OPI Power Hour FAQ's

3/17/2022

Question: Can OPI clients continue to refuse to have a HCW or IHCA caregiver come into the home and remain eligible for OPI?

Answer: Yes. We are still under a federal public health emergency declaration. Cases should not be closed if a consumer does not want anyone to come into their home, either a case manager for the assessment or a caregiver to provide services.

However, this should be addressed at the reassessment. Questions such as, "How have you been managing to complete your ADL/IADLs without a caregiver for the past x months?" or asking if natural supports or assistive devices have been meeting the needs.

Question: In one case, client is not home and does not provide information where they are but still wants to have OPI on hold. Any advice? The primary contact is the brother who wants to have OPI on hold. But he does not provide information about client's current address

Answer: If you're not able to reach the consumer by phone or mail, then a case can be closed. It's a requirement of OPI that a consumer participates in an annual reassessment in order to receive continued services. Show the attempt was made to reach the consumer before closing.

Since there has been contact with the consumer rep, keep the case on hold but continue to check-in regularly to see if the care needs are still being met. Recommend monthly check-in to confirm that consumer wants to remain on hold. This will change when the federal public health emergency is lifted.

Question: What does FCAP stand for again?

Answer: Family Caregiver Assistance Program

Question: We have been told many different things regarding the service planning and assessments. Are OPI Case managers not assessors for OPI-M? Do OPI Case Managers do the service plan and hour approvals?

Answer: As of today, OPI case managers at the type A-AAAs cannot do the CAPS assessment for OPI-M. APD (and type B-AAAs) will be responsible for determining financial and service eligibility. Service planning including hour approvals will be done by OPI case managers.

Question: Will there be extensive training for these new programs? I already have a handful of folks ask me if OPI-M will be subject to EAU.

Answer: Yes, Training Unit for Services and Supports is working on updated training for OPI-M and FCAP.

EAU (Estate Administration Unit) is still up for discussion; CMS has not provided a final decision yet.

Question: Will OPI-M still be for 60 and over or will we be able to help those under 60?

Answer: Anyone aged 18 and older who meet eligibility requirements can participate in OPI-M.

Question: The draft mentioned that OPI will be fee for service. Can you explain what type of fee for service ie: rationed etc.?

Answer: Final decisions have not been made yet.

Question: Will there be a defined number of hours allowed for the new OPI?

Answer: Yes, the hours are based off the existing hours that are available from the assessment. That doesn't mean every single OPIM consumer will receive all those hours.

Person-centered service planning will dictate the hours that the consumer receives. For example, the consumer has an assessed need in bathing and only wants a shower twice a week. The consumer says the whole process of showering takes 2 hours each time, for a total of 4 hours a week. If the assessment allows 12 hours a week for bathing, you will only authorize the 4 hours that the consumer needs.

Question: Is there a financial eligibility?

Answer: Yes, requesting that OPI-M consider income up to 400% of the FPL. Decisions are still being made around pay-in for services.

Question: Will people with OHP be eligible for OPI-M? People on SSI won't be eligible either because they get OHP, right?

Answer: No, OPI-M and OHP plus are not compatible. OPI-M does not include OHP benefits.

Question: Where will the HCW's and IHCA staff come from for this program growth? Any plan?

Answer: This is an ongoing issue. There is no formal plan in place to increase the caregiver workforce specific to OPI-M.

Question: Will OPI-M only be able to use Medicaid agencies? Or can they use the contracted OPI agencies?

Answer: IHCAs will need to be Medicaid approved providers because payments for OPI-M will go through the Medicaid payment system (MMIS.) For the first year, consumers can choose to remain on traditional OPI and continue with the OPI contracted IHCA. There should be discussion with the consumer so they can make an informed choice. For example, letting the consumer know how many hours they could be eligible for if they switch to OPI-M which would mean selecting a different IHCA.

Question: This will all be ready for a July 1, 2022 roll out? Or will it be gradual?

Answer: We are sticking with a July 1, 2022, implementation date. However, Oregon ACCESS needs to be updated for OPI-M to start. Start date may be delayed depending on technology being available.

The program cannot be gradual, meaning, no pilot program for OPI-M or FCAP.
