

Extended Waiver Eligibility (EWE)

Training and Implementation for EWE presented by MLTSS

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

EWE Overview

- APD has received waiver approval to implement Extended Waiver Eligibility (EWE) 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 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 pay period.
- All consumers receiving EWE must receive quarterly direct contacts and monthly monitoring contacts.

When does it happen?

Available to consumers assessed after Oct 1, 2017

Timing

Initial EWE Review

- Consumers assessed after October 1st 2017 whose SPL has increased from 1-13 to 14-18 may be considered.
- The request must be completed and submitted to APD.EWE.Request@dhsosa.state.or.us no later than 2 weeks prior to the service plan end date.

Ongoing EWE Renewal

- EWE may continue as long as the consumer/representative remains actively engaged in mitigating the risk(s) driving EWE eligibility.
- Every six (6) months the CM must ensure that the consumer:
 - Still meets EWE criteria
 - Is working on the 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 setting.

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.
 - State Plan Personal Care (SPPC) services,
 - Oregon Project Independence (OPI) services
 - Emergency Response Systems (ERS)
 - Home Delivered Meals (HDM) through the Older Americans Act (OAA)
 - Tribal resources
 - Housing assistance
 - Energy Assistance
 - Senior centers, etc.
- Case managers then complete an EWE request form which includes completion of the EWE plan.

EWE Request Form

The EWE Planning Form can be found on Case Management Tools page under [the Extended Waiver Eligibility \(EWE\)](#) program section. This form is used for new EWE requests and for renewing EWE services.

Extended Waiver Eligibility Planning Form	
Consumer Name:	Prime:
Care Setting Type: <input type="checkbox"/> AFH/ALF/RCF <input type="checkbox"/> In-Home <input type="checkbox"/> NF	SPL:
Initial Extended Waiver Eligibility Review Date (6 months or sooner):	
EWE Risk Mitigation Plan: <i>Identify risks, steps, who will assist, and due dates to mitigate the risk(s) prior to Extended Eligibility (EWE) review date.</i>	
Risk 1. 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.	
Assigned to:	Due Date:
Risk 2.	
Assigned to:	Due Date:
Risk 3.	
Assigned to:	Due Date:
Risk 4.	
Assigned to:	Due Date:

How does it work?

Approval – Central Office & Local Office

Central Office will:

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

NOTE: EWE cases do not show on an lists in Oregon ACCESS so ticklers/reminders must be created for reviews, sending a Buckley notice for reassessment, reassessments, monthly monitoring, quarterly direct contacts, and any other routine tasks.

Once the SELG record is updated with EWE services, Local office staff will:

1. Send an updated SPAN with the EWE approval for all service settings.

How does it work?

Approval – Local Office

2. Create vouchers for an In-home setting or update MMIS for IHCA services. Complete the SDS 598N and/or SDS 546N for In-home services or IHCA services.
3. Send SDS 541 for In-home settings to inform the individual of their eligibility to receive 10 hours of care per pay period (the hours do not need to be compared on the SPAN).
4. Touch the 512 to update the payment for CBC settings. Verify the individual is now at the base rate or level 1 payment. No additional notice is required, though settings must be notified of any change in payment.
5. Update the POC in MMIS for nursing facility cases. No additional notice is required.
6. Create ticklers/reminders for the 6-month review, to send a Buckley notice for reassessment, and for reassessment.

How does it
work?

Denial

- If denied, Central Office will notify the case manager of the denial and narrate the decision in Oregon ACCESS.
- The SPAN notice may then be completed, selecting the appropriate option from the EWE section.
- Local office staff may refer the consumer to ADRC (1-855-673-2372) for information on community resources or 211
- For information on additional assistance with Medical (for Medicare beneficiaries), consumers may contact SHIBA (1-800-722-4134 or oregonshiba.org)

How does it work?

- Consumers that are approved for EWE must work towards a safe transition plan that mitigates the identified risk(s).
- The following actions must take place when someone is receiving services through EWE:
 - 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?

NARRATE,
NARRATE,
NARRATE!

(please narrate
😊)

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

The screenshot displays the 'Benefit Eligibility and Service Planning' interface. On the left, a 'Select Assessment' dropdown menu is highlighted with a red box. Below it is an 'Assessment Type' input field. On the right, the 'Benefits' section shows 'None Selected' and a table with columns for 'Service Category/Benefit', 'Begin Date', 'End Date', and 'Status'.

- This means that an In-home Service Plan (546N) or a Task List (598N) cannot be generated. A fillable version of these forms will be located on the Case Management Tools page under the program section [Extended Waiver Eligibility \(EWE\)](#).

How does it work?

Renewals

- Eligibility for EWE must be reviewed every six months. For the consumer to remain EWE eligible, the following requirements must be met:
 - Demonstrable progress towards mitigating the identified risk(s) by the consumer.
 - Examples:
 - Consumer has signed up for low-income housing and maintains name on list/checks in frequently for availability;
 - Consumer is looking for accessible apartments;
 - 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.
 - A new EWE request must be submitted to APD.EWE.Request@dhsosha.state.or.us as outlined in [APD-PT-17-038](#) and [APD-PT-19-010](#)
- CMs must perform direct and indirect contacts. The focus should be on checking on progress towards mitigating the risks identified in the EWE plan form.

CBC Waiver Transition Services

- Consumers who are transitioning from CBC service settings to an in-home setting, may now receive the same transition services as individuals who transition from a nursing facility. The exact same process and expectations apply.
- Community Based Care Transition (OAR 411-037) services are available to EWE consumers transitioning from a CBC setting to a home setting.

EWE Contact

- Please contact APD.EWE.Requests@dhsoha.state.or.us for:
 - Questions
 - Comments
 - Concerns
 - Referrals
 - Changes to EWE cases