
Oregon Project Independence Guidelines

The guide is to inform contractors of the key policies and procedures of the Oregon Project Independence Program.

ACTION REQUIRED:

District Centers are responsible for authorizing in-home, adult day care, group respite, and respite services with the policies and procedures of the Oregon Project Independence program. This includes determining and authorizing services, determining program eligibility, meeting service eligibility and determining and monitoring client fees.

OPI service providers are responsible for providing services within the parameters of the respective Request for Proposal and ADS Policy Assumptions, billing clients for OPI service fees, maintaining a record of fees received and providing ADS or district centers with client account receivable information.

Oregon Project Independence Program Guide

A. Goals

The goals of Oregon Project Independence are to:

- Promote quality of life and independent living among older persons
- Provide rehabilitation and care for those in need of services ranging from primarily preventative to long-term care
- Prevent inappropriate or premature institutionalization of older persons

B. Services Available

Services available for OPI clients who are 60 years of age and older include: Home Care, Personal Care, In-Home Respite, Adult Day Care, Shopping Services, and Case Management.

Services available for OPI clients who are under 60 years of age and are diagnosed as having Alzheimer's Disease or a related disorder include: Personal Care, In-Home Respite, Adult Day Care, and Case Management.

C. Eligibility

To be eligible, the applicant must be: (OAR 411-032-0020)

- Age 60 or older; OR
- Under 60 with a medically documented diagnosis of Alzheimer's or related disorder; AND
- The applicant must not be receiving Medicaid (Note: they can be eligible for Food Stamps, Qualified Medicare Beneficiary (QMB) & Supplemental Income Beneficiary (SMB) Programs and still get OPI).

INSTRUCTIONS

For the purpose of the Oregon Project Independence program, "Alzheimer's Disease" means a progressive and degenerative neurological disease which is characterized by dementia including the insidious onset of symptoms of short-term memory loss, confusion, behavior changes and personality changes.

"Other Related Disorders" means the dementia that results from any of the following disorders:

- Multi-Infarct Dementia (MID)
- Normal Pressure Hydrocephalus (NPH)
- Inoperable Tumors of the Brain
- Parkinson's Disease
- Creutzfeldt-Jakob Disease
- Huntington's Disease
- Multiple Sclerosis
- Uncommon Dementia such as Pick's disease, Wilson's disease, Progressive Supranuclear Palsy.

The case manager is responsible for determining the client's eligibility for OPI services. The case manager should ascertain if the client is receiving or is eligible for other in-home service programs through Medicaid, Medicare, or long term care insurance.

Clients who qualify for Medicaid will be considered financially ineligible for Oregon Project Independence. Personal insurance coverage is considered a prior resource to OPI. Clients may be eligible for service though Social/Health Maintenance Organization (SHMO), long term care insurance, Medicare, or a Medicare supplements.

D. Service Priority

Eligible clients shall receive Oregon Project Independence services on a priority basis, with the highest priorities receiving services first. Priority will be determined by the service priority level scale.

INSTRUCTIONS

Case managers will complete the CAPS assessment form at client intake. The client's functional level is to be evaluated without regard to the effect of services.

District Center case managers are advised to regularly review their case load and maintain a current client assessment. Services are to be provided to clients at the service priority levels 1 to 17. Alternative resources include volunteers or private pay arrangements. Case managers should refer to Contract Manual Instruction Section I B for further information on the priority system.

E. Exceptions/Waiver to Policy

Exceptions to the eligibility and priority policies may be granted through the ADS waiver process. Exceptions may be granted if the client refuses to accept Medicaid and it is determined that there is immediate danger to health or safety of the client if no services are provided or if the Medicaid pay-in would create a significant financial hardship. **The client's personal preference for OPI over Medicaid services is not sufficient reason to merit exception.**

INSTRUCTIONS

This section defines the procedure District Centers may use for waiving ADS and OPI policies:

- Medicaid as a prior resource (see eligibility section page 2)
- Service Priority (see section I B – Assessment Tools)

Procedure:

The district centers may grant a waiver to serve a client with OPI services if the district centers determine that lack of services will constitute a health or safety for the client and,

- The client is eligible for, but has refused to accept Medicaid services,
- The client is eligible for Medicaid service but the Medicaid pay-in would create a significant financial hardship, or
- The client scores 1 – 17 on the service priority scale.



If the waiver is granted, the client file will contain:

- A written waiver approved by the District Center Manager or Executive Director.
- Information to include: age, service/survival priority, factors which place client's health and safety at risk if services are not received, and case manager's assessment of how quickly the client's condition would deteriorate requiring a higher level of care.
- When the waiver regards Medicaid as a prior resource, indicate if advantages of receiving services were explained to client. If the use of Medicaid benefits would result in financial hardship for the client, then provide appropriate justification.
- In the event a waived client is transferred between centers, the new center will honor the waiver for the duration of the waiver period.

With this transfer of authority from ADS to District Centers to grant waivers and serve clients potentially eligible for Medicaid, is it incumbent on the District Centers to set up and maintain a system to assure that monthly expenses by the district centers do not exceed monthly allocations to the district.

Filing/Distribution: File original and send copy to ADS Central

F. Service Determination/Authorization

The determination of services shall be based on the individual and unique needs of each client. The case manager should consider the client's financial, physical, functional, medical, and social needs in selecting and authorizing OPI services.

INSTRUCTIONS

In-Home Services, Respite Services and Adult Day Care will be authorized in accordance with the ADS In-Home Services Authorization Policy Section of this manual.

G. Client Fees

The OPI Program requires a co-payment or fee for clients at certain income levels. Fees will be used to expand services.

INSTRUCTIONS

The case manager will give to all prospective OPI clients a copy of the OPI Fee for Service flyer. Fees for service will be assessed by the case manager at the time of the service authorization, and will be based on the sliding fee scale.

There are two steps to the fee assessment process: determining the client's adjusted income and determining the fee. The OPI Fee Assessment Worksheet will be completed to assist in and to document this process.

Fee Assessment

- **Adjusted Income Determination**

The client's adjusted income is the client's gross income less all medical expenses.

The client's gross income shall include the following from all members of the household: salaries, interest, dividends, pensions, annuities, social security, railroad retirement benefits, and any other net income.

Medical expenses include those which are the responsibility of the household, (physician, medication, health appliances, services, etc.) and exceptional non-medical costs that pose an immediate threat the health and safety of the client (emergency home repairs, emergency transportation, etc., for which the client has exhausted other resources.)

See Section I B for income levels used to determine at or below poverty levels.

- **Fee Assessment**

The case manager will use the monthly or annual adjusted income from the OPI Fee Assessment Worksheet, the number of service days or hours to be authorized and the appropriate OPI Fee Schedule to determine the fee to be paid by the client.

1. Locate the client's income on the appropriate fee schedule chart based on the client's living situation.
2. Determine how many hours are to be authorized for the client
3. Multiply the appropriate rate times the number of authorized hours (or day care days). If this monthly amount is greater than the monthly maximum for this client's monthly or annual adjusted income, then lower the hourly rate so the total is at the monthly maximum.
4. Write the appropriate hourly rate and monthly payment on the Fee Assessment Worksheet, have the client sign it, and give a copy to the client.
5. If the fee differs from the schedule, explain the reasons on the Fee Assessment Worksheet and maintain in the client's file.

During the re-assessment of the client's status, the case manager will also review the client's financial situation and adjust fees if necessary. The in-home service provider(s) are to be notified of any changes in fees.

- **Fee Billing and Collection**

The OPI service provider is responsible for billing and collecting fees. Clients are billed monthly based on the number of service hours received. Unpaid bills are carried forward. The provider agency will provide District Centers and ADS a monthly accounts receivable report.

- **Fee Payment Monitoring**

The case manager is responsible to know if the fee is being paid, to periodically remind the client of the fee assessment, to provide an explanation of the payment process, and to follow up with clients when payments are in arrears. If fees are unpaid for more than two months, the case manager should discuss the problem with the client. If the client cannot pay because of extraordinary expenses, the case manager should recompute the fee.

Some clients have trouble paying any bills. The case manager should assess the situation to see if money management services are indicated.

- **Non-Payment of Fees**

OPI is a fee-for-service program. Services may be terminated for failure to pay the fees. If a client refuses to pay the agreed upon fee after receiving services, the case manager should follow a careful process to determine if OPI service will continue to this client

The process to use in terminating services includes the following steps:

1. Inform the client that payment is in arrears.
2. Work with the client to clarify income information and medical expenses. Adjust fee if appropriate.
3. Review the fee-for-services nature of the OPI program. Be sure the client understands that a service co-payment is required.
4. Give oral and written notice with a copy to the OPI service provider that if payment is not received within 30 days, services may be terminate. Provide the client with a copy of the district center's grievance procedures regarding service termination.
5. At least two weeks prior to service termination remind the client that services will be stopping and the reason for service termination. Change case plans, service arrangements.
6. Monitor client's situation if appropriate.



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