

Olmstead Annual Report

July 1, 2007 - June 30, 2008



**Building Inclusive Communities
in West Virginia**

This Annual Report is dedicated in memory of Ken Ervin. Ken was a dedicated advocate who worked tirelessly to help others. Ken served as a member of the Olmstead Council. He worked on behalf of people with disabilities to live and be supported in their homes and communities. His passion and hard work are greatly missed.



“Much can be done when we raise our voices and join together. We cannot simply stand by and wait for someone else to take action. We must make our own history.”

-Ken Ervin

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INTRODUCTION

Governor Joe Manchin III signed Executive Order 11-05 on October 12, 2005 to formally approve and order the implementation of the West Virginia Olmstead Plan: Building Inclusive Communities (the Plan). *Olmstead v. L.C.* (1999) is a U.S. Supreme Court decision upholding the rights of people with disabilities to receive supports in the most integrated setting in their homes and communities. The Olmstead decision was based on Title II of the *Americans with Disabilities Act* (ADA).

Title II of the ADA applies to state and local government entities and the programs funded and administered by them. Two regulations under Title II were fundamental to the Olmstead decision.

- 1) The **integration regulation** mandates states to “administer services in the most integrated setting appropriate to meet the needs of individuals with disabilities.” A **most integrated setting** is defined as “a setting that enables individuals with disabilities to interact with people without disabilities to the fullest extent possible.”
- 2) The **reasonable modifications regulation** mandates that states “will make reasonable modifications in policies, practices, or procedures to avoid discrimination on the basis of disability.”

This Annual Report provides an in-depth summary and analysis of Olmstead-related activities in West Virginia from July 1, 2007 through June 30, 2008. As the initial stand-alone annual report it will be necessary to provide background information that has occurred prior to July 1, 2007. Previously the Olmstead Office has used the Office of the Ombudsman for Behavioral Health Annual Report to report such activities. At the July 2008 meeting of the Olmstead Council, it was determined a stand-alone annual report was necessary. Subsequent annual reports will be issued at the end of the state fiscal year.

AT-A-GLANCE: THE STATE OF THE STATE

Current Level of Long Term Care Funding in West Virginia

One of the major barriers to enhancing the supply of home and community-based supports has been the institutional bias of federal Medicaid regulations. Historically, Medicaid has covered long term care supports more readily when the individual resides in an institutional setting.

Chart 1 details Medicaid Long Term Care (LTC) Spending in West Virginia for fiscal year 2006. This includes expenditures for institutional care (nursing facilities and ICFs/MR) and community-based

services (MR/DD Waiver, Aged and Disabled Waiver, personal care, and home health services). In 2006, West Virginia spent 60.4% (\$460m) of its total long term care expenditures on institutional care and 39.6% (300.6m) on community-based supports. This compares with a national average of 60.6% on institutional care expenditures and 39.4% on community-based services expenditures.

Chart 1. WV Medicaid LTC Spending FY 2006¹

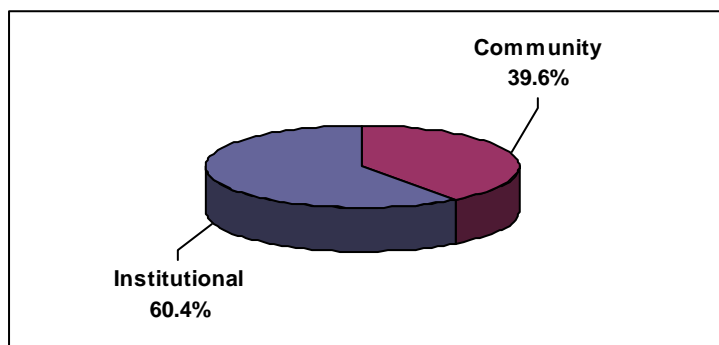


Chart 2 shows the distribution of Medicaid long term care expenditures for 2006 in West Virginia. Since 2004, West Virginia has dropped in the national rankings from 17th to 24th for distribution of Medicaid LTC expenditures when comparing institutional and community-based spending.

Chart 2. Distribution of WV Medicaid LTC Expenditures for 2006²

	Institutional Expenditures ³	% of Medicaid LTC	Community Expenditures ⁴	% of Medicaid LTC	TOTAL Expenditures	National Ranking	
	2006	2006	2006	2006	2006	2006	2004
TOTAL	\$457,633,679	60.4%	\$300,626,044	39.6%	\$758,259,723	24 th	17 th
MR/DD	\$55,756,330	23.1%	\$185,800,658	76.9%	\$241,556,988	20 th	19 th
A/D	\$401,877,349	77.8%	\$114,825,386	22.2%	\$516,702,735	26 th	18 th

Chart 3 details the distribution of institutional and community spending for older Americans and people with physical disabilities since the Olmstead decision was rendered in 1999. During 2006 in West Virginia, for every \$1.00 spent on A/D Waiver, personal care, and home health services \$3.50 was spent on nursing facilities.

¹ Burwell, B., Sredl, K., and Eiken, S. (2007). *Medicaid Long Term Care Expenditures FY 2006*. Washington, DC: Medstat Research and Policy Division.

² Ibid

³ Institutional is defined for MR/DD as ICF/MR facilities and for A/D as nursing facilities.

⁴ Community is defined for MR/DD as the MR/DD Waiver Program and for A/D as the A/D Waiver Program, personal care and home health.

Chart 3. WV Medicaid Expenditures Older Americans and Physically Disabled (millions)⁵

	Nursing Facilities	A/D Waiver	Home Health	Personal Care	Expenditure Ratio
	(Institutional)	(Community)	(Community)	(Community)	Institutional vs. Community
FY 1999	\$274.2	\$46	\$15.8	\$19.8	\$3.36 to \$1
FY 2000	\$275	\$38	\$16	\$27	\$3.40 to \$1
FY 2001	\$293	\$43	\$19	\$24	\$3.41 to \$1
FY 2002	\$311	\$52	\$18	\$22	\$3.32 to \$1
FY 2003	\$331	\$62	\$21	\$21	\$3.18 to \$1
FY 2004	\$378	\$55	\$44	\$20	\$3.18 to \$1
FY 2005	\$397.5	\$64	\$31	\$24	\$3.30 to \$1
FY 2006	\$402	\$58.5	\$27	\$30	\$3.48 to \$1
% Increase 1999 - 2006	47%	27%	71%	52%	

Funding is not the only measure of institutional bias; policies also have a significant impact. A few examples of policy-related institutional bias in West Virginia include but are not limited to:

- 1) West Virginia allows for presumptive eligibility for nursing facility and ICF/MR facility services. This is not permitted for home and community-based services.
- 2) West Virginia allows people who live in nursing facilities unlimited participation in community and social activities. Medicaid personal care services are restricted to the home and limited access to employment. The Aged and Disabled Waiver (ADW) Program permits community integration activities for 20 hours per month.
- 3) ADW Program participants must meet the same criteria as those residing in nursing facilities (i.e. in need of 24 hour support). However, the ADW (under traditional services) offers 1 – 5 hours per day of direct in-home supports depending on the level of care the recipient is eligible to receive.
- 4) Disparity in the amount of funding available to support community-based mental health services as opposed to in-patient commitment services.
- 5) West Virginia utilizes a waiting list for the MR/DD Waiver program.

It is important to note that West Virginia has been a leader in the nation for closing institutional settings for people with developmental disabilities and downsizing institutional settings for people with mental illness from the early 1980's to the late 1990's. Some positive achievements in West Virginia's long term care system include but are not limited to:

- 1) Moratoriums on the development of nursing facility beds/facilities and ICF/MR beds/facilities.
- 2) Implementation of the self-directed option for the Aged and Disabled Waiver Program.
- 3) Implementation of a transition/diversion program (2 pilot regions).
- 4) Elimination of the waiting list for the ADW Program.
- 5) Expansion of the Aging and Disability Resource Centers.
- 6) Implementation of the Ron Yost Personal Assistance Program (RYPAS).

⁵ Burwell, B., Sredl, K., and Eiken, S. (2007). *Medicaid Long Term Care Expenditures FY 2006*. Washington, DC: Medstat Research and Policy Division.

OLMSTEAD COUNCIL

The Olmstead Council was established in November 2003 to assist in the development of the Olmstead Plan. Since the approval of the Plan, they continue to be active in its implementation. In March 2007 the Council adopted official by-laws.

Mission and Purpose

The mission of the Olmstead Council (the Council) is to assist all West Virginia citizens with disabilities to have the opportunity to receive supports and assistance in the most integrated setting in their community.

The purpose of the Council is to carry out its responsibilities specified in the West Virginia Olmstead Plan: Building Inclusive Communities (the Plan) as approved by Governor Joe Manchin III on October 12, 2005 through Executive Order 11-05.

The Council participates in the development of program policies, procedures, and grant agreements. They also perform other duties necessary for statewide implementation of the Plan. The specific responsibilities, as defined in the Plan are to:

- 1) Advise the Olmstead Coordinator in fulfilling the position's responsibilities identified in the Plan and the duties of the Olmstead Office;
- 2) Review the activities of the Olmstead Coordinator;
- 3) Provide recommendations for the long term care institutional and community-based supports systems;
- 4) Issue position papers for identification and resolution of systemic issues; and
- 5) Monitor, revise, and update the Plan and any subsequent work plans.

Council Membership, Meetings, & Activities

The Council is a 30 member body consisting of: eight (8) people with disabilities and immediate family members; eleven (11) advocacy and disability organizations; six (6) providers of institutional and community supports; four (4) state agencies; and one (1) representative from federal/local housing.

The Council holds six (6) regular meetings annually. In addition to the regular Council meetings, the Executive Committee, Nominating Committee, and the Transition Initiative Committee meet prior to regular Council meetings.

The following highlights activities of the Council:⁶

- 1) Assisted with the development of the West Virginia Olmstead Plan: Building Inclusive Communities. *(November 2004)*
- 2) Participated in the signing ceremony to formally endorse the Plan by Governor Joe Manchin III. *(December 2006)*
- 3) Assisted with the development of the Request for Quotations (RFQ) for purchasing consultant services to conduct a Money Follows the Person (MFP) Rebalancing Study. *(Summer 2006)*
- 4) Participated in the selection of a vendor in response to bids received from the RFQ for the MFP Rebalancing Study. *(November 2006)*
- 5) Monitored the progress of the MFP Rebalancing Study. *(January 2007 – August 2008)*
- 6) Developed by-laws to govern the Council's work and initiatives. *(March 2007)*
- 7) Assisted in developing a solicitation for grant proposals for the Transition Navigator and Start-Up Funding Programs. *(March 2007)*
- 8) Reviewed and selected two (2) proposals for awarding grant funding for the Transition Navigator and Start-Up Funding Programs. *(June 2007)*
- 9) Assisted in developing a brochure for the Transition Navigator Program for statewide distribution. *(Summer 2007)*
- 10) Issued a letter of support to the Olmstead Office in applying for the State Profile Tool: Assessing a State's Long Term Care System, a CMS Real Choice Systems Change grant. *(July 2007)*
- 11) Developed policies and procedures to govern the Council and support the by-laws. *(July 2007)*
- 12) Elected the Council's first Chairperson and Vice Chairperson. *(October 2007)*
- 13) Developed Olmstead Priorities and Issues for 2008 to focus on the most immediate issues faced by West Virginia to successfully implement the Olmstead decision. *(October 2007)*
- 14) Issued a letter to the Bureau of Behavioral Health and Health Facilities concerning comprehensive behavioral health centers establishing discharge policies that appear to infringe on the rights of individuals to receive services in the community. *(March 2008)*
- 15) Assisted in developing an improvement package for increased funding to support statewide implementation of the Transition Navigator Program. *(May 2008)*
- 16) Issued a letter to the Office of Health Facilities Licensure and Certification concerning a discrepancy in reported ICF/MR beds available in West Virginia. The discrepancy is in conflict with the moratorium on establishing new beds. *(May 2008)*
- 17) Monitored the Transition Initiative activities and outcomes, and participated in monitoring tools. *(January 2007 – June 2007)*

⁶ Significant activities initiated or sponsored by the Olmstead Council prior to January 1, 2007 are identified under this section to provide historical background.

Olmstead Council Priorities & Issues 2008

In 2007, the Olmstead Council established priorities for the 2008 regular legislative session. These priorities were intended to direct efforts on key issues for the calendar year. This marked the second year the Council initiated this activity.

The overarching priority for 2008 is the full implementation of the *West Virginia Olmstead Plan: Building Inclusive Communities*. The Council identified five (5) specific objectives under this priority. They are as follows:

- 1) Implement Money Follows the Person and Rebalancing Strategies
- 2) Increase the Availability of Appropriate Home and Community-Based Services
- 3) Eliminate Current and Future Waiting Lists for Home and Community-Based Services
- 4) Enhance the Service Benefits Offered by the Aged and Disabled Waiver Program
- 5) Implement a Statewide Transition/Diversion Program.

The Olmstead Priorities and Issues were widely distributed throughout the state to policymakers, state agencies, advocacy and disability organizations, providers, self-advocates and other stakeholders. The Olmstead Office presented these priorities with numerous disability and advocacy organizations.

OLMSTEAD OFFICE

The Olmstead Office was established on August 13, 2003 by Governor Bob Wise to develop, implement, and monitor West Virginia's Olmstead activities. The office was designated under the supervision of the Office of the Ombudsman for Behavioral Health and is funded through the West Virginia Department of Health and Human Resources.

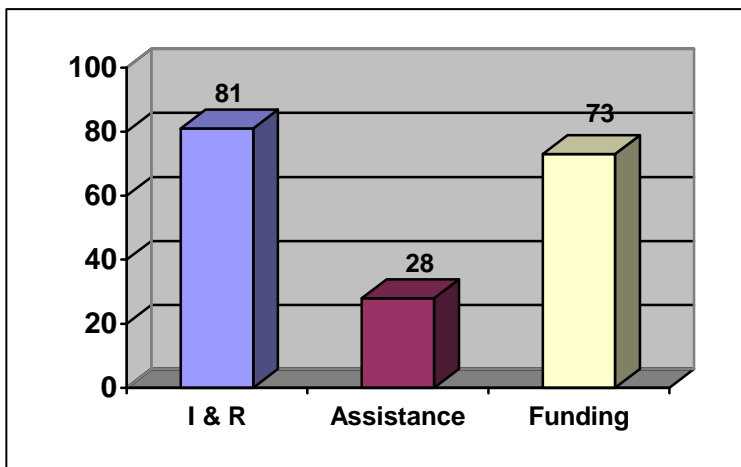
Olmstead Information/Referral, Assistance and Funding

The Olmstead Office provides information, referral, assistance, and funding services to West Virginia citizens concerning Olmstead-related issues and concerns. The following further details these services:

- **Information and Referral** about the Olmstead decision, West Virginia Olmstead activities, community-based supports, community-based providers, and advocacy services.
- **Assistance** in resolving individual or systemic Olmstead-related complaints or issues.
- **Funding** requests through the Transition/Diversion Start-Up Funding Program. This state-funded program supports individuals who are institutionalized or at-risk of institutionalization, and cover one-time start-up costs.

From July 1, 2007 to June 30, 2008, the Olmstead Office received 172 contacts for information, referral, and assistance. **Chart 4** details the number of contacts for information/referral, assistance and funding.

Chart 4. Olmstead Contacts - SFY 2008



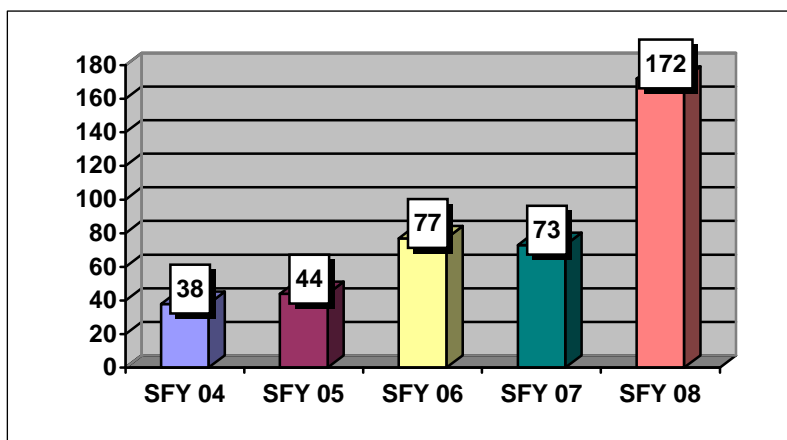
The following further details the type and number of specific contacts for **Information and Referral**:

- Transition Navigator Program (57);
- Olmstead Office or Council Activities (8);
- MR/DD Waiver and Non-Waiver Issues (6);
- Money Follows the Person and Rebalancing Issues (3);
- Aged and Disabled Waiver Issues (2);
- PACE Program (2);
- Treatment for Anorexia Nervosa (1);
- Minimum Data Set (1); and
- Patient's Bill of Rights (1).

The following further details the type and number of specific contacts for **Assistance**:

- MR/DD Waiver and Non-Waiver Issues (13);
- Transition Navigator Program (8);
- Ventilator Care Issues (3);
- Money Follows the Person (2);
- Aged and Disabled Waiver (1); and
- DHHR Guardianship (1).

The Olmstead Office has been tracking contacts for information and referral, assistance and funding since the office was established in 2003. **Chart 5** shows the number of contacts per SFY 2003 - SFY 2008.

Chart 5. Number of Olmstead Office Contacts per SFY 2004 - 2008

The increase in contacts can be attributed to two factors: 1) increased efforts to better inform the public about Olmstead and the Olmstead Office; and 2) the implementation of the Transition Navigator Program.

Systemic Issues

The Olmstead Office tracks and monitors systemic issues faced by West Virginians that impede the successful implementation of the Olmstead decision. The Olmstead Office is tracking and monitoring six (6) unresolved systemic issues:

- 1) Individuals inappropriately placed at the state-operated psychiatric hospitals, Sharpe and Bateman. *(Tracked since 2004)*
- 2) Individuals inappropriately placed at the five (5) state-operated long term care nursing facilities. *(Tracked since 2004)*
- 3) The MR/DD Waiver Programs waiting list for eligible individuals to receive a waiver slot to beginning pursuing services. *(Tracked since 2004)*
- 4) Implementation of Rebalancing initiatives and Money Follows the Person strategies in West Virginia. *(Tracked since 2005)*
- 5) Individuals inappropriately placed in out-of-state nursing facilities due to the need for ventilator care or other services not available in West Virginia. *(Tracked since 2005)*
- 6) Development of new ICF/MR programs through the “re-deployment project” by the Bureau for Behavioral Health and Health Facilities. *(Tracked since 2006)*

Olmstead Coordinator Activities

The Olmstead Coordinator develops, implements, and/or monitors West Virginia's Olmstead activities. The following provides some highlights of these activities from June 1, 2007 through July 30, 2008:

- 1) Provided stipends for people with disabilities and family members to participate on the Olmstead Council and the MR/DD Waiver Self-Direction Work Group.
- 2) Contracted consultant services for a MFP Rebalancing Study through the Public Consulting Group (PCG). *(January 2006 – August 2008)*
- 3) Participated on the steering committee for the A Vision Shared - Long Term Care Area Work Group. *(January 2006 – January 2008)*
- 4) Developed the West Virginia Transition Initiative in collaboration with the Bureau for Medical Services and the Bureau of Senior Services. *(January 2007)*
- 5) Developed the policy and application for Transition Navigator and Olmstead funding programs. *(January 2007)*
- 6) Sponsored public forums for the MFP Rebalancing Study for PCG. *(April 2007)*
- 7) Met with the Governor's Policy Director to discuss ventilator care and out-of-state placement issues. *(May 2007)*
- 8) Assembled a group of stakeholders to identify proactive steps related to identification of individuals who have been forced to out-of-state nursing facilities for ventilator care. *(June 2007)*
- 9) Issued formal recommendations on ventilator care to the Governor's Policy Director and the Secretary of DHHR. *(June 2007)*
- 10) Co-sponsored a national speaker (Patrick Flood, Commissioner of Vermont Department of Disabilities, Aging, and Independent Living) to present to the legislature on Money Follows the Person and rebalancing initiatives in Vermont. *(June 2007)*
- 11) Issued grant agreements for the Transition Navigator Program. *(July 2007)*
- 12) Developed the application for the State Profile Tool: Assessing a State's Long Term Care System, a CMS Real Choice Systems Change grant. *(July 2007)*
- 13) Participated in the development of a Memorandum of Understanding with the Bureau of Senior Services and the Bureau for Medical Services for the Transition Initiative. *(January 2008)*
- 14) Co-sponsored a national speaker (Steve Gold, civil rights attorney) to present to the Fair Shake Network at Disability Training Day on Olmstead and balancing the long term care system. *(January 2008)*
- 15) Developed a monthly report on the Transition Navigator Program to be submitted to the Legislative Oversight Commission on Health and Human Resources Accountability (LOCHHRA) at interim meetings. *(May 2008 – August 2008)*
- 16) Participated on the Roadmap to Health Project, a health care work group sanctioned by the Health Select Committee D of the Legislature. *(June 2008 – August 2008)*

SAMHSA Federal Olmstead Grant

The Substance Abuse and Mental Health Services Administration (SAMHSA) has issued state Olmstead Initiative grants since 2000 through the Center for Mental Health Services (CMHS) division. These three

year grants offer states \$60,000 per three-year grant period. SAMHSA has reissued this grant opportunity in 2003 and 2006. West Virginia has received this grant since 2003.

For the first three (3) years of the grant, the Olmstead Office has utilized the funding to support the Olmstead Council, the development of the Olmstead Plan, and the creation and distribution of marketing and informational materials.

Since 2006, the Olmstead Office has allocated this funding to the Division of Children's Mental Health at BHMF to supplement the Legal Aid WV Children's Legal Advocacy Support Project (CLASP). The SAMHSA grant will provide \$60,000 for the CLASP project over the three-year grant period. Legal Aid hired a full-time attorney to implement the project on May 7, 2007. The target population for the project is children with severe emotional and/or behavioral issues.

Measurable outcomes for the project are:

- 1) provide direct services to a minimum of 75 individuals (per year) ranging from advice and counsel, to brief services, to full representation;
- 2) provide direct services, training, workshops that support cultural competence;
- 3) provide client satisfaction surveys;
- 4) provide training within the human service system;
- 5) provide a minimum of six (6) workshops or trainings in the first year on topics recognizing the behavioral health needs of children;
- 6) participate in multidisciplinary teams, individual education program planning, or other child-family-professional teams to achieve optimal outcomes for families; and,
- 7) provide training and educational information for children and families struggling with issues associated with mental health challenges.

WEST VIRGINIA TRANSITION INITIATIVE

The West Virginia Transition Initiative (the Initiative) was formally released by Secretary Martha Yeager Walker, Department of Health and Human Resources, on February 1, 2007. The Initiative is managed by the Olmstead Office in collaboration with the Bureau of Senior Services and the Bureau for Medical Services.

The purpose of the Transition Initiative is to assist West Virginia citizens with disabilities and seniors who reside in nursing facilities to be supported in transitioning to their homes and communities. The Initiative will enable participants the opportunity to experience increased independence, dignity, choice, and flexibility to access home and community-based supports.

The Transition Navigator Program was developed as a result of this Initiative in November 2007, and began full operations in March 2008. The Transition Navigator Program has two components, the Transition Navigator services and the Transition/Diversion Start-Up Funding services.

Transition Navigator Program

Two full time Transition Navigators, employed by Community Access and Northern WV Center for Independent Living, provide coverage for 22 of the states' 55 counties. Transition Navigators assist participants in "navigating" the long term care system to establish necessary community-based supports. The average time to transition an individual from a nursing facility to a community-based setting is six (6) months. Transition Navigators target people that need more assistance than the current system can provide. This service will initially assist at least 50 people per year. Each participant of the Transition Navigator services is eligible to receive up to \$2,500 to pay for reasonable and appropriate start-up costs to support their transition from an institutional setting. **Chart 6** provides general information about the activities of these grant programs.

Chart 6. Summary Data of Program Activities, March – June 2008

Activity	Total YTD
Total # of People Transitioned	9
Total # of People Diverted	2
Total # of People Anticipating Transition	31
Total # of People Anticipating Diversion	12

The Transition Navigator Program was operational during the last quarter of state fiscal year 2008.

During this time:

- 1) Nine (9) people were transitioned from nursing facilities to return home and receive in-home supports.
- 2) Two (2) people were successfully diverted from nursing facility care to remain at home.
- 3) Eight (8) out of nine (9) individuals who were transitioned were admitted to nursing facilities from acute care hospitals.
- 4) One individual was admitted to a nursing facility due to lack of available community-based supports.
- 5) Seven (7) out of the nine (9) individuals did not have any history of receiving home and community-based supports prior to nursing facility admission.
- 6) Eight (8) out of nine (9) individuals who were transitioned had a family member or other person(s) available to provide informal supports.

Chart 7 details the counties the program covers and the number of people served per county. The “Other” category in this chart details assistance provided to person(s) outside of the 22 pilot counties. A goal for state fiscal year 2009 is to target counties with no initial participation in the program.

Chart 7. Number of People Supported for Transition/Diversion Per County, May – June 2008

County	YTD	County	YTD	County	YTD	County	YTD
Barbour	3	Harrison	4	Mason	4	Roane	0
Braxton	0	Jackson	1	Monongalia	8	Taylor	3
Boone	1	Kanawha	9	Preston	2	Tucker	0
Clay	0	Lewis	0	Putnam	0	Upshur	1
Fayette	2	Lincoln	0	Raleigh	2	Other	1
Gilmer	0	Marion	1	Randolph	1	TOTAL	43

Transition/Diversion Start-Up Funding Overview

Transition/Diversion Start-Up Funding covers one-time start-up costs that are not intended to support on-going needs of the participant. One-time costs can include: security deposit for housing and utilities, moving expenses, home furnishings, home accessibility modifications, and assistive technology equipment and/or devices. This program is available statewide and not limited to the 22 counties covered by the Transition Navigator Program. This service will initially assist at least 50 - 80 people per year.

The Olmstead Office provides limited funding for people at-risk of institutionalization to be able to remain in their home. Institutions include: nursing facilities, ICF/MR facilities and psychiatric facilities.

Chart 8 details the funding allocated from September 2007 through June 2008 for start-up to assist individuals to live in the community. The majority of requests for start-up funding were to support home modifications or accessibility needs.

Chart 8. Transition/Diversion Start-Up Funding, September 2007 – June 2008

Transition/Diversion Start-Up Funding	Total Expenditures
Home Security Deposit	\$1,444.00
Set-Up Fees/Deposits for Utilities	\$378.35
Essential Home Furnishings and Supplies	\$21,393.62
Moving Expenses	\$1,400.00
Home Modifications	\$51,835.54
Assistive Technology or Specialized Equipment	\$7,987.48
TOTAL	\$84,438.99

Transition Navigator Program Barriers

The Transition Navigators have identified barriers that prevent or hinder the provision of home and community-based services. The following detail some of these barriers:

- 1) Lack of accessible, affordable housing in even the most populated areas of West Virginia.
- 2) Most individuals lack income and resources necessary to maintain an accessible home as their needs change.
- 3) Case management providers seem to have little or no accountability for service provision (or lack thereof).
- 4) Community providers lack of disability etiquette and the use of specialized equipment.
- 5) Lack of back-up plans when in-home providers do not show up for work.
- 6) Community provider and/or case management agency is usually not part of the transition process. Planning services for the individual are not a billable service; therefore, the provider may not show up until the first week the individual is discharged from the nursing facility.
- 7) Lack of consequences exists for providers. It has been the experience of some individuals, when they complain, their service hours are reduced, workers don't show up, and the threat of losing all in-home services becomes very real.
- 8) It is difficult to coordinate the AD Waiver (100 days to expiration) with the Section 8 housing vouchers (90 days to expiration), unless the individual is entering an apartment complex that is already HUD-contracted.
- 9) Home modification needs that are very expensive can prevent an individual from remaining and/or returning home. Bathroom modifications, ramps, and lifts can be very expensive. However, these one-time expenses are much less costly than maintaining a person in a nursing facility.

The Olmstead Office, Olmstead Council and the Transition Initiative Committee review identified barriers on a regular basis. The Olmstead Office submits all identified barriers to the Bureau for Behavioral Health and Health Facilities, the Bureau of Medical Services, and the Bureau of Senior Services.

MONEY FOLLOWS THE PERSON REBALANCING STUDY

In 2006, the Olmstead Office issued a Request for Quotations (RFQ) to obtain bids for a professional consulting firm to conduct a Money Follows the Person (MFP) and Rebalancing study for West Virginia. The Olmstead Council assisted in the development of the RFQ and assembled a committee to review and select a bid proposal. The Public Consulting Group (PCG) was selected to perform this study. PCG undertook three distinct activities in the preparation of this study:

- 1) Conducted an analysis of West Virginia's long term care system to provide recommendations for implementing specific rebalancing strategies and initiative.
- 2) Conducted individual or small group stakeholder meetings in February 2007 with 62 individuals representing state government, providers, disability and advocacy organizations, professional organizations, and people who receive long term care supports.

- 3) Conducted public forums in Parkersburg, Beckley, Bridgeport, Charleston, and Martinsburg to gather information about the long term care system in West Virginia from consumers, advocates, providers and state officials.

Study Recommendations

Service Sufficiency and Provider Capacity

- 1) Create an action plan for increasing the availability of home health, adult medical day care, and assisted living services in West Virginia through a review of the existing Certificate of Need (CON) program and Medicaid payment rates.
- 2) Expand the AD Waiver to provide a wider variety of services to more individuals, and continue to support the self-directed option under the waiver.
- 3) Replace ICFs/MR with Waiver services and apply for two new Medicaid waivers to incorporate into the West Virginia long term care system: a Traumatic Brain Injury waiver and an MR/DD Supports waiver.
- 4) Boost the existing Assertive Community Treatment (ACT) program and expand telemedicine services.
- 5) Continue and expand options for self-direction and individualized budgeting into statewide long term care programs and services.
- 6) Improve access to community-based services for underserved and unserved populations by expanding home and community-based services.

Equal Access to Institutional and Community Services

- 7) Expand the Transition Navigator Program.
- 8) Continue to develop a single point of entry system through the Aging and Disability Resource Centers (ADRC) with other community services for improved information accessibility and a streamlined eligibility and assessment process.
- 9) Change the current assessment process for long term care consumers to: a) ensure providers are not completing individuals' assessments (remove the apparent conflict of interest); b) ensure that options / benefits counseling is occurring at the time of potential facility admission; and c) utilize a presumptive eligibility process or fast track initiative.
- 10) Modify the Nurse Practice Act.
- 11) Modify current policies and practices that reinforce institutional bias.
- 12) Review the medical records of and discuss HCBS options with current LTC facility residents to identify those more appropriately served in and ready for transitioning to the community.

Financing of Programs and Services that Follows People into the Community

- 13) Expand the amount of funding resources set aside for assisted living services so that Medicaid and Medicare recipients can access assisted living more equitably.
- 14) Expand the variety of services and the number of recipients utilizing personal care services by allocating more state-only dollars toward these services.
- 15) Continue to apply for federal grants to increase funding for LTC services and supports.

Quality Assurance and Improvement

- 16) Promote affordable and accessible housing.
- 17) Work with the Department of Transportation to provide more affordable and accessible transportation that allows individuals to access recreational, social, medical and spiritual events.
- 18) Tackle the state's critical workforce shortage by increasing direct care workers' salaries and implementing new methods for recruitment, retention, training and credentialing.
- 19) Continue to increase consumer and family involvement in the development of policy and the development or redesign of quality improvement / quality assurance activities and processes.

OLMSTEAD GOALS FOR SFY 2009

During state fiscal year 2009, the Olmstead Office and the Olmstead Council have identified the following goals:

- 1) Target the counties that were under or unserved by the Transition Navigator Program during state fiscal year 2008.
- 2) Secure increased funding for Transition Navigator Program through an improvement package request. The Olmstead Office worked with the Olmstead Council to develop this request in the amount of \$613,750.00. This funding would support 3 additional Transition Navigators to cover the unserved 33 counties and support transition/diversion start-up funding for up to 125 more people per year.
- 3) Develop and implement a work plan that addresses what has been done and what needs to be done to implement the goals and objectives of the Olmstead Plan.
- 4) Develop and implement a strategic plan to address the recommendations of the MFP Rebalancing Study.
- 5) Sponsor and arrange a "Transition Summit" to bring together various providers of transition supports across the state to discuss current issues and future needs.
- 6) Develop and disseminate Olmstead Priorities and Issues for 2009.

OLMSTEAD COUNCIL MEMBERS

People with Disabilities and Immediate Family Members	
Karen Davis	
Jeannie Elkins	
Ken Ervin	
Linda Maniak	
Kevin Smith	
Advocacy and Disability Organizations	
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Roy Herzbach	Legal Aid of West Virginia Long Term Care Ombudsman Program
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Ann McDaniel	West Virginia Statewide Independent Living Council
David Sanders	West Virginia Mental Health Consumers' Association
Melissa Stacy	EMS-TSN Medley/Hartley Advocacy Program
David Stewart, Chair	Fair Shake Network
Steve Wiseman	West Virginia Developmental Disabilities Council
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Robert Berardinelli	ADRC of Northern West Virginia
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Brenda Hellwig	Job Squad, Inc.
John Russell	West Virginia Behavioral Health Providers' Association
Jesse Samples	West Virginia Health Care Association
Christina Shaw	Res-Care, Inc.
State Agencies	
Cindy Beane	Bureau for Medical Services
Elliott Birkhead	Bureau of Behavioral Health and Health Facilities
Penney Hall	State ADA Coordinator
Larry Medley	Bureau of Senior Services
Vonda Spencer	Bureau of Senior Services



The Annual Report was developed by the Olmstead Council and the Olmstead Office.