

FACT SHEET

Implementation of the *Money Follows the Person (MFP) and Long Term Care System Rebalancing study recommendations.*

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. At least forty-three (43) states across the country are implementing MFP and rebalancing initiatives. It is critical to utilize existing funding in a more effective and efficient manner to implement the Olmstead Plan.

According to the federal Centers for Medicare and Medicaid Services the following definitions apply to **rebalancing** and **MFP**:

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 the 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. There are two major components to MFP:

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.

States can have an institutional bias in both the funding of long term care services, and in statutes and regulations for implementing those services. **Examples of institutional bias in West Virginia include, but are not limited to:**

1. The West Virginia Aged and Disabled Waiver Program is the home and community-based alternative to nursing facility care. Under the traditional model, the waiver program offers eligible recipients 62 to 155 hours per month of in-home support based on level of care defined by the state Bureau for Medical Services. This equates to 2 to 5 hours per day of direct in-home support as opposed to nursing facility care offers support and care 24 hours per day for eligible residents.
2. West Virginia permits presumptive eligibility for ICF/MR and nursing facility care. This means individuals can be admitted to these programs before Medicaid eligibility is established. The eligibility process is considerably longer for those seeking Aged and Disabled or MR/DD home and community-based waiver program services. Furthermore, waiting lists for both waiver programs significantly impact the length of time an eligible individual must wait before services can be provided.
3. West Virginia nursing facilities receive per diem reimbursement rates based on actual costs and case mix that are recalculated every six months. Aged and Disabled Waiver Program services are reimbursed on a fee-for-service basis.
4. West Virginia ICF/MR facilities receive per diem reimbursement rates based on actual (client specific) costs and client-specific needs assessments. MR/DD Waiver Program services are reimbursed on a fee-for-service basis.
5. The West Virginia MR/DD Waiver Program has the most restrictive eligibility criteria in the nation. This results in people who have significant needs being un-served or under-served.

6. West Virginia is using sparse and vital resources on the construction of new ICF/MR facilities to replace old ICF/MR structures. West Virginia passed a real opportunity to support community-based services when it downsized Green Acres, a large ICF/MR facility and built smaller ICF/MR facilities.
7. West Virginia severely restricts the location of personal care services to the recipients' home. This causes individuals to be unnecessarily segregated. People receiving nursing facility services are not restricted to the facility, community outings are commonplace. ¹
8. West Virginia restricts the number of hours a recipient of Aged and Disabled Waiver supports can receive services in the community to 20 hours per month. This causes individuals to be unnecessarily restricted to their home. The individuals' needs should drive where appropriate services are received.
9. West Virginia uses waiting lists for both the MR/DD Waiver Program and the Aged and Disabled Waiver Program. This results in eligible individuals unable to access services at a reasonable pace. Often eligible individuals are forced to wait years to receive services and potentially being forced into institutional settings before services can be established. When individuals are forced into nursing facilities, it costs the state more to provide care. The average cost of nursing facility care in 2009 was \$44,560 (does not include patient share), and the average cost of Aged and Disabled Waiver services was \$18,858. ²
10. West Virginia does not provide direct and targeted services to people with traumatic brain injuries. Individuals with traumatic brain injury are inappropriately institutionalized or placed in programs that are designed for seniors, people with mental illness or people with developmental disabilities.
11. West Virginia does not effectively address the needs of people who are ventilator dependant. West Virginia citizens must have significant informal supports or they are forced out-of-state for nursing facility care.
12. West Virginia does not permit the administration of medication in community-based setting through flexible delegation or exemption programs, thus forcing individuals to accept costly nursing care.

The Public Consulting Group spent a year studying West Virginia's long term care system, and issued 19 rebalancing recommendations, and projections for cost saving to implement a "Money Follows the Person" initiative. These recommendations address the examples of institutional bias cited above.

For more information contact Jan Lilly-Stewart, FSN Director Phone: 304-549-9064 or E-mail wvfs@msn.com

¹ As of November 2009, the Bureau for Medical Services had requested a state plan amendment to allow community activities up to 20 hours per month.

² Data provided by the WV Bureau for Medical Services