

Intake	Review	OPI OACCESS & Information	Done ✓
X	X	OPI is only for non-XIX (exceptions for QMB, SMB, CWM & SNAP)	
X		CIS register person in ACCESS	
X	X	OPI type of CAPS (cannot use XIX or PAS)	
X	X	Add/update Diagnosis in Client Details	
X	X	Add/update address, mailing address, phone #, email address, contacts (natural supports) as needed	
X	X	OPI Service Benefit/Plan – Local OPI guidelines regarding hours	
X	X	In Home Agency contract PC/HK (local contract)	
X	X	In-Home Care (HCW) hourly (OP 334 for 60+ or OP 332 for pilot)	
X	X	Home Delivered Meals (local contract)	
X	X	Adult Day Service (local contract)	
X	X	Misc OPI Services	
X	X	Natural Supports (including private paid services)	
X	X	Benefits Tab	
X	X	Add Service Worker and OPI with name	
X	X	Update applying for from NREL to Primary Applicant	
X	X	OPI checkbox marked	
X	X	Service Benefit Tab reason for action name OPI or OPI Pilot	
X	X	OPI mon fee (see fee determination form)	
X	X	OPI fee %	
X		Service needs tab 😊 on the OAA Summary tab	
X		Complete Ethnicity, Race, income & number in household questions; check not OAA elg. if Pilot	
X	X	NutrRsk/ADL tab 😊 Complete information	
X		OAA service needs 😊 on the OAA Svc/FCSP tab	
X	X	Complete OAA tabs as directed by local AAA	
X		Add start date	
X	X	Narrate all actions, forms and contacts	
		FORMS	Forms go to
X	X	3010 Use and Disclosure of Information	File
X		354 Workers Comp (if using a HCW)	File
X	X	737 Representative Choice Form	Client, File & Rep
X	X	287 K OPI Fee Determination (client signs)	Client & File
X	X	287 L OPI Service Agreement (client signs)	Client & File
X	X	546n for HCW or CIHA Remarks must include “OPI or Pilot & monthly hours” If an in-home agency insert wages in the service rates tab	File, Voucher clerk, Agency
X	X	546ad Adult Day Care authorization (it is on the forms server) Remarks must include “OPI & OPI fee%”	File Agency
X	X	4105 to HCW	HCW
X	X	598 task list for HCW and/or Agency and Client/ERC (as needed)	HCW, Agency Client