

STATE OF WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES OFFICE OF INSPECTOR GENERAL BOARD OF REVIEW 1027 N. Randolph Ave. Elkins, WV 26241

Karen L. Bowling Cabinet Secretary



Dear Ms.

Earl Ray Tomblin

Governor

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,

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

- Encl: Claimant's Recourse to Hearing Decision Form IG-BR-29
- cc: Taniua Hardy, BMS, WVDHHR

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES BOARD OF REVIEW

Appellant,

v.

Action Number: 15-BOR-1882

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 **the state of the state o**

The matter before the Hearing Officer arises from the April 15, 2015 decision by the Respondent to deny the Appellant's request for Medicaid I/DD Waiver Program services that exceed the individualized budget.

At the hearing, the Respondent appeared by **Annual Provider**, Provider Educator, APS Healthcare. Appearing as a witness for the Department was Taniua Hardy, I/DD Program Manager, Bureau for Medical Services (BMS). The Appellant was represented by his mother, **Annual Provider**, Service Coordinator, **Appearing as witnesses for the Appellant were and the Appellant were and the Appellant**, and **Annual Provider**, Therapeutic Consultant, **Annual Provider**, All

witnesses were sworn and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Notice of Denial dated April 15, 2015
- D-2 I/DD Waiver Manual, Chapter 513 Covered Services, Limitations, and Exclusions for I/DD Waiver Services, Chapter 513.9.2.3.3
- D-3 APS Healthcare 2nd Level Negotiation Request dated April 2, 2015
- D-4 APS CareConnection for Title XIX I/DD Waiver Purchase Request Details for the budget year of December 1, 2014 through November 30, 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) On April 15, 2015, the Appellant was notified (D-1) that his request for 6,912 units of Respite under the I/DD Waiver Medicaid Program was denied. The notice indicates that the Appellant was instead approved for 2,256 units of the requested Respite services.
- 2) Provider Educator with APS Healthcare, represented the Department and testified that the Appellant's annual I/DD Waiver budget for the period of December 1, 2014 through November 30, 2015 is \$86,970.23 (see Exhibit D-4). Ms. Indicated that if the Appellant had been awarded the total Respite units he requested, his yearly budget would have been exceeded by \$12,755.47. The Department's representatives testified that the Department has exceeded its I/DD Waiver Program budget by \$50 million in previous years, and has now been directed to adhere to budgetary guidelines. They indicated that the Appellant's budget actually increased for the current year based on changes in his condition, but services in excess of the budget can no longer be approved. They contended that the I/DD Waiver Program is a supplemental program and is not intended to provide 24-hour care.
- 3) The Appellant's mother and primary caretaker, **and the second second**

APPLICABLE POLICY

I/DD Waiver Manual Chapter 513.9.10.1 (D-2) states that the amount of Respite services is limited to the member's individualized budget, and the budget allocation can be adjusted only if changes have occurred regarding the member's assessed needs.

DISCUSSION

Evidence submitted at the hearing reveals that an I/DD Waiver Program recipient's annual budget is determined by his or her assessed needs. The amount of services is limited by the member's individualized budget. While the Appellant was reportedly approved for services in excess of his individualized budget last year, regulations that govern the I/DD Waiver Program stipulate that services cannot exceed the individualized budget of the recipient, and the Department's representatives testified that the Department has now been directed to adhere to budgetary guidelines.

CONCLUSIONS OF LAW

Evidence submitted at the hearing affirms the Department's decision to deny the Appellant's request for prior authorization of services that exceed the individualized annual budget.

DECISION

It is the decision of the State Hearing Officer to **uphold** the Department's action to deny the Appellant's request for services in excess of his individualized budget.

ENTERED this 30th Day of July 2015.

Pamela L. Hinzman State Hearing Officer