

OPI-M Renewal Process Guide

Updated January 26, 2026

This guide provides staff with a streamlined overview of the Oregon Project Independence – Medicaid (OPI-M) renewal process, including timelines, responsibilities, required notices, and key steps for both financial and service renewals. It is designed to support Eligibility Case Managers (ECMs), the Central Office Financial Eligibility Team (COFE), and Service Case Managers (SCMs) in completing renewals accurately and on time, while ensuring continuity of services for individuals receiving OPI-M.

Table of Contents

OPI-M Renewal Process	1
OPI-M Renewals and Continuous Eligibility (CE) Information	2
Financial Renewal for Type A AAA and APD	3
Financial Renewal for Type B AAA.....	8
Service Renewals- ECM	8
Service Planning (PLAN)- SCM	12
Service Program Transitions	15
Notices and Forms	15
Staff Talking Points	20
Resources	21

OPI-M Renewals and Continuous Eligibility (CE) Information

The Centers for Medicare & Medicaid Services (CMS) approved continuous eligibility (CE) for Oregon Project Independence–Medicaid (OPI-M), allowing eligible Oregonians to remain enrolled for 24-months without interruption. CE means individuals are not required to re-establish eligibility due to temporary changes in income or circumstances, supporting uninterrupted access to in-home services and reducing administrative burden for both individuals and staff. Under CE:

- Financial and service eligibility (CA/PS) are determined once every 24 months by ECMs.
- The Person-Led Assessment and Notice (PLAN) is completed annually and updated on the service plan to reflect current needs, hours, and services by SCMs.
- OPI-M services may only be closed during the 24-month CE period (outside of renewal period) if:
 - The individual becomes eligible for other service benefits through Medicaid or CHIP.
 - The individual is no longer an Oregon resident.
 - The individual voluntarily requests to end benefits.
 - The individual passes away.
 - Eligibility was granted in error due to agency error or fraud, abuse, or perjury attributed to the individual.

Note: Refer to [OPI-M Staff Roles](#) for information about OPI-M role responsibilities.

Financial Renewal for Type A AAA and APD

1. Run CA/PS Coming Due Report

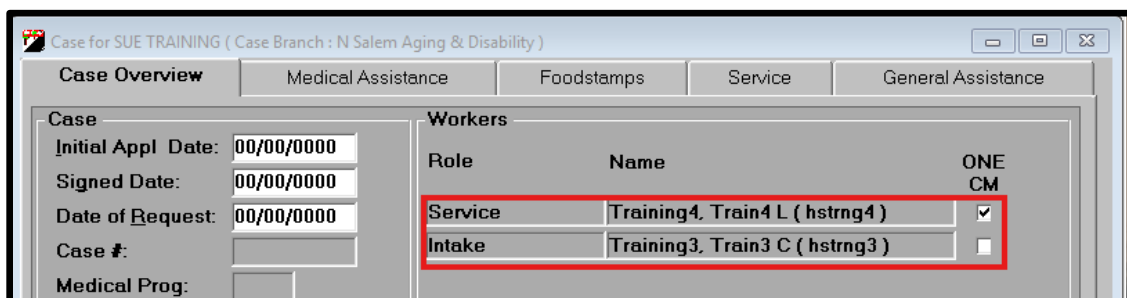
- At the first of each month, the SCM pulls the CAPS 2 Assessment Due Report in Oregon ACCESS (OA) for cases due within the next 120 days.
 - Note: APD offices may choose to always keep an ECM on OPI-M cases so APD can pull their own reports.
 - A tutorial for accessing OA reports may be found in the Training Unit For Services and Supports (TUFSS) Learning Hub in [Workday Learning](#).

2. Individual Notification

- SCMs should inform individuals that their renewal is approaching.
- SCMs have 30 days from pulling the CA/PS coming due report to make contact and explain:
 - A renewal is required to continue OPI-M services.
 - They will receive a notice in the mail.
 - They will be contacted by Eligibility Staff or the COFE Team to complete the financial renewal.
 - A case manager, called an Eligibility Case Manager (ECM), will contact them to schedule a home visit and complete a new service assessment.
- Note: It's recommended to include this verbal notification during required contacts and narrate the contact took place.

3. SCM referral to ECM (if ECM role is held by different person)

- Type A AAA SCM:
 - OPI-M case stays in AAA branch throughout renewal process.
 - SCM notifies APD office which cases are coming due within 90 days.
 - Note: AAA and APD offices need to coordinate this communication to ensure no cases are missed.
 - APD offices may choose to always keep an ECM on OPI-M cases so APD can pull their own reports.
 - APD office assigns OPI-M renewals to ECMs per local office direction and adds ECM to OA case as an intake worker. SCM remains on the case as the service worker. (See Figure 1)



Case for SUE TRAINING (Case Branch : N Salem Aging & Disability)

Case Overview Medical Assistance Foodstamps Service General Assistance

Case

Initial Appl Date: 00/00/0000

Signed Date: 00/00/0000

Date of Request: 00/00/0000

Case #:

Medical Prog:

Workers

Role	Name	ONE CM
Service	Training4, Train4 L (hstrng4)	☒
Intake	Training3, Train3 C (hstrng3)	☐

Figure 1

- APD SCM:
 - Follow local office procedures for OPI-M renewals.
- SCM then refers to [Service Planning \(PLAN\) - SCM](#) for next steps after eligibility is determined.

4. ECM Sends Renewal Notice

- ECM sends the OPI-M [Financial Eligibility Renewal Notice](#), and [Buckley Notice of Service Eligibility Review](#), 90 days before the CA/PS “valid until” date in OA.
 - See [Buckley Notice Instructions](#) for assistance with completing the notice.
 - Note: Send the Buckley notice at the same time the OPI-M Financial Renewal notice is sent.
- ECM narrates notices have been sent.

5. ECM to COFE referral

- ECM sends copy of OPI-M financial eligibility renewal notice sent and previous OPI-M application to COFE team at: opim.financials@odhsoha.oregon.gov.
 - Use the [Financial Eligibility Referral Email Template](#).
 - Previous OPI-M application should be in Laserfiche.
- ECMs may be required to assist the COFE team with gathering requested information to complete the financial eligibility determination. Send documents received to: opim.documents@odhsoha.oregon.gov.
- ECM then refers to [Service Renewals- ECM](#) steps.

Reminder: OPI-M financial eligibility is a manual process and is not determined in the ONE System.

6. Scheduling Renewal Interviews

- COFE team contacts individual to complete OPI-M financial interview over the phone.
- COFE runs AVS. The original AVS consent is still applicable if there is no break in benefits.

7. Financial Interview Requirements

- No Change in Information:
 - If no changes are reported **or** all information can be verified through electronic data interface (SSA, AVS, IEVS):
 - Renewal can be processed without a new OPI-M application.
 - Document verbal attestation confirming (included in [Narration Templates](#)):
 - No changes were reported.
 - Previously reported information was reviewed and verified with the client.
 - If changes were reported, indicate what changed, and the changes were able to be verified through interface.
 - Previously verified information does not require new verification.
 - Per [OAR 461-115-0700](#), self-attestation is acceptable verification when income cannot be verified using electronic data interface. For example, self-employment, pensions, or Veteran income, including aid and attendance.

- If the individual is not able to attest to their income and electronic information is not available, verification must be requested. This means they need to provide a specific gross dollar amount, not a general approximation.
- Changes in Information:
 - If changes are reported and cannot be verified through interface:
 - Verification is required (unless self-attestation is allowed by rule).
 - A new OPI-M [Application](#) and signature are required (verbal signature allowed or DocuSign).
 - If applicant does not want to sign application verbally or through DocuSign, COFE will request ECM to assist with sending and receiving paper application.
- For pending items, COFE issues a [Notice of Request for Information or Verification](#) (DHS 4234).
- COFE narrates financial interview in OA using [Narration Templates](#).

8. COFE Eligibility Decision

- COFE notifies ECM of approval or denial and narrates eligibility decision using [Narration Templates](#).
 - For financial renewals, closure notices must come from the ECM.
 - COFE will provide the ECM with the closure notice language to use when being closed for financial eligibility reasons.
 - See [Notices and Forms](#) for more information.

Financial Renewal for Type B AAA

Local procedures may vary. The following steps must occur for all Type B AAA renewals:

- Sending the OPI-M [Financial Eligibility Renewal Notice](#) 90 days prior to the CA/PS valid until date.
- Sending the [Buckley Notice of Service Eligibility Review](#) (if not OHP+) no less than 45 days prior to the CA/PS valid until date.
 - The Buckley Notice may be sent at the same time as the OPI-M Financial Renewal Notice.
- Completing and narrating a financial eligibility interview using [Narration Templates](#).
- Obtaining a new signed OPI-M application if changes to financial information are reported. (See [Financial Interview Requirements](#))
- Running AVS. The original AVS consent is still applicable if there was no break in benefits.
- Narrating the eligibility decision using [Narration Templates](#).

Service Renewals- ECM

1. Send Buckley Notice

- For individuals with active medical (OHP Plus) in ONE, the [Buckley Notice of Service Eligibility Review](#) (70b) is automatically sent 45 days before the OPI-M benefit end date.
 - See the [Medical Programs Compatibility with OPI-M Guide](#) for a list of MAGI types of assistance (TOA) codes and Non-MAGI OHP Plus TOA codes where the Buckley Notice will automatically send.

- Note: ECMs may choose to manually mail the Buckley Notice if they would like to complete the service assessment sooner.
- Note: For individuals with OHP Plus, the Buckley notice will automatically mail 45 days before the OPI-M benefit end date for both the first- and second-year benefits. While a new CA/PS assessment is not required at the end of the first year, this notice may be used as a reminder to review and update the PLAN.
- ECM sends the manual [Buckley Notice of Service Eligibility Review](#) for all other cases 90 days prior to the OPI-M benefit end date.
 - Note: The recommendation is to send this notice at the same time the OPI-M Financial Renewal notice is sent.
 - See [Buckley Notice Instructions](#) for assistance with completing the notice.

2. Scheduling Reassessments

- ECM may schedule reassessments as early as 14 days after the Buckley notice is sent.
- Reassessments do *not* have to wait until the month the CA/PS is due.
 - Completing the CA/PS early will result in extending the benefit at the next renewal to allow for the full 24-month CE. See [PLAN expiration](#) for more information.

3. Program Counseling

- ECM performs program counseling. If the individual chooses to apply for Long-Term Services and Supports (LTSS) or State Plan Personal Care (SPPC), follow local office procedure to refer the individual for a new Long-term Care (LTC) intake in the ONE System.

- Refer to the [Service Program Comparison Chart](#) for more information on service program options and referrals to [ADRC](#).
 - The OPI-M renewal process must continue while the LTC intake is pending in ONE to avoid delays or gaps in services.
 - If the individual requests to apply for other benefits available through the ONE System (such as medical, food, cash, or childcare assistance), follow local office procedure to refer the individual for an intake in the ONE System.
 - If the individual declines to apply and waives LTSS or SPPC, create and send an [SDS 540](#), with the following language:
 - The Department received your oral request to voluntarily withdrawal your Long-Term Services and Supports and State Plan Personal Care application. This notice provides confirmation of your requested action. OAR 461-175-0340, 461-175-0200(8), 461-115-0010(6), 461-115-0010(7), 410- 120-0006.
- or
- To complete the [457d](#), mark 'Long term care services', mark 'Other, please explain', and write: "I am waiving my Long-Term Services and Supports and State Plan Personal Care associated services and rights." - In the 'Explain the reason for this request' field, have the applicant explain why they are choosing to waive Long-Term Services and Supports and State Plan Personal Care assessment/services.

Note: a SPAN notice is not required if the individual chooses to waive LTSS and SPPC.

4. Complete CA/PS

- ECM completes Title XIX CA/PS and checks the OPIM-CE box. (See Figure 2)

The screenshot shows a software window titled 'Case for MINNIE MOUSE (Case Branch: Medford Disability Services)'. The main area is labeled 'Assessment Wizard Entry'. It contains several input fields: 'Assessment Status' is set to 'Pending', 'Type' is 'Title XIX', 'Worker' is 'Vyhnal03, Brenda', 'Assessment Date' is '06/01/2025', and 'Valid Until' is '06/30/2027'. A checkbox labeled 'OPIM-CE' is checked and highlighted with a red rectangular box. On the left side, there is a tree view under 'Client Assessment' with sub-items: 'Four ADLs', 'Mobility' (containing 'Ambulation' and 'Transfers'), 'Eating', 'Elimination' (containing 'Bladder', 'Bowel', and 'Toileting').

Figure 2

- See [APD-IM-25-071](#) for more information.

5. ECM Eligibility Decision

- ECM narrates service eligibility decision using the OPI-M [Narration Templates](#).
- ECM sends OPI-M decision notice for approval or case closure. [See Notices and Forms](#) for more information.

6. ECM Referral to SCM (if SCM role is held by different person)

- ECM notifies SCM of eligibility decision via agreed upon communication plan at least 30 days prior to the CA/PS valid until date.

Note: It's important to include an accurate date all eligibility criteria were met. This means the date the applicant met all financial and service eligibility.

Service Planning (PLAN)- SCM

1. Benefit Approval

- The risk assessment must be completed to allow the new OPI-M benefit to be approved. SCM reviews CA/PS and completes a temporary risk assessment based on the information provided prior to PLAN visit.
- All applicable risk factors are selected to allow the risk assessment to be completed. No comments should be entered until the risk assessment is revisited and modified during the PLAN visit. Remember, risk assessments should be completed at the initial PLAN visit, during the annual PLAN review, and modified when there is a change.
- SCM reviews ECM narration for the date all eligibility criteria was met.
- SCM approves the OPI-M benefit/category for the first year OPI-M benefit approval. Leave the hours and plan segment pending until the new Person Led Assessment and Notice (PLAN) is completed.
 - Do not end the current OPI-M benefit early.
- SCM reviews MMIS for OPM benefit line matching new approved dates. If not present, send referral to [OPI-M MMIS Request](#).
 - Review [APD-IM-24-089](#) for more information about MMIS requests.

Note: This is a change from previous guidance due to the way AAA partners are paid for their work.

2. Contact and Scheduling

- SCM must contact the individual within 14 days of being determined financially and service eligible.
- Schedule the PLAN
 - When ECM and SCM roles are held by different people:
 - Schedule the PLAN meeting in person.
 - When the ECM and SCM roles are held by the same person (must be the same person who completed the CA/PS):
 - Schedule the PLAN meeting over the phone or in person if requested.
- Complete the PLAN within 30 days of eligibility, and before the previous service plan ends.
 - If the new PLAN cannot be completed before the previous service plan ends or timely notice is needed for a reduction in hours, process a service plan extension. See [PLAN expiration](#) for more information.
- Complete the full risk assessment.
 - The temporary risk assessment completed to approve the OPI-M benefit must be modified with the completed risk assessment and [Assessment and Mitigation Template](#) entered into the comments area. (See Figure 3)

Risks	Risk Level	Risk Reducing Factor	Selected Factors
* Power Outage	Medium	Assistive Devices	Supports
* Natural Disasters/Extreme weather		Back-up worker or facility alternative	
* Physical Functioning		Clothing Assistance	
* Mental/Emotional Functioning		Education/Information	
* Cognitive Functioning		Emergency Response	
* Behavioral Issues		Energy assistance program	
* Income/Financial Issues		Facility Responsibility	
		Food assistance program	
		Gatekeeper/Telephone Reassurance	

Performed By:	Training4, Train4	RA Date:	08/27/2025
Completed Date:	08/27/2025 04:16:53 pm	Complete	Modify Create
Current Living Situation:	Apartment	Print	Summary History

Plan Mitigation Comments

Spell Check New Comments

Note: More information on completing risk assessments is found in the TUFSS Learning Hub in [Workday Learning](#).

Figure 3

- Do not approve any paid services on the new service plan until a signed PLAN is received.
 - The PLAN may be signed verbally over the phone, electronically using DocuSign, or the individual may request the PLAN be mailed to them to sign and return to the SCM.
 - Note: Services may not be retroactively approved.

3. Service Planning

- After PLAN is completed, SCM completes hours and plan section of the service plan.
- SCM completes necessary referrals for selected services on the PLAN: Emergency Response System (ERS), Home Delivered Meals (HDM), Long-term Care Community Nursing (LTCCN), OPI-M Ancillary Services, Homecare Worker (HCW), In-Home Care Agency (IHCA), etc.
- SCM narrates service planning using the OPI-M [Narration Templates](#).

Service Program Transitions

a. Transitions from OPI-M to LTSS or LTSS to OPI-M

- Guidance coming soon.

b. Who holds the OPI-M Case

(This is not applicable to Type B AAA offices)

- If the individual is eligible for OHP (OSIPM or MAGI) and OPI-M, APD retains the case.
 - APD offices may choose to retain or transfer to Type A AAA offices if an individual transitions to OPI-M due to losing OHP eligibility.
- All other OPI-M cases transfer to Type A AAA offices for ongoing service case management.
 - Current OPI-M individuals at Type A AAA offices that later become OHP eligible will stay with their established Type A AAA office.

Note: See the [Medical Programs Compatibility with OPI-M Guide](#) and APD-PT-25-002: [Retention of OPI-M Cases for APD Offices](#) for more information.

Notices and Forms

a. Approvals

- The same forms and notices as an intake are required, including HCW notifications.
- Refer to:
 - [Form Requirements QRG](#)

- [Eligibility Case Manager Checklist](#)
- [Service Case Manager Checklist](#)
- ECM sends approvals via the [OPI-M Decision Notice](#).
 - The OPI-M Decision Notice has approval language that automatically populates when the “approved” drop down is selected. (See Figure 4)

The screenshot shows a form titled "OPI-M Decision Notice". It contains the following text: "As of 01/16/2026 your request for long-term care services provided by the Oregon Project Independence - Medicaid program has been approved". The word "approved" is in a dropdown menu. To the right of this text are fields for "Date of birth:", "Case manager:", and "Contact phone:". Below the main text, there is a red-bordered box containing the message: "We have reviewed your eligibility for the OPI-M program. You have been determined eligible for this program. A case manager will work with you to develop a plan that meets your needs."

Figure 45

b. Non-Response

1. Before eligibility is determined (ECM/COFE):
 - Send the 4234 pending notice to complete service eligibility renewal or any needed financial eligibility verifications. If no response, proceed with case closure via the [OPI-M Decision Notice](#).
2. After eligibility is determined (SCM):
 - If the individual does not schedule or complete the PLAN:
 - At least three attempts to contact the individual or their legal representative must be made and narrated. Staff must:
 - Attempt to reach the individual on three separate days/times.

- These attempts should be made at different times of day including some morning and some afternoon times.
 - After the third attempt has been made, staff should send the [OPI-M No Contact Letter](#) when a mailing address is on file, on APD/AAA letterhead, and narrate the date the letter was sent.
- The OPI-M benefit must remain open, but no paid services may be approved until the PLAN is completed.
 - This includes adding the second-year benefit if the individual is not responding to completing the new PLAN.
- After initial attempts are completed and no contact letter is sent with no reply, continue to attempt contact to the individual monthly until the end of continuous eligibility and document all attempts in the case narration.

Note: Direct and Indirect contacts may only be entered if two-way communication occurred during the attempt to reach the individual.

c. Reductions in Hours

- A 10-day timely notice is required for any reduction in PLAN hours.
 - For OPI-M, the PLAN itself serves as the notice:
 - Ensure the effective date of the new service benefit is at least 10 days after the notice is sent.
- SCM must notify providers of changes to hours. To notify HCWs, send the Homecare Worker Notice of Authorized Hours and Services (APD 4105). To notify IHCAs, send the In-home service plan (APD 0546N). These notifications must be documented in the case narrative.

d. **PLAN Expiration**

- If an OPI-M service plan will expire before the new PLAN is completed or there is not enough time remaining on the current service plan to give 10-day timely notice for a reduction in hours:
 - Process an extension to the current service plan to prevent gaps in services. To process an extension:
 1. Have a lead worker or supervisor with Tier 2 rights in OA place the CA/PS assessment in ADMIN status and select the ADMIN reason “To Give Timely Notice”.
 2. Add a new benefit line for the additional amount of time needed and model the current service plan.
 3. Approve the benefit and complete an updated 546 form for processing.
 - Note: This may require a tier 2 OA user to invalidate the new OPI-M benefit and adjusting the start date to align with the extended OPI-M benefit. Overlapping benefits are not allowed.
- If local processing is not possible, contact OPI-M policy for assistance at [OPI-M Questions, Support and Feedback](#).

e. **Closures**

- ECM sends all renewal closure notices.
- 10-day timely notice is required for case closures via the [OPI-M Decision Notice](#).

Note: See [Service Decision Notice Preparation Tips](#) for notice language not already built into the OPI-M Decision Notice.

- If renewal was completed early, case closure will be the end of the existing service plan.
 - The service plan will end at their 24-month continuous eligibility.
- When transitioning to LTSS, ECM coordinates OPI-M service plan closure and opening of LTSS.
 - ECM ensures no gap in service benefits.
- ECM will obtain signed [457d](#) or issue a [SDS 540](#) notice to the individual if they are voluntarily ending their OPI-M services early during the renewal process.
 - SCM may obtain a signed [457d](#) or issue a [SDS 540](#) notice to the individual for voluntary withdrawals at all other points in the CE period.
- SCM must end all paid services and notify providers of OPI-M end date. To notify HCWs, send the Homecare Worker Notice of Authorized Hours and Services (APD 4105). To notify IHCAs, send the In-home service plan (APD 0546N). These actions and notifications must be documented in the case narrative.

Staff Talking Points

If individuals call asking questions about the OPI-M renewal process, use these talking points to answer questions:

- OPI-M renewals happen every 24 months to make sure eligibility and care needs are still correct.
- The Person-Led Assessment and Notice (PLAN) is still completed annually and updated on your service plan to reflect your current needs, hours, and services.
- **Financial review:**
 - A financial eligibility worker will contact you to complete a financial interview.
 - During the interview, they will review income and resources and discuss any changes since the last review.
 - You may be asked to provide verification documents if the worker cannot verify information through one of our systems.
 - You may also be asked to sign a new application if changes to financial information occurred.
- **Service assessment:**
 - A case manager, called an Eligibility Case Manager (ECM), will contact you to schedule a home visit.
 - During the visit, they will complete a new service assessment and talk with you about your current care needs.

- **Eligibility decision:**

- Once both the financial interview and service assessment are completed, you will receive a written notice of eligibility.

- **Ongoing services:**

- Your current Service Case Manager (SCM) will continue to be your ongoing case manager after eligibility is determined.
- After eligibility is determined, you will complete a new Person Led Assessment and Notice (PLAN) with your service case manager to determine the caregiving hours and services needed.

- **Important reminder:**

- Please respond to calls, letters, or requests for information to avoid delays or interruptions in services.

Resources

- Rules:
 - [OAR 411-014](#) Oregon Project Independence-Medicaid (OPI-M) Eligibility
 - [OAR 411-016](#) Oregon Project Independence-Medicaid (OPI-M)
- Staff tools: [OPI-M Manuals, guides and tools](#)
- OPI-M [Transmittals](#)
- Workday Learning: [ODHS - APD/AAA - OPI-M Training Series](#)
- Staff cases and submit questions to OPI-M Policy at: [OPI-M Questions, Support and Feedback](#)

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Aging and People with Disabilities at apd.ltss@odhs.oregon.gov or [503-945-5600](tel:503-945-5600). We accept all relay calls.



OREGON DEPARTMENT OF
Human Services

Aging and People with Disabilities

Medicaid Services and Supports

500 Summer St. NE, E-10

Salem, OR 97301-1076

503-945-5600

odhs.info@odhs.oregon.gov

www.oregon.gov/odhs