ANNUAL REPORT ON THE OLMSTEAD PLAN

The Year in Review

WEST VIRGINIA Department of Health & Human Resources
Office of Inspector General

July 1, 2022—June 30, 2023

Building Inclusive Communities: Keeping the Promise

Table of Contents

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 into what constitutes an Olmstead violation has significantly changed. In the past, the primary question asked whether the institutions under investigation were safe. Additionally, the secondary question asked whether the conditions of confinement were constitutional. Considering 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. 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.

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

According to the Collaborative's most recent semi-annual report, "reducing the overall census in Residential Mental Health Treatment Facilities continues to be a primary focus for DHHR. DHHR surpassed the initial goal of reducing census to 822 by December 31, 2022, with a preliminary census of 781 children as of year-end. DHHR has a further goal to decrease census to 712 by December 31, 2024."

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 the West Virginia Olmstead Council is addressing its priorities and goals.

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

- Involve partners and stakeholders in the planning and implementation at all levels of the Plan. Individuals with disabilities, family members, advocates, and providers

of service will be involved early and continuously in the process to develop and implement the Plan.

- Continue to advance the formal agreement between all affected agencies, public entities, and the Olmstead Office to ensure cooperation and strong collaboration toward the implementation of the State's Olmstead Plan, as outlined in *Executive Order 11-05*.
- Achieve continuous inclusion of the Olmstead Office and Council in State processes that affect the home and community-based and institutional long-term care system.

Priority 2: *Prevent, reduce, and eliminate institutional bias in West Virginia's Long-Term Care System that results in the unnecessary and improper segregation of individuals with disabilities in more restrictive settings, placing persons at-risk for institutionalization.*

- Increase community awareness to decrease stigma and increase service development and coordination, including peer supports and service delivery models to be shared statewide. This can be done with an emphasis on each person's strengths, services, and supports needed to meet all of a person's unique needs and preferences, use of natural supports, accommodations for communication needs, flexible, coordinated, and accountable services, and recognition, respect, and accommodation relating to disability, culture, ethnicity, race, religion, gender, gender identify, and sexual orientation.
- Advocate for the removal of barriers for persons with disabilities to live, learn, work, and participate in the most integrated settings and ensure the envisioned future of equitable access to services that promote successful aging in place.
- Support and advance practices that achieve equitable access to services, while reducing reliance on institutional settings, and expand the statewide scope of services to support opportunities for employment, education, transportation, and meaningful community participation for persons with disabilities.
- Support the further development and implementation of rebalancing and implementing real systems change in long-term services and supports to effect opportunities for persons with disabilities to have opportunities to live with dignity in the most integrated setting.
- Support, strengthen, and advance 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 funds and permanent funding for tenant-based rental assistance.
- Advocate for the expansion and development of supportive housing programs, tenant-based rental assistance, and supportive services, including homeless prevention services.
- 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.*

- 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 in identifying and being an equal partner and participant in educational and employment training of their choice.
- Identify and analyze infrastructure that needs to be developed through the creation of opportunities for persons with disabilities to participate in education, work, or community activities and not in special programs or jobs primarily created for persons with disabilities.
- Promote integrated settings that enable people with disabilities to interact with people who do not have disabilities to the fullest extent by reducing reliance on day programs and sheltered workshops.
- Support a collaborative and coordinated approach to assure available, affordable, and accessible transportation.
- Capture information valuable to people with disabilities regarding their priorities.
- Support people with disabilities to participate meaningfully in their communities and to attain valued social roles.

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

- Increase communication with individuals and families, partners, and stakeholders to identify and advocate for services that increase opportunities for children with mental health issues to receive services in the most integrated setting.
- Use collected data to analyze and provide input on the availability and capacity of mental and behavioral health providers statewide and facilitate collaboration between state agencies and providers in identifying resources for children's unmet mental and behavioral health 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.
- Support the development and implementation of effective and responsive mental health crisis services for children and adults statewide.

Priority 6: *Advocate for equitable access to telehealth and services to support independent, community living.*

- Increase communication with individuals and families, partners, and stakeholders to identify and advocate for the additional services needed to support equitable access to telehealth and services, including assistive technologies, home modifications, and technology to support access to virtual services that will enhance access to health and mental health services, allow for social interaction, and support person-centered services.
- Promote and support the exploration and implementation of telehealth and services that improve diagnoses, services access, health outcomes, and programs that enable children to continue living in a community setting.
- Promote efforts to improve statewide telehealth infrastructure, with a special emphasis on remote regions, to expand the availability and use of technology to increase health services access.
- Support the expansion of telehealth to reduce transportation burdens, increase equitable access to integrated health care services and maintain access to services, including services for transition and tenancy sustaining services.

Priority 7: *Return persons with disabilities residing in hospital units to a community of their choice, provide individuals residing in other institutions or large segregated and/or congregate settings the opportunity to live in more integrated settings, increase the diversion of individuals from institutions and large segregated congregate settings, and provide opportunities for individuals with disabilities to participate in education, work, or experience activities in the community.*

- Identify the additional supports, services, and infrastructure to be developed during the implementation of the Plan and decrease reliance upon traditional hospital civil psychiatric resources.
- Promote and support multi-department and agency initiatives that improve long-term services and supports and HCBS data transparency, including utilization, quality, and cost data, licensing data, Long-Term Care Ombudsman data, and other quality and demographic data, with a goal of increased transparency to enable regulators, policymakers, and the public to be better informed.
- Promote and support the expansion of data sharing across entities, including state agencies, to improve services and service access and leverage data to help better guide advocacy initiatives.
- Gather information annually from all involved sources, including but not limited to, persons with disabilities, families, advocates, providers, state government entities, specialized programs, homeless shelters, housing authorities, prisons, jails, and courts.
- Use interagency collaboration for technical assistance and support to counties, service providers, and stakeholders to assure integration opportunities are made available with new and existing resources.

Priority 8: *Examine qualitative and quantitative data to evaluate individual choice in defining services and supports people with disabilities need to successfully live in the most integrated setting and further identify, with specificity, all types of services, supports, and infrastructure development needs in order to meet the needs of individuals discharged or diverted from hospital settings, persons living in other institutions or congregate care settings, and persons living in otherwise segregated settings.*

- Develop and strengthen meaningful and effective partnerships with partners, stakeholders, state leaders, persons with disabilities, and, as appropriate, families,

involved advocates, specialists, and knowledgeable service providers to monitor, promote, expand, and advance community integration initiatives, as well as to align goals, timelines, and resources.

- Utilize interagency collaboration to evaluate existing programs or plan new programs to be developed, the number of persons with disabilities to be served by each program, and timeline for development of each program; receive a status update of available services offered to help individuals move into more integrated settings and strategies for specific non-residential supports and services, including all types of daily activities and work opportunities; and evaluate how services are meeting the specialized needs of persons with disabilities, including those with diagnostic, aging, and social conditions.
- Use information gathered to analyze progress, regression, or lack of progress toward objectives and additional supports, services, and infrastructure needed during the implementation of the Olmstead Plan (Plan), with consideration of relapse planning, prevention, and early intervention.
- Use information collected to analyze data on the availability and capacity of mental and behavioral health providers statewide and facilitate collaboration between state agencies and providers in identifying resources for unmet mental and behavioral health needs.
- Use interagency collaboration to identify other potential public and private funding sources available to serve the needs of people with disabilities, such as medical assistance, Home and Community-Based Waivers, rehabilitative services, federal, state, and local housing agencies, and private foundations.
- Encourage a comprehensive array of services and supports that use a strength-based approach and service delivery that are culturally competent and community-based with natural supports.
- Encourage the accelerated transformation of existing programs, including but not limited to housing, employment, and treatment services, as well as newer, more evidence-based models that promote integration and recovery.
- Review the implementation of the Plan at least annually and determine the need for revision and updates based on data.

Priority 9: *Enhance outreach efforts to empower individuals and families to advocate effectively, learn how to be equal partners and participants in choices and opportunities*

to advance community integration, and maximize impact to localized, regional, and statewide system reformation consistent with continuously changing needs.

- Engage individuals, families, communities, partners, and stakeholders in discussions surrounding opportunities for people with disabilities to live, learn, work, and participate in the most integrated settings in the community of their choice.
- Obtain meaningful input from self-advocates, families, partners, and stakeholders to inform and advance the West Virginia Olmstead Council's priorities.
- Broaden and increase community awareness and education relating to the promotion of equal opportunities for people with disabilities to live, learn, work, and participate in the most integrated settings in the community of their choice and individual, family, and community roles in the positive effectuation of system change.
- Implement training to educate and inform stakeholders on the history of Olmstead, its importance, and existing and planned initiatives to achieve successful community integration in order to maximize impact statewide.

The Olmstead Council, with extensive public input, developed goals for West Virginia to reflect and improve upon the State's mission for full compliance. Each goal has a series of specific objectives to focus efforts and increase achievement success. These objectives include the following:

- Safeguard self-determination and informed choices.
- Create and maintain a user-friendly system.
- Expand and improve transitions from facilities to the most integrated settings.
- Strengthen in-home services and the direct service workforce. (Include strategies for increasing the quantity and quality of the direct service workforce.)
- Improve and expand housing options.
- Improve and expand transportation options.
- Increase incomes and employment opportunities.
- Strengthen inclusive education.

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 2023, the TMH transition program received 178 referrals, conducted 141 intake interviews, and transitioned 42 individuals to the community. During this time, 36 individuals successfully completed 365 days in the community without a re-institutionalization of more than 30 days. As of June 30, 2023, there have been 1,714 total intakes, 578 total transitions and 380 individuals successfully completing 365 days in the community.

In addition to its transition program, a key purpose of TMH is to facilitate reform of the State's long-term services and support system. Below is a summary of TMH supported reform initiatives in SFY 2023.

EXTENDED TELEHEALTH PILOT

MFP Capacity Building Grant funds are supporting a three-phase project to evaluate the use of telehealth technologies in West Virginia's home and community-based service system. TMH has contracted with West Virginia University (WVU) Health Affairs to implement the Extended Telehealth Pilot. Project goals and timelines include:

Phase 1: Elucidate factors related to the adoption of telehealth services by participants in the previous telehealth pilot intervention to inform design changes that promote greater adoption by all Waiver participants. Proposed Phase 1 Timeline: January 1, 2022 – June 30, 2022 (6 months).

Phase 2: Quantitatively survey waiver participants currently residing in the community regarding their interest in and factors associated with willingness to enroll in a future telehealth pilot intervention to promote receiving services in the community (i.e., prevention of long-term care admission). Proposed Phase 2 Timeline: July 1, 2022 – March 30, 2023 (9 months).

Phase 3: Implement an updated and expanded telehealth pilot intervention in a

population of Waiver participants living in the community to prevent institutionalizations. Proposed Phase 3 Timeline: January 1, 2023 – December 31, 2024 (24 months).

In Phases 1 and 2, the WVU Health Affairs team conducted surveys of 1) TMH participants choosing to participate in the initial telehealth pilot (2019), 2) TMH participants who chose not to participate in the initial pilot, and 3) 30 current HCBS Waiver members. Surveys of current HCBS Waiver members continued through March 2023 with approximately 100 surveys completed. The survey data was analyzed to identify factors that most strongly predict the acceptance of telehealth technology. Survey results were then used to develop a screening tool that could be used to identify HCBS recipients who would most likely utilize telehealth services. A final report summarizing findings from Phases 1 and 2 was submitted to TMH by WVU Health Affairs in May 2023.

In January 2023, TMH contracted with WVU Health Affairs for Phase 3 of the Extended Telehealth Pilot, which will run from January 2023 through December 2024. The goal of Phase 3 is to build upon the work of Phases 1 and 2 of this initiative and will provide logistical support, service coordination, implementation assistance, and an evaluation of an updated and Extended Telehealth Pilot targeting 1915(C) Waiver members in West Virginia. Up to 200 HCBS Waiver members will be recruited, enrolled, and provided with telehealth equipment and monitoring services. The evaluation of the Extended Telehealth Pilot will focus on quality, safety, and cost effectiveness of telehealth services. Phase 3 will include an evaluation of the effectiveness of the screening tool (developed in Phase 2) and an evaluation of the efficacy of pilot telehealth services in reducing hospitalizations, emergency department visits, nursing facility readmissions, etc.

NO WRONG DOOR (NWD)

In 2021, TMH received Centers for Medicare and Medicaid Services (CMS) approval to use Capacity Building Grant funds for a three-year project to support full implementation of the state’s NWD Strategic Plan. In April 2022, TMH contracted with the Bureau of Senior Services (BSS) to implement this initiative. The first-year objectives of the project, which BSS has subcontracted with the Metro Area Agency on Aging, include:

- Support the day-to-day operations of the No Wrong Door Advisory Council, including staffing.
- Develop and implement a comprehensive, statewide media campaign to promote access to the state's No Wrong Door system.

- Establish extended hours of access to Aging and Disability Resource Center (ADRC) services to cover evenings and weekends.
- BSS/Metro made significant progress toward the contract objectives in SFY 2023, including:
    - Hiring a NWD Project Director, Project Coordinator and Administrative Assistant.
    - Developing the NWD Advisory Council and its four standing committees: Governance & Oversight, Public Information, Streamlined Access, and Person-Centered Planning.
    - "Branding" West Virginia's No Wrong Door as "Bridging Resources WV."
    - Conducting an initial advertising campaign to promote the extended hours of the ADRC.
    - Implementing a project to pilot extended ADRC hours (November 2022).
    - Developing a comprehensive plan to market West Virginia's No Wrong Door System - Bridging Resources (presented to the NWD Advisory Council for endorsement during its July 2023 meeting).
    - Developing and implementing a No Wrong Door documentation tracking and reporting system for the ADRC, an important objective of the state's NWD Strategic Plan funded by a grant from the Administration for Community Living (launched in July 2023).

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. 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.

TMH had planned to post all three presentations on the TMH website in August 2022, making the information readily available to facility staff and residents, families, advocates, and other interested parties. The previous TMH Housing Coordinator resigned in June 2022. Her replacement was not brought onboard until December 2022, so the posting of these training materials was delayed. It is anticipated that the materials will be posted to the website by December 2023.

DIRECT-CARE WORKER PROJECT

Direct care workers provide crucial care to individuals with long-term service and support needs, but West Virginia is experiencing a shortage of these workers, which is affecting the TMH transition program as well as the delivery of HCBS. To address this issue, TMH contracted with WVU Health Affairs to develop a strategic plan to identify the factors contributing to the shortage and propose short and long-term reform goals and strategies. Utilizing MFP Capacity Building Grant funds, a six-month contract with WVU Health Affairs was finalized in December 2022. Contract deliverables included 1) short-term strategies, 2) long-term strategies, and 3) final report.

The final report was submitted in June 2023. The short-term recommendations aim to address immediate concerns and can be implemented in the next few years. The long-term recommendations aim to address the underlying issues of the shortage and require sustained effort over a longer period of time.

The Short-Term Recommendations (6-12 months) as presented in the final report include:

1. Improve remuneration for direct-care workers
2. Standardize training and make it more accessible and affordable
3. Investigate options for enabling spouses to act as paid caregivers
4. Improve data collection on the direct-care workforce
5. Build partnerships with stakeholders to facilitate communication

The Long-Term Recommendations (3-5 years) presented in the final report include:

1. Developing a direct care worker pipeline strategy: Strategic state investments are needed to attract new direct care workers, which should include: 1) an image-enhancement campaign to promote direct care as a career path; 2) a recruitment campaign with advertising and targeted sourcing; and 3) outreach and training to high schools and colleges with opportunities such as apprenticeships, a service corps, and training credits.

2. Encouraging better pay and benefits for direct care workers: Recommend incentivizing providers to offer better compensation and benefits to direct care workers through measures such as regularized hours, higher wages, benefits packages, insurance against injury, and consistent client assignment. Adjustments to the Medicaid payment system may be necessary, and implementation should occur before American Rescue Plan Act (ARPA) funds expire in 2025.

3. Strengthening communication and collaboration through relationships: Develop a structured approach for ongoing communication and collaboration between HCBS providers and BMS. Convene a stakeholder event in the short term to gather intelligence on the impact of ARPA funds on direct care workforce shortages, assess provider satisfaction with current communication, and review options for a future communication structure.

4. Collecting data for workforce planning: Recommend routine data collection on the direct care workforce in West Virginia through a comprehensive data collection system, which could include mandatory data reporting by providers and a direct care workforce registry.

5. Standardizing direct care roles and training: Standardizing the roles of the direct care workforce has several benefits, including clarity, consistency, training, and career development. This recommendation has also been included in the short-term strategies deliverable and the West Virginia Direct Care Taskforce report.

6. Aligning Medicaid and HCBS programs: Recommend aligning Medicaid and other state-run HCBS programs, and between Medicaid and Medicare programs to improve efficiency and lower provider costs. Establishing common requirements for provider staff can reduce market inefficiencies and costs. Further exploration is needed, and the communication and collaboration forum recommended in recommendation 3 can be consulted.

7. Adapting new technologies for innovations: BMS should use technology to improve communication and streamline administrative tasks among providers, direct care workers, and clients. This includes adopting EHRs, telehealth platforms, and other technologies to enhance health care delivery. BMS could adopt incentive strategies from the HITECH Act to offset the costs of technology adoption. Integrating provider administration with health IT could improve productivity and reduce costs, ultimately leading to better care for clients.

8. Exploring innovative solutions: To address the shortage of direct care workers, innovative solutions such as allowing spouses to act as paid caregivers and adopting a managed care model are recommended. Allowing spouses to provide care could reduce the demand for direct care workers, but training and financial incentives would be necessary to ensure quality care.

Overall, the WVU Health Affairs recommendations aim to address the direct care

workforce shortage in West Virginia by increasing the number of workers in the field, improving the quality of care, and creating a sustainable system for the future. The ultimate aim must be to transform direct care in West Virginia into an attractive career choice. The final report noted that state-supported direct care advisory groups appear to have been successful in several other states in bringing together various stakeholders, including health care providers, service recipients, and state departments such as Medicaid, senior services, education, and labor, to collaborate on identifying common goals and approaches. Through this collaborative approach, states have been able to recognize and address multiple factors that influence recruitment and retention beyond just direct care worker pay.

ONLINE CASE MANAGEMENT PROJECT

The development of an online case management system for HCBS providers is an initiative included in West Virginia's approved Sustainability Plan. TMH funded a Waiver Case Management Pilot Project (2018 – 2020) to solicit provider input, foster provider commitment, and ensure a product most responsive to provider needs. A final report outlining considerations and recommendations regarding implementation of a statewide online case management system was completed in December 2020. In 2021, TMH received CMS approval to use MFP Capacity Building Grant funds to develop and implement a statewide online waiver case management system utilizing the experience of the online case management pilot to inform the project.

The State is currently in the process of procuring an integrated online incident/case management system to support West Virginia's 1915© Waivers, State Plan Personal Care Program, and the TMH Transition Program. TMH is supporting this project in part with MFP Capacity Building Grant funds and has been integrally involved in intensive Joint Requirements Planning and process mapping sessions with BMS and Operating Agency staff to develop the specifications and Request for Proposal.

Intellectual and Developmental Disabilities Waiver (IDDW)

The Emergency Preparedness and Response, Appendix K, which was developed to respond to the COVID-19 pandemic, ended on October 31, 2023. The temporary rate increases allotted from the prior fiscal year (FY), via Appendix K, were renewed for FY 2023, beginning July 1, 2022, and ending June 30, 2023. These were 50% rate increases for the following Intellectual and Developmental Disability Waiver services: Licensed Group Home Person-Centered Support (PCS), Unlicensed Residential PCS, and Crisis Site PCS. Additionally, Agency In-Home Respite and Home-Based PCS were also included in this round of rate increases. 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. Agencies have until March 31, 2025, to complete the dispersion of the rate increases to direct-care workers. The 50% rate increases for IDDW day services (Facility-Based Day Habilitation, Pre-Vocational Training, Job Development, and Supported Employment) remain in effect until October 31, 2023.

A 5% rate increase effective April 1, 2022, is permanent for the following services: Crisis Site PCS, Licensed Group Home PCS, Unlicensed Residential PCS, Facility Based Day Habilitation, Job Development, Pre-Vocational Training, and Supported Employment.

In May of 2023, BMS began working with a contracted entity to conduct a rates study for West Virginia's HCBS programs, including IDDW. The IDDW Program anticipates that the outcome of the study will provide sufficient evidence for legislators to approve substantial, permanent rate increases for many IDDW services. If approved, the rate increases should help IDDW providers hire and retain a high caliber workforce to help ensure the provision of consistent, quality services to IDDW members.

BMS is also collaborating with WVU Health Affairs Institute to improve West Virginia's HCBS workforce capacity. This initiative will offer more comprehensive initial and ongoing training for direct-care workers to increase their confidence and job satisfaction. The goal is to add 1,000 direct-care workers to the existing workforce by March 1, 2025.

Bob Hansen, the former director of the West Virginia Office of Drug Control Policy for the WV DHHR, has begun working as a special assistant to DHHR to investigate best practices for reducing the number of institutionalizations occurring within West Virginia's IDD population and safely transitioning institutionalized individuals with IDD back into their homes and communities, and to serve as a liaison between the department, patients with IDD (including IDDW members), service providers, state hospitals, and advocacy organizations.

At the end of FY 2023, there were 548 individuals on the IDDW waitlist. On July 1, 2023, 140 of those individuals were offered a slot, due to the number of members who left the program by the end of FY 2023.

KEPRO, the contracted operating agency for the IDDW Program, completed the first full year (FY 2023) of in-person visits to all IDDW Intensive Support Settings (ISS) and Group Homes (GH). The ISS/GH Team completes annual HCBS reviews for 100% of individuals in West Virginia living in provider-controlled, 24-hour settings and receiving services through the IDDW Program. The purpose of the reviews is to gauge compliance with

IDDW policy, HCBS regulations, and the HCBS Integrated Settings Statewide Transition Plan, as well as to verify the health and safety of the program members who live in the settings. The team reviews service plans, medication administration records, staff qualifications, recent incidents, service environments, and the living conditions of members residing in the settings.

The ISS/GH review cycle for FY 2023 covered visits to 677 sites that house 1,219 IDDW members. Conditions noted during the reviews varied widely throughout the state from positive and supportive to unsafe and concerning. At least 35 Adult Protective Services reports were submitted, and information was provided to the Office of Health Facility Licensure and Certification and BMS regarding non-compliance and concern for member welfare due to the quantity or magnitude of the violations. Most sites required at least some remediation towards compliance. BMS and Kepro require approved plans of correction to bring providers with citations into compliance. At the time of reporting, 94 sites were compliant, 432 were compliant with remediation, 150 were presumed compliant, and one was non-compliant.

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 individuals 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 and 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, 2022, and June 30, 2023, HELP4WV fielded a total of 24,983 inquiries including calls, texts, and chats. Of these inquiries, 11,595 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 13,386 were related to additional support in existing Substance Use Disorder (SUD) and behavioral health access/navigation intakes. Of the 11,595 access/navigation intakes, needs can be broken down as follows with some consumers identifying multiple needs:

- 5,961 SUD
- 3,841 informational needs
- 1,141 peer warmline/emotional support

- 1,487 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

Peer recovery support services facilitate recovery from SUDs. Services are delivered by trained and certified peers who have been successful in their own recovery process and can extend the reach of treatment beyond the clinical setting into a member's community and home environment to support and assist a member with staying engaged in the recovery process.

Peer recovery support services are delivered by individuals who have common life experiences with the people they are serving. People with SUDs have a unique capacity to help each other based on a shared affiliation and a deep understanding of this experience. By sharing their experiences, peers bring hope to people in recovery and promote a sense of belonging within the community. Peer recovery support services are an evidence-based model of care which consists of a qualified peer recovery support specialist (PRSS) who assists members with their recovery. The experiences of PRSS as consumers of substance use services can be an important component in promoting and sustaining long-term recovery.

A CBHC or LBHC, as defined in Chapter 64 of the WV State Code, may provide peer recovery support services.

Peer recovery support services are for individuals with SUDs or co-occurring substance use and mental health disorders. Peer recovery support services may be provided to eligible individuals ages 16 years or older for SUD/co-occurring mental with the SUD being the primary focus.

Peer recovery support specialists must have a National Provider Identifier and a valid and active West Virginia Certification Board for Addiction and Prevention Professionals Peer Recovery Certification and must maintain all requirements for continuation of that certification.

As of June 30, 2023, BMS has approved 1,579 residential adult service beds in 103 programs and has registered 688 certified PRSS to provide recovery support services, with 311 PRSS enrolled with National Provider Identifiers.

State Opioid Response Grant Activities

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

- Twenty-one treatment grants facilitate the implementation of opioid treatment services at 44 facilities. The treatment programs provide access to the three federally approved Opioid Use Disorder medications: methadone, buprenorphine, and naltrexone. Contingency Management is also a part of the treatment plan for individuals with stimulant use disorder.
- Thirty-three 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.
- Twenty-two hospitals have implemented PRSS services in their emergency departments.
- Nine recovery housing facilities serve individuals using MOUD and Contingency Management as a path to recovery. Individuals who complete treatment are often 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 (Mindfulness Meditation, Acupuncture, and Chronic Pain Management) in treatment facilities, PRSS certification reimbursement, SMART Recovery material purchase, CHESS Health App, Oral Health, Support for Drug Free Moms and Babies program, and infectious disease testing and referrals to treatment.
- The SOR legal assistance program through Legal Aid of WV and the WVU Law School was implemented in January of 2023. Efforts continue to educate treatment providers and PRSS on legal issue spotting when conversing with their clients.
- Office of Drug Control Policy Regional Coordinators track potential regional overdose spikes. They are expanding their community partners and educating their communities on the importance of naloxone.
- Individuals seeking treatment and those in treatment continue to lose Medicaid and other health insurance following the end of the Public Health Emergency (PHE) for COVID-19. In response, uninsured/underinsured funds have been able to limit the insurance barrier to treatment resulting in no gap in treatment. In SOR III, the

number of facilities receiving uninsured/underinsured funds went from 13 to 35 agencies.

- A statewide stigma reduction campaign designed to change perceptions of OUD, reduce stigma, and encourage MOUD awareness and participation in WV.
- 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.
- Five SUD mobile units have been purchased and are in the process of being licensed to provide SUD services in rural areas of West Virginia. Urine drug testing, counseling, PRSS and MOUD prescribing services will all be provided through the units.
- Eleven 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 are working 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 35 agencies 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.
- BBH will use SOR funding to support existing evidence-based family treatment courts. The goal of family treatment courts is to provide parents and families with treatment while also requiring 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 of naloxone throughout 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, and pregnant or

parenting women. This training will be available to treatment providers, peer recovery support specialists, transportation providers, harm reduction programs, as well as community members.
- Nine harm reduction programs provide linkage to OUD treatment for individuals receiving syringe exchange services.

West Virginia 1115 Substance Use Disorder Waiver

As of June 30, 2023, there are1,579 SUD residential beds. Six hundred and sixty-four PRSS are certified through the West Virginia Certification Board for Addiction & Prevention Professionals and 306 of those PRSS are enrolled with Medicaid.

West Virginia 1915 Children with Serious Emotional Disorder Waiver (CSEDW)

The BMS application for a 1915(C) HCBS Waiver to CMS for 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, 2023, a total of 2,240 members were approved for the CSEDW and there are 329 member holds (in residential, treatment placement or parental request), 400 awaiting the Freedom of Choice form to be completed, 798 member discharges (126 completed the program, 233 opted out, 239 unable to contact, and 90 with no services for 180 consecutive days, 34 with no services in 365 days, 31 of whom are no longer West Virginia residents). There are 731 members receiving services and 265 applicants awaiting an eligibility determination. Year to date the number of members served is 1,430 as of June 30, 2023. West Virginia has 28 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, 18 of those providers are actively providing services with many providers expanding their coverage area and programs. DHHR's BMS, BBH, and BSS 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 renewal from CMS to the CSEDW with an effective date of February 1, 2023, that will continue the waiver for a five-year period.

- Expanding permanent telehealth modality options for select services and defined percent of total service units for families based on family voice and choice.
- Increased the waiver slot allotment starting in year 2 of the renewal and every other year after by 250 slots.
- Aligned CSED services units with the Mental Health Parity requirements by updating all program service units to soft limits.

- Expanded language around MCO requirements to help ensure an adequate and robust provider network.

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 while respecting their voice and choice in services. This waiver prioritizes children/youth with serious emotional disorder (SED) who are placed in psychiatric rehabilitation treatment facilities or other residential treatment providers in-state and out-of-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 21,
- Agree to enroll in West Virginia Medicaid with Aetna Better Health of WV as their MCO if not already enrolled,
- 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

The COVID-19 Pandemic – BMS

The PHE ended May 11, 2023, and the HCBS programs have begun to unwind the PHE measures put in place during the pandemic. Face-to-face home visits by Case Managers and Initial/Annual Assessment began in January 2023. HCBS programs have begun clearing the hold status of members who were no longer medically or financially eligible for program services. Amendments were made to the IDDW, Aged & Disabled Waiver (ADW), and Traumatic Brain Injury Waiver (TBIW) applications with CMS. Public comment periods were held, and provider training has been provided or is in the process of being held. The effective date of the new policies is August 1, 2023.

West Virginia Olmstead Activities

West Virginia Olmstead Office Supported Training and Activities

The West Virginia Olmstead Office participated in the annual Fair Shake Network Disability Advocacy Training Day and Disability Advocacy Day, the West Virginia Association of Rehabilitation Facilities State Use Day, and Independent Living Day at the capitol.

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 2023, the Olmstead Office received 250 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.

Month	**Number of Applications Approved**	**Funding Allocated**	**Average Cost Per Person**
July 2022	7	$10,093.25	$1,441.89
August 2022	16	$22,452.66	$1,403.29
September 2022	31	$36,363.95	$1,173.03
October 2022	1	$500	$500.00
November 2022	3	$4,454.46	$2,227.23
December 2022	10	$15,245.90	$1,524.59
January 2023	4	$5,895.33	$1,473.83
February 2023	0	$0	$0
March 2023	29	$48,176.72	$1,661.26
April 2023	17	$23,171.06	$1,363.00
May 2023	18	$27,975.51	$1,554.19
June 2023	9	$13,007.42	$1,445.26
Total Served in SFY 2023	**145**	**$207,336.26**	**$1,429.90**

During State Fiscal Year 2023, the program supported 145 people through the transition and diversion process. Twenty individuals transitioned from facilities into the community. The average funding allocated per participant was $1,429.90. Fifty-one applications were denied due to not meeting the definition of imminent risk of facility placement. Recently, the program began requiring West Virginia licensed contractors or licensed handyman services for home modification projects to protect the recipients and the program.

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 145 people assisted in this fiscal year, 26 received Medicaid only, 47 received Medicare only, and 63 received both Medicaid and Medicare. Nine recipients did not receive Medicaid or Medicare.

Revising and Updating the Olmstead Plan

The Council intends to work with a facilitator to engage interested individuals and the public to update the Olmstead Plan during State Fiscal Year 2024.

2023 West Virginia Legislative Session

Several bills were passed during the 2023 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 187 Making it felony offense for school employee or volunteer to engage in sexual contact with students.

SB 208 Relating to criminal justice training for all law-enforcement and correction officers regarding individuals with autism spectrum disorders.

SB 232 Creating study group to make recommendations regarding diversion of persons with disabilities from criminal justice system.

SB 617 Relating to Intellectual and Development Disabilities Waiver Program Workforce Study.

HB 2890 Modifying student discipline.

HB 3271 Relating to increasing monitoring of special education classrooms.

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.

Carissa Davis has been West Virginia's Olmstead Coordinator since June 2019. Ms. Davis has been an advocate for people with disabilities for 20 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 Olmstea*d* 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 40 persons from the following: 10 people with disabilities and/or immediate family members, 12 advocacy or disability organization representatives, nine providers of home and community-based services and/or supports, and nine state agency representatives.