



STATE OF WISCONSIN  
Division of Hearings and Appeals

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In the Matter of

██████████ ██████████  
██  
██

DECISION

MPA/152890

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**PRELIMINARY RECITALS**

Pursuant to a petition filed October 17, 2013, under Wis. Stat., §49.45(5), to review a decision by the Division of Health Care Access and Accountability (DHCAA) to deny Medical Assistance (MA) authorization for personal care worker (PCW) services, a hearing was held on December 3, 2013, by telephone.

The issue for determination is whether the DHCAA correctly determined that the provider did not show sufficiently the need for PCW services.

**PARTIES IN INTEREST:**

Petitioner:

██████████ ██████████  
██  
██

Respondent:

Department of Health Services  
1 West Wilson Street, Room 651  
Madison, Wisconsin 53703

By: Written submission of Sharon Bailey, Nurse Consultant

**ADMINISTRATIVE LAW JUDGE:**

Brian C. Schneider  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner is a resident of Milwaukee County who receives MA.
2. Petitioner's primary diagnoses are heart problems and arthritis. She has received PCW assistance in the past, approved by the MA program.
3. On September 6, 2013, Quality Assurance Home Health requested authorization for 21 hours per week PCW services along with additional time for services as needed, PA no. ██████████. After resubmission the DHCAA denied the request by a letter dated October 9, 2013.

4. The provider completed five different personal care screens on the same day, all resulting in different hours. The one that was submitted was dated May 6, 2013, more than three months before the expected start date of the services.
5. The DHCAA consultant reviewed petitioner's medical records, and three doctor visits in August and September, 2013 show no reports of dizziness, weakness, stiffness, numbness, tingling, or problems with ambulation or range of motion. Petitioner reported to the doctor that she lost weight due to exercise and improved food choices.

### DISCUSSION

Personal care services are "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." Wis. Admin. Code §DHS 107.112(1)(a). Covered services include 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(b).

Personal care workers can spend no more than one-third of their time performing housekeeping activities. Like all medical assistance services, PCW services must be medically necessary and cost effective. Wis. Admin. Code, §DHS 107.02(3)(e)1 and 3.

In calculating PCW hours the DHCAA uses the Personal Care Screening Tool, a computer program it believes will allow it to consistently determine the number of hours required by each recipient. The screening tool allots a specific amount of time in each area the recipient requires help, which the DHCAA's reviewer can then adjust to account for variables missing from the screening tool's calculations.

In this case the provider drafted five different screening tools, all with different hours. In addition, the one submitted was from a May, 2013 screening, which was more than three months prior to the proposed start date of the request. See Prior Authorization Guideline Topic 3183, which requires the screen to be completed less than 90 days before the service start date. Furthermore, the impairments noted in the screening tool were contradicted by petitioner's own doctor's notes of recent visits; the doctor notes no problems with range of motion, lifting, or other movement.

I conclude that the denial was correct based upon the consultant's reasoning. I note to petitioner that a new prior authorization request can always be filed, but if one is filed it will need to explain the discrepancies between the doctor's optimistic notes and petitioner's need for PCW services.

**CONCLUSIONS OF LAW**

The DHCAA correctly denied a request for PCW services because the request did not justify the need for the services.

**THEREFORE, it is**

**ORDERED**

That the petition for review herein be and the same is hereby 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, Room 651, 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 5th day of December, 2013

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\sBrian C. Schneider  
Administrative Law Judge  
Division of Hearings and Appeals





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

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The preceding decision was sent to the following parties on December 5, 2013.

Division of Health Care Access And Accountability