



January 17, 2025

[REDACTED]

Re: [REDACTED] A PROTECTED INDIVIDUAL v WV DoHS BMS  
ACTION NO.: 24-BOR-3839

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 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,

Angela D. Signore  
State Hearing Officer  
Member, State Board of Review

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

cc: Stacy Broce, Bureau of Medical Services  
Janie Brown, KEPRO  
Kerri Linton, PC&A  
Charley Bowen, PC&A

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

██████████ A PROTECTED INDIVIDUAL,

**Appellant,**

v.

**Action Number: 24-BOR-3839**

**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 ██████████ a protected individual. 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 January 16, 2025.

The matter before the Hearing Officer arises from the October 7, 2024 determination by the Respondent to deny the Appellant's medical eligibility for services under the Intellectual and Developmental Disabilities Waiver (IDDW) Program.

At the hearing, the Respondent appeared by Charley Bowen, Consulting Psychologist for the Bureau for Medical Services (BMS). The Appellant was represented by his mother, ██████████. Appearing as witnesses for the Appellant were ██████████. All witnesses were sworn and the following documents were admitted into evidence.

\*\* Observing and taking notes for the Respondent was Crystal Dotson, Psychological Consultation & Assessment (PC&A).

**Department's Exhibits:**

- D-1 Bureau for Medical Services (BMS) Manual § 513.6- 513.6.4
- D-2 DoHS BMS Notice, dated October 07, 2024
- D-3 Independent Psychological Evaluation (IPE), dated September 18, 2024
- D-4 Handwritten Medication List, dated September 18, 2024
- D-5 Letter from ██████████ dated February 28, 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) On an unknown date, an application was made on behalf of the Appellant for services under the Intellectual and Developmental Disabilities Waiver (IDDW) Program.
- 2) The Respondent, through the Bureau for Medical Services, contracts with Psychological Consultation & Assessment (PC&A) to perform functions related to the IDDW Program, including eligibility determinations. (Exhibit D-1)
- 3) On September 18, 2024, [REDACTED] a Licensed Psychologist, completed an Independent Psychological Evaluation (IPE) on the Appellant. (Exhibit D-3)
- 4) The September 18, 2024, IPE lists diagnoses of Mild Intellectual Disability, Autism Spectrum Disorder, Level 1, with cognitive and language deficits, minimal support required; Attention Deficit Hyperactivity Disorder, combined presentation, by history; Unspecified Anxiety Disorder, by history; Unspecified Developmental disorder of Speech and Language, by history. (Exhibit D-3)
- 5) In response to documentation submitted by the Appellant's Mother, [REDACTED], the Respondent conceded the Appellant had met the diagnosis component of medical eligibility for the IDDW Program due to a diagnosis of Mild Intellectual Disability. (Exhibit D-3)
- 6) The documentation submitted established substantial delays in the major life areas of *Learning* and *Receptive/Expressive Language*. (Exhibit D-3)
- 7) On October 07, 2024, the Respondent issued a notice advising the Appellant that his application for IDDW Program eligibility was denied because the submitted documentation did not support the presence of substantial adaptive deficits in three (3) or more of the six (6) major life areas. (Exhibit D-2)
- 8) The October 07, 2024, notice reflected that the Appellant was found to lack substantial adaptive deficits in the areas of *Self-Care*, *Self-direction*, *Mobility*, and *Capacity for Independent Living*. (Exhibit D-2)
- 9) The Respondent's October 07, 2024, determination was based on the review of "9/18/24 IPE, 9/18/24 Medication List, 2/28/24 Letter from [REDACTED]" (Exhibit D-3)

## APPLICABLE POLICY

### **Bureau for Medical Services (BMS) Manual § 513.6 provides, in part:**

In order for an applicant to be found eligible for the IDW Program, they must meet medical eligibility criteria. Initial medical eligibility is determined by the Medical Eligibility Contracted Agent (MECA) through review of an Independent Psychological Evaluation (IPE) report completed by a member of the Independent Psychologist Network (IPN); which may include background information, mental status examination, a measure of intelligence, adaptive behavior, achievement, and any other documentation deemed appropriate.

### **BMS Manual § 513.6.2 provides, in part:**

To be medically eligible, the applicant must require the level of care and services provided in an ICF/IID as evidenced by required evaluations and other information requested by the IP or the MECA and corroborated by narrative descriptions of functioning and reported history. An ICF/IID provides services in an institutional setting for persons with intellectual disability or a related condition. An ICF/IID provides monitoring, supervision, training, and supports.

Evaluations of the applicant must demonstrate:

- A need for intensive instruction, services, assistance, and supervision in order to learn new skills, maintain current level of skills, and/or increase independence in activities of daily living; and
- A need for the same level of care and services that is provided in an ICF/IID.

The IPE verifies that the applicant has an intellectual disability with concurrent substantial deficits or a related condition which constitutes a severe and chronic disability with concurrent substantial deficits. An applicant must meet all the medical eligibility criteria in each of the following categories:

- Diagnosis;
- Functionality;
- Need for treatment; and
- Requirement of ICF/IID Level of Care

### **BMS Manual § 513.6.2.1 provides, in part:**

The applicant must have a diagnosis of intellectual disability with concurrent substantial deficits manifested prior to age 22 or a related condition which constitutes a severe and chronic disability with concurrent substantial deficits manifested prior to age 22.

Examples of related conditions which may, if severe and chronic in nature, make an individual eligible for the IDDW Program include but are not limited to, the following:

- Autism;
- Traumatic brain injury;
- Cerebral Palsy;
- Spina Bifida; and
- Any condition, other than mental illness, found to be closely related to intellectual disabilities because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of intellectually disabled persons, and requires services similar to those required for persons with intellectual disabilities.

Additionally, the applicant who has a diagnosis of intellectual disability or a severe related condition with associated concurrent adaptive deficits must meet the following requirements:

- Likely to continue indefinitely; and,
- Must have the presence of at least three substantial deficits out of the six identified major life areas listed under Section 513.6.2.2, Functionality.

**BMS Manual § 513.6.2.2 provides, in part:**

The applicant must have substantial deficits in at least three of the six identified major life areas listed below:

- Self-care;
- Receptive or expressive language (communication);
- Learning (functional academics);
- Mobility;
- Self-direction; and
- Capacity for independent living which includes the following six sub-domains: home living, social skills, employment, health and safety, community and leisure activities. At a minimum, three of these sub-domains must be substantially limited to meet the criteria in this major life area.

Substantial deficits are defined as standardized scores of three standard deviations below the mean or less than one percentile when derived from a normative sample that represents the general population of the United States, or the average range or equal to or below the 75th percentile when derived from ID normative populations when intellectual disability has been diagnosed and the scores are derived from a standardized measure of adaptive behavior. The scores submitted must be obtained from using an appropriate standardized test for measuring adaptive behavior that is administered and scored by an individual properly trained and credentialed to administer the test.

The presence of substantial deficits must be supported not only by the relevant test scores, but also the narrative descriptions contained in the documentation submitted for review, i.e., psychological report, the IEP, Occupational Therapy evaluation, etc. if requested by the IP for review.

**Code of Federal Regulations 42 CFR § 435.1010(a)(2)-(6) provides, in part:**

Persons with related conditions means individuals who have a severe, chronic disability that meets all the following conditions:

- Attributable to any other conditions, other than mental illness, found to be closely related to Intellectual Disability because this condition results in impairment of general intellectual functioning or adaptive behavior like that of mentally retarded persons, and requires treatment or services like those required for these persons,
- Manifested before the person reaches age 22,
- Is likely to continue indefinitely,
- Results in substantial functional limitations in three or more of the following areas of major life activity:
  - Self-care
  - Understanding and use of language
  - Learning
  - Mobility
  - Self-direction
  - Capacity for independent living

**DISCUSSION**

Pursuant to policy, in order for an applicant to be found eligible for the IDDW Program, an individual must meet medical eligibility criteria. Initial medical eligibility is determined by the Medical Eligibility Contracted Agent (MECA) through review of an Independent Psychological Evaluation (IPE) report completed by a member of the Independent Psychologist Network (IPN). Criteria in each of the following categories must be met in order to be eligible for the IDDW Program: diagnosis, functionality, need for active treatment, and requirement of ICF/IID Level of Care. The applicant must have a diagnosis of intellectual disability with concurrent substantial deficits manifested prior to age twenty-two (22) or a related condition which constitutes a severe and chronic disability with concurrent substantial deficits manifested prior to age twenty-two (22).

Once an eligible diagnosis is established, the Respondent then evaluates to see if the Appellant meets the functional criteria for the IDDW Program. An adaptive behavior assessment is then used to identify if the Appellant exhibits substantial adaptive deficits in the six (6) major life areas (*self-care, communication, learning, mobility, self-direction, and capacity for independent living*). Policy defines substantial adaptive deficits as standardized scores of three (3) standard deviations below the mean, or less than one percentile (1%), when derived from a standardized measure of adaptive behavior. The applicant must also require the level of care and services provided in an ICF/IID as evidenced by required evaluations and other information requested by the IP or the

MECA and corroborated by narrative descriptions of functioning and reported history. A need for intensive instruction, services, assistance, and supervision in order to learn new skills, maintain current level of skills, and/or increase independence in activities of daily living is required. Failure to meet any one of the eligibility categories results in a denial of program services.

Charley Bowen (Mr. Bowen), the consulting psychologist for the Respondent, testified that the Appellant was awarded substantial adaptive deficits in the areas of *Learning* and *Receptive or Expressive Language*. Because the Appellant was found to lack adaptive deficits in the areas of *self-care*, *self-direction*, *mobility*, and *capacity for independent living* (which includes the following six sub-domains: *home living*, *social skills*, *employment*, *health and safety*, *community*, and *leisure activities*), on October 07, 2024, the Appellant's application for the IDDW Program was denied. An ABAS-3 was administered to evaluate the Appellant's adaptive functioning level. The Appellant must have a standardized score of one (1) or two (2) to establish a substantial deficit in the six (6) major life areas. In addition to the standardized scores, the narrative descriptions in the IPE must also support the existence of substantial deficits.

When reviewing the evidence, in the area of *mobility*, the Respondent explained that in order to meet the threshold of a substantial deficit, an individual would normally be wheelchair-dependent, unable to self-propel, or unable to transfer. Because the evidence demonstrated that the Appellant is independently ambulatory, a substantial deficit in the area of *mobility* could not be awarded. In the area of *self-direction*, the Appellant's ABAS-3 score reflected a scaled score of three (3). To demonstrate a substantial deficit, the evidence had to demonstrate that the Appellant was not able to make choices or self-regulate. The Appellant's IPE reflects that while the Appellant is limited in this area, he is capable of initiating and choosing to participate in activities, as the IPE lists some of his favorite things to do. It should be noted that the narrative does not look at the Appellant's ability to make *good* choices, but rather his ability to make his preferences noted, and therefore, a deficit could not be awarded. In the area of *self-care*, the Appellant's ABAS-3 reflected a scaled score of four (4). In order to receive a deficit in the area of *self-care*, individuals in ICF/IID homes require hands-on assistance with self-care needs, and not that of prompts and/or reminders.

To demonstrate a substantial deficit in the area of *capacity for independent living*, the Appellant would have to be awarded deficits in at least three (3) of the following six (6) sub-domains: *home/school living*, *social skills*, *employment*, *health and safety*, *community use*, and *leisure*. However, it should be noted that because of the Appellant's status as a minor, the area of employment is not considered. Therefore, the Appellant would have to be awarded deficits in three (3) of the five (5) remaining sub-domains. When reviewing the Appellant's scores, in the area of *home living*, the Appellant's ABAS-3 score reflected an eligible scaled score of two (2). In the area of *social skills*, the Appellant's ABAS-3 score reflected a scaled score of five (5). In the area of *health and safety*, the Appellant's ABAS-3 score reflected a scaled score of four (4). When reviewing the Appellant's September 2024 ABAS-3 in the area of *community use*, the Appellant was given a three (3). Though a score of three (3) is considered "Extremely Low," it is not defined by policy as a substantial deficit. In the area of *leisure*, the Appellant's ABAS-3 score reflected a scaled score of one (1). Because the Appellant did not meet the three (3) required deficits in the sub-domain of *capacity for independent living*, the criteria for an additional deficit to be awarded was not met. Mr. Bowen testified that because there were no other measurements available other than the September 2024 ABAS, and because only two (2) areas of adaptive deficits could be awarded, per policy, the criteria to establish IDDW eligibility was not met.

Testimony was provided by the Appellant's Representative, [REDACTED], in support of the Appellant's need for IDDW Program services. The Appellant's Representative did not refute the Department's testimony, but she did testify that the Appellant's ABAS-3 scores are not truly reflective of his needs. [REDACTED] testified that while the Appellant can shower on his own, he will cry if she does not remain close by. She further testified that he must use a loofah instead of a washcloth and must be prompted to make certain to clean all areas. She further testified that once showered, or when the Appellant has "accidents," he will not clean himself up or place dirty clothes in the laundry due to his refusal to touch things that are "messy." The Appellant's Representative testified that the Appellant is extremely selective with meals and will refuse to eat certain foods due to packaging changes, stating that he will have a "meltdown." She further argued that due to his fine motor skill challenges and his inability to form a fist, he lacks the capacity to pull his pants up. [REDACTED] testified that there is an utmost concern for how the Appellant would be capable of taking care of himself. She reasoned that the Appellant lacks the capacity to complete tasks and perform self-care without consistent prompting and direction from an adult on a daily basis and argued that the IPE failed to present all of the challenges the Appellant faces.

Pursuant to policy, an individual must meet all four criteria (diagnosis, functionality, active treatment, and ICF/IID level of care) in order to be considered medically eligible for the IDDW Program. There is no question that the Appellant experiences substantial limitations in some of the life areas assessed for program eligibility. While the Appellant presents an eligible diagnosis, and though the Appellant's Representatives provided pertinent information regarding his challenges, the evidence and testimony confirm the Respondent's position that the Appellant fails to demonstrate the substantial adaptive deficits required by the policy in order to meet IDDW Program eligibility. Additionally, the documentation failed to demonstrate that the Appellant requires an ICF/IID Level of Care. Therefore, the Respondent's decision to deny IDDW Program services is affirmed.

### **CONCLUSIONS OF LAW**

- 1) Policy for the IDDW Program requires an applicant to meet medical eligibility criteria in each of the following categories: diagnosis, functionality, need for active treatment, and requirement of ICF/IID Level of Care.
- 2) To be eligible for the IDDW Program, the Appellant must have an eligible diagnosis and concurrent substantial deficits in at least three of the six identified major life areas that require an ICF/IID level of care.
- 3) Substantial deficits are evidenced by standardized adaptive behavior test scores three (3) standard deviations below the mean, or less than 1% when derived from a normative sample that represents the general population and must be supported by the narrative descriptions contained in the documentation submitted for review.
- 4) The Appellant has an eligible diagnosis of Mild Intellectual Disability.
- 5) The Appellant did not have substantial adaptive deficits in at least three (3) of the six (6) major life areas as evidenced by standardized adaptive behavior test scores and the narrative descriptions contained within the evidence.



- 6) The Appellant does not require an ICF/IID Level of Care.
- 7) The Respondent correctly denied the Appellant's medical eligibility for the I/DD Waiver Program.

**DECISION**

It is the decision of the State Hearing Officer to **UPHOLD** the Respondent's decision to deny the Appellant medical eligibility for the Medicaid IDD Waiver Program.

ENTERED this 17<sup>th</sup> day of January 2025.



---

**Angela D. Signore**  
**State Hearing Officer**