

WEST VIRGINIA -- 2001 Nursing Facility Transitions State Grant

Identified Problems with the State's Long-Term Care System

- Lack of information that limits consumer, provider, and agency ability to promote informed choice regarding community vs. institutional options.
- Lack of information that restricts the ability of people living in nursing facilities to know about and pursue community living options.
- Lack of a person-centered approach with a Circle of Support or futures plan to assist consumers to design and direct a living environment that meets their needs.
- Consumers have limited financial supports for community living and few supports for housing, personal assistance, employment, healthcare and education.
- Lack of accountability for and measurement of the quality of supports, and little opportunity for consumer evaluation or control of that quality.
- There is little or no self-directed care.
- Aged/Disabled waiver services are unavailable if the consumer does not have informal supports.

Perceived Strengths

- The last large MR/DD institution in West Virginia was closed in 1998 and therefore the process of transitioning consumers has been established.
- The MR/DD waiver renewal includes environmental modifications, companion services, and 875 new waiver "slots."
- A strong group of consumer/advocates and advocacy organizations in West Virginia that provide consumer-to-consumer supports.
- A well-received person-centered planning philosophy with available, skilled professionals, and consumer trainers.
- Strong Centers for Independent Living with grant-funded models for identifying and supporting people in the community through self-determination training and support.

Primary Focus of Grant Activities

- Develop instrument to identify persons wanting to transition.
- Develop a Consumer Oversight Commission.
- Utilize, evaluate, and modify the Life Choices Assessment tool.
- Develop and coordinate training to develop Transition Support Teams statewide.
- Create a person-centered planning discharge and referral instrument.

Goals, Objectives, and Activities

Overall Goal. To enable eligible individuals residing in nursing facilities and/or segregated settings, or who are at-risk of segregated placements, to transition to or remain in the community and participate in its social and economic life to the extent desired.

Goal. To increase information on community resources, supports, and services to enhance informed choices for community living for persons with long-term care needs.

Objectives/Activities

Provide information regarding community options to current nursing facilities utilizing a toll-free number, web site, and other printed and multi-media materials.

Goal. Identify persons who wish to transition from nursing facilities into communities and identify necessary services and supports.

Objectives/Activities

- Develop informational and educational programs that provide guidance and build advocacy and self-determination skills for consumers, family members, and service providers.
- Identify people with disabilities and long-term illness of any age who wish to choose or transition to the most integrated community settings.
- Develop and field-test an instrument that is person-centered to identify potential strengths and needs of people wanting to transition from or avoid nursing facilities and/or segregated settings.

Goal. Develop systems of peer supports and services to improve the transition process to inclusive communities.

Objectives/Activities

- Work with Centers for Independent Living, support groups, the federally funded Let's Get a Life Program, the Mental Health Consumer's Association, and other consumer organizations to build self-determination and advocacy skills of people with disabilities or long-term illness and their families.
- Develop peer supports and peer services on a regional basis.
- Develop Transition Support Teams that include or are led by the consumer and/or family who wishes to transition from or avoid nursing facilities and/or segregated settings.
- Increase employment supports through collaborations with the Division of Rehabilitation Services, Medicaid Work Incentive Network and Benefits Planning, Assistance and Outreach, Supported Employment and One-Stops.

Goal. Identify barriers in Medicaid/Medicare service plans and waiver programs and recommend changes to support community living.

Objectives/Activities

- Investigate the Medicaid State Plan and waiver options to determine barriers to and potential supports for community living.

- Investigate practice, licensure and direct service employee barriers to determine how best to develop supports that improve community options.
- Make recommendations to state agency partners, policymakers, and the Governor regarding identified changes that would increase supports for individuals wishing to transition or be diverted from nursing facilities and/or segregated settings.

Goal. Implement transitional support models and evaluate cost-effectiveness and consumer satisfaction.

Objectives/Activities

- Collect information on the number of individuals who successfully transition or are diverted from nursing home settings.
- Measure the cost-effectiveness and quality of life of community versus institutional supports by comparing those who transitioned or avoided segregated facilities with those who did not.
- Conduct consumer satisfaction surveys and evaluations to determine the efficacy of the transition/diversion models.
- Review the transition models, community supports, and available financial supports to determine the most efficient models to recommend for ongoing support, and make adjustments as needed.
- Work with agencies, public and private partners and advocacy groups to incorporate successful models into an ongoing transition process.

Key Activities and Products

- Develop and field-test a person-centered identification instrument.
- Develop informational and educational programs.
- Develop peer supports, peer services, and Transition Support Teams.
- Make recommendations to state agency partners, policymakers and the Governor.

Consumer Partners and Consumer Involvement in Planning Activities

A twenty-three member Consumer Task Force, made up of individuals with disabilities, their families, and advocates met for three full day sessions to analyze the problems that would be addressed by the grant, to plan the objectives that would address those problems, and to develop a system for consumer implementation and monitoring of the Project if it received funding. Several members of the Olmstead Task Force are members of the Consumer Task Force. Consumers provided ongoing feedback on drafts of the written proposal.

Consumer Partners and Consumer Involvement in Implementation Activities

In the Project consumer partnership will be maintained through a Consumer Oversight Commission that meets every other month to monitor Project activity. It is involved in the ongoing PDSA evaluation to ensure that Project activities are directed at the outcomes designed to ensure community supports for people with disabilities and/or long-term illness. Consumers are also involved with providing training and technical assistance in the Project as consultants and are recipients of Request for Proposal (RFP) demonstration funds. The Commission will monitor the quality and efficiency of information, resource, and transitioning efforts.

Public Partners

- Bureau of Senior Services.
- Office of Behavioral Health Services.
- Division of Rehabilitation Services, Special Education, Long-Term Care.
- Medicaid Work Incentive Network.
- Long-Term Care Ombudsman.
- Department of Education, Special Education.

Private Partners and Subcontractors

- AARP.
- Brain Injury Association.
- Mental Health Planning Council.
- Centers for Independent Living.
- Home of Your Own.
- Let's Get A Life.
- ADAPT WV.
- West Virginia University.
- West Virginia Assistive Technology System.
- Behavioral Healthcare Association.
- Nursing Home Association.

Public and Private Partnership Development/Involvement in the Planning Phase

Public and Private Partners

- Three state agency meetings were held to inform and request information from the state agencies who would be involved in the Project (referred to as the TIC Project), if funded. Discussions on the current system of supports and the vision that state agencies have in modifying that system to fully support people with disabilities and/or long-term illness were held. These public entities along with public and private healthcare and service providers have been meeting with consumers and advocates in the state's Olmstead Task Force since early January. Many of the recommendations offered by that group were included in the grant proposal.

- State agencies and public and private partners also attended eight public meetings and teleconferences held statewide, where objectives of the proposal were reviewed. Ongoing interactions with state agencies and public and private partners included an interactive listserv through which drafts of the proposal were shared as they were developed. Phone conversations and informal meetings also occurred during the proposal development..

Public and Private Partnership Development/Involvement in Implementation

Public and Private Partners

During the TIC Project, public and private partnerships will be maintained through quarterly consumer/agency focus group meetings that address community support issues in housing, employment, healthcare, and personal assistance.

Existing Partnerships That Will Be Utilized to Leverage or Support Project Activities

The Consumer Oversight Commission includes people with disabilities and/or long-term illness (60 percent) as well as representatives from WV Home of Your Own, Let's Get a Life, Centers for Independent Living, Long-term Care Ombudsman Program, West Virginia Assistive Technology System, the Brain Injury Association, Developmental Disabilities Council, West Virginia Advocates, and the Mental Health Planning Council, all of whom provide advocacy for the targeted populations.

Agencies/organizations with which ongoing focus group meetings occur include: The State Bureau for Medical Services (Medicaid), the Bureau of Senior Services, the Nursing Home Association, HUD, the State program for Traumatic Brain Injury/Spinal Cord Injury, the Division of Rehabilitation Services and its Benefits Planning, Assistance and Outreach and Medicaid-Work Incentive Network, and Rehabilitation Engineering programs.

Oversight/Advisory Committee

A Consumer Oversight Commission, appointed through the Consumer Task Force that developed this and other West Virginia systems change proposals, will meet quarterly to review the TIC Project, as well as other Olmstead-related activities in the state. Members of the Consumer Oversight Commission include but are not limited to consumers and family members representing a diverse group of individuals with disabilities and/or long-term illness (60 percent) and advocacy organizations.

Formative Learning and Evaluation Activities

- The TIC Project will collect quantitative data, qualitative information, and conduct a formative learning evaluation process with partners and the Consumer Oversight Commission that is specifically designed for systems change programs. Quantitative and process data will be collected on the training provided through the TIC Project, as well as the number of toll-free call requests, a summary of information and referral services providers, and the types of referrals made. Consumer satisfaction data will be collected about the information and referral system by adapting surveys currently used by the WVATS and TBI/SCI Projects. These data will be presented to the Consumer Oversight Commission on a regular basis for review and evaluation. The summary information will be provided to the CMS in semi-annual and final reports.

- The Transition Team Specialist, who keeps records of successful transition or diversions, will gather the qualitative information on the factors that were instrumental in the success of transitions/diversions and the factors that were barriers. Interviews with those successfully transitioned/diverted, as well as those for whom transition was not successful, will be conducted 3 and 6 months after transitioning to determine consumer satisfaction with their choices and their perceived quality of life, and to determine needed modifications in their plans. This information (with confidentiality protection) will be shared every 6 months with the Consumer Oversight Commission. A general consumer satisfaction survey will be conducted in year 3 to summarize consumer satisfaction with the TIC Project and the transition processes.

Evidence of Enduring Change/Sustainability

The Project trains discharge planners, providers, and consumers in person-centered approaches to planning and exercising rights. Through the train-the-trainer model, many people around the state will be able to assist with these person-centered activities long after the grant ends.

The use of start-up funds for those transitioning in this project serves to demonstrate to policymakers that small financial contributions for assistive technology or rent deposits have long-term effects on people's success in their local communities. Focus groups that include consumers and members from these community support areas and from around the state allow for sharing of information and best "practice" as well as replication and collaboration across innovative models.

Geographic Focus

Statewide.