

The West Virginia Bureau for Medical Services (BMS) received a Money Follows the Person (MFP) Rebalancing Demonstration Grant in 2011 from the Centers for Medicare and Medicaid Services (CMS).

In West Virginia, the Money Follows the Person (MFP) demonstration program is called Take Me Home, West Virginia. The Take Me Home (TMH) Transition Program provides services and supports to eligible West Virginians wishing to move from long-term care facilities to their own homes in the community.

Individuals wishing to transition to the community often face numerous obstacles including a lack of funds for security and utility deposits, lack of basic household items and furniture, limited community supports, and no one to help develop comprehensive plans to transition home. TMH helps address many of these barriers by providing services and supports including Transition Coordination, Pre-Transition Case Management and Community Transition Services to qualified applicants.



To make a referral, call the Take Me Home office at (855) 519-7557

Or call the Aging & Disability Resource Center (ADRC) at (866) 981-2372.

For more information about the Take Me Home Transition Program, visit our website: TMHWV.org

This program is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$41,339,444 with 99 percentage funded by CMS/HHS and \$240,177 amount with one (1) percentage funded by the State of West Virginia. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.



We're Helping West Virginians
in long-term care facilities
get back home.

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The transition process requires the collaboration and coordination of many “moving parts”, all of which must fall into place on or immediately before transition day; all focused on meeting the individual needs, desires, and goals of the TMH participant. The Transition Coordinator is not only the catalyst for this collaboration but is the glue that holds it all together.

TMH Transition Coordinators work one-on-one with program participants and their Transition Teams to develop person-centered transition plans and facilitate delivery of necessary services to support participants’ transition to the community. Waiver Pre-Transition Case Management is available to qualified TMH participants to ensure that direct-care services are in place day one of their transition home.

Community Transition Service can cover many expenses needed by TMH participants to establish a home in the community.

Allowable Community Transition Service expenses are those necessary to address barriers to a safe and successful transition included in an approved Transition Plan. Waiver Community Transition Services may include:

- Home accessibility adaptation modification
- Home furnishings and essential household items
- Moving expenses
- Rental Security and utility deposits

TMH Transition Program offers numerous MFP demonstration and supplemental grant funded services. Many of these services may be used in conjunction with Waiver Community Transition Services. These include:

- Assistive technology
- Specialized medical equipment and supplies
- Initial Food Supply
- Miscellaneous transition support services
- Personal Emergency Response System
- Home Modifications
- Clothing Allowance
- TMH Welcome Home Kit
- Environmental Control
- Vehicle Adaptations
- Home Repair
- Past Due Utilities
- Non-Traditional Utilities
- Housing Application and Associated Fees
- Legal Support Services
- Cell Phone
- Communication Device/Equipment

To qualify for Waiver Pre-Transition Case Management and Waiver Community Transition Services, TMH participants must:

- Live in a nursing facility, hospital, Institution for Mental Disease (IMD) or a combination of any of the three for at least 60 consecutive days
- Have been determined medically and financially eligible for either the Aged & Disabled Waiver (ADW) or Traumatic Brain Injury Waiver (TBIW) program
- Wish to transition from facility-based living to their own home or apartment in the community
- Have a home or apartment in the community to return to upon leaving the facility that is consistent with the CMS Settings Rule
- Require Waiver transition services to safely and successfully transition to community living
- Can reasonably be expected to transition safely to the community within 180 days of initial date of transition service.

The TMH Program provides services to support individuals who are elderly or physically disabled transition from facility-based living to their own homes in the community.