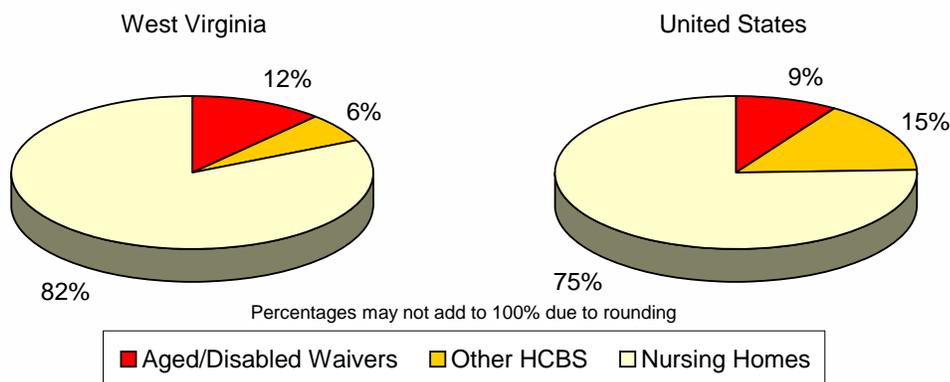


State Long-Term Care Reform in  
**WEST VIRGINIA**

**Medicaid Long-Term Care Spending for Older People and Adults with Physical Disabilities in West Virginia and the U.S., 2006**



Compared to the U.S. average, West Virginia allocates a greater percentage (82 percent) of its Medicaid long-term care (LTC) spending for older people and adults with physical disabilities to nursing homes, even though most people prefer to remain in their own homes and communities. In FY 2006, West Virginia spent 12 percent on waiver services and 6 percent on personal care services (PCS).

Type of Service	Medicaid Participants <sup>1</sup>			Expenditures (millions)		
	1999	2004	Change	2001	2006	Change
HCBS	10,970	9,684	-1,286	\$68	\$88	+\$21
Nursing Homes	11,788	11,534	-254	\$293	\$402	+\$109

Recent Medicaid trends indicate that West Virginia has an unbalanced LTC system for older people and adults with physical disabilities. The number of participants receiving nursing home services remained relatively flat from 1999 to 2004, while the number of participants receiving home and community-based services (HCBS) decreased (specifically, there was a decrease in the number of personal care beneficiaries from 1999 to 2002). From FY 2001 to FY 2006, the increase in Medicaid spending on nursing homes was more than five times the increase in spending for HCBS. In fact, the *increase* in Medicaid spending on nursing homes

<sup>1</sup> This analysis separates Medicaid participation and spending data for older people and adults with physical disabilities from the population with mental retardation/development disabilities (MR/DD) and other LTC populations. Participants and expenditures for HCBS include all 1915(c) waivers for older people and adults with physical disabilities, and the personal care services option, if the state offers it. All participants and expenditures for nursing homes are included, regardless of the participants' type of disability or reason for admission. Excluded are participants and expenditures for intermediate care facilities for mental retardation (ICF/MR), HCBS waivers for other populations such as MR/DD, home health, and individuals receiving LTC services through managed care programs. Participant numbers include all persons receiving services during the year, not the average number on a given day; the number of nursing home participants is greater than the number of nursing home beds in each state. The average number of Medicaid nursing home residents on any given day for each state appears in the *Tables* tab at the end of the full report *A Balancing Act: State Long-Term Care Reform (#2008-10)*.

was larger than the *total* HCBS spending for older people and adults with disabilities in FY 2006.

## Major Initiative

On October 12, 2005, West Virginia Governor Joe Manchin III, through an executive order, approved implementation of a plan for the state to comply with the 1999 Supreme Court *Olmstead* ruling that persons with disabilities be provided services in the least restrictive setting. One of the state's first actions under the directive was to require nursing homes to make residents aware of their *Olmstead* rights and the community options available to them.

The state's *Olmstead* plan, "Building Inclusive Communities," spells out 189 specific activities or tasks under 10 categories, including "Informed Choice," which directs the state to develop a resource guide and interactive website to help consumers find community LTC resources. Other categories include "Transition" and "Diversion" to aid consumers in avoiding institutionalization or by returning to the community from a nursing home stay.

### ***"Building Inclusive Communities"***

*West Virginia has laid out 189 activities, ranging from providing consumers with resources to make better LTC decisions to implementing transition and diversion programs to assist consumers who want to receive services in a community setting. The state plans to move at least 50 people back into the community by the end of the effort's first year.*

West Virginia also developed a Transition Initiative in the spring of 2007 to provide transition services for nursing home residents who want to return to the community. The plan seeks to move at least 50 people the first year with the assistance of Transition Navigators and Coordinators.

## Other Developments

**Systems Change grants.** West Virginia has received more than \$4 million in federal grants through the Real Choice Systems Change grant program and other sources to implement the *Olmstead* plan. An Aging and Disability Resource Center grant in 2003 is being used to develop centers in two counties and to evaluate the feasibility of establishing a statewide network of such centers. Funds have also been used to commission a Money Follows the Person study, due to be completed in early summer 2008.

**Cash and Counseling.** Another *Olmstead* plan recommendation on self-directed services and supports came to fruition in the spring of 2007 when the Medicaid Aged and Disabled waiver program added a self-direction option, "Personal Options." The program gives consumers age 60 and older, as well as adults with physical disabilities, the option to direct their own services. There are currently 400 participants in the Personal Options program who receive an individualized budget based on a needs assessment. Consumers are responsible for hiring and managing their own workers and arranging for their own services and supports.