



**STATE OF WISCONSIN  
Division of Hearings and Appeals**

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In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

MPA/151817

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**PRELIMINARY RECITALS**

Pursuant to a petition filed August 29, 2013, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Division of Health Care Access and Accountability in regard to Medical Assistance, a hearing was held on October 23, 2013, at Milwaukee, Wisconsin.

The issue for determination is whether the Department erred in its denial of PA # [REDACTED] for PCW hours.

There appeared at that time and place the following persons:

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]  
[REDACTED]  
[REDACTED]

Respondent:

Department of Health Services  
1 West Wilson Street  
Madison, Wisconsin 53703

By: Robert Derendinger, RN (in writing)  
Division of Health Care Access and Accountability  
1 West Wilson Street, Room 272  
P.O. Box 309  
Madison, WI 53707-0309

**ADMINISTRATIVE LAW JUDGE:**

John P. Tedesco  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Milwaukee County.
2. The provider submitted a PA request on June 12, 2013 requesting 26.25 hours per week of PCW services and an additional 7 hours per week of travel time for the personal care worker.

3. The personal care worker, petitioner's daughter, lives across the street from petitioner. It takes one minute for petitioner to walk across the street to petitioner's home.
4. The PA was approved for 12.25 hours per week and 3.5 hours per week of travel time.
5. Petitioner appealed this modification.

### DISCUSSION

MA coverage of PCW services is described in the Wis. Adm. Code, §DHS 107.112. Covered services are specified in subsection (1), and are defined generally as "medically oriented activities related to assisting a recipient with activities of daily living necessary to maintain the recipient in his or her place of residence in the community." Examples of covered services are assistance with bathing, with getting in and out of bed, with mobility and ambulating, with dressing and undressing, and meal preparation. The Code also provides that, "No more than one-third of the time spent by a personal care worker may be in performing housekeeping activities." Wis. Adm. Code, § DHS 107.112(3)(e).

In determining the number of PCW hours to authorize, the OIG uses the standard above along with the general medical necessity standard found at Wis. Adm. Code, § DHS 101.03(96m). Essentially the medical necessity standard requires a service to be basic and necessary for treatment of an illness, not necessarily the best service possible, and not just for convenience. To determine the number of PCW hours to authorize the OIG uses the Personal Care Screening Tool (PCST), a computer program it believes will allow it to consistently determine the number of hours required by each recipient. The PCST allots a specific amount of time in each area the recipient requires help, which the OIG's reviewer can then adjust to account for variables missing from the screening tool's calculations.

In the case of PCW services, MA pays only for medically-oriented activities related to assisting a recipient with activities of daily living necessary to maintain the recipient in his place of residence in the community. Wis. Admin. Code § DHS 107.112(1)(a). Covered PCW services include only the following:

1. *Assistance with bathing;*
2. *Assistance with getting in and out of bed;*
3. *Teeth, mouth, denture and hair care;*
4. *Assistance with mobility and ambulation including use of walker, cane or crutches;*
5. *Changing the recipient's bed and laundering the bed linens and the recipient's personal clothing;*
6. *Skin care excluding wound care;*
7. *Care of eyeglasses and hearing aids;*
8. *Assistance with dressing and undressing;*
9. *Toileting, including use and care of bedpan, urinal, commode or toilet;*
10. *Light cleaning in essential areas of the home used during personal care service activities;*
11. *Meal preparation, food purchasing and meal serving;*
12. *Simple transfers including bed to chair or wheelchair and reverse; and*
13. *Accompanying the recipient to obtain medical diagnosis and treatment.*

Wis. Admin. Code § DHS 107.112(1)(b).

The caregiver testified that her mother needs supervision at all times and that she is unable to do anything for herself. But, petitioner did not provide testimony of any independent home health provider or medical professional. And such testimony is inconsistent with the PCST which states that a person need not be present at all times.

The provider, [REDACTED], completed the PCST and arrived at a number of 27.75 hours per week. The Department argues that this is excessive given its interpretation of the mobility of petitioner, the lack of equipment used, and that certain assistance is required only PRN (only when necessary). No one from the provider, other than petitioner's caregiver-daughter, testified.

I am very concerned with the provider's request for 7 hours per week of travel time. Petitioner's daughter conceded that she lives across the street and that it takes her only a minute to get across that street. The provider's request for one hour per day of travel time is excessive and unjustified and causes me to doubt or question all aspects of the request. I find it as likely that the provider has inflated the number of PCW service hours.

It is provider's burden to justify the requested hours. In this case and on this record, the provider and petitioner failed to persuade me that any additional time is necessary.

### CONCLUSIONS OF LAW

The Department did not err in denying the PA request.

**THEREFORE, it is** **ORDERED**

That this appeal is dismissed.

### **REQUEST FOR A REHEARING**

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

### **APPEAL TO COURT**

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Madison,  
Wisconsin, this 14th day of November, 2013

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\sJohn P. Tedesco  
Administrative Law Judge  
Division of Hearings and Appeals



**State of Wisconsin\DIVISION OF HEARINGS AND APPEALS**

Brian Hayes, Administrator  
Suite 201  
5005 University Avenue  
Madison, WI 53705-5400

Telephone: (608) 266-3096  
FAX: (608) 264-9885  
email: [DHAmail@wisconsin.gov](mailto:DHAmail@wisconsin.gov)  
Internet: <http://dha.state.wi.us>

The preceding decision was sent to the following parties on November 14, 2013.

Division of Health Care Access And Accountability