FACT SHEET

Oregon Project Independence (OPI)

Oregon Project Independence (OPI) **provides preventive in-home services** and supports to a diverse population of eligible individuals, **to reduce the risk of more costly, out-of-home placement** and to promote self-determination and aging-in-place. This program benefits consumers who need long-term services and supports and are not Medicaid recipients.

Funding and impact

OPI is funded with state General Fund dollars, which gives the state and Area Agencies on Aging flexibility in how to use the funds to meet local needs. OPI funding fluctuates depending on state General Fund availability.

This program optimizes eligible individuals' personal and community support resources to prevent or delay spend-down to more expensive Medicaid-funded long-term care. A 2014 study showed that over an 18-month period, only 19 percent of OPI consumers converted to Medicaid services.

OPI serves consumers across the state, as shown in this list of traditional OPI recipients, as of January 25, 2017.

County	#	County	#	County	#	County	#
Baker	7	Douglas	60	Lake	8	Sherman	1
Benton	29	Gilliam	1	Lane	103	Tillamook	12
Clackamas	117	Grant	4	Lincoln	38	Umatilla	36
Clatsop	20	Harney	10	Linn	58	Union	18
Columbia	30	Hood River	9	Malheur	15	Wallowa	8
Coos	43	Jackson	110	Marion	111	Wasco	13
Crook	3	Jefferson	5	Morrow	7	Washington	127
Curry	31	Josephine	74	Multnomah	566	Wheeler	0
Deschutes	34	Klamath	46	Polk	32	Yamhill	29

Eligibility

OPI serves individuals who are 60 years or older, and individuals of any age with Alzheimer's disease or a related disorder. A 2014 pilot program added individuals with disabilities, ages 19 through 59, who live in specific counties (Benton, Clatsop,

Jackson, Josephine, Lane, Linn, Lincoln, Marion, Morrow, Multnomah, Polk, Tillamook, Umatilla, Washington, and Yamhill).

Individuals receiving OPI services do not qualify for financial assistance or Medicaid, and an assessment has determined the individual needs support to remain at home. Priority is given to frail and vulnerable older adults lacking sufficient access to other long-term services and supports and who are the most at risk for out-of-home placement. Almost half of those who are screened for OPI need help with at least two activities of daily living, such as bathing, dressing or walking. More than 65 percent intend to remain at home and do not wish to move to a higher level of care.

Services

Services depend on need and may include personal care, home care, heavy housework (chore services), assistive technology devices, adult day care, respite care, registered nursing services, home-delivered meals, and service coordination.

Service priority levels (SPL) determine a consumer's need and are the result of an annual consumer assessment. An SPL of 1 is the most dependent, level 18 is the most independent. The current average SPL of OPI consumers is 12.

Costs and fees

Fees for OPI in-home services are charged based on a sliding fee schedule determined by the Area Agency on Aging. Individuals with net incomes below 150 percent of the federal poverty level (FPL) have a one-time fee; those between 150 to 400 percent of FPL are expected to pay a fee toward their service. Clients with net incomes above 400 percent of FPL pay the full hourly rate for the service provided.

The average monthly cost per case is $332 per month. A 2012 study found that OPI consumers use 24 percent of the average hours used by a Medicaid recipient. Additionally, the costs associated with health care are avoided as an individual cannot be both a Medicaid and OPI recipient at the same time.

Caseload

As of January 25, 1,806 individuals are in the traditional OPI program (aged 60+). The pilot program is serving 293 adults with disabilities.

The oldest OPI recipient is 109 years of age and the youngest is 29. The largest grouping of recipients are between the ages of 71 to 90. Females make up 72 percent of traditional OPI and 63 percent of the pilot population.

Consumer stories

- “Patricia” had a successful career and a full family and community life. Her family noticed she was having memory problems so they arranged a meeting with OPI. Patricia declined services but allowed staff to do reassurance checks. As her abilities declined, OPI staff were able to get her to meet with a nearby in-home worker she knew and she agreed to get services. Patricia is now making and keeping medical appointments, has full assistance with her medication management, and assistance with her personal care needs. Without several months of reassurance and visits, it is highly likely that a crisis would have occurred in a few months which would have led to hospitalization, nursing facility care, and the need to access Medicaid services.

- “Lionel” couldn’t shower for two years. OPI set him up with in-home care, and got his shower cleaned and organized so he could use it again. He also had not seen a dentist in more than two years until a caregiver provided transportation. He is grateful for the return of his dignity and freedom to leave his home.

- “Mary” lives alone and had an outstanding community service and family life. She has significant physical problems which made it difficult to take care of herself. OPI was able to provide her assistance in her home, delaying the need for higher level Medicaid-funded care for more than 18 months.

- “Robert” and “Barbara” have had multiple health issues and surgeries during the past few years which severely compromised their mobility. OPI gave them enough help with housekeeping and shopping to be able to continue to live independently. They also have peace-of-mind knowing the services they receive through OPI are affordable, even on their fixed budget.

- “Eunice” lives independently. Her focus was always on her family and she freely shared her gardening skills with those in need. Her confusion and decreased memory caused concern for her pastor who had her meet with the OPI program. Eunice began to come to the congregate meal site regularly which allowed the senior services staff to monitor her situation. As her abilities declined she agreed to get assessed for OPI.

  Community involvement and the opportunity to receive meals in a congregate setting allowed this individual to stabilize until she was comfortable agreeing to receive help in her home. Without this level of communication and contact, it is highly likely that a crisis would have occurred within just a few months which would have led to hospitalization, nursing facility care, and accessing Medicaid services.