



**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF INSPECTOR GENERAL
BOARD OF REVIEW
9083 Middletown Mall
White Hall, WV 26554**

**Earl Ray Tomblin
Governor**

**Karen L. Bowling
Cabinet Secretary**

February 5, 2014



RE: [REDACTED] v. WVDHHR
ACTION NO.: 14-BOR-3812

Dear Mr. [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,

Thomas E. Arnett
State Hearing Officer
Member, State Board of Review

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

cc: Taniua Hardy, BMS

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

██████████,

Claimant,

v.

Action Number: 14-BOR-3812

**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 February 4, 2015, on an appeal filed December 5, 2014.

The matter before the Hearing Officer arises from the November 24, 2014 decision by the Respondent to deny Claimant's request for I/DD Waiver Program service coordination units beyond the annual maximum allowable cap of 872 units.

At the hearing, the Respondent appeared by ██████████, APS Healthcare. Appearing as witnesses for the Department were ██████████, APS Healthcare; Patricia Nisbet, Bureau for Medical Services (BMS); and Taniua Hardy, Bureau for Medical Services. The Claimant appeared pro se, but was represented by ██████████, Service Coordinator, ██████████, and his father, ██████████. All witnesses were sworn and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 I/DD Waiver Manual, Chapter 513 – *Covered Services, Limitations, and Exclusions for I/DD Waiver Services*, §513.9.1.11, Service Coordination: Traditional Option
- D-2 APS Healthcare Service Authorization 2nd Level Negotiation Request
- D-3 Notice of Denial dated November 24, 2014

Claimant's Exhibits:

- C-1 West Virginia I/DD Waiver Individualized Program Plan (IPP) 5/1/2014 through 4/30/15

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 or about November 24, 2014, the Claimant was notified via a Notice of Denial (D-3) that his request to exceed the service cap limit for service coordination units, in excess of 872 units, was denied.
- 2) Testimony and documentation submitted at the hearing reveals that the Claimant's Individualized Program Plan (IPP), Exhibit C-1, was effective May 1, 2014 through April 30, 2015, and included prior authorization for 360 units of service coordination.
- 3) The Claimant experienced several behavioral incidents in the months following the implementation of his IPP and required hospitalization, as well as facility placement. Because of these incidents, additional service coordination units were requested to assist the Claimant with his needs. In July 2014, the Claimant's Service Coordinator, [REDACTED], requested prior authorization for the Claimant's annual service coordination units to be elevated from 360 units to 720. In September and October 2014, Ms. [REDACTED] again requested prior authorization to increase service coordination units from 720 to 872. Service coordination units were authorized at the maximum amount (872), however, Ms. [REDACTED] November 2014 request to increase units to 1372 was subsequently denied (D-3).
- 4) Respondent noted that the Claimant was granted prior authorization for 872 service coordination units, but that is the maximum service coordination units allowable for all Medicaid I/DD Waiver Program participants. Any additional service coordination services provided beyond the maximum amount of 872 units cannot be paid by the Medicaid I/DD Waiver Program.

APPLICABLE POLICY

West Virginia Medicaid Regulations, Chapter 513 – *Service Coordination: Traditional Option*, found at §513.9.1.11, provides that all units (Unit = 15 minutes) of service must receive prior authorization. Prior authorizations are based on assessed needs, and services must be within the member's individualized budget. This service may be provided in any setting that allows the service coordinator to complete all necessary duties for the member, but must not exceed 872 units/218 hours per member's annual IPP year.

West Virginia Medicaid Regulations, Chapter 513 – *Billing Procedures*, §513.12 reads, in pertinent part – “Claims will not be honored for services (inclusive of service code definitions) provided outside of the scope of *Chapter 513* of the I/DD Waiver policy manual, or outside of the scope of federal regulations.”

DISCUSSION

The regulations that govern the Medicaid I/DD Waiver Program stipulate that the maximum annual allotment of service coordination units is 872 (218 hours). While the Claimant’s original IPP included prior authorization for 360 service coordination units, additional units were subsequently authorized for the maximum allowable amount of 872 units. While the Claimant’s situation is unfortunate, there are no provisions in policy that permit approval of service coordination in excess of the maximum annual allotment.

CONCLUSIONS OF LAW

The evidence submitted at the hearing affirms the Department’s decision to deny the Claimant’s request for prior authorization of 1,372 service coordination units. The Claimant has received, and cannot exceed, the maximum annual service coordination units permitted in policy.

DECISION

It is the decision of the State Hearing Officer to **uphold** the Department’s action to deny the Claimant’s request for prior authorization of Medicaid payment for service coordination units in excess of the maximum annual amount.

ENTERED this_____ Day of February 2015.

Thomas E. Arnett
State Hearing Officer