Goals for the training

- History of Oregon Project Independence / OPI
- Goals of the Program
- Local AAA influence of the Program
- OPI, AAA and APD connection
- OPI Service Options
- Allowable Costs and Data Requirements
- OPI Eligibility
- Service Priority and Determination
- Appeals/Grievance
Goals for the training continued

- Sliding Scale Participant Fees
- Individual Contributions, Donations and Gifts
- OPI Pilot Expansion
- APD Reports in OACCESS for Management
- Accounting for OPI on the 1048 and 1048b
- HCW costs and reports
- Quality Assurance and Staff Improvement
  - Cause, Effect, Remedy
  - Addressing Gaps

1975…what a year

- Gerald Ford was President and Robert Staub was the governor of Oregon
- Vietnam war ended on April 30th
- Average income per year was $42,936 (today $63,608)
- Life Expectancy was 72.6 years (today 79.8 years)
- Gallon of gas cost $.44 and a Ford Mustang II cost $4,105
- Microsoft was founded and a patent was given for the first mobile phone
- Song of the year “Love Will Keep Us Together” by Captain and Tennille
- We were watching Jaws and One Flew Over the Cuckoo’s Nest for the first time
- Angelina Jolie and Tiger Woods were born; Jimmy Hoffa disappears
- Saturday Night Live premiered, but we were watching All in the Family
- VCR’s were developed by JVC in Japan
- Oregon Project Independence was introduced in the legislature by advocates, house bill HB 2163
Oregon Project Independence Began

• House Bill 2163, directed the Department of Human Resources (DHS today) “to develop and place in effect a program of supportive services for persons age 60 or older…” and required a fee for service based on ability to pay. This direction was in direct response to specific concerns expressed by Oregon’s Senior Advocates, including Older American Act funded AAA Advisory Council advocates.
  – First concern, people not Medicaid eligible, but needed in home help were falling through the cracks
  – Second concern, was that sometimes minimal in-home services could prevent people from going into long term care institutions.

• OPI officially began in 1976, with a budget of $1,000,000; given to Area Agencies on Aging and distributed in a manner similar to how Older American Act funds are distributed.

Program Changes over the years

• 1981 the Senior Services Division was established, Other services like Adult Day Care, Respite Care and Personal Care were added to the initial services
• 1987 funding for the OPI program specifically to serve those with Alzheimer’s or Related Disorders.
• 1991 Legislature allowed the funds to be used for any OPI eligible individual, including those under 60 years old with a diagnosis of Alzheimer’s or Related Disorders.
• October 2002 due to budgetary issues DHS mandates OPI closes to new individuals, OPI reopened 7 weeks later.
• 2005 legislature amended the Oregon Revised Statutes (ORS) for OPI to expand eligibility for OPI to serve individuals 19 years of age or older with physical disabilities (ORS 410.435). However statute prohibited the expansion until the amount of moneys for OPI was sufficient.
Program Changes continued

- **July 1, 2010** OPI eliminated, to close August 1
- **July 23, 2010** OPI restored for existing consumers and new enrollment is frozen.
- **August 2011** OPI is re-opened
- **January 2012** new enrollment closed
- **March 2012** OPI is re-opened
- **July 2013** OPI rules (ORS 411-032) updated
- **2014** HB 5201 funding and direction to develop a pilot to expand OPI to individuals with disabilities younger than 60 years of age. DHS selected 7 AAAs to pilot the program.
- **2015, 2017 and 2019** Pilot Expansion has been continued in the 7 AAAs for the biennium’s.

Program Goals

Key Elements Remain the Same

- Promote quality of life and independent living among older adults and people with physical disabilities;
- Provide preventive and long-term care services to eligible individuals to reduce the risk for institutionalization and promote self-determination;
- Provide services to frail and vulnerable adults who are lacking or have limited access to other long-term care services; and
- Optimize eligible individuals’ personal and natural supports.

OAR 411-032-0001
Administration of OPI
Area Plan and Advisory Council

Advisory Council as it relates to OPI...

• Identify the needs of the community
• Involved in the selection of OPI services offered
• Participate in the Area Plan development

OPI rule specifies the minimum of 13 elements required for OPI in the Area Plan.
See OAR 411-032-0005 (2)

These are the areas in the area plan guidelines.

Contract with Department of Human Services
Insights and Direction for OPI as defined in the contract

• Area Plan
• Reporting requirements
  – 148/150
  – Data reporting
    • NAPIS
    • RAIN
    • Get Care
• Information Systems
• AAA may request funds for services other than listed in rule

• Program Monitoring
• Agency Management
  – Criminal Records & Abuse checks for staff and volunteers
  – Mandatory reporting
  – ADA compliant
  – Grievance Procedure
  – Competitive Procurement
Definitions
OAR 411-032-0000

(12) “Assistive Technology Device” means any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an individual.

(14) “Chore” means assistance such as heavy housework, yard work, or sidewalk maintenance provided on an intermittent or one-time basis to assure health and safety.

(27) “Home Care” means assistance with IADLs such as housekeeping, laundry, shopping, transportation, medication management, and meal preparation.

(41) “Personal Care” means in-home services provided to maintain, strengthen, or restore an individual’s functioning in their own home when an individual is dependent in one or more ADLs, or when an individual requires assistance for ADL needs. Assistance is provided either by an in-home care agency or by a homecare worker.

OPI Services

Authorized Services that OPI funds may be expended:

- Home Care
- Chore
- Assistive Technology Devices
- Personal Care
- Adult Day Services

- Registered Nurse Services
- Home Delivered Meals
- Service Coordination/Case Management

Each AAA area determines what services they offer, and service limitations based on the Area Plan. Not all AAAs offer same services.
OPI Services

- Other Services allowed on a case by case basis by the CSSU Director
- Services to support community caregivers and strengthen the natural support system of individuals;
- Evidence-based health promotion services
- Options Counseling or
- Assisted transportation options that allow individuals to live at home and access the full range of community resources.

Providers of OPI Services

**Homecare Worker**
Provider meeting the standards and requirements of the Home Care Commission under ORS 410.600 to 410.614 and OAR chapter 411, divisions 030 and 031.
* Use the HCC referral and registry
* HCW are represented by SEIU. AAA and staff must comply to the labor contract agreements.

**In-Home Care Agency**
Licensed by Oregon Health Authority and meeting the requirements of in-home agencies under ORS 443.305 to 443.350 and OAR chapter 333, division 536, OAR 411-032-0010 1, c, d, e

**Other Providers:**
Look in OPI rule Definitions, OAR 411-032-0000 for specifics.
Costs & Data

• Allowable Costs
  – Direct service costs is the provision of services to individuals. This includes Service Coordination (Case Management) staff costs.
  – Administrative costs are those expenses associated with the overall operation of OPI that are not directly attributed to an authorized service. Administrative costs include, but are not limited to, costs associated with accounting services, indirect costs, facility expenses, etc. Administrative costs cannot exceed 10% of the OPI funds.

• Data Collection
  – Date of Birth and Social Security number are required OAR 411-032-0015 (1) c
  – For those under 60 with dementia specific information from the person’s physician needs to be in OACCESS regarding the specific type of dementia.

Confidentiality OAR 411-032-0015 (4)

CONFIDENTIALITY. The use or disclosure by any party of any information concerning a recipient of authorized services described in these rules, for any purpose not directly connected with the administration of the responsibilities of the Department, AAA, or service provider is prohibited except with written consent of the recipient, or their legal representative. Disclosure of recipient information must meet Department requirements.
Individuals Qualifying for OPI Services

- AAA has capacity to add a consumer, or to have interested individual placed on the waiting list using the APD approved Waitlist Tool.
  - Offering the individual other OAA programs, including Options Counseling
- Face to Face assessment is done in the individuals home
- Individual does not reside in a nursing facility, assisted living facility, residential care facility or adult foster home.
- Determine the individual is not receiving Medicaid (OSIPM)
- Over the age of 60 or has an Alzheimer’s or related diagnosis if under 60
  - For the OPI expansion adults with disabilities ages 19-59 are served

Qualifying continued

- Care Needs are identified by using the CAPS in OACCESS
  - Determines Service Priority Level (SPL) 1-18 or 99 as determined by the AAA
  - Identifies needs, unmet needs as well as family, friends and community support that are assisting in needs
- Information regarding an individuals financial status
  - If appears eligible for Medicaid, if they are encourage them to apply for Medicaid
  - Service Coordinator/Case Manager can assist individual regarding private pay services
  - Financial and personal information disclosure Social Security Number, Household composition, income and medical expenses to establish OPI Sliding fee scale.
Service Determination

- Rests with the AAA
- Services are re-determined at regular intervals, not less than every 12 months
- Individual who is approved must receive written notification of the service approval
  - OPI Service Agreement Form 287L
    - Maximum number of hours
    - Hourly fee
    - Maximum Monthly fee
    - Hourly service rate
    - Provider Contact Information

Priority for Authorized Services

- AAA may have local priorities for OPI authorized services
- Local priorities cannot conflict with the OPI ORS or OAR
- Priority for authorized services is:
  - Not First Come, First Served
  - Maintaining eligible individuals already receiving authorized service as long as their condition indicates the service is needed.
  - Individuals screened utilizing a Department authorized tool that measures risk for out of home placement based on an individual's financial, physical, functional, medical, and social service needs. Individuals with the highest risk of out of home placement are given priority. Form 0287J*

* also in the ADRC, Get Care 2 (GC2), RTZ
Appeals

Individuals whose services are:

- Denied
- Disallowed
- Reduced through eligibility determination or service determination

Individuals are entitled to request a review of the decision through the local AAA grievance review procedure. This is not similar to a fair hearing (such as with Medicaid, which is based on Federal Rules and practices.)

Appeals continued

- Individuals must continue to receive authorized services until the disposition of the local AAA grievance review

- The AAA must provide the individual with written notification of the grievance review determination decision.

- Individuals who disagree with the results of the AAA grievance review also have a right to an administrative review with the CSSU (Department), (ORS chapter 183). AAA must include how to do this in the written notification given to the individual at the time of the decision.
Appeals continued

- Individuals requesting an administrative review from the Department are not eligible for continued OPI services

- All individuals, including those who may have previously been terminated from OPI, have the right to apply for OPI authorized services at any time

Sliding Fee Scale for Services

- A $25 one-time fee is applied to all new individuals receiving OPI services who have adjusted income levels at or below the poverty level.

- AAA’s will have flexibility to work with individuals who incur a hardship in paying the $25 (e.g. payment plan, adjusted fee)

- Hourly fees are billed for OPI services, except for Service Coordination/Case Management and Home Delivered Meals

- All individuals whose annual gross income exceeds 150% of the Federal Poverty Level, are charged based on a sliding fee schedule as established by the Department.

- Household size is defined as the individual, spouse and any dependents (IRS). This is different from SNAP and Medicaid household definition.

- Household income includes salaries, interest and dividends, pensions, annuities, social security, railroad retirement and any other income
Sliding Fee Scale continued

- All out-of-pocket health care costs may be deducted from the individual's annual gross income.
- All child support paid by a non-custodial parent may be deducted from the individual's annual gross income.
- AAA's policy and procedure for fee collection directs local staff on actions to take with non-payment
- Standardized form 0287K completed at least annually or when requested to calculate the percentage of the cost of OPI services billed to the consumer based on the Federal Poverty Level.
- AAA maintains a record of fees, surcharges and contributions reporting them regularly to the Department

<table>
<thead>
<tr>
<th>Adjusted Net Income Range (% of Poverty)</th>
<th>Income Description</th>
<th>Household = 1</th>
<th>Household = 2</th>
<th>Household = 3+</th>
<th>Cost Share (as % of unit price)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 - 150%</td>
<td>Yearly</td>
<td>$0 to $1,940</td>
<td>$0 to $2,500</td>
<td>$0 to $3,260</td>
<td>0%</td>
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<tr>
<td></td>
<td>Monthly</td>
<td>$0 to $154</td>
<td>$0 to $200</td>
<td>$0 to $251</td>
<td></td>
</tr>
<tr>
<td>151 - 175%</td>
<td>Yearly</td>
<td>$15,141 to $22,139</td>
<td>$25,811 to $36,179</td>
<td>$32,561 to $38,619</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td>Monthly</td>
<td>$1,556 to $1,861</td>
<td>$2,160 to $2,514</td>
<td>$2,716 to $3,168</td>
<td></td>
</tr>
<tr>
<td>176 - 200%</td>
<td>Yearly</td>
<td>$22,232 to $28,209</td>
<td>$38,131 to $44,489</td>
<td>$48,011 to $53,440</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>Monthly</td>
<td>$2,213 to $2,516</td>
<td>$2,916 to $3,260</td>
<td>$3,469 to $3,920</td>
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</tr>
<tr>
<td>201 - 225%</td>
<td>Yearly</td>
<td>$25,251 to $29,710</td>
<td>$43,481 to $48,170</td>
<td>$53,441 to $58,870</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>Monthly</td>
<td>$2,708 to $2,983</td>
<td>$3,576 to $3,921</td>
<td>$4,301 to $4,655</td>
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</tr>
<tr>
<td>226 - 250%</td>
<td>Yearly</td>
<td>$26,711 to $31,700</td>
<td>$46,791 to $51,109</td>
<td>$58,871 to $64,020</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>Monthly</td>
<td>$2,794 to $2,954</td>
<td>$3,534 to $3,892</td>
<td>$4,374 to $4,725</td>
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</tr>
<tr>
<td>251 - 275%</td>
<td>Yearly</td>
<td>$31,061 to $35,599</td>
<td>$54,191 to $59,319</td>
<td>$69,731 to $75,950</td>
<td>40%</td>
</tr>
<tr>
<td></td>
<td>Monthly</td>
<td>$2,968 to $3,254</td>
<td>$3,593 to $3,951</td>
<td>$4,526 to $4,875</td>
<td></td>
</tr>
<tr>
<td>276 - 300%</td>
<td>Yearly</td>
<td>$35,361 to $39,289</td>
<td>$54,711 to $59,625</td>
<td>$75,791 to $81,600</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Monthly</td>
<td>$3,054 to $3,293</td>
<td>$3,694 to $4,053</td>
<td>$4,549 to $4,909</td>
<td></td>
</tr>
<tr>
<td>301 - 325%</td>
<td>Yearly</td>
<td>$38,281 to $41,470</td>
<td>$54,971 to $59,629</td>
<td>$76,161 to $81,500</td>
<td>60%</td>
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<tr>
<td></td>
<td>Monthly</td>
<td>$3,191 to $3,438</td>
<td>$4,011 to $4,369</td>
<td>$5,031 to $5,381</td>
<td></td>
</tr>
<tr>
<td>326 - 350%</td>
<td>Yearly</td>
<td>$41,171 to $44,890</td>
<td>$54,931 to $49,241</td>
<td>$79,061 to $85,350</td>
<td>70%</td>
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<tr>
<td></td>
<td>Monthly</td>
<td>$3,457 to $3,722</td>
<td>$4,670 to $5,028</td>
<td>$5,994 to $6,335</td>
<td></td>
</tr>
<tr>
<td>351 - 375%</td>
<td>Yearly</td>
<td>$44,961 to $47,859</td>
<td>$54,931 to $54,569</td>
<td>$76,021 to $81,470</td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>Monthly</td>
<td>$3,722 to $3,981</td>
<td>$4,970 to $5,328</td>
<td>$6,351 to $6,695</td>
<td></td>
</tr>
<tr>
<td>376 - 400%</td>
<td>Yearly</td>
<td>$47,951 to $51,040</td>
<td>$64,651 to $66,950</td>
<td>$81,451 to $86,850</td>
<td>90%</td>
</tr>
<tr>
<td></td>
<td>Monthly</td>
<td>$3,989 to $4,253</td>
<td>$5,189 to $5,547</td>
<td>$6,789 to $7,160</td>
<td></td>
</tr>
<tr>
<td>over 400%</td>
<td>Yearly</td>
<td>$51,041 to $54,230</td>
<td>$68,961 to $72,260</td>
<td>$87,861 to $92,260</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Monthly</td>
<td>$4,250 to $4,513</td>
<td>$5,450 to $5,713</td>
<td>$6,950 to $7,213</td>
<td></td>
</tr>
</tbody>
</table>
Consumer Contributions

- Nothing in these rules prevent OPI individuals, or the individual's family, from making a donation or contribution.
- One time fee, all monthly fees and donations are will be used to expand local AAA OPI services. Expansion of services is limited to services authorized in OAR 411-032-0010 as identified in the AAA's Area Plan.
- Note that rule does not allow for non-billing unless addressed in local OPI policy.

Expansion Pilot for Adults with Disabilities

- The pilot allows the Department to study the potential to transition Oregon Project Independence to a statewide, age neutral, program that assesses and serves seniors and persons with physical disabilities based on their functional needs.
- Currently in 7 AAAs
- Services for individuals 19-59 years of age who have a disability
OACCESS key reports for managers

- **Caseload Report**
  - List by branch, not by AAA
  - List of consumers assigned to staff
    - Consumer Name
    - Prime Number
    - Program Code
    - Living situation
    - MED Status, does not apply to OPI or OAA programs
  - Can be sorted by worker, by zip code or program code

- **CAPS 2 Review Report** — this report is known to be inaccurate, do not rely on this.
  - List of assessments that are expiring

OACCESS for managers

- Directors and Managers have rights
  - to read and narrate in OACCESS narration
  - to review Client Assessment and Planning System (CAPS)
  - to view individuals demographic information
Monthly CSSU reports

**Report 1048 (60 years & older) and 1048b (under 60)**

- OPI active consumers with an approved service plan as of the reporting date
- Produces a list of active OPI clients as of the reporting date. Active clients are OPI clients with an approved service plan as of the reporting date.
- Report includes client name, gender, branch, district, authorized and exception hours, total hours, Service Priority Level (SPL), age, service benefit end date and age group.
- List is in Excel and be sorted by District Acronym, District Number, Branch, Age Group, as well as specific client info.

Data Source: Office of Business Intelligence Data Warehouse and Oregon ACCESS

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Monthly CSSU reports

**OPI & Medicaid Client Report APD 1091**

- A list of active OPI clients who are also coded on full Medicaid or CAWEM
- See AR 16-039 for details
  - Intent is for the AAA to inform and work with the APD office to process with the consumer
  - Only sent when individuals in the AAA are listed

Data Source: Office of Business Intelligence Data Warehouse and Oregon ACCESS
Monthly CSSU reports

Report 1163 Current OPI Pended Cases in CAPS Service Plan

- CAPS assessment is complete in the past 90 days but the Service Benefit is in pending
- List includes branch, name, prime number, SPL, age and age group.

Only sent when individuals in the AAA are listed

Data Source: Office of Business Intelligence Data Warehouse and Oregon ACCESS

Monthly CSSU reports

AAA Cumulative OPI Home Care Worker Report

Monthly report per fiscal year including totals, separate report to the pilot and the 60+ program.

Overview of cost of HCW services being paid by the division and withheld from the payment to the AAA.

Includes costs for Overtime and Travel time, as well as adjustments.

Emailed by Brenda S Stuvenga, Accountant 3, Office of Financial Service
## Analysis and Overview

### Financial 2017-19

Participants 2019

### OPI 60+ Service Cost and Consumer Average cost by AAA 2017-2019

<table>
<thead>
<tr>
<th>AAA</th>
<th>FY 18 60+ actual</th>
<th>FY 19 60+ actual</th>
<th>Biennial actual 60+ cost</th>
<th>Biennial Allocation 60+ 17-19</th>
<th>Percentage of Allocation Spent</th>
<th>60+ Biennial consumers</th>
<th>Biennial Actual average 60+ consumer cost</th>
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</thead>
<tbody>
<tr>
<td>CAPECO</td>
<td>$331,380</td>
<td>$471,579</td>
<td>$693,967</td>
<td>$765,888</td>
<td>44.48%</td>
<td>73</td>
<td>$5,305.38</td>
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<td>CAT</td>
<td>$103,979</td>
<td>$158,169</td>
<td>$261,748</td>
<td>$261,748</td>
<td>100.00%</td>
<td>80</td>
<td>$3,277.45</td>
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<td>CCNO</td>
<td>$269,769</td>
<td>$341,688</td>
<td>$611,458</td>
<td>$611,458</td>
<td>100.00%</td>
<td>185</td>
<td>$3,502.37</td>
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<tr>
<td>CCBB</td>
<td>$719,954</td>
<td>$1,101,913</td>
<td>$1,821,868</td>
<td>$1,821,868</td>
<td>100.00%</td>
<td>327</td>
<td>$5,408.00</td>
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<td>COCOA</td>
<td>$502,407</td>
<td>$614,743</td>
<td>$1,215,150</td>
<td>$1,214,453</td>
<td>99.24%</td>
<td>100</td>
<td>$3,051.50</td>
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<td>DCBSBD</td>
<td>$377,334</td>
<td>$419,622</td>
<td>$896,956</td>
<td>$837,389</td>
<td>95.17%</td>
<td>124</td>
<td>$6,436.90</td>
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<td>HSCS</td>
<td>$351,689</td>
<td>$489,750</td>
<td>$840,439</td>
<td>$1,038,479</td>
<td>100.00%</td>
<td>16</td>
<td>$5,196.88</td>
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<tr>
<td>KLCCOA</td>
<td>$302,281</td>
<td>$524,619</td>
<td>$826,900</td>
<td>$816,900</td>
<td>100.00%</td>
<td>125</td>
<td>$6,435.85</td>
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<td>LOGC</td>
<td>$787,769</td>
<td>$1,189,616</td>
<td>$1,977,385</td>
<td>$1,977,385</td>
<td>100.00%</td>
<td>372</td>
<td>$5,105.59</td>
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<td>MCAOVS</td>
<td>$1,410,723</td>
<td>$1,965,911</td>
<td>$3,376,634</td>
<td>$3,194,448</td>
<td>99.39%</td>
<td>822</td>
<td>$3,741.27</td>
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<tr>
<td>MOCOG</td>
<td>$81,353</td>
<td>$18,311</td>
<td>$99,664</td>
<td>$92,650</td>
<td>92.14%</td>
<td>35</td>
<td>$2,684.76</td>
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<td>MOCOCS</td>
<td>$152,872</td>
<td>$111,974</td>
<td>$264,846</td>
<td>$276,491</td>
<td>99.60%</td>
<td>26</td>
<td>$5,870.00</td>
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<td>NWODS</td>
<td>$986,467</td>
<td>$1,316,004</td>
<td>$2,308,451</td>
<td>$2,703,573</td>
<td>95.23%</td>
<td>407</td>
<td>$5,277.32</td>
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<td>OCDCOG</td>
<td>$925,932</td>
<td>$669,606</td>
<td>$1,595,538</td>
<td>$1,412,293</td>
<td>79.29%</td>
<td>253</td>
<td>$4,435.94</td>
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<td>RVCDC</td>
<td>$898,384</td>
<td>$1,254,863</td>
<td>$2,153,247</td>
<td>$1,712,139</td>
<td>88.67%</td>
<td>292</td>
<td>$7,195.54</td>
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<td>SCCBSC</td>
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<td>$505,748</td>
<td>$841,265</td>
<td>$913,888</td>
<td>98.62%</td>
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<td>$6,346.76</td>
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<td>WCDCS</td>
<td>$627,911</td>
<td>$911,750</td>
<td>$1,539,667</td>
<td>$1,715,657</td>
<td>71.19%</td>
<td>249</td>
<td>$6,184.33</td>
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<tr>
<td>totaless</td>
<td>$8,352,765</td>
<td>$10,957,215</td>
<td>$19,309,971</td>
<td>$20,907,775</td>
<td>92.37%</td>
<td>3636</td>
<td>$6,137.08</td>
</tr>
</tbody>
</table>

**Average biennial consumer cost:** $5,310.77

**Actual biennial cost per consumer:** $255.71

**Monthly average:** $255.71

### Noteworthy:

The scope of biennial average costs per consumer:

<table>
<thead>
<tr>
<th>Lowest</th>
<th>Average</th>
<th>Highest</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAT</td>
<td>$3,272</td>
<td>$6,137</td>
</tr>
<tr>
<td>CCNO</td>
<td>$5,302</td>
<td>COCOA</td>
</tr>
<tr>
<td>OBI</td>
<td>16</td>
<td>LCOG</td>
</tr>
<tr>
<td>MCAOVS</td>
<td>822</td>
<td>CAT</td>
</tr>
</tbody>
</table>

The scope of unduplicated biennium consumers:

<table>
<thead>
<tr>
<th>Lowest</th>
<th>Average</th>
<th>Highest</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAT</td>
<td>$3,272</td>
<td>$6,137</td>
</tr>
<tr>
<td>CCNO</td>
<td>$5,302</td>
<td>COCOA</td>
</tr>
<tr>
<td>OBI</td>
<td>16</td>
<td>LCOG</td>
</tr>
<tr>
<td>MCAOVS</td>
<td>822</td>
<td>CAT</td>
</tr>
</tbody>
</table>
### OPI Pilot Service Cost and Consumer Average cost by AAA 2017-2019

<table>
<thead>
<tr>
<th>AAA</th>
<th>FY 18 Pilot actual</th>
<th>FY 19 Pilot actual</th>
<th>Biennial actual Pilot cost</th>
<th>Biennial Allocation Pilot 17-19</th>
<th>Percentage of Allocation Used</th>
<th>Pilot Biennial consumers</th>
<th>Biennial Actual average Pilot consumer cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAPECO</td>
<td>$44,226</td>
<td>$71,072</td>
<td>$115,298</td>
<td>$138,921</td>
<td>83.00%</td>
<td>17</td>
<td>$6,782</td>
</tr>
<tr>
<td>LCGO</td>
<td>$384,232</td>
<td>$421,616</td>
<td>$805,848</td>
<td>$975,303</td>
<td>82.63%</td>
<td>99</td>
<td>$8,140</td>
</tr>
<tr>
<td>MCADVS</td>
<td>$697,172</td>
<td>$733,707</td>
<td>$1,430,879</td>
<td>$1,518,137</td>
<td>94.25%</td>
<td>160</td>
<td>$8,943</td>
</tr>
<tr>
<td>NWDS</td>
<td>$102,208</td>
<td>$113,004</td>
<td>$215,212</td>
<td>$323,261</td>
<td>66.58%</td>
<td>55</td>
<td>$3,913</td>
</tr>
<tr>
<td>OCWCOG</td>
<td>$237,351</td>
<td>$265,803</td>
<td>$503,154</td>
<td>$732,978</td>
<td>68.65%</td>
<td>70</td>
<td>$7,188</td>
</tr>
<tr>
<td>RVCOG</td>
<td>$471,675</td>
<td>$483,585</td>
<td>$955,260</td>
<td>$997,130</td>
<td>95.80%</td>
<td>84</td>
<td>$11,372</td>
</tr>
<tr>
<td>WCDAVS</td>
<td>$380,779</td>
<td>$416,697</td>
<td>$797,476</td>
<td>$1,080,446</td>
<td>73.81%</td>
<td>47</td>
<td>$16,968</td>
</tr>
<tr>
<td>Totals</td>
<td>$2,317,643</td>
<td>$2,505,484</td>
<td>$4,823,127</td>
<td>$5,766,176</td>
<td>83.65%</td>
<td>532</td>
<td>$9,043.67</td>
</tr>
</tbody>
</table>

- **Actual costs taken from 148-150**
- **Actual biennial cost per consumer**:

<table>
<thead>
<tr>
<th>AAA</th>
<th>Average biennial consumer cost</th>
<th>Unduplicated Pilot consumer counts from OACCESS, OBI report</th>
<th>monthly average</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$9,043.67</td>
<td></td>
<td>$376.82</td>
</tr>
</tbody>
</table>

**Noteworthy:**
- The scope of biennial average costs per consumer:
  - Lowest: NWDS ($3,913)
  - Average: OCWCOG ($7,388)
  - Highest: MCADVS ($8,943)

### 60+ Services 60+ Pilot Services

<table>
<thead>
<tr>
<th>Service</th>
<th>% of total Pilot</th>
<th>% of total</th>
<th>Pilot Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCW</td>
<td>39.10%</td>
<td>29.12%</td>
<td>HCW</td>
</tr>
<tr>
<td>personal care, HCA</td>
<td>7.60%</td>
<td>6.46%</td>
<td>personal care, HCA</td>
</tr>
<tr>
<td>Home Care HCA</td>
<td>12.21%</td>
<td>13.76%</td>
<td>Home Care HCA</td>
</tr>
<tr>
<td>Chore</td>
<td>0.00%</td>
<td>0.15%</td>
<td>Chore</td>
</tr>
<tr>
<td>Adult Day Care</td>
<td>0.12%</td>
<td>0.42%</td>
<td>Adult Day Care</td>
</tr>
<tr>
<td>Assist Transportation</td>
<td>0.17%</td>
<td>2.96%</td>
<td>Assist Transportation</td>
</tr>
<tr>
<td>Health &amp; Med Equip</td>
<td>1.03%</td>
<td>1.85%</td>
<td>Health &amp; Med Equip</td>
</tr>
<tr>
<td>RN</td>
<td>0.00%</td>
<td>0.01%</td>
<td>RN</td>
</tr>
<tr>
<td>HDM</td>
<td>5.79%</td>
<td>6.76%</td>
<td>HDM</td>
</tr>
<tr>
<td>Case Management</td>
<td>23.58%</td>
<td>28.76%</td>
<td>Case Management</td>
</tr>
<tr>
<td>Area Plan Adm.</td>
<td>8.30%</td>
<td>8.46%</td>
<td>Area Plan Adm.</td>
</tr>
<tr>
<td>I &amp; A</td>
<td>0.00%</td>
<td></td>
<td>Caregiver Training</td>
</tr>
<tr>
<td>Home repair/mod</td>
<td>0.00%</td>
<td></td>
<td>Home repair/mod</td>
</tr>
<tr>
<td>other</td>
<td></td>
<td></td>
<td>other</td>
</tr>
<tr>
<td>Med Mgmt</td>
<td>0.00%</td>
<td></td>
<td>Med Mgmt</td>
</tr>
<tr>
<td>money mgmt</td>
<td>0.00%</td>
<td></td>
<td>money mgmt</td>
</tr>
<tr>
<td>Financial assist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phys act/bits prof</td>
<td>0.00%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Options Counseling</td>
<td>0.00%</td>
<td></td>
<td>Options Counseling</td>
</tr>
</tbody>
</table>

**Noteworthy:**
- HCW & HCA expense correlation between 60+ 59.1% and Pilot 49.3%.
- Case Management paralleled 60+23.6% and Pilot 29.8%.
- Area Plan Administration correlation, 60+ is 8.3% and Pilot is 8.5%.
- Home Delivered Meals, 5.8% for 60+ and 6.8% for Pilot.
- Transportation appears to be a greater need for the Pilot, however it is noted that for 60+ transportation is only done as an exception to SUA. So need may not be fairly demonstrated by use.
- Point for consideration HCWs at (39.1%, 60+ and 29.1%) doing in home tasks, is there a vulnerability when only less than .1% of the budget is spent on RN services. Does this pose a risk to the HCW and/or Consumer? RN services only in CCSS, COCOA, OCWCOG, WCDAVS and only

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Data based on final 148-150 2017-2019 Biennium
Quality Assurance

Why
• Assuring Agency and State Policies and Rules are being followed.
• Personnel Management with reliable information.
• Review current policies and practices for updates.
• Identify trends in the OPI Program and your community.
• Report effectiveness to Board and Advisory Council

Quality Assurance...How
• Create a local tool to measure key areas
• Pull elements from prior years OPI self monitoring tools.
• Set reasonable standards and achievable goals.
• Examples
  • 10% to 20% cases reviewed quarterly for specific issues.
  • One quarter dedicate to an AAA specific policy being followed such as intake, individual billing or narration.
• Linked with other contracted OPI services, HDM or In Home Care Agency.
• Does the OPI service plan and CAPS have continuity?
• Are the needs being addressed by CAPS addressed by paid OPI services &/or Natural Supports (or declined)
• Confirming the continuity of services authorized to those shown in OAA Services tab with units related to payment
OPI Checklist

• Updated on the CSSU OPI forms website

• Useful for new staff and for Quality Assurance

• Word document, personalize it for your AAA processes

Plans to Address any Identified Gaps

Considering results of monitoring (consumer feedback, staff feedback and leadership response) consider steps to improving identified issues and then how the AAA will review to see if those practices have improved the issue.

Some ideas:
• Staff training
• Peer Review
• Self checking tool or checklist
• Develop one Service Coordinator Position to be a lead worker
Celebrate your successes and accomplishments

Resources

• OPI Rules 411-032
  http://www.dhs.state.or.us/policy/spd/rules/411_032.pdf

• CSSU Website

• Home Care Commission (HCC)

• APD Service Desk: 503-673-2372
  DHS.SERVICEDESK@dhsoha.state.or.us
  OPI.Policy@dhsoha.state.or.us