



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 older adults, age 60 or older, who have significant care needs and are at risk of going into a nursing home or other care facility. Eligible individuals receive up to eight hours of in-home services and/or personal care per 14 day pay period, along with case management, to support them in remaining in their own homes for as long as possible. Adults younger than age 60 with a diagnosis of Alzheimer’s disease or a related disorder may also be eligible.

There is also an OPI Expansion program in Multnomah County for adults with disabilities ages 18 - 59. Please see separate policy for OPI Expansion Program.

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 of care facility placement and promote self-determination;
3. Provide services to frail and vulnerable older adults who lack or have limited access to other long-term care services;
4. Optimize older individuals’ natural support resources of family, neighbors, friends, and community resources.

OPI Services

Services available for OPI consumers age 60 and older, or under age 60 with a diagnosis of Alzheimer’s disease or other dementia:

Home Care, Personal Care, Adult Day Services, Shopping Services, and Case Management. Funding for adaptive equipment, extreme cleaning, and moving services may also be available.

Eligibility and Determination of Services, given availability of funds

1. Eligibility to receive OPI services requires that the applicant meet these criteria:
 - a. Age 60 or older, or under age 60 and diagnosed as having Alzheimer’s Disease or a related disorder (other dementia);
 - b. At immediate risk¹ for nursing facility or other care facility placement;
 - c. Not receiving financial assistance or Medicaid other than SNAP, Qualified Medicare Beneficiary (QMB) or Supplemental Low Income Medicare Beneficiary Programs (SMB, SMF);

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.

- d. When a waitlist is in effect: already receiving authorized OPI service as long as their condition indicates the service is needed; and
 - e. Meet the eligibility criteria of the OPI Rules and Oregon Administrative Rules.
2. A case manager assesses each consumer to determine service needs.
 - a. The consumer's functional assessment (CAPS) must result in a survival priority number of 18 or lower to qualify for the OPI program.
 - b. The case manager develops a service plan based on the consumer's functional assessment (CAPS) and by optimizing the use of available resources including natural supports, third party payers, and other community services.
 - c. When making the service plan, the case manager will take into consideration the consumer's ability and willingness to pay the assessed co-pay for needed services.
 - d. Natural supports, e.g. family caregivers, volunteers, long-term care insurance, community resources, etc. will serve as prior resources before OPI. OPI supplements these primary resources as the client's needs dictate. Case managers will document in the consumer record that they have explored alternative community resources with the consumer.
 3. The program will enroll only individuals 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. The case manager should take natural supports into account. If the applicant has needs that exceed what can be adequately met by limited OPI service plan hours and natural supports, the case manager shall make a referral to the Medicaid Services Intake Screener.
 4. Aging, Disability and Veteran Services Division (ADVSD) contracts with five District Senior Centers and with four Enhancing Equity Organizations to coordinate and authorize OPI services and to provide case management. These contractors receive funding based on an allocation formula.
 5. District Centers and Enhancing Equity Organizations are responsible for projecting monthly service levels and expenses to maintain service throughout the contract period.
 6. Contracted partners will assess all applicants in need and develop a service plan. Case managers will determine priority clients for OPI services based on client eligibility and a State of Oregon functional assessment known as Client Assessment and Planning System (CAPS).
 7. Upon notification from ADVSD, OPI providers will create a prioritized wait list of clients requesting OPI in-home services and will, per ADVSD request, inform ADVSD of the number of individuals on the waitlist.
 8. ADVSD will pay direct service providers on a fee-for-service basis (*exception: the Oregon Aging and People with Disabilities Program pays Home Care Workers for direct services*).
 9. Contracted agencies will inform clients, annually, and in writing, of their rights and responsibilities, and of both agency and ADVSD grievance policies.

Policy for prioritizing clients for in-home services

1. ADVSD will, whenever funding limitations require, notify all contractors to place any newly referred individuals on a waitlist for OPI in-home services.
2. Upon notification from ADVSD to establish OPI wait lists, contractors will immediately begin placing newly referred individuals on the prioritized list based on the criteria in this policy.
3. At a minimum, contractors will record the consumer's first name, last name, GetCare ID, OPI Risk Assessment Tool score, and date person was added to the waitlist.
4. OPI providers will complete the OPI Risk Assessment Tool in the GetCare data base for each individual placed on the waitlist. OPI providers will work with each newly referred individual placed on the OPI wait list by offering them Options Counseling, or OAA case management, or neither service, based on the consumer's choice. OPI providers who do not also provide Options Counseling or OAA case management will add the person to their OPI waitlist, then refer the person to an alternate agency for Options Counseling or OAA case management.
5. OPI consumers receiving services prior to the establishment of wait lists have first priority to receive OPI services.
6. The score on the risk assessment will be used to determine where the consumer will be placed on the waitlist.
7. Case managers will complete a RAT assessment for each consumer when added to the OPI wait list, then again once ADVSD indicates that individuals on the waitlist may begin being assessed for OPI services.

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

1. Clients waiting for OPI in-home services will be prioritized per their RAT score, with those who are at highest risk being put at the top of the list.
2. Each client on the OPI wait list will be assessed using the OPI Risk Assessment Tool (RAT) that considers the client's acuity level, such as lack of natural supports, recent hospital discharge, diagnosis of an acute or life threatening disease, and other risk factors. A RAT will be completed for each client waiting for OPI services when they are first placed on the waitlist, then again when opening the waitlist so that scores are refreshed to ensure more accurate prioritizing of whom to serve first.
3. When ranking priority, partner agencies are to consider rate score only.
 - Case Managers will conduct risk assessments in a timely manner, but no later than two (2) working days after receiving the referral if the referral source is Gatekeeper, Adult Protective Services (APS) or Multiple Disciplinary Team (MDT), or client is considered at risk by another referral source.

4. Case managers will explain to the client the criteria and process for receiving funded in-home services. Case managers will provide Information and Referral, Options Counseling, or Older Americans Act (OAA) case management for clients waiting for funded in-home services if they want help in accessing other resources.
5. As OPI funded in-home service slots become available, either through attrition or through extra slots allocated by ADVSD, contractors will enroll clients beginning with the consumers who have the highest priority.

Grievance Review

Individuals for whom services are denied, disallowed, or reduced may request a review of the decision through the AAA grievance review procedure set forth in policy. The Contractor must have a grievance procedure to hear requests for reconsideration, and must provide the grievance procedure to the applicant at the time of service determination and/or redetermination. Because service determination is made locally, the initial responsibility for processing grievances lies first with the contracted agency.

- Consumers for whom OPI service has been reduced shall continue to receive authorized services until the disposition of the local grievance review.
- The contracted agency 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.
- Consumers 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 (ADVSD Contract Liaison). If the applicant is still dissatisfied with the outcome, they may request an administrative review 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 (DHS APD) 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 consumer still disagrees with the local agency's decision, the client has the right to request an Administrative Review by ADVSD. In the Administrative Review, ADVSD will review the following :

- Agency's service priorities are established in policy, are consistently applied and do not contradict ADVSD local policy for OPI;
- Service determination is individualized;
- The consumer 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;
- The consumer has been offered the opportunity to explore service alternatives.