



October 23, 2025

[REDACTED]

RE: [REDACTED] v. WV DoHS
ACTION NOS.: 25-BOR-2934 and 25-BOR-3132

Dear [REDACTED]:

Enclosed is a copy of the decision resulting from the hearing held in the above-referenced matter.

In arriving at a decision, the State Hearing Officer is governed by the Public Welfare Laws of West Virginia and the rules and regulations established by the Department of Human Services. These same laws and regulations are used in all cases to ensure that all persons are treated alike.

You will find attached an explanation of possible actions you may take if you disagree with the decision reached in this matter.

Sincerely,

Pamela L. Hinzman
State Hearing Officer
Member, State Board of Review

Encl: Recourse to Hearing Decision
Form IG-BR-29

cc: Connie Sankoff, BoSS

**WEST VIRGINIA OFFICE OF INSPECTOR GENERAL
BOARD OF REVIEW**

[REDACTED]

Appellant,

v.

Action Numbers: 25-BOR-2934 and 25-BOR-3132

**WEST VIRGINIA DEPARTMENT
OF HUMAN SERVICES
BUREAU FOR MEDICAL SERVICES,**

Respondent.

DECISION OF STATE HEARING OFFICER

INTRODUCTION

This is the decision of the State Hearing Officer resulting from a fair hearing for [REDACTED]. This hearing was held in accordance with the provisions found in Chapter 700 of the Office of Inspector General Common Chapters Manual. This fair hearing was convened on October 21, 2025.

The matter before the Hearing Officer arises from the August 22, 2025, decision by the Respondent to reduce the Appellant's homemaker service hours under the Aged/Disabled Waiver Medicaid Program and the Respondent's October 1, 2025, decision to discontinue the Appellant's dual Personal Care Services.

At the hearing, the Respondent appeared by Connie Sankoff, RN/Fair Hearing Coordinator, Bureau of Senior Services. Appearing as a witness for the Respondent was Debbie Sickles, RN, Acentra. The Appellant appeared *pro se*. All witnesses were placed under oath and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 West Virginia Department of Health and Human Resources Bureau for Medical Services (Medicaid) Request for Hearing form received by Respondent on September 23, 2025
- D-2 Scheduling Order dated September 24, 2025
- D-3 Personal Care Services Program Request for Discontinuation of Service dated September 26, 2025

- D-4 Notice of Decision dated October 1, 2025
- D-5 Notice of Decision dated August 22, 2025
- D-6 Pre-Admission Screening (PAS) Summary and PAS dated August 21, 2025
- D-7 Notice of Decision dated August 7, 2024
- D-8 PAS Summary and PAS dated August 5, 2024

Appellant's Exhibits

None

After a review of the record, including testimony, exhibits, and stipulations admitted into evidence at the hearing, and after assessing the credibility of all witnesses and weighing the evidence in consideration of the same, the Hearing Officer sets forth the following Findings of Fact.

FINDINGS OF FACT

- 1) The Appellant is a recipient of Aged/Disabled Waiver (ADW) Medicaid benefits.
- 2) The Respondent, via Acentra, completed a Pre-Admission Screening (PAS) for the Appellant on August 21, 2025, to reevaluate the Appellant's medical eligibility for the program and assess her current level of care needs (Exhibit D-6).
- 3) The Appellant received 25 points on the August 21, 2025 PAS, rendering her eligible for a Level C Level of Care or 94-124 monthly homemaker service hours (Exhibit D-6).
- 4) The Appellant's functionality had previously been rated at a Level D Level of Care (26 points) based on a PAS completed on August 5, 2024 (Exhibit D-8).
- 5) The Appellant had been receiving dual Personal Care (PC) Services along with the ADW benefits.
- 6) Because the Appellant's Level of Care decreased from Level C to Level D based on the August 2025 PAS findings, she was no longer eligible to receive dual Personal Care Services.
- 7) The Respondent notified the Appellant on August 22, 2025, that she would remain eligible for ADW services; however, her monthly budget could not exceed \$2,270 (Exhibit D-5).
- 8) The Respondent notified the Appellant on October 1, 2025, that her Personal Care Services would be discontinued because she was no longer eligible for dual services (Exhibit D-4).

- 9) The Appellant was rated as requiring total care with eating on her 2024 PAS assessment (Exhibit D-8).
- 10) The Appellant was rated as requiring physical assistance with eating on her 2025 PAS assessment (Exhibit D-6).
- 11) The Appellant suffers from tremors and has been prescribed Primidone to help control them.

APPLICABLE POLICY

Bureau for Medical Services Provider Manual Chapter 501.12.1 states that an individual must have five deficits as described on the PAS to qualify medically for the ADW program. These deficits are derived from a combination of the following assessment elements on the PAS.

Section	Description of Points	
#24	Decubitus; Stage 3 or 4	
#25	In the event of an emergency, the individual is c) mentally unable or d) physically unable to vacate a building. a) Independently and b) With Supervision are not considered deficits	
#26	Functional abilities of individual in the home	
a.	Eating	Level 2 or higher (physical assistance to get nourishment)
b.	Bathing	Level 2 or higher (physical assistance or more)
c.	Dressing	Level 2 or higher (physical assistance or more)
d.	Grooming	Level 2 or higher (physical assistance or more)
e. f.	Continence, Bowel Continence, Bladder	Level 3 or higher; must be incontinent
g.	Orientation	Level 3 or higher (totally disoriented, comatose)
h.	Transfer	Level 3 or higher (one-person or two-person assistance in the home)
i.	Walking	Level 3 or higher (one-person or two-person assistance in the home)
j.	Wheeling	Level 3 or higher (must be Level 3 or 4 on walking in the home to use Level 3 or 4 for wheeling in the home. Do not count outside the home)
#27	Individual has skilled needs in one or more of these areas: (g) suctioning, (h) tracheostomy, (i) ventilator, (k) parenteral fluids, (l) sterile dressings, or (m) irrigations	
#28	Individual is not capable of administering his/her own medications	

Bureau for Medical Services Provider Manual Chapter 501.12.2.1 documents that there are four service levels for personal attendant services. Points will be determined as follows based on the following sections of the PAS:

Section	Description of Points
#23	Medical Conditions/Symptoms – 1 point for each (can have total of 12 points)
#24	Decubitus - 1 point
#25	1 point for b., c., or d.
#26	Functional Abilities: Level 1 - 0 points Level 2 - 1 point for each item a. through i. Level 3 - 2 points for each item a. through m., i. (walking) must be at Level 3 or Level 4 in order to get points for j. (wheeling) Level 4 – 1 point for a, 1 point for e, 1 point for f, 2 points for g through m
#27	Professional and Technical Care Needs - 1 point for continuous oxygen
#28	Medication Administration - 1 point for b. or c.
#34	Dementia - 1 point if Alzheimer's or other dementia
#35	Prognosis – 1 point if Terminal

The total number of points possible is 44.

Bureau for Medical Services Provider Manual Chapter 501.12.2.2, Service Level Range of Hours:

Traditional Service Levels

Level	Points Required	Range of Hours Per Month (for Traditional)
A	5-9	0 – 62
B	10-17	63 – 93
C	18-25	94 – 124
D	26-44	125 – 155

Bureau for Medical Services Provider Manual Chapter 517.24.1 states that individuals enrolled in ADW who wish to request additional services through Personal Care and who meet the ADW/PC Dual requirements may apply for PC as indicated below:

- A. For initial PC requests, the PC applicant, ADW Case Manager or referent will submit an Initial PC-MNER to the UMC via fax or mail. The UMC will verify the ADW member is authorized to receive Level D (140-155 hours per month) ADW services. If Waiver requirements are met, the UMC will key the ADW PAS previously completed (by the UMC) into the PC web portal and will reach out to the PC applicant to acquire their choice of PC agency in their

catchment area. If approved for PC, the UMC will refer the new PC member to their chosen PC agency via the PC web portal. If Waiver requirements are not met, the UMC will close the request, and the person may reapply for PC if/when the person meets the Waiver requirements.

B. For reevaluation requests of PC services, the PC agency will submit the Reevaluation PC-MNER and attach the PC-MNER and a copy of the ADW PAS Summary into the UMC's PC web-based PC system. The UMC will verify the ADW requirements are met. If Waiver requirements are met, the UMC will key the ADW PAS previously completed (by the UMC) into the PC web portal for determination of PC eligibility. If Waiver requirements are not met, the request will be closed.

C. If an existing PC member becomes eligible for ADW and is offered a slot, but does not meet ADW requirements (Service Level D) for dual services, the member must choose between ADW or PC services.

DISCUSSION

Policy provides that an ADW Medicaid recipient's level of care is based on the number of points received on a yearly medical evaluation using the PAS assessment tool. An individual must be eligible for a Level D ADW Level of Care to qualify for dual Personal Care Services.

The Appellant's functionality had previously been rated at a Level D Level of Care because she reported needing total care to eat on her 2024 PAS (two points). The Respondent contended that the Appellant reported needing assistance to cut her food during the 2025 PAS, but indicated that she could now feed herself with a spoon. Therefore, she was rated as requiring physical assistance with eating (one point).

The Appellant testified that her dosage of Primidone is not working well and her head and hands shake. The Appellant stated that she reported she could "sometimes" feed herself during the PAS, but there are days when she is unable to feed herself due to tremors. The Appellant contended that her daughter and grandson must feed her when she is experiencing tremors. It should be noted that the Appellant was rated as requiring total assistance with bathing, dressing and grooming on the August 2025 PAS.

Based on the Appellant's testimony concerning the efficacy of her tremor medication, it is reasonable to believe that she requires total care with eating on some days. Therefore, the Appellant should be rated as requiring total care with eating and is awarded one additional point in this functional area.

The addition of one point brings the Appellant's total number of service level points to 26, rendering her eligible for a Level D Level of Care. As the Appellant's Level of Care has been elevated to Level D, she remains eligible for dual care Personal Care Services.

CONCLUSIONS OF LAW

- 1) The Appellant received 25 service level points on her August 2025 PAS assessment, rendering her eligible for a Level of Care C.
- 2) The Appellant was awarded one additional point as the result of information provided during the hearing, bringing her total number of service level points to 26 (Level D).
- 3) As the Appellant has been elevated to a Level D Level of Care, she remains eligible for dual Personal Care Services.

DECISION

The Respondent's decision to decrease the Appellant's Level of Care under the Aged/Disabled Waiver Medicaid Program is **REVERSED**. The Respondent's decision to discontinue Personal Care Services is **REVERSED** as the Appellant remains eligible for Level of Care D under the ADW Program.

ENTERED this 23rd day of October 2025.

**Pamela L. Hinzman
State Hearing Officer**