

Frequently Asked Questions: OPI-M Power Hour

January 28, 2026

When does the Continuous Eligibility (CE) period for OPI-M begin?

The CE period begins the month eligibility is established. The OPI-M benefit remains approved through the current 2-year CE period. If a consumer is found not eligible at the 2-year renewal, OPI-M would close at the end of the current 2-year benefit period or with 10-day notice, whichever is later.

Can a consumer request an eligibility redetermination before it is due?

No. There is no change-in-condition requirement for OPI-M. The consumer remains eligible through the end of the 2-year CE period. An application for Long-Term Services and Supports (LTSS) or State Plan Personal Care (SPPC) can be made any time.

Are we closing OPI-M if someone no longer meets financial eligibility during the CE period?

OPI-M services may only be closed during the 24-month CE period (outside of renewal) if one of the following occurs:

- The individual becomes eligible for other Medicaid or CHIP service benefits
- 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 by the individual

If none of these apply, the person remains eligible and services continue. Service plans may be adjusted as needed.

Can someone be closed if they move to a licensed facility during the 2-year period?

If an OPI-M participant moves to a licensed facility through LTSS, their OPI-M benefits may be closed for gaining other Medicaid service benefits. If they move into a licensed facility as private pay, we cannot close their OPI-M benefit, but we must reduce their authorized services on the PLAN to case management services only. The OPI-M participant may also choose to voluntarily withdraw from the program to close their benefit.

If someone transitions from OPI-M to LTSS, is a notice required?

Yes. Transitioning to another Medicaid program is a valid reason for OPI-M closure despite continuous eligibility. OPI-M must be closed either with a 540 notice or 457d voluntary withdrawal.

If someone applies for LTSS and financial discrepancies are discovered, are they still protected by continuous eligibility? For example, OPI-M showed \$17,000 and LTS shows \$169,000.

Please staff these cases with Central Office by sending a request to the [OPI-M form](#).

Who is responsible for mailing the Resource Assessment (RA) documents?

The Central Office Financial Eligibility (COFE) team will mail the completed Resource assessment.

Does a Resource Assessment need to be completed for married individuals under the resource limit?

Yes, an RA is required for all married individuals regardless of their resources.

Are COLA increases in retirement income treated as a change requiring a new application?

No. A new application is not required for previously verified information or information that can be verified via an electronic interface.

Are we legally required to send appointment notices or reminders for OPI-M intakes?

No. There is no legal obligation to send a formal appointment notice or reminder (mail, email, or text) for financial or service eligibility intakes, but would be a best practice. The COFE team utilizes the 0445 Notice for appointment reminders.

If we cannot complete a renewal on time, can we extend benefits without interruption?

Yes. These cases can be set to ADMIN status and extended. Follow the same process as Title XIX cases and narrate the reason for the benefit extension.

Can ADMIN extensions be used when appointments are missed or rescheduled?

Yes. Follow the Title XIX ADMIN extension process and ensure proper narration.

Can a Type A renewal be extended if APD cannot complete the redetermination before the 2-year period ends?

Yes. These cases may be set to ADMIN status and extended following the same Title XIX process with narration.

If someone only wants Title XIX at intake and is later denied, must OPI-M be re-offered?

Yes. Individuals must be screened for and offered all available programs.

Does OPI-M allow short certifications?

OPI-M has continuous eligibility, meaning eligibility is determined every two years even if care needs change. However, service plans must be reviewed annually and then are updated as needed. Short certifications may be used to review plans when needs change.

Is there a narration template specifically for PLAN updates?

No. The OPI-M Services Narration SCM section should be used to capture PLAN updates.

Do consumers receive the full PLAN by mail?

Yes. Consumers must receive a copy of their full PLAN even if they signed verbally.

What is the purpose of the No Contact Letter?

The No Contact Letter may be used for both PLAN reviews, and quarterly contacts if the consumer is not responding.

Are indirect contacts required or reimbursable?

Indirect contacts are not required in OPI-M but must still be narrated in the case record. Indirect contacts are reimbursable as long as they meet requirements and should continue to be documented in the CM Services tab.

Can Title XIX CMs use an OPI-M CAPS assessment?

If the applicant chooses Title XIX during the OPI-M process, the TXIX CAPS can be used as long as the CE box has not been checked, and it is within the same DOR period.

If the OPI-M CE box has been checked, a new TXIX assessment is required because Oregon ACCESS does not allow the box to be unchecked. The CAPS can be copied and updated to reduce workload using the “copy and create” function.

For the temporary risk assessment, may comments be added?

Yes. It is acceptable to note that the assessment is preliminary and that a full risk assessment and mitigation plan will be completed after PLAN development.

Can OPI-M serve individuals in retirement communities?

Yes, if the community is not a licensed facility and meets the in-home setting rules (OAR 411-030-0033 and OAR 411-030-0040(7)). Service plans must cover only services not already provided by the community.

Can OPI-M serve individuals in transitional housing?

Yes, as long as the housing is not a licensed facility and meets in-home setting requirements. If unsure, submit details through the OPI-M Forms box.

Can an OPI-M CM visit a client in the hospital?

There is no policy prohibiting visits, but they should be limited to discharge planning meetings. All OPI-M paid services must be placed on hold during hospitalization. The PLAN must be completed in-home.

If someone is receiving Medicare-paid hospice care, are they still eligible for OPI-M?

Yes, if they meet OPI-M eligibility standards. Hospice is Medicare-funded and does not usually provide the full range of OPI-M services.

Can multiple Buckley notices be sent?

Yes. Buckley notices may be manually sent if you would like to assess the individual earlier than the Buckley notice will automatically mail for consumers with and OHP Plus benefit. An individual may receive two Buckley notices if one was sent manually and then is sent automatically from the su

Is Central Office aware of MMIS issues when transitioning from OPI-M to Title XIX mid-month?

Yes. CO is aware and is working on guidance.

Is Central Office aware of staffing and workload concerns related to OPI-M?

Yes. Staffing concerns are part of ongoing discussions. OPI-M will be included in the workload model in the future, and process improvements are being explored.

Are new OPI-M brochures available?

Yes. An OPI-M brochure is available. CO is coordinating with local offices on orders and will issue a transmittal with the online link.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Medicaid Services and Supports Policy Unit at apd.ltss@odhs.oregon.gov or 503-945-5811. We accept all relay calls.



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