Take Me Home

TMH

Transition Program

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

For more information
about Take Me Home,
call our office at **(855) 519-7557**
or visit our website:
TMHWV.org

To make a referral, call the Aging & Disability Resource Network (ADRN) at **(866) 981-2372**.

For more information about Take Me Home, call our office at (855) 519-7557 or visit our website: TMHWV.org

WEST VIRGINIA Department of Health & Human Resources

BUREAU FOR MEDICAL SERVICES

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 MFP program is called Take Me Home, West Virginia. Take Me Home (TMH) 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

Take Me Home TMH Transition Program

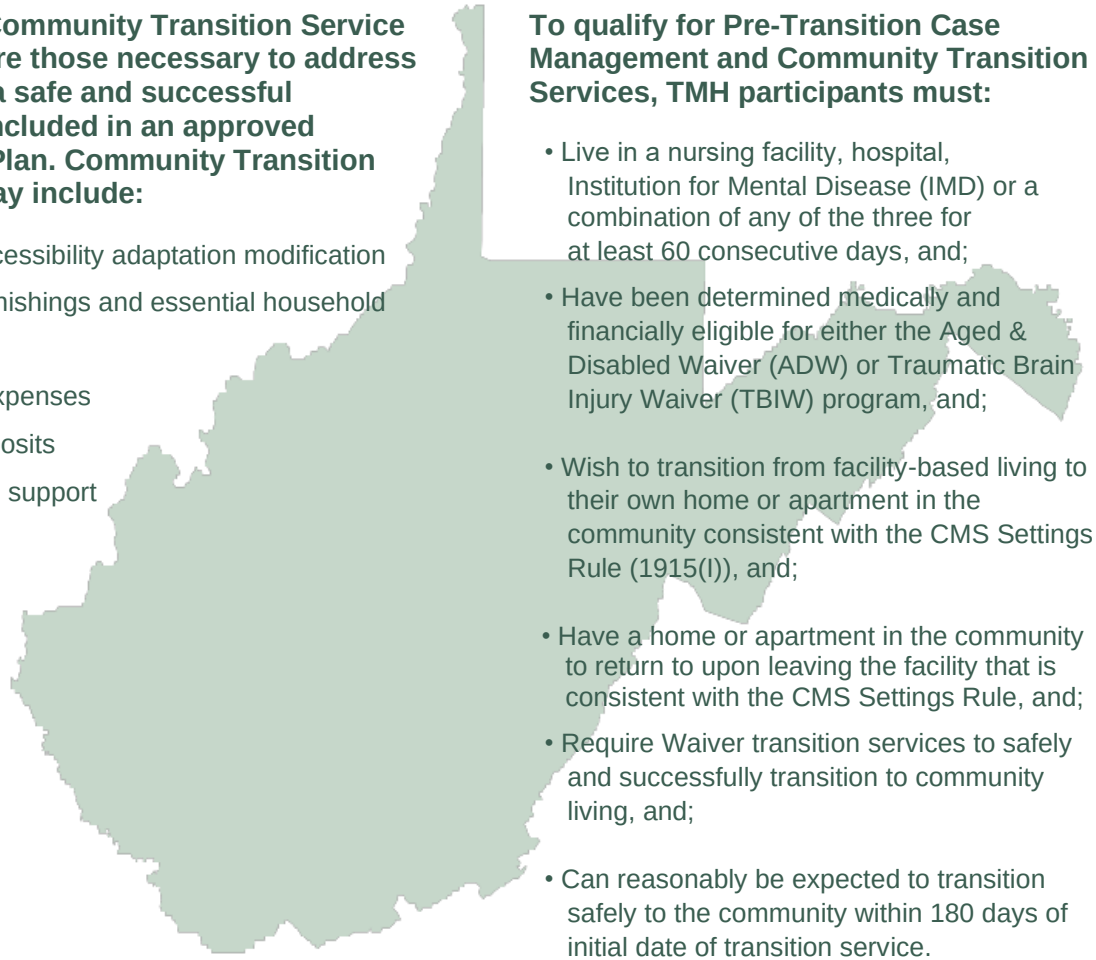
Take Me Home provides services to support individuals who are elderly or physically disabled transition from facility-based living to their own homes in the community.

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. 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.

The Community Transition Service can cover many one-time expenses needed to establish a home in the community for TMH participants.

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

- Home accessibility adaptation modification
- Home furnishings and essential household items
- Moving expenses
- Utility deposits
- Transition support



To qualify for Pre-Transition Case Management and 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, and;
- Have been determined medically and financially eligible for either the Aged & Disabled Waiver (ADW) or Traumatic Brain Injury Waiver (TBIW) program, and;
- Wish to transition from facility-based living to their own home or apartment in the community consistent with the CMS Settings Rule (1915(I)), and;
- Have a home or apartment in the community to return to upon leaving the facility that is consistent with the CMS Settings Rule, and;
- Require Waiver transition services to safely and successfully transition to community living, and;
- Can reasonably be expected to transition safely to the community within 180 days of initial date of transition service.