



Spending Plan for Implementation of American Rescue Plan Act of 2021, Section 9817

**Additional Support for Medicaid Home and
Community-Based Services during the COVID-19
Emergency**



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Letter from the West Virginia State Medicaid Director



July 12, 2021

Daniel Tsai
Deputy Administrator and Director
Center for Medicaid & CHIP Services (CMCS)
7500 Security Blvd
Baltimore, MD 21244

Dear Deputy Administrator and Director Tsai,

The State of West Virginia is pleased to submit the enclosed Initial Spending Plan Projection and Narrative to enhance, expand, and strengthen home and community-based services (HCBS) under the Medicaid program. The American Rescue Plan (ARP) section 9817 provides a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for HCBS. Using an estimated \$558 million in additional funds associated with the increased FMAP, the ARP allows a wide array of allowable spending options. Coupled with a multi-year allowable spending period this opportunity offers West Virginia a compelling opportunity for HCBS program enhancements and capacity building.

We are committed to optimizing available Medicaid funds for most effectively serving the needs of our communities. The increased FMAP will contribute to providing additional and improved services to members of the State's Medicaid program. The enhanced funding will provide the State with the opportunity to design, gather input, and implement short-term activities to strengthen the HCBS system in response to the COVID-19 Public Health Emergency (PHE), as well as longer-term strategies that enhance and expand the HCBS system and sustain effective programs and services. One example of this are improvements and investments to support a robust direct-care workforce. These crucial frontline workers enable members to remain living safely in their homes and communities.

Our priority over the past month has been to engage relevant stakeholders and seek their perspective on what they view as pressing needs. The spending plan presented below is a reflection of the feedback received during this process. The State of West Virginia is proud to have engaged a wide range of stakeholders - members, providers, activists, experts, and other members of the communities served by Medicaid.

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We also recognize the need to utilize the additional funds in a manner that is sustainable and leads to minimal disruption after the ARP funds are exhausted. The proposed spending plan has been carefully crafted keeping this key constraint in mind.

As part of submitting this spending plan and narrative, the State of West Virginia wishes to confirm the following assurances:

- I. The State is using the federal funds attributable to the increased FMAP to supplement and not supplant existing State funds expended for Medicaid HCBS in effect as of April 1, 2021
- II. The State is using the State funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program
- III. The State is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021
- IV. The State is preserving covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021; and
- V. The State is maintaining HCBS provider payments at a rate no less than those in place as of April 1, 2021

Once approved, the State has designated a point of contact, Randall Hill, Director of Home and Community-Based Services, who will help ensure that quarterly spending plans and narratives are provided along with any associated reporting. Please contact him at randall.k.hill@wv.gov with any additional questions.

Sincerely,

Cynthia Beane

Cynthia Beane, LCSW
Commissioner
State of West Virginia, Department of Health and Human Resources

Executive Summary

The March 2021 ARPA allows enhanced federal funding for State Medicaid spending on HCBS. HCBS allows people with significant physical and cognitive limitations to live in their home or a home-like setting and remain integrated with the community. These programs serve a variety of targeted populations groups, such as people with intellectual or developmental disabilities, physical disabilities, and/or mental health disorders. Section 9817 of the ARP provides the State with a one-year, 10 percentage point increase in its FMAP for certain Medicaid HCBS expenditures. This 10 percentage point increase will apply only to HCBS expenditures provided between April 1, 2021, and March 31, 2022.

Over the past decade, the State of West Virginia has made great strides in reforming and improving Medicaid HCBS. Accomplishments include being awarded a Money Follows the Person (MFP) grant by the Centers for the Medicare and Medicaid Services (CMS) in 2011 and developing a section 1115 Waiver to create a continuum of care for Medicaid enrollees with substance use disorder (SUD) issued in 2017. There are three HCBS waivers the State maintains for vulnerable populations including the Intellectual and Developmental Disabilities Waiver (IDDW), Traumatic Brain Injury Waiver (TBIW), and Aged and Disabled Waiver (ADW). In 2019, the State developed a fourth 1915(c) waiver for children with serious emotional disorders (SED).

The one-year increase in federal matching funds under section 9817 of the ARP will result in new, time-limited funding which can be invested in HCBS services. The extended time period for enhanced funding through March 2024 will provide West Virginia with the opportunity to design, gather input, and implement short-term activities to strengthen the HCBS system in response to the COVID-19 PHE, as well as longer-term strategies that enhance and expand the HCBS system and sustain effective programs and services.

One of the longer-term strategies for strengthening the HCBS systems is investments in improving recruitment and reducing turnover among frontline staff. Staffing shortages and high turnover are among the most frequently reported provider challenges. Trainings and rate increases passed through to direct-care staff in the form of compensation increases will provide short-term relief to help ensure provider solvency and a wage increase to both reward and retain committed direct-care staff. In the first year 85% of funds are intended to go to direct-care work incentives. The financial boost will be done in a reasonable ratio and in complement to longer-term, transformational strategies outlined in this document. In addition to direct payments to workers, enhancing the system to better train, support, and professionally advance direct-care workers. The enhanced funding will help ensure higher quality services are delivered resulting in better health outcomes for members.

Another strategy the State will incorporate to augment the HCBS will be to include additional member slots for the IDDW, TBIW, ADW, and Children with Serious Emotional Disorder Waiver

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(CSEDW) programs. The ability to add more slots to these programs provides an abundance of opportunities for West Virginians who are in need of care in a secure, safe, and natural setting within their homes and community instead of an institutional setting.

In June 2021, the Bureau for Medical Services (BMS) conducted seven stakeholder forums, collected data through a set of survey instruments, and provided an online mailbox to solicit broad stakeholder input from across the State. The result was an understanding of six major focus areas for HCBS improvement:

- 1) Increased compensation for HCBS
- 2) Expanded eligibility for HCBS
- 3) Increased training to improve services and reduce institutionalization
- 4) Improved systems to increase care coordination and improve health and welfare and access to services
- 5) New services and increased availability of HCBS
- 6) Expanded crisis services
- 7) Further research additional changes to assist the State in rebalancing HCBS

BMS used the initial feedback and proposals collected through the public input process to inform this initial spending plan. The State will continue to use stakeholder feedback, along with additional input that BMS intends to solicit from stakeholders, to inform and guide quarterly spending plans moving forward.

Spending Plan Narrative

The State of West Virginia is in a unique position to accelerate the expansion of HCBS. Over the past decade, BMS has been implementing an array of HCBS strategies and approaches that promote community living over institutionalization, offering older adults and individuals with disabilities choice, control, and access to services that help them achieve independence, optimal health, and quality of life.

Currently, West Virginia has a robust array of HCBS services providing benefits under the State plan as well as through 1915(c) waivers. Through consideration of the requests of internal and external stakeholders gathered through a number of means throughout the month of June 2021, we have elected to make some targeted expansions to HCBS. These expansions are designed to fill some of the identified gaps in care, increase availability of services, and improve existing services. West Virginia indicated three major strategic areas to invest the increased FMAP including sustainability of the direct-care workforce, enhancing and strengthening the HCBS service array, and supportive Health Information Technology.

1. Sustainability of the Direct-Care Workforce

Building and helping to maintain a high-quality workforce to enable HCBS

❖ **\$22,000,000**

The direct-care workforce is the mainstay of the HCBS system. West Virginia, like many other states, however, has been experiencing difficulty with workforce capacity in human services. Pre-COVID workforce shortages have been further exacerbated by the impacts of the pandemic as well as the increase in demand for HCBS services. With increasing salaries in retail and other competing employment sectors, West Virginia human services providers have had increasing difficulty in hiring and retaining quality staff. Investments in the workforce to expand recruitment and improve retention will bolster both provider capacity and members' quality of care. A particular emphasis on rural provider sustainability will be made to help ensure access to care across the state.

Workforce Development and Training Through West Virginia University and Marshall University

Workforce development is key to the State's efforts and is designed to improve the behavioral health of individuals, families and communities by ensuring that there is a workforce of appropriate size, composition, and competency to address mental health and substance use related needs in West Virginia. Workforce development activities include sponsorship of psychiatric residencies, psychiatric adolescent fellowships, SUD residencies and fellowships. Incentives to move to West Virginia to provide professional mental health services in rural communities. Competency-based curriculum and training for our direct-care in home workforce and training opportunities on evidence-based practices to help assure the workforce has the tools needed to support their practice.

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The State intends to expand support to the provider community to improve capability in attracting new employees and onboarding them as quickly as possible, as well as maintaining current direct care workers by providing training support.

For direct-care staff working with vulnerable adults, providers in the State have found that it is difficult to hire and retain staff with training in safely administering medications, crisis prevention, and intervention and behavioral health support skills. In addition, the State is greatly in need of direct-care workers who complete training to become certified nursing assistants as they have additional competencies that help to make them able to serve vulnerable adults with physical challenges. Further, stakeholders have shared that it is very difficult to find and hire direct-care workers certified in applied behavioral analysis, which is an evidence-based approach for helping children with autism and similar challenges in functioning to learn skills for self-regulation of behaviors. Providers have also requested technical assistance and training in evidence-based approaches to working with client populations.

The state is also planning to have training developed for all providers to help provide greater understanding of how to provide trauma-informed care when incidents occur or when members come to the treatment with existing trauma, impacting their functioning. In addition, the State plans to provide training to first responders and other public servants (such as judges and attorneys) who frequently come into contact with our members to facilitate awareness of behavioral health and substance abuse conditions and assist them in developing skills to appropriately de-escalate individuals in crisis and provide referrals to services.

With the experience of the COVID-19 outbreak, the State has come to understand that providers need additional support and training on creating plans for emergency preparedness when a disaster or other incident occurs that disrupts the day to day operations of human services. The ARP funding will be used to develop training and tools for providers to create actionable plans to serve their clients in emergency situations.

West Virginia also has had a severe lack of providers in-state that are able to treat eating disorders. In addition, there are limited providers able to treat adolescent sexual abuse victims, including those who have acted out sexually or committed offenses against others. The ARP HCBS funds critical in support for this training, so that members in need of these services would not need to travel out of state for treatment.

The State also plans to provide a path to training and counseling services for unpaid caregivers and family members who are helping to provide informal supports for waiver members. Additionally, the State will provide training on understanding how to assist family members with their children's specific behavioral health needs and training for additional respite providers for those families. To further support these families and members who are seeking to direct their own services, the State will provide self-direction training for case managers as well as institute training in quality improvement for members who self-direct.

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Loan Repayment Grants Bureau for Behavioral Health

In order to best serve Medicaid members, West Virginia intends to develop a transformative HCBS system. Ideally, such a system would be affordable, efficient, and would provide members choice and access to the resources and care they need to live and thrive in their home and community. In order to accomplish this an appropriate workforce consisting of behavioral health professionals must be cultivated and strengthened. As part of this effort West Virginia anticipates using a portion of ARP funding to support student loan repayment.

The loan repayment program offers loan repayment assistance to mental health care professionals who agree to practice in a community behavioral or substance use disorder field in West Virginia. Applicants must agree to a minimum 2-year service contract. Funding allows the State to retain licensed mental health professionals practicing in underserved communities. As mental health needs are acute, particularly in isolated and rural areas, supporting a provider base in these areas strengthens West Virginians' access to the services they need.

School Based Community in Schools

West Virginia seeks to support its HCBS system through investment in initiatives that will support the creation of a robust workforce is integral to this plan. Communities in Schools (CIS) is a non-profit organization that works within schools help at-risk students to stay in school and perform well. The CIS approach is based on addressing underlying factors which contribute to students dropping out of education through provision of resources students need to remain engaged.

CIS implements a community-based integrated student services approach, making use of communal resources where they are most needed in schools. CIS' mission is "to surround students with a community of support, empowering them to stay in school and achieve in life." CIS links educators with the community to bring local resources into the schools and create a network of support that keeps kids in school, stay healthy and engaged in learning. While supporting student physical health, mental health, safety, and well-being by developing integrated student support initiatives. Additional funding will be used to expand this program in underserved West Virginia counties.

2. Enhancing and Strengthening the HCBS Service Array

Improved Availability of HCBS through Increased Rates and Increases to Capacity

❖ **\$501,606,344**

The COVID-19 outbreak has had a disproportionate impact on individuals residing in congregate care settings. While we understand that ARP funding may not be used for nursing facilities, we plan to use a portion of the funding to improve and incentivize community-based care settings with 85% of funding in the first year going to direct-care work incentives including but not limited to retention bonuses, hiring bonuses, increased benefit packages, and other

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inducements. With that in mind, the State plans to expand on the post-COVID transition of members from non-HCBS settings into the community and shift children residing in larger child residential institutions to community-based settings. The State plans to also add and expand services to some of the HCBS waivers in order to help members stay in their homes and with their families, including coverage for home and vehicle accessible adaptations, adult day health services for adults with physical disabilities and additional support for individuals with autism and similar needs. Specific areas of rate and capacity increases include:

Intellectual and Developmental Disability Waiver (IDDW)

The IDDW is a 1915(c) waiver program that reimburses for services to instruct, train, support, supervise, and assist individuals who have intellectual and/or developmental disabilities in achieving the highest level of independence and self-sufficiency possible. In year one, from April 2021 to March 2022, the State intends to add an additional 50 slots to the IDDW waiver to increase capacity. In addition to the slot increase, the State plans to increase IDDW rates by 50% with the understanding that the increase will be passed on to direct-care workers in the form of incentives which may include retention bonuses, increased wages, hiring bonuses, increased benefit packages, and other inducements. Beginning in year two, from April 2022 forward, the number of additional slots will rise to 100 and the increased IDDW rates will continue at 5%.

Aged and Disabled Waiver (ADW)

The ADW is a 1915(c) waiver program which allows individuals who are aged, blind, or disabled to remain in their home as an alternative to nursing facility placement. The State intends to add an additional 300 slots to the ADW waiver to increase capacity. In addition to the slot growth, for year one, from April 2021 to March 2022, the State plans to increase ADW rates by 50% with the understanding that the increase will be passed on to direct-care workers in the form of incentives that may include a raise in wages, as well as such inducements as retention and hiring bonuses or increased benefit packages. Starting in year two, from April 2022 forward, the increased ADW rates will continue at 5%. In addition, in order to assist with the relocation of members into their homes and communities, the State also plans to add two services to the program.

The first of the two services are **Environmental Accessibility Adaptation (EAA)** services for the ADW program. Environmental Accessibility Adaptations-Home (EAA-Home) are physical adaptations to the private residence of the member or the member's family home which maximize the member's physical accessibility to the home and within the home. Additionally, these adaptations enable the member to function with greater independence in the home and reduce the need for the member to move to a more restrictive institutional facility.

The second service, **Adult Day Health Care (ADHC)**, will provide members with more options to receive services that improve or maintain their health and functioning as well as increased access to their community and social activities. Unlike social adult day care programs, adult day health care programs offer medical services and physical, occupational, and speech therapy. They are staffed with a Registered Nurse and other health professionals that can assess members' conditions, assist with medication administration and support other medical needs of

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members. Adult day health care services also allow family caregivers a regular means to continue to work outside the home while receiving help with the care of a loved one or a periodic break (respite) in which to attend to personal needs.

Traumatic Brain Injury Waiver (TBIW)

The TBIW is a 1915(c) waiver program which provides HCBS to individuals who have experienced an external insult resulting in a traumatic brain injury and who require services ordinarily only available in a nursing facility. Beginning in the first year, from April 2021 to March 2022, the State plans to increase TBIW rates by 50% with the understanding that the increase will be passed on to direct-care workers in the form of compensation increases as well as other incentives which may include but would not be limited to retention bonuses, hiring bonuses, raise in wages, increased benefit packages and other inducements. Following the first year of rate increases, from April 2022 onwards, the rate increases will continue at 5%. In addition to rate increases, the State intends to expand EAA services described above to both the TBIW program as well as ADW.

Children with Serious Emotional Disorder Waiver (CSEDW)

The CSEDW is a 1915(c) waiver program which enables children ages 3 through 20 years who would otherwise require institutionalization to remain in their homes and communities through HCBS. BMS intends to add the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA)/Katie Beckett eligibility group to the CSED Waiver. Additionally, the State intends to add an additional 200 slots to the CSEDW to increase capacity in the first year, beginning April 2021. In addition to the slot increase, the State plans to increase CSEDW rates by 70% with the understanding that the increase will be passed on to direct-care workers through incentives including but not limited to compensation increases, retention bonuses, hiring bonuses, increased benefit packages, and other inducements. Beginning in April 2022, for the second year going forwards, BMS intends to maintain the number of additional slots and a rate increase of 5%.

Personal Care Services

Personal care services are available to assist an eligible member to perform activities of daily living (ADLs) and instrumental activities of daily living (IADLs) in the member's home, place of employment, or community. In order to support members in the community, the State plans to increase personal care service rates by 50% for the first year, beginning in April 2021. For the second year, beginning April 2022, the increase in rates will remain 5%. As with other rate increases, BMS is increasing rates with the understanding that the increase will be passed on to direct-care workers performing these services in the form of incentives not limited to compensation increases, retention bonuses, hiring bonuses, increased benefit packages, and other inducements.

Private Duty Nursing

Private Duty Nursing is face-to-face skilled nursing that is more individualized and continuous than the nursing that is available under home health benefit or routinely provided at a hospital

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or nursing facility. Private Duty Nursing is considered supportive to the care provided to an individual by the individual's family, foster parents, and/or delegated caregivers. The State plans to increase rates by 50% in the first year. BMS is increasing rates for private duty nursing with the intent that increases will be passed on to direct-care workers through incentives which may include compensation increases, retention bonuses, hiring bonuses, increased benefit packages, and other inducements.

Behavioral Health Services

Behavioral Health Services are available to all Medicaid members with a known or suspected behavioral health and/ or substance use disorder. These services offer a range of community-based supports including but not limited to diagnosis, counseling, and peer supports. From July 2021 to March 2022, the State plans to increase behavioral health service rates by 70% in that first year with the increase being passed on as incentives to direct-care workers including but not limited to compensation increases, retention bonuses, hiring bonuses, and increased benefit packages. In the second year, from April 2022 going forward, the increase in rates will continue at 5%.

Expansion of Crisis Services

Currently West Virginia has mobile crisis response and stabilization teams; however, these teams currently only serve children and youth. Mobile crisis response and stabilization have been implemented within the last few years through the Bureau for Behavioral Health (BBH) on a grant-funded basis. The program was not yet implemented statewide at full capacity before it was impacted by the COVID-19 PHE. The State proposes to use ARP funding to strengthen the current program and expand the service to adults. The implementation of this service will take place largely in year one and continuing as a service in year two and beyond. The State intends to implement mobile crisis statewide using State Plan authority.

In addition to the mobile crisis teams who can respond to a family's home or community setting, the State plans to develop crisis triage sites for individuals who need a prompt evaluation and assistance in accessing behavioral health and substance abuse services. Currently the State has sites where evaluations can be completed, but not on an emergency basis. Unfortunately, in many cases, individuals are transported to hospital emergency rooms which are not necessarily equipped to best serve the individual. Creation of these crisis sites would enable first responders to take the individual in crisis to a setting best equipped to provide evaluation, stabilization, and connection to services on a longer-term basis. Further, the State would like to expand capacity of these sites to enable them to serve individuals with intellectual disabilities who are in crisis.

In addition, the State is proposing to expand a currently grant-funded program that provides intervention for individuals who have experienced an overdose or acute behavioral health episode. The State has had some success in helping to facilitate entry into substance abuse and behavioral health treatment through use of quick response teams, who are deployed to visit a current member and help engage them in treatment.

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Certified Community Behavioral Health Centers

West Virginia envisions an integrated behavioral health system with comprehensive care available to individuals statewide. The Certified Community Behavioral Health Centers (CCBHC) model is transforming service delivery and payment ensuring sustainable funding for the mental health and substance use treatment system. The CCBHC model alleviates decades-old challenges that have led to a crisis in providing access to mental health and substance use care. CCBHCs have dramatically increased access to mental health and substance use disorder treatment, expanded states' capacity to address the overdose crisis and established innovative partnerships with law enforcement, schools, and hospitals to improve care, reduce recidivism and prevent hospital readmissions. CCBHCs provide a comprehensive array of services needed to create access, stabilize people in crisis, and provide the necessary treatment for those with the most serious, complex mental health disorders and substance use disorders. CCBHCs integrate additional services to ensure an approach to health care that emphasizes recovery, wellness, trauma-informed care, and physical/behavioral health integration. West Virginia will utilize ARP funds to design a program to distribute grants designed to facilitate an enhancement for current mental health providers to transition to CCBHCs.

Child Transition Services

Transition services for children are designed to support the needs of children in foster care, kinship care, subsidized adoptive children, and those with serious emotional disorders. Children in such circumstances often need guidance in order to move between levels of care. These services seek to reduce fragmentation and offer a seamless approach to participants' needs, delivering needed supports and services in the most integrated setting. West Virginia currently has a number of children receiving services in out-of-state institutions and large residential facilities. These transition services will allow for the development and implementation of a comprehensive quality approach across the continuum of community-based care services.

3. Supportive Health Information Technology

Improved systems to increase care coordination, improve health and welfare and access to services

❖ **\$12,000,000**

Case Management Redesign

The State will implement a new online case management system to improve coordination of care and help increase ease of communication between members and their providers. This system will allow the HCBS programs to move from the current paper-driven Case Management system to a more efficient and effective online database solution. Required documentation including the person-centered plan of care and documentation of required contacts with program members will be created and stored within the system. This will give service providers, BMS, and its operating agencies real time access to Case Management data.

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The online system will significantly improve BMS oversight of the quality of Case Management services and compliance with State and federal requirements.

To assist with expected organizational and system changes, BMS proposes providing capacity-building funds, change management expertise, and evolving systems support for agencies, members, and their families. As part of this effort, BMS intends to accomplish several key things. Firstly, in order to properly support capacity-building efforts, BMS intends to identify best practices in case management and care coordination for people who have long-term disabilities and for those with multiple comorbidities. Secondly, BMS plans to use case management capacity-building funds to enhance technology systems and policy requirements to address barriers to long-term care eligibility for members. Finally, understanding that this is the first step in an ongoing cycle of continuous improvement to its systems, BMS will conduct system mapping to further define roles and responsibilities across systems to support individuals through holistic care management.

Incident Management System (IMS) Upgrade

The tools and technologies BMS uses not only impact our administrative functions, but each is integral to our providers' ability to perform their contractual obligations and to provide care to our members. State and federal requirements mandate critical incidents involving HCBS members are reported, investigated, and tracked. Currently BMS has a paper-based reporting process when there are critical incidents that impact members receiving waiver services. The existing IMS was implemented many years ago and despite numerous tweaks and patches, it no longer meets the needs of the state and provider agency users. An upgraded system using a current technology will allow more efficient submission of incident data, expanded documentation of investigation findings, and more comprehensive analysis of trends. BMS would like to implement an online reporting system for incidents that can make sure all necessary parties for assessment, investigation and response are notified and have the same information.

Explore Interface with Department of Corrections

The State will also explore development of an interface between its Department of Corrections and BMS. When members who have been incarcerated and have been receiving treatment during that time are released and return to their communities, treatment services are initiated promptly and continuity of care is maintained. The goal of this system would be to prevent overdose and behavioral health crisis events from occurring. In addition, the improvement of data collection and reporting along with standardizing data are additional benefits. BMS anticipates conducting research and system mapping to further understand how a future interface may meet these goals.

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West Virginia State Legislative Appropriation

To facilitate specific design and implementation requirements related to the service areas defined in this plan, BMS is in the process of identifying requisite legislation that may be required. The West Virginia Legislature is scheduled to be in regular session beginning January 2022. The West Virginia Legislature has the discretion to approve, disallow, or modify any proposed legislation related to the ARP. BMS will update this spending plan quarterly and with final detailed proposals following the regular session.

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Spending Plan Projection

The below table contains the detailed spending amounts for numerous service initiatives outlined in this plan.

Distribution of 10% - Repurposed Match by Year

Table 1.1 Match by Year

Estimated Spend ¹	4/2021 – 3/2022	4/2022 – 3/2023	4/2023 – 3/2024	Total
State	\$ 36,674,084	\$ 14,229,649	\$ 14,229,649	\$64,413,383
Federal	\$ 372,308,574	\$ 49,082,194	\$ 49,082,194	\$471,192,962
Total	\$ 408,982,658	\$ 63,311,843	\$ 63,311,843	\$535,606,344
FMAP	91.04%	74.68%	74.68%	

¹Estimated amount is based on projected eligible HCBS expenditures from April 1, 2021 to March 31, 2022.

Summary of Stakeholder Feedback

BMS has worked to provide numerous opportunities for stakeholders to comment and provide feedback on the expansion of HCBS within the State. To ensure that input was gathered from all HCBS programs, providers, members, caregivers, and other groups, the State identified stakeholders that could help inform the most needed service categories. The following stakeholder summary provides an overview of both stakeholder meetings and public forums conducted with external stakeholders; providers, advocates, and members who shared ideas for how the State could improve HCBS for members.

Stakeholder Meetings

The State stakeholder group included high-level representatives from BMS units including the HCBS Unit, Long-Term Care Services, ADW, TBIW, Personal Care Services (PCS), IDDW, CSEDW, and Behavioral Health (BH). In order to gather input, the stakeholders from within State government met to discuss the feedback provided by CMS for States using the increased funds for HCBS services. Stakeholders identified ways for how each of the groups could use the additional funds to improve HCBS in West Virginia.

The State stakeholder group met six times to inform this document, and BMS intends to continue engaging stakeholders on an ongoing basis related to updates and opportunities relevant to HCBS funding.

Public Forums and Surveys

Seven virtual public forums were held between June 10, 2021 and June 16, 2021 and were conducted for the following stakeholder groups:

- ADW, TBIW, and PCS
- CSEDW and Behavioral Health (BH)
- IDDW
- Take Me Home West Virginia (Money Follows the Person)

The primary focus of these public forums were to allow stakeholders the opportunity to express their needs, wants, ideas, and expectations for using the 10% FMAP additional funds to improve and grow HCBS. During each public forum, attendees were asked to complete a short poll where they could review and choose service item suggestions for how to best improve services for HCBS members in the communities. The list of service items was not an exhaustive list and included specific ideas catered to HCBS waiver program session stakeholders.

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Questions asked during the forums were broad-ranging. Several of the stakeholders asked about staffing and rate increases, while other stakeholders wanted to discuss provider flexibility and respite services.

To help gain additional input, BMS designed and launched a voluntary online survey instrument for each stakeholder group. A survey link was provided to all stakeholders where they could assess areas of interest related to potential improvements to HCBS and infrastructure related to the individual stakeholder groups. Each survey allowed an opportunity for stakeholders to provide input in a free-standing text box if they chose. In addition to the facilitated public forums and surveys, the State also opened the BMS Comment Box where individuals could email suggestions, feedback, and pose questions related to the ARP funding to BMS.

The State held seven virtual public forums between June 10, 2021 and June 16, 2021. A total of 248 participants provided information, shared insights, and prioritized services to assist with the State's allocation of the funds for HCBS services. The State calculated 210 public forum attendees participated and provided feedback using the meetings' poll features. Upon completion of these six public forums, over 75 survey responses were received and analyzed.

Key Themes

Key themes presented at the public forums from input received across stakeholder interactions included:

- **Training** – Stakeholders expressed difficulty in being able to hire and retain direct-care workers and how there are needs to train public servants such as law enforcement who interact with Medicaid members on a daily basis.
- **Targeted Rate Increases** – Rate increases for some HCBS services are needed throughout the State to help ensure the workforce can support current and new services.
- **Health Information Technology (HIT) System Improvements** – The State would benefit from system improvements which can help provider staff have better knowledge of members' needs and help ensure proper links between agencies allowing the systems to provide a smooth transition of care for Medicaid members.
- **Emergency and Crisis/Mobile Responses** – There is an urgent need for the State to offer these services for individuals who are combating a mental health or acute substance abuse incident.
- **New Services/Increase Service Array** – Stakeholders shared a plethora of service suggestions, such as adult day program services, overnight support, EAA-Home and chore services.

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The State has compiled a list of all the suggestions, feedback, and input received from internal and external stakeholders. The list has been thoroughly analyzed and considerations have been reviewed for which services would be the most beneficial to the State and its HCBS members. All while keeping in mind the goal of keeping HCBS members at home, in the community long-term.

Service Considerations

During the public forum polls, stakeholder input identified numerous priority HCBS services. The top five suggestions are as follows:

- **Personal Attendant/Direct Care/Person-Centered rate increases** with at least 50% or more of the increase given to the personal attendant workers/direct-care workers.
- **Development of an interface** between the criminal justice system and Medicaid to help ensure that care coordination efforts begin immediately upon release.
- **Crisis planning** for providers and family member, including skills for de-escalation of a crisis.
- **Addition of pre-transition case management services** to assist with discharge from an intermediate care facility with I/DD or from an IMD.
- **Add homemaker/home health aide services** for all HCBS waiver services.

Lastly, responses collected from the Survey Monkey HCBS survey generated additional potential areas to invest the 10% FMAP increase. Below are some of the top comments received.

State Spending Plan for Implementation of American Rescue Plan Act of 2021, Section 9817

Table 1: Survey responses

HCBS Survey Instrument Respondent Ideas/Comments
Reimbursement rates
Increased mileage caps
Emergency funding for transitions of care
Additional funding for clinical supervision and other increased provider rates
Crisis planning assistance for families including crisis beds for adults dual diagnosed
Increase in Family and Community-Based Supports
Workforce supports
Expand ACT services

As the State has communicated to its stakeholders, it is important that everyone with a connection to HCBS in West Virginia has the chance to comment on how to spend these monies as a way to improve HCBS services offered in the communities. Due to the limited time frame for which these funds are available, the State has reacted efficiently and in a timely manner to best support its members' needs. Even with this limited time frame, the State felt it was important to take time to hear from stakeholders to gain a better understanding for what services would support providers and the challenges they must overcome on a regular basis. The goal is to work together throughout the continuum of care to deliver assistance some of West Virginia's most vulnerable populations.