OPI-M Form Requirements Quick Reference Guide – APD/AAA

This document guides a case manager (CM) on what forms are required to be saved for document retention, when they must be provided, and to whom they must be provided. APD Offices and LCOG/MCADVS/NWSDS/OCWCOG will utilize the Department's EDMS program (now called Laserfiche). AAA offices will utilize their existing secure document retention systems to keep copies of the document types listed below. (Updated October 25, 2024)

Key: Indicates where the form must go					
C = Consumer or Rep.	**P** = Provider	**SS** = Support staff	**CO** = Central Office	**O** = Other	***** = Signature required
■ = Required at Intake		► = Required at Redetermination		**#** = May Be Required	
For EDMS Only: + = Index these forms separately.					

Eligibility Case Manager [1] (ECM)						
EDMS Document Categories: All documents listed must be saved to EDMS						
Application Applications w/ associated documents	**Ongoing Action** Change action after eligibility determination or during certification	**Medical Records** Medical records (MED), LTCCN program	**Case Management** Anything to do with assessments and eligibility determination	**Legal Document** Documents referenced yearly and only obtained from consumer once	**Hearing**	**Supporting Document** Financial or other documents from consumer needed to be referenced
OPI-M App: ■► **C***	457D: **C***	620: ■ **CO**	SPA: **#** ■► **C***	3010*	443	851
OPI-M 540: ■► **C**	540T: **C**	708: ■	002N: ■► **C**	Change of name	447: **C**	OPI-M RA: ■**C**
SEL 503: ■► **C**	2379: ■► **C**		2780N: **#** ■► **C***	Deeds**+**	Final order	OPI-M 3403: ■**C**
9373: ■► **C**		Medical Records used for eligibility determination	4234: **C**	Divorce Docs.		4234: **C**
457D: C*			5139: ■► **C**	Guardianship**+**	Hearing related notices	
231: ■► **C***			8958: ■**C**	Conservatorship**+**		Income and Resource verification used to determine eligibility
2639: ■► **C***				Life/Burial Ins		
				POA		
				Trust**+**		

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[1] Example – OPI-M App: ■►**C*** means the application is a required document for all new intakes, at renewals, it must go to the consumer, and it requires their signature. The complete form with signature is saved for record retention.

				All ID Records: ID, Citizenship, Birth/Death Records		

OHP 7210 Application for Oregon Health Plan (OHP) Benefit – should be provided to the individual upon request.

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■ = Required at Intake		**▶** = Required at Redetermination		**#** = May Be Required		
For EDMS Only: + = Index these forms separately.						
Services Case Manager (AAA Offices w/o EDMS)[2] (SCM)						
Document Categories: All documents listed must be saved						
Application Applications w/ associated documents	**Ongoing Action** Change action after eligibility determination or during certification	**Medical Records** Medical records (MED), LTCCN program	**Case Management** Anything to do with assessments and eligibility determination	**Legal Document** Documents referenced yearly and only obtained from consumer once	**Hearing**	**Supporting Document** Financial or other documents from consumer needed to be referenced
	457D: **C***	All LTCCN Records RN Assessments 752 753: **P/SS** 754 4102: **P**	PLAN: ■▶ **C*** 003N: ■▶ **C** 354: **C*** 540: **C** 546N: **SS** 595: **P/SS** 598: **C*/P** 737: ■**C*** 3406: **CO** Misc. Ancillary forms: **CO** 4105: **P**	3010 All ID Records: ID, Citizenship, Birth/Death Records	443 447: **C** Final order Hearing related notices	4234: **C**

[2] Example - PLAN: ■▶**C*** means the PLAN is a required document for all new intakes, redeterminations, it must go to the consumer, and it requires their signature. The completed form with signature is saved for record retention.

Important: Any written notes that are taken during a home visit are considered part of the client case file and must be kept in the electronic case record.

Case transfers for AAA's not utilizing EDMS:

When a consumer moves out of one AAA service area and into another area, their documentation must follow them to the new office. The sending AAA must coordinate the document transfer with the consumer's new home office. (There is a seven (7) year retention requirement for almost everything. Some things may require ten (10) years.)
1) Documents in digital format must be sent in a secure manner. This may include:
   a) Secure email
   b) Secure drive, such as a "thumb drive"
2) Documents saved as hard copies must be sent in a secure manner. This may include:
   a) Sending via secure mail such as registered or certified mail
   b) Convert hard copies into digital versions by scanning the documents and proceeding with option (1) above

Saving an editable version of the Person Led Assessment and Notice (PLAN) and the Unpaid Caregiver Assessment Tool (UCAT):

1) As indicated in the guide above, the PLAN must be signed by the consumer and saved to EDMS or a secured file location for new cases and annual redeterminations.
2) Services Case Manager (SCM)s should create a folder for everyone they serve on a secured centralized network drive.
   o This may include a shared hard drive, SharePoint, or similar. This will ensure others can access the documents in an absence or when cases are transferred between SCMs.
3) For a new OPI-M individual, the SCM will save both a signed and unsigned copy of the PLAN and UCAT in the individuals folder and label it as follows: PLAN_Prime#_EffectiveDate_Unsigned.pdf and UCAT_Prime#_EffectiveDate_Unsigned.pdf For example: **PLAN_PR1M35N_08.26.2023_Unsigned.pdf** and **UCAT_ PR1M35N_08.26.2023_Unsigned.pdf.**
   o It's important to save both a signed and unsigned version because Adobe PDF updates prevent a user from updating a signed document. Saving an unsigned version will allow you to make updates to the document later.

4) At the annual renewal or when an individual needs to make changes to an existing PLAN, the SCM can utilize the previous PLAN to update and document changes to the individuals service plan.

- o The SCM will open the current PLAN from the individual's folder and work with the individual through the person-centered service planning process to identify what areas in the plan need adjustments.
  - ▪ This can include changes in all areas or as little as one section.
- o Once changes are made, the SCM will then need to save the updated PLAN with a new date. For example: **PLAN_PR1M35N_08.01.2024_Signed.pdf.**

Location / Form Number / Name:

CM Tools / SharePoint		Oregon ACCESS	
OPI-M App	OPI-M Application*	SDS 002N	Assessment Summary
MSC 2639	Authorization for Electronic Verification of Resources (Included in OPI-M Application)	SDS 003N	Client Details
PLAN	OPI-M Person Led Assessment and Notice*	MSC 231	Authorized Representative and Alternate Payee
OPI-M 540	OPI-M Notice of Planned Action (Program specific) *	SDS 354	Worker's Comp Agreement and Consent
OPI-M 3403	OPI-M Notification of Excess Resources*	SDS 540	Notice of Planned Action
OPI-M RA	OPI-M Resource Assessment	SDS 540T	Notice of Disqualification for Transfer of Assets
UCAT	Unpaid Caregiver Assessment Tool	APD 620	Request for Presumptive Medicaid Disability Decision
ERS PA	Emergency Response System Prior Authorization	SDS 546N	In-home Service Plan authorization
SDS 3406	Request for K-Plan Ancillary Services	SDS 0595	Home Delivered Meals
Misc. Ancillary	• Assistive Technology Acceptance of Delivery • Consumer Confirmation of Job Completed to Their Satisfaction • Chore Services Consent • Consumer/Landlord Environmental Modification Consent	SDS 598N	Task List

	Contractor Environmental Modification Consent form		
(Intentionally left blank)		DHS 2780N Includes:	Service Plan and Notice
		SPA	Service Plan Agreement
		MSC 3010	Authorization for Disclosure
		SDS 4105	Homecare Worker Notice of Authorized Hours and Services

Forms

MSC 443	Administrative Hearing Request	APD 754	Long-Term Care Community Nursing Service Plan
MSC 447	Your Hearing Rights	MSC 851	Verification of Earnings
MSC 457D	Voluntary Agreement to Take Action on a Case	DHS 2379	Asset Verification Consumer Report Disclosure
SEL 503	Voter Registration Card	APD 4102	Prior Authorization for APD LTCCN
APD 708	SPD – Disability Referral	DHS 4234	APD LTSS Notice of Request for information or Verification Needed
SDS 737	Representative Choice Form	DHS 5139	What to Expect from Your Assessment for Long-Term Services and Supports
APD 752	Long-Term Care Community Nursing Services Summary	DHS 8958	Medicaid In-home Service Options brochure
APD 753	Long-Term Community Nursing Program – Client Referral	DHS 9373	Reporting Abuse of Older Adults and People with Physical Disabilities

*OPI-M Specific forms will be added to the form server later. These forms are located on the OPI-M CM Tools page.