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Authorized Signature
Number: APD-PT-17-038

Issue date: 9/26/2017

Topic: Long Term Care

Transmitting (check the box that best applies):

- New policy
 Policy change
 Policy clarification
 Executive letter
 Administrative Rule
 Manual update
 Other: _____

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental
Disabilities Services(ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children's Intensive
In Home Services |
| <input type="checkbox"/> County DD Program Managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> ODDS Children's
Residential Services | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Child Welfare Programs | |

Policy/rule title:	Extended Waiver Eligibility for SPL 14-17		
Policy/rule number(s):	411-015-0030	Release no:	
Effective date:	10/01/2017	Expiration:	
References:			
Web address:	http://www.dhs.state.or.us/policy/spd/rules/411_015.pdf		

Discussion/interpretation:

APD has received approval from CMS to implement criteria for Extended Waiver Eligibility (EWE), when consumers receiving Medicaid funded Long Term Services and Supports (LTSS) are determined to no longer meet Service Priority Level (SPL) criteria in [411-015-0100](#) through the assessment process outlined in [411-015-0008](#) beginning when consumers are re-assessed on or after October 1st, 2017.

When a consumer is currently receiving LTSS is re-assessed at SPL 14-17, and is determined to have high risk for hospitalization or institutionalization within 30 days of LTSS ending, EWE may be approved by Central Office for all services for which there is an assessed need.

The following reasons **must** be evaluated to determine if the consumer would be at high risk for hospitalization or institutionalization within 30 days of LTSS ending:

- The consumer will most likely deteriorate or decompensate due to lack of access to adequate shelter or support;
- The consumer lacks access to safe housing, or has a documented history of threats of eviction without access to supports; or
- The consumer would be at a significant risk of abuse or exploitation without ongoing support.

EWE is not intended for the following individuals:

- Those not currently receiving LTSS services;
- Those choosing to be homeless as a result of not receiving LTSS; or
- Those receiving temporary LTSS solely based upon an acute care incident and has since recovered.

How does this work?

There are a series of steps that case managers must follow prior to requesting approval for EWE on assessments conducted on or after October 1st 2017. These steps are:

1. For consumers receiving In-home Services, determine if they may be eligible for, and can utilize other services. This includes State Plan Personal Care (SPPC) services, Oregon Project Independence (OPI) services, Emergency Response Systems (ERS), or Home Delivered Meals (HDM) through the Older Americans Act (OAA).
 - a. To connect with resources in your area please contact the Aging and Disability Resource Connection (ADRC) at 855-ORE-ADRC (673-2372) or visit www.ADRCofofOregon.org
2. For all consumers, consider other community resources such as tribal resources, housing assistance, energy assistance, senior centers, etc. when appropriate.
 - a. **Evaluate safe and adequate housing options of the consumer if he/she would lose their current housing based upon not being eligible for LTSS services.**
3. Determine if the consumer has other supports (including natural supports) that may be available to support the consumer's safe transition off services.
4. After reviewing the above steps, if the case manager believes the consumer would be at high risk as described above, continue with step 5.
5. Complete request for EWE by completing the "Extended Waiver Eligibility Assessment form". This form will be available on the [APD Program October 2017 Changes](#) link on the CM Tools website. Be sure to clearly document:
 - a. The reason(s) why the consumer meets the criteria for the program; and
 - b. The steps that will be taken to safely transition the consumer off LTSS over the next 6 months.
6. Review the information with your manager. If your manager agrees with the decision, the manager will submit the request to Central Office by emailing

SPD.Exceptions@State.Or.Us (the 514 form is not required). The request should be submitted no later than 2 weeks prior to the service plan end date.

- a. The subject line ***MUST*** begin with “Request for EWE”; if this wording is not present, the request may not be reviewed timely. This language is required in the subject line in order to manage the volume of anticipated EWE and exception requests.
7. Central Office will review the request for EWE and make a decision. If it is a renewal for EWE, Central Office will determine if progress has been made on implementing a safe transition plan.
- a. If ***approved***, Central Office will:
 - i. Notify the case manager of the approval and narrate the decision in Oregon ACCESS.
 - ii. Request an update to the service eligibility record via Mainframe Business Analysts.
 - iii. Mainframe Business Analysts will narrate on the consumer’s Oregon ACCESS case record when the service eligibility record has been updated.
 - ✓ In an in-home setting, vouchers may now be created.
 - ✓ In a community based facility (ALF, AFH, RCF, etc.), the 512 must be ‘touched’ in order to ensure the correct payment level.
 - b. If ***denied***, Central Office will notify the case manager of the denial on and narrate the decision in Oregon ACCESS. Central Office will inform
8. If ***denied***, the case manager will need to send out a Notice of Planned Action (SDS 540). The language used (which will also be provided in the APD Worker Guide) shall be as follows:

“An interview and assessment was completed in your residence or care setting on MM/DD/YYYY in accordance with OAR 411-015-0008. Based on your assessed needs in the Activities of Daily Living that assessment found you to be a Service Priority Level XX per OAR 411-015-0010. The Department serves service priority levels 1 through 13. The Department has reviewed your eligibility for Extended Waiver Eligibility and has determined that you do not meet the following eligibility requirements: (insert reason(s), which may include: not being SPL 14-17, not having an identified risk that will likely result in institutionalization or hospitalization within 30 days, not making progress towards mitigating identified risk(s)). All service programs have been reviewed and determined that you do not qualify. (OAR 411-015-0005 through 411-015-0100; 411-030-0020; 411-030-0050; 411-034-0000 through 411-034-0030).”

Note: At this time, the assessment will not appear in the *Select Assessment* drop down menu on the left of the *Benefit Eligibility and Service Planning* screen in Oregon ACCESS. This means a service plan can’t be created for those determined eligible for EWE.

Benefit Eligibility and Service Planning				
None Selected				
Benefits				Ben Act
Service Category/Benefit	Begin Date	End Date	Status	

Select Assessment

 Assessment Type:

- This means that Oregon ACCESS will not have a record of the transition service plan. For this reason, it is critical that all actions are clearly narrated in Oregon ACCESS.
- This also means that a Service Plan (001N), In-home Service Plan (546N), or a Task List (598N) cannot be generated. A fillable version of these forms will be located on the [APD Program October 2017 Changes](#) link on the CM Tools website. They will eventually be updated onto the Forms Server.
- Individuals with a pay-in for In-home Services will need to be calculated manually. Until a tool can be developed for this calculation, please contact one of the Policy Analysts identified on this transmittal for assistance.

Payment Rates

Consumers determined eligible for EWE will be authorized the following rates:

- Assisted Living Facility: Level 1 payment;
- Adult Foster Home or Residential Care Facility: Base Rate;
- Other Settings: Authorized at their lowest contracted rates; or
- In-home Services (including Independent Choices Program): Up to 10 hours for ADL/IADL tasks per 2 week service period.
 - A Notice of Planned Action (SDS 540) (language will be provided in the APD Worker Guide) must be sent to the consumer if the individual is receiving In-home Services and the amount of hours are reduced as a result of receiving services through EWE.

Receiving services through EWE:

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 a consumer is receiving services through EWE:

- The case manager and consumer must sign the “Extended Waiver Eligibility Planning Form” on the [APD Program October 2017 Changes](#) link on the CM Tools website. This form outlines the tasks and steps needed to mitigate the identified risk(s). The information from the previously submitted EWE request may be utilized for this. 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), which includes making Direct and Indirect Waivered Case Management contacts. **Please complete and document in Oregon ACCESS:**

- All resources provided to the consumer;
- All discussions that involve assisting the consumer with mitigating the identified risk(s); and
- Reported progress or activities by the consumer to mitigate the identified risk(s).

Renewal process for EWE:

Eligibility for EWE must be reviewed every 6 months. In order to remain eligible, the following requirements must be met:

- Demonstrable progress towards mitigating the identified risk(s) by the consumer. Examples include:
 - Consumer has signed up for low-income housing;
 - Consumer is looking for accessible housing;
 - 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 as outlined in this transmittal.
- An assessment is required at least annually.

Implementation/transition instructions:

See "**How Does it Work?**" section (above) for step-by-step instructions.

Training/communication plan:

Training will be presented in Webinar format. The training dates and registration information will be provided in a separate Action Request. All case managers and identified staff that complete CA/PS assessments are required.

Central office action required:

Review and either approve or deny requests for EWE.

Field/stakeholder review: Yes No

If yes, reviewed by: APD Policy and Operations

Filing instructions:

If you have any questions about this policy, contact:

Contact(s):	Ben Sherman and Mat Rapoza		
Phone:	(503) 602-3471 and (503) 945-6985	Fax:	
Email:	Ben.C.Sherman@state.or.us and Mathew.G.Rapoza@state.or.us		