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

In the Matter of	)	
	)	
D.F	)	OAH No. 22-0381-MDS
	)	

DECISION

I. Introduction

D.F submitted an initial application for Medicaid Personal Care Services (PCS). The Division denied her application on April 26, 2022. Ms. F appealed.

This decision concludes that the Division's assessment was correct except as to the denial of PCS for the bathing ADL. The Division denial of PCS for bathing is reversed.

II. Overview of the PCA Service Determination Process.

The Medicaid program authorizes Personal Care Services (PCS) for the purpose of providing assistance to a Medicaid recipient whose physical condition causes functional limitations which "cause the recipient to be unable to perform, independently, or with an assistive device, the activities specified in 7 AAC 125.030."[1] Those activities are broken down into eight specific "activities of daily living" (ADLs) – bed mobility, transfers, locomotion, dressing, eating, toileting, personal hygiene, and bathing[2] -- and five specific "instrumental activities of daily living" (IADLs) – light meal preparation, main meal preparation, housework, laundry, and shopping.[3] Some degree of hands-on assistance is required in order to qualify for PCS; PCS are not provided for activities that can "be performed by the recipient,"[4] nor for "oversight and standby functions."[5]

The Division assesses recipients by using the Consumer Assessment Tool (CAT) to score both eligibility for the PCS program and the amount of assistance needed for covered activities and services.[6] For both ADLs and IADLs, the CAT provides recipients with a two-part numerical score to reflect the recipient's ability to perform the activity and need for assistance in

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1 7 AAC 125.010(b)(1)(A)(iii).

2 7 AAC 125.030(b).

3 7 AAC 125.030(c). PCS are also provided for medication assistance, maintaining respiratory equipment, dressing changes, wound care, medical escort, and passive range-of-motion exercises. 7 AAC 125.030(d). The regulation contains specific conditions that a recipient must satisfy to receive these specialized services.

4 7 AAC 125.040(a)(4).

5 7 AAC 125.040(a)(10).

6 *See* 7 AAC 125.020(a)(1). The CAT is itself a regulation, adopted in 7 AAC 160.900(d)(6).

doing so. That score consists of a self-performance code, which rates a person's ability to perform the activity, followed by a support code, which reflects the degree of assistance required to do so. These codes then dictate whether a recipient is eligible for PCS for the activity, and, if so, the amount of PCS time allocated to that activity.

The ADLs measured by the CAT are bed mobility, transfers, locomotion, dressing, eating, toilet use, personal hygiene, and bathing.[7] For ADLs, the possible self-performance codes relevant to determining a PCS level are as follows:

> **0 – "Independent."** This code is used if help or oversight was provided no more than twice in the prior seven days.
>
> **1 – "Supervision."** This code is used if the person requires only "oversight, encouragement, or cueing" while performing the activity.
>
> **2 – "Limited Assistance."** This code is used if the person is "highly involved" in the activity and "received physical help in guided maneuvering of limbs, or other nonweight-bearing assistance" three or more times in the last seven days or received physical help in guided maneuvering of limbs plus weight-bearing assistance no more than twice in the last seven days.
>
> **3 – "Extensive Assistance."** This code is used where the person performed part of the activity, but over the past seven days received weight-bearing support and/or full caregiver performance of the activity three or more times.
>
> **4 – "Total Dependence."** This code is used where there has been full staff/care giver performance of the activity during the entire prior seven days.[8]

For ADLs, the possible support codes used to determine a service level reflect the "most support provided" over each 24-hour period during the prior seven days. The support codes are:

> **0** – The person required no set-up or physical help.
>
> **1 –** The person required only set-up help.
>
> **2 –** The person required a one-person physical assist.
>
> **3** – The person required a physical assist from two or more people.[9]

The independent activities of daily living (IADLs) measured by the CAT are light meal preparation, main meal preparation, light housekeeping, laundry, and shopping.[10] The CAT codes IADLs slightly differently than it does ADLs. The self-performance codes for IADLs are:

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7 Ex. E.
8 Ex. E. p. 17.
9 *Id.*
10 Ex. E.

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."

3 – "Dependent / done by others - the person is not involved at all with the activity and the activity is fully performed by another person."[11]

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 provided"

3 – "Physical assistance provided."

4 – "Total dependence - the person was not involved at all when the activity was performed."[12]

If an applicant/recipient has a self-performance code of 2 (limited assistance) in any of the ADLs of transfer, locomotion, eating, toilet use, dressing or bathing or a self-performance code of 1, 2, or 3 and a support code of 3 or 4 in any of the IADLs of light or main meal preparation, light housework, routine housework, grocery shopping or laundry, they are eligible for PCS. The 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."[13] This is true, no matter how difficult it may be for the applicant to perform the ADL or IADL independently or with an assistive device.

The codes assigned to a particular ADL or IADL determine how much PCS time a person receives for each occurrence of a particular activity. For instance, a person coded as requiring extensive assistance (code of 3) with bathing would receive 22.5 minutes of PCS time every day he or she is bathed.[14] The list of services, time allotted for each service based upon the severity of need, and the allowable frequencies for each service are all set out in the *Personal Care*

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11 Ex. E., p. 29.

12 *Id.*

13 7 AAC 125.020(d)[the Division will not authorize services if the recipient does not need the level of assistance described in 7 AAC 125.020(c)].

14 *See* Ex, D, p. 6.

Services: Service Level Computation instructions, which are adopted by reference into regulation.[15]

PCS time is generally authorized for a period of 12 months following the initial assessment and can be reauthorized annually following a new assessment under 7 AAC 125.020.[16]

II. Introductory Facts

A. Personal background and procedural history

Ms. F is 72 years old. She lives alone in an apartment. Ms. F's medical records demonstrate a significant number of medical problems within the past two years, primarily involving bilateral hip replacements with complicated recovery.[17] There is a February 15, 2022 Verification of Diagnosis (VOD) form completed by N.S, FNP, which documents that Ms. F has diagnoses of chronic pain, Type 2 diabetes without complication, non-toxic solitary thyroid nodule, osteoporosis, and disturbance of gait.[18] Ms. F's records from Alaska Regional Hospital also document osteoarthrosis in her shoulder.[19]

Ms. F submitted an initial application for PCS. Her CAT assessment took place on March 24, 2022. That assessment found that Ms. F did not require any form of physical assistance with the ADL or IADL. Following that assessment, the Division notified Ms. F on April 26, 2022 that her request for PCS was denied.[20] Ms. F appealed.[21]

B. Information at the hearing

The telephonic hearing took place May 16, 2022. Victoria Cobo-George represented the Division. She called one witness, Robin Platt, who conducted the CAT assessment. The Division also submitted several exhibits. Division Exhibits A-D accompanied the Division's

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15 Ex. E.; 7; 7 AAC 125.024(a); 7 AAC 160.900(d)(29).

16 7 AAC 125.024(a) and (d).

17 "Patient underwent left total hip arthroplasty (THR) 8/26/20 followed by three surgical revisions and additional non-surgical reduction due to bone quality and dislocation of the THR to include complex surgical revision on 9/22/20 due to failure of fixation, closed reduction on 9/26/20, reduction under anesthesia 10/15/20, and subsequent surgical revision on 11/21/20. She was admitted to Providence Transitional Care Center (PTCC) 9/3/20 for post-operative rehabilitation which was complicated by extended time in non-weight bearing condition due to the above noted complications. She also underwent fright THR with Dr. E 2/15/21. She has been treated to presumptive osteoporosis with IV reclast 5/11/21 while admitted with subsequent fever, nausea, and joint aches. She was ultimately discharged from PTCC 5/14/21." Ex. H., p. 9.

18 April 21, 2022 Fax from Care Services A, p. 2. Ex. F.

19 Although these records fall outside the one-year lookback used by the Division, they are useful to provide context for Ms. F's testimony.

20 Ex. D.

21 Ex. C.

initial position statement and contained documents either created by or available to the assessor. The Division also submitted a series of records that were not available to the assessor when preparing the CAT. Those records have been labeled as: Ex. F, consisting of 15 pages of medical records from the Anchorage Neighborhood Health Center and N.S, FNP; Ex. G consisting of 12 pages of occupational therapy records; Ex. H consisting of 14 pages of records from Imaging Associates; Ex. I, consisting of 10 pages of records from Dr. K.F; and Ex. J., consisting of 10 pages of occupational therapy notes.

Ms. F appeared on her own behalf. She was accompanied by L.N, her client coordinator at Care Services A. Both women provided testimony. In addition, Ms. F submitted three exhibits hand delivered on May 2, 2022: Ex. 1 consisted of pages 1-117 of her medical records from Hospital A (HA); Ex. 2 consisted of pages 118-242 of her HA medical records; and Ex. 3 consisted of pages 243-345 of her HA medical records.[22] These records were not available to the Division at the time of the assessment.

At the hearing Ms. F identified the areas of dispute as the ADL of bathing, and the IADLs of meal preparation (light and main), housework, and laundry. The facts regarding the specific areas in dispute are addressed in detail below.

a. The Division Presentation

Division assessor Robin Platt evaluated Ms. F's need for PCS on March 15, 2022. The assessment took place over Zoom. Ms. F was observed in the Care Services A office rather than her home. Ms. F's client coordinator, L.N, was present as was Ms. F's good friend "W."

Ms. Platt's assessment scored Ms. F as independent (code 0/0) with regard to the ADL of bed mobility, transfer, locomotion, eating, toileting, and hygiene.[23] She scored Ms. F as needing supervision without setup (code 1/0) for the ADLs of dressing and supervision with setup for the ADL of bathing (code 1/1). Ms. Platt assessed Ms. F as independent (code 0/0) for the IADLs of light meal preparation and light housework. She scored Ms. F as needing supervision and cueing (code 1/0) for the IADLs of main meal preparation, shopping, and laundry.[24]

Based on those results, the Division concluded Ms. F was not eligible for PCA services for any of the ADLs or IADLs.

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[22] The medical records were hand delivered to the Office of Administrative Hearings (OAH) as three packets. The Tribunal has designated each packet as separate exhibit but numbered the total pages sequentially.

[23] Ms. Platt did assess Ms. F as needing supervision to locomote to medical appointments. Ex. E.

[24] Ex. E.; R. Platt testimony.

Ms. Platt testified that she has seven years' experience as a Division assessor. During the pandemic, her evaluations have occurred over Zoom. Ms. Platt has adopted a number of strategies to address the limitations that Zoom imposes. For example, she demonstrates each movement she wants the applicant to perform so they can see the action they are requested to do. Ms. Platt also keeps a jar of peanut butter on her desk so she can demonstrate and discuss hand strength and mobility. She evaluates gait and locomotion as the person walks in front of the screen. She also performs a detailed question and answer session.[25]

In Ms. F's case, Ms. Platt concluded that it was painful for Ms. F to stand and walk, but she could do so with the use of a walker. Ms. F lives alone. She sleeps in a regular bed without issue. She told Ms. Platt that she toilets without assistance. Ms. Platt observed Ms. F sit, stand, and walk in the Care Service office. Ms. Platt based her conclusion that Ms. F could independently (code 0/0) perform the ADLs of bed mobility, transfer, locomotion, and toilet on those observations and statements.[26]

Ms. Platt concluded Ms. F required supervision for dressing (code 1/0). Supervision is defined as "oversight, encouragement, or cueing" or "non-weight bearing assistance" one or two times a week.[27] Ms. F told Ms. Platt that she dresses herself, but at home she typically wears a hospital type gown to make it as easy as possible for her to do so because the movements are painful given her arthritis and shoulder pain. Ms. Platt observed Ms. F put her arms through the sleeves of a cardigan. Ms. Platt observed grimacing and other facial movements as Ms. F did so. Ms. Platt concluded it was painful for Ms. F to dress herself, but she could do so on her own on "better" days and with supervision on "worse" days.[28]

Similarly, Ms. Platt concluded Ms. F could successfully shop with only supervisory assistance (code 1/0). Ms. F can use her walker in the store. She has the hand and arm strength to take items from the shelf, place them in the cart, and check out. Ms. Platt testified that those actions would likely be painful for Ms. F, but Division regulations provide PCA only when the person is incapable of performing the activity unassisted, not when it is only difficult to do so.[29]

Ms. Platt had difficulty evaluating Ms. F's ability to do laundry because Ms. F's friend W has done her laundry for her for an extended period. W visits Ms. F almost daily. She

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25 *Id.*
26 *Id.*
27 Ex. E.
28 R. Platt testimony
29 *Id.*

voluntarily helps prepare meals and assists around the house. W also takes Ms. F's laundry to her own home and returns it clean. There is a laundry at Ms. F's apartment complex, but it was not described to Ms. Platt. Ms. Platt testified she concluded that Ms. F could perform laundry with supervision or set-up assistance based on her arm strength and range of motion. It is not necessary to raise the arm above shoulder height to load a washer or dryer. She asked Ms. F to perform movement to mimic picking up a basket and loading a washer, and it appeared she could do so.[30]

Lastly, Ms. Platt concluded Ms. F could successfully bathe with only supervision and set-up assistance (code 1/1). Because the Zoom assessment took place in an office, Ms. Platt did not have the opportunity to observe Ms. F's bathroom. She testified that she saw Ms. F touch her hair and place her hands toward her back. Ms. F did not have full range of motion but "most people" cannot reach the center of their back to scrub. Instead, they rely on wash clothes or handled brushes, and Ms. F had the ability to use those assists. Ms. Platt testified that Ms. F told her during the assessment that she has a shower chair. According to Ms. Platt, she was told that once Ms. F is seated, her friend W scrubs her back and washes her hair. Ms. Platt interpreted those services as "preferred" rather than "necessary" given that Ms. F could locomote to the bathroom and use her hands and arms as described above. In addition, the CAT assessment excludes need for washing the back or hair from the bathing assessment.[31]

Ms. Platt testified that she did not have access to the information in Exabits F-I at the time of the assessment. She had not reviewed Ms. F's medical records in detail prior to her testimony as they were essentially filed contemporaneously to the hearing. As a result, she did not think she could accurately or adequately say whether their contents might impact her conclusions.[32]

b. Ms. F's Presentation

Ms. F did not dispute that she could independently perform many of the ADLs and IADLs. However, it is difficult for her to do so due to pain and she must move very slowly or perform the activities with interruptions to rest. She testified she has chronic hip and back pain

30 *Id.*
31 *Id.*
32 *Id.*

so she cannot sit or stand for very long without the need to move or lay down. Ms. F testified that due to the pain she has essentially stopped performing certain caretaking activities.[33]

Ms. F testified that she needs PCS for bathing, meal preparation, cleaning, and cooking. She no longer keeps her apartment tidy because she cannot stand long enough to do so and it is painful to move her arms to dust, vacuum, or perform other motions necessary to clean. She has, therefore, stopped doing so. Ms. F testified she "does not cook" for the same reason. It is painful to stand and prepare meals at the counter, to cook on the stove, and to wash dishes. Her friend W helps her with household chores and laundry and brings her meals, but she cannot continue to rely on her friend to do everything for her.[34]

Ms. F described how she bathes. W comes to her home. She uses her walker to enter the bathroom with W accompanying her. Her tub area does not have a grab bar. Ms. F testified she cannot stand on one leg after her multiple hip replacement surgeries and degraded bone mass. Because Ms. F cannot stand on one leg, W supports her weight as Ms. F steps into the tub. Once in the tub, W physically helps her settle on the shower chair. W washes her back and other parts of her body. Then W physically helps her stand and supports her weight out of the tub.[35]

L.N is Ms. F's client coordinator at Care Service. She was present during the CAT assessment. She testified that Ms. Platt spent more than two hours conducting the evaluation. For the most part, she agreed that Ms. Platt's descriptions at the hearing were accurate: However, Ms. N testified that Ms. F cannot raise her arms above the plane of her shoulders, and she did not demonstrate doing so during the assessment. Ms. F can touch her face but only by bringing her elbows close to the body and reaching with her hand. Ms. F must bend her head to touch above her ears. In addition, Ms. F's right hand cannot reach behind her back and her left arm can only touch the outer portion of the top of her hip due to limited range of motion. Ms. N declined to testify regarding Ms. F's other mobility and assistance needs because she has not personally been at her residence or observed Ms. F perform any of the activities. Ms. N did testify to her opinion that without W's voluntary help Ms. F would have difficulty caring for herself because it is painful for her to perform the acts necessary to do so.[36]

c. The Medical Records

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33 D.F testimony.
34 *Id.*
35 *Id.*
36 K. N testimony.

Ms. F's medical records from ARH demonstrate that she has serious osteoporosis and osteoarthritis. Poor range of motion in both shoulders was identified in August 2020.[37] Not much later, chronic degenerative changes in her left shoulder were identified by X-ray and radiology.[38] The evaluation found "flattening of the left humeral head with large inferomedial osteophytes. There is borderline subluxation at the glenohumeral joint. The subacromial interval is excessive, 1.7 cm. No calcifications are evident in the soft tissues of the rotator cuff."[39]

Impact on Ms. F's hips and knees was also documented.[40] Ms. F underwent her first hip surgery on August 26, 2020 for her left side. Her recovery was "complicated by bad bone quality." As a result, the hip dislocated almost immediately during recovery, and she underwent a second surgery on September 22, 2020. Her hip dislocated again following that surgery because the bone failed to join properly. A third surgery, a total left hip arthroplasty, took place October 16, 2020.[41] Ms. F participated in subsequent physical and occupational therapy. The notes indicate that her ability to perform ADLs and IADLs was repeatedly assessed, and it was not until sometime in late 2020 that her treatment care providers felt she did not need at least minimum physical assistance to transfer and locomote due to decreased functional ability and fall risk.[42]

In February 2021, Ms. F was evaluated for problems associated with her right hip. The records describe her as "essentially non-ambulatory" with "marked impact on gait" and "low range of hip motion."[43] The evaluation revealed she had a collapsed femoral head and "poor bone quality" around the pelvic hip joint.[44] The doctor's notes indicate that he found her bone loss to be so significant that she had limited surgical options and there was a possibility for failure of fixation.[45] Nevertheless, Ms. F had a total right hip replacement on February 15, 2021. She was discharged from transitional care on May 21, 2021.[46]

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37 Ex. 2, p. 225
38 *Id.* at 207.
39 *Id.*
40 *Id.* at 176.
41 Ex. 1, pp. 11-80.
42 *Id.* at 118-242; Ex. F. p. 12, (noting "rehab care summer 2020 for extended time nonweight bearing condition due to hip complications").
43 Ex.1, pp. 1-30.
44 *Id.* at 4 and 15.
45 *Id.*
46 Ex. F, p. 3 (M. S., FNP, report p. 1).

Her discharge records from occupational therapy at the transitional care facility demonstrate Ms. F was evaluated as independent with bed mobility, transfers, locomotion (with the assistance of a walker), dressing (with the assistance of a sock tool), eating, toilet use, and personal hygiene. She could also perform light housework in her room.[47] However, another portion of the records describe her gait as "very antalgic with poor hip flexion and very short stride length with L worse than R."[48] In addition, the occupational therapy discharge notes state that Ms. F "cannot safely step over the bathtub while adhering to hip precautions" and requires "minimal assistance" with showering.[49]

On or about October 6, 2021, Ms. F fell in the bathroom at her home. She was evaluated for another possible hip dislocation by N.S, FNP.[50] The x-rays showed significant osteoarthritis, spondyloses, and degeneration, but no fracture. Greater calcification in her left pelvis was noted. Ms. F was referred for orthopedic follow-up.[51] Those records were not provided.

The Division did submit 14 pages from Imaging Associates with a date range to May 10, 2022.[52] Those records include a synopsis of Ms. F's past-bilateral hip replacement and complicated recovery.[53] They also describe the current complaint regarding loss of range of motion and pain in her lower back and shoulders. Imaging A's May 2022 medical assessment found minimally decreased range of motion in her lumbar spine, limited range of motion in her right shoulder, and moderate restriction to range of motion in her left shoulder.[54]

VI. Discussion

A. Applicable Burden of Proof and Standard of Proof

Because this case involves an initial application for services, Ms. F bears the burden of proof to demonstrate that the Division erred and she is eligible for services.[55] She can meet the burden of proof using any evidence on which reasonable people might rely in the conduct of serious affairs,[56] including such sources as written reports of firsthand evaluations of the patient.

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47 Ex. J.
48 Ex. I., 7.
49 *Id.,* p. 3
50 Ex. F.
51 *Id.*
52 Ex. H.
53 *Id.* at 9.
54 *Id.* at 12.
55 7 AAC 49.135.
56 2 AAC 64.290(a)(1).

The relevant date for purposes of assessing the state of the facts is, in general, the date of the agency's decision under review.[57]

B. Discussion

The disputed areas are the ADL of bathing and the IADLs of light and main meal preparation, housework, and laundry. Each of the disputed areas are addressed below.

1. ADL - Bathing

Bathing includes transfers in and out of the tub/shower and the bathing of the body, excluding washing the hair and the back.[58] The Division concluded Ms. F could bathe with supervision and set-up assistance (code 1/1). The assessor concluded that because she could locomote with the walker to the bathroom, Ms. F could also transfer into the tub. The assessor also concluded Ms. F did not require physical assistance with bathing because she had sufficient range of motion to wash all of her body except the middle of her back and her hair. The assessor was unaware of the prior occupational therapy finding that Ms. F could not safely transfer into or out of the tub and that she required limited assistance to shower.[59]

Ms. F testified that she continued to require extensive weight-bearing physical assistance from her friend W to get in and out of the shower. That testimony was credible and consistent with long-term medical descriptions of her lower body range of motion and strength. Ms. F fell in the shower less than five months before her CAT assessment as documented in the medical records. Ms. F also credibly testified that she continued to need limited assistance to wash more of her body than simply her back and hair. Continued restriction of motion in her arms and shoulders was corroborated by medical records and the testimony of Ms. N. Given the evidence presented, the weight of the evidence shows that Ms. F should receive extensive assistance (self-performance code 3, support code 2) for bathing once daily, seven days per week.

2. IADL – Light and Main Meal Preparation

Light meal preparation is the preparation of "breakfast and light meals;" main meal preparation is the preparation of a "main meal."[60] The regulations provide that meal preparation for both light and main meals include not only the actual preparation of the meal, but also its

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[57] *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).

[58] Ex. D, p. 16.

[59] R. Platt testimony.

[60] Ex. D, p. 37.

"service, and cleanup."[61] Ms. F's discharge records from occupational therapy indicate that she has sufficient arm strength and range of motion to perform these tasks. Ms. F's testimony made it clear that it is painful for her to sit and stand for extensive periods, but there was insufficient evidence to establish that she could not prepare a snack or small hot meal on her own. There was little or no testimony on the issue of whether W prepares meals for Ms. F because Ms. F cannot do so or whether W prepares meals simply to make her friend more comfortable. In the absence of clearer evidence, Ms. F has not met her burden of proof to show that she requires assistance with preparing light or main meals. She is not eligible to receive PCS for those tasks.

3. IADL – Housework

Light housework consists of doing housework such as "dishes, dusting ... making own bed."[62] Routine housework consists of tasks such as "vacuuming, cleaning floor, trash removal, cleaning bathroom."[63] For reasons similar to those involving meal preparation, Ms. F failed to meet her burden of proof to show that she requires assistance with these tasks. Her medical records from May 2021 demonstrate she could perform housework on her own at the time she was released from occupational therapy. While it is notable that Ms. F has musculoskeletal symptoms and osteoarthritis, there is no showing that her medical condition or her physical functionality has deteriorated since that time.

4. IADL Laundry

PCS for laundry is defined by regulation as being allowed for "(A) changing a recipient's bed linens; or (B) laundering a recipient's linens and clothing."[64] Testimony demonstrated that Ms. F does not do her own laundry. However, there was almost no testimony on how difficult it would be for her to do so. The location of the laundry at her apartment complex, the layout, and other relevant details were not discussed. In the absence of more information, this Tribunal cannot conclude the Division erred.

V. Conclusion

Ms. F's physical condition is such that she requires hands-on extensive physical assistance with the ADL of bathing. She is therefore eligible for PCS. As discussed in detail above, she is to receive the following PCS:

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61 7 AAC 125.030(c)(1) and (2).
62 Ex. D, p. 37.
63 Ex. D, p. 37.
64 7 AAC 125.030(c)(4).

Task	Assistance Level	Weekly Frequency
Bathing	Extensive (3/2)	7 times

Dated: June 15, 2022

Signed

Carmen E. Clark
Administrative Law Judge

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 29th day of June, 2022.

By: *Signed*
Name: Carmen E. Clark
Title: Administrative Law Judge

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