# **Multnomah County**

# **Aging, Disability and Veteran Services Division**

# **Oregon Project Independence Policy**

## Oregon Project Independence (OPI) is a state-funded program that pays for home-based services for elderly who are at risk of going into a nursing home. Eligible clients can get small amounts of home care and personal care, along with case management, to enable them to stay in their own homes for as long as possible.

## **Goals of OPI**

1. Promote quality of life and independent living among older persons;
2. Provide preventive and long-term care services to eligible individuals to reduce the risk for institutionalization and promote self-determination;
3. Provide services to frail and vulnerable older adults who are lacking or have limited access to other long-term care services;
4. Optimize older individuals’ personal and community support resources.

## **OPI Services**

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

## **Eligibility and Determination of Services, given availability of funds**

1. Clients who meet the following criteria will be eligible to receive OPI services:
2. Be 60 years old or older; or be under 60 years of age and be diagnosed as having Alzheimer’s Disease or a related disorder;
3. At immediate risk[[1]](#footnote-1) for nursing facility placement;
4. Does not have, or has exhausted sufficient other resources to meet needs, such as personal income, personal assets, third party payment;
5. Not be receiving financial assistance or Medicaid, except Food Stamps, Qualified Medicare Beneficiary or Supplemental Low Income Medicare Beneficiary Programs;
6. Maintaining clients already receiving authorized OPI service as long as their condition indicates the service is needed; and
7. Meets the eligibility criteria of the OPI Rules and Oregon Administrative Rules.
8. All clients will be assessed and care needs determined.
9. A care plan is developed based on the client’s functional assessment and optimizing use of available resources including natural support systems, third party payment, and other community service,.
10. Clients’ ability and willingness to pay the assessed co-pay will be included in plan of care.
11. Natural supports, e.g. family caregivers, client co-pays, 3rd party payments, etc. will be used as prior resources before OPI. OPI may be used as a supplement to these primary resources as the client’s care necessitates. District center case managers will document in the client record that they have explored alternative community resources with the client.
12. The program will enroll only clients who can be adequately served with in home services based on the availability of OPI funds. Adequate services are determined by the case manager’s assessment of the client’s physical, functional, and social needs.
13. Aging, Disability and Veteran Services (ADVS) contracts with five district senior centers to coordinate and authorize OPI services and to provide case management. Funding is allocated to District Centers on a formula basis.
14. District Centers are responsible for projecting monthly service levels and expenses to maintain service throughout the contract period.
15. District Centers will assess all applicants in need and develop a care plan. Case managers will determine priority clients for OPI services based on client eligibility and a functional assessment known as Client Assessment and Planning System (CA/PS).
16. District Centers will create a prioritized list of clients waiting for OPI in-home services upon notification from ADVS and will periodically inform ADVS of the number of the individuals on the wait list in the district center’s geographical service area.
17. ADVS will pay direct care providers on a fee for service basis (*in some cases, the Oregon Aging and People with Disabilities Program pays “Home Care Workers” for direct services).*
18. Clients will be informed of their rights and responsibilities and informed of both the District Center and ADVS grievance policies.

## **Policy for prioritizing clients for in-home services**

1. ADVS will, whenever funding limitations require it, notify all District Centers to place any newly referred individuals on a wait list for OPI in-home services.
2. Upon notification from ADVS to establish OPI wait lists District Centers will immediately begin placing newly referred individuals on the prioritized list based on the criteria in this policy.
3. At a minimum District Centers will record the full name, address, date of birth, and the last 4 digits of the person’s SSN on the wait list.
4. District Centers will complete the OPI Risk Assessment Tool (RAT - 287j form) for each individual placed on the wait list.
5. The District Center will work with any and all new referrals that are placed on the OPI wait list by providing Options Counseling and by identifying and coordinating community resources for individuals on the wait list.
6. OPI clients receiving services prior to the establishment of wait lists have first priority to receive OPI services.
7. The score on the risk assessment will be used to determine where the client will be placed on the wait list.
8. Clients waiting for services will have a RAT assessment done when they are first placed on the wait list, and done once every six months thereafter.

**Criteria for establishing priority of clients waiting for funded in-home services**

1. Clients waiting for OPI in-home services will be prioritized with those most at risk for nursing facility placement being put at the top of the list.
2. Each client on the OPI wait list will be assessed using the Risk Assessment Tool (RAT) that considers the client’s acuity level, such as lack of natural supports, clients recently discharged from a hospital with an acute or life threatening disease and other risk factors. A RAT assessment will be completed on each client waiting for OPI services when they are first place on the wait list and every 6 months thereafter. Once a client has been taken off the wait list a RAT will be completed at intake and annually thereafter.
3. Other factors, such as the risk of self-neglect or of abuse/neglect by others, will be considered in priority ranking.
* Assessments will be conducted in a timely manner, but no later than two (2) working days if the client is a Gatekeeper, APS or MDT referral or otherwise considered at risk by the referral source.
1. Case managers will explain the criteria and process for receiving funded in-home services. Case managers will provide information and assistance, and case management care coordination and monitoring for clients waiting for funded in-home services to help them access other appropriate resources.
2. As OPI funded in-home services become available, District Centers will enroll clients beginning with the clients who have the highest priority.

**Grievance Review**

Individuals for whom services are denied, disallowed, or reduced through eligibility determination or service determination are entitled to request review of the decision through the AAA grievance review procedure set forth in policy. The District Center must have a grievance procedure to hear requests for reconsideration and the grievance procedure must be given to the applicant at the time of service determination. Because service determination is made locally the initial responsibility for processing grievances lies first with the District Center.

* Clients for whom OPI service have been reduced must continue to receive authorized services until the disposition of the local grievance review.
* The District Center must provide the applicant with written notification of the grievance review determination decision.
* The agency decision, although informal, must state the reasoning, facts and rules upon which the decision maker relied.
* Clients have the right to present their information in person to the decision maker of the local grievance review before services are terminated.
* Applicants who disagree with the results of the grievance review have a right to an administrative review with the AAA. If the applicant is still dissatisfied with the outcome they may request an administrative with DHS APD, pursuant to ORS chapter 183. This information is provided to the applicant in a written notification at the time of service determination and again at the time of the grievance review decision.
* Applicants requesting an administrative review from the Department are eligible for continued OPI authorized services.
* All individuals, including those who may have previously been terminated from OPI, have the right to apply for OPI authorized services at any time.

After the local grievance review:

* Benefits can be stopped once the grievance review is completed and the denial upheld.
* If, after the grievance process, the client still disagrees with the local agency’s decision the client has the right to request an Administrative Review by ADVS.
* In the Administrative Review, ADVS will review the following issues:
* Agency’s service priorities are established in policy, are consistently applied and do not contradict ADVS local policy for OPI.
* Service determination is individualized.
* The client has been informed of the agency’s service priorities, grievance policies and right to participate in a grievance review;
* The notification process was complete and timely; and
* The client has been offered the opportunity to explore service alternatives.
1. Immediate risk is defined as the probability that the client’s condition will deteriorate in eight to ten months after loss of OPI services to a point that nursing facility placement is necessary. [↑](#footnote-ref-1)