denial of range of motion exercise services is affirmed.

13. *The IADL of light meal preparation.* Light meal preparation is the only IADL at issue in this hearing because it was included as a PCA service in the prior authorization. All other IADLs were excluded because they were provided to Ms. X under the home and community-based waiver program. Because the department's regulation now excludes light meal preparation as a PCA service for a person who also receives chore waiver services, the Division's denial is affirmed. Note that no evidence was received on Ms. X's ability to perform any of her IADLs. This decision makes no determination of the appropriate scores for any IADLs (including light meal preparation) and does not affirm the CAT regarding this issue.

⁶² 7 AAC 125.030(d)(9).

⁶³ Division Exhibit H at 4.

IV. Conclusion

Ms. X's 2016 CAT is amended to reflect the following scores and findings:

1. *Bed mobility*. The score of 1/0 is affirmed.
2. *Transfers*. Score of 3/2, 35 times per week.
3. *Locomotion*. Score of 1/1.
4. *Locomotion—access medical appointments*. Score of 3 at the existing frequency.
5. *Dressing*. Score of 2/2, twice per day, seven days per week.
6. *Eating*. Score of 0/0 is affirmed.
7. *Toilet use*. Score of 3/2, three times per day, seven days per week.
8. *Personal hygiene*. Score of 2/2, seven days per week.
9. *Bathing*. Score of 3/2, seven days per week.
10. *Medication assistance*. Medication assistance benefits will be provided consistent with the score for personal hygiene.
11. *Escort*. The Division's denial of escort services is affirmed.
12. *Range of motion exercise*. The Division's denial of range of motion services is affirmed.
13. *The IADL of light meal preparation*. The Division's denial of PCA services for the IADL of light meal preparation is affirmed. This decision makes no determination of the appropriate scores for any IADLs (including light meal preparation) and does not affirm the CAT regarding IADLs.

Ms. X should receive PCA services consistent with these findings.

DATED this 12th of December, 2016.

By: Signed _____
Andrew M. Lebo
Administrative Law Judge

Adoption

Under a delegation from the Commissioner of Health and Social Services and under the authority of AS 44.64.060(e)(1), I adopt this decision 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 29th day of December, 2016.

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

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