

West Virginia Medicaid Made Simple

September 2011



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Acknowledgments

The authors wish to acknowledge Tina Bailes, Bureau for Medical Services, Dan Christy, Bureau for Public Health, Health Statistics Center, and Paul Miller, West Virginia Center for Budget and Policy, for their help with data in this report. We also thank Kate Long, Linda Frame, Shannon Spillane, Ted Boettner and Ann Stottlemeyer for their comments and edits.

Dave Love of The Phillips Group, Inc. provided the layout and formatting of this report.



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The West Virginia Center on Budget and Policy (WVCBP) is a non-profit, nonpartisan research organization that works to support public policies that contribute to a shared prosperity for all West Virginians. The WVCBP studies critical issues, shares its work with the public and policymakers and works with diverse groups on sound solutions to economic and social problems.

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Introduction

Medicaid is an important program in West Virginia that is poorly understood by policymakers as well as the public. Medicaid provides health and long-term care services that directly impact more than 400,000 West Virginians and indirectly many more. Medicaid is also important to the state's economy providing thousands of jobs in the health and long-term care sector and indirectly supporting local businesses where workers spend their money.

This report is written for policymakers and the public to help them understand who is served by Medicaid and the impact of Medicaid on the state's economy.

Medicaid

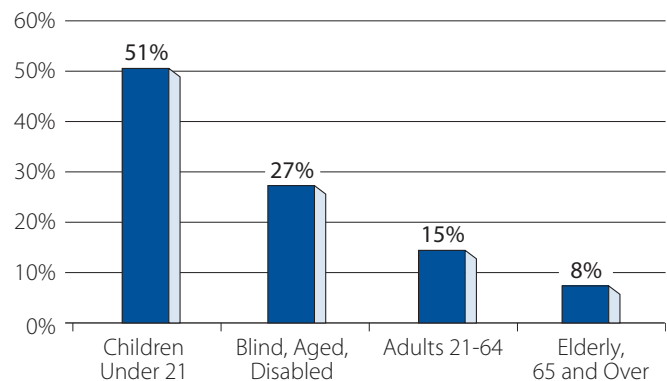
- Provides health and long-term care for more than 400,000 West Virginians.
- Is primarily a health insurance program for low-income children. More than half of all Medicaid beneficiaries are children. Medicaid ensures that children get screening to catch health and developmental problems early.
- Assures the safety of mothers and babies. More than half of all births in West Virginia are paid for by Medicaid.
- Is a long-term care program for the elderly and people with disabilities. It pays for three out of four nursing home beds and funds the state's popular in-home care program for the elderly.
- Provides tens of thousands of jobs and adds \$2 billion to West Virginia's economy every year.

Medicaid is especially important in West Virginia because of high rates of child poverty, disability and the growing number of people over age 65.

- One in four children (24 percent) in West Virginia live in poverty and 23 percent have special health care needs.¹
- At 16 percent of its total population, West Virginia has one of the highest rates of people over age 65. The rate of elderly will increase to one in four West Virginians by 2025.²
- West Virginia has the highest rate of disability in the nation at 18.8 percent compared to a national rate of 12.0 percent.³

FIGURE 1

Percent of West Virginia Medicaid Enrollees by Category, 2010



Source: West Virginia Bureau for Medical Services, June 2011

TABLE 1

West Virginians Enrolled in Medicaid, Number and as Percent of Enrollees, 2010

	Medicaid Enrollees	Percent of Medicaid Enrollees
Total Enrollees	405,178	—
Children Under 21	204,822	51%
Blind, Aged, Disabled	110,870 *	27%
Adults 21-64	59,035	15%
Elderly, 65 and over	30,451 **	8%

Source: West Virginia Bureau for Medical Services, June 2011

*Includes people with disabilities over age 65 receiving full Medicaid benefits.

**Includes only low-income seniors, not disabled, over 65 receiving partial Medicaid benefits.

Who's Eligible for Medicaid?



People often think it is easy for poor people to get Medicaid. In fact, most poor adults, even those with children, earn too much money to be eligible for Medicaid. For example, a family of three is eligible for Medicaid only if it earns less than \$7,000 a year. As a result, the program mainly provides coverage for low-income children, seniors, and people with disabilities, many of whom are elderly.

Seniors and other adults on Medicaid must also pass an asset test to become eligible. Assets include a car above a certain value, savings and life insurance policies. A family home is not considered an asset for Medicaid eligibility.

Table 2 shows that in addition to income, eligibility requires an asset test for parents, seniors and people with disabilities. Assets include all cash assets, life insurance policies and individual retirement accounts. Homes and cars below a certain value are excluded from the asset test.

TABLE 2

West Virginia Medicaid Eligibility Standards by Category of Coverage as Percent of Federal Poverty

Eligibility Category	Maximum Income Level as a Percent of Poverty	Requires an Asset Test
Child or adult with a disability; receiving SSI	\$657/month/individual \$976/month/couple	Yes
Child under 12 months	150%	No
Child 12 months to under 6 years	133%	No
Child 6 years to under 19 years	100%	No
Pregnant Woman	150%	No
HIV Positive-Pharmacy Benefit	325%	No
Breast or Cervical Cancer Patient	200%	No
Parent	35%	Yes
Elderly, 65 and over	100%	Yes

Source: West Virginia Bureau for Children and Families, Family Assistance, Medicaid
www.wvdhhr.org/bcf/family_assistance/medicaid.asp

Children and Medicaid

Medicaid Supports the Healthy Development of West Virginia Children

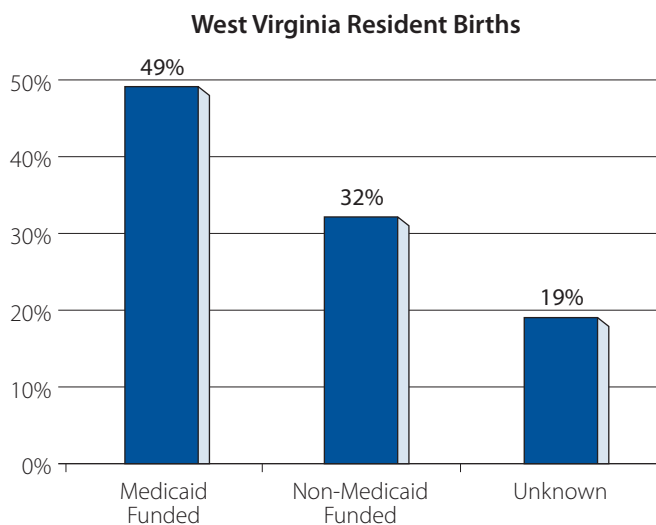
Many low-income, working West Virginians don't get insurance through their jobs and can't afford to buy it on their own in the private market. Luckily, Medicaid is there to ensure that children can get the health care they need.

Medicaid is the state's primary health insurance program for low-income children from birth to age 21. In 2010, West Virginia Medicaid covered more than 204,000 children and paid for the prenatal care of mothers and the births of more than 10,000 babies or about 50 percent of all births that year (Figure 2).⁴

Children make up the largest number of Medicaid beneficiaries. About half of all children living in West Virginia are covered by Medicaid.⁵ Most of these children live in families earning less than \$19,000 a year for a family of three.

Medicaid coverage is especially important for low-income mothers who receive prenatal benefits to assure the healthy development of their infants.

FIGURE 2
Percent of Births Funded by Medicaid
and Private Payment



Source: West Virginia Bureau for Public Health, Health Statistics Center

Almost half of all West Virginia children receive health care and important developmental services through Medicaid.

Medicaid's Pediatric Benefits Assure Children Get the Services They Need

All states are required to provide children with a comprehensive set of Medicaid benefits, known as Early and Periodic Screening, Diagnostic, and Treatment (EPSDT). These benefits, which include preventive care like immunizations and screening for developmental delay, assure that low-income children have the services they need for healthy development. Many of these services, such as oral health and therapy services, are optional for other Medicaid beneficiaries and are usually not included in private insurance plans.

In addition to prevention services, EPSDT covers diagnostic services and treatments necessary to correct or ameliorate children's acute and chronic physical and mental health conditions. EPSDT also covers services that are particularly important for children with disabilities, such as physical therapy, personal care services, and durable medical equipment, which private insurance typically limits or excludes altogether.

EPSDT is an expansive benefit meant to promote the health of West Virginia and the nation. The average annual Medicaid health care costs of a child in West Virginia in 2007 was \$2,348 — a sound investment helping children grow into good learners and competent adults.⁶

Medicaid ensures that children with disabilities get the physical therapy, personal care, and other key services that private insurance often fails to cover.

Medicaid and the Children's Health Insurance Program (CHIP)

In 1997, Congress created the Children's Health Insurance Program (CHIP) to cover the children of low-income working parents not eligible for Medicaid. Congress gave states the option of making CHIP part of Medicaid or creating a separate stand-alone program. West Virginia decided to create a separate CHIP program and placed it within the Department of Administration.

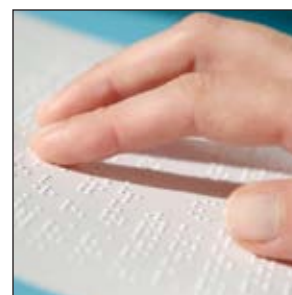
Congress also gave states the option of what children to cover and flexibility to charge parents for premiums and co-pays. In West Virginia, CHIP has gradually been expanded to cover uninsured children up to 300 percent of the federal poverty level (Table 3). Above 200 percent of the federal poverty level, parents pay a premium of \$35 per month plus co-pays for one child and \$70 per month plus co-pays for two or more children.

Although administered in separate agencies, West Virginia officials have worked hard to make the programs seamless. For example, parents can fill out a simple application form and an electronic process determines if the child is eligible for Medicaid or CHIP and enrolls the child in the appropriate program. Eligibility for CHIP or Medicaid is based on the parent's income. Table 3 shows eligibility by income levels.

TABLE 3
CHIP and Medicaid Eligibility Standards
As Percent of Federal Poverty Level

	Medicaid	CHIP
Infants to age 1	150%	151-300%
Children 1-6	133%	134-300%
Children 7-18	100%	101-300%

Note: CHIP eligibility at 300% effective on July 1, 2011



People with Disabilities and Medicaid

About 59,000 West Virginia adults age 18-64 with severe physical and/or mental disabilities, and who are unable to work, are eligible for Supplemental Security Income (SSI), a federal assistance program designed to provide income to aged, blind, or disabled people who have limited assets to support themselves.¹¹ In order to receive SSI, people must prove that they are completely incapable of performing any type of work activity.¹²

In West Virginia, people who receive SSI automatically become eligible for Medicaid. People with disabilities may receive health care, therapy and/or long-term care services through Medicaid.

West Virginia has a federal waiver (MR-DD waiver) and a Money Follows the Person Project to help people with disabilities remain in their communities and live as independently as possible.

Seniors and Medicaid

Medicaid Protects Low-Income Seniors on Medicare

Almost all senior West Virginians have coverage through Medicare, the federal health insurance program for people over age 65. Medicare requires that seniors pay premiums, co-pays and deductibles. About 33,000 West Virginia seniors earn less than 100 percent of the federal poverty level or \$10,890 for one person and \$14,710 for two. They would have a hard time paying for the cost of Medicare without some help.⁷

Thanks to Medicaid, these seniors can get help with their premiums, co-pays and deductibles, as well as prescription drugs. Without Medicaid, West Virginia's low-income seniors would have to make hard choices between paying for food or medical costs.

80,000 West Virginians on Medicare
also receive Medicaid benefits.⁸

Seniors Who Need Nursing Home Care Rely on Medicaid

Many West Virginians who worked and saved often find themselves in old age unable to afford the care they need to maintain their health and well-being. When these West Virginians end up in a nursing home, they quickly deplete their savings.

Medicaid plays a critical role in making sure that those seniors who run out of savings continue to get the nursing home care they need. In fact, Medicaid pays for 72 percent of all nursing home care for West Virginia seniors (Figure 3). In 2009, 22,056 West Virginians received nursing home care.⁹

TABLE 4

West Virginians Over Age 65 Receiving Full or Partial Medicaid Benefits (2008)

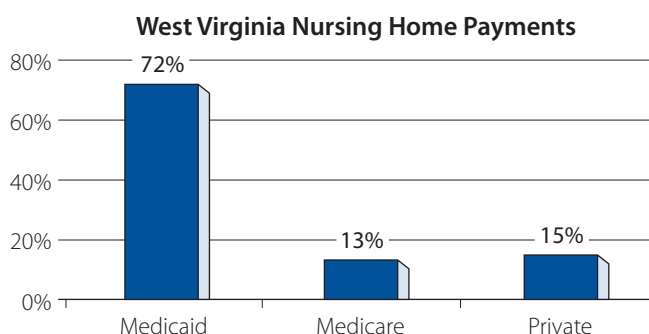
Dual Eligible* Status	Number of Beneficiaries
Total Dual Eligible Enrollment	80,000
Dual Eligible with full Medicaid benefits	50,000
Dual Eligible with limited benefits	30,000

Source: MACPAC Report to the Congress on Medicaid and CHIP, March 2011

*Seniors who receive both Medicare and Medicaid coverage are called "dual eligibles."

FIGURE 3

Percent Payment of Nursing Home Care by Medicaid, Medicare and Private Payment



Source: Centers for Medicare and Medicaid Services, Nursing Home Data Compendium 2009, http://www.cms.gov/CertificationandCompliance/Downloads/nursinghomedatacompendium_508.pdf

Medicaid Helps Seniors Stay in Their Homes

Medicaid also pays for home health and other home care services to permit the elderly and people with disabilities to remain in their homes. Home and community-based services provide for case management, homemaker/home health aide services, personal care services, adult day health, habilitation services and respite care. Without these supports, many elderly people or people with disabilities would end up in more expensive nursing home care.

In May 2011, about 12,000 West Virginians were receiving home and community-based services. Given the high rate of people with disabilities in West Virginia, the increasing number of elderly, especially those over age 75, and an increase in life expectancy, the need for home and community-based services is much greater than the numbers reflected in the current enrollment.¹⁰

A West Virginia Aged and Disabled waiver program provides for innovation in Medicaid which permits people to remain in their homes and live as independently as possible.

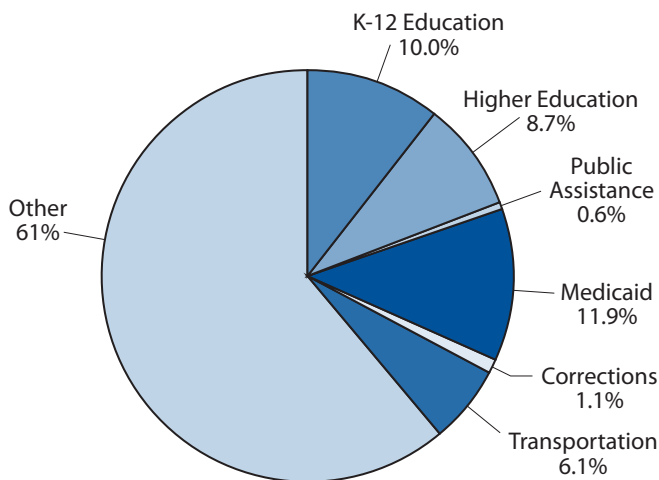
Overview

For every dollar the state spends on Medicaid, it receives roughly \$3 from the federal government. Figures 4 and 5 show that Medicaid spending is about 12 percent of the state budget and that Medicaid spending has grown at a slower rate over the past decade than spending for education and other public programs.



FIGURE 4

Medicaid as a Share of the SFY 2009 State Budget, Actual Expenditures (\$ in millions), Total from all Sources: General, Federal, Other State Funds, and Bonds

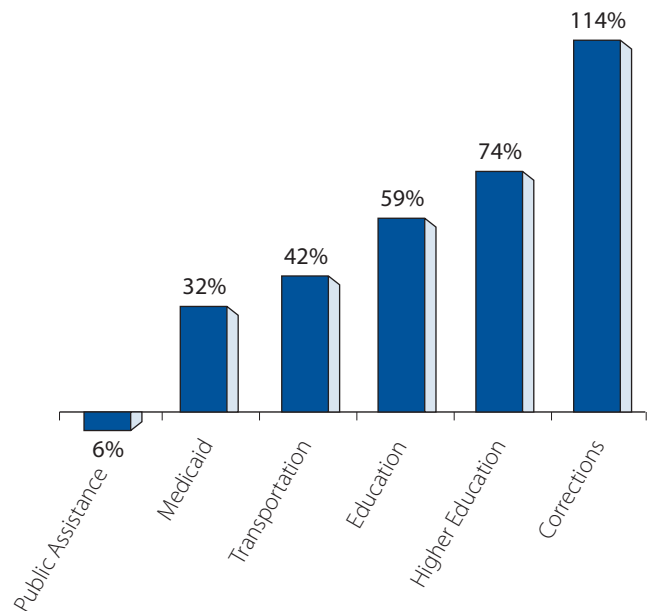


Source: The National Association of State Budget Officers, "State Expenditure Report," <http://www.nasbo.org/Publications/StateExpenditureReport/StateExpenditureReportArchives/tabid/107/Default.aspx>

Note: Other spending in Figure 4 includes the Children's Health Insurance Program (CHIP), institutional and community care for the mentally ill and developmentally disabled, public health programs, employer contributions to pensions and health benefits, economic development, environmental projects, state police, parks and recreation, housing, and general aid to local governments

FIGURE 5

Growth Rate in West Virginia State Spending by Selected Public Programs, 2000-2010



Source: The National Association of State Budget Officers, "State Expenditure Report," <http://www.nasbo.org/Publications/StateExpenditureReport/StateExpenditureReportArchives/tabid/107/Default.aspx>

Footnote: The federal match for Medicaid is calculated based on a formula that compares each state's per capita income relative to U.S. per capita income and is higher for states with lower incomes. In most years, West Virginia's federal match has ranged from 73 to 76 percent and as high as 83 percent under temporary increases under the American Recovery and Reinvestment Act (ARRA).

Adjusted for inflation, state spending for Medicaid has declined since 2007.

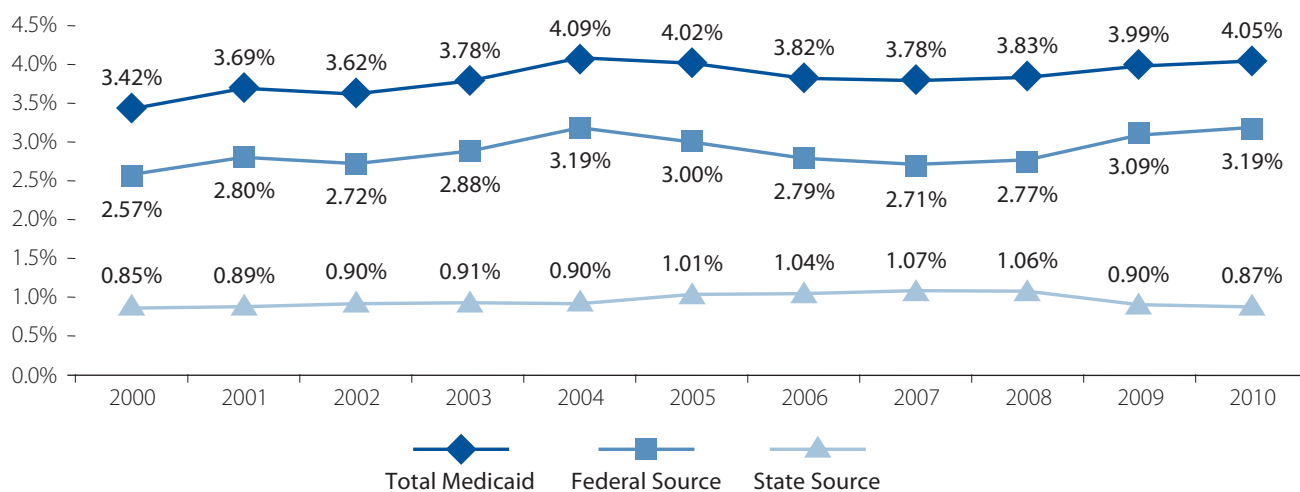
Figure 6 shows that total Medicaid spending has grown from 3.4 percent of the state's economy to 4 percent. Almost all of this growth was increased federal spending as part of the

American Recovery and Reinvestment Act (ARRA). State spending for Medicaid as a percent of the state's economy has hardly grown at all between 2000 and 2010 and remains at under 1 percent of the state's economy.

Figure 7 shows the nominal and real (adjusted for inflation) growth of Medicaid spending in state dollars over the past decade. They show that, adjusted for inflation, state Medicaid spending in West Virginia has declined since 2007.

FIGURE 6

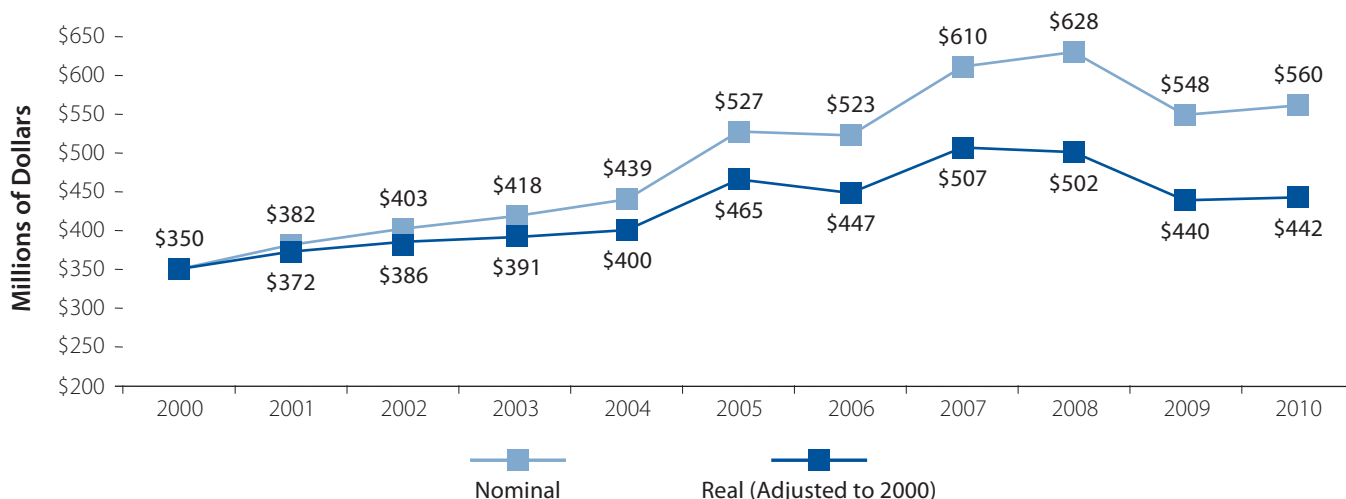
State and Federal Medicaid Spending in West Virginia as Percent of State GDP



Source: The National Association of State Budget Officers, "State Expenditure Report," <http://www.nasbo.org/Publications/StateExpenditureReport/StateExpenditureReportArchives/tabid/107/Default.aspx>

FIGURE 7

State Medicaid Spending, 2000-2010. Nominal and Adjusted for Inflation



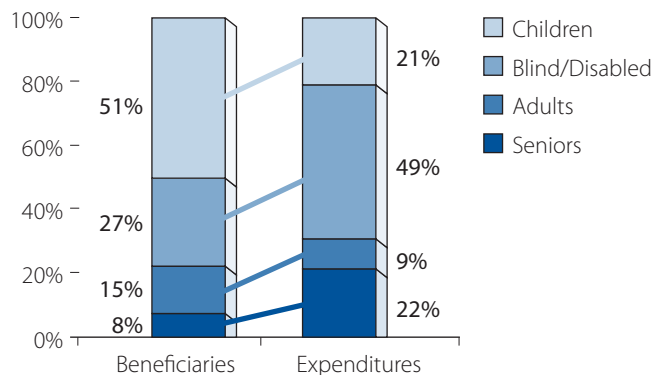
Source: The National Association of State Budget Officers, "State Expenditure Report," <http://www.nasbo.org/Publications/StateExpenditureReport/StateExpenditureReportArchives/tabid/107/Default.aspx>

The Majority of Medicaid Spending is for Seniors and People with Disabilities

While one-third of Medicaid beneficiaries are elderly and/or people with disabilities, two-thirds of all spending pays for services for this population because they tend to have more serious health issues and require more care. One-third of Medicaid spending pays for children, pregnant women and some low-income parents (Figure 8).¹⁵

FIGURE 8

Medicaid Spending by Eligibility Category

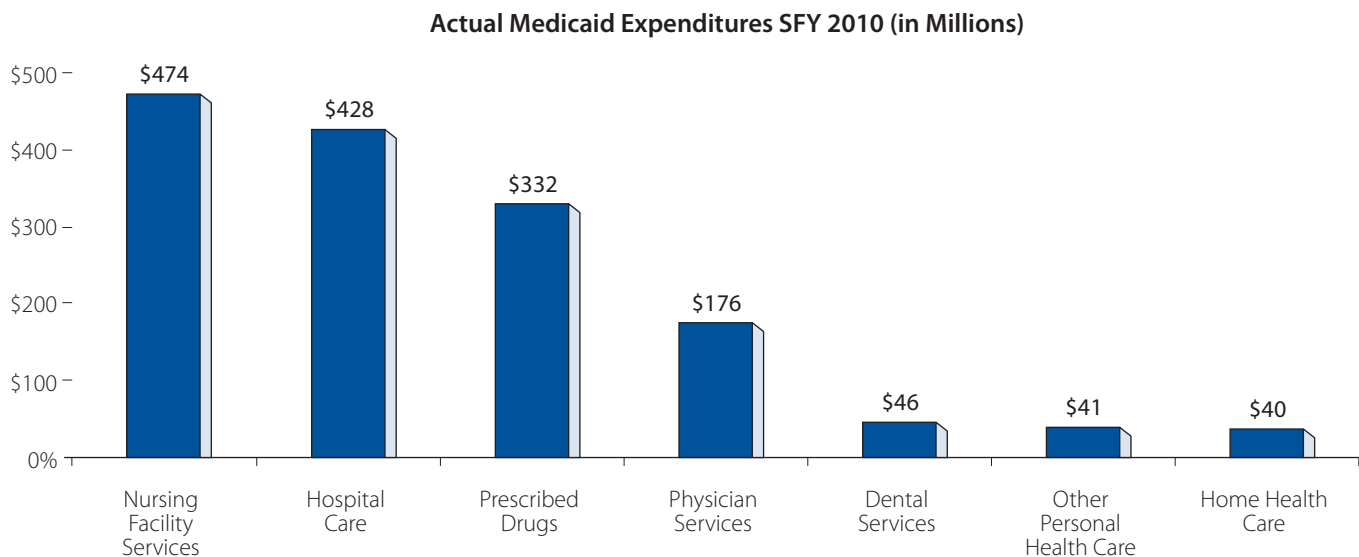


Source: West Virginia Bureau for Medical Services, June 2011



FIGURE 9

Medicaid Expenditures by Service Type



Source: West Virginia Department of Health and Human Resources, "Legislative Oversight Commission on Health and Human Resources Accountability" (May 2011), <http://www.dhhr.wv.gov/bms/AboutUs/lir/Documents/LOCHHRA%20May%202011-March%202011%20Data.pdf>

Medicaid, Jobs and the Economy

Medicaid Provides Thousands of Jobs in the Health and Long-Term Care Sector and Supports Rural Economies

Medicaid is important not only as a health and long-term care program for children and other vulnerable populations, but also as a source of thousands of health care sector jobs. The health care sector employs about 112,800 people in West Virginia, or 14.5 percent of the state's workers, more than mining, logging, manufacturing, and construction combined.¹⁵

TABLE 5
Number and Percent of Employment by Sector

	Number of Workers	Percent of Employment
Health Care	112,800	14.5
Mining and Logging	31,000	4.0
Manufacturing	49,500	6.4
Construction	31,700	4.1
Total Workers in State	778,500	

Source: WorkForce WV, 2011.
<http://www.workforcewv.org/lmi/datarel/DRLMI134.HTM>

According to WorkForce West Virginia, jobs related to health care are now West Virginia's largest non-governmental employment sector, with more than 112,000 jobs in 2010.¹⁶ A West Virginia University report in January 2003 on the economic impact of Medicaid found that because of the generous federal match, Medicaid is a net job, income and wealth generator for West Virginia.¹⁷

A new source of spending from outside a state creates a larger impact on the state economy than the amount of new spending alone through what economists call "multiplier effects." An economic multiplier quantifies the total impact on a state economy of successive rounds of spending that occur as the new spending is earned by state businesses and residents, who then spend these earnings on purchases from other state firms or residents, who in turn make other purchases, creating successive rounds of earning and purchases.¹⁸



In FY 2002, West Virginia University researchers found that the more than \$1.1 billion in federal funding for Medicaid-generated economic activity in the health care sector as well as other industrial sectors generated an additional of \$748 million in business volume, yielding a total impact of about \$1.9 billion. This is a significant impact on the state's economy generating 32,685 jobs and \$667 million in employee compensation.¹⁹

A January 2009 report by Families USA also found that Medicaid has a significant impact on the state's economy because it pulls in federal dollars and promotes new spending that would otherwise not exist in West Virginia.

Conversely, cuts in Medicaid would harm the state's economy (Table 7).

Medicaid generates jobs,
income and wealth
for West Virginia.



TABLE 6

New Federal Medicaid Funding Boosted West Virginia's Economy

	Federal Medicaid Funding of \$100 million	Federal Medicaid Funding of \$500 million
Increased Business Activity	\$183 million	\$913 million
Increased Wages	\$64 million	\$319 million
Increased Employment	1,900 new jobs	9,300 new jobs

Source: West Virginia Center on Budget and Policy analysis using Families USA data from, "A Shot in the Arm for West Virginia, Increasing Health Coverage for Working Families," January 2009

TABLE 7

Federal Medicaid Cuts Would Harm West Virginia's Economy

	5% Cut	15% Cut	33% Cut
Business Activity at Risk	\$166 million	\$499 million	\$1.097 billion
Jobs at Risk	1,640	4,920	10,830

Source: Families USA, "Jobs at Risk: Federal Medicaid Cuts Would Harm State Economies," June 2011

The Affordable Care Act (ACA) Will Benefit Thousands of West Virginians

On March 23, 2010 President Obama signed the Affordable Care Act, the national health reform legislation. One of the provisions of the ACA is to cover people earning less than 133 percent of the federal poverty level with health insurance through Medicaid. This measure goes into effect on January 1, 2014.

Estimates on the number of West Virginians eligible for the new Medicaid benefit vary but are in the range of 122,000 to 185,000 people.²⁰ The Kaiser Commission estimate of new Medicaid enrollees is 121,635. At a 2010 legislative meeting, the West Virginia Medicaid Commissioner estimated the number of new enrollees to be 185,000.²¹

From 2014 to 2016, the federal government will cover 100 percent of the cost. Thereafter, federal support will gradually decline to 90 percent in 2020 and beyond.²²

Medicaid coverage will mean health and economic security for thousands of West Virginia families. It will create jobs and spur economic development, especially in the more rural and impoverished parts of the state. A 2009 report for the West Virginia Health Care Authority by CCRC Actuaries calculated that expanding Medicaid coverage to 100 percent of the federal poverty level would save West Virginia families \$727 million and reduce the burden of charity care by \$288 million. CCRC Actuaries also calculated that such an expansion would increase costs to the federal and state government but result in a total net savings of \$275 million.²³



TABLE 8
2011 Federal Poverty Level (FPL) Guidelines
of 100% and 133% by Family Size

Family Size	100% FPL	133% FPL
1	\$10,890	\$14,484
2	\$14,710	\$19,564
3	\$18,230	\$24,246
4	\$22,350	\$29,726

Source: U.S. Department of Health and Human Services,
<http://aspe.hhs.gov/poverty/11poverty.shtml>

CONCLUSION

In West Virginia, Medicaid assures that thousands of vulnerable children, seniors and people with disabilities get the health and long-term care services they need. Supporting and promoting the health of more than half the state's children is especially important for West Virginia's future social and economic well-being. Good care for children in their younger years will pay off in better educational outcomes and a stronger workforce. Together with the Children's Health Insurance Program, Medicaid is making a difference in the lives of West Virginia children.



In terms of what West Virginia gets for its Medicaid dollar, the benefits far outweigh the costs.

Federal cost-sharing for Medicaid ranges from 73 to 76 percent in most years. This investment in brings more than \$2 billion into the state every year and supports the health care sector, creates jobs and has a multiplier effect on the state's economy. This is especially significant for rural economies where hospitals are often the largest employers.

Under health reform, West Virginia will benefit further. From 2014 to 2016, the cost for the newly enrolled Medicaid population will be 100 percent federally funded, gradually declining to 90 percent by 2020. Special initiatives to improve health care quality, such as the establishment of medical homes under Medicaid, will also bring increased cost sharing from the federal government.

Under health reform, Medicaid will provide health insurance for more than 125,000 uninsured people. This means that people will be able to get early care, greatly decreasing the probability that they will end up in the emergency room or hospital with bills they cannot pay. Hospitals will no longer need to shift the cost of unpaid bills onto paying customers.

West Virginia policymakers should think strategically about Medicaid and make the best use of opportunities to support the healthy development of children, the care of seniors and people with disabilities and to consider its role in the health care sector and the state's economy.

APPENDIX

Medicaid Services

Services Paid by Medicaid in West Virginia and Other States

Mandatory services provided by all states:

- Physicians' services
- Hospital services (inpatient and outpatient)
- Laboratory and x-ray services
- Early and periodic screening, diagnostic, and treatment (EPSDT) services for individuals under 21
- Federally-qualified health center and rural health clinic services
- Family planning services and supplies
- Pediatric and nurse practitioner services
- Nurse midwife services
- Nursing facility services for individuals 21 and older
- Home health care
- Non-emergency transportation services
- Tobacco cessation counseling and pharmacotherapy for pregnant women

Optional services provided by West Virginia and most states:

The numbers after each service indicate the number of states plus the District of Columbia offering the Medicaid benefit.

- Intermediate Care Facilities for the Mentally Retarded - 51
- Targeted Case Management for Mental Health Clinic Services - 51
- Nursing Facility Services (under age 21) - 50
- Occupational Therapy - 50
- Optometry - 50
- Physical Therapy - 50
- Prescription drugs - 50
- Targeted Case Management - 50
- Prosthetic Devices - 49
- Speech, Hearing and Language Therapy - 49
- Hospice Care Services - 48
- Inpatient Psychiatric Services (under age 21) - 48
- Dental Services (children and emergency for adults) - 46
- Eyeglasses - 45
- Podiatry Services - 45
- Audiology Services - 43
- Psychologist Services - 42
- Emergency Hospital Services - 40
- Dentures - 37
- Preventive Services - 37
- Personal Care Services - 35
- Private Duty Nursing Services - 33
- Rehabilitation Services - 33
- Targeted Case Management for Developmental Disabilities - 31
- Chiropractic Services - 29
- Critical Access Hospital Services - 22
- Targeted Case Management for Mental Retardation - 18
- Targeted Case Management for Physical Disabilities - 12
- Respiratory (ventilator) Services - 22
- Targeted Case Management for Medically Fragile - 9

Endnotes

1. Kids Count Data Center, 2009 www.datacenter.kidscount.org.
2. United States Census Bureau, <http://www.census.gov/>.
3. American Community Survey, 2009 American Community Survey 1-Year Estimates, "Selected Social Characteristics in the United States: 2009," http://factfinder.census.gov/servlet/DatasetMainPageServlet?_lang=en&_ts=328791137119&_ds_name=ACS_2009_1YR_G00&_program= (accessed on July 15, 2011).
4. West Virginia Bureau for Public Health, Division of Health Statistics, <http://www.wvdhhr.org/bph/hsc/statsevt/> (accessed on June 30, 2011).
5. West Virginia Bureau for Medical Services, Tina Bailes, Email correspondence, June 2011.
6. Kaiser Family Foundation, "State Health Facts, West Virginia: Medicaid Spending," <http://www.statehealthfacts.org/profileind.jsp?cat=4&sub=47&rgn=50> (accessed on June 30, 2011).
7. Gerontology Institute, John W. McCormack Graduate School of Policy Studies, University of Massachusetts Boston and Wider Opportunities for Women, "Elder Economic Security Initiative™: The Elder Economic Security Standard™ for West Virginia" (2010), <http://www.wowonline.org/ourprograms/eesi/state-resources/documents/WVElderIndexFINAL.pdf> (accessed on June 30, 2011).
8. Medicaid and CHIP Payment and Access Commission, "Report to the Congress on Medicaid and CHIP" (March 2011), <http://www.macpac.gov/reports> (accessed on June 30, 2011).
9. Centers for Medicare and Medicaid Services, "Nursing Home Data Compendium 2009," http://www.cms.gov/CertificationandCompliance/Downloads/nursinghomedatacompendium_508.pdf (accessed on June 30, 2011).
10. Olmstead Office, Office of the Inspector General, DHHR, Tina Maher email correspondence, June 2011.
11. U.S. Social Security Administration, <http://www.ssa.gov/policy/docs/statcomps/ssi/2009/wv.html>.
12. Social Security Disability Help, www.socialsecurity-disability.org.
13. West Virginia Bureau for Medical Services, Internal Report, (June 2011).
14. West Virginia Department of Health and Human Resources, "Legislative Oversight Commission on Health and Human Resources Accountability" (May 2011), <http://www.dhhr.wv.gov/bms/AboutUs/lir/Documents/LOCHHRA%20May%202011-March%202011%20Data.pdf> (accessed on June 30, 2011).
15. Workforce WV, "Labor Force Estimates and Nonfarm Payroll Employment by Industry," <http://www.workforcewv.org/lmi/datarel/DRLMI134.HTM> (accessed on June 30, 2011).
16. Ibid.
17. Christiadi and Tom S. Witt, "Economic Impact of Medicaid Federal-Match on the West Virginia Economy FY 2002" (Morgantown, West Virginia: West Virginia University Research Corporation, January 2003).
18. Families USA, "A Shot in the Arm for West Virginia: Increasing Health Coverage for Working Families" (January 2009).
19. Christiadi and Tom S. Witt, "Economic Impact of Medicaid Federal-Match on the West Virginia Economy FY 2002" (Morgantown, West Virginia: West Virginia University Research Corporation, January 2003).
20. John Holahan and Irene Headen, "Medicaid Coverage and Spending in Health Reform: National and State-by-State Results for Adults at or Below 133% FPL" (Washington, DC: Kaiser Family Foundation, Kaiser Commission on Medicaid and the Uninsured, May 2010), <http://www.kff.org/healthreform/upload/Medicaid-Coverage-and-Spending-in-Health-Reform-National-and-State-By-State-Results-for-Adults-at-or-Below-133-FPL.pdf> (accessed on July 12, 2011).
21. West Virginia Medicaid Commissioner, Legislative Meeting 2010.
22. Office of the Legislative Counsel, "Patient protection and affordable care act health-related portions of the health care and education reconciliation act of 2010," <http://docs.house.gov/energycommerce/ppacacon.pdf> (accessed on July 12, 2011).
23. CCRC Actuaries, "Health Care Financing in the State of West Virginia: An Analysis and Projection of the Current System and Potential Transformations" (Charleston, West Virginia: West Virginia Health Care Authority, August 2009), <http://www.hcawv.org/Support/Health%20Care%20Financing%20in%20the%20State%20of%20West%20Virginia%20DRAFT%20v3.pdf> (accessed on June 30, 2011).



Our Mission

- Research and analyze tax and budget issues for fairness and adequacy and to examine overall budget priorities.
- Educate policymakers on the effects of budget and tax policies and economic trends.
- Inform public debate and ensure that complex tax and budget issues are accessible to a varied audience of state and local officials, journalists, nonprofits, other interested parties, as well as the general public.
- Make research available to state and community-based groups and organizations and work to assure that they are consulted in the process of setting priorities for research and analysis.

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