



# Extended Waiver Eligibility (EWE)

Training and Implementation for EWE Services

# Agenda and Objectives

- Extended Waiver Eligibility (EWE) Overview
  - What is it
  - When does it happen
  - Who does it apply to and
  - How does it work
- Additional Information

# EWE Overview

- APD has received waiver approval to implement Extended Waiver Eligibility (EWE) services to existing Service Priority (411-015) rules.
- This will allow for consumer assessed at SPL 14-18 who are deemed a high risk for hospitalization or institutionalization within 30 days of LTSS ending to continue receiving services for their assessed needs.
- Eligibility for EWE must be reviewed on a bi-annual basis (every 6 months) and the consumer must remain actively engaged in reaching established goals and mitigating risks to transition from LTSS to maintain eligibility for EWE services.

# What is it?

- Extended Waiver Eligibility (EWE) is new criteria that has been added to the 411-015 Service Priority rules.
- The criteria assesses the consumers risk of hospitalization or institutionalization within 30 days of SPL 1-13 LTSS ending in three specific areas:
  1. The consumer will most likely deteriorate or decompensate due to lack of access to shelter or support; **OR**
  2. The consumer would lack access to safe housing, or has a documented history of threats of eviction without access to supports; **OR**
  3. The consumer would be at a significant risk of abuse or exploitation.

# What is it?

## Services

- Consumers determined eligible for EWE will be eligible for all services for which there is an assessed need.
- Consumers will be authorized the following rates/hours:
  - Assisted Living Facility: Level 1 payment
  - Adult Foster Home or Residential Care Facility: Base Rate
  - Other Settings: Authorized at their lowest contracted rates
  - In-home Services (including Independent Choices Program): Up to 10 hours for ADL/IADL tasks per two-week service period.
- All consumers in EWE must receive monthly direct contacts per OAR 411-015-0030(8)(b).

When does it happen?

Available to consumers assessed after Oct 1, 2017

# Timing

## Initial EWE Review

- Consumers assessed after October 1<sup>st</sup> 2017, whose SPL result is 14-18, may be considered for EWE services.
- The request must be completed and submitted to the [APD.EWE.Request@odhsoha.oregon.gov](mailto:APD.EWE.Request@odhsoha.oregon.gov) 2 weeks prior to the service plan end date. An extension may be requested to allow time for the EWE eligibility review and/or for timely notice.

## Ongoing EWE Renewal

- EWE may continue as long as the consumer/representative remains actively engaged in mitigating the risk(s) and making attempts to achieve the goals stated on the EWE form.
- Every six (6) months the CM must ensure that the consumer:
  - Still meets EWE criteria
  - Is working on their transition plan.

## Who is it for?

- Consumers who are reassessed as meeting at service priority levels (14) through (18) **and**
- The consumer is at risk of hospitalization or institutionalization within 30 days of Medicaid LTSS ending, in three specific areas:
  1. The consumer will most likely deteriorate or decompensate due to lack of access to shelter or support; **OR**
  2. The consumer would lack access to safe housing, or has a documented history of threats of eviction without access to supports; **OR**
  3. The consumer would be at a significant risk of abuse or exploitation
- EWE is available for consumers who meet the criteria above regardless of care setting.

# Who is it for?

## Part 2

- State Plan Personal Care (SPPC) consumers are **not** eligible for EWE services.
- MAGI medical consumers are **not** eligible for EWE services. Complete the EWE section of the SPAN to show that MAGI consumers are not eligible.

**Note:** EWE consumers must show OSIPM TOA in ONE. PMDDT approved consumers will automatically be assigned MAGI medical in ONE, therefore, an eligibility override may be requested to change the MAGI TOA to an OSIPM TOA for EWE eligibility purposes.



# How does it work?

- Information on EWE processes may be found in APD-PT-17-038 and APD-PT-19-010
- A consumer must be screened for other programs and resources prior to meeting EWE requirements, including but not limited to:
  - State Plan Personal Care (SPPC) services
  - Oregon Project Independence (OPI) services
  - Oregon Project Independence – Medicaid (OPI-M) services
  - Emergency Response Systems (ERS)
  - Home Delivered Meals (HDM) through the Older Americans Act (OAA)
  - Tribal resources
  - Housing assistance
- Case managers complete an EWE Planning Form which includes completion of the EWE plan.

# EWE Planning Form

The EWE Planning form can be found on the Case Management Tools page under Extended Waiver Eligibility (EWE) program section. This form is used for new EWE requests, the 6-month review, and renewing EWE services. The form should list risk(s) to be mitigated and/or goals to achieve, a description of how the risk(s) will be mitigated or goals achieved, and the responsible individual(s). This section of the form helps with the service planning for a safe transition to independent living.

## Extended Waiver Eligibility Planning Form

Consumer Name:	<input type="text"/>	Prime:	<input type="text"/>
Care Setting Type:	<input type="checkbox"/> AFH/ALF/RCF	<input type="checkbox"/> In-Home	<input type="checkbox"/> NF SPL: <input type="text"/>
Initial Extended Waiver Eligibility Review Date (6 months or sooner):	<input type="text"/>		

### **EWE Risk Mitigation Plan:**

*Identify risks, steps, who will assist, and due dates to mitigate the risk(s) prior to Extended Eligibility (EWE) review date.*

<b>Risk 1.</b> Describe the individual's risk. For example, the consumer may lose housing.	
Steps to mitigate risk. For example, consumer will contact the local housing authorities to ensure their name is on the list.	
<b>Assigned to:</b> <input type="text"/>	<b>Due Date:</b> <input type="text"/>

<b>Risk 2.</b>	
<b>Assigned to:</b> <input type="text"/>	<b>Due Date:</b> <input type="text"/>

<b>Risk 3.</b>	
<b>Assigned to:</b> <input type="text"/>	<b>Due Date:</b> <input type="text"/>

<b>Risk 4.</b>	
<b>Assigned to:</b> <input type="text"/>	<b>Due Date:</b> <input type="text"/>

# EWE Planning Form

## Part 2

The form should be completed and signed by the consumer or representative and the case manager.

Submit the form to

[APD.EWE.Request@odhsoha.oregon.gov](mailto:APD.EWE.Request@odhsoha.oregon.gov)

### Extended Waiver Eligibility Planning Form

Notes:

The goal of the Extended Waiver Eligibility Program is to help you safely transition from the services you currently receive. By signing below, you are agreeing to take the action steps detailed above.

\_\_\_\_\_  
Consumer/Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager Signature

\_\_\_\_\_  
Date

*Individuals not completing or making progress on the tasks or steps by the due date may be determined ineligible when eligibility is reviewed in 6 months. See OAR 411-015-0030(4)(a) through (8).*

# How does it work?

- The assessment will not be visible in the Benefit and Service Planning portion of Oregon ACCESS.

Benefit Eligibility and Service Planning

None Selected

Select Assessment

Assessment Type:

Service Category/Benefit	Begin Date	End Date	Status
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- **NOTE:** EWE consumers do not show on any OA reports so ticklers/reminders must be created for 6-month reviews, for the monthly direct contacts, and annual reassessments. A Buckley notice is automatically sent for the annual reassessment.

# How does it work?

## Eligibility Decision – Approve or Deny

When an EWE request is sent to Central Office (CO) for review, **DO NOT** send the SPAN until the EWE eligibility decision is made by CO.

Central Office(CO) will:

1. Notify the case manager of the eligibility decision and narrate the decision in Oregon ACCESS (OA).
2. Request an update to the service eligibility record (SELG) via Mainframe Business Analysts.

Local office staff will:

- Narrate in OA if EWE services are denied at the local office level and the reason for the denial.
- If EWE services are approved by CO, review the SELG record to ensure it is updated with the EWE services record.

# How does it work?

## Eligibility Decision – Approve or Deny

### Part 2

- Send the SPAN with the EWE eligibility decision.
- In an in-home setting, the CEP payment system may be updated or update MMIS POC for IHCA services.
- Complete SDS 598N and/or SDS 546N for In-home services or IHCA services. Since the EWE benefit is not in OA, these forms must be completed manually. A fillable version of these forms is located on the Case Management Tools page under the section Extended Waiver Eligibility (EWE).
- Send SDS 541 for In-home settings to inform the consumer of their eligibility to receive 10 hours of care per pay period (the hours do not need to be compared on the SPAN).

# How does it work?

## Eligibility Decision – Approve or Deny

### Part 3

- For consumers in a community-based care (CBC) facility (ALF, AFH, RCF, etc.), the 512 must be 'touched' to ensure the correct payment level. Verify the consumer is at the base rate or level 1 payment. While no additional notice is required, CBC facilities must be notified of any change in payment.
- For nursing facility (NF) consumers, update MMIS POC with the EWE eligibility dates. No additional notice is required.
- Create ticklers/reminders in OA for the 6-month review, monthly direct contacts, and annual reassessments.
- If EWE services are denied, CO will notify the case manager of the denial and narrate the decision in OA.
- The SPAN notice may be completed, selecting the appropriate option from the EWE section.

How does it  
work?

NARRATE,  
NARRATE,  
NARRATE!

*(please* narrate  
😊)

- Consumers that are approved for EWE services must work towards a safe transition plan that mitigates the identified risk(s) and make attempts to achieve goals, as stated and agreed upon on the EWE Planning Form.
- The following actions must take place when someone is receiving EWE services:
  - CM and consumer sign the “Extended Waiver Eligibility Planning Form”. A copy of the signed form is provided to the consumer, with an additional copy in the consumer’s file.
  - The Case Manager is regularly and actively working with the consumer to mitigate the identified risk(s).

**Document all contact and progress in  
Oregon ACCESS narration**



# How does it work?

## 6-month Reviews and Renewals

- Eligibility for EWE must be reviewed every six months. For the consumer to remain eligible, the following requirements must be met:
  - The consumer must demonstrate progress towards mitigating risk(s) and making attempts to achieve goals as stated and agreed upon on the EWE Planning Form.
  - Examples:
    - Consumer has signed up for low-income housing and maintains name on list(s)/checks frequently for availability;
    - Consumer is looking for accessible apartments or other independent living accommodations;
    - Consumer is working with the family to move to their home and has requested a modification to the bathroom and a ramp to make the home accessible.
- CMs must conduct monthly direct contacts. The focus should be on checking the progress towards mitigating risk(s) and making attempts to achieve goals as stated and agreed upon on the EWE Planning Form.

# How does it work?

## 6-month Reviews and Renewals

### Part 2

- For 6-month reviews, the EWE Planning Form must be updated in the appropriate section of the form and signed by the consumer and case manager. A new assessment is not required for the 6-month review unless the consumer requests it or there is a change of condition that warrants a new assessment.
- At the time of reassessment, a new EWE Planning Form must be completed and signed by the consumer and case manager to reapply for EWE services.
- The EWE Planning Form must be sent to [APD.EWE.Request@odhsoha.oregon.gov](mailto:APD.EWE.Request@odhsoha.oregon.gov)

## Changes that affect EWE eligibility

- Send notification to [APD.EWE.Request@odhsoha.oregon.gov](mailto:APD.EWE.Request@odhsoha.oregon.gov) when there are changes that affect EWE eligibility. Changes can include but are not limited to:
  - Being eligible for long-term services and supports (LTSS)
  - Transitioning to independent living
  - Passing away
  - Moving out of state
  - Assessed SPL 99
  - No longer eligible for Medicaid
  - Change of care environment (example: moving from NF to CBC)

Use the SDS 540 notice form when closing EWE services. The Decision Notice Preparation tips document located on the Case Manager Tools page has EWE closure situations listed.

# Resources

- Consumers receiving EWE services remain eligible for other waived services (i.e., BSS, ERS, LTCCN, etc.)
- Consider the Community-Based Care Transition Services program (OAR 411-037-0010, et. al.) when a consumer transitions from a community-based care setting to independent living. Questions about the program can be sent to [InHome.TransitionServices@odhsoha.oregon.gov](mailto:InHome.TransitionServices@odhsoha.oregon.gov)
- Consider Diversion/Transition Services when a consumer transitions from a nursing facility to independent living.
- Consider K-Plan Ancillary services

## Resources Part 2

- A list of Resources is located on the Case Managers Tools page. Other resources to consider for a consumer transitioning to independent living are:
  - Oregon Project Independence (OPI)
  - Oregon Project Independence – Medicaid (OPI-M)
  - SNAP
  - Home Delivered Meals
  - ADRC; [adrcoforegon.gov](http://adrcoforegon.gov) or 1-855-673-2372
  - Call 211; [211info.org](http://211info.org) or text the zip code to 898211
  - SHIBA (for help with health insurance to accompany Medicare); [shiba.oregon.gov](http://shiba.oregon.gov) or 1-800-722-4134
  - Energy Assistance
  - Senior centers
  - Other local community resources

# EWE Contact

Please contact [APD.EWE.Request@odhsoha.oregon.gov](mailto:APD.EWE.Request@odhsoha.oregon.gov) for:

Questions

Concerns

Requests/Referrals

Any changes that affect EWE eligibility

Case consults

Comments