



EW Overview



April 2023

Elderly Waiver

The Elderly Waiver (EW) program provides home and community-based services for people who need the level of care provided in a nursing home but who choose to live in the community.

Eligibility



To qualify, you must:

- Be age 65 or older
- Be eligible for Medical Assistance
- Need nursing home level of care as determined by the Long-Term Care Consultation (LTCC assessment) or MnChoices.
- Need services that Elderly Waiver can provide for less than the cost of care in a nursing home.

Support/Obligation

- Have a community support plan that can reasonably assure health and safety, within the individual budget established by the person's case mix classification
- Be willing to pay a waiver obligation if applicable.

Nursing Facility Level of Care (NF LOC)

- If it is determined by LTCC assessment (DHS-3428) or the MnChoices assessment that member meets level of care criteria according to DHS guidelines, the CC will have the member complete and sign DHS-3543 (MHCP Request for Payment of Long-Term Care Services).
- Complete 5181 sections A & B indicating that member will open to waiver.
- The 5181 & 3543 are faxed to the county financial worker requesting that the member be opened to the waiver.

Make sure you are using the most recent DHS forms by accessing them on eDocs.

See hyperlink below:

[DHS eDocs](#)



Search results Showing 1 - 10 of 10 document(s)

DHS-3428-ENG Minnesota Long Term Care Consultation Services Assessment Form - English - 10-22

Lead agencies use this form to record LTC assessments.

(published: 10/18/22 1:56 PM)

DHS-3428B-ENG AC, BI, CADI, EW Case Mix Classification Worksheet - English - 1-18

Codes to identify activities of daily living levels in order to select a case mix classification.

(published: 2/8/18 11:16 AM)



Search results Showing 1 - 2 of 2 document(s)

DHS-3543-ENG MHCP Request for Payment of Long-Term Care Services - English - 10-14

Application sent when an enrollee who is already receiving health care and moves into a LTC facility or begins receiving waived services must complete this form. Should be completed and returned within 10 days.

(published: 10/30/14 11:42 AM)



Search results Showing 1 - 2 of 2 document(s)

DHS-5181-ENG Lead Agency Assessor/Case Manager/Worker LTC Communication Form - English - 12-14

This form is to be used by lead agency case managers and workers to ensure that the process to determine if applicants or enrollees are eligible to receive MA payments for services received through the HCBS waiver program is initiated promptly.
(published: 12/16/14 1:01 PM)

SECTION A - Contact Information							
TO <input type="text"/> <small>, Worker</small>				FROM <input type="text"/> <small>, Lead Agency Assessor/Case Manager</small>			
COUNTY/TRIBAL AGENCY <input type="text"/>				LEAD AGENCY <input type="text"/>			
ADDRESS <input type="text"/>				ADDRESS <input type="text"/>			
CITY <input type="text"/>		STATE <input type="text"/>	ZIP CODE <input type="text"/>	CITY <input type="text"/>		STATE <input type="text"/>	ZIP CODE <input type="text"/>
FAX NUMBER <input type="text"/>		PHONE NUMBER <input type="text"/>		FAX NUMBER <input type="text"/>		PHONE NUMBER <input type="text"/>	
CLIENT NAME <input type="text"/>			DATE OF BIRTH <input type="text"/>	PMI NUMBER <input type="text"/>		CASE NUMBER <input type="text"/>	

SECTION B - Status		
The client is currently requesting services/enrolled in the following waiver program: <input type="checkbox"/> AC <input type="checkbox"/> BI <input type="checkbox"/> CAC <input type="checkbox"/> CADI <input type="checkbox"/> DD <input type="checkbox"/> EW		CHOOSE ONE: <input type="radio"/> Diversion <input type="radio"/> Conversion
OR		<input type="checkbox"/> Essential Community Supports Individual has NO level of care, MA application required (DHS-3876). Please forward determination in Section F when completed.
LTCF RESIDENT <input type="text"/>	ADMISSION DATE <input type="text"/>	
NAME OF FACILITY <input type="text"/>	ADDRESS <input type="text"/>	

Elderly Waiver Providers

Services available under EW must be delivered by a provider enrolled with MN Health Care Programs (MHCP). Before utilizing an EW provider, care coordinators should verify the provider is enrolled by searching the MHCP directory or MinnesotaHelp.info

<http://mhcpproviderdirectory.dhs.state.mn.us/> or <https://www.minnesotahelp.info/>

Medica does not contract directly with EW providers, but rather utilizes the MHCP network of EW providers. Providers do need to contact Medica Provider Service Center at 1-800-458-5512 to get set-up to bill as an EW or out-of-network provider in order to get paid.

[Community-Based Services Manual \(CBSM\)](#)

Welcome

Welcome to the Minnesota Health Care Programs (MHCP) Provider Directory. Use this directory to find health care providers that serve fee-for-service MHCP members. If you receive health care services through a health plan, do not use this directory. Call the health plan customer service number on the back of your health plan ID card or use the provider directory your health plan mailed to you.

If you have questions, call Health Care Consumer Support 651-297-3862 or 800-657-3672.

Provider Search

We update the MHCP Provider Directory daily, but providers sometimes change. Call the provider to be sure they accept clients with MHCP coverage.

Home and Community Based Service providers

This directory may not have all home and community-based providers listed.

If you are searching for home and community-based services and waiver providers, also visit [MinnesotaHelp.info](https://www.mnhs.gov/minnesotahelp)

Providers: If you see any inaccurate information about you or your practice, call the Provider Resource Center at 651-431-2700 or 800-366-5411.

Search for a provider

Optional Zip



* Click the arrow and select a provider type from the drop-down list.

Q FIND:

All



What are you looking for?

Where?



Popular Topics

Families

Government

People Experiencing Homelessness

People with Disabilities

Refugees

Seniors

Taxonomy Search

Transportation

Unemployment

Veterans

Waiver Services

Youth

Medicare Help During Open Enrollment

Open Enrollment is October 15 – December 7.

- Go to [Medicare.gov](https://www.Medicare.gov) to compare plans.
- If you still need help, call the Senior Linkage Line at (800) 333-2433 for unbiased help with Medicare.
- You can also visit [Health Care Choices](#) for detailed information about the Medicare plans offered in Minnesota for 2023.

EW Coverage based on assessed NEED

- Per DHS: Supplies and equipment that exceed the limits set for State plan covered services may be covered through the waiver
- Additional items can be covered if there is an **identified need** and **criteria are met** (a doctor order alone does not suffice)
- Are the services necessary to ensure the health, welfare and safety of the person?
- Are the services selected by the person as an alternative to institutionalization?
- Have all options been assessed and does this option meet the individual desires, needs and preferences of the person?
- Is the cost of the service considered reasonable and customary?
- Is the service covered by any other funding source?

*EW does not cover services that are available through another funding source (e.g., Medicare, MA state plan services, long-term care insurance). [CBSM - Elderly Waiver \(EW\) \(state.mn.us\)](https://state.mn.us/cbsm-elderly-waiver-ew)

Non-covered services

Services under all waiver/AC programs are not covered if they:

- Are for recreational or diversionary purposes.
- Are for comfort or convenience.
- Duplicate other services available.
- Substitute for informal supports that appropriately meet the person's needs.
- Provide alternative therapies, except under consumer directed community supports (CDCS).
- Pay for the cost of utilities. [Waiver and Alternative Care Programs overview](#)

MN Elderly Waiver (0025.R08.00)

Provides adult day services, case management, homemaker, respite, extended home care nursing, extended state plan home health care services, extended state plan personal care assistance, family caregiver services, adult companion services, adult day service bath, adult foster care, chore services, consumer directed community supports (CDCS): community integration and support, CDCS: environmental modifications and provisions, CDCS: environmental modifications – home modifications, CDCS: environmental modifications – vehicle modifications, CDCS: financial management services, CDCS: individual-directed goods and services, CDCS: personal assistance, CDCS: self-direction support activities, CDCS: support planning, CDCS: treatment and training, customized living services, environmental accessibility adaptations – home modifications, environmental accessibility adaptations – vehicle modifications, environmental accessibility adaptations, home delivered meals, individual community living supports, managed care premiums, specialized equipment and supplies, transitional services, and transportation services to individuals ages 65 or older who meet a nursing facility level of care. This waiver operates with a concurrent 1915(a)(1)(a), 1915(b)(1), and 1915(b)(4) authority.

https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs-285945

Examples of EW covered DME/Supplies:

- Incontinence products that exceed MA limit
- Cloth/reusable incontinence products
- Wipes
- Walker accessories: basket/tray
- Grab bars & installation
- Scale
- Air conditioner
- Reacher
- PERS

EW Coverage

- Nutritional supplements
- Adaptive equipment for eating
- Lift Chair (If the medical necessity criteria is met, the mechanism is covered by MA and chair EW.)
- Supplies and equipment that exceed limits set by State
- Waiver transportation (NON-medical)
- Home modification & Vehicle modification – \$20,000 per waiver year.
- Repair of EW purchased equipment

EW services may include:

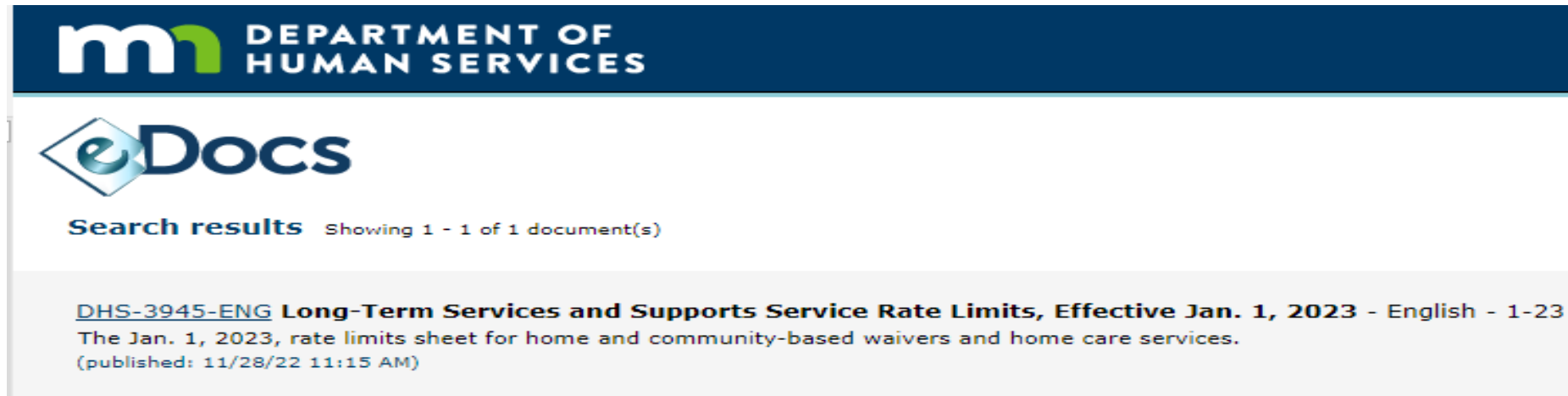
- Adult day service, adult day service bath
- Adult foster care, family and corporate
- Family caregiver coaching and counseling/caregiver assessment
- Family caregiver training and education
- Case management
- Case management aide
- Chore service
- Companion services
- Consumer directed community supports
- Customized living
- 24-hour customized living
- Environmental accessibility adaptations

EW Services continued:

- Extended home health service aide
- Extended personal care assistance
- Extended home care nursing, LPN and RN
- Family adult day services (FADS)
- Home delivered meals (HDM)
- Homemaker services
- Personal emergency response systems (PERS)
- Residential care
- Respite care services, in home and out of home
- Specialized supplies and equipment
- Transitional supports
- Non-medical transportation

Cost cap tool/Referral request form

- Refer to Long-Term Services and Support Service Rate Limits #3945 Document (edocs)
- Complete referral request form & send to Support Specialists.



The screenshot shows the eDocs interface for the Michigan Department of Human Services. At the top, there is a dark blue header with the 'mi' logo and the text 'DEPARTMENT OF HUMAN SERVICES'. Below this is the 'eDocs' logo. The search results section indicates 'Showing 1 - 1 of 1 document(s)'. A single result is displayed with the title 'DHS-3945-ENG Long-Term Services and Supports Service Rate Limits, Effective Jan. 1, 2023 - English - 1-23'. The description below the title reads: 'The Jan. 1, 2023, rate limits sheet for home and community-based waivers and home care services. (published: 11/28/22 11:15 AM)'.

- Remember that services must fit within member case mix budget or a BEI must be completed.

Elderly Waiver	Case Mix	07/01/2022	01/01/2023
	A	\$3,824	\$4,192
	B	\$4,352	\$4,771
	C	\$5,106	\$5,598
	D	\$5,271	\$5,779
	E	\$5,814	\$6,374
	F	\$5,992	\$6,569
	G	\$6,182	\$6,777
	H	\$6,975	\$7,647
	I	\$7,159	\$7,848
	J	\$7,633	\$8,368
	K	\$8,891	\$9,747
	L	\$2,946	\$3,230
	V	\$32,354	\$35,470

Case study:

Meet John Brown

John is a 78 year old widower & MSHO member. John suffered a CVA with left sided weakness. After completing a rehab stay at a SNF, he was discharged home. He also has diagnoses of advanced macular degeneration, HTN, hyperlipidemia, and depression. His CC set up initial assessment home visit with John and his daughter. Member lives alone in his single level home. His daughter lives in the same town and calls him several times a week but works full time and is unable to be there regularly. John is alert and oriented but admittedly forgetful. He scored 4/30 on the Katzman. John ambulates with a 2 wheeled walker that he got from a family member & it appears to not fit him well. He was using a walker from the facility while he in rehab. John fell once since returning home and was unable to reach the phone for assistance. His daughter found him when she stopped for a visit. John's toilet seat is low and difficult for him to get up from and he is currently using a towel bar to pull himself up. John is on Coumadin and several other medications and is unable to read the labels making it difficult to manage his medication. He has difficulty seeing obstacles in environment. John has been able to dress and groom himself but has been unable to get in the shower and requires assist for bathing. He is also struggling with cleaning, preparing meals, shopping, and doing laundry.

Does John meet NFLOC criteria?

For nursing facility (NF) level of care, a person **must meet one of the following five categories of need**:

1. Does/would live alone or be homeless without current housing type **and** meets one of the following:
 - Has had a fall resulting in a fracture within the last 12 months
 - Has a sensory impairment that substantially impacts functional ability and maintenance of a community residence
 - Is at risk of maltreatment or neglect by another person, or is at risk of self-neglect
2. Has a dependency in four or more activities of daily living (ADLs)
3. Has significant difficulty with memory, using information, daily decision-making or behavioral needs that require intervention
4. Needs the assistance of another person or constant supervision to complete toileting, transferring or positioning, and this assistance cannot be scheduled
5. Needs formal clinical monitoring at least once a day.

For specific information about the five categories of need, see [NF LOC Criteria Guide, DHS-7028 \(PDF\)](#).

Case Study Continued

- Yes, because John lives alone and has sensory impairment of “02”, he would meet LOC.
- His CC plans to open member to the waiver.

What MA/EW services and supplies would be helpful for John?

Possible answers:

- PT evaluation for appropriate device – MC/MA
- O.T. evaluation for home adaptations and recommendations. MC/MA
- SNV for medication management – MA
- PCA – MA/EW
- HHA for bathing assist – MA
- HMKR for cleaning, shopping, and laundry assist – EW
- Standard walker – MA or 4 wheeled walker with seat – EW
- Walker tray or basket (for standard walker) – EW
- Elevated Toilet seat with grab bars – MA
- Grab bars and instillation - EW
- Bath bench – MA
- PERS – EW
- Home delivered meals – EW
- Portable phone through DHS TED program (Telephone equipment distribution)
- Low vision services

- Tip: Per DHS, Providers have a responsibility to know who the primary payer is on items (MA, EW, Medicare) so ask them if you need to know.

Resources:

Benefit guidelines on the CC website:

<https://partner.medica.com/care-coordination/policies-and-guidelines>

Referral Guidelines for MSHO/MS C+/SNBC members & Referral Request Form

<https://partner.medica.com/care-coordination/tools-and-forms>

DHS website links: equipment and supplies & eDocs:

[DHS equipment and supplies](#)

[DHS eDocs](#)

[Learning Center \(mn.gov\)](#) (Go to Course Catalog Search/Search for: EW)

Course Code	Course Name
<input type="button" value="SELECT"/> EW101	EW101 ELDERLY WAIVER BASIC PROGRAM OVERVIEW



**Any questions or concerns please reach out to your supervisor or
the Benefit Managers**

MISSION

To be the trusted health plan of choice for customers, members, partners and our employees.

VISION

To be trusted in the community for our unwavering commitment to high-quality, affordable health care.

VALUES

Customer-Focused • Excellence • Stewardship • Diversity • Integrity