



2017 ANNUAL REPORT

OCTOBER 1, 2016 – SEPTEMBER 30, 2017

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A Message from the WVSILC Chairperson



Beverley Jones

This was a busy year for the SILC with several projects and partnerships. The Disability History Essay Contest, a partnership with the State Rehabilitation Council and the Division of Rehabilitation Services, continued in FY 2017 with the topic: “How technology has removed barriers and improved the lives of people with disabilities?” Open to all WV high school seniors, the number of entries for the contest was a 129 this year. This contest is designed to provide WV high school seniors with an opportunity to showcase their writing skills, share what they have learned about disability issues in their community, use their ability to form and express opinions, and perhaps to earn some money! The awards were presented at the winners’ high school senior award ceremonies in the spring. Meet the winners and read their essays in this report and in the special edition of the IL Edge.

With the addition of more youth to our membership, we are optimistic that their enthusiasm and eagerness to learn more about Independent living is an indication that they will continue the work of the many who came before them for many years to come. We have already seen them receive awards for their advocacy work with other youth across the nation and right here in West Virginia where they are currently working on establishing a Youth Leadership Forum to train and educate their peers about the independent living movement. Our youth members attend trainings and conferences across the nation, write blogs that are published in newsletters and on websites, and actively work to continue the mission of the WVSILC.

Approval for the State Plan for Independent Living (SPIL) for federal fiscal years 2017-2019 (Oct. 1, 2016 through Sept. 30, 2019) was received September 1st, 2017 and implementation began October 1, 2017. Included in this report is the progress of the activities, on achieving the objectives, as required by the SPIL.

This past year was successful, in addition to the progress on the SPIL, we increased our state-wideness and diversity by adding members from more counties and areas of the state and increased the diversity of the council.

Respectfully,

 Beverley Jones
 WVSILC Chairperson

2017 West Virginia Statewide Independent Living Council



Front row from left: Mark Fordyce; Ron Brown; Joyce Floyd; Aaron Morris; Nancy Tyler; Sandy Haberbosch; Michelle Norweck – Treasurer; Molly Spence; Emily Robinson; Marissa Sanders; Greg Bilonick; Ann McDaniel – Executive Director; Michael Meadows – Liaison, WV Division of Rehabilitation Services; Beverley Jones – Chairperson; Kevin Smith; Jan Derry – CIL Directors Representative.

Second row: Kathi Young – Office Manager; Richard Ward – WV Division of Rehabilitation Services Representative; John Taylor; Aaron Jones – West Virginia Association of Rehabilitation Facilities; Marian Steele – Vice Chair; Vanessa VanGilder – WV Olmstead Coordinator; Sarah Mathis; Carissa Davis; Dawn Embrey-King – Department of Special Education(guest); Nathan Parker – Secretary.

Not Pictured: Jerry Boyko – Program Assistant; William Blosser; Joshua Brown – Senior Manager, Asset Management, WV Housing Development Fund; Manuel Campos; Ariel Depp; Jadea Edwards; Scott Gossard; Bob Gray – State Rehabilitation Council Chairperson; Pat Homberg – Director, Office of Special Education, WV Department of Education; Brenda Lamkin; Beth Morrison – Office Director of Adult Programs; WV DHHR – Bureau for Behavioral Health and Health Facilities; Cara Price.

The West Virginia Statewide Independent Living Council, is a private, non-profit corporation established to develop, jointly with the Centers for Independent Living, and monitor the implementation of the State Plan for Independent Living (SPIL) as mandated under the Rehabilitation Act of 1973 as amended in 2014. The SILC has chosen to incorporate as a non-profit organization to maintain its required autonomy from any state agency.

Mission - To ensure persons who have disabilities have access to community-based resources that promote personal choice and facilitate the achievement of their independent living goals.

Vision - To be a consumer-controlled council that is effective in leading a statewide independent living movement that empowers persons who have disabilities.

Values - The West Virginia Statewide Independent Living Council is committed to the following values: freedom of choice; diversity; respect for others; quality of life; equality; excellence; fiscal responsibility; self-reliance and self-sufficiency; and inclusion.

Council Composition - The Governor appointed Council is composed of thirty-one (31) individuals, twenty-four (24) voting members nominated by the Council after an application and review process, and seven (7) ex-officio, non-voting members representing various state agencies and/or providers. A majority of the council members are individuals with disabilities who are not employed by any state agency or center for independent living. The voting council members serve as the board of directors of the WVSILC, Inc. non-profit corporation. All policies governing the activities and operations of the SILC are made by the Board. ■

State Plan for Independent Living (SPIL) 2017-2019 Progress Report

West Virginia is required to write a new State Plan for Independent Living (SPIL) every three years and submit it to the Independent Living Administration (ILA), Administration for Community Living (ACL), U.S. Department of Health and Human Services for approval. The SPIL must be jointly developed and submitted by the SILC and the WV Centers for Independent Living (CILs).

The current SPIL covers Federal Fiscal years 2017-2019 and implementation of the new SPIL, primarily by the CILs, began October 1, 2016.

Mission: To ensure all West Virginians are valued equally and participate fully in their communities.

Goal 1 – People with disabilities have access to the community-based resources they need.

Objective 1.1 People with disabilities outside a CIL’s service area will have access to independent living information and IL skills training on line through the virtual center for independent living.

Action Steps and Progress:

1.1.a. Update virtual CIL website as needed to keep information current.

- Mountain State CIL (MTSTCIL) updates the website on a regular basis. Current issues are added to the home page and linked to the centers’ Facebook and Twitter pages.
- Information on contacting WV Legislators can be found in the advocacy in action section, which is an important link during the Legislative Sessions.
- Topics provided by the WVSILC, WVDDC, FSN, and others have also had email blasts that have gotten their message out to our email list, which then shows up on Facebook and Twitter.
- We have moved the fund raising effort of the Global Independent Living Celebration back to the website, deciding that using Classy was not

giving us our return on investment. We encourage the other centers and FSN to provide us with events and other information.

1.1.b. Research and attempt to locate additional funding to put more IL skills training modules on line.

- This continues to be an on-going objective, however, no additional research has been done on finding additional funding for modules; there are more pressing needs for fund raising at this time.

1.1.c. Conduct outreach activities to increase awareness of the virtual CIL

- There continues to be a constant presence on Facebook and Twitter linking people back to the virtual CIL. The Constant Contact platform allows us to send email blasts whenever we need to announce something. We need people to send us additional email addresses.
- Website cards providing information on the website are handed out at all presentations and displays in which the center participates.

1.1.d. Research the possibility of developing a mobile app to improve access to the virtual CIL by use of smart phones.

- Some preliminary exploration of this has been started. Depending on which group contacted, it could be fairly easy and affordable, or it can be extremely difficult and expensive. Additional information is needed on what the expectations are of the operation of the mobile app.

Objective 1.2 People with disabilities will receive the necessary services to remain in their homes, thus diverting them from an institution.

Action Steps and Progress:

1.2.a. Provide assistive devices and equipment as needed to ensure a safe and improved quality of life.

- Appalachian Center for Independent Living:
 1. Constructed 27 wheelchair ramps
 2. Provided 3 lift chairs
 3. Completed 9 bathroom modifications
 4. Made numerous loans from the loan closet to people with disabilities affected by the flood
 5. Facilitated 1 nursing home transition
 6. Purchased 1 hearing aide
 7. Distributed 10 manual wheelchairs provided by the American Wheelchair Mission
 8. Provided 3 assistive devices
- MTSTCIL's CLSP program has provided assistive devices and equipment to 34 people.
- Northern West Virginia Center for Independent Living (NWVCIL) provided recycled equipment to many individuals from the center's donation center. NWVCIL's Aging in Place Specialist conducted home assessments and determined that although the consumer may remain on the CLSP waiting list for their "big need", the wait can be eased or the home made somewhat more accessible thru the use of assistive technology. Any unspent Part B funds at the end of the year are used to purchase small items such as walkers, shower chairs, couch canes, etc. that can be loaned out while the individual moves up on the CLSP waiting list. These consumers' goals are not met, but safety and independence is enhanced by the use of these devices.
- 8 individuals received aids for daily living, 5 received mobility devices and 1 received a device to assist with positioning/seating. 18 individuals received assistive technology from our loan closet that included a lift chair, safety rails, a wheelchair, shower chairs, a couch cane, modified utensils, a "security" pull up pole, a rollator, compression garments and a leg pump.

Additionally, 12 non-consumers received wheelchairs donated to West Virginia Centers for Independent Living by the Hochman family.

1.2.b. Provide rehabilitation technology services as needed to ensure they remain in their home.

- ACIL conducted 56 home modifications and wheelchair ramp assessments
- MTSTCIL's CLSP program provided rehabilitation technology to 15 people.
- NWVCIL's CLSP program has provided rehabilitation technology in the form of home modifications to 21 individuals by brokering \$244,358.00. In addition, 7 individuals assistive technology needs were met.

Objective 1.3 CIL's will continue to provide necessary core services within their service areas and serve people with disabilities who are not covered by Part C service area based on capacity.

Action Steps and Progress:

1.3.a. Provide the five core services in accordance with the standards and assurance for centers for independent living.

- ACIL continues to provide the five core services and comply with the standards and assurances.
- MTSTCIL: The total number of consumers served in FY 2017 was 564, an increase of 47 consumers served compared to 517 in FY 2016. 158 consumer service records (CSR's) were closed; an increase of 58 of the 100 CSR's closed in FY 2016. The number of goals set in FY 2017 was 1,358 with 343 goals being met, while in FY 2016, 1131 goals were set and 390 goals were met. This reflects an increase of 227 goals being set and a decrease of 47 goals being met. Staff also completed 203 intakes, served 38 consumers in the employment program, signed 24 waivers, developed 540 Independent Living Plans (ILP's), and 960 Information & Referrals (I&R's).

During FY 2017, 48 community activities were completed spending 2,185 hours, as opposed to 47 community activities completed during FY 2016, spending 3,051 hours. The decrease in community activities and hours reflects the reality of limited staff time due to staff vacancies during the year.

In FY 2017, 46 people with disabilities achieved their primary goal and 62 people met intermediate goals in the CLSP program ensuring they can remain in their homes.

There are many variables that come into play with this program. The cost of the equipment or home modifications needed has a lot to do with how many people can be served. If there are numerous “large ticket” items, less people can be served.

- In FY 2017. NWVCIL responded to 651 Information and referral calls. 644 consumers were provided with 2,155 core IL services with 136 goals being fully completed during the year.

Objective 1.4 People with disabilities will be served by (and/or bring attention to disservice of) Medicaid Waiver services.

Action Steps and Progress:

1.4.a. Provide advocacy services to assist consumers in filing complaints related to waiver services.

- ACIL has not received any request to assist with filing complaints this fiscal year.
- MTSTCIL has not received any request to assist with filing complaints this fiscal.
- NWVCIL assisted 2 consumers in filing appeals to their budget cuts under the waiver. Outcomes are still pending. NWVCIL also assisted 2 consumers in filing waiver complaints. One family was denied waiver services for their child because they said he didn’t have a disability, however, he has been a chair user his entire life, so they must go through the appeals process to get their services back due to a faulty assessment. The other complaint filed was resolved in favor of the consumer.

- MTSTCIL has not received any request to assist with filing complaints this fiscal.
- NWVCIL assisted 2 consumers in filing appeals to their budget cuts under the waiver. Outcomes are still pending. NWVCIL also assisted 2 consumers in filing waiver complaints. One family was denied waiver services for their child because they said he didn’t have a disability, however, he has been a chair user his entire life, so they must go through the appeals process to get their services back due to a faulty assessment. The other complaint filed was resolved in favor of the consumer.

Objective 1.5 Consumers have access to the health care they need.

Action Steps and Progress:

1.5.a. CIL directors will develop a partnership with the WV Bureau of Senior Services (BoSS), who operates the state health insurance assistance program (SHIP).

- ACIL: The WVCIL Association which is comprised of all four Centers for Independent Living in WV have completed this action step. We have partnered with the Bureau of Senior Services to make sure Medicaid recipients are aware of additional assistance through their State Health Insurance Program (SHIP). This program was dissolved after completion of all requirements in the Memorandum of Understanding.

1.5.b. CILs will develop an MOU with BoSS to establish partnership, roles.

- ACIL: This action step has also been completed in collaboration with the Bureau of Senior Services and WVCILS. A memorandum of understanding has been developed and signed by each Director. This memorandum outlines each participants responsibility and overall mission of our involvement with the SHIP Program. This program was dissolved after completion of all requirements in the Memorandum of Understanding.

1.5.c. Training provided to WV CILs and implementation strategies for how to educate consumers on the resources available through SHIP, how they can be accessed.

- ACIL staff participated in a training which was provided by Marcia Meeks and Rebecca Gouty regarding each option available to eligible recipients. This training was very comprehensive and outlined all of the supplemental options available and staff were provided with a manual and brochures. This program was dissolved however; we completed all of the requirements in the Memorandum of Understanding.
- MTSTCIL staff participated in the training and materials were distributed to all staff for them to use when doing presentations and conducting intakes for CLSP consumers who were of Medicare eligibility age.
- SHIP staff came to NWVCIL in Morgantown and provided training and given materials use when doing presentations and conducting intakes for consumers who were of Medicare eligibility age.

1.5.d. Facilitate the referral process to SHIP.

- ACIL has established a process in which we ask each Medicaid recipient during the intake process if they need additional assistance and then reported in the portal of the WVBoSS. The consumers who declined the assistance are reported only in gender, date, birth and county. This program was dissolved after completion of all requirements in the Memorandum of Understanding.

1.5.e. Develop collaborations with other entities (such as the Family to Family program at WVU CED) to facilitate access to health care.

- Thru a partnership with the CED WVATS project, NWVCIL conducted 540 assistive technology(AT) demonstrations, loaned 43 pieces of equipment to try before you buy, repurposed and

redistributed 38 pieces of AT and conducted 25 community awareness events to increase the awareness of and ensure understanding of how AT can be accessed and utilized to enhance independence.

Objective 1.6 Emergency managers and people with disabilities have access to disability specific planning and preparedness resources.

Action Steps and Progress:

1.6.a. Identify and/or implement on-line materials for use by CILs and other service providers to educate people with disabilities about being prepared for a disaster including:

- Information for consumers that increases their knowledge regarding access to available services during and after a disaster.
- Information on preparedness, such as how to make an emergency plan and kit.

- ACIL has information on their website regarding the importance of an emergency plan and kit, including items that need to be in the kit. There is information regarding their ability, through certified ADA Trainers, to conduct accessibility surveys on potential shelters. During the recent flood disaster, they provided consumers with multiple forms of information regarding receiving assistance, meeting emergency needs as well as long term needs. ACIL assisted approximately 35 consumers with equipment loans by establishing a temporary warehouse as a collection and distribution point. ACIL also built ramps and provided transportation. ACIL continues to participate in FEMA and VOAD calls and is working on a committee to establish policies, procedures and protocols for meeting the needs of people with disabilities. ACIL will continue to educate people with disabilities regarding disasters.
- MTSTCIL has a safety module on the website which includes fire, home, and personal safety. There is information on preparing an emergency kit and home emergency plan, and keeping safe

at home and in the community. There needs to be updated information added to the website on Emergency Preparedness: What to do in a community wide emergency. It should include shelters, transportation, and medications. Classes were taught on what should be in an emergency kit.

- NWVCIL staff have used the FEMA's checklist for people with disabilities to develop personal emergency preparedness kits.

survey of vulnerable populations. The survey will be conducted on a local level and hopefully expanded to statewide.

- MTSTCIL President/CEO attended a meeting of WV VOAD to discuss with them accessibility on housing while working with displaced people with disabilities due to several floods in WV. She also discussed how to talk to people with disabilities, ensuring they have the opportunity to be heard and provide input into their plans.

Objective 1.7 Disability inclusion is built into all aspects of emergency management.

Action Steps and Progress:

1.7.a. Establish partnerships with state emergency management.

- In addition to the previous partnerships with local first responders such as the Kanawha Putnam Emergency Planning Committee and other local first responders, ACIL has established many new ones, including Portlight Strategies, Volunteer Groups within the WV VOAD, FEMA and several advocacy groups.
- MTSTCIL has two staff members who are members of the local emergency planning team, which includes state emergency personnel. One attends meetings twice a month, while the other participates in regular teleconferences.

1.7.b. Locate and/or develop an annual work plan collaborating with federal, state, and local agencies to coordinate, educate, and conduct outreach efforts regarding emergency preparedness.

- As a result of ACIL's advocacy efforts and input, local emergency preparedness partners have included people with disabilities in their emergency preparedness plan. ACIL staff attends the Kanawha-Putnam Emergency Planning Committee meetings and The Kanawha County Threat Preparedness Partnership. They also participate with the Kanawha Multi-Agency Planning and advisory Committee to develop a

1.7.c. Become actively involved in state emergency management and provide disability related input.

- ACIL has participated in numerous daily, weekly and monthly calls to give input regarding the needs of people with disabilities during the June 23rd disaster. ACIL participated in phone calls as a result of the flooding in the northern part of our state. We also continued to stress the importance of the inclusion of people with disabilities in preparedness plans.
- MTSTCIL's try to participate in all disaster drills so various aspects of special needs for people with disabilities can be considered. The centers continue to provide classes on emergency preparedness to consumers. One staff member was appointed to the Mayor's Committee on Diversity to ensure people with disabilities voices were heard. It is important to be at the table because while each diverse group may have their specific issues, there are people with disabilities in each diverse group.

1.7.d. Promote independent living participation in local and state emergency planning, preparedness, and response activities.

- ACIL participates in long term recovery efforts with groups such as VOAD, FEMA, WV SILC, Portlight Strategies and other groups. They monitored the school portables that were constructed to ensure ADA compliance. ACIL has been successful in planning preparedness and response activities and are now recognized

by other groups as a valuable resource related to emergency preparedness activities.

- MTSTCIL: Syntech Creative has contacted Ann McDaniel at the WVSILC and WV CIL members to participate in a custom “Heads UP Emergency” app as well as using the app for legislative and advocacy alerts.
- NWVCIL participated in VOAD team calls and FEMA calls when scheduled. NWVCIL has served on 2 of the state’s 7 sexual assault response teams for several years, providing technical assistance to ensure response protocols are inclusive and welcoming to survivors with disabilities. NWVCIL’s staff in Randolph County have also developed partnerships with the city police, state police, sheriff’s office, 911, the Fire Department and the Prosecuting Attorney. As funds allow, plastic totes are purchased for consumers for them to store emergency supplies. NWVCIL purchased a laminating machine to create laminated cards for consumers. One card contains a list of medications for consumers to keep in their wallet and their emergency kits. Another card contains pertinent medical information, such as doctors, dentists, pharmacies, and insurance information. The tote also contains copies of legal papers such as medical power of attorney, birth certificates, marriage certificates, social security cards, etc. Totes are then updated twice a year and stored close to the door. NWVCIL is seeking alternative funding sources to buy totes for all consumers who cannot afford them. The Community Living Initiatives Corporation and NWVCIL are partnering to hold Community Discussion Groups that FEMA is hoping will happen nationwide. This discussion group will be held in July and will be more fully reported on in the next quarter report. NWVCIL and CLIC conducted the FEMA community discussion group at the SHACK Neighborhood House, which is a community center located outside of the city of Morgantown that provides a safe and inclusive space for kids and families to play and learn. Participants included

representatives from the City Council and County Commission, the local community kitchen, EMS, Fire Chief, and service providers. Discussion focused on local, county and state disaster services, notifications, shelters, accessibility, and what barriers to effective planning exist. Outcome of the discussion group were sent to FEMA per their request.

Objective 1.8 The WV CILs and the SILC will collaborate to conduct systems advocacy to improve availability of and access to community-based resources for people with disabilities.

Action Steps and Progress:

1.8.a. Expand collaborations with other programs and entities.

- ACIL: WVCIL’s held a regular meeting and updated the fee schedule, discussed non-emergency transportation, reviewed CLSP policies and discussed consumer satisfaction surveys.

1.8.b. WV CILs will address issues specific to their local service areas.

- Nothing to report

1.8.c. WV CILs and SILC will coordinate state level advocacy efforts.

- ACIL tried to get Centers for Independent Living included in the Non-Emergency Bill for the Legislative session. This will allow Centers to be reimbursed through Medicaid for transportation services without going through the Public Service Commission. ACIL developed a brief history of the Bill amendment and will be sharing it with CILs, SILC and Fair shake.
- One of NWVCIL’s primary issues of focus remains ensuring housing choice for all. Fighting housing discrimination, assisting consumers to reasonable accommodations and advocating for compliance with the design and construction

requirements of the act. NWVCIL has added 41 organizations to our referral network and has established MOU's with many of these agencies that have common goals related to affordable, accessible, and integrated housing choice. NWVCIL remains committed to ensuring that people have access to housing choice, thus compliance with fair housing is a primary advocacy focus and the SILC worked cooperative with a bill we tried to get passed in the legislature that would mandate that all homes built using state dollars would be build using the principles of universal home design. Members of the Fair Shake Network also assisted with advocacy efforts. Although, unsuccessful, the bill did gain some momentum and will be brought back during the next legislative session. NWVCIL participated with the legislative committee of the Fair Shake Network and advocated for the inclusion of housing issues in to the upcoming legislative agenda. NWVCIL has begun working with Mountain State Justice to provide legal strength to our fair housing cases hoping to make the consequences of violations more publicly known so builders would know there are consequences even in areas of the state that does not have code enforcement.

Goal 2 – Independent Living services are available and operate efficiently.

Objective 2.1 CIL directors will meet quarterly to provide each other with technical assistance, develop advocacy strategies, assist with problem solving and share resources for efficient service delivery.

Action Steps and Progress:

2.1.a. CIL directors will meet quarterly to provide each other with technical assistance, develop advocacy strategies, assist with problem solving and share resources for efficient service delivery.

- The quarterly meeting scheduled for October had to be cancelled and because of numerous things was not rescheduled during the quarter.

The next meeting was scheduled for January 31, 2017 and an annual schedule was developed. During the second quarter meeting, telephone technical assistance took place regarding several issues including CILSuite and completing the 704 Report. During the third quarter a regular meeting was held via conference call and two special meetings were held to discuss the funding formulas for VIIB and State IL funding. In the fourth quarter one regular meeting was held via conference call. There has been a change in the State Entity personnel working with independent living. The new liaison participated in the meeting, as well as his immediate supervisor and the assistant director for field services.

- In the second quarter, WVCIL reviewed the current methodology for funding distribution and came to an agreement on how CLSP and Part B funds will be allocated to the IL network. During the third quarter the Directors met in April, and due to concerns about the agreed upon distribution of funds, we renegotiated the distribution formulas and finalized our MOU with the SILC and DRS. CIL Directors met in July for the fourth quarter meeting to finalize the donated wheelchair distribution plan, to discuss NCIL plans, and to discuss SILC goal objectives to unify reporting format. NCIL plans, and to discuss SILC goal objectives to unify reporting format.

2.1.b. Conduct an annual policy review to ensure consistent implementation of the community living services program, updating as needed to address new evolving unmet needs and issues.

- The annual policy review was conducted and policies were updated to address current concerns and to incorporate 2016 Income Guidelines. No other substantive changes were necessary.

2.1.c. Conduct an annual consumer satisfaction survey of all CIL consumers.

- This was recently completed in conjunction with the WVSILC in December. All results were provided to the board of directors. Outcomes of the consumer satisfaction survey were made available to the board and staff once received. The board did not believe there was any information obtained within the report that warranted any changes in programs or policies.

2.1.d. Maintain www.mtstcil.org database of resources available.

- MTSTCIL: The specific database maintained on the website was removed. Google is now supporting the database.
- NWVCIL: MTSTCIL is always responsive to posting new resources. Year-end statistics indicate that NWVCIL facebook page likes increased by 67, reached 22,629 people, and received 29,535 page impressions. There was an increase in Twitter presence, with 53 followers, 700 outside interactions, and 290 profile visits. NWVCIL's webpage had 118,377 site visits with 45,021 visitors. CLSP services received the most hits to the sites.

2.1.e. Individual CIL's will obtain consumer feedback periodically and/or following events and activities.

- MTSTCIL: "Consumer Request and Outcome Feedback" forms are completed by consumers after every activity and event as well as at the completion of their service received by the CLSP program. Consumer suggestion cards are always available at the centers, and periodically workshops are held in conjunction with calendar planning to gather consumer feedback.
- NWVCIL maintains feedback and evaluations forms from all training/educational events to ensure participants are gaining the information they are seeking. Changes to curriculum are made based on this feedback, as needed. In addition to the annual consumer satisfaction survey, consumers are asked to complete a satisfaction survey upon closing their CSR with

the center. Consumer satisfaction survey obtained from WVSILC were shared with staff and board of directors during March staff and board meetings. NWVCIL also obtains evaluations from training and outreach efforts and information gleaned from the evaluations are used to monitor impact of training and outreach efforts.

Objective 2.2 WV CILs are in compliance with the Federal Standards and Assurances for centers for independent living, and WVCIL peer reviews indicate compliance with all 6 of the Standards and Assurances in Section 725 of the Act.

Action Steps and Progress:

2.2.a. WVCIL will use CIL Suite to track compliance with the Standards & Assurances.

- MTSTCIL: CILSuite demographics and narratives track compliance with the Standards and Indicators. With the hiring of the CEO's executive assistant and the office manager in Beckley, staff is now providing information on pertinent areas to administrative staff to include in the current FY narratives for preparation for the next 704 Report. This is the latest fine tuning of preparing for the completion of the next year's Program Performance Report (PPR) (704 Report).
- NWVCIL has made internal staff changes that include naming a program coordinator. Part of this person's responsibility is to monitor CIL suites activities and data collection that will be used to complete 704 compliance monitoring. Staff meetings are used to discuss outcomes on centers work plan, CSR and documentation standards. During our August staff meeting, each staff member was provided with a copy of the standards and indicators and we reviewed each one to determine if there were any areas of concern. None were found. During the August staff meeting, we discussed the upcoming CSR compliance review. Random case files were pulled and reviewed to ensure all required

documentation standards are being met.

2.2.b. WVCIL will use CILSuite to measure implementation of work plans.

- MTSTCIL: Quarterly meetings are held by staff at the end of each quarter to update the current work plan as to items completed and those still needing to be implemented. The fourth quarter meeting was also used to begin the process of gathering needed information for the upcoming 704 Report.
- NWVCIL's work plan was developed with participation from all staff at the center. NWVCIL does not utilize the community activities component of CIL Suites. A customized community activities table has been developed to ensure the capturing all activities within the work plan. NWVCIL's in house community tables are used to monitor community based activities. Reports in CIL Suites are periodically run to ensure service and contact notes are completed, goals are set, and all vital information is included. Work plan activities are reviewed to ensure accomplishments are meeting projected outcomes. Plans are developed to address continued activities to meet objectives. Staff will be working specifically on data entry to ensure consistent capturing of outcomes and accomplishments. towards the end of FY 2017, we reviewed each work plan objective to evaluate what remained to be accomplished during the remaining 6 weeks. The majority of goals are on track to be completed as projected.

Goal 3 – All West Virginians with disabilities have access to a CIL.

Objective 3.1 All CILs in West Virginia meet the Federal Standards and Assurances for centers for independent living.

Action Steps and Progress:

3.1.a. Establish criteria for eligibility to receive CIL funding (tie back to WV IL Act and WIOA Regulations).

- MTSTCIL: The WV IL Act team met to review and make necessary changes to ensure eligibility criteria is clear in order to receive CIL funding. A Bill was introduced in 2017 Legislative Session and passed.
- NWVCIL's executive director has participated in the IL Act revision team meetings ensuring edits being made to the act are consistent with the new regulations.

3.1.b. CIL directors will participate in WVSILC initiative to establish a monitoring tool that defines a CIL that is not funded by HHS or Part B funds.

- No reportable activity to date.

3.1.c. Research how other states are establishing criteria for a CIL not funded by Title VII, Part B or Title VII, Part C.

- No reportable activity to date.

Objective 3.2 A Center for Independent Living line item is established in the State budget by September 30, 2019, to provide funding for the operation of CILs that comply with the West Virginia Independent Living Act and with the Standards and Assurances in Sec. 725 of the Act.

Action Steps and Progress:

3.2.a. WV CILs, WVSILC, & partners will work with governor's staff to establish centers for independent living line item.

- No reportable activity to date.

3.2.b. WV CILs, WVSILC, & partners will work with budget/Finance committee staff to establish independent living line item.

- No reportable activity to date.

3.2.c. WV CILs will organize consumers' advocacy efforts for increased funding for Independent Living Services.

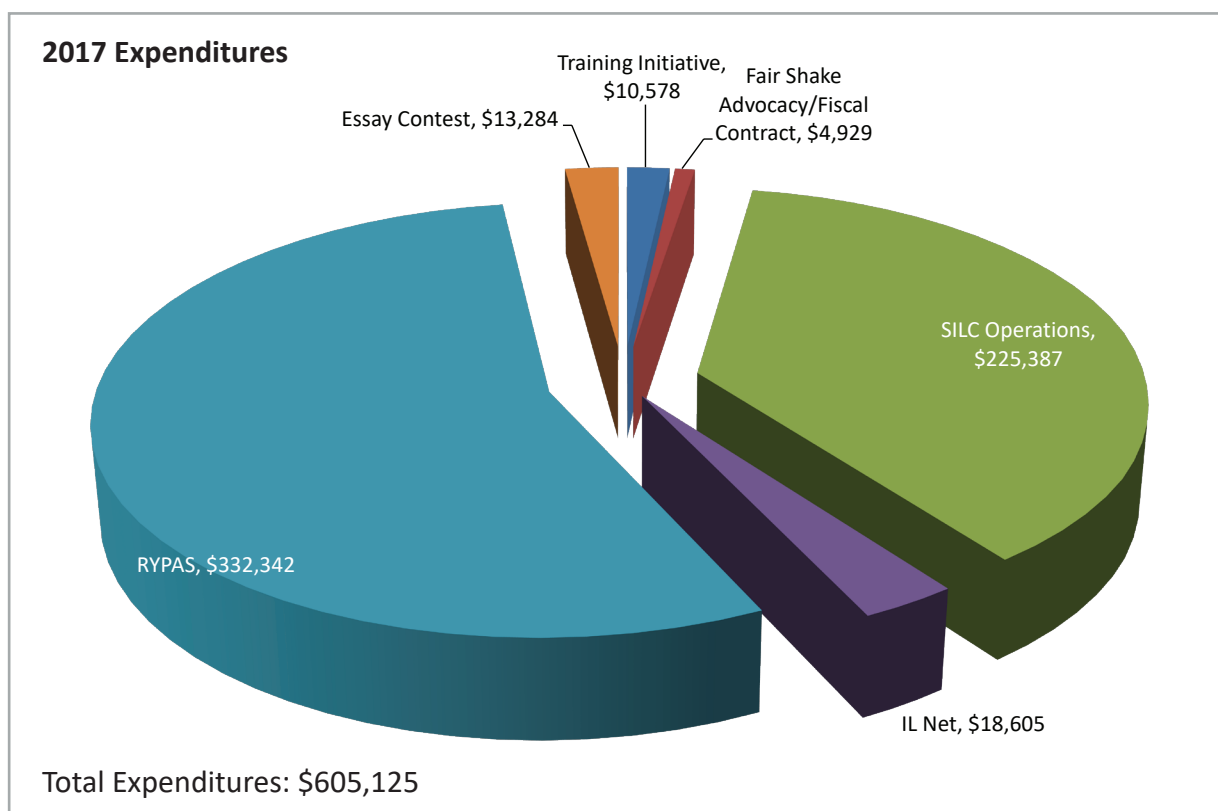
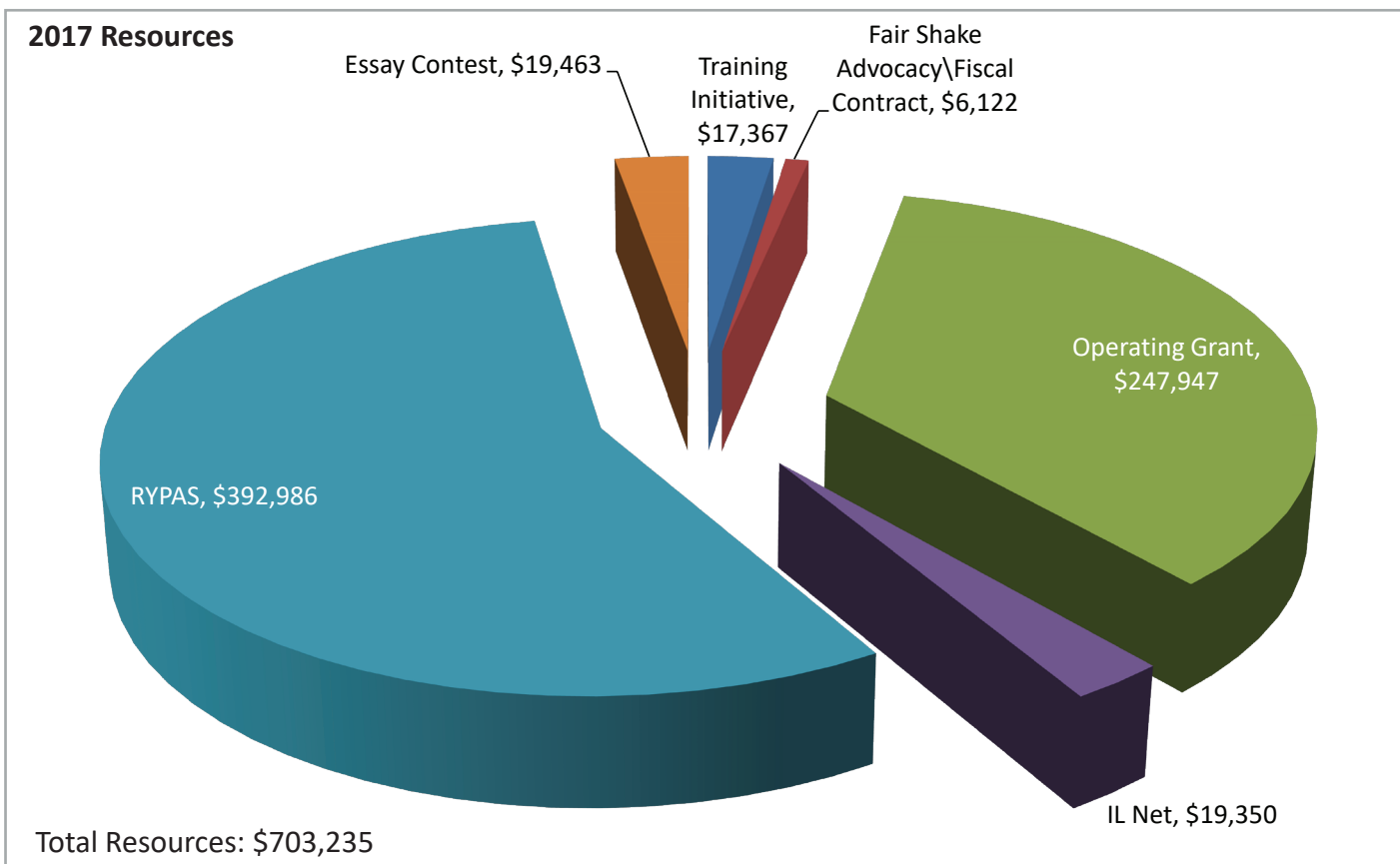
- NWVCIL: Impact stories are being gathered to be shared with legislators. The CLSP coordinator created a fact sheet to share with legislators during the budget process. This fact sheet focused on our service area, impact of services and existing waiting list. The fact sheet was given to each legislator representing our service area. All consumers, particularly those on the waiting list, are encouraged to contact legislators regarding the need for more dollars to support this project. They are provided with direct contact information for their elected officials so they can make personal calls to discuss the need to increase funding for this program. Without the support of other grants that assist with funding CLSP program needs, consumers would be back to waiting for 3-4 years for services.

3.2.d. WV CILs and WVSILC will Collaborate with FSN (Fair Shake Network) on advocacy efforts.

- ACIL staff and board continue to provide information and educate consumers regarding the proposed national changes to our health care systems. Staff and board also worked on proposed changes to the non-emergency transportation system in WV.
- MTSTCIL Legislative training for consumers have been held in both centers to ensure consumers are aware of our legislative priorities, how to talk to Legislators, proper dress, etc. Both center's staff and consumers attend scheduled FSN meetings to keep up with the advocacy efforts of the disability community in the state. The FSN was contacted during one of the Legislative training meetings in order to be better prepared for the upcoming legislative session. Both centers participated in the FSN Legislative Training and Disability Advocacy Day at the Capital, as well as attended the weekly meetings during the 2017 Legislative Session. Consumers have been involved in writing letters and making phone calls to Congressional Representatives regarding health care. Several staff attended the NCIL Conference and visited with WV Congressional Representatives.
- NWVCIL's director sits on the legislative committee and assisted with providing language for the legislative survey. Due to limited resources, having a staff member attend the weekly meetings at the capitol is not an option, thus we rely heavily on the alerts coming from the FSN to educate consumers and partners on activity requiring action. Consumers are asked to provide an email address if they are interested in participating in alert responses. NWVCIL participated in the Fair Shake's disability awareness event and training day. Packets of NWVCIL specific information was distributed to elected officials with an emphasis on the appropriations committee members. NWVCIL worked specifically with Delagate Fleischer on a bill to ensure homes built with state dollars were built with the universal design guidelines. Unfortunately, the bill did not pass this session. NWVCIL also responded to and shared Fair Shake alerts, utilizing social media, the consumer newsletter, and direct calling to educate and encourage consumers to share their opinions and impact stories related to legislation that is important to them. NWVCIL's executive director was on the Legislative committee for the Fair Shake Network and worked on the development of the 2018 membership survey to establish legislative priorities. NWVCIL advocated for and provided the language for supporting the inclusion of Sexual orientation and gender identity to the Sections 5-11-3 and 5-11-9 of Article 11 of the WV State Code entitled "Human Rights Commission" to make it unlawful (for employers, labor organizations, employment agencies, as well as persons owning or representing places of public accommodations) to discriminate against persons due to sexual orientation.

The complete SPIL may be found at www.wvsilc.org. ■

Financial Information



Consumer Satisfaction

Report Of Survey Findings

The WV Statewide Independent Living Council conducted a survey of consumer satisfaction with Independent Living services in West Virginia. The survey was developed several years ago, as a tool for collecting information on consumer satisfaction. It was revised in 2016 to more accurately reflect the information needs of the Council and to reduce the response burden for consumers who complete the survey. Consumers are asked to rate their level of agreement with statements about the independent living services they received. Consumers are also asked about specific services and the impact of those services.

The surveys were distributed to consumers who were served during federal fiscal year 2017 (October, 1 2016 to September, 30 2017). The Council staff received contact information for every individual served from each CIL. These lists were randomly sampled with replacements until a total of 50 telephone surveys were completed. All others on the lists received mail surveys.

A total of 697 surveys were mailed to consumers. Seventy-nine were returned as undeliverable and 1 was returned with “deceased” written across the top. Therefore, 617 consumers received surveys. Of these, 103 completed and returned the mail surveys and 50 people completed the survey over the phone. All surveys were conducted using the same instrument. A total of 153 surveys were completed. Thus, the response rate was 25% (153/617). This report summarizes the responses of those 153 surveys and details the findings for the 2016-2017 program year.

Type of Program

Each of the surveys contained codes for the programs in which consumers participated. There were 83 people served through the Community Living Services Program, 29 people in the Title VII-Part C program, 19 people who received ACL services, 10 people in the Employment Services Division program, 6 who received Housing and Urban Development services, and 5 people who received other services. Other services include Peer Support (3 people), PEI (1), and Our Lives (1).

Type of Disability

The consumers were asked to indicate their disability. There were 125 people who listed a disabling condition (e.g., Autism) or a description of their disability (e.g., “just old”). There were 55 people who indicated that they have a motor-related disability (44% of the sample). Cardiac/Respiratory disabilities (14 people) were reported by 11% of the sample, Sensory disabilities (12 people) represented 10% of the sample, Mental Health disabilities, Cognitive disabilities, and “Other” disabilities each were reported by 8% of the sample (10 people each). There were 14 people (11%) who reported Various combinations of disabilities (e.g., Bi-Polar and back injury).

Type of Disability	Respondants	Percent
Mobility	55	44%
Cardiac/Respiratory	14	11%
Sensory	12	10%
Cognitive	10	8%
Mental Health	10	8%
Other	10	8%
Various	14	11%
Total	125	100%

The Motor category included people with problems related to walking, paraplegia, amputation, arthritis, and other movement limitations. The Sensory category included vision and hearing impairments. People reported Cognitive impairments including autism, Learning Disabilities, and Developmental Disabilities. The Cardiac/Respiratory category included COPD and heart problems. The “Other” category includes conditions such as kidney disease and diabetes. The “Various” category included people who reported having more than one disabling condition.

Satisfaction Items

The Satisfaction Items were revised in the previous program year to provide necessary information about consumer satisfaction and to make items clearer to responders. The consumers were asked to rate their agreement with a series of seven statements about their interactions with independent living services. They used a Likert-type scale that ranged from Strongly Agree to Strongly Disagree with options to indicate that they were neutral or that the item was not applicable.

All Consumers

Table 1 lists the percent of responders who agreed or strongly agreed with each of the survey items. Column 1 presents the text of the item, Column 2 contains the response from the 2014-2015 survey, Column 3 contains the response from last year’s survey, and Column 4 contains the current percent of responders who agreed or strongly agreed with each item.

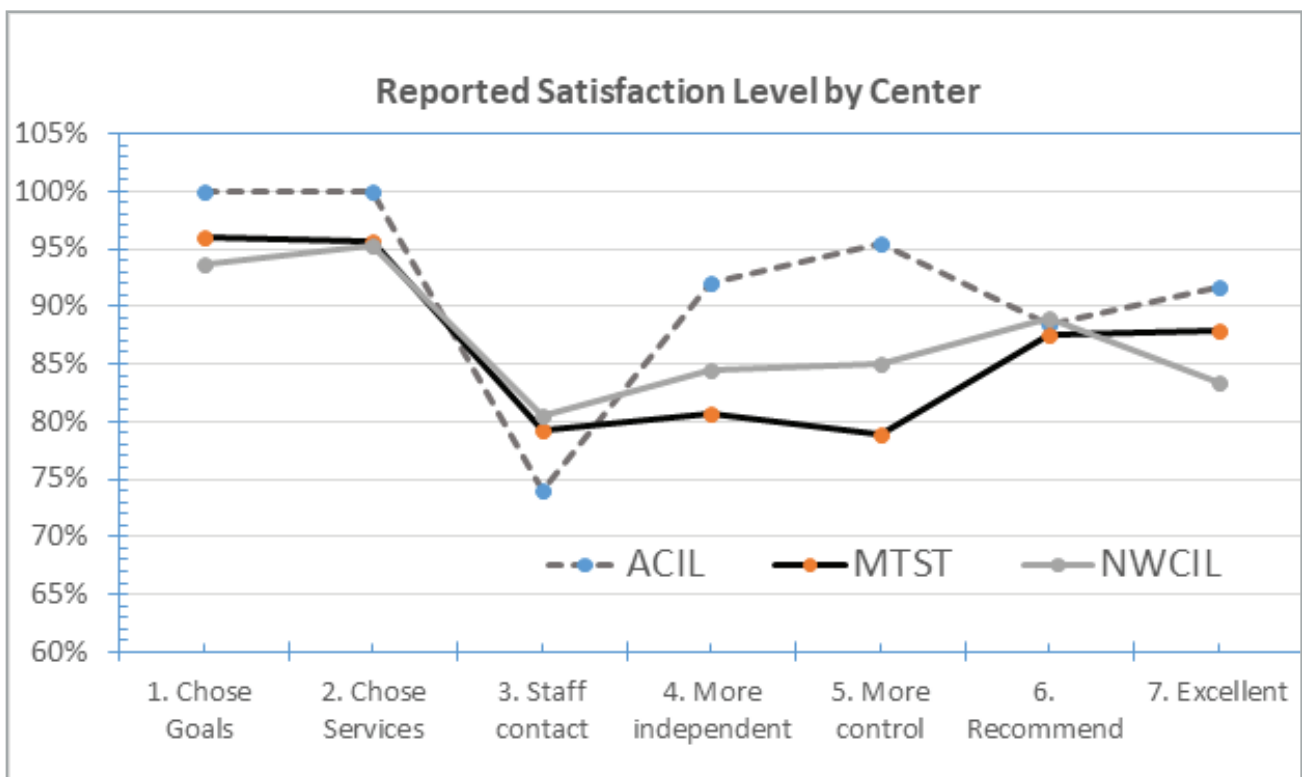
As may be seen in the following table, 5 of the 7 items were rated at more than 90% agreement. “The staff stayed in contact with me so I knew what was happening with my services” was rated at 83% agreement. “I have more control over my life now” was rated at 89% agreement. The ratings are relatively high, but slightly lower than each of the past 2 program years. Differences in sample size (88 for 2015, 178 for 2016 versus 153 for 2017) may contribute to this fluctuation in scores. In addition, the percentage of Open versus Closed cases impacts reported levels of satisfaction.

Consumer Satisfaction Ratings			
Satisfaction Item	% Agree / Strongly Agree		
	2014-15	2015-16	2016-17
1. I chose my own independent living goal(s).	99%	95%	98%
2. I chose the service(s) I needed to meet my goal(s).	98%	95%	98%
3. The staff stayed in contact with me so I knew what was happening with my services.	99%	87%	83%
4. The services I got helped me to be more independent.	95%	92%	90%
5. I have more control over my life now.	93%	92%	89%
6. I would recommend this CIL to my friends and family.	99%	95%	92%
7. Overall, the services I received from the CIL were excellent.	97%	93%	91%

Table 1

Consumers of Various CILs

Of the 153 completed surveys, 37 responses were received from consumers of the Appalachian CIL, 60 responses from the Mountain State CIL, and 56 responses from the Northern WV CIL. The following graph compares the responses to the satisfaction items by CIL. As may be noted in the graph, the overall patterns are very similar across the 3 Centers and the widest variation between points is about 15 percent. Given the wide variation in the number of responses per Center, caution should be exercised in interpreting this graph.



Services Received

The survey recipients were asked to indicate which IL services they had received. There were 129 people who indicated that they had received at least one service. The following table lists the types of services they said they received.

The consumers reported receiving a variety of services. They most often reported receiving help with referrals to other agencies or people, assistive technology devices, and home modifications. These were also the most-often reported services during the previous 3 surveys. Some services are used less often than others, but low-incidence services (e.g., helped me find a place to live, peer support) may be life-changing for the person who needs that service. It may be important to examine the breadth of services provided along with the absolute incidence of a specific service.

There were 78 people who received 1 to 3 services, 33 people received 4 to 6 services, and 18 people received 7 or more different services. This variation in the number and type of services received has been noted across the years and may be an indicator that services are individualized to meet client needs.

Type of Service	Consumers
a. If I had a problem, they stood up for me or helped me stand up for myself	53
b. The CIL staff put me in touch with other agencies or people who could help me.	78
c. I received items that help me do things I need to do.	63
d. They helped me find another person with a disability I could talk to.	24
e. They gave me information about how to take better care of myself.	49
f. They taught me how to make choices to improve how I live.	52
g. They taught me new skills I wanted to learn.	33
h. They helped to make my surroundings more accessible (ramps, lifts, hand rails).	58
i. They helped me to find a place to live.	15
j. They helped me to get transportation to all the places I needed to go.	35

The Consumer Satisfaction Survey Report for fiscal year 2017 can be found at www.wvsilc.org. ■

2016 Disability History Essay Contest

The SILC is very pleased to share the winners of the 2016 Disability History Essay Contest. The contest is held each Fall corresponding to WV Disability History Week in October. The awards were presented to each winner at their high school's Senior Awards Ceremony in May 2017. All high school seniors in West Virginia are eligible to submit an entry, and this year we received the most entries since the contest began in 2012!

The top award is presented to the state winner, and awards may be presented to first place and second place entries from six Districts of our state. This year, the authors of the winning essays received an engraved key chain and, thanks to a generous grant from the WV Division of Rehabilitation Services, a check for the amount of their award as follows: State Winner \$3,000, District First Place Winners \$1,500, and District Second Place Winners \$750. And the winners were:

- State Winner:** Lindsey Grace Beane, Hurricane High School - \$3,000
- District 1:** First Place – Taylor Morgan Walroth, Hurricane High School - \$1,500
- District 2:** First Place – Joshua Kyle Swaim, Robert C Byrd High School - \$1,500
- District 3:** First Place – Jenna Pierson, Parkersburg High School - \$1,500
- District 4:** First Place – Thomas Hughart, Nicholas County High School - \$1,500
- District 5:** First Place – Molly Abbott, Westside High School - \$1,500

The theme for the 2016 contest was, “The Barriers for People with Disabilities in My Community and How I Can Make a Difference”. This section of the annual report includes the state winning essay, photos of the authors, information about their schools, and a bit of information to help you get to know these students.

Congratulations to all the winners! We hope this contest continues to motivate high school seniors to not only submit an entry, but to learn more about disability history and how the disability rights movement has changed our world and our lives.

District Winners



Taylor Morgan Walroth, a graduate of Hurricane High School took Advanced Placement and college level classes and was a member of National Honor Society, Student Council as Senior Class Publicity Chair, Link Crew, International Club, Chemistry Club, FSEA, Key Club, and DECA. She played on the Hurricane High School soccer (WVHSSCA All-State player in 2015), basketball, track (2014 and 2015 State Champions), and cross country teams. She is also a member of the WVFC U17 Girl's Travel Team and the 2016 West Virginia Olympic Development Program Soccer Team.

In her free time, Taylor loves spending time with her family, as they are the driving force behind all that she does. In the fall of 2017 Taylor will be attending West Virginia Wesleyan College to obtain a MSN from Wesleyan's nursing program and has committed to play on the Lady Bobcats' Soccer Team.



Joshua Kyle Swaim, a 2017 graduate of Robert C. Byrd High School, was a four year member of the Flying Eagles Marching Band, Concert Band, and one year member of the Jazz Band. He served as President of the band his senior year. Along with band, he was a four year member of the Robert C. Byrd theatre department, earning the title of Prop Crew Chief.

In addition, he was elected Class Treasurer three consecutive years, selected to serve as secretary of National Honor Society, and an Eagle Mentor to elementary students. Lastly, Kyle was nominated to attend Mountaineer Boys State. Kyle plans to attend Fairmont State University to double major in Accounting and Business Finance. Outside of school, Kyle enjoys spending time with friends and family and being active outdoors. Kyle would like to be an example that the only limits are the limits you put on yourself.



Jenna Pierson, a graduate of Parkersburg High School, will be studying Journalism and Political Science in college in the fall. She enjoys theatre, speech and debate, and writing for her school newspaper. In her free time, she enjoys travelling to new places and spending time with her family and dogs. She is honored to accept this award from the SILC and SRC, both of which are amazing organizations that have done wonderful things for the disabled community in our state. Together, we can continue to make strides in the right direction.



Thomas Hughart, a graduate of Nicholas County High School, where he was a member of the National Honor Society, Fellowship of Christian Athletes, and YoungLife. He is a black belt in Kung Fu and has been a volunteer martial arts instructor at the Summersville Youth Center since the 9th grade. He lives in the small town of Birch River and is a member of the Birch River Baptist Church. He plans to enroll in college in the Fall of 2017, although he is still undecided about which college to attend. He plans to major in Chemistry/Pre-Med and eventually become a pediatrician.

In his spare time, He enjoys playing the guitar and cello, and has been employed at the Summersville Wendy's for almost two years.



Molly Abbott, a graduate of Westside High School, a National Honor Society Member, and a member of the CoEd Hi-Y Club. Molly's name has consistently been listed in the Honor Roll as well as several mentions on the Brain Trust list. During her junior year, Molly represented WHS as a member of the Tennis Team.

Outside of school, Molly is active in her church and community. She is a yearly volunteer in the summer youth Bible School activities at Russell Missionary Baptist Church, where she is a member. Molly is an avid reader, whose hobbies include hunting, and spending time with family and friends. She is also devoted to her many pets, including her best friend, Stella (the cat). Molly has recently been accepted into the Surgical Technology Program at Southern WV Community & Technical College.



District 1 - \$1,500
Taylor Morgan Walroth
Hurricane
High School



District 2 - \$1,500
Joshua Kyle Swaim
Robert C Byrd
High School



District 3 - \$1,500
Jenna Pierson
Parkersburg
High School



District 4 - \$1,500
Thomas Hughart
Nicholas County
High School



District 5 - \$1,500
Molly Abbott
Westside
High School

State Winner



Lindsey Grace Beane, a graduate of Hurricane High School, is active in her school and community through many clubs, organizations, pageantry and dance. She is an active participant of the National Honor Society, DECA club, Key club and founding member of the Students Against Destructive Decision Club (SADD).

When not studying, she enjoys spending her time promoting her platform; Defy Disability: Put People First, which has been a passion of hers. She has provided education both in state and out of state through pageantry through the years. She is the current reigning America's National Teenager which has allowed her to travel across the nation to spread awareness about my platform .

Lindsey's winning essay:

"The barriers for people with disabilities in my community and how I can make a difference."

Have you ever stopped and thought about what it would be like to not be able to walk? What would it be like to struggle to speak to others in everyday life or perform simple tasks? How would you feel if your family member struggled with a disability and your only wish was for other people to see them as you do – a happy, loving soul who is just like you and me?

I have a close friend named Anthony. As we spent time together, I would see others treat him differently. From subtle stares to blatant ridicule, I could see they saw him for his disability. They judged from a place of unknowing and fear, as their words and behavior revealed their hurtful thoughts. I wanted people to see Anthony like I see Anthony. He is my friend who still loves to watch Sponge Bob with me, because you are never really too old for Sponge Bob. Anthony always keeps a smile on your face with his humor and wit. You never know what he is going to say next, but Anthony always knows what to say. I saw the effect it had on him when people would stare because his walk is different or would make fun of him because he sometimes likes to rock back and forth. As much as it upset me to watch that happen to my friend, I know it hurt him more. I wanted to do something that would make a difference, not only for Anthony, but others in my community who have a disability. Anthony and my other friends who have been diagnosed with a physical or mental disability do not deserve to hear the words "crazy" and "psycho" in the hallways of my school. How could I make a difference in my community? I started my research around disability rights issues and found my passion. I could advocate for Anthony and others by encouraging my peers to treat everyone with respect.

Words are powerful; they can hurt and they often do. The language a society uses shapes their ideas and beliefs, so I learned the concept of "People First Language." People First Language is a method of communication that shows we see the person before their disability. For example, you would never use hurtful words such as "sped" or "crippled" and you would not say things like "that autistic boy." Instead you call the person by their name. You do not use the disability to describe the person. People First Language is the first step toward eliminating hurtful stereotypes and the devaluing of a person with a disability. Robert M. Hensel, disability advocate and Guinness World Record holder for the longest wheelchair wheelie, said, "There is no greater disability in society

than the inability to see a person as more.” This is why I believe the best way for me to knock down the barriers in my community is to fight the stigma of disability and to make sure we value everyone as individuals with gifts unique to each of us.

People with disabilities face stereotypes, prejudices, and injustices each and every day. For the past two years, I participated in Disability Awareness Day at the West Virginia State Legislature with a focus on promoting the use of People First Language. I was overjoyed when the West Virginia Legislature passed House Bill 2797 one of the items I advocated for on Disability Awareness Day. This bill changed all West Virginia law by removing the term “retarded” from state code. When the bill was signed into law on March 25, 2015, I knew I had made at least a small difference by educating my fellow West Virginians and spreading the importance of People First Language. When I returned as a student advocate for the 2016 Disability Awareness Day, I set my table up just outside the Senate chambers to access as many lawmakers as possible. I focused on advocating for adding a requirement to state code that People First Language be taught in West Virginia schools as a part of Disability Awareness Week. I was able to provide lawmakers and everyone I spoke to with an awareness wristband that promotes People First Language with the slogan, “Defy Disability: Put People First.”

I believe it is crucially important to educate both my peers and elementary age children about the importance of People First Language. The greatest strides for change often occur when children learn belief systems that respect and include everyone. I have had the opportunity to go into elementary and middle school classrooms to teach students about People First Language and the importance of putting the person before the disability. I was fortunate to request and receive interactive brochures from the Developmental Disabilities Council that promote the use of People First Language to hand out in my community. When those were depleted, I developed my own interactive presentation about the use of People First Language that definitely kept the interest of the classroom. As I left, I always gave every student one of the, “Defy Disability: Put People First,” awareness wristbands. I have discovered that these wristbands are very effective in not only promoting people first language, but also provide the opportunity for continued education about People First Language. I have distributed over 1000 wristbands while promoting the use of People First Language and know that they have led to conversations with those who see them.

My wish is for our culture to progress with the understanding that people have exceptionalities, not disabilities. As I go to college next year, I want to continue learning about the struggles that people living with disabilities face so that I can continue to advocate for kids like Anthony. Everyone has gifts to offer, and we have to look past the labels set by society and promote everyone’s abilities, putting people first. ■

The ADA



The Americans with Disabilities Act (ADA) was signed into law on July 26, 1990, by President George H.W. Bush. The ADA is one of America’s most comprehensive pieces of civil rights legislation that prohibits discrimination and guarantees that people with disabilities have the same opportunities as everyone else to participate in the mainstream of American life -- to enjoy employment opportunities, to purchase goods and services, and to participate in State and local government programs and services. Modeled after the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color, religion, sex, or national origin – and Section 504 of the Rehabilitation Act of 1973 -- the ADA is an “equal opportunity” law for people with disabilities.

To be protected by the ADA, one must have a disability, which is defined by the ADA as a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment. The ADA does not specifically name all of the impairments that are covered.

For more information on the ADA, visit www.ada.gov.

Community Living Services Program

The Community Living Services Program (CLSP) assists eligible individuals with disabilities to return to or remain in their homes and communities by enabling them to function more independently. We strive to help people with disabilities achieve integration and full inclusion into mainstream American society.

This program operates under the independent living philosophy of consumer control, peer support, self-help, self-determination and equal access through individual and systems advocacy. This approach maximizes the leadership, empowerment, independence and productivity of people with disabilities.

As provided in the West Virginia State Plan for Independent Living, State and Federal funds for this program provide services such as home modifications, assistive devices and equipment, vehicle modifications and durable medical equipment.

Under administrative oversight by the West Virginia Division of Rehabilitation Services, in partnership with the West Virginia Statewide Independent Living Council, CLSP services are provided statewide through the four state-recognized centers for independent living (CIL) in West Virginia: Appalachian CIL-Charleston, Mountain State CIL-Beckley, Mountain State CIL-Huntington and Northern West Virginia CIL-Morgantown.

Services are provided as funding is available. When requests for services are received, CIL employees make every effort to locate needed resources, including donations by third parties. CLSP funds are used only when, after a diligent search, it is determined that no other public or private funds are available.

If the necessary funds are not available, applicants are prioritized in order of request and are served as funds become available. A total of 469 consumers remained on waiting lists as of June 30, 2016.

2017 Performance At A Glance

- A total of 143 consumers completed CLSP services and were successfully enabled to remain in their homes.
- At least 45 of the consumers completing their goals were either diverted or transitioned from nursing homes.*
- Cost of services averaged \$2,966 per consumer completing their goals.
- 579 consumers were on the waiting list as of June 30, 2017.
- The projected average waiting time for consumers on the waiting list is at least two years.
- CLSP was funded by the State of West Virginia in the amount of \$429,418.00 for State fiscal year 2017.*
- CLSP provided 58 instances of device and equipment services.
- CLSP provided 82 rehabilitation technology services.
- Funds were brokered through the Affordable Housing Program (AHP), West Virginia Olmstead, Go Fund Me accounts and other community supports to assist with funding of modifications in many residences. The support of the AHP program allowed six individuals that were previously at risk of institutionalization to remain in their homes.

*According to Genworth 2017 Cost of Care Survey, the cost for a semi-private room in a nursing home has a median annual rate of \$116,435 in the state of West Virginia. Therefore, the diversion or transition of 45 consumers, from nursing home care through CLSP is estimated to have created a net annual savings of over 4.8 million dollars

Services

All CLSP consumers also are eligible for other services provided by centers for independent living, including individual advocacy, independent living skills training, peer support, counseling, and information and referral. Services provided by CLSP include the following:

Home Modifications

- Ramps
- Accessible Bathrooms
- Other modifications to make homes accessible



Assistive Devices and Equipment

- Positioning/Seating
- Augmented Communication
- Aids to Daily Living



Vehicle Modifications

- Vehicle Conversion Lifts for Wheelchairs and Scooters
- Hand Controls
- Other Specialized Modifications

Durable Medical Equipment

- Shower Chairs
- Walkers
- Other Durable Medical Equipment and Related Items



CLSP in Action

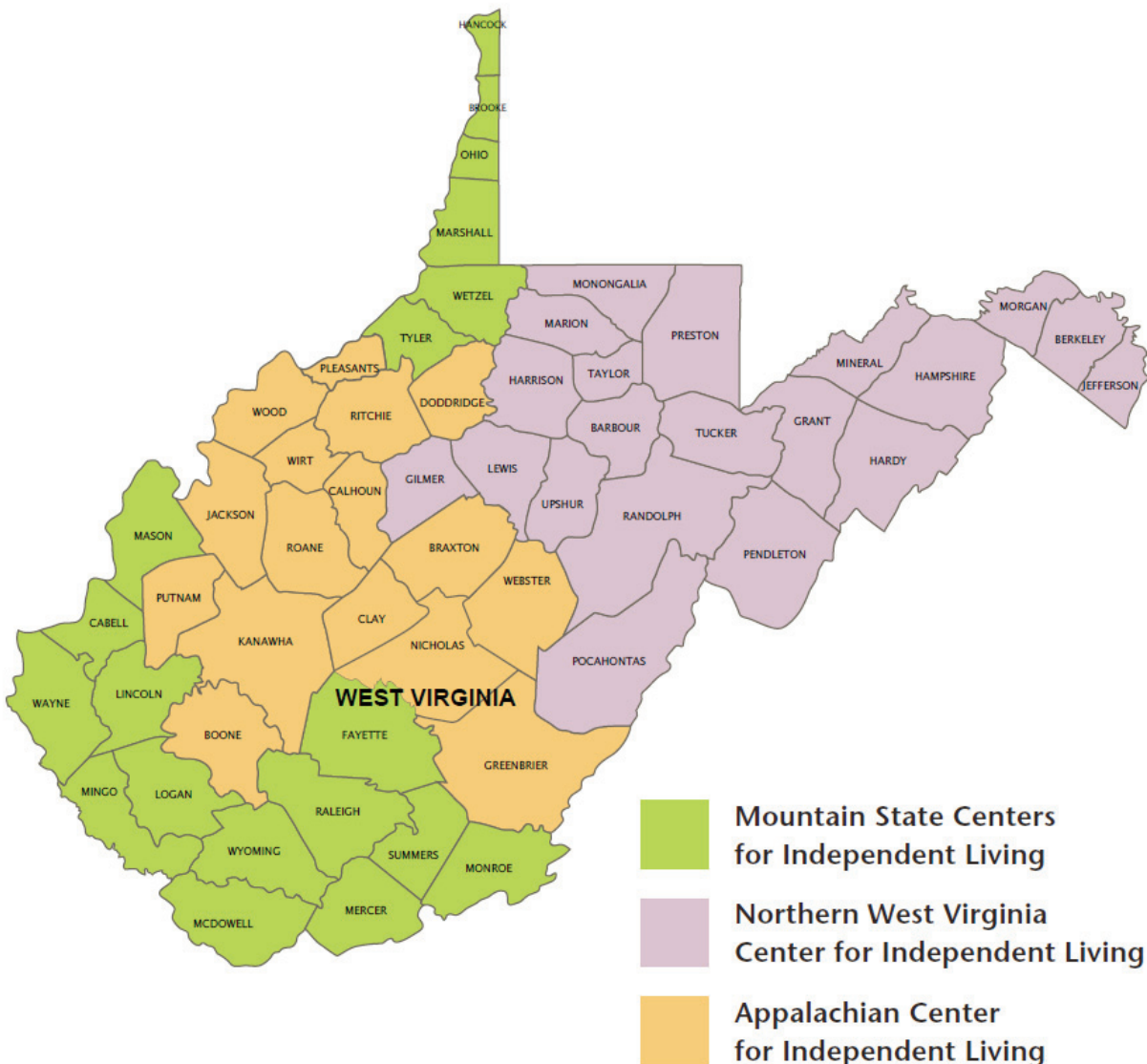
Following are several summaries which illustrate CLSP services and outcomes:

- A 68-year-old female diagnosed with cerebral palsy was at risk of being placed in an institution as she had many safety needs in the home and required a higher level of care than could be provided at home. She was hospitalized and kept at the hospital for approximately four months with the physicians stating that she could not return home unless her bathroom accessibility problems were addressed. The CIL completed an accessible bathroom with grant assistance, and she returned to her home to live independently.
- A 58-year-old female diagnosed with paraplegia was working as a preacher. Following her CLSP application, she lost her job and could no longer stay in the home that she was renting because of the change in her income. With the assistance of a grant, the CIL built a treated lumber ramp to a family-owned home to provide a step-free entrance and completed bathroom modifications to help her remain independent in a residential setting.
- A 59-year-old female diagnosed with a neuromuscular disorder needed a bathroom modification because she was unable to get into her garden tub. Also, her physician recommended she obtain a jetted walk-in tub to assist with circulation concerns. With the assistance of a grant, the CIL modified her bathroom to help her stay in her home.

- A female diagnosed with macular degeneration and mobility concerns was displaced from her home because of the June 2016 flood. A volunteer group incorrectly installed a walking ramp into the elevated mobile home and consequently, the ramp was unsafe and not up to code. The CIL brokered funds through the Community Lutheran Partners to correctly rebuild her ramp. Several feet of ramp (up to 60 feet) were replaced with handrails and smooth transitions to allow independent access to the home.
- A male diagnosed with degenerative disc disease could no longer use his tub in his bathroom safely. The CIL installed a 36" x 60" walk-in shower with grab bars and hand-held shower and slide bars. He can now safely use his bathroom facilities and thus, stay in his home.

Service Areas and Referral Information

CLSP serves the entire State of West Virginia. The three centers for independent living each serve an assigned area, as shown by the following map. Referrals should be directed to the center serving the consumer's area of residence. ■





Appalachian Center for Independent Living

Telephone: 800-642-3003

Website: www.acilwv.org

Elk Office Center

4710 Chimney Drive, Suite C

Charleston, WV 25302

Counties Served: Boone, Braxton, Calhoun, Clay, Doddridge, Greenbrier, Jackson, Kanawha, Nicholas, Pleasants, Putnam, Ritchie, Roane, Webster, Wirt and Wood



**Centers for
Independent Living**

Mountain State Centers for Independent Living

Telephone: 866-687-8245

Website: www.mtstcil.org

821 Fourth Avenue, Huntington, WV 25701

and

329 Prince Street, Beckley, WV 25801

Counties Served: Brooke, Cabell, Fayette, Hancock, Lincoln, Logan, Marshall, Mason, McDowell, Mercer, Mingo, Monroe, Ohio, Raleigh, Summers, Tyler, Wayne, Wetzel and Wyoming

Northern West Virginia Center for Independent Living



Northern West Virginia Center for Independent Living

Telephone: 844-212-3464

Website: www.nwvcil.org

601-3 East Brockway Avenue, Suites A&B

Morgantown, WV 26501

Counties Served: Barbour, Berkeley, Gilmer, Grant, Hampshire, Hardy, Harrison, Jefferson, Lewis, Marion, Mineral, Monongalia, Morgan, Pendleton, Pocahontas, Preston, Randolph, Taylor, Tucker and Upshur

Ron Yost Personal Assistance Services (RYPAS)

The Ron Yost Personal Assistance Services (RYPAS) Program is a state-funded, consumer-controlled program to enable people with severe disabilities to live in their own homes and communities. During fiscal year 2017, eighteen(18) individuals were RYPAS recipients and at the end of fiscal year 2017 there were six(6) individuals on the waiting list. The RYPAS program provides resources for individuals with severe disabilities to hire a personal assistant to help them perform essential daily living tasks – including, but not limited to:

- getting in and out of bed, wheelchair or motor vehicle
- bathing and personal hygiene
- dressing and grooming
- meal preparation, eating and cleanup
- paying bills
- shopping and banking
- managing a daily schedule



Eligible individuals have a permanent disability or a disability that will last for at least 12 months; need assistance to take care of the essential tasks of daily living; are not currently receiving personal assistance services through any Medicaid program; can, or have a designee who can, meet responsibilities as an employer and manage financial and legal affairs; and meet the income guidelines or adjusted annual income.

The RYPAS program is managed by a seven-member, consumer controlled board. Board members are people with disabilities, most of whom have their own personal assistants. The board makes all decisions about the program and the eligibility of applicants for services. Board members are not eligible for services while serving on the Board.

You may request an application packet by calling the SILC office. The packet includes an application form, a financial survey and a short assessment form which provides an estimate of the number of hours of assistance you need. ■



Who is Ron Yost?

Ron Yost sustained a spinal cord injury when he was 20 that resulted in quadriplegia. He was an active advocate for people with disabilities, and he fully understood how much difference having an attendant or personal assistant can make in the level of independence and quality of life for a person with a disability.

He helped develop the employment attendant care program for people who work, which is administered by the West Virginia Division of Rehabilitation Services. He also was involved in the initial discussions to create a program to provide personal assistance for people who could not get services through any existing program.

Although Ron died before the program was established in 1999, it was named in his honor by the legislators who sponsored the bill. Ron had a great impact on the disability community in Huntington and throughout West Virginia.



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Institute, WV 25112