

Here are the Oregon Access Screens that need to be completed to open a case for a Family Caregiver Client.

Caregiver Clients need to be given Prime Numbers!  
**Complete the entire page.**

Oregon Access [ Office : OAA- Multnomah Aging and Disability Service... ]

File Edit Select Status Transfer View Mainframe Windows Help

Case for CASE TEST ( Case Branch : OAA- Multnomah Aging and Disa... )

Person Address Vet/Nat Amer Contacts Prev Asst Education CM Service(s)

Person List

	Last Name	First Name	M.I.	Role	Verified
1	TEST	CASE		Primary Applicant	No

Person Detail

SSN: -- DOB: 00/00/0000 Prime Nmbr:

Citizenship: US Citizen ☐ Legal Alien ☐ Other ☐ Sex: Male ☐ Female ☐ Disabled: ☐ Blind: ☐

Live in: House  Death Date: 00/00/0000 Stay in Oregon: ☐

Marital:  Lang Spoken: English  Spouse is or was a vet: ☐

Race: White  Lang Read: English  Unpaid medical bills: ☐

Ethnicity: Hispanic or Latino  Alt Format:  Initial Inq MMA? ☐ Yes ☒ No

1. Tele Nmbr: (503) 988-3646 Ext:  Type: Work

2. Tele Nmbr: ( ) - Ext:  Type:

3. Tele Nmbr: ( ) - Ext:  Type:

4. Tele Nmbr: ( ) - Ext:  Type:

454D Comments

Verified: ☐

The Social Security Number of the person. | hslmm13 (7210) | 12/11/2013 02:52 pm

Complete this tab:

Oregon Access [ Office : OAA- Multnomah Aging and Disability Service... ]

File Edit Select Status Transfer View Mainframe Windows Help

Case for CASE TEST ( Case Branch : OAA- Multnomah Aging and Disa... ]

Person Address Vet / Nat Amer Contacts Prev Asst Education CM Service(s)

Address List

Address	City	Verified
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Address Detail

Address: 421 SW OAK

Line 2:

City State ZIP: Portland OR 97204 -

FIPS Cnty Code:

Directions:

OAA/NAPIS: Is this address within the city limits? Verified: ☐

Address Owners

Name	Use
TEST , CASE	Residence Address

Add Remove

The purpose for which the address is used.

Oregon Access [ Office : OAA- Multnomah Aging and Disability Service... ]

File Edit Select Status Transfer View Mainframe Windows Help

Case for CASE TEST ( Case Branch : OAA- Multnomah Aging and Disa... )

Waiv Instn Supply Other Needs Referra **OAA Sumry** NutrRsk/ADL OAA Svc/FCSP

**OAA Service Applicant**

	Last Name	First Name	M.I.	Role
1	TEST	CASE		Primary Applicant

**OAA Detail**

Last Rev Date: 00/00/0000 Months to Next Rev: Next Rev Date:

Nmbr in HH: Income Level: Total Income :

**OAA Service Applicant Detail**

OAA ID: 150048664 TEST, CASE

Not OAA Eligible: ☐

Start Date: 01/01/2010

OAA Ethnicity: Hispanic or Latino

OAA Race(s): White

Add Remove

**ALWAYS** enter in a **start date** on the OAA Sumry tab when providing an OAA Service such as the Family Caregiver Support Program. IF YOU DON'T Oregon Access will not recognize a service being provided even if the following page is completed!

Oregon Access [ Office : OAA- Multnomah Aging and Disability Service... ]

File Edit Select Status Transfer View Mainframe Windows Help

Case for CASE TEST ( Case Branch : OAA- Multnomah Aging and Disa... ]

☐ Waiv
 ☐ Instr
 ☐ Supply
 ☐ Other Needs
 ☐ Referral
 ☐ OAA Sumry
 ☐ NutrRsk/ADL
 ☐ OAA Svc/FCSP

☒ OAA Service
 ☐ FCSP

Client: TEST , CASE

List

#	District	OAA Class	Site	Start Date	End Date	Verif
1	2MU	CG Supplemental Srvc	Multnomah County ADS	10/01/2012	00/00/0000	No
2	2MU	CG Access Assistance (#16)	Multnomah County ADS	10/01/2010	00/00/0000	No

Detail

District: Multnomah
 Site: Multnomah County
 Service: CG Supplemental Srvc

Route:
 Authorized Units: .00
 Custom Data

Provider

Name: MULTNOMAH COUNTY ADS
 Provider ID:

Address: 421 SW Oak St., Ste 510

Line 2:

City State ZIP: PORTLAND OR 97204

Tele Nmr: (503) 988-3620
 Ext:
 Fax: ( ) -

Route Seq.
 Qualifier/Units

Dates

Start Date: 10/01/2012
 End Date: 00/00/0000
 End Reason:
 Verified ☐

hslmm13 (7210) 12/11/2013 02:01 pm

The OAA Service tab is where you add services you have provided for the client.

**Service options include:**

\*CG Access Assistance-this is what is used for caregiver case management services.

CG Supplemental Services

CG Respite Services

CG Training-clients receiving STAR Caregiver services should have this entered.

SUPPORT GROUP for CG-

**\*IMPORTANT NOTE:** "Case Management" does not apply to CG (caregiver) clients. Only services noted with **CG** in front of them relate to caregiver services.

Complete the information in this tab:

Oregon Access [ Office : OAA- Multnomah Aging and Disability Service... ]

File Edit Select Status Transfer View Mainframe Windows Help

Case for CASE TEST ( Case Branch : OAA- Multnomah Aging and Disa... ]

Waiv Instn Supply Other Needs Referral OAA Sumry NutrRsk/ADL ☐ OAA Svc/FCSP

☐ OAA Service ☒ FCSP

Client (Caregiver): TEST , CASE

Care Recipient List

#	Person	Relationship	DOB	Verified
1	Recipient, Care	Daughter	01/01/1920	No

Recipient Detail

Care Recipient ADL/IADL Services

Last Name: Recipient

First Name: Care

Middle Initial:

Gender: Female

Date of Birth: 1 / 1 / 1920

Caregiver Relationship To Care Recipient: Daughter

☐ Disabled Child over 18

☐ Under 60 w/Dementia, Alzheimer's, etc.

Verified ☐

Complete the FCSP/ADL tab with care recipient needs:

Oregon Access [ Office : OAA- Multnomah Aging and Disability Service... ]

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Case for CASE TEST ( Case Branch : OAA- Multnomah Aging and Disa... )

Waiv Instr **Supply** Other Needs Referral OAA Sumry NutrRsk/ADL OAA Svc/FCSP

OAA Service **FCSP**

Client (Caregiver): TEST, CASE

Care Recipient List

#	Person	Relationship	DOB	Verified
---	--------	--------------	-----	----------

Recipient Detail

Care Recipient **ADL/IADL** Services

Available ☒ ADL ☐ IADL

Dressing
Eating
Elimination
Transferring

>>

<<

Select All

Selected ADL'S/IADL'S

Bathing	Substantial
Behavior	Full Assist
Mobility/Walking	Substantial
Personal Hygiene/Grooming	Substantial

Select All

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Oregon Access [ Office : OAA- Multnomah Aging and Disability Service... ]

File Edit Select Status Transfer View Mainframe Windows Help

Case for CASE TEST ( Case Branch : OAA- Multnomah Aging and Disa... )

Case Overview Medical Assistance Foodstamps Service General Assistance

Case

Initial Appl Date: 00/00/0000

Signed Date: 00/00/0000

Date of Request: 00/00/0000

Case #:

Medical Prog:

FS Case #:

FS Filing Date: 00/00/0000

Total Income:

Branch Code: 7210

Workers

Role	Name
OAA	McNeill, Loriann M ( hslmm13 )

Assign Workers

Unassigned Case ☐

Oregon Project Independence ☐

Applying For

Person	SSN	DOB	Prime Nmbr	MED	FS	SVC	GA	MN	OAA	ET
TEST, CASE	- -			NREL	NREL	NREL	NREL	NREL	APPL	NREL

Assign worker to Case | hslmm13 (7210) | 12/11/2013 03:00 pm

1. Assign yourself as the worker and choose OAA as role.

2. Make sure there is “APPL” in the OAA tab. If there isn’t, go back to the “OAA SUMRY” tab and enter a start date.

**To end a FCSP service- put in end date of the service under the OAA Service tab.**

Oregon Access [ Office : OAA- Multnomah Aging and Disability Service... ]

File Edit Select Status Transfer View Mainframe Windows Help

Case for CASE TEST ( Case Branch : OAA- Multnomah Aging and Disa... )

Waiv Instn Supply Other Needs Referral OAA Sumry NutrRsk/ADL ☐ OAA Svc/FCSP

☐ OAA Service ☐ FCSP

Client: TEST, CASE

List

#	District	OAA Class	Site	Start Date	End Date	Verif
2	2MU	CG Access Assistance {#16}	Multnomah County ADS	10/01/2010	00/00/0000	No
3	2MU	Caregiver Respite {#30-5}	Multnomah County ADS	01/01/2010	00/00/0000	No

Detail

District: Multnomah Site: Multnomah County / Service: Caregiver Training {#7(

Route: Authorized Units: .00 Custom Data

Provider

Name: MULTNOMAH COUNTY ADS Provider ID:

Address: 421 SW Oak St., Ste 510

Line 2:

City State ZIP: PORTLAND OR 97204 -

Tele Nmbr: (503) 988-3620 Ext: Fax: ( ) -

Route Seq. Qualifier/Units

Dates

Start Date: 05/10/2013 End Date: 07/10/2013 End Reason: Stopped Program Verified



To close FCSP case go to Case Overview tab. Take off your name and role and choose “unassigned case”. If there are NO OTHER SERVICES being provided to the client by another program you can inactivate the client record (see OREGON ACCESS training manual). If you are uncertain ask your supervisor to help you.

**Oregon Access [ Office : OAA- Multnomah Aging and Disability Service...**

File Edit Select Status Transfer View Mainframe Windows Help

**Case for CASE TEST ( Case Branch : OAA- Multnomah Aging and Disa...**

Case Overview Medical Assistance Foodstamps Service General Assistance

**Case**

Initial Appl Date: 00/00/0000  
 Signed Date: 00/00/0000  
 Date of Request: 00/00/0000  
 Case #:  
 Medical Prog:  
 FS Case #:  
 FS Filing Date: 00/00/0000  
 Total Income:  
 Branch Code: 7210

**Workers**

Role	Name

Unassigned Case ☒  
 Oregon Project Independence ☐

Assign Workers

**Applying For**

Person	SSN	DOB	Prime Nmbr	MED	FS	SVC	GA	MN	OAA	EI
TEST, CASE	- -			NREL	NREL	NREL	NREL	NREL	APPL	NREL

Assign worker to Case | hslmm13 (7210) | 12/12/2013 12:05 pm