

## HOME AND COMMUNITY-BASED SERVICES (HCBS) WORKING GROUP

June 4, 2010

The Long Term Care (LTC) Partnership organized a group of 28 people to identify and make recommendations on improving HCBS in West Virginia. The group consisted of state agencies, West Virginia University, Marshall University, statewide associations, and service providers. The group met three times between February and May 2010 and agreed on the following recommendations for further action by the LTC Partnership. The group also authored a full-length report available at: <http://www.wvltpartnership.org/homebased.htm>.

### RECOMMENDATIONS

1. *Ensure West Virginians can choose from a variety of affordable and quality long-term care services and supports through development of a state plan and financial structure for HCBS.*

Of the issues reviewed and discussed, the group identified better planning for an appropriate and affordable array of HCBS as among the most crucial. A host of HCBS related issues exist that require on-going research, discussion and advocacy. West Virginia has an aging population and a high rate of disability and will need more HCBS in the future. The publicly-funded programs of Medicare and Medicaid are unable to meet current need. Expanded service options and innovative new models need to be considered. The LTC Partnership should establish a standing committee on HCBS to work towards meeting the HCBS service needs.

2. *Promote HCBS by eliminating all institutional bias in state law, policy, procedure and practice.*

Since the advent of Medicare and Medicaid in 1965, public funding for long-term care has been available primarily for institutional care. Consequently, policy evolved around the development and needs of institutional care. With expansion of public funding for HCBS, West Virginia needs to assure that current law, policy, procedure and practice appropriately support HCBS. The Olmstead Office and Council within the Office of the Inspector General in the Department of Health and Human Resources has created an inventory of all instances of institutional bias. The LTC Partnership should support the Olmstead Office and Council and other groups to revise pertinent state law, policy, procedure and practice.

3. *Promote HCBS by changing rules governing the administration of medication to permit more flexibility for unlicensed but trained personnel to administer medication in community settings.*

An important legal issue and a barrier to HCBS is the law that governs the passing of medication in publicly-funded programs. Much work has been done in West Virginia to build consensus among key parties including nurses, state agencies and advocates on the best way to address these concerns. The LTC Partnership should support the continuance of these efforts and assist in passing legislation in 2011 to resolve the issue.



4. *Convert Intermediate Care Facilities-Mental Retardation (ICF-MR) beds to waiver services.*

In the 1980s, West Virginia closed its large institutions for people with developmental disabilities. To accommodate many formerly institutionalized people in the community, the state supported the building of ICF-MR facilities. These facilities are no longer considered state-of-the-art care, and most residents would be better served in community waiver programs. Furthermore, the facilities are aging and, in the next few years, will require new public dollars to rebuild. The LTC Partnership should support a committee to develop alternatives and plan for the closure of many, if not all, ICF-MR facilities.

5. *Change the current assessment process for long-term care consumers to ensure that options and benefits counseling is occurring at the time of potential facility admission and that a presumptive eligibility or fast-track program is utilized.*

West Virginia has made great strides in developing a common assessment instrument (PAS 2000) to determine the need for and level of care for older adults when they enter a long-term care facility. The instrument could be further enhanced if options and benefits counseling is incorporated into this assessment. Furthermore, elders who need rehabilitation or HCBS should be considered presumptively eligible for such services by Medicaid to assure the timely availability of services. The LTC Partnership should work with the appropriate agencies to improve the assessment process and timely receipt of services.

6. *Assure that new technologies, which support HCBS are identified, reviewed and if appropriate, adopted in West Virginia.*

New and emerging technologies can offer assistance and greater independence for people with disabilities and frail elders who live at home. As these technologies emerge, West Virginia should have a process to identify, review and disseminate them. A variety of groups are working to promote the adoption of assistive technologies, telehealth and other technologies in West Virginia. The LTC Partnership should work with these groups to ensure that the needs and independence of elders and people with disabilities are supported through new and emerging technologies and that relevant privacy and ethical safeguards are in place around their use.

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