

**Building Inclusive Communities
in West Virginia**



ANNUAL REPORT ON THE *OLMSTEAD* PLAN The Year in Review

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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 (ADA).

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.

West Virginia Executive Order

On October 12, 2005, Executive Order 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. Executive Order 11-05 directs:

- The implementation of the West Virginia *Olmstead* Plan and 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.

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 interventions into state *Olmstead* cases have 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 asked whether the conditions of confinement were constitutional. In light of changes to *Olmstead* enforcement prioritization, the primary question is now 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, 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.

One example of *Olmstead* enforcement is the initiation of an investigation of children’s mental health services in West Virginia in April 2014 by the U.S. Department of Justice. This investigation examined West Virginia’s service system for children with serious mental health conditions and compliance with Title II of the ADA of 1990, 42 U.S.C. § 12101 *et seq.* and its implementing regulations. The U.S. Department of Justice concluded in a notification dated June 1, 2015, that West Virginia failed to comply with Title II of the ADA. This determination was made based on an insufficient system of services for children with significant mental health conditions, as interpreted in *Olmstead v. L.C. ex rel. Zimring*, 527 U.S. 581 (1999).

On May 14, 2019, West Virginia entered into an agreement (the Agreement) with the U.S. Department of Justice to address allegations regarding 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 the Agreement reflects the West Virginia Department of Health and Human Resources’ (DHHR) commitment to improving West Virginia children’s mental health system to ensure that children can receive mental health services in their homes and communities.

Since entering the Agreement, DHHR has developed the Kids Thrive Collaborative, consisting of multiple bureaus, community partners, and stakeholders. The Collaborative meets quarterly to discuss ways to ensure home and community-based services (HCBS) are available statewide.

According to the Collaborative’s most recent semi-annual report, “DHHR’s goal is to reduce the number of children placed in Residential Mental Health Treatment Facilities (RMHTFs) to 822 by December 31, 2022, and to 712 by December 31, 2024. As of July 15, 2022, the number of children placed in an RMHTF was 814; considering continued intervention efforts and some fluctuation in admissions and discharges throughout the year, WV expects to continue to meet or surpass its goal to reduce placements by year-end 2022.”

West Virginia *Olmstead* Council Priorities and Goals

All West Virginians have the right to be full, productive, and participating members of their communities. The West Virginia *Olmstead* Council promotes equal opportunities for people with disabilities to live, learn, work, and participate in the most integrated settings in the community of their choice. The Council has established the following policy priorities and goals to further our mission to achieve West Virginia’s full compliance with

Title II of the ADA. The program information in this report provides examples of how we are addressing our priorities and goals.

Priority 1: *Implement the West Virginia Olmstead Plan to ensure compliance with Title II of the ADA.*

- Implement a formal agreement to ensure cooperation and collaboration between all affected agencies and public entities and the *Olmstead* Office to implement the *Olmstead* Plan, as outlined in *Executive Order 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.

Priority 2: *Elimination of institutional bias in West Virginia's long-term care system.*

- Support further development and implementation of rebalancing and implementing real systems change in long term services and supports and HCBS.
- Increase access to and availability of home and community-based services while reducing reliance on institutional settings.
- Support the development and maintenance of a full capacity, quality, direct service workforce for home and community-based Services.

Priority 3: *Advocate for the development of and implementation of 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 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.

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

Reduce reliance on day programs and sheltered workshops.

- Support the implementation of an "Employment First" Initiative and the development of policies establishing competitive, integrated employment as the preferred outcome for all West Virginians.
- 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 5: *Advocate for children with mental health issues to receive services in the most integrated setting appropriate to their needs.*

- Support the collaborative development of a comprehensive array of individualized services that address the physical, emotional, social, and educational needs of children with mental health issues.
- Promote services that address the need to belong, a sense of purpose, and result in success for children with mental health issues in the most integrated setting.

Priority 6: *Advocate for individuals with mental health issues to have access to community-based, effective, responsive crisis services.*

- Support the development and implementation of effective and responsive mental health crisis services for children and adults statewide.

The *Olmstead* Council, with extensive public input, developed ten 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

DHHR's Bureau for Medical Services' (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. The MFP demonstration, known in West Virginia as Take Me Home (TMH), 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. TMH is just one initiative in West Virginia to promote opportunities for people to live in integrated community settings. During SFY 2022, the TMH transition program received 172 referrals, conducted 104 intake interviews, and transitioned 52 individuals to the community. 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 1,571 intakes and 538 individuals transitioned with 344 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 (ADW) and Traumatic Brain Injury (TBIW) 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 TMH 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 HCBS.
- The pilot targeted 30 individuals transitioning from long-term care facilities to the community through TMH and provided an individualized telehealth solution for six months post-transition.
- WVU contracted with Medtronic and GreatCall to provide telehealth intervention for pilot participants.
- Enrollment of TMH participants in the pilot began in March 2020 and was extended through May 2021.
- At the conclusion of the project, 26 TMH participants had transitioned home and participated in the telehealth pilot.
- The final report for the telehealth pilot was completed and submitted to the BMS Commissioner in December 2021.

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.

- Following this meeting, a decision was made to suspend further NWD Advisory Council meetings until MFP Capacity Building Grant funding for Advisory Council staffing and operations could be put into place (see below for details).

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.
- 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.
- PowerPoint training presentations using this information have been finalized and will be made available online for all future facility staff and transition team members beginning August 2022.

Two significant TMH projects using MFP Capacity Building Grant funding were launched in SFY 2022:

EXTENDED TELEHEALTH PILOT

In December 2021, TMH contracted with West Virginia University (WVU) to implement phases one and two of a three-phase Extended Telehealth Pilot. The first two phases will employ an exploratory mixed-methods approach to identify factors associated with interest/disinterest in the services and technology of the original Pilot. Additionally, the extended pilot will build upon these results by engaging not only those who chose not to participate in the original Telehealth Pilot but also Medicaid beneficiaries currently receiving HCBS Waiver services to evaluate and measure interest in telehealth technology to prevent admissions to long term care facilities. A key outcome of this project will be the development of a screening tool to facilitate the identification of Medicaid HCBS recipients who would most benefit from telehealth services in the community.

IMPLEMENTATION OF THE NO WRONG DOOR THREE-YEAR STRATEGIC PLAN

As detailed above, the WVUCED distributed an updated NWD Three-Year Strategic Plan to state partners and stakeholders in December 2018. In 2019, TMH contracted with WVUCED to assist in establishing the NWD Advisory Council and workgroup structure and membership. The NWD Advisory Council held its first meeting in June 2021 and is now poised to pursue full implementation of the NWD Three-Year Strategic Plan.

Using MFP Capacity Building Grant funds, TMH entered into an agreement with the Bureau of Senior Services effective April 2022 to support full implementation of the NWD Three-year Strategic Plan. It is anticipated that this agreement will be year one of a three-year project which will result in a more efficient and responsive system of access to long-term services and supports in West Virginia. The primary objectives of the agreement include:

Objective #1: Support the day-to-day operations of the No Wrong Door Advisory Council (Three full-time staff and operating expenses for the Advisory Council and work groups).

Objective #2: Develop and implement a comprehensive, statewide media campaign to promote access to the state's no wrong door system.

Objective #3: Establish extended hours of access to Aging and Disability Resource Center services to cover evenings and weekends.

REBALANCING and Other Initiatives

States participating in the MFP demonstration can claim an enhanced Federal Medical Assistance Percentage 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.

West Virginia Incident Management System

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

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; and
- Promoting effective person-centered thinking, planning, and practice consistent with CMS expectations.

Intellectual and Developmental Disabilities Waiver (IDDW)

An amendment was approved by CMS to the original Emergency Preparedness and Response, Appendix K, developed to respond to the COVID-19 pandemic. Included in the amendment were the following changes: effective April 1, 2021, through March 31, 2022, West Virginia implemented a 50% temporary rate increase for the following IDDW services; Licensed Group Home Person-Centered Support (PCS), Unlicensed Residential PCS, and Crisis Site PCS. Provider agencies were required to attest in writing that 85% of the increases were passed on to service workers in the form of compensation increases, hiring and retainer bonuses, and other incentives to build and maintain a sufficient

workforce. Effective September 1, 2021, West Virginia was also approved to authorize up to three episodes of 30 consecutive days of retainer payments for IDDW day habilitation providers in the event members were not receiving planned day services due to COVID-19 and only for the number of services that had been authorized. These COVID-19 concessions addressed in Appendix K may remain in effect until six months after the end of the Public Health Emergency.

Additionally, an amendment to the IDDW application was submitted and CMS approved 150 new slots to be added to the program bringing the total number of slots to 6115 effective November 1, 2021. At the end of fiscal year 2022 there were 269 individuals on the IDDW waitlist. Due to the additional slots approved by CMS, many of which were released July 1, 2022, the waitlist is at 148 for the beginning of the new fiscal year.

[HELP4WV: Behavioral Health Referral and Outreach Call Center](#)

HELP4WV (1-844-HELP4WV), West Virginia's behavioral health referral and outreach helpline, is a statewide 24-hour call center that provides resources and referral support for those of all ages who are 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 referrals to the appropriate level of care based on individual needs in coordination with regional and local providers.

Between July 1, 2021, and June 30, 2022, HELP4WV fielded a total of 31,164 inquiries including calls, texts, and chats. Of these inquiries, 11,392 were unique access/navigation intakes (all of which were provided information, referrals, or a warmline connection to at least one provider during the interaction), and 19,772 were related to additional support in existing Substance Use Disorder (SUD) and behavioral health access/navigation intakes. Of the 11,392 access/navigation intakes, needs can be broken down as follows with some consumers identifying multiple needs:

- 4,119 SUD
- 6,223 informational needs
- 1,165 peer warmline/emotional support
- 712 behavioral health needs

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. When permission is granted, helpline specialists follow up with callers at 48 hours, one week, and one month.

West Virginia 1115 Substance Use Disorder Waiver - Peer Support Certification

A peer is an individual who shares the direct experience of addiction and recovery. Recovery support services are nonclinical services that assist individuals to recover from alcohol or drug issues. A Peer Recovery Support Specialist (PRSS) is a person who uses his or her own lived experience of recovery from addiction, in addition to skills learned in a formal training, to deliver services in substance use disorder settings to promote mind-body recovery and resiliency. PRSS services can start with the beginning of treatment and be provided through the entire spectrum of care. The PRSS' primary role is to assist members in overcoming barriers and helping them bridge the gaps between their needs and available resources in their community to sustain their recovery process. A PRSS is an individual who has the qualifications, education, and established experience and who has received certification in good standing by a certifying body of either BMS or West Virginia Certification Board for Addiction and Prevention Professionals (WVCBAPP). A PRSS is 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. An individual seeking to become a PRSS is subject to the following requirements:

- Self-identify as an individual with life experience of being diagnosed with a serious mental illness or SUD which meets federal definitions.
- 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>
- Completion of the 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.
- Must not be a family member of the individual receiving the peer support services.
- Complete 30 hours of continuing education every two years in the competency domains, which must include six hours in ethics.
- Complete 40 contact hours of volunteer work or paid work at an agency or provider

prior to Medicaid services being rendered.

- Be under the age of 18 if seeking to provide recovery support services to other peers under the age of 18. No adult PRSS can provide services to a minor.

The state was in a transition period until October 1, 2022, during which peers could either have BMS certification or CBAPP certification to bill Medicaid. Beginning October 1, 2022, peers have to apply for CBAPP certification and pass the International Certification and Reciprocity Consortium PRSS examination for their employing agency to bill for their services. As of July 2021, there were 1,216 PRSS in West Virginia certified by BMS.

As of July 6, 2022, BMS has approved 1,315 residential adult service beds in 83 programs and has approved 1,574 PRSS, 309 of whom have CBAPP certification to provide recovery support services.

BBH and its community partners have provided both staff time and grant funding to help support more than 2,000 individuals who have completed Recovery Coach Academy and/or McShin Foundation Recovery Coach training in West Virginia.

Through the State Opioid Response (SOR) grant agreement with the Substance Abuse and Mental Health Services Administration, BBH is responsible for implementing and monitoring the following objectives through subgrantees:

- Twenty-one treatment grants provide access to the three federally approved Opioid Use Disorder (OUD) medications: methadone, buprenorphine, and naltrexone. Contingency Management is also a part of the treatment plan for individuals with stimulant use disorder.
- Twenty PRSS grants aid in Medications for Opioid use Disorder (MOUD) service retention and link individuals in recovery to support services, including medical care, housing, employment, and mental health care.
- Nine Recovery Housing Facilities to serve individuals using MOUD and Contingency Management as a path to recovery for individuals who complete treatment and are unable to find affordable housing in an environment which supports their recovery. Recovery housing is associated with numerous positive outcomes including decreased substance use, reduced probability of relapse, lower rates of incarceration, higher income, increased employment, and improved family functioning.
- Medical School Services include emphasis on direct service projects for which they provide oversight. Direct services include Ancillary Services (Yoga, Mindfulness Meditation, Acupuncture, and Chronic Pain Management) in treatment facilities,

PRSS and Community Health Education and Resource Person certification reimbursement, Self-Management and Recovery Training material purchase, CHESS Health App, Oral Health, Support for Drug Free Moms and Babies program, and infectious disease testing and referrals to treatment.

- A statewide stigma reduction campaign designed to change perceptions of OUD, reduce stigma, and encourage MOUD awareness and participation in West Virginia.
- West Virginia's six regional Prevention Lead Organizations utilize evidence-based prevention materials and personnel to provide training and technical assistance within their communities to prevent or delay the onset of substance use and to delay the progression of use from experimental to regular use and dependence and help people with OUD better access treatment and recovery options.
- Ten Quick Response Team grants were awarded to identify individuals who have experienced an overdose and promptly engage them in treatment.
- MOUD in Regional Jails for inmates who have initiated OUD treatment prior to incarceration or for inmates choosing to begin treatment once in jail. Peer Recovery Support Specialists in Regional Jails to assist incarcerated individuals with a recovery plan and provide linkage to post-incarceration services, including housing, MOUD, and transportation.
- Housing Support for individuals receiving MOUD services. Resources and services provided are tailored to the unique needs of each individual household.
- Access-to-treatment funds grants awarded to 12 Community Behavioral Health Centers and one free healthcare clinic to cover treatment and recovery costs for people who are uninsured or underinsured.
- A transportation grant to increase access to treatment in all 55 counties by providing transportation to MOUD programs for individuals with Opioid Use Disorder.
- Provision of childcare services through a collaboration with the Bureau for Family Assistance.
- In Family Treatment Courts BBH will use SOR funding to support current evidence-based family treatment courts. The goal of family treatment courts is to provide parents and families with treatment and at the same time require accountability. This is accomplished by offering access to recovery services through an intensive, court-involved program. The program focuses on therapeutic jurisprudence to protect children, reunite families when it is safe to do so, encourage long-term sobriety with respect to the parents involved, and expedite and sustain permanency.
- The purchase, distribution, and training on the administering of naloxone throughout the state of West Virginia for community members and professionals who work with high-risk populations, including people involved in the criminal justice system, veterans, people experiencing homelessness, people in blue-collar professions, men aged 35-54, and pregnant or parenting women. This training will be available to

treatment providers, peer recovery support specialists, transportation providers, harm reduction programs, and community members.

- Nine harm reduction programs provide linkage to OUD treatment for individuals receiving syringe exchange services.

Finally, BBH and the Office of Drug Control Policy have awarded seven grants for Recovery Community Organizations (RCO) with total allocations exceeding \$1,000,000. An RCO is defined as an independent, non-profit organization led and governed by representatives of local communities of recovery. These organizations have three primary missions:

- Organize recovery-focused policy advocacy activities,
- Carry out recovery-focused community education and outreach programs, and/or
- PRSS.

BBH has contracted with Faces and Voices of Recovery for technical assistance that will be offered to the RCOs. Veterans Recovery Supports is another project recently funded by BBH. This initiative provides a number of recovery residence beds set aside for veterans and service men and women. A total investment of over \$400,000 was made to provide recovery housing for service members experiencing a substance use disorder. The participants in the program will receive recovery support services provided by a PRSS and benefits counseling with assistance provided by a Veteran Services Officer.

[West Virginia 1115 Substance Use Disorder Waiver](#)

As of June 30, 2022, BMS has approved 1315 Adult Residential SUD treatment beds in 84 programs with 1,567 PRSS to provide recovery support.

[West Virginia 1915 Children with Serious Emotional Disorder Waiver](#)

The BMS application for a 1915(C) HCBS 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 614 active members. As of June 30, 2022, a total of 815 members were approved for the CSEDW and there are 136 member holds (in residential or treatment placement) 117 awaiting the Freedom of Choice form to be completed, 201 member discharges (11 terminated, 92 opted out, 16 unable to contact, and 78 with no services for 180 consecutive days, four of whom are no longer West Virginia residents). There are 361 members receiving services and 187 applicants awaiting an eligibility determination. Year to date (year three of the waiver) the number of members served is 526 as of June 30, 2022. West Virginia has 21 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. Currently, 12 of those providers are actively providing services with many providers expanding their coverage area and programs. BMS, BBH, and the Bureau for Social Services have worked to create an assessment pathway for an easier, streamlined approach for referrals to all wraparound programs, to include the CSEDW.

BMS has an approved amendment from CMS to the CSEDW with an effective date of July 1, 2022, that will incorporate:

- Expanding Medicaid eligibility group, 42 CFR § 435.225, under the 42 CFR § 435.217 option;
- Expanding the list of eligible degree types for providers to include non-licensed clinicians delivering these services who receive clinical supervision as is required for Licensed Behavioral Health Centers, the provider type that delivers CSED services:
 - G0176 HA Extended Professional Services,
 - H0004 HO HA Family Therapy;
- Extending the timeframe an eligible member must begin HCBS before an unused waiver slot is discharged from 180 days up to 365 days, unless the member ages out of eligibility;
- Adjusting the numerator for performance measure A-ai-7 to help ensure that waiver performance measure reporting is clear;
- Removing the “in-home” requirement for Family Therapy to increase service setting options to align the waiver with the State’s wraparound initiative;
- Adding Evidence-Based Therapy requirements to align with CMS and evidence-based practices; and
- Updating the conflict free case management service radius from 15 miles to 25 miles to increase access to home and community-based services and also allow members more choice in providers to receive their HCBS from. The decrease in radius mileage will also be beneficial to family and caregivers by requiring less travel time to receive home and community-based services.

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. Children and youth 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,
- 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
- 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

West Virginia Olmstead Activities

West Virginia Olmstead Office Supported Training and Activities

The West Virginia *Olmstead* Office provided \$1,000.00 to assist in sponsoring the annual

Fair Shake Network Disability Advocacy Training Day and Disability Advocacy Day at the Capitol. Forty-five people attended the training to learn about voting rights, disability rights, bill tracking and the Legislature’s website, and WVABLE (a program designed to give people with disabilities more independence and financial security).

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 2022, the *Olmstead* Office received more than 150 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 deposits, moving expenses, assistive devices or technology, and home access modifications. Each year there is a waiting list once funds are depleted.

Month	Number of Applications Approved	Funding Allocated	Average Cost Per Person
July 2021	13	\$16,769.28	\$1,289.94
August 2021	5	\$1,085.10	\$217.02
September 2021	30	\$50,044.31	\$1,668.14
October 2021	2	\$2,398.00	\$1,199.00
November 2021	0	\$0.00	\$0.00
December 2021	13	\$17,448.86	\$1,342.22
January 2022	9	\$13,071.39	\$1,452.37
February 2022	12	\$19,617.43	\$1,634.78

Month	Number of Applications Approved	Funding Allocated	Average Cost Per Person
March 2022	8	\$15,265.78	\$1,908.22
April 2022	8	\$13,040.33	\$1,630.04
May 2022	11	\$18,082.27	\$1,643.84
June 2022	14	\$21,837.83	\$1,559.84
Total Served in SFY 2022	125	\$188,660.58	\$1,509.28

During State Fiscal Year 2022, the program supported 125 people through the transition and diversion process. Seventeen individuals transitioned from facilities into the community. The average funding allocated per participant was \$1,509.28. 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 125 people assisted in this fiscal year, 31 received Medicaid only, 35 received Medicare only, and 57 received both Medicaid and Medicare. Two 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 is in the process of preparing the next *Olmstead* Plan update.

2022 West Virginia Legislative Session

Several bills were passed during the 2022 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 247** Relating to certified community behavioral health clinics.
- SB 261** Requiring video cameras in certain special education classrooms.
- SB 470** Relating generally to health care decisions.
- SB 522** Combining offices of WV State Americans with Disabilities Act and WV Equal Employment Opportunity.
- SB 647** Prohibiting discrimination in organ donation process.
- HB 4020** Relating to reorganizing the Department of Health and Human Resources.
- HB 4112** Provide consumers a choice for pharmacy services.
- HB 4276** WVU to create a Parkinson's disease registry.

HB 4377 To update the involuntary commitment process.

HB 4649 Transferring the operations of the West Virginia Children's Health Insurance Program to the Bureau for Medical Services.

West Virginia Barriers Identified by the 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 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; IDDW, 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, affordable, accessible, and available housing for people with disabilities.
- Around the Clock 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 ADW or the TBIW programs.
- 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 services 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 over HCBS.

Until these barriers are resolved, as well as 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 19 years. Ms. Davis 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. Ms. Davis earned her bachelor's and master's degrees from West Virginia University.

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

West Virginia 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 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 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.

Shawn Allen	Member and/or immediate family member with a disability
Elliott Birckhead	DHHR's Bureau for Behavioral Health
Sally Blackburn	Aging and Disability Resource Network
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
David Duke	Member and/or immediate family member with a disability
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
Danny Gray	AARP
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
Rebecca Jennings	DHHR's Bureau for Social Services
Anetta Johnson	Center for Independent Living
Travis Kline	Job Squad, Inc.
Ann McDaniel	WV Statewide Independent Living Council
Suzanne Messenger	West Virginia Bureau of Senior Services
Aaron Morris	Member and/or immediate family member with a disability
Kim Nuckles	State ADA Coordinator
Chris Orndorff	Member and/or immediate family member with a disability
Cara Price	Member and/or immediate family member with a disability
Paul Smith	Fair Shake Network

Becky Spaulding
Jenni Sutherland
Richard Ward
Steve Wiseman
Esther Wright

Member and/or immediate family member with a disability
Putnam Aging, Aged, and Disabled Waiver provider
West Virginia Division of Rehabilitation Services
West Virginia Developmental Disabilities Council
Housing