Frequently Asked Questions:
OPI-M Power Hour

May 27, 2026

Will the renewal guide be updated to reflect the new timelines since the CA/PS should be done in the month of renewal and not sooner?

Yes, the guide will be updated.

Is the expectation that the ECM and SCM will be completing the CA/PS and PLAN in the same month? What if the ECM is behind in scheduling?

In some cases, the CA/PS and PLAN can be completed in the same month. If the CA/PS is delayed, the current OPI-M benefit should be extended without a gap in service to allow continuation of services.

Does the SCM need to wait until the renewal CA/PS is done before they complete the PLAN?

Correct, the SCM will wait to complete the new PLAN until after the ECM completes the reassessment.

Are type A – AAAs required to take the HCBS compliance modules?

It's not required, but highly recommended so that you're aware of the requirements that pertain to OPI-M. A good example is the Risk Assessment module.

For the Service Options Counseling (SOC) tool, will that apply to OPI-Classic too?

No, OPI-classic doesn't fall under the HCBS requirements, and the SOC is not required when folks are applying for OPI-classic.

Why are we doubling up on the SOC form when the narration template covers all of the options that have been explained to the consumer?

The purpose of the SOC form is to both assist the consumer in making an informed choice in their service and setting choice and for us to document that we offered the consumer those choices. We should be obtaining the SOC from for all intakes and reassessments at the time of the assessment.

Is the risk template in Oregon ACCESS?

Not yet. Until system changes are released, CMs must copy and paste the appropriate template into the narration box in the risk assessment screen in OA (We expect OA to be updated fall 2026).

What is our responsibility to ensure things are not covered by another payor?

The expectation is for the SCM to ask about resources available to the consumer and document the response before pursuing paid OPI-M services. Check www.medicare.gov/coverage Medicare coverage and ask the consumer if their doctor has submitted an order through insurance.

What about situations where Medicare charges a 20% copay on DME and the individual cannot afford the copay?

OPI-M ancillary is unable to cover the copay amount. Consumers cannot decline to use their Medicare benefit in order to request it through ancillary services.

If the consumer says the items was denied, what is the expectation for SCMs to verify this?

All denials are provided in writing to the individual. Request a copy of the denial notice and include it in the request.

Does the consumer have to own the home for home modifications?

Not necessarily. If they are renting, part of our review process is to determine what is legally required by the landlord to provide.

How can we know if Medicare will cover a specific type of equipment?

The most up to date place to check is the online version of Medicare: www.medicare.gov/coverage

Would ancillary services cover getting locks changed on a consumer's home?

No, this would be considered home repair and not covered under home modifications. It could be considered assistive technology if the individual needs a different type of accessible lock.

Medicare does not pay for four-wheel walkers, will ancillary cover that?

Medicare may pay for it if the person is eligible. From Medicare.gov: Medicare Part B (Medical Insurance) covers walkers, including rollators if you're eligible.

Is it possible for the APD ECM to complete the risk assessment at the same time as the CA/PS so the AAAs don't need to create a temporary one before the PLAN is done?

SCM's should continue to complete the risk assessment. One of the reason's we do risk assessments is to inform the case manager of the consumer's risks so that the case manager can put services and supports into place to mitigate the risks. The risk assessment is one of the most important activities we do in building our service plans.

Once the OPI-M resource assessment is complete, are we just uploading the document to Laserfiche or do we also send to the consumer?

Both, upload to Laserfiche and send a copy to the consumer.

If renewal financial eligibility and service eligibility can't be completed at the same time, would the ECM complete the CA/PS and service plan while waiting for the financial determination?

The CA/PS can be completed in the month that the renewal is due, but service planning shouldn't begin until all eligibility criteria are met. Extend the current OPI-M benefit until both financial and service eligibility are determined.

We've had the AAA office asking our APD office to place CA/PS in Admin status. Should we direct AAA offices to send requests to OPI-M policy?

These requests can be sent to the OPI-M form.

Does OPI-M pay for interpreter services or does that fall to the AAA?

Guide coming soon for Type A – AAAs. Please reach out to central office if you have a current case that you need interpreter services for.

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 or 503-945-5811. We accept all relay calls.