

**Building Inclusive Communities
in West Virginia**



ANNUAL REPORT ON THE OLMSTEAD PLAN

The Year in Review



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

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November 9, 2021

The Honorable Jim Justice
Governor of West Virginia
State Capitol Building
Charleston, WV 25305

Dear Governor Justice:

On behalf of the Olmstead Council, and in accordance with the Olmstead Plan, "Building Inclusive Communities: Keeping the Promise" 2020-2021, I am pleased to submit the Annual Report.

Please contact the Olmstead Office with questions or information requests.

Sincerely,

A handwritten signature in blue ink that reads "Carissa Davis".

Carissa Davis
Olmstead Coordinator

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Olmstead Mission Statement

The mission of the Olmstead 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 Olmstead 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 be 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 their 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 1999, the United States Supreme Court held in *Olmstead v. L.C.* that unjustified segregation of persons with disabilities constitutes discrimination in violation of Title II of the Americans with Disabilities Act. The Court held that public entities must provide community-based services to persons with disabilities when (1) such services are appropriate; (2) the affected persons do not oppose community-based treatment; and (3) community-based services can be reasonably accommodated, considering the resources available to the public entity and the needs of others who are receiving disability services from the entity.

West Virginia Executive Order

On October 12, 2005, Executive Order No. 11-05 was signed by West Virginia Governor Joe Manchin, formally approving and directing the implementation of the West Virginia *Olmstead* Plan, “Building Inclusive Communities: Keeping the Promise.” Executive Order No. 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.
- 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* Council Priorities for 2021

Priority Specifications, Actionable Methods, and Commentary

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

- Implement a formal agreement to ensure partnership, education, cooperation, and collaboration between all affected agencies and public entities with the *Olmstead* Office as outlined in Executive Order No. 11-05.
- Inclusion of the *Olmstead* Office and Council in state processes that affect the institutional and/or community-based long-term care system.
- Increase access to and quality of home and community-based services and supports (HCBS) statewide.

The Olmstead Council Executive Committee is considering the implementation of a formal agreement with the Olmstead Office, agencies, and entities, which will utilize the Olmstead Plan and foster partnerships, education surrounding the Executive Order No. 11-05 and impact to the institutional and community-based long-term care system, cooperation, and multi-organizational collaboration. Discussions surrounding this consideration involve the expected enhancement of advocacy, facilitation, and supportive actions to aid persons with disabilities with services to achieve the most integrated setting. Moreover, the implementation of the West Virginia Olmstead Plan would ensure greater compliance with Title II of the ADA.

The context for this consideration further utilizes and expands existing framework and partnerships through the Olmstead Coordinator and Council members' participation on multiple boards and councils. These groups, consisting of agencies, organizations, and stakeholders, have small and large-range impacts on the institutional and community-based long-term care system, and ultimately, the successful implementation of the Olmstead Plan.

As evidenced throughout this annual cycle period, the access to and quality of HCBS have experienced improvement through increased waiver slots and implementation of the Children with Serious Emotional Disorders (CSED) Waiver, the Transitional Intermediate Care Facilities Monitoring Committee, incident management system, and telehealth.

Priority 2: Prevent, reduce, and eliminate the institutional bias within West Virginia's long-term care system.

- Support further development, implementation, and education surrounding “Money Follows the Person” concepts to rebalance and implement systems change in long-term services and supports and HCBS.
- Increase access to and availability of HCBS while reducing reliance on institutional settings.
- Develop and maintain a full capacity, quality direct service workforce for HCBS.

The Olmstead Council maintains a commitment to expand “Money Follows the Person” concepts. Council members work to ensure individuals know about HCBS and their rights to obtain those services.

During the 2021 Regular Session of the Legislature, Senate Bill 702 relating to involuntary hospitalization, competency, and criminal responsibility of persons charged or convicted of certain crimes passed and was effective 90 days from

passage (July 9, 2021). With this legislative change, there is law reformation in relation to criminal defendants found incompetent to stand trial and those unable to stand trial due to mental illness. Many individuals affected experience mental health challenges and/or intellectual developmental delays and are currently remanded to state hospitals and diversion programs. S.B. 702 enacts measures to re-evaluate those persons for discharge and HCBS and appropriately address future individuals who encounter the criminal justice system but meet certain criteria. Essentially, these measures reflect system change through deinstitutionalization methods and reduction of institutional setting reliance.

Federal monies have allowed providers to raise pay for direct care staff. There is concern, however, surrounding the rate continuation once funding ends. Increases regarding direct care staff wages contribute toward closing staffing gaps while attracting quality candidates for these vital positions. This issue will have to be addressed along with training, technical assistance, and oversight from the West Virginia Department of Health and Human Resources (DHHR).

Priority 3: Develop and implement a program to address the major barrier of affordable, accessible, and integrated housing options for people with disabilities.

- Provide state designation of federal HOME Investment Partnerships Program (HOME) funds for tenant-based rental assistance.
- Ensure federal, state, and local housing resources are fully utilized to address the critical housing gap in West Virginia for people with disabilities.

Council members, Take Me Home Transition Program (TMH) staff, and other advocate agencies continue to work on obtaining state designation of federal HOME funds for tenant-based rental assistance with the West Virginia Housing Development Fund (WVHDF).

In addition to ongoing education and awareness to the general public regarding existing federal, state, and local housing resources, advocacy actions have achieved resource gains to help close community service gaps. These efforts have resulted in new housing vouchers in at least four of West Virginia's public housing authorities that target individuals with disabilities aged 62 years and younger with special emphasis on utilization for individuals transitioning from facilities or experiencing or at risk for homelessness.

Priority 4: *Ensure people with disabilities have opportunities in the most integrated settings for employment, education, transportation, and meaningful participation within their communities.*

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

During the 2021 Regular Session of the Legislature, council members collaborated with legislators to initiate an Employment First policy to facilitate integrated employment of people with disabilities. House Bill 2290 went into effect June 28, 2021. Similarly, the Jobs & Hope West Virginia program has been successful in helping individuals experiencing mental health conditions and substance use disorders (SUD) focus on recovery and gainful employment.

- The Solutions Outreach, Access and Recovery (SOAR) program is actively working with the Non-Emergency Medical Transportation program through DHHR's Bureau for Medical Services (BMS) and county transportation authorities to provide transportation to treatment appointments and other recovery services. Also, agencies and organizations have been working together to provide funding for and transportation to COVID-19 vaccination sites.

The On Purpose project contributes toward actionable measures to achieve support for people with disabilities and meaningful participation in their communities and attainment of valued social roles. The On Purpose project in St. Albans, West Virginia funded by the West Virginia Developmental Disabilities Council, engages persons with disabilities in community development work.

Priority 5: *Ensure children with mental health issues receive services in the most integrated setting appropriate to their needs.*

- Ensure children with mental health issues have access to a comprehensive array of services that address their physical, emotional, social, and educational needs and receive individualized services in accordance with the unique needs and potentials of each child.
- Ensure children with mental health issues receive services within the most integrated, most normative environment that is clinically appropriate and assures

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

The Council continues to support the initiatives of DHHR to reform the children's mental health system for West Virginia children.

Olmstead Enforcement

The U.S. Department of Justice, Civil Rights Division's Disability Rights Section, which enforces Title II and Title III of the ADA, and the Special Litigation Section which enforces the Civil Rights of Institutionalized Persons Act, have made *Olmstead* enforcement a top priority. Since 2008, a record number of amicus briefs, lawsuits, and intervention into state *Olmstead* cases has been observed.

In addition to increasing enforcement, investigatory work has significantly changed. In the past, the primary question asked was whether the institutions under investigation were safe. The secondary question surrounded whether the conditions of confinement were constitutional. Since changes to the *Olmstead* enforcement prioritization, the primary and major question is whether there are individuals in those institutions who could appropriately receive supports in a more integrated setting.

Olmstead enforcement is evidenced in the State of West Virginia through the current activities and efforts of the Olmstead Council, partner affiliates, and individuals, families, and communities, and through coordinated planning efforts and system reformation to address children's mental and behavioral health needs.

State Example of *Olmstead* Enforcement

In the State of West Virginia, the Olmstead Council, partners, stakeholders, and communities statewide strive for all West Virginians with disabilities to live, learn, work, and participate in the most integrated setting in the community of their choice.

DHHR continues to work with the U.S. Department of Justice to address the state's service system for children with serious mental health conditions. The U.S. Department of Justice recognized the current reform efforts underway in West Virginia and reached an agreement that reflects DHHR's commitment to improving West Virginia children's mental health system to ensure that children can receive mental health services in their homes and communities.

West Virginia was tasked with the development of an implementation plan (the Plan)

that describes the actions DHHR, in cooperation with the West Virginia Department of Education and the West Virginia Department of Homeland Security, will take to ensure that programs memorialized in the agreement are sustainable, statewide, and accessible to children in the target population. The plan describes West Virginia's efforts to uphold its obligations by outlining the steps to realize each program listed in the Agreement:

- West Virginia Wraparound
- Children's Mobile Crisis Response
- Therapeutic Foster Family Care
- Positive Behavioral Support
- Assertive Community Treatment
- Mental Health Screening Tools and Processes
- Evaluation, Quality Assurance, and Performance Improvement
- Outreach and Education to Stakeholders Workforce Development and Provider Capacity

DHHR is utilizing a subject matter expert (SME) to perform and advance evaluation methods of the sustainability and accessibility of system programming. The SME is providing technical assistance with respect to the implementation of the programs and compliance review of the agreement's term. The reviews are documented through semi-annual reports prepared by the SME. West Virginia has engaged The Institute for Innovation and Implementation at the University of Maryland, School of Social Work, to serve as the SME.

There have been many challenges implementing these programs during the COVID-19 pandemic. West Virginia continues to work tirelessly to ensure that children have access to mental and behavioral health services.

Olmstead on the State Level

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

- **Informed Choice:** Establish a process to provide comprehensive information and education so people with disabilities can make informed choices.
- **Identification:** Identify every person with a disability impacted by the *Olmstead* decision who resides in a segregated setting.

- **Transition:** Transition every person with a disability who has a desire to live and receive supports in the most integrated setting appropriate.
- **Diversion:** Develop and implement effective and comprehensive diversion activities to prevent or divert people from being institutionalized or segregated.
- **Reasonable Pace:** Assure community-based services are provided to people with disabilities at a reasonable pace.
- **Eliminating Institutional Bias:** Provide services and supports to people with disabilities by eliminating the institutional bias in funding and administering long-term care supports.
- **Self-Direction:** Develop self-directed community-based supports and services that ensure people with disabilities have choice and individual control.
- **Rights Protection:** Develop and maintain systems to actively protect the civil rights of people with disabilities.
- **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.
- **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.

DHHR Olmstead Compliance

Money Follows the Person Program

The BMS Money Follows the Person (MFP) program and Olmstead-related activities have similar goals to allow people with disabilities the opportunity to live in integrated community-based settings. This CMS grant helps rebalance the long-term care system by transitioning people from institutions into the community and supporting long-term care services and supports reform initiatives. MFP is just one strategy that is being used to promote opportunities for people to live in integrated community settings.

During 2021, the BMS Take Me Home (TMH) transition program received 114 intakes, and 49 individuals were transitioned to a more integrated setting. During this time, 32 individuals successfully completed 365 days in the community without a reinstitutionalization of more than 30 days. Since the program began in February 2013, there have been 1,459 intakes, 484 individuals transitioned, with 308 individuals successfully completing 365 days in the community.

A key purpose of the TMH Sustainability Plan is to outline how the state will incorporate transition services into its home and community-based service system once the MFP demonstration program ends. In January 2019, waiver-transitioned services were successfully incorporated into the Aged and Disabled and Traumatic Brain Injury waiver programs. The sustainability Plan also provides the state an opportunity to propose reform initiatives to enhance the long-term care service delivery system in West Virginia. Below is a description of sustainability plan reform projects:

TELEHEALTH PILOT

- In August 2019, TMH contracted with the West Virginia University (WVU) School of Public Health to implement and evaluate a pilot project to evaluate the efficacy of telehealth in the delivery of Medicaid home- and community-based services.
- The pilot targets 30 individuals transitioning from long-term care facilities to the community through TMH and provides an individualized telehealth solution for six months post-transition.
- WVU contracts with Medtronic and GreatCall to provide the telehealth intervention for pilot participants.
- Enrollment of TMH participants into the pilot began in March 2020 and was extended through May 2021.
- As of July 1, 2021, 26 TMH participants had transitioned home and enrolled in the telehealth pilot. Of these, four are currently active in the intervention phase of the pilot.
- The evaluation phase and final report for this project will be completed by December 2021.

ONLINE CASE MANAGEMENT PILOT

- The development of an online case management system for HCBS providers was another initiative included in West Virginia's Sustainability Plan approved by CMS.

- Before making a final determination on whether to implement a statewide online case management system, it was decided to first pilot an online system to solicit provider input, foster provider commitment, and ensure a product most responsive to provider needs.
- Training for the pilot providers was held in February 2019 and the pilot was launched in March 2019.
- As many as 11 Aged and Disabled Waiver providers have participated in the pilot.
- It was anticipated that the user experience phase of the project would run through March 2020. However, to allow for the full evaluation of online pilot system enhancements, this phase of the pilot was extended through June 2020.
- A final report outlining considerations and recommendations regarding implementation of a statewide online case management system was developed and presented to the BMS Commissioner in December 2020.

NO WRONG DOOR

- In 2018, TMH contracted with WVU Center for Excellence in Disabilities (CED) to facilitate regular meetings of stakeholders to review and update the No Wrong Door (NWD) Strategic Plan, organize workgroups to focus on the four key elements of an effective NWD system and set priorities and timeframes for specific plan implementation activities. In January 2019, the WVU CED submitted its final report to TMH.
- A second agreement with the WVU CED to further this initiative was finalized in April 2020.
- CED staff worked with the original partners of the NWD Steering Committee (West Virginia Bureau of Senior Services, BMS, West Virginia Developmental Disabilities Council, DHHR's Bureau for Behavioral Health (BBH) and the Metro Area Agency on Aging) to facilitate implementation of activities targeted for the first year of the Strategic Plan, focusing on the establishment of a NWD Advisory Council and work groups.
- The first meeting of the NWD Advisory Council was held June 22, 2021.

HOUSING

- TMH, in collaboration with HCBS staff and the TMH Housing Committee, developed "Navigating Accessible Community Housing: A Guide for Individuals with Disabilities and their Support Teams Seeking Housing in the Community," a housing resources booklet for transition team members.

- The booklet outlines resources available across the state both in the affordable rental housing market and for modifications to existing single-family participant and family-owned housing.
- It has been distributed to all nursing facilities throughout the state and is made available to individuals transitioning from facilities and their families, waiver provider staff, and anyone else involved in the transition process.
- The next phase of this project will be to develop a training module on navigating affordable housing and make it available online for all future facility staff and transition team members.
- Two other booklets intended to bridge the gap between the housing market and the social services field – “How to Be a Good Tenant” and “Housing Individuals with Disabilities: Receiving Long-Term Care Supports in the Community,” are resources targeting housing providers that have also been developed and are being distributed.

Other planned initiatives of the TMH Sustainability Plan include:

- Developing an online housing registry
- Promoting a positive image of direct service workers
- Developing and distributing effective supervisory practice resource materials
- Developing realistic job preview videos
- Developing and distributing an employment toolkit for HCBS members
- Promoting effective person-centered thinking, planning and practice consistent with CMS expectations

REBALANCING and Other Initiatives

States participating in the MFP demonstration can claim an enhanced Federal Medical Assistance Percentage (FMAP) on qualified home- and community-based services provided to individuals who have transitioned home with MFP support. This enhanced match is the state’s rebalancing fund. These funds are intended for use on initiatives which expand and enhance access to home- and community-based services.

Electronic Visit Verification

- The 21st Century Cures Act, which required state Medicaid agencies to fully implement an electronic visit verification (EVV) solution for personal care services by January 1, 2019, was subsequently extended to January 1, 2020, and for home health services by January 1, 2023.

- Through BMS and with approval from CMS, TMH contracted with public health consulting firm BerryDunn using MFP rebalancing funds to supply project management, advance planning document assistance, research and requirements development, testing support, provider and member education and outreach assistance, and certification assistance for the EVV project.
- The evaluation committee finalized the technical evaluation phase of proposals submitted in response to the EVV request for proposal. A contract with the EVV vendor (HHAexchange) was awarded and became effective in October 2020.
- The new EVV system was launched in March 2021.
- The TMH quality manager is providing ongoing support to the EVV implementation team.

Independent Case Management Online Certification

- In May 2019, TMH received CMS approval to use MFP rebalancing funds to develop a conflict free case management Certification process that will serve as a general training for all case managers in the state's four 1915(C) HCBS Waiver programs.
- This certification curriculum will focus on person-centered planning in addition to individualized program plan planning, ethics, cultural diversity, conflict of interest, conflict resolution, recognizing and reporting abuse, neglect and financial exploitation, positive behavior support, documentation, statewide transition plan, EVV, the incident management system, etc.
- There will also be an add-on module that is unique and specific to each waiver program.
- The curriculum will be integrated into the West Virginia Blackboard system which will provide online training, testing, and retention of all certificates.
- Topic 1, which consists of the bulk of the training, has four chapters: the Federal Laws & Regulations; an Introduction to HCBS Case Management; Ethics & Cultural Competence; and the Ecological Model & PCP.
- Topic 2 is West Virginia-specific information, and all three waiver specific trainings are complete.
- Topic 3, Traumatic Brain Injury Waiver (TBIW) conflict free case management (CFCM), is complete.
- Topic 4, Aged and Disabled Waiver (ADW) CFCM, is almost complete.
- Topic 5, Intellectual/Developmental Disabilities Waiver (IDDW) CFCM, is complete.
- The online certification was launched in January 2021.

West Virginia Incident Management System

- Another project not included in the approved TMH sustainability plan, but funded with MFP grant dollars, was the development and ongoing enhancement and maintenance of the West Virginia incident management system (IMS).
- The IMS enables reporting, tracking, and monitoring of incidents in the ADW, IDWW, TBIW and personal care programs.
- TMH continues to support the state's IMS and has entered into an agreement with the West Virginia Office of Technology to provide enhancements and support for the IMS through July 2022.
- The TMH quality manager is taking a lead role in facilitating and monitoring the contract's deliverables.

Intellectual/Developmental Disabilities Waiver

An amendment to the IDWW was submitted and CMS approved the following changes:

The new EVV requirement, as mandated by the 21st Century CURES Act, which ensures members receive services in their homes as planned, went into effect on March 1, 2021. The service formerly known as "Service Coordination," is now "Case Management," and has a new per member, per month rate rather than a 15-minute unit rate. The new service and rate were effective April 1, 2021. Additionally, conflict of interest protections related to conflict-free case management were added to policy including separation of entity and provider functions within provider entities. Four new self-directed extended professional services were added to the program: physical therapy, occupational therapy, speech therapy, and dietary therapy as well as two new self-directed services: environmental accessibility adaptation home and environmental accessibility adaptation vehicle.

HELP4WV: Behavioral Health Referral and Outreach Call Center

HELP4WV (1-844-HELP4WV), West Virginia's behavioral health referral and outreach call center, is a statewide 24-hour call center that provides resources and referral support for those seeking behavioral health services. HELP4WV maintains a live database with service options and is updated daily with residential facilities' bed capacity and additional treatment information. HELP4WV 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. Between July 1, 2020, and June 30, 2021, HELP4WV fielded a total of 17,290 inquiries including calls, texts, and chats. Data collection protocols and documentation were revised as of January 1, 2021, in order to refine the method by which data was categorized and additionally enhance captured details related to consumer needs. Data collected prior to and after January 1, 2021, cannot be broken down according to the same categories, so it is presented best as follows:

Between July 1, 2020, and December 31, 2020, HELP4WV fielded a total of 6,564 inquiries by call, text, or chat. Of these inquiries, 3,825 were access/navigation intakes (all of which were connected to at least one provider during the call), and 2,739 were general information-only calls. The most requested information was for assessment and diagnostic and withdrawal management/crisis stabilization services.

Between January 1, 2021, and June 30, 2021, HELP4WV fielded a total of 10,726 inquiries by call, text, or chat. Of these inquiries, 6,295 were unique access/navigation intakes (all of which were provided information, referral, or received a warmline connection to at least one provider during the interaction), and 4,431 were related to additional support in existing SUD and behavioral health access/navigation intakes. Of the 6,295 access/navigation intakes, needs can be broken down as follows with some consumers identifying multiple needs:

- 3,188 SUD
- 2,196 informational need
- 730 peer warmline/emotional support
- 668 behavioral health need

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.

Peer Support Certification

Peer recovery support services are an evidence-based model of care which consists of a qualified peer recovery support specialist (PRSS) who assists members with their recovery. The experiences of PRSS as consumers of substance use services, can be an important component in promoting and sustaining long-term recovery. A PRSS is a person who has the qualifications, education, and experience established by BMS, and who has received certification in good standing by a certifying body recognized by

BMS. A PRSS is professionally qualified and trained to provide collaborative services to assist members in achieving sustained recovery from the effects of substance use disorders, to provide peer support as a self-identified individual successful in the recovery process with lived experience with substance use disorders, or co-occurring mental health and substance use disorders, and to offer support and assistance in helping others in the recovery and community-integration process.

PRSS requirements include:

- Self-identify as an individual with life experience of being diagnosed with a serious mental illness or SUD which meets federal definitions.
- Must be well established in their own recovery; currently in recovery for a minimum of two years and not have received SUD treatment for the preceding six months, except for medication assisted treatment which is considered a part of recovery.
- Have a high school diploma or GED equivalency (not applicable to individuals ages 16-17-years old applying to be a PRSS).
- Certification as a PRSS (individuals must complete the BMS PRSS webinar with an 80% or higher score to be certified); for more information please visit <https://dhhr.wv.gov/bms/Programs/WaiverPrograms/SUDWaiver/Pages/SUD-Forms.aspx>
- PRSS application which includes the attestation of recovery Statement and three letters of reference; must be supervised by an individual who has a master's degree and is employed by the same provider.
- Not a family member of the individual receiving the peer support services.
- Continuing education of 30 hours must be completed every two years in the competency domains, which must include six hours in ethics.
- Completes 40 contact hours of volunteer work or paid work at an agency or provider prior to Medicaid services being rendered.
- Only peers under the age of 18 can provide peer recovery support services to other peers under the age of 18. No adult PRSS can provide services to a minor.

Peer support certification is available from the West Virginia Certification Board for Addiction and Prevention Professionals (CBAPP). The state is in a transition period until October 2022 where peers can either have BMS certification or CBAPP certification to bill Medicaid, but beginning October 1, 2022, peers will have to apply for CBAPP certification and pass the International Certification and Reciprocity Consortium (IC&RC) PRSS examination in order for their employing agency to bill for their services. As of July 2021, there were 1,216 PRSS in West Virginia certified by BMS.

BBH and its community partners have provided both staff time and grant funding to help support more than 1,400 individuals who have completed Recovery Coach Academy training in West Virginia. In addition, aside from ongoing grant funding of established peer supports, PRSS programs funded by the Substance Abuse Mental Health Administration's State Opioid Response (SOR) grant include the following:

- Twenty-one PRSS in Emergency Departments – current funding \$840,000. Will be increased to 24 PRSS for a total of \$960,000.
- Fourteen Peer Recovery Support Service grants were continued in Year 3 (2020-2021). Eighty-four Peer Recovery Support Specialists provide recovery services through the 14 grants. The funding total: \$1,400,000.
- In Year 3 of SOR, eight of the SOR treatment grants have included PRSS as a critical part of their treatment programs. Thirty PRSS work under these grants. Total amount of funding for PRSS through this grant is \$611,000. These grants will continue through SOR Year 4.
- SOR funds totaling \$560,000 have been provided to eight comprehensive behavioral health centers to place PRSS in nine of the state's 10 regional jails. In Year 4 these services will continue and will expand to all 10 regional jails.
- The grant funds peer services under the umbrella of the SOR Peer Residential Boarding initiative. In Year 3 of SOR, \$1,500,000 has been provided to support 10 recovery homes and a total of 12 PRSS. These services will continue through the SOR Year 4.
- Eight quick response teams with peer support services: four carried over from Year 2 of SOR and four were added in Year 3 of the grant. Funds totaling, \$1,500,000. All eight teams will continue through Year 4 of the SOR grant.
- In Year 3 of SOR BBH has partnered with Perinatal Partnership to support the Drug Free Moms and Babies initiative by placing 10 PRSS in 10 locations across the state. Funding amount, \$400,000. This initiative will continue in Year 4.
- In Year 3 of SOR, two of the SOR Housing Support grants have included peer services as part of their program model. Under these grants there are seven PRSS that provide services. Total amount of funding for PRSS through this grant is \$230,000. These grants will continue through SOR Year 4.
- In Year 3 of SOR, one PRSS has been included under the Intensive Outpatient Services for Youth grant. Totaling \$30,000.
- In Year 3 of SOR, family treatment courts in seven locations included eight PRSS. Total funding: \$202,000.
- SOR also supports eight harm reduction programs across the state that supply peer recovery services and link individuals with opioid use disorder/SUD to treatment. This will continue in Year 4 of SOR with additional locations to be

determined. Total funding: \$800,000.

West Virginia 1115 Substance Use Disorder Waiver

As of June 30, 2021, BMS has approved 1,222 residential adult service beds in 55 programs and has approved 1,377 PRSS to provide recovery support services.

West Virginia 1915 Children with Serious Emotional Disorder Waiver

The BMS application for a 1915(C) Home and Community-Based Services Waiver to CMS for Children with Serious Emotional Disorder Waiver (CSEDW) was approved on December 19, 2019. The waiver became active on March 1, 2020, and currently has 153 active members. As of July 1, 2021, a total of 202 members were approved for the CSEDW and there are 42 member holds (in residential or treatment placement, awaiting the Freedom of Choice form to be completed), 49 member discharges (three terminated, 24 opted out, five unable to contact, and 17 with no services for 180 consecutive days). There are 102 members receiving services and 98 applicants awaiting an eligibility determination.

West Virginia has 23 providers across the state that signed a contract with the managed care organization, Aetna Better Health, to be CSEDW providers and more are being actively recruited. BMS has raised the service rates twice since the last reporting period: January 1, 2021, and July 1, 2021. BMS is working closely with DHHR's Bureau for Social Services (BSS) and BBH to have a comparable rate of services; however, BMS, BSS, and BBH utilize a bundling service rate, where DHHR has a managed care organization that each unit is to be billed to Aetna Better Health for reimbursement.

The bureaus have worked to create an assessment pathway for an easier, streamlined approach for referrals to all wraparound programs, to include the CSEDW. This is an ongoing process and finalization has not yet taken place.

BMS has an approved amendment from CMS to the CSEDW that will incorporate the National Wraparound Initiative (NWI) by implementing the 10 principles that started on July 1, 2021. With the NWI, BMS will strive to implement an increased amount of informal supports on the Child and Family Team for each member. The informal supports are comprised of individuals who the child and family request to be on the team to help keep a child in the community setting rather than a residential or treatment setting. For more information on the NWI, please visit <https://nwi.pdx.edu>.

West Virginia defines the term “Children with Serious Emotional Disorder” as children from age three up to the youth’s 21st birthday who currently, or at any time in the past year, have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration, which substantially interferes with or limits the child’s role or functioning in family, school, and/or community activities.

The CSEDW’s primary goal is to support these individuals by helping to keep them with their families, in their home, and with a support network while receiving services to improve their outcomes. This waiver prioritizes children/youth with serious emotional disorder (SED) who are placed in psychiatric rehabilitation treatment facilities or other residential treatment providers out-of-state, and those who are in such facilities in state. Medicaid-eligible children with SED who are at risk of residential placement will become the target group after children in placement are prioritized.

To be eligible for this waiver, the child/youth must meet the following:

- Medical eligibility;
- Financial eligibility (have a Medicaid card);
- Be between the ages of three and the youth’s 21st birthday;
- Be a resident of West Virginia, and be able to provide proof of residency upon application; and
- Have chosen home- and community-based services over services in an institutional setting.

Services offered by the CSEDW Program are:

- Wraparound Facilitation
- Independent Living/Skills Building
- Job Development
- Supported Employment, individual
- In-Home Family Therapy
- In-Home Family Support
- Respite, In-Home
- Respite, Out-of-Home
- Specialized Therapy
- Assistive Equipment
- Community Transition
- Mobile Response
- Non-Medical Transportation
- Peer Parent Support

COVID-19 Pandemic – BMS

During the COVID-19 pandemic, BMS submitted an Appendix K to the waiver programs through CMS to allow for telehealth evaluations, telehealth meetings, and for members to “freeze” their services if they had natural supports and did not want workers coming into their homes. It also extended timelines for assessments for eligibility determination and how workers could provide some of their services that are outlined within the waiver application.

West Virginia Olmstead Activities

West Virginia Olmstead Office Supported Training and Activities

The West Virginia Olmstead Office participated in the virtual Fair Shake Network Disability Advocacy Training Day and Disability Advocacy Day Rally March 16-17, 2021. Forty-six people attended the training to learn bill tracking on the Legislature’s website and how to advocate.

The Olmstead Office also participated in the virtual One4All Disability Expo March 26-27, 2021. The Expo is an annual event offering the community a wide range of information on concerns related to special health care needs.

Information, Referral and Assistance Program

The West Virginia 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 West Virginia Olmstead Office provides residents with assistance on Olmstead-related complaints or grievances. In state fiscal year 2020, the Olmstead Office received more than 200 calls 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

The West Virginia Olmstead Office continues to offer smaller grants through the Olmstead Transition and Diversion Program. This is the only program of its kind in the United States. This program supports people for transition and diversion and focuses on those not otherwise supported by the Take Me Home Transition Program. Each participant 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. Each year there is a waiting list once funds are depleted.

Month	# of Applications Approved	Funding Allocated	Average Cost Per Person
July 2020	6	\$6,246.87	\$1,041.14
August 2020	8	\$16,172.95	\$2,021.61
September 2020	14	\$24,535.00	\$1,752.50
October 2020	0	\$0.00	\$0.00
November 2020	0	\$0.00	\$0.00
December 2020	0	\$0.00	\$0.00
January 2021	0	\$0.00	\$0.00
February 2021	18	\$30,072.46	\$1,670.69
March 2021	10	\$16,607.53	\$1,660.75
April 2021	12	\$20,273.02	\$1,689.41
May 2021	7	\$8,904.46	\$1,272.06
June 2021	16	\$26,821.33	\$1,676.33
Total served in SFY 2021	91	\$149,633.62	\$1,644.32

During 2020, the program supported 91 people through the transition and diversion process. Eight individuals transitioned from facilities into the community. The average funding allocated per participant was \$1,644.32. 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 91 people assisted in this fiscal year, 16 received Medicaid only, 23 received Medicare only, and 45 received both Medicaid and Medicare. Six people assisted did not receive Medicaid or Medicare.

Revising and Updating the Olmstead Plan

In response to the increased federal *Olmstead* enforcement and technical assistance, the West Virginia Olmstead Council updated West Virginia's Olmstead Plan in State Fiscal Year 2020. The Council will update the Olmstead Plan every three years.

2021 West Virginia Legislative Session

Several bills passed during the 2021 Regular Session of the West Virginia Legislature that may impact people with disabilities and the *Olmstead* decision goal of having people with disabilities live in the most integrated setting.

- SB 160** A rules bundle bill which included: SB 140 - Division of Rehabilitation Services rule relating to Ron Yost Personal Assistance Services Act Board; and SB 167 Insurance Commissioner rule relating to mental health parity.
- SB 335** Relating to WV Invests Grant Program for students at accredited community and technical college.
- SB 356** Allowing for written part of drivers' exam given in high school drivers' education course.
- SB 562** Relating to juvenile competency proceedings.
- SB 634** Requiring training of certain officers for persons with autism spectrum disorder.
- SB 658** Requiring sheriff's departments to participate and utilize Handle With Care Program for trauma-inflicted children. Relating to the West Virginia Sheriffs' Bureau of Professional Standards working with the sheriffs of each county of the state to actively participate in and utilize all components of the Handle With Care Program to help trauma-inflicted children in the public or private school system.
- SB 702** Relating to involuntary hospitalization, competency, and criminal responsibility of persons charged or convicted of certain crimes. In essence this bill will allow DHHR's Office of Health Facilities to transition to having more forensic evaluation and competency restoration services provided in community-based settings, as well as to conditionally discharge, with approval from the applicable Judges and Prosecutors, more stabilized adults initially found not competent to stand trial or not guilty by reason of mental illness or intellectual disability into supervised and structured community settings.
- HB 2012** Relating to public charter schools.
- HB 2022** Budget Bill, making appropriations of public money out of the treasury in accordance with §51, Article VI of the WV Constitution.
- HB 2024** Expand use of telemedicine to all medical personnel.
- HB 2145** Relating to student aide class titles.
- HB 2290** Initiating a State Employment First Policy to facilitate integrated employment of disabled persons.
- HB 2427** A rules bundle bill which included: SB 146 - DHHR rule relating to revising client rights at state-operated mental health facilities; and SB 147 - DHHR

rule relating to delegation of medication administration and health maintenance tasks to approved medication assistive personnel.

HB 2616 Amend the reporting to the Governor and the Legislature to have the required information continuously available on DHHR's Office of Inspector General - Office of Health Facility Licensure and Certification website.

HB 2671 Relating to financial exploitation of elderly persons, protected persons or incapacitated adults.

HB 2701 Relating to authorizing the Division of Rehabilitation Services to approve acceptable training programs required for low vision individuals to obtain a Class G driver's license.

West Virginia Barriers Identified by the Olmstead Council

Just as there are successes, 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 though that this is not an all-inclusive list of barriers.

- The ADW and TBIW do not provide skilled nursing services.
- 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.
- Work Force: There is a lack of an available, responsive, and competent work force to provide direct services that enable people with disabilities to remain or return to their home and community.
- Waiver Waiting Lists: The Managed Enrollment List (MEL) is a waitlist for services until a funded slot becomes available through a waiver program. There are various services available for waiver eligible applicants placed on a MEL depending on which they had applied for: IDW, ADW, or TBIW. Some of those services are State Plan funded and not part of Medicaid (for example, the State Plan Personal Care Services program is part of Medicaid), some are services coordinated by other DHHR bureaus, and some are programs offered through other agencies with different eligibility criteria.
- Housing: There is a lack of safe and affordable, accessible, and available housing for people with disabilities.

- **24/7 Care:** The ADW and TBIW are marketed and used as the state's alternative to nursing facility care if the participant chooses to live in his or her home and community. However, they do not provide 24/7 services. In fact, even if a participant is receiving the maximum level of care as well as services through the State Plan Personal Care Services Program, they still cannot access 24/7 services.
- **Medicaid Personal Care:** Due to the restrictive eligibility criteria, these services are not available to all recipients of the Aged and Disabled Waiver Program.
- **Informed Choice:** Adequate education on HCBS options is not mandated either prior to institutional placement or regularly thereafter. As a result, it is still easier for people needing long-term care to access institutional rather than community-based services.
- **Identifying a sufficient number of qualified children's mental health providers with the capacity to serve children in a timely way statewide.**
- **Incentives to Provide Institutional Care:** The cost-based reimbursement methodology incentivizes institutional care vs. HCBS.

Until these barriers are resolved, and any future obstacles that develop as the community-based health care system evolves, there remains much work to be done.

West Virginia Olmstead Office

Carissa Davis has been West Virginia's Olmstead Coordinator since June 2019. Ms. Davis has been an advocate for people with disabilities for 17 years. She is a former employee and member of the West Virginia Statewide Independent Living Council and Take Me Home, West Virginia – A Money Follows the Person Initiative. She earned her bachelor's and master's degrees from West Virginia University.

The Olmstead Office is within DHHR's Office of the Inspector General.

Olmstead Council

The West Virginia Olmstead Council was established in 2003 to advise and assist the Olmstead Coordinator to develop, implement, and monitor West Virginia's Olmstead activities. The council has the following responsibilities as outlined in the Olmstead Plan:

- Advise the coordinator on fulfilling the position's responsibilities and duties.
- Review the activities of the coordinator, with a focus on systemic issues and barriers.
- Provide recommendations for improving the long-term care system.
- Issue position papers for the identification and resolution of systemic issues.
- Monitor, revise, and update the Olmstead Plan and any subsequent work plans.

West Virginia Olmstead Council Membership

The Olmstead Council is comprised of no more than 37 persons from the following: nine people with disabilities and/or immediate family members; 11 advocacy or disability organization representatives; nine providers of home- and community-based services and/or supports; and eight state agency representatives.

Elliott Birckhead	DHHR's Bureau for Behavioral Health
Sally Blackburn	Aging and Disability Resource Network
Angela Breeden	Member and/or immediate family member with a disability
Marcus Canaday	DHHR's Bureau for Medical Services, Money Follows the Person Program
Renee Chapman	Member with a disability and/or immediate family member
Lesley Cottrell	WVU Center for Excellence in Disabilities
Ardella Cottrill	WV Behavioral Health Planning Council
Mark Drennan	Behavioral health provider
Joyce Floyd	Member and/or immediate family member with a disability
Liz Ford	People First of WV
Nancy Fry	Legal Aid of WV - Behavioral Health Advocacy Project
Lynsay Frye	Member and/or immediate family member with a disability
Susan Given	Disability Rights of West Virginia
Roy Herzbach	Legal Aid of WV - Long-Term Care Ombudsman Program
Randy Hill	DHHR's Bureau for Medical Services
Amber Hinkle	Open Doors, Inc., Intellectual and Developmental Disabilities Waiver provider
Janice Holland	AARP
Rebecca Jennings	DHHR's Bureau for Social Services
Kim Nuckles	State ADA Coordinator
Willis McCollam	Center for Independent Living
Ann McDaniel	WV Statewide Independent Living Council
Suzanne Messenger	West Virginia Bureau of Senior Services
Cara Price	Member and/or immediate family member with a disability
Emily Robinson	Member and/or immediate family member with a disability

Paul Smith
Jenni Sutherland
Richard Ward
Steve Wiseman
Jim Womeldorff
Esther Wright

Fair Shake Network
Putnam Aging, Aged and Disabled Waiver provider
West Virginia Division of Rehabilitation Services
West Virginia Developmental Disabilities Council
Job Squad, Inc.
Housing