

OPI Implementation Plan – Oregon Cascades West Council of Governments

Phase 1: June 3, 2024 through November 30th 2024

OCWCOG does not have an OPI waitlist to prioritize.

As a result, we have chosen to begin phase 2 at the beginning.

Phase 2: June 3, 2024 through November 30th, 2024.

We currently have 165 OPI and OPI pilot consumers on our OAA case load.

We will begin on June 3rd with outreach to OPI open consumers using the following Priority:

Consumers will be prioritized by:

- Case Managers observation of high level of care needs (including evaluation of higher SPL)
- OPI consumer's using an agency (cost to OPI program)
- OPI consumers with reassessments due in June or July 2024.

This prioritization will be done by the OPI case managers who work with each consumer selecting folks in the above categories. Case managers will reach out to consumers by phone or in person to Choice Counsel about the new OPIM program. Using the Talking Points provided, they will discuss the options and determine if those identified would like to be evaluated for OPIM.

If the consumer decides they would like to be screened for eligibility into OPIM the OAA case managers will do a warm hand off to the Eligibility case manager (Medicaid Case Managers in our office). We will assign them to all current Medicaid Case Managers by rotation, who will work with these clients to schedule the OPIM reassessment.

We have a team of 2-3 Eligibility Specialists who will be trained in determining financial eligibility for OPIM. One will be the primary, with the others acting as back-up. They will work in conjunction with the Medicaid Case Managers to determine financial eligibility alongside OPIM assessments. They will be sent an email notification once the OPIM assessment is scheduled to conduct the financial eligibility application and review.

Eligibility Specialists will notify our Medicaid Case managers of the outcome, and the Eligibility Case Managers will also be the Service Case Managers and assist with development of the PLAN for those eligible (Medicaid Case Managers will play both roles of Eligibility CM and Service CM).

From June 3rd through June 30th, we plan to contact and identify who needs assessed for OPIM. Beginning July 1st, Medicaid case managers will schedule those identified for an assessment.

We may give the exception to completing 6-10 higher need/emergent OPIM assessments in June as necessary. Otherwise beginning July 1st, we plan to offer, assess, and transfer 30 consumers over to OPIM per month.

Our expectation is that all interested consumers currently on OPI or OPI pilot will be assessed for OPIM by the end of December 2024.

For new individuals contacting the ADRC to request OPI/OPIM – We plan to assign these requests to the OAA Case Managers so they can contact and triage the requests based on highest needs/urgency. During the transition time, we anticipate our existing case work and workload to be at a point where we will not be able to take on additional OPI-M intakes for new requesting individuals unless there is an urgent/high need as evaluated by the Case Managers and their supervisor. Those individuals interested in OPIM but without urgent needs may be placed on a waitlist to be reached out to during Phase 3. If OPI classic meets an individual's needs and they are not interested in OPIM/XIX, as budget allows, we will offer/enroll into OPI classic when able to.

Phase 3: December 1st 2024– ongoing

Existing TXIX and SPPC consumers will be informed about OPIM at their reassessments starting on the first of December for all in-home reassessments due in December 2024 ongoing. The Medicaid Case Manager will choice counsel them on service plan options to determine service eligibility.

If the individual identifies OPIM – the Medicaid Case Manager will notify the Eligibility Specialists via email to complete the financial review. The eligibility specialists will review ONE to see if a recent financial determination has already been completed and update the OPIM application accordingly. If a new financial interview is required, they will contact the consumer to collect the information or schedule an interview.

The financial worker will notify the Medicaid Case Manager via email once financial eligibility determination is completed, returning the OPIM application to that Case Manager.

New individuals contacting the agency and requesting Long Term Care will be informed of OPIM as an option through screening questions in the ADRC and as choice counseling occurs during the intake assessment. All long term care requests will be assigned to the Case Managers according to existing local process regardless of program requested to have CAPS assessment completed and choice counseling on Service Options.

Phase 4: March 1st 2025 – ongoing

All individuals contacting the ADRC to apply for Long Term Care services will be assigned to the Case Management team and offered any of the available Title XIX, OPIM, or SPPC options they qualify for.

At this time no barriers are present that would interfere with these deadlines. If unexpected barriers arise we will inform central office immediately.