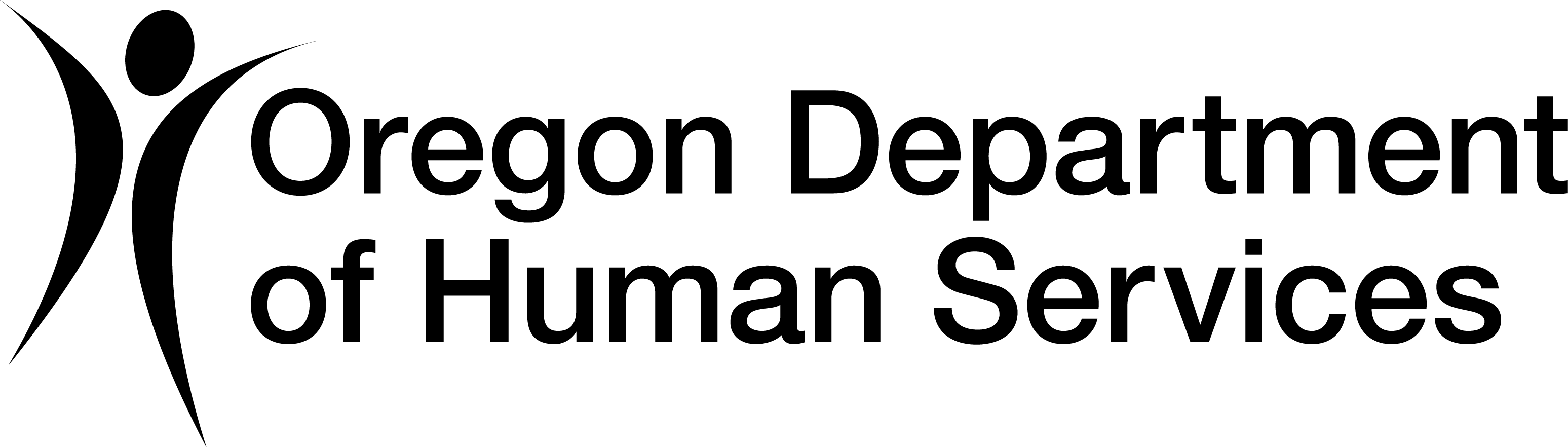
** APD - Community Services and Supports Unit**

**Oregon Project Independence Monitoring Guide 2024**

You may use this form to take notes and to track your responses for the monitoring. **Please do not send this form in with your responses.** All information needs to be entered into the survey which is the final step of the OPI monitoring.

Please make sure that you give yourself enough time to complete the survey at one time because you will not have the option to return to the survey.

**Part 1: OPI Administration**

Numbers correlate to the survey question.

4. How many traditional OPI consumers are you serving?

6. How many OPI pilot consumers are you serving (if you participate in the pilot program)?

8. How many individuals on your traditional OPI waitlist?

9. How many individuals on your OPI pilot waitlist?

10. Note what authorized services you provide for OPI: home care, personal care, chore, assistive technology device, adult day services, registered nurse services, home delivered meals, other

11. Please explain how your AAA tracks and invoices individuals who should be charged the one-time $25 fee.

**Part 2: Plans to Address Any Identified Gaps**

29. Please identify any areas where your AAA or program partners are not fully meeting the standards, need assistance to meet the standards, or need to take further steps to reach a program goal.

|  |  |  |  |
| --- | --- | --- | --- |
| **Issue where AAA is not yet meeting standards, or facing challenges** | **Proposed plan or steps the AAA will take.** | **Lead or responsible person** | **Goal date for completion** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Part 3: Areas of Program Success**

30. Please identify any areas where your AAA has been successful in achieving or exceeding its goals while fully meeting the standards and identify the main factor(s) in achieving success.

|  |  |  |
| --- | --- | --- |
| **Area of success** | **Brief description of particular program success and sustainability** | **Main factor(s) leading to particular success (be brief and specific)** |
|  |  |  |
|  |  |  |
|  |  |  |

31. Any additional comments or feedback on the 2024 OPI Monitoring?

**Part 4: OPI Case Review – complete spreadsheet first**

|  |
| --- |
| **Instructions** |
| * **A list of OPI consumers will be provided by SUA for the review. 15% of the caseload will be included in the monitoring with a minimum of 10 cases and a maximum of 40 cases per AAA.** * **Please complete the review in the spreadsheet for each consumer.** * **Once Part 1, Part 2, Part 3 and the spreadsheet are complete, please proceed and enter your responses into the** [**survey**](https://forms.office.com/Pages/ResponsePage.aspx?id=6GOOZTmNnEmPSBOtyUUvTJhD6su1LwJEqtimtpDxWYlUMVc4NENTTE9WU1U5N1lERkNHS1pMS1U5SCQlQCN0PWcu) * **If a replacement consumer is needed, please contact OPI Policy at** [**OPI.Policy@odhs.oregon.gov**](mailto:OPI.Policy@odhs.oregon.gov) |

**Thank you for completing the 2024 OPI Monitoring!**

**Please contact** [**OPI.Policy@odhs.oregon.gov**](mailto:OPI.Policy@odhs.oregon.gov) **if you have any questions.**