

Extended Waiver Eligibility Planning Form

Consumer Name:

Prime:

Care Setting Type: AFH/ALF/RCF In-Home NF SPL:

Initial Extended Waiver Eligibility Review Date (6 months or sooner):

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.

Risk 1.

Assigned to:

Due Date:

Risk 2.

Assigned to:

Due Date:

Risk 3.

Assigned to:

Due Date:

Risk 4.

Assigned to:

Due Date:

Extended Waiver Eligibility Planning Form
(Complete this part for renewals only)

Consumer Name:

Prime:

Care Setting Type: AFH/ALF/RCF In-Home NF SPL:

Revised Extended Waiver Eligibility Review Date (6 months or sooner):

Risk 1.

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Assigned to:

Due Date:

Risk 2.

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Assigned to:

Due Date:

Risk 3.

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Assigned to:

Due Date:

Risk 4.

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Assigned to:

Due Date:

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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).