Oregon Project Independence – Medicaid (OPI-M) Eligibility Process Protocol	05/2024

Procedure Title	OPI-M (LTSS) request denied through ONE non-medical cases
Office Contact	TBD
Effective Date	6/1/2024

Goal	OPI-M program eligibility determination to individuals not receiving Medicaid medical benefits through in home services. Those that do not qualify for medical benefits due to financial determination or being over SPL for LTSS.
Related Policy/Resources	

	Who	What & how		Why	
1	Local Office	Receives referral for OPI-M services either direct consumer contact or LTSS denial list from ONE		To screen for potential OPI-M service eligibility	
2	ECM	**Assign referral, complete OPI-M application** Attach Financial Case Manager to ACCESS case. ECM then helps the individual with applying for OPI-M services.		Helping the individual to complete the application ensures its completed and correct.	
3	ECM/HSS3	**Establish financial eligibility.** ECM/HSS3 can conduct a phone interview to complete financial eligibility part of the assessment. ECM/HSS3	**Establish service eligibility.** Service eligibility will be determined at the same time. CA/PS assessment	Qualified staff determine if individual meets all financial, citizenship, age requirement,	Determine what the individual's SPL is and determine if they qualify.

#	Role				
		verifies the financial information provided in ONE if it has been within 45 days. ECM/HSS3 completes financial eligibility determination. • AVS web portal • IVES screens • Citizenship • Income and resources • Living arrangement • Disability determination	is completed in person. • ECM completes CA/PS • SPL 1-18 • OPI-M application sent notifying individual of approval. • MED	disability determination, and mental health requirements to qualify for the OPI-M program through APD. Refer to the appropriate agency if the individual does not qualify.	Notify the individual of eligibility and inform them a service case manager would contact to facilitate the completion of the service plan and assist in determining what services are needed.
4	ECM/HSS3	**Send all proper documentation and notices for signatures.** Deliver, mail, email, text, or fax documentation to the individual for signatures.		Notify the individual of their eligibility or denial for OPI-M in writing. Meet CMS requirements around timely notice and the individual's right to a fair hearing if they decide to file.	
5	ECM/HSS3	**Open case for OPI-M without medical benefits** Upload all documentation into EDMS for the SCM.		Ensure SCM has access to the needed information to complete service planning with the	

			individual. This is also to meet all quality assurance (QA) requirements and document retention requirements.
6	ECM/HSS3	**Assign to or transfer case.** Follow local procedures and transfer to ongoing SCM. Remove ECM Worker from case in ACCESS.	To set up ongoing case management for the individual at the local AAA type A office or stay with the local type B if case was established there. Local office to decide "warm hand-off" procedure.
		END PROTOCOL	