OPI Power Hour FAQ's

2/17/2022

Question: If a client doesn't qualify for Medicaid LTC services and wants to stay on OPI, are they required to disenroll from OHP-plus? If so, would they just transition to OHP to maintain their health insurance benefits? Or would they potentially lose their health benefits by disenrolling?

Answer: Yes, they are required to disenroll from OHP plus. Yes, they could potentially lose their health insurance benefits. This is why it's important for the consumer to talk with an eligibility specialist before they close their OHP benefits. It's up to the eligibility specialist to explain what health benefits they could potentially be losing. In some cases, it's a major factor for a lot of our consumers. They may need to start paying for their doctor's office copays, prescription copays, Medicare premiums, etc.

Question: We have had two instances where people were not identified as having OHP on the monthly lists emailed to us but OR Access identified the person as having OSIPM.

Answer: Let me know when you come across these cases. I need to escalate these to determine why they are not appearing on the list.

Question: APD has closed my OPI case without my knowledge. How does this get resolved?

Answer: Have a conversation with your APD office. This may involve a supervisor-to-supervisor discussion. APD should not be touching OPI cases because they don't know how to close our cases properly. If this is happening, notify your supervisor. If it's not resolved, let me know so that I can work with APD leadership. On the flip side, we should not be closing APD cases.

Question: As far as closure dates for OPI and going on to Medicaid, does this need to be the end date of the current pay period so as not to affect current OPI services?

Answer: It's going to depend on the consumer choice. What does the consumer want? It doesn't have to wait until the end of the pay period. Services can be closed at any time. It's important to coordinate the end date with the APD case manager to make sure that the OPI ONGO and vouchers are closed before APD is started. There is also no requirement for a consumer to wait until the start of a new pay period to begin services. They can start at any point during the pay period.

Question: 546N does not need to be signed by the CM?

Answer: Things are a little different with COVID. Right now, signature requirements are loosened up. When the CM sends out documentation, that is the approval.

Question: Regarding switching from OPI to Medicaid or vice versa, in our office we have always had issues when switching at any time other than end of the month.

Answer: The dates of Medicaid eligibility come into play. Medicaid always starts on the first of the month and is retroactive. For example, a consumer applies for Medicaid on February 5, they are found eligible and the begin date is February 1. There will be an error message for those four days where OPI and OSIPM overlap. Email OPI.Policy@dhsoha.state.or.us when you receive this error message so that the manual payment request can be submitted.

Question: How often will you be offering OPI 101?

Answer: Scheduled every 6 months, March and September. This schedule may change depending on training for the 1115 waiver.