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

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| In the Matter of | ) | |
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| N.G | ) | OAH No. 25-1163-MDS |
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# DECISION

## I. Introduction

N.G requested a hearing on the Division of Senior and Disability Services determination that she was not eligible for Personal Care Services. Originally scheduled for mediation, the hearing was rescheduled after Ms. G failed to appear for the mediation. The hearing was then rescheduled after the contracted Samoan interpreter failed to appear as requested on June 24, 2025. A new interpreter was obtained through a referral by the Alaska Court System's Interpreter Services Coordinator.[1]

The telephonic hearing was held July 2, 2025. Present telephonically and participating were the independent Samoan-English-Samoan interpreter, the applicant, N.G, the applicant's daughter, T G M-H (called S.H), Victoria Cabo-George, the Division's representative, and Ms. Angel Moody, the Division's assessor. The exhibits previously filed by the Division were admitted into evidence without objection. The record closed at the end of the hearing.

## II. Facts

Ms. G is a sixty-eight-year-old woman from American Samoa.[2] She resides with her daughter, S.H, in an apartment in Anchorage. Ms. G has partial hearing loss, high blood pressure, Type 2 diabetes, osteoarthritis in her knees, a right knee replacement (2021), and a right bundle branch block (a heart condition).[3] On November 27, 2024, she applied for Medicaid Personal Care Services.[4]

Ms. Angel Moody performed a Zoom-based assessment on March 10, 2025.[5] The persons present for the assessment included Robert Barton, the PCA Agency (Access Alaska)

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[1] The Administrative Law Judge thanks Stefanie Burich of the Alaska Court System, and the Alaska Institute for Justice Language Interpreter Center for their assistance in locating a Samoan interpreter. The interpreter was untiring, unflappable, and exacting in her effort to provide an accurate interpretation throughout the hearing.

[2] American Samoa is an unincorporated territory of the United States, whose citizens are non-citizen nationals of the United States. American Samoa provides U.S. Medicaid to its citizen residents under a waiver program. As a U.S. national resident in Alaska, Ms. G is eligible to be covered by Alaska Medicaid.

[3] Div. Ex. F at 27.

[4] Div. Ex. F at 7.

[5] Div. Ex. E.

representative, S.H, Carolyn, a Samoan interpreter secured by the Division for the assessment, and Ms. G.[6] Ms. Moody testified to what she observed during the assessment. She testified that that Ms. G was able to move independently in bed. She was able to sit up, although she reached for her daughter's hands (instead of her walker) to stand up. She was able to move about the apartment with her walker independently. She could use the toilet, wash her hands, and sit down on her bed independently. Ms. Moody's report states that Ms. G has a shower chair and grab bars, but that Ms. H reported "I do all her [Ms. G's] washing. She can't do it. Her hands hurt". Ms. Moody explained during her testimony that hair washing is excluded from the assessment of a person's ability to bathe.

Ms. G testified that her daughter (S.H) does all the cooking for her, cleans the house and does her laundry. Her daughter takes her (by taxi) to appointments. Her daughter also serves as her interpreter at these appointments.[7] Ms. G testified that her daughter "does everything" for her. Ms. H testified that she does not let her mother do the cooking because she is afraid that her mother will burn herself on the stove. She does not feel she can leave her mother alone to go to work.

## III. Discussion

As the applicant for new Medicaid services, Ms. G has the burden of proving that the Division's denial, based on the assessment, was wrong.[8] This means that she must produce credible evidence that it is more likely than not that the Division's assessment was incorrect. She can meet this burden by using any evidence on which reasonable people might rely in the conduct of serious affairs,[9] including witness testimony and medical reports of first-hand evaluation of a patient.

### *A. The PCA Service Determination Process*

The Medicaid program authorizes PCA services if, after an assessment conducted by the Department of Health, the recipient "needs one or more of the following levels of assistance described in the Consumer Assessment Tool . . . . (A) at least limited assistance with one ADL; (B) supervision, if the recipient's need is established in accordance with 7 AAC 125.030(b)(5)(C); (C) at least physical assistance with one IADL; and; (2) those needs cannot be

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6 Div. Ex.E at 4.
7 Div. Ex. F at 19.
8 7 AAC 49.135.
9 2 AAC 64.290(a)(1).

met by the recipient's representative, immediate family members, or natural supports."[10] Accordingly, the Department will not authorize PCA services if the assessment establishes that the recipient does not need that level of assistance, or needs only "cueing or supervision as described in the Consumer Assessment Tool, . . . , except for supervised eating . . . in order to perform an ADL, IADL, or other covered service."[11]

The Division uses the Consumer Assessment Tool or "CAT" to determine the level of physical assistance that an applicant or recipient requires in order to perform ADLs and their 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.[12] The CAT numerical coding system has two components. The first component is the self-performance code. These codes rate how *capable* a person is of performing a particular activity of daily living (ADL). 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 CAT also codes certain activities known as "instrumental activities of daily living" (IADLs). These are light meal preparation, main meal preparation or reception, housework, grocery shopping, and laundry.[13] The scoring for IADLs is somewhat different.

*B. Preponderance of the Evidence Supports the Determination*

Ms. G disagrees with the assessment, but she did not provide much specific evidence to contradict the assessment. Ms. G reiterated that her daughter "does everything for her" but did not contradict the specific observations during the assessment, regarding her ability to perform ADLs. She does not have stairs in her apartment, so the ability to move around a single floor, with a walker or cane, means that she is "independent." Her daughter may bring the walker over to her, so the assessor scored her as having "set up" help. She tells her daughter what to cook for her, but she eats her food herself. She goes to the toilet herself. She washes her hands herself. She was scored as needing some set up assistance with bathing, but she has a bathing chair and grab bars. She can wash herself, but her daughter says that she does it. She was observed by the assessor putting on a coat and to have sufficient hand dexterity to be able to put on clothing. Ms.

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10 7 AAC 125.020(c).
11 7 AAC 125.020(d).
12 7 AAC 125.030(b).
13 7 AAC 125.030(c).

H reported she helps her mother dress because her hands hurt or are tired, but she did not say she was *incapable* of dressing herself. No medical records were presented by Ms. G to contradict the assessment.

Most of the testimony provided by Ms. G and Ms. H concerned IADL's. Ms. H does all the laundry, she does the cooking, she does routine housework, and takes her mother to the doctor's appointments by taxi. Ms. G is able to walk into a doctor's office with a cane or walker. Ms. G was scored as needing transportation but was not scored as needing assistance beyond set up help with making breakfast or light meals, receiving a main meal, using a telephone as necessary, doing light housework (making her bed, doing dishes), routine housework such as vacuuming, laundry and grocery shopping. However, although Ms. H testified credibly she did all of this work for her mother, she was frank about her desire to be paid for it as a PCA because she is unable to work outside the home due to not wishing to leave her mother alone. Unfortunately, the state's Medicaid regulations prohibit payment for PCA services to assist with IADLs when a member of the family who lives with the recipient is capable of providing those services and seeks relief[14] or where the assistance is the responsibility of an individual with a duty to support the recipient under state law.[15]

## IV. Conclusion

The Division's determination of Ms. G's needs for PCA assistance appears, more likely than not, to have been correct. While the Division's assessments for IADL's are open to challenge, those for the ADL's are fundamentally accurate and based on credible testimony regarding personal observation of capability and the medical records. Therefore, the Division's denial of PCA services is affirmed.

Dated: July 14, 2025.

*Signed*
Kristin S Knudsen
Administrative Law Judge

[14] 7 AAC 125.040.(a)(5)

[15] 7 AAC 125.040(a)(14)(A). AS 25.20.030 and 47.25.230 impose on children a duty to maintain their needy parents.

## ADOPTION

The undersigned, by delegation from the Commissioner of Health, 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 September, 2025.

By: *Signed*
Name: Daniel R. Phelps II
Title: Process Improvement Manager
Office of the Commissioner
Alaska Department of Health

[This document has been modified to conform to the technical standards for publication. Names may have been changed to protect privacy.]