

Information Memorandum Transmittal Aging and People with Disabilities



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Number: APD-IM-22-072

Issue date: 7/29/2022

Topic: Other

Due date: 7/29/2022

Subject: Oregon Project Independence to Oregon Project Independence-Medicaid:
Transition Reviews

Applies to (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging: Types A and B | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental
Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children's Intensive In
Home Services |
| <input type="checkbox"/> County DD program managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> Support Service Brokerage Directors | <input type="checkbox"/> Other (<i>please specify</i>): |
| <input type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Message:

Current Oregon Project Independence (OPI) consumers are being pre-screened by APD Central for eligibility for the new Oregon Project Independence-Medicaid (OPI-M) program.

Reason:

- Eligibility for a Medicaid program must be performed by a Medicaid agency.
- Type A and Type B contract Area Agencies on Aging (AAA) are not a Medicaid agency.
- CA/PS is one factor used in determining service priority levels for Medicaid eligibility.
- CA/PS completed by a Type A or Type B contract AAA must be verified by a Medicaid agency if it is used in determining eligibility for a Medicaid program.

Case managers will see narration that indicates if an OPI case needs further review or is eligible to transition onto OPI-M. The narration will be completed by central office staff and will include the following information:

“The OPI-M review team has reviewed the assessment completed on (enter date) to determine if the individual’s needs will qualify them for the OPI-M program when it becomes available. Based upon the review, it has been determined that (choose one: the assessment does meet SPL eligibility requirements/the assessment needs further review to determine if SPL eligibility requirements are met). If there are any questions about this review, please contact (insert name of reviewer) at (insert email address).”

Local offices are not required to take any action at this time. Further direction will be provided as OPI-M implementation continues.

If you have any questions about this information, contact:

Contact(s): OPI.policy@dhsosha.state.or.us	
Phone:	Fax:
Email:	