

Oregon Project Independence – Medicaid (OPI-M) Deficiency, Remediation and A/N/E Incident Report

September 4, 2025

Contents

Introduction.....

Report Focus.....

Deficiencies and Remediation

Table 1: Compliance for Year One

Explanation.....

Summary.....

1

2

2

2

5

5

Introduction

On February 13, 2024, the Centers for Medicare and Medicaid Services (CMS) approved Oregon’s request for a Section 1115 Medicaid demonstration, entitled “Oregon Project Independence-Medicaid (OPI-M)”. The demonstration is to provide services to individuals ages 18 and older who are older adults or adults with physical disabilities with assessed needs in Activities of Daily Living. The demonstration also provides supports to unpaid caregivers to help meet beneficiaries’ assessed needs while sustaining the caregivers’ ability to meet those needs.

Report Focus

This report is an overview of deficiencies, remediation, and abuse, neglect, and exploitation incidents during the first year of the demonstration. The findings are for February 13, 2024 through January 31, 2025.

Deficiencies and Remediation

Below is compliance for the first year of the demonstration. Compliance is defined by CMS as 86% or better for each area reviewed. Reviews were conducted as approved in the Home and Community-Based Services (HCBS) Quality Improvement Strategy and Performance Measures.

Table 1: Compliance for Year One

Assurance	Compliance	Noncompliant Performance Measures	Remediation
Administrative Authority	Compliant	Not applicable	Not applicable
Level of Care	Compliant	Not applicable	Not applicable
Certified Providers	Compliant	Not applicable	Not applicable
Service Plan	See Explanation	See Explanation	See Explanation
Health and Welfare	See next page and Explanation	See Explanation	See Explanation
Financial Authority	Compliant	Not applicable	Not applicable

As approved in the HCBS Performance Measures, abuse, neglect, and exploitation data is being reported for all HCBS for the first year of the demonstration and includes OPI-M. The HCBS population at the end of January 2025 was 38,925. For February 13, 2024, through January 31, 2025, there were 4,089 cases of substantiated abuse, neglect, and exploitation. Broken down, the cases included 1,094 for abuse, 1,735 for neglect, 721 for exploitation, and

539 for self-neglect. Remediation included education support (884), financial/public assistance (625), housing (664), in-home or community-based services (1,423), legal intervention and documents (1,830), medical and insurance (727), mental and physical health resources (461), nutrition (351), service provider actions (53), and other identified appropriate help (716).

The most common types of abuse were financial exploitation (31%), self-neglect (21%), verbal abuse (20%), physical abuse (12%) and neglect (12%). To address:

- For financial exploitation, APD has long standing efforts with banks and credit unions to have them help prevent financial exploitation. APD also expanded its Oregon Money Management Program, a program to assign representative payees to prevent future financial exploitation.
- For self-neglect, APD strengthened expectations of case managers and, since 2023, has required case managers to participate in training regarding self-neglect and case manager expectations. APD also created a “red flag” document that helps case managers identify and mitigate issues prior to them rising to the level of abuse. Quarterly case management contacts also help to address self-neglect.
- For verbal abuse, APD uses three strategies to prevent future verbal abuse. For those providers who appear to need additional training, APD mandates they attend training and then demonstrate they have remediated their behaviors. For extreme instances, APD terminates and excludes the provider. For instances where the verbal abuse is not tied to a paid provider, APD offers training through Oregon Care Partners and respite supports. In worse case scenarios, APD partners with the Oregon Public Guardianship program to determine if a guardianship is appropriate.
- For physical abuse, a common theme is individuals experiencing falls. To mitigate this, APD initiated a Falls Prevention Program that includes:
 - Creating an APS investigator Fall Resource Guide

- Using the ACL/ARPA grant to expand OHP to cover Falls Prevention Programs throughout the state
- Implementing a statewide caregiver fall prevention audit
- Conducting a fall prevention best practices memory care questionnaire/interview to develop a best practice guide for other facilities
- For neglect of care, APD uses all available regulatory options to improve care in licensed care facilities and to ensure compliance for in-home care providers. In these cases, case managers and APS support individuals through the process to locate a different service provider and problem-solve specific issues.

There were 28 separate reports of serious incidents for unexplained deaths. These reports were handled and followed up on by the Serious Incident (SI) Team as described in the 0185 Waiver. Specifically, the SI Team is able to analyze, track trends, triage, and report situations to case managers. The team is able to bridge gaps and support services when an adult protective service is screened out due to not meeting Adult Protective Services (APS) criteria, but meets SI criteria. The SI Team assists with the development of strategies to prevent or reduce further incidents from critical and serious incident referrals and reporting. Serious incidents are events that do not involve an APS, but are identified as meeting one of four major criteria. Specifically, death from an unknown cause and not related to the consumer's diagnosis, a missing person, emergency medical care, and unplanned hospitalization. Serious incidents are screened by APS and closed at intake due to not meeting APS criteria. Oregon Department of Human Services (ODHS) APD committed to meeting CMS standards to minimize preventable incidents from reoccurring and developed the SI Team to provide proactive responses to reduce the risk and likelihood of future incidents. An incident management system was also implemented. The SI management system generates a daily report of all "Closed at Intake" APS calls from the prior day. The SI Team reviews each case for SI criteria, including narrative, hospital records, and Medicaid eligibility. The review is documented, and the case manager is informed of the SI and provided preventative resources, if needed.

Explanation

Of the six assurances, two do not indicate compliance. For the Service Plan assurance, no data is available for the first year of the demonstration. CMS approved the HCBS Quality Improvement Strategy and Performance Measures in December 2024. OPI-M did not have its public launch until March 1, 2025, after the conclusion of the first demonstration year. Quality Assurance reviews will begin in July 2025 and compliance will be reported in future reports. For the Health and Welfare assurance, PM 13 and PM 16 will be reviewed as part of the Quality Assurance reviews to begin in July 2025. Performance measures PM 14 and PM 15 were compliant.

Summary

For the first year of the demonstration, compliance was met for all performance measures data existed for. Assurances were noted as compliant or an explanation is provided. As Quality Assurance reviews begin in July 2025 and data is compiled, compliance will be determined for all performance measures and reported on in the second year of the demonstration.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Office of Aging and People with Disabilities at apd.communications@odhsoha.oregon.gov or 503-945-5600. We accept all relay calls.



Office of Aging and People with Disabilities

500 Summer St NE, E-02

Salem, OR 97301

503-945-5600

apd.communications@odhsoha.oregon.gov