



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
OFFICE OF INSPECTOR GENERAL  
BOARD OF REVIEW  
1400 Virginia Street  
Oak Hill, WV 25901

Earl Ray Tomblin  
Governor

Karen L. Bowling  
Cabinet Secretary

March 31, 2015

[REDACTED]

RE: [REDACTED] v. WV DHHR  
ACTION NO.: 15-BOR-1271

Dear Ms. [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 Health and Human Resources. These same laws and regulations are used in all cases to assure 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,

Kristi Logan  
State Hearing Officer  
Member, State Board of Review

Encl: Claimant's Recourse to Hearing Decision  
Form IG-BR-29

cc: Bureau for Medical Services

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BOARD OF REVIEW**

████████████████████,

**Claimant,**

v.

**Action Number: 15-BOR-1271**

**WEST VIRGINIA DEPARTMENT OF  
HEALTH AND HUMAN RESOURCES,**

**Respondent.**

**DECISION OF STATE HEARING OFFICER**

**INTRODUCTION**

This is the decision of the State Hearing Officer resulting from a fair hearing for ██████████. This hearing was held in accordance with the provisions found in Chapter 700 of the West Virginia Department of Health and Human Resources' Common Chapters Manual. This fair hearing was convened on March 25, 2015, on an appeal filed February 4, 2015.

The matter before the Hearing Officer arises from the January 26, 2015, decision by the Respondent to deny Person Centered Support-Agency and Respite services under the I/DD Waiver program.

At the hearing, the Respondent appeared by ██████████, APS Healthcare. Appearing as witnesses for the Respondent were ██████████, APS Healthcare and Taniua Hardy, Bureau for Medical Services. The Claimant appeared by his mother, ██████████. Appearing as witnesses for the Claimant were ██████████, the Claimant's sister and ██████████, Service Coordinator with ██████████. All witnesses were sworn and the following documents were admitted into evidence.

**Department's Exhibits:**

- D-1 WV Medicaid Provider Manual Chapter 513 – I/DD Waiver Services - §§513.9.1.8.1 and 513.9.1.10
- D-2 Service Authorization 2<sup>nd</sup> Level Negotiation Request dated January 21, 2015
- D-3 Notice of Denial dated January 26, 2015
- D-4 Inventory for Client and Agency Planning dated November 11, 2014
- D-5 Purchase Request Details for Budget Year February 2015 – January 2016

**Claimant's Exhibits:**

C-1 Correspondence from [REDACTED] dated January 31, 2015

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) A request (D-2) for additional units of Person Centered Support-Agency and Respite services under the I/DD Waiver program was submitted for the Claimant on January 21, 2015. The Department issued a Notice of Denial (D-3) on January 26, 2015, advising the Claimant that the request for additional units had been denied.
- 2) The Department's representative, [REDACTED] with APS Healthcare, noted that of the 8,320 units of Person Centered Support-Agency and 6,912 units of Respite services that were requested, 4,097 units for each service was approved. Ms. [REDACTED] stated that the total amount of units requested could not be approved as it would put the Claimant over his annual assigned budget amount.
- 3) Ms. [REDACTED] referred to the Claimant's Inventory for Client and Agency Planning (ICAP) (D-4) service level scores for 2014 and 2013. The Claimant remains at a service level 2, and without a documented need for the additional service units, the requested amount of Person Centered Support-Agency and Respite units could not be justified.
- 4) The Claimant sister testified that the Claimant requires constant supervision and total care. The reduction in service units would interrupt his routine and could be detrimental. The Claimant's representatives contended that the Claimant has received the same level of care for the past eight (8) years, and they are not requesting any additional units that he had not previously received.

**APPLICABLE POLICY**

WV Medicaid Provider I/DD Waiver Services Manual §§513.9.1.8.1 and 513.9.1.10 states that the amount of service is limited by the member's individualized budget. The budget allocation may be adjusted only if changes have occurred regarding the member's assessed needs.

## **DISCUSSION**

The clinical documentation presented failed to support a need for additional Person Centered Support-Agency and Respite services. The Claimant's service level score remained the same as the previous year's score, and without a documented change in the Claimant's assessed needs, his individualized budget cannot be exceeded with the approval of the requested units.

## **CONCLUSIONS OF LAW**

Whereas the information submitted failed to support a change in the Claimant's assessed needs, the requested units of Person Centered Support-Agency and Respite services could not be approved.

## **DECISION**

It is the decision of the State Hearing Officer to **uphold** the decision of the Department to deny the requested amount of Person Centered Support-Agency and Respite services under the I/DD Waiver program.

**ENTERED this 31<sup>st</sup> day of March 2015**

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**Kristi Logan**  
**State Hearing Officer**