**Oregon Project Independence Quality Assurance Tool - 2017**

Based largely on 2016 SUA monitoring tool

For reviewing individual files – each program manager should have plan for conducting regular monitoring

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| --- | --- | --- | --- | --- |
| Client: | Date: | Yes | No | Comments: |
| Case Manager : | |
| 1. **CAPS** completed within the last 12 months?  2. **SPL** 18 or below?  3. **At least one diagnosis** listed in CAPS case details?  4. **If HCW:** voucher authorized hours, CAPS service plan summary assigned hours, hours authorized and paid per HINV screen line up?  5. **If in-home care agency:** Agency billed hours for a given month do not exceed hours assigned per Service Plan Summary.  6. Per OA narration, **CAPS done** via **face-to-face** HV w/ consumer?  7. **OA narration** done **w/in 3 business days** of encounter?  8. Narration re: **598** (task list) completed & given to provider (HCW or agency) and to consumer after initial CA/PS, annual reassessment, and/or if service plan changes/ service stops?  9. **If HCW:** Completed **4105** (HCW notice)sent to HCW to start, change, remove services? Narrated? (Form not needed in file.)  10**. 287L** (OPI Service Agreement) signed, dated in last 12 months  by both CM and consumer, and in hard file?  11**. 287K** (OPI Fee Determination) signed, dated in last  12 months by both CM and consumer, and in hard file?  12. **If HCW:** **0354** (Workers’ Comp Agreement) signed and dated by the consumer within last 12 months, and in file?  13. **If HCW:** **0737** (CEP Program Participation Agreement)  Signed & dated within the last 12 months, and in file?  **546N** (in-home service plan)  14.Signed and dated by CM and in file for current assessment period, for service plan changes, and/or to end service?  15. If applicable, sent to in-home agency and action narrated?  16. If applicable, remarks section of 546 includes program identification, co-pay amount, and case manager email address. | |  |  |  |
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