

1. AAA:

2. Branch Office Number where case is currently held:

3. Sample/Random Number (NOT PRIME):

4. OPI Case Manager / Service Coordinator Name (who is assigned to the case):

5. Reviewer's Name and Phone Number:

Name

## OPI CAPS Assessment in OACCESS

(OAR 411-032-0020 1) a) C; OAR 411-032-002- 2) d) B)

6. What is the individual's SPL? (1-18 or 99)

- 1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  
 18  99

7. What month was the current OPI assessment completed.

(OAR 411-032-0020 1) a) C - OAR 411-032-0020 2) d) B)

- March 2017  April 2017  May 2017  June 2017  July 2017  August 2017  September 2017  
 October 2017  November 2017  December 2017  January 2018  February 2018  March 2018  
 April 2018

## OPI Client Details in CAPS/OACCESS

8. Does the consumer have at least one diagnosis on diagnosis list in CAPS client details?  
(OAR 411-032-0020 (2)b)

yes  no

9. Comments regarding OPI Client Details in CAPS

## OPI Case Narration/OACCESS

10. Does narration verify that the CAPS was completed face-to-face in the consumer's home?  
(OAR 411-015-0008 1) f & g)

yes  no

11. Was the narration completed at the time of contact/activity, or within 3 business days?  
(Agreed-upon professional standard and used in training)

yes  no

12. Comments regarding OPI Case Narration

## OPI Service Plan in CAPS/OACCESS

13. The paid OPI services in the service plan are:  
(check all that apply)

In-home Care (HCW) hourly  In-home care (Agency)  Adult Day Services  Home Delivered Meals  Chore  
 Transportation  Misc. OPI Services

14. Are the needs identified in the CAPS assessment addressed in the service plan?  
(AR 17-041, OAR 411-032-0010 1) c, d, e and OAR 411-031-0015 1) a)

yes  no

15. Are Natural Supports identified in the Service Plan?

(OAR 411-032-0001 3), 4)

If yes go to question 16

yes  no

16. Are Natural Supports identified with tasks in the Service Plan?

(OAR 411-032-0001 3), 4)

yes  no

17. Comments regarding the OPI Service Plan

## OACCESS OAA Services Tab Information

18. Do the OPI services in the service plan correspond with the services listed on the OACCESS OAA SVC/FCSP tab (or in the approved alternate program for RAIN/SPR reporting)?

(See Detail, Provider OAR 411-032-0015 3) C) IJ.)

yes  no

19. Are units displayed for current OPI services? (any dates for the past 13 months)

(See Detail, Provider Qualifier/Units OAR 411-032-0015 3) C) IJ.)

yes  no

20. Comments regarding the OACCESS OAA Services Tab Information

## OPI Form Review

21. If the approved OPI service plan includes a HCW, is the Workers' Comp agreement (354) signed by consumer and complete?

OAR 411-032-0010-1) d, e

yes  no  N/A (no HCW)

22. Is the current (dated in the past 12 months) OPI Service Agreement (0287L) signed by both the consumer and OPI Case Manager/Service Coordinator?  
(OAR 411-032-0020 2) e) A, B; AR 13-005)

yes  no

23. Is the OPI fee determination (0287K) current and signed by both the consumer and OPI Case Manager/Service Coordinator within the past 12 months?  
(OAR 411-032-0044 1, 2; AR 13-005)

yes  no

24. Is the OPI Risk Tool (0287J) or the version in the Care Tool current and complete in the past 12 months?  
(AR 13-005)

yes  no

25. If a HCW or in-home care agency are listed as OPI providers on the case, is there a signed in-home service plan (546N) for the HCW and/or in-home agency for the time period?  
(OAR 411-032-0010 1) c, d, e)

yes  no  N/A

26. If the service plan includes a HCW, is the CEP Program Participation Agreement or representative Choice Form (737) signed? (only required since December 2015)  
(PT 15-013, AR 17-041, OAR 411-032-0010 1) d, e)

yes  no  N/A

27. Comments regarding overall OPI form review for this client.

Thank you for completing the monitoring review for this OPI consumer.