

## Olmstead 2011 Priorities and Objectives

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

The Olmstead Council has identified priorities and objectives for achieving compliance with *Title II of the Americans with Disabilities Act* as addressed by the United States Supreme Court in *Olmstead v. L.C.* (1999). The overarching goal of the Council is the implementation of the West Virginia Olmstead Plan, Building Inclusive Communities.

The Supreme Court recognized that states could achieve compliance by having a “comprehensive, effectively [Olmstead] working plan.” West Virginia has a comprehensive plan; however the next step is effective implementation.



**The Olmstead Council has identified the following three (3) priorities for 2011:**

1. Implementation of the *West Virginia Olmstead Plan, Building Inclusive Communities*.
2. Elimination of the institutional bias in West Virginia’s long term care system.
3. Implementation of a statewide, comprehensive transition and diversion program.



Governor Joe Manchin III signed Executive Order 11-05 on October 12, 2005 formally approving and ordering the implementation of the West Virginia Olmstead Plan. **The Executive Order directs:**

1. the implementation of the West Virginia Olmstead Plan: Building Inclusive Communities;
2. 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
3. the submission of an annual report by the Olmstead Office to the Governor on the progress of implementing the Plan.

### ***Priority 1: Implementation of the West Virginia Olmstead Plan.***

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#### **Objectives:**

- Implementation of the Olmstead Work Plan to continue to address the objectives of the Olmstead Plan.
- Establish a formal agreement to ensure cooperation and collaboration between all affected agencies and public entities with the Olmstead Office to assure the implementation of the Olmstead decision.
- Inclusion of the Olmstead Office and Olmstead Council in state processes that concern the intent of the Olmstead decision.



#### **Background:**

Governor Joe Manchin III signed Executive Order 11-05 on October 12, 2005 formally approving and ordering the implementation of the West Virginia Olmstead Plan. **The Executive Order directs:**

1. the implementation of the West Virginia Olmstead Plan: Building Inclusive Communities;
2. 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
3. the submission of an annual report by the Olmstead Office to the Governor on the progress of implementing the Plan.

#### **Olmstead Plan Goals:**

1. Establish a process to provide comprehensive information and education so people with disabilities can make **informed choice**.
2. **Identify** every person with a disability, impacted by the Olmstead decision, who resides in a segregated setting.
3. **Transition** every person with a disability who has a desire to live and receive supports in the most integrated setting appropriate.
4. Develop and implement effective and comprehensive **diversion** activities to prevent or divert people from being institutionalized or segregated.
5. Assure community-based services are provided to people with disabilities at a **reasonable pace**.
6. Provide services and supports to people with disabilities by **eliminating the institutional bias** in long term care supports.
7. Develop **self-directed** community-based supports and services that ensure people with disabilities have choice and individual control.
8. Develop and maintain systems to actively protect the civil **rights** of people with disabilities.
9. Continuously work to strengthen the **quality** of community-based supports through assuring the effective implementation of the Olmstead Plan, and that supports are accessible, person-centered, available, effective, responsive, safe and continuously improving.
10. Develop, enhance, and maintain an array of self-directed **community-based supports** to meet the needs of all people with disabilities and create alternatives to segregated settings.

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

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**Objectives:**

- Support development and implementation of the CMS Money Follows the Person Grant.
- Increase access and availability of home and community-based services while reducing the reliance on institutional settings.
- Implement legislation and policies that address the elimination of institutional bias.



**Background:**

West Virginia must develop a strategy for implementing rebalancing strategies and initiatives to eliminate the institutional bias in its long term care system. West Virginians must have equal access to home and community-based services as they do institutional care.

According to the Centers for Medicare and Medicaid:

- **Rebalancing** means adjusting the State's publicly funded long term care supports to increase the availability of community options and reduce the reliance on institutions, so the supply of available services reflects to preferences of people with disabilities.
- **Money Follows the Person or MFP** is a rebalancing strategy. MFP refers to a system of flexible financing for long term care supports that enable funds to move with the individual to the most appropriate and preferred setting. Two major components of MFP are: 1) a financial system that allows Medicaid funds to be spent on home and community-based services when individuals move from institutions to the community, and 2) a transition program that identifies individuals in institutions who wish to transition to the community and helps them do so.

**Examples of Institutional Bias in West Virginia:**

- West Virginia spends a greater percentage of its overall Medicaid long term care funding for institutional care when compared to community-based supports.
- West Virginia has an Aged and Disabled Waiver (ADW) Program that does not provide a comparable or functional alternative to nursing facility care.
- West Virginia restricts access to personal care services all recipients of the Aged and Disabled Waiver Program (ADW).
- West Virginia utilizes waiting lists for eligible applicants of the MR/DD Waiver Program.
- West Virginia does not implement an informed choice and eligibility process for home and community-based waiver programs with an evenhand.
- West Virginia funding mechanisms incentivize and reimburse institutional care through a more cost-based methodology.
- West Virginia provides fragmented and inadequate services for people with mental illness.
- West Virginia does not effectively use Targeted Case Management to support people in transitioning from institutional care to the community.

***Priority 3: Implementation of a statewide, comprehensive transition and diversion program.***

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**Objectives:**

- Expand Transition Navigator services, including start-up funding, statewide to the 33 un-served counties.
- Expand service provision to other institutional settings, including state-operated psychiatric facilities.
- Continue to support people to be diverted from institutional settings.
- Continue to support the flexibility of the program to serve people in need, including people with little to no formal support needs upon transition.

**Background:**

West Virginia must fulfill and honor its commitment to implement a statewide transition and diversion program. Expanding the Transition Navigator program from 22 counties to full statewide implementation would require an additional \$682,500.00 in state general revenue funding.

The Council seeks to expand the Transition Navigator Program from two regional pilot programs to full statewide coverage. This was the objective and commitment identified by the DHHR on February 1, 2007.

The Transition Navigator Program offers face-to-face, hands-on support to individual seeking to transition or be diverted from institutionalization. In addition, start-up funding is available for one-time costs for: security deposit for housing; security deposit for utilities; moving expenses; home furnishings; and home accessibility modifications. This is capped at \$2,500.00 per person.

**Highlights from State Fiscal Year 2010:**

- The program provided transition and diversion services to 134 people.
- The program served people from 20 – 99 years of age with the average age being 66.
- The average transition time from referral to transition was 3 months.
- Seventy (70%) percent of program recipients were admitted to a nursing facility after a hospitalization, the other 30% were admitted due to a lack of home and community-based services.
- The average length of nursing facility stay by recipients was 8 months.
- Fifty-four (54%) percent of program recipients did not receive any Medicaid in-home supports after transition.
- Eighty-five (85%) of recipients had access to informal supports.
- An average of \$2,063.19 per person was spent on transition/diversion start-up funding.
- Seventy-two (72%) of start-up funding was spent on home modifications, and 22% was spent on essential home furnishings.