

**Building Inclusive Communities
in West Virginia**



ANNUAL OLMSTEAD REPORT

The Year in Review



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF INSPECTOR GENERAL

Earl Ray Tomblin
Governor

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Cabinet Secretary

August 31, 2016

The Honorable Earl Ray Tomblin
Governor of West Virginia
State Capitol Building
Charleston, WV 25305

Dear Governor Tomblin:

On behalf of the Olmstead Office, and in accordance with the Olmstead Plan, Building Inclusive Communities: Keeping the Promise, I am pleased to submit to you the Annual Report for fiscal year 2016.

Please do not hesitate to contact the Olmstead Office if you or your office has any inquiries in the future.

Sincerely,

Vanessa K. VanGilder

Vanessa K. VanGilder
Olmstead Coordinator

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Olmstead Mission Statement

The mission of the Council is to develop and monitor the implementation of a plan to promote equal opportunities for people with disabilities to live, learn, work and participate in the most integrated setting in the community of their choice through West Virginia's compliance with Title II of the Americans with Disabilities Act.

Olmstead Vision Statement

The vision of the Council is for all West Virginians with disabilities to live, learn, work and participate in the most integrated setting in the community of their choice.

Guiding Principles

- People with disabilities, regardless of the severity of the disability, can be supported to live in the community and setting of their choice.
- People with disabilities must have choice and control over where and with whom they live.
- People with disabilities must have opportunities to live integrated lives in communities with their neighbors and not subjected to rules or requirements that are different from those without disabilities. Integration does not just mean physical presence in a neighborhood, but valued and meaningful participation in community services and activities.
- People with disabilities must have access to information, education, and experiences that foster their ability to make informed choices while respecting dignity of risk.
- People with disabilities must have opportunities to develop valued social roles, meaningful personal relationships, and activities of their choice.
- People with disabilities must have meaningful opportunities for competitive employment.

Introduction: The *Olmstead* Decision

In 1995, the landmark case now known as *Olmstead v. L.C.*¹ was brought by the Atlanta Legal Aid Society on behalf of Lois Curtis and Elaine Wilson, who were confined in a state psychiatric hospital in Georgia. Hospital staff agreed that both women should be discharged to supportive community programs, but no such placements were available, and the state of Georgia offered nursing facility placements. Ms. Curtis and Ms. Wilson believed this action violated their rights under Title II of the Americans with Disabilities Act (ADA).



Lois Curtis

The memories of living in institutional settings since the age of 13 will remain with Lois Curtis. Her story did not end after the landmark Supreme Court decision. Ms. Curtis lived in staffed residential settings after her discharge from the institution. She now rents a beautiful home in Stone Mountain, Georgia, with a fellow artist and friend. Ms. Curtis herself is a successful artist. When asked what her artwork means to her, she responded, “My art been around a long time. I came along when my art came along. Drawing pretty pictures are a way to meet God in the work like it is.”² On June, 20, 2011, Lois Curtis presented President Obama with a gift of one of her original paintings in the Oval Office. The “Girl in Orange Dress” is one in a series of three pastel self-portraits that Ms. Curtis created because she has no photographs to mark her own childhood.

¹ *Olmstead v. L.C.*, 527 U.S. 581 (1999)

² <https://www.whitehouse.gov/blog/2011/06/22/olmstead-champion-meets-president>



Elaine Wilson

During her lifetime, Elaine Wilson had 36 stays in mental institutions. At a hearing in Georgia before Judge Marvin H. Shoob, Ms. Wilson testified, “When I was in the institution, I felt like I was in a little box and there was no way out.” Her story began when Ms. Wilson was an infant. A 107 degree fever damaged her brain. Her mother tried to provide a normal life. She first sent her to public school, then private school, then an Augusta school for children with disabilities. Ms. Wilson had been moved among institutions and shelters from age 15 and subjected to shock treatment and psychotropic drugs “that knocked her out and ruined her kidneys,” said her mother, Jackie Edelstein of Atlanta. Once Ms. Wilson was placed with a caretaker and given independence, her life changed dramatically. “She blossomed,” said Legal Aid attorney Sue Jamieson of Atlanta, who took on the case in 1995. “She took an interest in cooking and church and her personal appearance. She wanted to do advocacy for other people so [she] acquired training in presenting workshops and giving speeches.”

“We saw Elaine become very independent and very proud of her independence,” said Harriet Harris of Lithonia, executive director of Circle of Support Inc., who provided Ms. Wilson with caretakers. “She loved to shop at Wal-Mart and Kmart and the grocery store. One of her hobbies was to clip grocery coupons in the Sunday paper. She spent hours picking out greeting cards. She loved to visit people and have people come visit her. She was a very social person.” Elaine Wilson died in 2004 at the age of 53.

The Olmstead Case

The plaintiffs were successful throughout the judicial process. The Georgia Department of Human Resources appealed the lower court's decision to the United States Supreme Court, arguing that Georgia had not violated the ADA's integration mandate by segregating Ms. Curtis and Ms. Wilson. On June 22, 1999, the U.S. Supreme Court issued its ruling that such segregation is a form of discrimination prohibited by the ADA because:

- It perpetuates unwarranted assumptions that people with disabilities are incapable or unworthy of participating in community life.
- Confinement in an institution severely diminishes the everyday life activities of individuals, including family relations, social contacts, work options, economic independence, educational advancement, and cultural enrichment.

Olmstead has been called the *Brown v. Board of Education* for people with disabilities. Like *Brown*, it is forcing change very slowly, and through determined and vigorous advocacy. *Olmstead v. L.C.* upheld the rights of people with disabilities to live and receive supports in the most integrated setting in their community. Title II of the ADA was the basis for this landmark decision. Title II of the ADA applies to state and local government entities and the programs funded and administered by them. Two regulations under Title II were fundamental to the *Olmstead* decision:

- The integration regulation mandates that states “shall administer services in the *most integrated setting appropriate* to the needs of individuals with disabilities.” The most integrated setting is “a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible.”³
- The reasonable modifications regulation mandates that states “shall make reasonable accommodations in its policies, practices, or procedures when necessary to avoid discrimination, unless modifications would fundamentally alter the nature of the services, programs, or activities.”⁴ The Supreme Court stated that, “...if the State were to demonstrate that it had a comprehensive, effectively working plan for placing qualified persons...in [most integrated] settings, and a waiting list that

³ *Olmstead*, p. 581, quoting 28 C.F.R. § 35.130(d) (emphasis supplied)

⁴ *Olmstead*, p. 613, quoting 28 C.F.R. § 35.130(b)(7) (1998)

moved at a reasonable pace, not controlled by the State’s endeavors to keep institutions fully populated, the reasonable modification standard would be met.”⁵

West Virginia Executive Order

On October 12, 2005, Executive Order 11-05 was signed by then-Governor Manchin, formally approving and directing the implementation of the West Virginia Olmstead Plan: Building Inclusive Communities. Executive Order 11-05 directs:

- The implementation of the West Virginia Olmstead Plan;
- The cooperation and collaboration between all affected agencies and public entities with the Olmstead Office to assure the implementation of the *Olmstead* decision within the budgetary constraints of the state; and
- The submission of an annual report by the Olmstead Office to the governor on the progress of the implementation of the Olmstead Plan.

West Virginia Olmstead Office

The Olmstead Office, created by Governor’s directive in 2003, provides West Virginians with information, referral and assistance with Olmstead-related issues, including community-based supports and providers, and advocacy services. Assistance can also be provided to resolve individual or systemic Olmstead-related complaints or issues. The Olmstead Office resides in the Office of Inspector General.

Olmstead Council

The West Virginia Olmstead Council was established to advise and assist the Olmstead Office coordinator to develop, implement, and monitor West Virginia’s Olmstead activities. The mission of the Council is to develop and monitor the implementation of a plan to promote equal opportunities for people with disabilities to live, learn, work and participate in the most integrated setting in the community of their choice through West Virginia’s compliance with Title II of the ADA. The Council has the following responsibilities as outlined in the Olmstead Plan:

- Advise the coordinator in fulfilling the position’s responsibilities and duties;

⁵ *Olmstead*, Syl. Pt. 9.

- Review the activities of the coordinator;
- Provide recommendations for improving the long-term care system;
- Issue position papers for the identification and resolution of systemic issues; and
- Monitor, revise, and update the Olmstead Plan and any subsequent work plans.

West Virginia Olmstead Council Legislative Priorities for 2016

Priority 1: Implement the West Virginia Olmstead Plan to ensure compliance with Title II of the Americans with Disabilities Act (ADA).

- Revise the West Virginia Olmstead Plan to address federal enforcement guidelines.
- Establish a formal agreement to ensure the cooperation and collaboration between all affected agencies and public entities with the Olmstead Office to implement the Olmstead Plan, as outlined in Executive Order 11-05.
- Ensure inclusion of the Olmstead Office and Council in state processes that affect the institutional and/or community-based, long-term care system.
- Improve access to home- and community-based services and supports through the passage of the Community-Based Services Act or equivalent legislation.

Priority 2: Eliminate the institutional bias in West Virginia's long-term care system.

- Support the continued development and implementation of the Centers for Medicare and Medicaid Services Money Follows the Person (MFP) grant, Take Me Home, West Virginia.
- Increase access and availability of home- and community-based services while reducing reliance on institutional settings.
- Issue an annual report that identifies institutional bias and recommendations for change.

Priority 3: *Develop and maintain a statewide, comprehensive transition and diversion program.*

- Obtain additional funding to support other transition and diversion programs throughout West Virginia.

Priority 4: *Implement a formal plan to address the major barriers of affordable, accessible and integrated housing options for people with disabilities.*

- Provide state designation of federal Home Investment Partnership Program (HOME) funds for tenant-based rental assistance.
- Identify local, state and federal housing resources either under-utilized or un-utilized to address the critical housing gap in West Virginia for people with disabilities.

Priority 5: *Ensure people with disabilities have opportunities for employment, education transportation and meaningful participation in their community.*

- Reduce reliance on day programs and sheltered workshops.
- Support the development of an "Employment First" Initiative.
- Support people with disabilities to participate meaningfully in their communities and to attain valued social roles.
- Support a collaborative and coordinated approach to assure available, affordable and accessible transportation.

Priority 6: *Ensure children with mental health issues receive services in the most integrated setting appropriate to their needs.*

- Support children with mental health issues to have access to a comprehensive array of services that addresses their physical, emotional, social and educational needs and ensures they receive individualized services in accordance with the unique needs and potentials of each child.
- Support children with mental health issues to receive services within the least restrictive, most normative environment that is clinically appropriate and assure

that the families of children are full participants in all aspects of the planning and delivery of services.

West Virginia Olmstead Council Membership

The membership of the council is comprised of no more than 35 persons from the following groups: eight people with disabilities and/or immediate family members; 10 advocacy or disability organization representatives; eight providers of home and community-based services and/or supports; seven state agency representatives; and two optional, at-large members.

Elliott Birckhead	DHHR Bureau for Behavioral Health & Health Facilities
Angela Breeden	Charleston, WV
Marcus Canaday	Money Follows the Person Program
Leslie Cottrell	WVU Center for Excellence in Disabilities
Ardella Cottrill	WV Behavioral Health Planning Council
Joe Cunningham	Charleston, WV
Mark Drennan	Behavioral Health provider
Jeannie Elkins	Ashford, WV
Darla Ervin	Morgantown, WV
Joyce Floyd	Elkins, WV
Mark Fordyce	Traumatic Brain Injury Waiver provider
Laura Friend	Home Health provider
Nancy Fry	Legal Aid of WV Behavioral Health Advocacy Project
Susan Given	WV Advocates
Roy Herzbach	Legal Aid of WV Long-Term Care Ombudsman Project
Amber Hinkle	Open Doors, Inc.
Cathy Hutchinson	Mountain State Center for Independent Living
Linda Maniak	Charleston, WV
Regina Mayolo	Housing representative
Ann McDaniel	WV Statewide Independent Living Council
Suzanne Messenger	WV Bureau of Senior Services
Lewis Newell	People First of WV
Rebecca Nicholas	DHHR's Bureau for Children & Families
Pat Nisbet	DHHR's Bureau for Medical Services
Kim Nuckles	State ADA Coordinator
Carissa Shirley	Aging and Disability Resource Center
Richard Stonestreet	AARP
Cindy Tucker	Lewisburg, WV
Richard Ward	WV Division of Rehabilitation Services

Tracy White	Fair Shake Network
Steve Wiseman	WV Developmental Disabilities Council
Jim Womeldorff	Job Squad Inc.

Olmstead Enforcement

The United States Department of Justice, Civil Rights Division's Disability Rights Section, that enforces Title II and Title III of the ADA, and Special Litigation Section that enforces the Civil Rights of Institutionalized Persons Act (CRIPA), have made Olmstead enforcement a top priority. The first year of President Barack Obama's administration proved to be a landmark year, with a record number of amicus briefs, lawsuits, and intervention into state Olmstead cases.

In addition to stepping up enforcement, investigatory work has significantly changed. In the past, the first questions asked were whether the institutions under investigation are safe, and whether conditions of confinement are constitutional. These are now the second questions asked. The first question has become whether there are individuals in institutions who could appropriately receive supports in a more integrated setting.

In 2011, the Civil Rights Division of the Department of Justice released the Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the ADA and *Olmstead v. L.C.* This technical assistance guide was created to assist individuals in understanding their rights under Title II of the ADA and its integration mandate, and to assist state governments in complying with the ADA.

Olmstead on the National Level

Since 1999, there have been four major federal initiatives to assist state compliance with Title II of the ADA and the *Olmstead* decision. Those have been:

- The New Freedom Initiative (2000)
- The Deficit Reduction Act (2005)
- The Year of Community Living (2009)
- The Affordable Care Act (2010)

Year of Community Living

The *Year of Community Living* is the most recent initiative that had a direct impact on federal enforcement and federal collaboration to assist states in implementing the promise of the *Olmstead* decision.

In 2009, President Obama launched the *Year of Community Living* to commemorate the 10th anniversary of the *Olmstead* decision. The *Year of Community Living* was launched to reaffirm the commitment to “vigorous enforcement of the civil rights for Americans with disabilities.”⁶ The “Community Living Initiative” was developed to coordinate the efforts of federal agencies and underscored the importance of the ADA and *Olmstead*.

Administration for Community Living

The Administration for Community Living (ACL) was initially established on April 18, 2012, by bringing together the Administration on Aging, the Office on Disability and the Administration on Developmental Disabilities. Since then, ACL has grown significantly. Through budget legislation in subsequent years, Congress moved several programs that serve older adults and people with disabilities from other agencies to ACL, including the State Health Insurance Assistance Program, the Paralysis Resource Center, and the Limb Loss Resource Center. The 2014 Workforce Innovation and Opportunities Act moved the National Institute on Disability, Independent Living, and Rehabilitation Research and the independent living and assistive technology programs from the Department of Education to ACL.

State Examples of Olmstead Enforcement

South Dakota - DOJ Findings Letter to South Dakota - On May 2, 2016, the United States sent its findings to the state notifying it of violations of the Americans with Disabilities Act and *Olmstead v. L.C.* due to its failure to deliver services to people with disabilities in the most integrated settings appropriate. According to the DOJ’s findings, people with disabilities in South Dakota, including those with chronic illnesses, physical disabilities, disabilities resulting from the aging process, and cognitive disabilities, often must enter nursing facilities to receive the day-to-day assistance they need when they rely on the state to provide those services.

⁶ <https://www.whitehouse.gov/the-press-office/president-obama-commemorates-anniversary-olmstead-and-announces-new-initiatives>

Oregon - *Lane v. Brown*⁷ (formerly *Lane v. Kitzhaber*) - On September 8, 2015, the United States entered into a settlement agreement with the State of Oregon to vindicate the civil rights of individuals with intellectual and developmental disabilities (I/DD) who are unnecessarily segregated in sheltered workshops, or at risk of such unnecessary segregation. The settlement agreement with Oregon resolves a class action lawsuit by private plaintiffs in which the United State moved to intervene in May 2013. The lawsuit alleged that the state's employment service system over-relied on segregated sheltered workshops to the exclusion of integrated alternatives, such as supported employment services, and placed individuals, including youth, at risk of entering sheltered workshops.

As a result of the proposed settlement, over the next seven years, 1,115 working-age individuals with I/DD who are currently being served in segregated sheltered workshops will have opportunities to work in real jobs at competitive wages. Additionally, at least 4,900 youth ages 14 - 24 years old will receive supported employment services designed to assist them to choose, prepare for, obtain, and keep work in a typical work setting. Half of the youth served will receive, at a minimum, an Individual Plan for Employment through the state's Office of Vocational Rehabilitation Services. Correspondingly, the state will reduce its reliance on sheltered workshops and implement policies and capacity-building strategies to improve the employment system to increase access to competitive integrated employment and provide the opportunity for people with I/DD to work the maximum number of hours consistent with their abilities and preferences. The settlement agreement was approved by U.S. Magistrate Judge Janice Stewart of the District of Oregon, on December 29, 2015.

Idaho - *Sonnenberg v. Disability Rights Idaho, Inc.*⁸ - On July 20, 2015, the Department of Justice, Civil Rights Division filed a Statement of Interest in *Sonnenberg v. Disability Rights Idaho, Inc.*, a case in which a county coroner refused to provide its investigatory records to a protection and advocacy organization. The protection and advocacy organization sought declaratory relief under the Protection and Advocacy for Individuals with Mental Illness (PAIMI), 42 U.S.C. §§ 10801-10851 (1991), which allows access to records of an “agency charged with investigating reports of incidents of abuse, neglect, and injury occurring at such [a] facility [rendering care and treatment].” The Statement of Interest expressed the United States’ view that a coroner is an “agency” within the meaning of PAIMI, that PAIMI preempts state privacy laws,

⁷ *Lane v. Brown*, US District Court, D. Oregon, Case No. 3:12-cv-00138, 2/11/2016

⁸ *Sonneberg v. Disability Rights Idaho, Inc.*, US District Court, D. Idaho, Case No. 1:14-cv-00369, 3/7/2016

and that protection and advocacy organizations determine when there is sufficient probable cause to justify access.

Georgia - *Georgia Network for Educational and Therapeutic Support* - On July 15, 2015, the United States sent its findings to the State of Georgia asserting that the state's administration of the Georgia Network for Educational and Therapeutic Support (GNETS) program violates Title II of the Americans with Disabilities Act by unnecessarily segregating students with disabilities from their peers in school. According to the DOJ's findings, the state fails to ensure that students with behavior-related disabilities receive services and supports that could enable them to remain in, or return to, the most integrated educational placements appropriate to their needs.

Olmstead on the State Level

The Olmstead Council, through extensive public input, developed 10 Olmstead goals for West Virginia. Each goal has a series of specific objectives.

1. **Informed Choice:** Establish a process to provide comprehensive information and education so people with disabilities can make informed choices.
2. **Identification:** Identify every person with a disability impacted by the Olmstead decision who resides in a segregated setting.
3. **Transition:** Transition every person with a disability who has a desire to live and receive supports in the most integrated setting appropriate.
4. **Diversion:** Develop and implement effective and comprehensive diversion activities to prevent or divert people from being institutionalized or segregated.
5. **Reasonable Pace:** Assure community-based services are provided to people with disabilities at a reasonable pace.
6. **Eliminating Institutional Bias:** Provide services and supports to people with disabilities by eliminating the institutional bias in funding and administering long-term care supports.
7. **Self-Direction:** Develop self-directed community-based supports and services that ensure people with disabilities have choice and individual control.

8. **Rights Protection:** Develop and maintain systems to actively protect the civil rights of people with disabilities.
9. **Quality:** Continuously work to strengthen the quality of community-based supports through assuring the effective implementation of the Olmstead Plan, and that supports are accessible, person-centered, available, effective, responsive, safe, and continuously improving.
10. **Community-Based Supports:** Develop, enhance, and maintain an array of self-directed community-based supports to meet the needs of all people with disabilities and create alternatives to segregated settings.

West Virginia Department of Health and Human Resources

On June 1, 2015, the United States sent its findings to the state asserting it violated the Americans with Disabilities Act and *Olmstead v. L.C.* by failing to deliver mental health services to children who rely on publicly funded care in the most integrated settings appropriate.

West Virginia Successes

- The “Money Follows the Person” program and Olmstead-related activities have similar goals, which are to allow people with disabilities the opportunity to live in integrated community-based settings. This Rebalancing Demonstration Grant helps rebalance the long-term care system by transitioning people from institutions into the community. “Money Follows the Person” is just one strategy that is being used to promote opportunities for people to live in integrated community settings. During fiscal year 2016, “Take Me Home West Virginia” received 168 intakes, and 55 individuals were transitioned. During this time, 40 individuals successfully completed 365 days of participation in the community. Since the program began in February 2013, there have been 594 intakes. There have been 167 individuals transitioned, with 78 individuals successfully completing 365 days of participation in the community.
- The Bureau of Senior Services, the cabinet-level lead agency for the No Wrong Door System Development Three Year Implementation Plan Grant, contracted with the Lewin Group to assist in the development of a three-year strategic plan. A steering committee comprised of the Bureau for Behavioral Health and Health Facilities, the Developmental Disabilities Council and the Bureau for Medical Services also assisted. Invitations were extended to the West Virginia University Center for

Excellence in Disabilities and the West Virginia Veterans Health Administration to join the steering committee. In order to create a quality product, the steering committee engaged stakeholders from all key levels of the long-term services and supports system. The vision of this initiative is to develop a comprehensive plan for transforming the existing and various access points of the state's long-term services and supports system into a single No Wrong Door access system. The next step is to apply for a No Wrong Door Implementation Grant through the Administration for Community Living.

- On August 1, 2015, the WV Clearance for Access: Registry & Employment Screening Unit (WV CARES) began processing background checks for current and potential nursing home employees in the state of West Virginia. Over the course of the year, WV CARES has expanded to begin screening employees in home health agencies and waiver programs. It is anticipated that all long-term care facilities will be using the WV CARES system to screen potential applicants by fall 2016. Since its inception, WV CARES has been providing monthly monitoring of approximately 49,000 long-term care employees and has provided employment fitness determinations for approximately 23,000 potential and current employees. With the addition of the federal background check, WV CARES has found 20 individuals seeking employment in the state who are wanted on various charges across the country. Six of these individuals were taken into custody by the WV State Police for extradition.
- Ventilator care can be provided to children 18 years of age or younger under the Private Duty Nursing service through Medicaid. This service is provided in the home to those who are eligible. Ventilator care can also be provided under the I/DD waiver to anyone regardless of age by a Registered Nurse (RN), Licensed Practical Nurse (LPN) and/or Approved Medication Assistive Personnel (AMAP). In certain facilities, this service can be provided through RN, LPN, and or AMAP. Assisted living residences can provide this service through RN, LPN, and/or AMAP.
- The West Virginia Legislature announced that it plans to conduct an interim study on the feasibility of a home modification tax credit to make homes more accessible for older adults and people with disabilities.
- West Virginia's first Behavioral Health Referral & Outreach Call Center, 1-844-HELP4WV, a statewide 24-hour call hotline providing resources and referral support for those seeking behavioral health services began on September 9, 2015. The call center was unanimously recommended by Governor Earl Ray Tomblin's Regional Task Forces on Substance Abuse and prioritized by the Governor's

Advisory Council on Substance Abuse. The 24-hour hotline maintains a live database with service options and is updated daily with residential facilities' bed capacity and additional treatment information. The call center works in conjunction with existing on-call or crisis support systems to strengthen ease of navigation and connectivity for callers. Individuals contacting the call center are offered behavioral health education materials, information on available behavioral health services in or near their respective location, as well as referral to the appropriate level of care based on individual needs in coordination with regional and local providers. From the first day of the service until June 30, 2016, there were 3,673 calls to 1-844-HELP4WV. 1,706 were intake calls for those seeking assistance with substance abuse or behavioral health issues, and 1,967 calls were requesting general information. Callers are connected to a provider during the call and the helpline agent stays on the phone with the caller and the provider until an appointment is scheduled. From the first day of service until June 30, 2016, there were 1,675 calls where a person was connected to a provider. Follow-up calls were also made to those who gave permission.

- The Governor's Substance Abuse Regional Task Force continued to meet around the state.
- Advanced Practice Registered Nurses (APRNs) can make a huge difference in health care availability for patients in rural areas with limited access to providers. West Virginia legislators passed a law in March 2016 that allows APRNs to practice independently after three years of collaboration with a physician. As patients age, proximity to care becomes more important for both acute and chronic conditions.
- The Bureau for Behavioral Health and Health Facilities is advancing the Peer Support certification process.
- The Olmstead Office provided \$3,000 to assist the West Virginia Developmental Disabilities Council in sponsoring Social Role Valorization training. This workshop is specifically oriented to leadership development and is part one of a two-part workshop. It introduces the learner to Social Role Valorization (SRV) using the 10 core themes developed by Dr. Wolf Wolfensberger, a leader in the fields of human services and intellectual disability. A central goal of SRV is to enable socially devalued people to attain culturally valued roles. SRV will be reviewed with the implications of its positive assumptions about the worth of all people and participation in communities. Competency and image enhancement will also be explained in this training.

- The Olmstead Office provided \$1,000 in sponsorship to the West Virginia Housing Conference. This conference attracts more than 250 housing advocates, lenders, developers, administrators and policy makers from the non-profit, public, and private sectors each year. It also recognizes the important connection of housing to health, economic development, and social stability for our children, families, and elder population.

West Virginia Barriers Identified by the Council

The Olmstead Council has identified barriers that impede or prohibit individuals from accessing supports and services that are necessary to maintain their presence in the community. It is important to note that this is not an all-inclusive list of barriers and that the Olmstead coordinator is merely reporting the findings of the Council.

- The Aged and Disabled Waiver and Traumatic Brain Injury Waiver do not permit nurses to provide ventilator care. While the state code explains nursing homes can provide vent care, it cannot cost more than the typical care, making it cost prohibitive to nursing homes.
- The Eligibility Process: The Medicaid Waiver Program's eligibility process is more restrictive, complicated and lengthy when compared to institutional care settings.
- Medicaid Long-Term Care Budget: A greater percentage of the overall Medicaid long-term care budget is spent for institutional care when compared to community-based supports.
- Workforce: There is a lack of an available, responsive and competent workforce to provide direct services to enable people with disabilities to remain or return to their home and community.
- Waiting lists are in place for eligible applicants of the I/DD Waiver Program, the Aged and Disabled Waiver Program, the Traumatic Brain Injury Waiver Program, the Lighthouse Program, the Family Alzheimer's In-Home Respite Program, and the Housing Choice Voucher Program and the Community Living Services Program.
- Housing: There is a lack of affordable, accessible, and available housing for people with disabilities.

- Alternatives to Nursing Facility Care: The Aged and Disabled Waiver Program does not provide a comparable or functional alternative to nursing facility care, nor does it provide personal care options.
- Medicaid Personal Care services are not available to all recipients of the Aged and Disabled Waiver Program.
- Informed Choice: Adequate education on home- and community-based service and support options is not required to be provided prior to institutional placement or regularly thereafter.
- Incentives to Provide Institutional Care: The cost-based reimbursement methodology incentivizes institutional care.
- Mental Health and Substance Abuse Services: A fragmented and inadequate service system exists for people with mental illness and co-occurring disabilities.
- Case Management Services and Transition: The case management services are not effectively used to support people in transitioning from institutional care to the community.

Olmstead Initiatives in West Virginia

Revising and Updating the Olmstead Plan

In response to the increased federal Olmstead enforcement and technical assistance, the Council is establishing a process to update the plan.

Information, Referral and Assistance Program

The Olmstead Office provides information, referral and assistance to West Virginians with disabilities and their families concerning Olmstead-related issues. In addition to information and referral, the Olmstead Office provides residents with assistance on Olmstead-related complaints or grievances. In fiscal year 2016, the Olmstead Office received 823 contacts for information, referral and assistance. The biggest barrier to providing assistance is the need for systems change to decrease the institutional bias and make community-based services and supports more readily available and accessible.

Olmstead Transition and Diversion Program

Since 2007, the purpose of the Olmstead Transition and Diversion Program (formerly the Transition Navigator Program) has been to assist West Virginians with disabilities residing in institutional facilities (or at-risk of institutionalization) to be supported in their home and community. In 2010, the program experienced a major change as a result of the Take Me Home, West Virginia program. The Bureau for Medical Services (BMS) is in the process of expanding this program statewide. The Olmstead Office has provided BMS with \$292,000 in state general revenue funding for program expansion.

The Olmstead Office continues to offer small grants to individuals through the Olmstead Transition and Diversion Program and focuses on those not supported by the Take Me Home, West Virginia program. Additional funding was provided this year by the DHHR Bureau for Behavioral Health and Health Facilities.

Each individual transitioning to the community is eligible to receive up to \$2,500 to pay for reasonable and necessary one-time, start-up costs that may include: security deposits, household furnishings, set-up fees and deposit, moving expenses, assistive devices or technology and home access modifications. During state fiscal year 2016, the program supported 292 people through the transition and diversion process. The average start-up funding allocated per participant was \$1,087.06. The Olmstead Transition and Diversion program has the potential to save the Medicaid program money each time it transitions or diverts someone from institutional care. Of the 292 people assisted in this fiscal year, 42 received Medicaid only, 143 received both Medicaid and Medicare, and 103 received Medicare only. Four people did not report what they received.

	# of Applications Approved	Start-Up Funding Allocated	Average Cost Per Person	# of Applications Denied
January 2016	7	\$13,388.66	\$1,912.66	14
February 2016	118	\$116,424.65	\$987.50	1
March 2016	30	\$33,842.55	\$1,128.08	5
April 2016	26	\$30,443.84	\$1,170.91	0
May 2016	39	\$50,893.24	\$1,304.95	0
June 2016	72	\$72,429.01	\$1,005.95	8
Year to Date	292	\$317,421.95	\$1,087.06	28

