Extended Waiver Eligibility (EWE)
Webinar Trainings Questions and Answers

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Information and resources for EWE can be found on the Case Management Tools page under the program section Extended Waiver Eligibility (EWE).

Assessment Process

Regarding timing. I have a consumer who is refusing to have her review prior to her Dr. appointment on 10/12. I will be able to do so the following week. She says

we can't make her review be sooner than she requests. Can you comment on that?

This may be a problem for in-home consumers. We highly recommend that you talk with the consumer about delaying their assessment may impact their services.

We anticipate that there may be consumers who are no longer SPL eligible or EWE eligible, may request a new assessment. Please clarify, that if no change in condition, should the individuals be referred for a hearing instead of a new assessment?

If a consumer loses eligibility for SPL 1-13 and is not EWE eligible, they may request a hearing. Additionally, the consumer has the right to request a new assessment. This should be coordinated with the hearing rep assigned to the case. The new assessment starts a new Date of Request.

I am not clear on the assessment timeline. Are EWE client's due reassessment every six months or annual?

The CA/PS assessment must be completed annually. An EWE eligibility review is required every six months, similar to the review process for ICP participants, to ensure continued compliance and follow through.

If we determine that someone is not at risk and should not receive EWE, do we always send the EWE request or if it is not determined a need, do we send any other notice besides the service closure?

Case managers can make the decision if the individual is not eligible for EWE. Central Office should only receive requests where the CM has assessed the individual and they meet the EWE criteria. The CM should send the 540.

What happens if the CM has several in home reviews that month which have to be completed by the new deadlines to get vouchers issued and they miss the "no later than 2 weeks for CBC consumer, will this be considered if the EWE is later than the 2 weeks prior?

The request will still be considered, however as stated above, the local office may be required to complete an administrative extension in order to allow notices to be distributed.

When an assessment is done later in the month, do we put the case in Admin under the old assessment?

While the expectation is that assessments are completed with enough time to send proper notice an admin extension may be required in order to allow enough time for notices to be sent.

Will training be changed regarding the requirement to assess based on DME vs consumer preference?

We will try to provide additional training on this, but each case is very specific. Current policy is that case managers are asked to use discretion when it comes to this comparison. If the consumer has a good reason for not using a DME, we consider that while assessing the consumer. For example, the consumer does not want to use a walker because they are embarrassed – instead they chose to use a cane or walk without any assistive devices. This preference results in the consumer falling and requiring hands on assistance to rise. With the use of the walker the consumer would be completely independent and safe.

Are CMs expected to complete the CAPS and the EWE planning before the end of the service plan expires?

Ideally so there is no gap in payment.

Buckley Notices

Does a Buckley need to be sent for an annual reassessment?

Yes, a Buckley notice will be required for the annual assessment.

So, they need a Buckley for the six-month EWE review as well as the annual reassessment?

They only need a Buckley notice for the annual reassessment, a Buckley notice is not required for the six-month review as we are not completing an assessment, we are checking on progress on the transition plan.

CORRECTION

Is the CBC waiver transition services for SPL 1-13 or for 14-18?

It is for any consumer living in a CBC currently eligible for Medicaid LTSS including individuals SPL 1-13 and individuals in EWE 14-18. It is not available for individuals assessed at SPL 14-18 who are not in EWE.

CBC Transition Services

Are the new transition services you said would be accessible to folks moving from CBC, is that available for eligible LTC clients as well as EWE?

The funding is available for any individual wanting to transition from CBC to in-home. This includes individuals assessed at SPL 1-13 and those in EWE.

Do we have funds to assist people in getting into an apartment, i.e., security deposit, first months' rent? What is the rule?

Yes, a new rule division has been filed, 411-037, to allow for funding consumers wanting to transition from a Community Based Care setting to an in-home setting.

CORRECTION

Does the new waiver now allow for transition from CBC to in home allow for d/t to assist with relocation?

The funding does also allow for assistance with relocation in certain circumstances. Please see OAR 411-037 and transmittal ~~APD-PT-17-038~~ APD-PT-19-010. You can also staff these cases with Central Office.

So, the first, last and deposit for the apartments in our area is a large amount of money. Will the client contribution toward care have any guidelines for adjustment to meet this need?

For consumers transitioning from a licensed care setting, the waiver or K State Plan can help pay for the first, last and deposit so there would be no reason to deduct this from the consumer contribution. Please submit these requests for transition services to Central Office if the costs exceed the current limitations.

When transitioning people from all facility types into an in-home setting and using transitional funds, are we involving T/Cs for the transitions?

Central Office recommends leveraging the knowledge and skills of the TC when developing transition plans for consumers, especially as these services are new. It is hoped that through a cooperative and coordinated process case managers will be able to facilitate a majority of transitions in the future – but may continue to rely on the TCs for more specialized situations and identification of new or changing resources. How T/Cs are involved is a local management decision.

Will the procedure codes be the same as for NF transitions?

Yes.

Are consumers expected to continue paying their liability and room and board while on EWE in a facility? How do they save money for first/last month rent and deposit etc.?

Consumers are expected to pay Room and Board and service portion. The CBC Transition Services include funding for first, last and other deposits so they do not need to save up for that.

During EWE is there a way for a housing allowance to be accrued towards first month rent etc. if they are leaving a CBC?

No, housing allowance cannot be accrued towards future costs. Please see CBC transition services. We can pay for first, last and deposits through Medicaid funds.

If a client is eligible for EWE in a NF, can we use existing KPlan transition funds to move them in-home?

Yes. The new CBC transition expands transition supports for individual leaving CBC settings. It does not replace the NF Transition funds for consumers leaving NFs.

If funds are provided for move in costs and furniture, will verification be required of costs paid? And is there a limit of money that will be applied to these needs?

Follow existing policy in OARs for NF and CBC Transitions.
https://www.oregon.gov/odhs/rules-policy/apdrules/411-035.pdf - 411-035-0075 Eligible Transition Services.
https://www.oregon.gov/odhs/rules-policy/apdrules/411-037.pdf

People in NF get money to buy food?

If you are talking about consumers transitioning out of NF to in-home, yes, we can help them stock their kitchen. They do not get cash, but we can make purchases on their behalf. Please see: https://www.oregon.gov/odhs/rules-policy/apdrules/411-035.pdf - 411-035-0075 Eligible Transition Services.

The ineligibility of food set up for CBC transitioning to in-home doesn't make sense. These individuals do not have access to SNAP prior to their move.

We agree but unfortunately CMS does not allow this service in Waivered Transition Services. Individuals transitioning from a NF can still receive food stocking under the K State Plan.

Will CBC transitions to in home be driven by cost savings or client choice?

For consumers assessed in SPL 1-13, choice assuming the consumer can manage their service plan by themselves or with a rep. For EWE consumers, choice is not really an issue.

Will there be funds available for EWE consumers who we are able to help find housing but who does not have funds to move?

Yes. See https://www.oregon.gov/odhs/rules-policy/apdrules/411-037.pdf

Will transitions from CBC to in-home be done by case managers or current diversion transition workers?

This is a local office decision. Please speak to your manager.

Eligibility for EWE

If a consumer does find a safe alternative housing option and moves in when does the EWE close? Will it be at the end of the six months or when they move into the new setting?

The EWE end date would be the "date the move-in is complete." We would not want to automatically roll to the end of the six- month period, but we also do not want to end services until the consumer is safe.

CORRECTION

If we do a reassessment and the consumer is ~~18 or~~ 99 on the SPL, can we use the Extended Waiver Eligibility (EWE)?

Unfortunately, No. An ~~SPL 18 requires no personal care assistance and~~ assessment with a result of 99 requires no assistance at all based on our assessment tool. For ~~these reasons they~~ this reason, an individual would not be appropriate for this program or for services generally.

Is there a limit to how many times the EWE benefit can be renewed if the client is actively working on finding other housing? For example, if they're on the waitlist for subsidized housing waiting for an opening.

There is no limit, but the consumer must be actively working on their plan. For example, if the consumer signs up for subsidized housing but the family is willing to take them home if X happens. We need to assess what the consumer is doing to make progress on both fronts.

CORRECTION

So, if a shelter is not an acceptable discharge and these clients are not service eligible anymore, are you going to pay indefinitely for them to be in a facility? A shelter may be the only place for them to go.

We will pay for them to remain at the facility as long as they are SPL 14-18, continue to meet the risk criteria, and are engaging with the case manager in developing and implementing their transition plan. This may go on for multiple years.

Under what circumstances would EWE end before the six months is up?

We can think of a few situations. These include: The consumer and/or their representative did not engage with the local office; consumer safely transitions or finishes their transition plan; or the consumer has a change of condition that now means the consumer meets SPL 1-13.

We do not have access to APS records. It would be very helpful if we did in order to see if they meet criteria #3.

It is likely that there is some level of narration that indicates why the consumer was referred for LTC services or it will likely come up in conversation with the consumer/rep. If the CM is unsure, they should staff this with Central Office.

What is the long-term plan with this program? Will it have an end date as the SPL changes are no longer new?

No, this is now a permanent part of the waiver, so it will continue to be available. We are working with OIS to incorporate this change into our system to minimize the number of manual processes.

Will OSIP eligibility continue while receiving EWE, say for an individual who is otherwise over income?

Yes, but they may have a pay-in liability. Note that one of the considerations when determining eligibility for EWE will be consumers' access to funds and resources to support themselves outside the current care setting.

Will the rate remain the same if the client needs to go to the hospital while on EWE?

The same rules would apply as now. If a consumer goes to a hospital while in a CBC. If the hospitalization results in a change in need the consumer should be reassessed which may result in a change to the paid rate for services.

Do they remain eligible for OSIPM while EWE benefits are in place (as someone who is OSIPM eligible with services is)?

Yes.

What is the definition of "high risk?"

Per OAR and the PT, a consumer that is at risk of hospitalization or institutionalization within 30 days of LTSS ending because: 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.

CORRECTION

What else is included in high risk?

High risk for EWE is limited to the 3 areas identified in the rule (and training). Please see ~~APD-PT-17-038~~ APD-PT-19-010.

Under the high-risk criteria, it is written to be no. 1, and then 2 or 3. Can this be rewritten if they have to be all three or whatever it should be?

No, the intent is that it is one of the three criteria. In state statute and Oregon Administrative Rules, any list where the last item is proceeded by an "or" means all of the items are separated by semi colon or comma means you insert "or" in place or the punctuation. There is no need to rewrite the rule and policy guidance. See 411-015-0030(1)(a-c).

If we think they will decompensate in 30 days, why wouldn't they be eligible?

The difference here would be that the consumer would decompensate without the shelter or returned to a harmful situation not that they are expected to meet eligibility criteria within 30 days.

Can you give us an example of a consumer that would be eligible for EWE that you did not list on the webinar?

A consumer who previously required "monitoring while eating to prevent choking" but has always been able to clear their airway independently as a result of the diet they have been on in the RCF. Without the support of the facility the consumer would no longer be able to consistently prepare appropriate meals. The consumer has no family and there is no affordable housing available.

If EWE recipient gets evicted – e.g., smoking in room, can we find another care setting if the recipient continues to meet EWE criteria?

Yes, being evicted does not end eligibility for EWE unless the consumer was able to find a safe place to move. However, given that the consumer is only eligible for the base rate of pay it may be difficult to find a facility to accept them. Because of this, one of the risk mitigating factors may be a plan to quit smoking, at least inside.

What if a person on EWE is evicted from a foster home?

It depends why they were evicted. If it was for behaviors, please staff with central office. They cannot be evicted for non-payment.

CORRECTION

How would you update or complete financial eligibility with EWE without the active service plan?

~~Same way you do it now.~~ With the implementation of ONE, all Medicaid financial eligibility is completed in ONE. EWE service plans are located in the Mainframe which can be viewed using SELG,(prime). ONE regularly checks SELG for active service plans.

CORRECTION

Are we expecting clients to look for housing outside of the area they live in or are clients expected to be looking state-wide?

We are not requiring consumers to move outside of their support system. Consumers can choose to move from their current area of residence or remain in their area of residence and look for other housing options. For example, an individual residing in an ALF in Portland would not be expected to apply for housing in Burns Oregon, unless they had family that lived there who they would be interested in living with. Affordability is also an issue. If the only available housing would take a majority of the consumer's income, it is not affordable. We are developing standards for affordability.

Can you please give an example of when EWE would be appropriate and approved for an individual with IHC?

The individual lives in subsidized housing. Before entering services, the consumer received eviction notices because they were not keeping the house clean and taking garbage out. Based on the current assessment, the consumer would be facing the same problem without their HCW.

Is this the same process for consumers in NFs that may be SPL 14-17?

Yes.

CORRECTION

If someone is reassessed in a SNF and they are SPL 14-18 they would only be eligible for EWE services and not D/T services, correct?

They may be eligible for both EWE and D/T. EWE offers ongoing payment for services for individuals in a NF who meets the criteria. We can also provide transition supports, similar to D/T, for individuals transitioning from CBC.

This is a waiver program, but you mentioned people in NF as being potentially eligible. If we are unable to find another care setting, can they receive EWE while in NF?

Yes, though this is a waiver, CMS is allowing us to continue to serve individuals who are residing in a NF and who meet EWE criteria.

CORRECTION

From a DT perspective, would we count a move from a NF to in-home as a transition for EWE consumers?

It depends on the consumer's eligibility. If the consumer, living in a NF is reassessed as a SPL 14-18, and they meet the criteria for EWE, the consumer would stay in EWE until they transition to in-home. EWE would not continue once the consumer moves into the in-home setting. If the consumer is SPL 1-13, the normal D/T process applies.

Can case aids do contacts for EWE program?

Yes, but the CM must be briefed and must review progress towards the transition plan. Only CMs may do the 6-month review.

Do we close T19 service plan and benefit in OA?

Since there is no SPL 1-13 assessment, you will not be able to complete the service plan in CA/PS. Please use a tracking sheet such as the one posted on the CM Tools Website on the EWE page titled 'EWE Tracking Spreadsheet for local office use' to assist with review date tracking.

Do we offer EWE right away? Do we allow clients and their families a couple weeks to see if they can figure out a plan themselves? May times family steps up and take clients home. Do we allow time before we offer EWE?

If the consumer has family that can help them, they may not be eligible for EWE. If some "things" need to happen in order to facilitate that move the

consumer may meet the EWE criteria and receive funding to assist in the move. As an example, if the family can take the consumer home but they need a ramp, we can allow the consumer to stay on Medicaid, through EWE, until the ramp is built. However, the consumer must make reasonable progress towards getting the bids, etc. to continue to meet EWE criteria. If there is a solution that the family can provide, the consumer is likely ineligible for EWE.

If a client transitions to a lower level of care because they don't meet SPL, do we need to complete a new assessment in their new service setting?

If a consumer is no longer eligible and moves, you only need to do an assessment if the consumer requests a new assessment.

If you think a person will not meet the 13 SPL can we start talking to them now about moving out of a CBC?

Yes, that is a good idea.

CORRECTION

Is the on-line Risk Assessment required to be completed, as well as the EWE risk paperwork?

Currently, the form is all that is required. Risk monitoring should be a part of the monthly contacts with EWE consumers, to discuss or mitigate future risks when transitioning from EWE services. As we make future OA changes, we will likely require the regular risk assessment for EWE as well.

Would we still complete the annual financial review as usual for EWE?

Yes, the consumer's financial eligibility should be reviewed, even while on EWE.

CORRECTION

Are we supposed to be offering everyone SPL 14-18 EWE since they are SPL eligible? How are we making these determinations?

You only need to offer EWE if the consumer meets the criteria defined in rule. 411-015-0030 - https://www.oregon.gov/odhs/rules-policy/apdrules/411-015.pdf and transmittal APD-PT-19-010.

In the past, when clients become service ineligible, NF's will pay for three days hotel d/c if they have nowhere to go…will this be considered a safe d/c under EWE since they are discharging to a shelter?

It would depend on the individual's situation. If it were going to take 3 days for an apartment to be ready, we may consider that safe discharge. If, however the consumer would effectively become homeless after those three days – then no, that would likely not be considered safe. Additionally, these cases should be referred to licensing since it is unlikely that a hotel is an appropriate discharge plan.

Can we get an email, like the 60 days exception due report?

Unfortunately, there is not a good way to track and communicate out these systematically. It is critical that case managers and local offices find ways to manage these consumers. Central Office has developed a tracking tool that may be helpful. You can find this tool on the CM Tools website on the EWE page titled 'EWE Tracking Spreadsheet for local office use'

For a six-month review, will a consumer have to provide verification showing progress to submit to exceptions team?

This information should be gathered by the case manager during the six-month period through required direct contacts. If the case manager questions the validity of the reports from the consumer, they should request additional verification and documentation.

How are we going to keep those accountable then, if we are not requiring proof that they got on a waitlist or any other resource. If CM's are continuing to extend the EWE benefits more than a couple of times, what is the limit before we make a determination before we say they are not eligible for EWE?

The case manager is responsible for ensuring compliance, much like in ICP. If the case manager finds the consumers statements questionable, they should pend using a 539h and request additional verification. If none is provided the EWE benefits should be ended, allowing for timely notice. EWE may be extended indefinitely as long as the consumer is doing everything they can to mitigate the risk(s) that have been identified.

Is there any documentation required to support an EWE request of the risks and/or that they would deteriorate without support?

Yes. The case manager needs to discuss the risks with the consumer and narrate. Outside documentation may or may not be necessary. As an example, if the consumer who has family willing to take the consumer into

their home, but the consumer says they have been abused by that family member before, then that should be verified. The criterion for deterioration is specific to the 3 criteria defined in the rule. This is not a general assessment of deterioration.

Is there any time limit on EWE benefit (i.e., 2 years total)?

No, there is not a time limit, but the consumer must be working on their transition plan and case managers must ensure that they are implementing their transition plan.

Since there will be no tracking tools and it's totally depending on every individual case manager, what will happen if the case manager fails to follow the case on a timely manner?

The system will only allow EWE to go for 6 months. If the CM does not follow up in a timely manner, the case will close, and the provider will not be paid. We expect local management to follow up on these cases and develop tracking tools. We are working on a fix in OA but that will take some time.

The housing situation in Oregon is very bad. If a client reports they are on HUD waiting list month after month, is that enough to keep them on? The HUD waiting list is three to four years.

It may be sufficient, depending on the region and other potential resources.

What happens if the natural support of a family member, which is assigned a task on the EWE plan does not accomplish their task?

It depends on a lot of variables. Please staff with Central Office.

What is the process if the consumer does not comply with the EWE requirements?

Consumers who do not comply with their EWE Transition Plan should receive 540 Closure notice for the next month.

What level of proof are we going to require for determining if consumers are complying with the EWE requirements?

It depends on the consumer and the plan. As an example, if the consumer is applying for housing, and there are questions about the consumer's progress, the case manager may request proof of housing applications, requests for APD to application fees etc. If a consumer is moving home but needs a ramp, the case manager may ask for proof that the consumer has solicited bids.

What type of verification do we require to show they are actively making progress?

This should be tracked through direct case management calls while reviewing the tasks on the planning form. Please note that this means active contact with the consumer or representative. There may be some scenarios, like accessing adaptive equipment or using getting applications that case managers can view to verify. Other situations may require follow up calls to local housing authorities to confirm they have been added to list.

Are we requiring proof they got on a housing list or just accepting their statement?

Generally speaking, a consumer statement is acceptable, unless it is found to be questionable by a case manager at which point, we could follow up with the housing authority or ask the consumer to attain some proof.

Will exceptions be approved to raise the rate to the assessed rate? Or the Special Needs Contracted rate if someone is living in a SN AFH?

If you are asking if consumers reassessed at a lower level generating a lower payment or a consumer enrolled in EWE are eligible for exceptions, the answer is no. We think it is highly unlikely that anyone who meets the criteria for a special needs contracted rate will lose eligibility or lose payment levels. The critical factor is do they meet eligibility for that contracted provider.

Can MOW be added to EWE in home plan?

These consumers likely do not meet the criteria for Medicaid Home Delivered Meals because OAR 411-040-0020 (1) (b) requires that the individual be home-bound. The individual may be eligible for HDMs through OAA.

How would we pay for Emergency Medical Response if the client is no longer eligible?

If the client is determined eligible for EWE ,they remain OSIPM eligible, which means we can continue to pay for their ERS system. If the consumer is no longer eligible for any Medicaid benefits, they may need to find another way to pay for the service privately.

Just want to confirm that the EWE that will keep clients eligible for LTC services will also keep them eligible for Medicaid.

Yes, this is correct.

Would ERS be basic only?

Yes.

There has been a lot of reference to IH and CBC placements and transition from those environments. Can you talk about how NF transition through EWE is different than D/T?

EWE extends eligibility and payment to the provider. D/T is the process of helping a consumer transition from an institution to another setting. Consumers in EWE status living in a NF, have access to a K plan transition funds. D/T staff should continue the normal process of assisting consumers but should not encourage the transitioning consumer to select a licensed care setting that they cannot afford.

Client is on EWE and we have done a PA for ERS and auto med dispenser. When the benefit ends the PA will end. Is this correct and the client will then pay for this service?

Correct, when EWE then ends, assuming the consumer is not otherwise Medicaid eligible, they would become responsible for payment. If the consumer maintains OSIP or MAGI eligibility without services, they can continue to receive ERS.

For in home services is it 10 hours per ADL/IADL or just 10 hours?

For consumers receiving in-home services through EWE the maximum hours per pay period will be 10, specific to the ADLs and IADLs (i.e., if the consumer is a SPL 14 – minimal assist in Eating and Housekeeping, the 10 hours would be authorized in that ADL and IADL only for a total of 10 hours).

How would we authorize Adult Day Service with EWE?

ADS would need to replace all in-home hours. Please staff with Central Office.

If the ERS is part of the plan to mitigate the risks, once OSIP ends, the client will be required to continue to pay for the ERS as OSIP will not be able to. How can we use that as a mitigating service if the client will be required to pay for it ongoing once OSIP ends?

The consumer's ability to continue paying for ERS should be taken into consideration before determining it is a viable risk mitigating tool. Consumers meeting EWE criteria remain eligible for OSIPM.

Will the hours HCWs provide under EWE be considered when looking at their 40 or 50-hour cap?

Yes

Will NF get a reduced rate as well?

No, they do not have different rates because the rate methodology is in statute.

General Comments and Questions

CMs have many priorities and large caseloads, how will we be able to handle large numbers of clients coming off services during a single month? I am concerned that this is another level of responsibility and workload issues since the CMs are to seek resources and transition them off services and being safe.

We understand the workload pressures on CMs and others in local offices. It is not our intent to add a huge number of new consumers or drive-up caseloads. However, APD worked very hard to mitigate the negative impact that consumers experienced in previous reductions. The estimated statewide impact of the ADL changes is 4% or 100 cases per month. This equates to roughly 2-3 per office that MAY be losing services and only a percentage of those will meet EWE criteria.

We already told our in-homes are a priority so it will be hard to do all our assessments/reviews within the first two weeks of the month. Do you have any estimates of how many clients will fall within SPL 14-17? Do we have any idea what the workload impact will be?

Yes, the ADL changes are estimated to result in roughly 4% of consumers losing eligibility for LTC benefits, this equates to approximately 1,200 people for the year, 100 per month across the state. Our current case load is about 55% CBC and 43% in-home. So, between 50 and 75 consumers may be considered for EWE. It is really unclear how many of those may be eligible for EWE.

What have you told the facilities?

They were provided with an overview of the rule changes after they participated in the RAC. EWE was a plan developed in cooperation with a wide variety of stakeholders. They are aware of the reduced rate for this limited population of consumers. We have also reminded them that the Medicaid payment is payment in full so therefore facilities cannot involuntarily evict consumers in EWE status.

CORRECTION

What is the anticipated numbers or percent of caseload with potential change to SPL 14-18?

The ADL changes are estimated to result in roughly 4% of consumers losing eligibility for LTC benefits, this equates to approximately 1,200 people for the year or 100 per month across the state. Our current case load is about 55% CBC and 43% in-home. It is really unclear how many of those may be eligible for EWE, but we expect the number to be fairly low.

When will the 411-037 rules be posted?

They have been posted. There are links on the CM tools.
https://www.oregon.gov/odhs/rules-policy/apdrules/411-037.pdf

Has anyone contacted the ADRC and informed them of these changes? They tend to refer people back to us and this would be a vicious cycle if they do not know about these changes

ADRCs and AAA have been notified of the ADL changes and EWE.

Have ALFs been notified that they will only be getting a level 1 payment with an EWE client and have RCFs and AFHs been notified that they will only get base pay?

Yes.

How can a client be protected from eviction from a CBC due to payment reduction to level 1/base?

We have notified providers that the Medicaid payment, regardless of payment level, is payment in full. Therefore, they cannot evict consumers who are in EWE status. They can decide not to accept new EWE consumers. We have trained the Long-Term Care Ombudsman and have worked with SOQ to ensure that consumer's rights are protected.

Hearings

If the consumer goes through the hearing process because they are contesting their waivered eligibility, and the Department's decision is affirmed, can the consumer be eligible for EWE?

Yes, if they meet the criteria.

If a consumer is not eligible at review can we do a hearing and EWE at the same time?

If a consumer requests a hearing with Aid Paid Pending (APP), we should allow that to roll while the case is being reviewed. If a consumer requests a hearing, but does not request APP, EWE may be considered.

So, we don't have to offer EWE if they do a hearing?

*EWE only needs to be offered when the consumer is determined to be at risk in one of the three areas identified. If the consumer requests a hearing with APP, EWE would not be appropriate. If the consumer does not request APP – EWE **MAY** be considered.*

What if a consumer would rather receive APP and go to hearing to continue their current benefit level instead of EWE? Do we do both at the same time since hearings decisions are final at the time the final order comes down?

Consumers have the choice to receive APP while they contest a decision. While receiving APP, they would not be eligible for EWE. However, if it is clear in the case managers mind that the consumer will not win the appeal, an EWE request can be submitted, and the process can be initiated so we are not scrambling at the last minute. Central Office will "hold" the EWE decision until the hearing decision is finalized.

If a consumer requests a hearing, should we be getting them started on EWE while they wait for hearing?

It depends if the consumer appealed Aid Paid Pending. If in APP status, they are not eligible for EWE. If they did not request APP, they are eligible for EWE.

Safe Housing Definition & Housing Issues

Are we going to have any partnership with the Housing Authority to help CMs have better community with them, as currently hard for consumers to navigate through their application process, and it would be good for the CM to be able to assist.

We are working on tools for this.

Please define "Safe Housing"

As defined in OAR and the PT, Safe Housing means a place where the consumer can reside safely and has access to shelter and supports, has adequate housing in which the physical environment does not create need, the consumer is free from risk of abuse or exploitation.

Safe housing does not include HL Shelter, correct?

It COULD if that was the consumer's choice, we would not force an individual into a homeless shelter though.

We have a trailer park that has known felons in it, would this be considered "safe housing?"

It could be. The Department determines that a place is "safe" only based on identified risk factors. We do not consider other residents unless those residents pose a direct threat to the consumer or have previously abused or exploited the specific consumer.

Notices

CORRECTION

Can you clarify the notice requirements?

If a consumer is ~~no longer~~ reassessed SPL ~~1-13~~ 14-18 and: is eligible for EWE, please send the SPAN (2780N) and SDS 541 notice so the consumer still has the right to appeal the assessment and they receive appropriate notice of the EWE requirements. If the consumer is NOT eligible for EWE, please send the SPAN (2780N) and an SDS 540 notice. See transmittal APD-PT-19-010 section Local Office Processing and CO Review. ~~PS: The worker guide is being updated.~~

Has the information about reduced rates been communicated to the facilities? Our case managers shouldn't be the group responsible for breaking this news to them.

Yes, facility providers have been notified. The CM will need to notify the facility by sending the 512 but we did not want CMs to be the first party to tell facilities about the ADL changes and EWE.

CORRECTION

I think I understood that a CBC consumer whose EWE was approved has no notice requirement. But how would they file for a hearing in that case since there was no notice? Should all consumers no longer meeting SPL get an initial closure notice to allow for hearing rights?

They do not get a reduction notice, but they DO get a SPAN (2780N) and an SDS 541 notice of eligibility and responsibility. They can appeal the SPL determination from the SDS 541 notice or SPAN. See transmittal APD-PT-19-010 section Local Office Processing and CO Review.

CORRECTION

If a person is approved for EWE, do we send a 540 to reduce services?

See transmittal APD-PT-19-010 section Local Office Processing and CO Review.

The CM must complete a SPAN and one of the following actions:

- *If the individual is receiving in-home home services, a "Notice of Eligibility and Responsibility" (form 541) must be issued 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).*
- *If the individual is receiving services in a Community Based Care setting, the 512 must be touched. 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.*
- *If the individual is receiving services in a nursing facility, the POC in MMIS must be updated. No additional notice is required.*

~~*Depends on the service setting: In-home, if the consumer was receiving more than 10 hours per 14 day period a 540 is required. If the consumer was receiving 10 hours or less, 540 is not required. CBC, a 540 is not required – but a 541 is required to allow for hearing rights to go out AND to notify the consumer of eligibility and responsibility for EWE.*~~

If consumer ends T19, do we wait to send a reduction to EWE or closure after getting approval/denial from Central Office? Will the language change in decisions?

They should be separate notices.

CORRECTION

Is the EWE 540 both the closure notice for services and a denial for EWE or do send 2 separate notices, one for services closure and one for EWE denial?

See transmittal APD-PT-19-010. All individuals re-assessed above SPL 13 must be evaluated for EWE. The final decision must be communicated on the Service Plan and Notice (SPAN) form 2780N.

~~*Like exception denials, we have been guided by DOJ to provide separate notice for each action or decision. In this situation two notices would be most appropriate. The case manager would develop the 540 for the end of services. Central office may assist in developing the 540 for EWE.*~~

We are confused about the notices if they do not meet SPL and are in a facility. It sounds like they continue on EWE, that they do not receive one for SPL. If they later do not comply with the EWE plan, or later it is denied, do we send them a denial notice for SPL?

If the consumer is eligible for EWE but later does not comply with their transition plan, the case manager should send a 540 that explains the SPL determination and the closure of EWE for non-compliance. We are updating the Worker Guide with new language.

What about the 512?

It needs to be 'touched' so that the record is updated, just like it would need to be at a regular annual review.

What type of notice are we sending a consumer at the six-month review for EWE? Will this still be a Buckley?

Case managers do not need to send a Buckley notice but should reach out to the consumer to schedule the in-person visit and discussion.

CORRECTION

Will a 540 be required to be sent to consumers if EWE is approved? Or will we need to send a 541 to consumers?

See transmittal APD-PT-19-010 section Local Office Processing and CO Review.

The CM must complete a SPAN and one of the following actions:

- *If the individual is receiving in-home home services, a "Notice of Eligibility and Responsibility" (form 541) must be issued 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).*
- *If the individual is receiving services in a Community Based Care setting, the 512 must be touched. 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.*
- *If the individual is receiving services in a nursing facility, the POC in MMIS must be updated. No additional notice is required.*

~~*For consumers found eligible for EWE: For consumers in CBC, please send the provider the 512 with the new rate. Per the AFH CBA, the notice must be sent PRIOR to the new rate taking effect. Many in-home consumers will receive a reduction in service hours authorized. Those consumers will require a 540.*~~

CORRECTION

Will there be notice language to show that the client no longer meets 1-13 and therefore, not eligible for our regular program, and that we are going to open the EWE? Or do we just send the usual closure notice?

See transmittal APD-PT-19-010 section Local Office Processing and CO Review.

The CM must complete a SPAN and one of the following actions:

- *If the individual is receiving in-home home services, a "Notice of Eligibility and Responsibility" (form 541) must be issued 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).*
- *If the individual is receiving services in a Community Based Care setting, the 512 must be touched. 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.*
- *If the individual is receiving services in a nursing facility, the POC in MMIS must be updated. No additional notice is required.*

~~*When a consumer resides in an in-home setting and is determined eligible for EWE we will need to send a 540 notice reducing the hours down to 10 per service period and send a 541 notifying them of EWE eligibility. When a consumer resides in a CBC setting **ONLY** a 541 is required notifying the consumer of the change in program and EWE requirements.*~~

CORRECTION

But not if we aren't sending a notice, we won't send a notice to people in CBC's that are going to receive EWE?

Please refer to the answer in the above question. Also, you may review transmittal APD-PT-19-010 for additional information on EWE processes.

~~*Case managers need to send a 541 if the consumer is determined eligible for EWE. If the consumer is not eligible for EWE the case manager should send the 540.*~~

Do we pend the consumer for completing the planning actions task?

A pending notice (210 or 539H) is not required. By signing the EWE Planning form the consumer is agreeing to complete the tasks on the form by the dates agreed upon. This should be tracked through direct contacts and verified when possible.

Are we sending a 541 for the notice of liability? Do we write on the 541 that the approval is for EWE benefit?

Yes.

I didn't hear anything about hearing rights, can you talk about that?

Consumers can appeal their assessment, the EWE decision, and the EWE closure. The notices are being rewritten to capture these changes.

PACE and PACE Deeming

CORRECTION

Can you explain more about what you meant by "we'll continue to deem PACE clients?"

EWE services do not replace or take over PACE deeming eligibility. PACE regulations allow for individuals to maintain Medicaid eligibility and PACE enrollment when the individual is assessed at SPL 14-18. The criteria for continued eligibility are slightly different than the criteria for EWE. See transmittal APD-PT-18-038 for more information regarding PACE deeming and EWE services for PACE participants.

CORRECTION

This sounds a lot like the PACE deeming process, are PACE clients eligible for EWE or must we wait for PACE to requesting deeming?

See transmittal APD-PT-18-038 for more information regarding PACE deeming and EWE services for PACE participants. PACE Deeming is slightly different and has different criteria mandated by federal regulations. PACE consumers should be assessed under the deeming criteria and are not eligible for EWE.

Pay-in for EWE Consumers

EWE in-home pay-ins will not be on SFMU?

Yes, they will be.

How do we enforce the pay in requirement?

The same way we did before. If a consumer in SPL 1-13 or in EWE refuses to make their pay-in or client contribution, then we close the case.

CORRECTION

~~How do we calculate the IHC pay-in with considerations to the employer taxes?~~

~~*We are working on a system fix for this. For now, contact Central Office for assistance.*~~ *No longer an issue.*

Reassessments and Continued Eligibility

CORRECTION

What happens if during the 6 months review time span, the consumer declines and is now eligible? Are reassessments done?

Yes, please follow the normal reassessment process. Notify the EWE Services Coordinator at APD.EWE.Request@odhsoha.oregon.gov when there are changes to an EWE consumer's service case.

EWE Services

Are EWE consumers eligible for CRNs (LTCCN)?

Yes.

Are you saying that OSIPM eligible recipients not receiving services are eligible for state paid home delivered meals and emergency response systems?

We are saying consumers who are EWE eligible receive any available in-home service. Once they are no longer eligible for EWE or SPL 1-13, they may be eligible for OAA funded Home Delivered meals and they may choose to purchase ERS.

CORRECTION

If a MAGI client with 0.00 income becomes a 14 - 18 and at risk, will we continue to pay R&B to the facility in accordance with OSIPM rules?

Yes.

Is there an in-home hour cap for EWE?

If you mean does the EWE hours apply to the HCW Cap, then yes it does. If you mean, is there a maximum number of hours an EWE consumer can receive, yes - the maximum is 10 hours per service period.

Just to clarify, we cannot start SNAP benefits till the consumer moves out of a CBC setting.

Yes, that is correct.

So, the CBC Waiver Transition Services is how we pay for MOW or ERS?

Both can be set up while the individual is in EWE status, but this may not be a permanent solution. The individual may be eligible for MOW through the local AAA-Older Americans Act program and may have to be willing to fund ERS themselves after they leave EWE status.

Will clients still be eligible for non-medical trans/community transportation?

Yes.

If EWE is approved, ALF plans will be reduced to a Level 1, AFH & RCF's to a base rate and in home plans 10 hours max?

Yes, that is correct.

Can the transition funds be used for those who are not EWE eligible?

The 411-037 CBC Transition Services can be accessed by any LTSS consumer residing in a CBC setting wanting to transition to an in-home setting. K-Ancillary Service Transition Services can be used by any eligible individual (SPL 1-13 and EWE) to transition from a NF.

Impact of EWE on Short-Certification

Are we able to short cert new caps after 10/1 if they have a condition that may improve in 3 months? At a review, can we short cert if we do an assessment and they just came out of the hospital from a fall and don't think they will be service eligible in 3 months?

*Yes, consumers with acute care issues can be and **should** be short certed if we know or think they are going to improve in less than 12 months. The EWE program is not intended for consumers who had acute care issues. Consumers who are short certed should be encouraged to keep their permanent housing so that they do not lose the ability to return home after they are no longer eligible. Diversion/Transition services are more appropriate for them as they would likely be discharging from a hospital or NF.*

CORRECTION

If we short cert a consumer because of a medical incident we believe will improve over the next 3-4 months, etc. at that point if the individual is assessed at a SPL 14-18, would they be eligible for EWE benefits?

A. *Not automatically, but eligibility for EWE could be considered. Case managers should work with consumers to help them understand the short*

cert process and help them develop a service plan that will not put them at risk once they are healed. Decisions to deny EWE services can be made at the local office level if the consumer does not meet EWE eligibility criteria. Consumers who meet the EWE eligibility criteria should complete the EWE risk mitigation and goals form with the case manager and then send the EWE services request to APD.EWE.Request@odhsoha.oregon.gov

State Plan Personal Care (SPPC) & EWE

For those clients that are eligible, can we offer SPPC as an alternative to EWE?
*We must offer SPPC **prior** to EWE any time the consumer is eligible.*

Has it been considered to allow HDMs or shopping for SPPC?

Yes, it has been considered but we have no plans to add these supports at this time.

CORRECTION

If client lives in ALF and was SPL 1-13, we go out and see them and they move to 14-18, so they can be SPPC, however, we think it's not safe for them to move into the community on their own due to one of the three risks. Will we be able to make them EWE?

Individuals living in licensed facilities are not eligible for SPPC services. So yes, they could be considered eligible for EWE. However, they should develop a transition plan that will mitigate the risks and make progress on the transition plan.

IT System Specifics (OACCESS and MF)

Besides the forms for EWE requests (already discussed) what other information does the CM need to provide to allow the MF analysts to code SELG correctly?

Only the form that has been provided. Central Office will take care of the coding.

Do we drop income to $735 to force OSPIM coding?

No.

CORRECTION

How will the approval work for nursing facilities? Plan of care in MMIS, liability, etc.?

The coding for payments will not change. Case managers should update the POC in MMIS if/when EWE services are approved.

How will vouchers be issued if there is no service plan or assessment in ACCESS?

The SELG record will be updated in MF allowing vouchers to go out.

This CANNOT be only locally tracked. Case managers come and go, cases get transferred. We must have a case descriptor or an N/R code, something!

Because all EWE requests must be approved centrally, we will have a database to track them. But because this requires ongoing work from the case manager it is critical that they find a way to track and manage their own workload. We are working on a longer- term fix.

We learned from MAGI Service clients how important it is to have a searchable identifier for people on a program. How will we be able to track/identify EWE participants?

Central Office has been working with OBI to develop reports for identifying and tracking impacted consumers. Locally, the best and most efficient practice will likely be to use the tracking sheet developed by Central Office. We are working on a longer-term fix in OACCESS.

What would the coding be for OSPIM eligibility be for EWE, would it be the same as it is now?

The coding should not change at all.

CORRECTION

When a consumer who is EWE and has no service plan, we will not be able to integrate medical….will they still be eligible for OSIP and if so, what C/D do we use?

Yes, they will be eligible. All medical benefits are managed in the ONE system. There is no integration from Oregon ACCESS to establish medical benefits. ~~Central Office will update the MF coding required for the medical benefit and appropriate service payments to continue. No C/D should be changed if the ONLY change is to EWE.~~

CORRECTION

While on EWE, does the CM need to send something to Central Office with those changes so the Mainframe analysts can complete coding since OA can't be updated?

The initial request must be approved by Central Office. Please make sure to use the form we have posted on CM Tools. If Central Office approves, we will take care of the coding on the mainframe. Report any changes to an EWE service case to APD.EWE.Request@dhsoha.state.or.us

Will mainframe codes support so that we can create the HDM vouchers?

Yes.

CORRECTION

Will there be any special coding associated with these cases?

All coding for EWE service cases is completed by the Mainframe Analysts and can be viewed on the SELG screen (SELG,(prime)). ~~*There are special overrides in place. However, the case will look the same as others (i.e., APD, KPS).*~~

CORRECTION

Any new case descriptors or need codes for EWE cases?

~~*No – there should be no change to case descriptors when the only change is from XIX to EWE.*~~ *Since the implementation of the ONE system, there are no case descriptors used to identify cases and establish medical benefits.* *Central Office will ensure that the system is coded correctly for EWE service cases.*

CORRECTION

How do we keep the medical open (when it is dependent on the services) when the services are ended (in access)? Such as no service plan to drive the system to allow medical eligibility.

~~*Central Office has a process to do this.*~~ *Eligibility for EWE service cases is coded on the SELG screen and medical benefits are managed in the ONE system.* *Medical and service payments will continue.*

CORRECTION

If you have a consumer that goes back to title XIX what notification do, we need to send to Salem. We are assuming that we would complete all new forms related to the title XIX case.

~~*Email the exceptions inbox. The systems should be reset but we want to make sure.*~~ *All changes on EWE cases should be reported to APD.EWE.Request@odhsoha.oregon.gov*

Waivered Case Management (Directs/In-directs) for EWE Consumers

CORRECTION

Is there any special coding we should be using when the case is updated?

Do EWE cases still have indirect and direct requirements?

Monthly direct contact with EWE consumers is required while the consumer is receiving EWE services. EWE consumers will not show up on Oregon ACCESS lists so it is the responsibility of the local office and/or case manager to track

EWE consumers; using the EWE tracking form on the Case Management Tools page under Extended Waiver Eligibility (EWE) program section may be helpful. All contacts with EWE consumers should be narrated on the case.
~~*Yes, it is required that each EWE consumer receive an indirect-direct monthly contact.*~~

How is the direct and indirect reporting coming up with the consumers that are on EWE?

The waivered case management expectations are the same. Consumers in EWE must receive indirect and direct contacts. Central Office has developed a tracking tool for case managers and local offices to use in order to track contacts with consumers who meet EWE criteria. The direct / indirect reports that can be pulled in OA may not pull all EWE consumers each month.