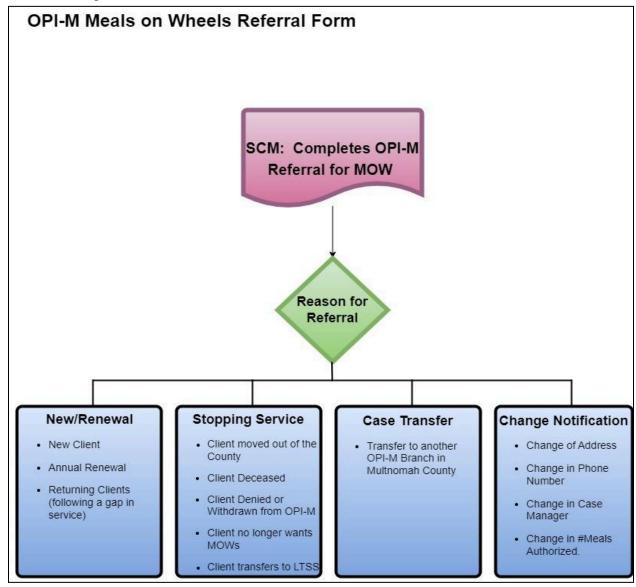
Tutorial: MOW-Referral Form

For OPI-M Service Case Managers

Complete the OPI-M Referral for Meals on Wheels (MOW) form to authorize Home Delivered Meals for OPI-M clients. Once the Form is submitted, a copy of the referral will automatically be sent to MOW and Multnomah County for processing.

The MOW Form has four different Referral Options:

- New/Renewal
- Stopping Service
- Case Transfer
- Change Notification



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Step 1. Authorize Services and Number of Meals in Oregon Access

Step 2. Complete the OPI-M Meals on Wheels Form

New/Renewal

Complete all of the * Required fields

Type of Referral:

Stopping Services

Complete all of the * Required fields

Stop Services:

Case Transfer

Complete all of the * Required fields

Case Transfer Page

Change Notification

Complete all of the * Required fields

Change Page

New/Renewal

Select the New/Renewal option for the following circumstances:

- New Client
- Annual Renewal
- Returning Clients (following a gap in service)

The * Indicates a required field

Complete all of the * Required fields

Complex Name: Refers to the Apartment Complex name in order to help MOW with the delivery.

Sending Branch ID: Select your branch

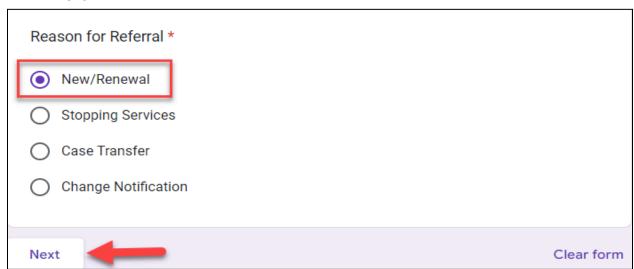
The following fields are for **Renewals ONLY**. Check the box if the information has changed from the previous submission.

- Is this a new Phone Number?
- Is this a new Address?
- Is this a new CM for the client?

| Is this a new address? |
|---|
| Please only use this option to update existing referrals. |
| Yes |
| Is this a new phone number? |
| Please only use this option to update existing referrals. |
| Yes |
| |
| Is this a new CM for the client? |
| Yes |

Reason for Referral

- New/Renewal
- Next



Type of Referral:

- New Referral
- Renewal—with no break in service



- Complete all the *Required fields.
- **Notes:** Add any useful information (pets, preferred name, etc.)
- **Emergency Contact Information:** Complete if you have the information. This will help MOW if they are unable to contact you or the client.
- Submit

Stopping Services

Select Stopping Services for the following circumstances:

- Client moved out of the County
- Client Deceased
- Client Denied or Withdrawn from OPI-M
- Client no longer wants MOWs
- Client transfers to LTSS

The * Indicates a required field

Complete all of the * Required fields

Complex Name: Refers to the Apartment Complex name in order to help MOW with the delivery.

Sending Branch ID: Select your branch

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Reason for Renewal:

- Stopping Services
- Next



Stop Services:

- Stop Date
- Stop Reason
- Submit

Case Transfer

Select the Case Transfer option if the client is transferring to another **OPI-M Branch** within **Multnomah County.** *Note: If transferring to a different program including LTSS, use the Stop Services option.*

The * Indicates a required field

Complete all of the * Required fields

Complex Name: Refers to the Apartment Complex name in order to help MOW with the delivery.

Check the box if applicable for the following:

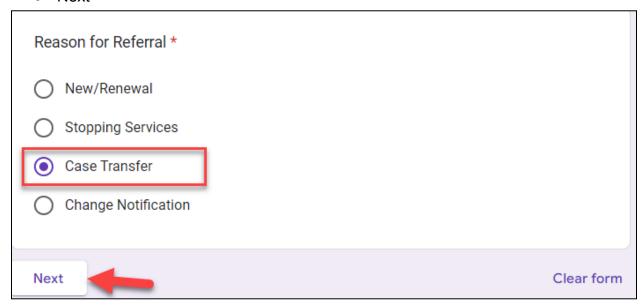
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| 0/02/2024 |
|---|
| Is this a new address? Please only use this option to update existing referrals. |
| ☐ Yes |
| Is this a new phone number? |
| Please only use this option to update existing referrals. |
| Yes |
| Fill in the Transferring Case Manager information (NOT the receiving Case Manager info) |
| Case Manager * |
| Current Case Manager. (For Case Transfers, the receiving CM information will be added in another field) |
| Dan Duck |
| Is this a new CM for this client? Do NOT use for Case Transfers |
| Is this a new CM 101 this elient? |
| Yes |

Sending Branch ID: Select your branch

Reason for Referral

- Case Transfer
- Next



Case Transfer Page

Case Transfer

Client remains in the OPI-M program, but moves to a new branch within Multnomah County. If transferring to a new program, use Stop Services option.

- Transfer Date
- Receiving Case Manager Information: (Complete if you know the information)
- Receiving Branch: Branch you are transferring the client to.
- Submit

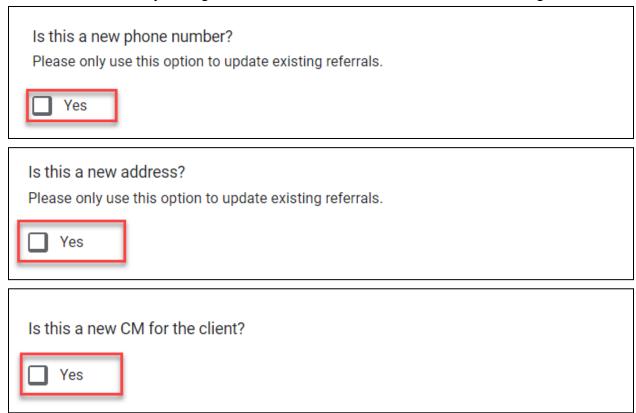
Change Notification

Select Change Notification for the following circumstances:

- Change Address
- Change in Phone Number
- Change in Case Manager
- Change in Number Meals Authorized

The * Indicates a required field

Check the box for any change in Phone Number, Address, and Case Manager:



Complex Name: Refers to the Apartment Complex name in order to help MOW with the delivery.

Sending Branch ID: Select your branch

Reason for Referral:

- Change Notification
- Next

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| Reason for Referral * | |
|-----------------------|------------|
| ○ New/Renewal | |
| Stopping Services | |
| O Case Transfer | |
| Change Notification | |
| Next | Clear form |

Change Page

- Change Start Date:
- Any other changes MOW should be aware of?:
 - Change in Number of Meals Authorized (Example: changing from 30 meals to 40 meals per month)
 - o Any other changes MOW should be aware of.
- Submit