WEST VIRGINIA OLMSTEAD TRANSITION & DIVERSION PROGRAM
POLICY & APPLICATION INSTRUCTIONS: EFFECTIVE January 13, 2022
Please read the policy and instructions before completing the application.

What is the purpose of the Olmstead Transition & Diversion Program?

- To assist people who live in facilities such as nursing homes, intermediate care facilities, state psychiatric facilities, rehabilitation facilities, etc. to transition into the community.
- To help people who are at imminent risk of placement into a facility stay in their own home.

Who is eligible for the Program?

- People who reside in an institutional setting, such as nursing homes, intermediate care facilities, state psychiatric facilities, rehabilitation facilities, etc. The person must be transitioning to a residence in West Virginia.
- People who live in the community and are at imminent risk of being placed in an institutional setting.

What does it mean to be at "imminent risk of institutionalization?"

- Individuals in the community whose mental or physical health has deteriorated resulting in a new need to support self-care that cannot be met without the requested support from the Olmstead Transition/Diversion fund and facility placement is likely within 3 months are at imminent risk of institutionalization.

What does the Program cover for people who currently live in nursing homes or other institutional settings?

- **First month's rent and security deposits** that are required to obtain a lease on an apartment or house.
- **Essential and basic household furnishings** required to occupy an apartment or house, including furniture, window coverings, food preparation items, and bed/bath linens.
- **Setup fees or deposits for utility or service access,** including telephone, electricity, heating and water.
- **Moving expenses.**

What does the Program cover for people who are living in the community and are at imminent risk of institutionalization?

- Assistive devices or technology.
- Home accessibility adaptations or modifications.
- Durable medical equipment, the portion that is not covered by Medicaid and/or Medicare.

Can a family member or social/civic/religious organization provide the labor to complete home accessibility adaptations or modifications?

- Yes. However, participants are responsible to comply with all local and state regulations, and obtain the appropriate permits, licenses, insurance and bonding.

Can multiple members of a household apply for the same or different items at the same time?

- Yes. However, each person must meet the definition of imminent risk of institutionalization.

Can applications be submitted for minors?

- Yes. If a child meets the definition of imminent risk of institutionalization, a parent/guardian can apply in the child's name.

Is there a maximum amount of funding available under this Program?

- Yes. Funding is limited to $**2,500.00** per person per year. If a person has a need that exceeds the limit, the person must document how the rest of the need will be met. If a group or organization is supplying that funding, documentation from that group must be provided. There is a limit of one approved application per year.

What is <u>NOT</u> covered by this Program?

- Direct or hands - on supportive services.
- Costs associated with home improvements or repairs that are considered regular maintenance and upkeep. For example, repairing or replacing flooring, cabinets, roofing, siding, decking, drywall, water lines, gas lines, and/or utility poles.
- Medications or supplements (prescribed or over the counter) or medical bills.
- Vehicle accessibility modifications, adaptations, or payments.
- Past due utility bills, rent payments, mortgage payments, credit card bills, or medical bills.
- Items that have already been purchased.
- Personal hygiene supplies
- Items that are covered by Medicaid and/or Medicare
- Dentures
- Cost associated with bedbugs, including but not limited to pest control, temporary housing and furniture replacement.
- Cell phones/boosters
- Annual fees

This is not an all-inclusive list and the Review Committee reserves the right to determine whether the request meets the intent of the Program.

ALL APPLICATIONS MUST BE COMPLETE WITH ESTIMATES ATTACHED AT TIME OF SUBMISSION. Any submission that is incomplete or does not contain the adequate supporting documentation will be returned to the applicant.

What are the responsibilities of the applicant?

The applicant must:

- Complete and submit the application. All applications must include estimates, or they will not be processed. All applications must be signed by the applicant or their legal representative.
- Provide sufficient information to meet the definition for "imminent risk of institutionalization" if the request is to prevent institutionalization. For example, if requesting a lift chair, the applicant must provide sufficient information to establish that he or she is likely to enter a nursing home within 3 months if the request for a lift chair is not approved. Information should include,
    a. Description of physical needs that support the need for a lift-chair.
        i. Documentation that the applicant is completely incapable of rising from any chair in his or her home.
        ii. Documentation that once standing, the applicant is able to ambulate.
    b. Documentation of attempts to secure other funding, i.e., completed Medicare Certificate of Medical Necessity (CMS-849)
    c. Documentation as to the other alternatives (firm chair with arm rests, seat lift only) that were attempted that failed to meet the applicant's needs.
    d. Documentation from treating or consulting practitioner that lift chair is medically necessary.
- Obtain detailed and itemized estimates for all funding that is requested. Estimates for ramps, bathroom modifications, etc. must include detailed estimates and a copy of the licensed contractor's West Virginia license. Estimates must also include a timeline for completion of the project. All projects must be completed within 60 days or written notification must be given as to why the project cannot be completed within that time frame.
- Return copies of all final receipts to the Olmstead Office; AND
- Ensure that the funding is spent only in the manner for which it was approved.
- Return any unspent funds to the Olmstead Office.

What happens after an application is submitted?

- The applicant will receive a letter confirming the application was received.
- The review committee, composed of at least 3 Olmstead Council members will consider applications, which are reviewed at least quarterly. All applications meeting the eligibility criteria will be reviewed. Approval for eligible services will be subject to availability of funds.
- Letters of approval or denial will be sent following the meeting of the review committee.

If an application is approved, when will funding be received?

- If funding is approved, a check in the amount of the award determined will be sent by Community Access Inc. to the vendor. Community Access is a tax-exempt nonprofit. No funding will be paid for taxes. For home accessibility adaptations or modifications, only a portion of the funding is sent up front. The remainder is sent upon completion of the project.
- Checks will be made payable to the vendor, supplier, contractor, or entity providing the goods and/or services requested in the application. Checks must be cashed within 60 days. Funds must only be used for the request that was approved. Any excess funds must be returned by check or money order to the Olmstead Office. Cash cannot be accepted.
- No checks will be made payable to the applicant.

What are the applicant's responsibilities after their application is approved?

- For home accessibility adaptations or modification, applicants are responsible for making sure that projects are completed correctly and within 60 days. Applicants are responsible for ensuring that the Certificate of contract completion and contractors affidavit form is completed and returned with the required invoices and/or receipts.
- For purchased items, receipts must be returned within 30 days.

Appeals

- Any person denied by the Olmstead Transition and Diversion program has the right to appeal the decision. An appeal request form is sent with each denial letter. The appeals committee is composed of at least 2 members of the Olmstead Council.

What if I have questions or need help completing the application?

- If you have questions or need help completing the application, please contact the Olmstead Office at (304) 352-0786 or by email at Carissa.A.Davis@wv.gov.

West Virginia Olmstead Transition and Diversion Program
APPLICATION

Date Application Completed		
Applicants First Name		
Applicant's Last Name		
Applicant's Date of Birth		☐ Male ☐ Female
Are you a veteran? ☐ Yes ☐ No		

Section 1. Current Living or Residential Setting
Check the setting where the applicant currently is living:
☐ Nursing Facility ☐ ICF/IID ☐ In-Patient Psychiatric Facility ☐ Acute Care Hospital
☐ Own Home ☐ With a friend or family ☐ Assisted Living
☐ Rent (Apartment or Home) (permission to make modifications must be obtained from the landlord or property owner and submitted with the application)
Do you live alone? ☐ Yes ☐ No If no, who do you live with?

Street Address	
Mailing Address (if different)	
City, State and Zip Code	
County	
Telephone Number	
Email Address	
Facility name, if applicable	
Facility admission date, if applicable	

Section 2. Tell Us About Yourself	
Please answer "yes" or "no" to the following statements to best describe your situation:	
My mental/physical health has worsened in the past 3 months.	☐ Yes ☐ No
If yes, how?	
I have been hospitalized in the past 3 months.	☐ Yes ☐ No
I have received care in a facility in the past 6 months.	☐ Yes ☐ No
I receive in-home supports through Medicaid.	☐ Yes ☐ No
I receive in-home supports through Medicare.	☐ Yes ☐ No
I receive in-home supports through another paid source. (Please describe)	☐ Yes ☐ No
I am on a waiting list for a nursing home.	☐ Yes ☐ No
I am on a waiting list for Medicaid Waiver services.	☐ Yes ☐ No
I have family or friends who help me in my home.	☐ Yes ☐ No
I participate in the Take Me Home WV Money Follows the Person Program	☐ Yes ☐ No
I am on a Centers for Independent Living Community Living Services and Supports Program waiting list. If yes, what are you waiting for?	☐ Yes ☐ No

I receive in-home supports, but they are not meeting my needs. Describe what needs are not being met.	☐ Yes ☐ No

If you are currently in a nursing home, please provide information to best describe how your request will help you move to the community:
If you are currently living in the community, how will the service/item you are requesting help you remain in the community?
What is your disability/diagnosis?

Section 3. Check the following activities you need help with.

☐ Bathing	☐ Climbing Stairs	☐ Other (please explain):
☐ Dressing	☐ Sleeping	
☐ Grooming (comb hair, nail care)	☐ Breathing	
☐ Walking	☐ Seeing	
☐ Transferring (sitting to standing; lying down to standing; shower or commode)	☐ Hearing	
☐ Wheeling		
☐ Toileting		
☐ Feeding Self		

Section 4. Services Information

Are you a Medicaid member? ☐ Yes ☐ No

Are you a Medicare beneficiary? ☐ Yes ☐ No

Provide the applicant's total monthly income. $_____

Additional income from other household members. $_____

Check all that apply toward your monthly income:

☐ Wages ☐ Social Security benefits ☐ Supplemental Security Disability Income ☐ State Assistance programs
☐ Veterans benefits ☐ Worker's Compensation ☐ Rental property income ☐ Pension or retirement
☐ Investment or trust fund ☐ Unemployment Compensation ☐ Other, please explain:

Section 5. Other Information
Other information you would like the committee to consider (high medical expenses, debts, dependents, etc.):

Section 6. Funding Request Proposal
Provide the amount of funding that is being requested. The application must include the following in order to be reviewed: ❖ Name and address of the vendor or provider of the requested item(s). ❖ Detailed and itemized estimates or actual costs for all funding requested. ❖ A copy of the contractor's license of any contractors that will be completing the work.

Requested item(s):

Category	Name and Address of Vendor	Amount Requested
Security deposit that is required to obtain a lease on an apartment or house.		
Essential and basic household furnishings required to occupy an apartment or house, including furniture, window coverings, food preparation items, and bed/bath linens.		
Set-up fees or deposits for utility or service access, including telephone, electricity, heating and water.		
Moving expenses.		
Assistive devices or technology.		
Home accessibility adaptations or modifications.		
	Total amount requested	$ 0.00
Have you applied for funding the Olmstead Transition/Diversion Fund in the past? ☐ Yes ☐ No		

Have you asked any other programs for help with paying for the requested item/service? ☐ Yes ☐ No
If yes, please list those programs:

If this request is for over $2,500, please explain where you will get the rest of the money. (If the money is coming from another organization, documentation verifying this must be attached.)

Section 7. Certification and Authorization

My signature indicates the information provided in this application is accurate and complete to the best of my ability. My signature authorizes the release of information enclosed in the application to determine eligibility for the program. Applications must be signed by the applicant or a legal representative (please provide documentation).

I give permission to talk to: ☐ Guardian ☐ Power of Attorney ☐ Medical Power of Attorney
☐ Family member _____ ☐ Contractor _____
☐ Case manager _____ ☐ Other _____

Signature of the applicant (if able):

Signature of the legal representative:

Date:

If you are completing this application for someone else, please provide your contact information and relationship to the applicant below:
Name _____
Address _____
Phone _____
Email _____

Relationship to the applicant: (check all that apply)
☐ Family member/friend
☐ Case Manager
☐ Facility Staff
☐ Legal Representative (MPOA; DPOA; Guardian/Conservator) Please include a copy of the authorizing document.
☐ Other (Please specify)

Return to:
Olmstead Office
WVDHHR, Office of Inspector General
State Capitol Complex
Building 6, Room 817-B, Charleston, WV 25305

Fax to (304) 558-1992 or email to Carissa.A.Davis@wv.gov

For Internal Use Only:

1. ☐ yes or no ☐
2. ☐ yes or no ☐
3. ☐ yes or no ☐

Recommendations: