**Service Program Options - Comparison Chart**

The Aging and Disability Resource Connection (ADRC) of Oregon offers free Information & Referral (I&R) and Options Counseling (OC) services. The ADRC provides resources to support immediate and long-term care needs. Referring someone to the [ADRC](https://www.adrcoforegon.org/consumersite/index.php) may be appropriate for immediate support while pursuing one of the services below.

Watch this short [video](https://www.youtube.com/watch?v=175kFr1HNjY) to learn more about the ADRC of Oregon.

(Click the arrow [►] on the left to expand or collapse each heading.)

# **Full Program Name**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program Elements** | **Long-Term Services and Supports (LTSS) & State Plan Personal Care (SPPC)** | **Oregon Project Independence (OPI)** | **Oregon Project Independence – Medicaid  (OPI-M)** | **OAA Family Caregiver Support Program (FCSP)** |

# **Program Intent**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **LTSS & SPPC** | **OPI** | **OPI-M** | **FCSP** |
| **Funding** | Medicaid Funded | State Funded  \*Funding limited | Medicaid Funded | Older American’s Act (OAA) Funded  \*Funding limited |
| **Care Settings** | **LTSS**: In-home, NF, PACE and CBC services  **SPPC**: In-home only | In-home only | In-home only | In-home only  (Respite may be provided in non-residential settings) |
| **Overview** | **LTSS**: Provides services for eligible individuals who require a nursing facility level of care and can no longer meet their daily care needs.  **SPPC**: Provides essential services to help meet care needs below the LTSS level of care. | Provides minimal in-home services to individuals who don’t qualify for Medicaid LTSS or SPPC but need help with daily care needs. | Provides in-home services to individuals who need help with daily care needs and support to unpaid caregivers  Higher income and resource limits than LTSS & SPPC. | Provides respite, supplemental and support services to:  - an unpaid family caregiver of a loved one with Alzheimer’s Disease or related disorder,  - an unpaid parent or relative caregiver caring for an individual with disabilities. |

# **Financial Eligibility**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **LTSS & SPPC** | **OPI** | **OPI-M** | **FCSP** |
| **Income Limits** | **LTSS**: Up to 300% SSI, or higher with income cap trust  **SPPC**: OSIPM/ MAGI Eligible | None | 400% of the Federal Poverty Level (FPL) for one  [Guide](https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines) | None |
| **Resource Limits** | **LTSS**:  Individual: $2000  Couples: Subject to Resource Assessment  **SPPC**: None | None | Up to six months of nursing facility costs.  Couples: Subject to Resource Assessment | None |
| **Citizenship** | Must meet citizenship requirement; exceptions with Healthier Oregon | Not required | Must meet citizenship requirement | Not required |
| **Estate Claim** | Yes | No | No | No |
| **Costs** | No cost for in-home and PACE services  Liability/service contribution for CBC/NF | Monthly sliding scale fee based on net income and a one-time fee | No monthly fees | No monthly fees |

# **Service Eligibility**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **LTSS & SPPC** | **OPI** | **OPI-M** | **FCSP** |
| **Age** | 18+  Those under 65 with a diagnosis of mental/ emotional or substance use disorder must have an MED completed. | 60+  Under 60 with Alzheimer’s Disease or related disorder.  Pilot program in some areas for ages 19-59. | 18+  If under 60, must meet the SSA disability standards or through PMDDT.  Those under 60 with a diagnosis of mental/ emotional or substance use disorder must have an MED completed. | **FCSP**  **Family caregiver:** 18+  **Care recipient:** 60+ or under 60 with Alzheimer’s Disease or a related disorder.  **FCSP 18+**  **Parent or relative caregiver**: 55+  **Care recipient:** 18+ with a disability or grandchildren under 18 |
| **Ineligible** | Not eligible if primary driver of need is based on MH or substance use disorder, if under 65. | Not eligible If receiving financial assistance or Medicaid, **except** for SNAP, QMB, SMB, or SMF Programs | Individuals with a diagnosis of an intellectual or developmental disability are not eligible | Not eligible if primary caregiver receives payment as a caregiver for the care recipient. |

# **Benefits & Services**

Note: Benefits and services depend on the individual meeting service eligibility and financial eligibility.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **LTSS & SPPC** | **OPI** | **OPI-M** | **FCSP** |
| **Medical Benefits** | Yes | No | Yes, if MAGI or assumed eligible | No |
| **In-home service hours** | **LTSS**: Hours based on assessed need  **SPPC**: 270 hours annually | Hours based on assessed need (max varies by county) | Up to 40 hours based on assessed need | No prescribed service hours (annual payment) \*Services vary by county |
| **Exceptions** | Yes | Yes | No | No |
| **Supports/**  **Caregivers** | Paid caregivers | Paid caregivers | Paid/unpaid caregivers | Respite caregivers |
| **Paid Spouse Caregiver** | **LTSS**: Yes, depending on ADL need  **SPPC**: No | No | No | No, spouse can be an unpaid caregiver |
| **Personal Care** | Yes | Yes | Yes | Yes, limited |
| **LTCCN** | Yes | Varies by AAA | Yes | No |
| **Behavior Supports**  **Services** | Yes  **SPPC:** No | No | No | No |
| **Money Management** | Yes | No | No | No |
| **Emergency Response System** | Yes  **SPPC:** Basic only | Varies by AAA | Yes | Yes, limited |
| **Home Delivered Meals** | Yes | Yes | Yes | Yes |
| **Transportation** | Yes | Varies by AAA | Yes | Yes, limited |
| **Shopping** | Yes | Yes | Yes | No |
| **Assistive Technology** | Yes  **SPPC:** No | Varies by AAA | Yes | Yes, limited |
| **Chore Services** | Yes | Varies by AAA | Yes | No |
| **Home Modifications** | Yes  **SPPC:** No | Varies by AAA | Yes | Yes, limited |
| **Adult Day Service (ADS)** | **LTSS**: Yes  **SPPC**: No | Varies by AAA | Yes | Yes, limited |
| **Caregiver Training** | Yes, through OHCC and LTCCN | No | Yes | Yes |
| **Supportive Services - i.e. support group** | No | No | Yes | Yes |