



**Weathering the Storm: The Impact of the Great  
Recession on Long-Term Services and Supports**  
State Profile: WEST VIRGINIA

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# INTRODUCTION

*Weathering the Storm: The Impact of the Great Recession on Long-Term Services and Supports* is the most comprehensive analysis to date on the budget cuts to both Medicaid and non-Medicaid funded long-term services and supports (LTSS) in each state. It also illustrates state-by-state how LTSS are financed. In addition, this study provides a very early snapshot of the likelihood of states pursuing some of the LTSS provisions within the Affordable Care Act (ACA).

*Weathering the Storm* contains several components:

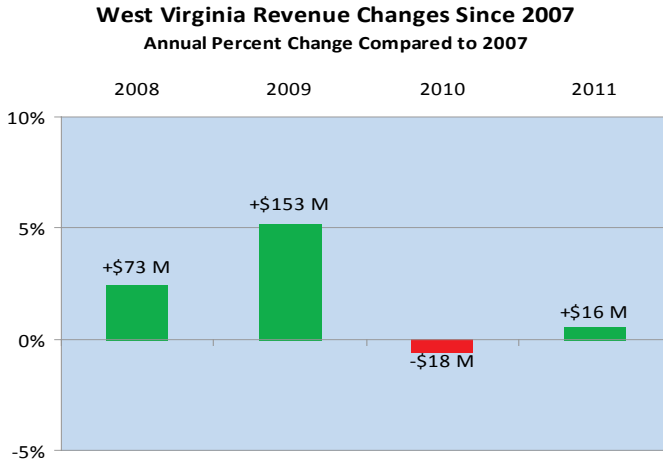
- The full report with an overview of findings and state-by-state tables;
- State profiles, which are 4 to 5 pages in length, for each state that participated in the study;
- An In Brief, which is a short synopsis; and
- A videotaped interview about the key findings.

Hard copies of *Weathering the Storm* are available free of charge. To order, please call the AARP Public Policy Institute at (202) 434-3890 or email [jgasaway@aarp.org](mailto:jgasaway@aarp.org).

All of the components of *Weathering the Storm* are also available on the web and can be found at [www.aarp.org/ppi](http://www.aarp.org/ppi), [www.nasuad.org](http://www.nasuad.org), and [www.healthmanagement.com](http://www.healthmanagement.com).

# WEST VIRGINIA

## TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales.** Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

## ARRA FUNDING

### IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- Does not anticipate any impact to service provision in SFY 2011.

### PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Expects very little impact because the state supports nutrition programs with state dollars (at least 50 percent of the funding is nonmatched state support).

## STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

### STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
120,499	118,000	115,000	-5%

### STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
None	None Listed

WEST VIRGINIA

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	NA	NA	DK
Adult Day Care	0	0	+
Adult Protective Services	NA	NA	DK
Assisted Living	NA	NA	DK
Behavioral Supports	NA	NA	DK
Case Management	NA	NA	DK
Chore	0	0	+
Community Transition	NA	NA	DK
Congregate Meals	0	0	-
Day Habilitation	NA	NA	DK
Disease Prevention/Health Promotion	0	0	+
Elder Abuse Prevention	0-	0	+
Environmental Modifications	NA	NA	+
Equipment and Supplies	0	0	DK
Family Caregiver Support	0	0	+
Food Stamps/Supplemental Nutrition Assistance Program			+
Foreclosure Counseling	NA	NA	DK
Homemaker	0	0	+
Home-Delivered Meals	0	0	++
Housing Assistance	NA	NA	DK
Information and Referral	-	0	+
Legal Assistance Development	0	0	+
LIHEAP			+
Long-Term Care Ombudsman	-	0	+
Nutritional Supplements	NA	NA	+
Occupational Therapy	NA	NA	DK
Personal Care/Assistance	NA	NA	DK
Physical Therapy	NA	NA	DK
Recreational Therapy	NA	NA	DK
Residential Habilitation	NA	NA	DK
Respite	0	0	+
Senior Community Service Employment Program			0
Senior Centers			0
Speech Therapy	NA	NA	DK
State Adult Guardianship Program	NA	NA	DK
State Pharmaceutical Assistance	NA	NA	+
Supported Employment	0	0	+
Supported Living	NA	NA	+
Transportation	0	0	+
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$12,767,804	\$15,112,445	\$16,137,367	18%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change SFY 2009– 2010
	SFY 2009	SFY 2010	SFY 2011 (planned)	
<b>Aged/Disabled Waiver</b>	6,523	6,057	8,165	-7%
<b>Nursing Facility Services</b>	Avg. Daily Census 2010		Expected Change 2011	
<b>NF Average Daily Census</b>				

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
<b>HCBS Waivers (For Older People and Adults with Physical Disabilities)</b>	\$123,012,443	\$131,947,104	\$146,171,355	7%
<b>Medicaid LTSS State Plan</b>	\$41,594,379	\$52,391,192	\$58,525,973	26%
<b>Nursing Facility</b>	\$464,023,240	\$473,417,699	\$493,413,800	2%

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
<b>Nursing Home*</b>	-2.34%	
<b>Home Health</b>		
<b>Personal Care Services</b>		
<b>HCBS Waiver Services*</b>	+7.6%	
+ Provider rate increase    - Provider rate decrease    0 No change in provider rate		NA Not applicable

- The change in nursing facility rates is the result of changes in costs as submitted by providers on semiannual nursing facility financial and statistical reports, which are used to set per diem rates.
- The homemaker service in the Aged/Disabled waiver program was increased from \$3.25 per 15-minute unit to \$3.50 per 15-minute unit during SFY 2010.

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.

WEST VIRGINIA

State’s Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program				
Community First Choice Option				
Money Follows the Person Demonstration				
<ol style="list-style-type: none"> <li>1. Apply for new program</li> <li>2. Apply for extension of existing program</li> </ol>				
Medical/Health Home Initiative				
<ol style="list-style-type: none"> <li>1. Agency applying for planning grant</li> <li>2. State plan amendment to establish medical/health home services</li> <li>3. Apply to establish community health teams</li> </ol>				

STATE PRIORITIES: 18–24 MONTHS

- Maintaining levels of service given rising costs and difficulty finding qualified workers.

STATE ISSUES

- Facing the shortage of qualified workers and maintaining service levels.
- Managing the demand for state-funded programs providing respite care (FAIR) and serving individuals with functional deficits (Lighthouse) who are not eligible for Medicaid.

STATE PROMISING PRACTICES

- Over the last five years, additional funding and implementation of new initiatives have resulted in an increase from 40,000 to 120,499 clients served by the State Unit on Aging at the close of SFY 2009.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. West Virginia's fiscal year begins July 1 and ends June 30.

