

OPI-M Implementation Plan
Lane Council of Governments, Senior & Disability Services, D5
April, 2024

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Phase 1: We will prioritize individuals on the OPI waitlist and individuals within the current Traditional OPI program whose needs are not being met presently. These two groups will be supported simultaneously with different teams assigned to each. This will support our ability to meet our timelines.

Timeline:

- Anticipated Start date: 6/3/24 (assuming central office systems are ready for rollout on this date)
- Anticipated End Date: 11/30/24 (or 6 months from program rollout). If the rollout is delayed, this will impact estimated end dates.

Summary:

There are currently 454 individuals for prioritization in Phase 1 (waitlisted applicants and traditional OPI consumers with unmet needs). At 8 hours estimated per individual for service determination and service planning, this is 3,632 hours of case management work. Spread over a maximum of 6 months (end date of 11/30/24), this would be about 76 determinations per month (or 608 hours each month) for our OPI

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Case Managers in addition to their ongoing workload. See *Expedited Transitions* below on how we may be able to shorten timeframes and support consumers with more rapid service supports. If the rollout of OPI-M is delayed, we anticipate needing to extend our deadlines to ensure a full 6 months for the first phase of rollout. This is due to the high number of consumers we are onboarding onto OPI-M in Phase 1.

A: Traditional OPI Consumers Lacking Caregiver Services:

187 OPI Consumers

Within this district, we had to end caregiver services for traditional OPI consumers at SPL 15-18 due to budget limitations. These individuals have remained on case management services, and many have retained ancillary services such as home delivered meals or emergency response systems. However, these OPI Seniors have not been able to access in-home care plans since either 11/4/23 or 2/24/24, depending which closure group they were in. Their current care needs are unmet, and we would like to begin restarting services as soon as Phase 1 rollout is authorized.

Process:

Our OPI-M Service Case Managers will discuss OPI-M with individuals on their caseloads who are part of this group and will move forward to determine eligibility with consumers who are interested. For those who already have upcoming redetermination appointments, we will utilize these appointment times to conduct new CAPS. This will ensure continuity of benefits. For the rest of this group, each case manager will prioritize the service eligibility for OPI consumers on their caseloads who lack caregiver services based on Service Priority Level. This ensures we are first serving those with the highest care needs.

We will space this work over each month of phase 1 based on workload capacity of OPI case managers with active caseloads. This group of case managers will conduct all aspects of service eligibility determination and service planning. This will include the new Person Led Assessment and Notice (PLAN) process. Case managers will follow APD rules and best practices for ensuring consumers are matched up with the benefits and services that best meet their needs. At an estimated 8 hours per consumer for service eligibility determinations and service planning, 187 consumers will require 1,496 hours of case management time. Spread over a maximum of 6 months (end date of 11/30/24), this would be about 31 determinations per month (or 248 hours each month) for our OPI Service Case Managers in addition to their ongoing workload. See *Expedited Transitions* below on how we may be able to shorten timeframes and support consumers with more rapid service supports.

Our Service Case Managers will work closely with our financial eligibility team (ET) to ensure financial eligibility prior to service plan approval. Whenever possible, this will be conducted through the ONE System. There will be an alternative method for financial eligibility determination outside of ONE to meet consumer needs and preferences.

***Expediting Transitions:** Central office (Mat Rapoza and JD Tilford) have identified a way to support smooth system transitions in OAccess for these Traditional OPI Consumers currently without care. The solution they have identified will significantly reduce duplicative work. They have indicated it is possible for the OAccess system to allow a conversion of a current and active OPI CAPS/ Service plan to a new OPI-M CAPS. This will help us to get this group of 187 consumers back onto service more quickly. We will

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also be able to save considerable staff time re-determine functional eligibility again for these individuals. At an estimate of 4-5 hours per CAPS determination (including administrative entries), this will save us 748 to 935 hours of duplicative staff time. For context, this is the equivalent of 23 weeks (or nearly 6 months) of full-time work for 1 FTE. This behind-the-scenes system workaround will also help us keep renewal dates spread out more evenly throughout the year so that we don't have 187 renewals due in the same few months. This OAccess flexibility will be greatly appreciated during the first three phases of rollout.

B: Waitlisted Individuals:

267 waitlist applicants

We re-implemented a local waitlist for OPI Seniors on 8/7/23 due to budget limitation. Over the last 8 months, this waitlist has grown to a total of 267 consumers. Our Intake/Eligibility Case Managers will begin to conduct service intake appointments for interested applicants as soon as Phase 1 rolls out. We will space this work over each month of Phase 1 based on workload capacity. The intention will be to reduce the impact on wait times for general applicants seeking a variety services. Intake/Eligibility Case Managers will conduct all aspects of service eligibility determination and service planning. This will include the new Person Led Assessment and Notice (PLAN) process. Case managers will follow APD rules and best practices for ensuring consumers are matched up with the benefits and services that best meet their needs. At an estimated 8 hours per consumer for service eligibility determinations and service planning, 267 consumers will require 2,136 hours of case management time. Spread over a maximum of 6 months (end date of 11/30/24), this would be about 44 determinations per month (or 352 hours each month) for our Intake/Eligibility Case Managers in addition to their regular service intake workload.

To ensure that we are able to prioritize our current waitlisted applicants, we will close our current OPI waitlist to new applicants effective 5/31/24. Effective 6/1/24 we will start compiling a separate, simplified interest list for OPI-M. At minimum, we will collect basic demographic information (the first page of our current waitlist tool). We will also collect summary information regarding what kind of help an individual is looking for. This simplified list will be used for future outreach in phase 4 of our implementation plan when OPI-M is open to the public Statewide. At that time, anyone on our interest list will receive more details regarding the program in Phase 4 so that they can determine if they would like to be assessed for services.

Our Intake/Eligibility Case Managers will work closely with our financial eligibility team (ET) to ensure financial eligibility prior to service plan approval. Whenever possible, this will be conducted through the ONE System. There will be an alternative method for financial eligibility determination outside of ONE to meet consumer needs and preferences.

Phase 2: Any remaining Traditional OPI senior and OPI Pilot consumers will be screened and offered OPI-M along with their annual renewal schedules.

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Timeline:

- Anticipated Start date: 12/1/24 (Or six months from initial program rollout. If we complete Phase 1 ahead of schedule or have sufficient staffing capacity, we will intend to implement Phase 2 sooner).
- Anticipated End Date: 3/1/25 (or one year from the public launch date to ensure anyone added to OPI prior to that date has a chance consider OPI-M). Even after this date, OPI consumers will continue to be informed about OPI-M whenever service plan options are discussed.

Summary:

After we have supported transitions for Traditional OPI consumers who were without caregiver services, we estimate there will be about 95 OPI consumers remaining in the program (67 OPI Seniors and 28 OPI Pilot consumers). We will work to offer OPI-M to each consumer during annual CAPS appointments in a phased approach according to their calendar assessments. This will reduce duplicate workload for our case managers, and will help us to maintain a spaced out redetermination schedule. This slow approach will also support our ability to ensure program infrastructure sustainability for quality service delivery.

We will reach out to APD to consult on process if we determine it necessary to develop an exception criteria for Traditional OPI consumers that may benefit from a transition sooner.

Locally, we will also evaluate whether there is a need to short-certify any of our OPI consumers by sending a Buckley notice to complete annual reviews ahead of schedule. This could become necessary if we need to re-stagger deadlines because we have too many due in a single month. We will take into consideration that this action may impact whether financial renewals fall along the same timeline.

Process:

Our OPI Service Case Managers will discuss all service options to Traditional OPI consumers at their annual CAPS appointments so that consumers are able to make informed decisions based on their needs and preference. Case Managers will conduct all aspects of service eligibility determination and service planning. For consumers who choose OPI-M, this will include the new Person Led Assessment and Notice (PLAN) process. Case managers will follow APD rules and best practices for ensuring consumers are matched up with the benefits and services that best meet their needs.

Our Service Case Managers will work closely with our financial eligibility team (ET) to ensure financial eligibility prior to service plan approval. Whenever possible, this will be conducted through the ONE System. There will be an alternative method for financial eligibility determination outside of ONE to meet consumer needs and preferences.

Phase 3: All existing TXIX consumers will be informed of OPI-M along with their annual renewal schedules. Our Case managers will be trained to provide information about OPI-M in the same way that they currently provide information about all available service options. Consumers will be able to make informed decisions about which program best meets their needs.

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Timeline:

- Anticipated Start date: 12/1/24 (or six months from initial program rollout)
- Anticipated End Date: 3/1/25 (or one year from the public launch date to ensure all TXIX consumers in our program have been informed of OPI-M). Even after this date, TXIX consumers will continue to be informed about OPI-M whenever service plan options are discussed.

Summary:

All of our Case Managers will discuss OPI-M services at annual TXIX CAPS appointments in a phased approach, according to their calendar assessments. This will reduce duplicate workload for our case managers and will help us to maintain a spaced out redetermination schedule. This slow approach will also support our ability to ensure program infrastructure sustainability for quality service delivery.

We will reach out to APD to consult on process if we determine it necessary to develop an exception criteria for TXIX consumers that would be better served by the OPI-M program sooner.

Process:

All of our Case Managers will discuss all service options to TXIX consumers at their annual CAPS appointments so that consumers are able to make informed decisions based on their needs and preference. Case Managers will conduct all aspects of service eligibility determination and service planning. For consumers who choose OPI-M, this will include the new Person Led Assessment and Notice (PLAN) process. Case managers will follow APD rules and best practices for ensuring consumers are matched up with the benefits and services that best meet their needs.

Our Service Case Managers will work closely with our financial eligibility team (ET) to ensure financial eligibility prior to service plan approval. Whenever possible, this will be conducted through the ONE System. There will be an alternative method for financial eligibility determination outside of ONE to meet consumer needs and preferences.

****General applicants from the community during Phase 1 – Phase 3:***

We will continue to direct all service applicants through ADRC so they are informed of all benefits and resources available to meet their individual needs. **During phase 1 – phase 3**, we anticipate general applicants would be interested in OPI-M as a service option. Because we want to be mindful about infrastructure capacity, we intend to hold off on offering OPI-M more widely to the larger community until the public launch in Phase 4. If we determine that we have staffing capacity to begin offering the service more widely, we will consult with APD Central Office with the intention to move forward sooner. During phase 1-3, if an individual from the public is interested in Traditional OPI, we will evaluate capacity within that program. As part of our phased rollout process, we will close our OPI Waitlist to new applicants effective 5/31/24 to ensure we have the staffing capacity to get through our existing waitlist applicants in a timely manner. Effective 6/1/24 we will start compiling a separate, simplified interest list for OPI-M. At minimum, we will collect basic demographic information (the first page of our current waitlist tool). We will also collect summary information regarding what kind of help an individual is looking for. This simplified list will be used for future outreach in phase 4 of our implementation plan when OPI-M is open to the public Statewide. At that time, anyone on our interest list will receive more

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details regarding the program in Phase 4 so that they can determine if they would like to be assessed for services. We will wait to offer OPI and OPI-M to the larger public until we are certain our staffing and program infrastructure is equipped for the influx.

Phase 4: Public Launch: OPI-M will be widely available to all applicants who meet criteria. Eligible consumers will be able to select this option if it best meets their needs after evaluating all programs and services.

Timeline:

- Anticipated Start date: 3/1/25 (or 9 months from initial program rollout. We will evaluate feasibility of offering OPI-M to the public sooner based on capacity).
- End Date: N/A

Summary:

ADRC will provide details regarding the OPI-M programs and services to interested individuals. All case managers will offer OPI-M as a service option to all eligible consumers for consideration along with other service options. Case managers can help consumers to make an informed decision about the best program to meet their needs. Individuals on our OPI-M interest list will receive more details regarding the program so they can determine if they would like to be assessed for services.

Potential Barriers to Meeting Implementation Deadlines:

The primary challenge to meeting deadlines will be staffing and workload. Our larger case management teams are currently strained with caseload sizes, case acuity, and an increase in demand for new long-term care service intakes. The rollout of a new program is never easy, and we are concerned about whether our funding and staffing will be adequate for the program demands. The phased approach will help us to build the program at a slower pace so that we have time to develop strong, efficient systems. We have established an OPI-M workgroup locally with representatives across our departments so that we can work together proactively to develop strong practices.

We recognize that it will take a full 6 months to accomplish Phase 1 of implementation in our area due to the number of consumers we will be bringing onto this program (454 currently estimated). If the rollout date changes, we will also need to work with APD to extend the deadline for this phase to accomplish the transitions on time.

We also recognize that the volume of monthly assessments may impact overall timelines of determinations for individuals we are assessing from our OPI waitlist. This is due to workload constraints and staffing limitations. We will be prepared to update consumers if we are unable to meet 45 day timeline for determinations and will stagger these appointments to support timely completion.

Once we open up the program more largely to the public, we are unsure what the community demand will be, and whether we will have the staffing to keep up with the demand. We are concerned about how

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this may impact our service intake timelines and what kind of stress it will place on our case managers if we are not fully staffed for the number of consumers we are working to serve.

There will be a significant learning curve, and we are concerned that the new service planning process will increase the length of assessments. As our staff learn to utilize new payment systems, financial processes and follow unique program requirements, it may take some time before there is mastery and efficiency. There will also be significant training needs during rollout and ongoing. We will be learning new service models such as the Family Caregiver Assistance Program through OPI-M. We will be working to develop nuanced understanding of these new programs and resources so that we can support our consumers to access them.

We will work closely with central office to mitigate these challenges. Central office will be working to develop additional training and drop-in support. Our local office lead trainers will also work to support learning and growth as we adjust to the new program demands. Central office is also looking into ways to allow us to streamline transitions for our most vulnerable OPI consumers without caregiver services. APD support to allow conversion of OPI CAPS to OPI-M behind the scenes in OAccess will save considerable time and support faster transitions.

We will work hard to stick to our timelines and will communicate in advance with central office if we are concerned about a deadline. We will also lean on our larger, established case management department for support so that we can work together to carry forward this effort.