

# West Virginia Statewide Transition Plan

## A Guide for Members, Families and Caregivers



*The Setting Assessment is a new yearly requirement for West Virginia Medicaid's Home and Community-based Services (HCBS) program.*

### What is a Setting Assessment?

When you meet with your West Virginia Medicaid waiver Case Manager or Wraparound Facilitator, they will mention a new requirement called a Setting Assessment. They may need to ask you questions to complete a new form, the Setting Assessment, which asks about where you are staying. Your Case Manager or Wraparound Facilitator might know some of the answers just from being in your home.

A Member-Controlled Setting is a home or apartment that is owned or leased by the Medicaid waiver member or someone in their family. The member lives for free or pays for their share of household expenses, and the member receives waiver services for only part of the day. Your Case Manager or Wraparound Facilitator is responsible for completing the Member-Controlled Setting Assessment.

A Provider-Controlled Setting is a group home, intensively supported setting (ISS), Specialized Family Care home, or day program facility that is owned or operated by a waiver provider agency. Members that live in a provider-controlled setting have a current signed lease that outlines the rights and responsibilities of the tenant/member and landlord and protects the member from unlawful eviction. A BMS representative is responsible for completing the Provider-Controlled Setting Assessment and will inform your Case Manager or Wraparound Facilitator of any issues that need to be corrected.

### Why do I have to have a Setting Assessment?

The Centers for Medicare and Medicaid Services (CMS) made the Integrated Settings Rule to make sure that the Medicaid member's experience is considered when deciding if the place where they receive waiver services is a home or community-based setting. CMS funds most of the waiver programs, and they want to make sure that members are in home and community-based settings and not more formal places, like hospitals. CMS wants to make sure you get the services you need in a setting that allows you to participate in community activities. They also want to ensure you have the right to make key choices in your life and have control over your Person-Centered Plan. For example:

- 1 Freedom from restraint
- 2 Privacy, like bedroom and bathroom doors that lock
- 3 Having or looking for a job if you want to do so
- 4 Controlling your own finances
- 5 Deciding your day-to-day activities

**i** The Integrated Settings Rule led to the West Virginia Statewide Transition Plan, which is where the Setting Assessment requirement comes from.

## WHAT

### What do I have to do?

You will need to answer questions your Medicaid waiver Case Manager, Wraparound Facilitator, or BMS representative asks you to help complete the Member-Controlled or Provider-Controlled Setting Assessment form. These will be easy questions—you won't need to look up the answers.

## WHEN

### When does this happen?

Setting Assessments are done once a year. An additional Setting Assessment may be required if you move to a new home or if significant changes are made to your existing home.

## HOW

### How long does it take?

Your Medicaid waiver Case Manager, Wraparound Facilitator, or BMS representative will be able to finish the assessment in one visit. It will only take a few minutes.

## WHAT

### What if there is a problem?

All the setting assessment questions have Yes or No answers. If the answer to any question is No, then your Medicaid waiver Case Manager or Wraparound Facilitator will work with you to update your service plan to correct the issue(s) within 30 days. Then, you and your Case Manager or Wraparound Facilitator will have 30 more days to implement the plan. After that, the Case Manager or Wraparound Facilitator will do another assessment. If the plan hasn't corrected the issue(s), your Case Manager or Wraparound Facilitator will continue to work with you to correct the problem or you may choose to move to another place or remain in your current home but leave the program. What you choose may change the services you receive.



**West Virginia Department of Health and Human Resources  
Bureau for Medical Services**

If you have questions, please call (304) 558-1700 and ask for your Medicaid waiver Program Manager.

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