



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

MPA/164347

PRELIMINARY RECITALS

Pursuant to a petition filed February 27, 2015, 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 March 25, 2015, at Milwaukee, Wisconsin.

The issue for determination is whether the respondent correctly denied the petitioner's request for Personal Care Worker (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, Room 651
Madison, Wisconsin 53703

By: Lori Schultz

Division of Health Care Access and Accountability
1 West Wilson Street, Room 272
P.O. Box 309
Madison, WI 53707-0309

ADMINISTRATIVE LAW JUDGE:

Corinne Balter
Division of Hearings and Appeals

FINDINGS OF FACT

1. The petitioner is a resident of Milwaukee County.
2. On January 16, 2015 the petitioner's provider completed a Personal Care Screening Tool (PCST).

3. On January 21, 2015 the petitioner's provider submitted a request for prior authorization of PCW hours based upon the aforementioned PCST. Specifically, the petitioner's PCST provided requested 42.25 hours per week for 53 weeks. This was at a cost of \$35,794.08.
4. On January 21, 2015 the respondent notified the petitioner's provider in writing that additional supporting documentation was needed.
5. On February 10, 2015 the petitioner's provider submitted another request for prior authorization of PCW hours based upon the aforementioned PCST. Specifically, the petitioner's PCST provided requested 42.25 hours per week for 53 weeks. This was at a cost of \$35,794.08.
6. On February 18, 2015 the respondent notified the petitioner in writing that her prior authorization for PCW hours had been denied.
7. The petitioner filed a request for fair hearing that was received by the Division of Hearings and Appeals on March 2, 2015.
8. The petitioner lives with family.
9. The petitioner is 74 years old. She has diagnoses of schizoaffective disorder, diabetic retinopathy, and vision problems.

DISCUSSION

Personal Care Services are a covered service by Medicaid. They are defined 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. These services shall be provided upon written orders of a physician by a provider certified under s. DHS 105.17 and by a personal care worker employed by the provider or under contract to the provider who is supervised by a registered nurse according to a written plan of care." *Wis. Admin. Code DHS §107.112(1)(a)*.

Prior authorization is required for personal care services in excess of 250 hours per calendar year and for home health services covered under Wis. Admin. Code DHS §107.11(2), that are needed to treat a recipient's medical condition or to maintain a recipient's health. *Wis. Admin. Code DHS §107.112(b)*

The Department of Health Services requires prior authorization of certain services to:

1. Safeguard against unnecessary or inappropriate care and services;
2. Safeguard against excess payments;
3. Assess the quality and timeliness of services;
4. Determine if less expensive alternative care, services or supplies are usable;
5. Promote the most effective and appropriate use of available services and facilities; and
6. Curtail misutilization practices of providers and recipients.

Wis. Admin. Code § DHS107.02(3)(b)

"In determining whether to approve or disapprove a request for prior authorization, the department shall consider:

1. The medical necessity of the service;
2. The appropriateness of the service;
3. The cost of the service;
4. The frequency of furnishing the service;
5. The quality and timeliness of the service;
6. The extent to which less expensive alternative services are available;
7. The effective and appropriate use of available services;

8. The misutilization practices of providers and recipients;
9. The limitations imposed by pertinent federal or state statutes, rules, regulations or interpretations, including Medicare, or private insurance guidelines;
10. The need to ensure that there is closer professional scrutiny for care which is of unacceptable quality;
11. The flagrant or continuing disregard of established state and federal policies, standards, fees or procedures; and
12. The professional acceptability of unproven or experimental care, as determined by consultants to the department.”

Wis. Admin. Code §DHS107.02(3)(e)

“Medically necessary” means a medical assistance service under ch. DHS 107 that is:

- (a) Required to prevent, identify or treat a recipient's illness, injury or disability; and
- (b) Meets the following standards:
 1. Is consistent with the recipient's symptoms or with prevention, diagnosis or treatment of the recipient's illness, injury or disability;
 2. Is provided consistent with standards of acceptable quality of care applicable to the type of service, the type of provider, and the setting in which the service is provided;
 3. Is appropriate with regard to generally accepted standards of medical practice;
 4. Is not medically contraindicated with regard to the recipient's diagnoses, the recipient's symptoms or other medically necessary services being provided to the recipient;
 5. Is of proven medical value or usefulness and, consistent with s. DHS 107.035, is not experimental in nature;
 6. Is not duplicative with respect to other services being provided to the recipient;
 7. Is not solely for the convenience of the recipient, the recipient's family, or a provider;
 8. With respect to prior authorization of a service and to other prospective coverage determinations made by the department, is cost-effective compared to an alternative medically necessary service which is reasonably accessible to the recipient; and
 9. Is the most appropriate supply or level of service that can safely and effectively be provided to the recipient.

Wis. Adm. Code. §DHS 101.03(96m)

The petitioner has the burden to prove, by a preponderance of the credible evidence, that the requested services meet the approval criteria.

██████████ Care on behalf of petitioner, requested 42.25 hours per week of Personal Care Worker (PCW) hours. DHS denied this prior authorization request. DHS did not allow for any of the hours requested. At the hearing the petitioner’s son did not specify the number of PCW hours requested, however, he implicitly argued for the 42.25 hours requested by ██████████ Care.

In determining how many hours of personal care services an individual is allowed, a service provider completes a personal care screening tool (PCST). A link to the blank form can be found in the on-line provider handbook located on the Forward Health website: <https://www.forwardhealth.wi.gov/WIPortal>, under topic number 3165. The responses are then entered into a web-based PCST, which cross references the information with the Personal Care Activity Time Allocation Table.

The Personal Care Activity Time Allocation Table is a guideline showing the maximum allowable time for each activity. *On-Line Provider Handbook Topic #3165*; this chart can also be found at the aforementioned website.

In general seven activities of daily living (ADLs) are reviewed: 1) Bathing, 2) Dressing, 3) Grooming, 4) Eating, 5) Mobility, 6) Toileting, and 7) Transfers. In addition, Medically Oriented Tasks (MOTs), such as glucometer readings or medication assistance, are also examined.

The petitioner is a 74 year old female. She is diagnosed with schizoaffective disorder, diabetic retinopathy, and vision problems. It is disputed whether the petitioner is disoriented and whether her vision presents problems with her ability to complete ADLs.

It is the petitioner's burden to establish the necessity of the requested time. At the time of hearing, the petitioner's son did not explain why the Department's calculation of need under the PCST was flawed. The petitioner's son listed many ADLs the petitioner needed assistance completing, however, he was unable to explain what specifically prevented the petitioner from completing these tasks on her own. He did not articulate what quantity of additional time is needed for each task or what specific behaviors justify more time.

The Department's analysis of petitioner's needs is the most thorough and credible determination in the record. The Department notes that the PCST is inconsistent with the petitioner's recent doctor visits. The PCST states that the petitioner is disoriented and that her vision presents significant problems for her in completion of her ADLs, however at three recent doctor visits, the petitioner presented as oriented, denied being tired, and denied worsening vision problems. The petitioner's son testified that the petitioner's vision was deteriorating. This is also inconsistent with those three recent doctor visits. The doctor's order for PCW services recommends 4.5 hours, 5 days per week. This is significantly less than the 42.25 hours per week requested.

The petitioner received a copy of the nurse consultant's letter prior to the hearing, yet petitioner offered no specific rebuttal to any of the points or time calculations offered by the Department. The petitioner must offer some specificity and evidence to support the requested time. Without a better way to quantify the time for services, I have no basis upon which to find in favor of the petitioner's request for PCW hours. It is clear from the medical records that one eye is worse than the other eye. However, it is difficult to understand how these vision problems prevent her from completing essentially every ADL according to her son's testimony.

The petitioner should be aware that if [REDACTED] Care can show a medical need for more time, it can always request a new prior authorization for additional time with evidence to show the need for the additional time. However, based upon the evidence before me I cannot conclude that the respondent's denial was wrong.

CONCLUSIONS OF LAW

DHS correctly denied the petitioner's request for PCW hours.

THEREFORE, it is

ORDERED

That the petition is dismissed.

REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or 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 filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as "PARTIES IN INTEREST" **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Milwaukee,
Wisconsin, this 15th day of April, 2015

\sCorinne Balter
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 April 15, 2015.

Division of Health Care Access and Accountability