OPI-M Service PLAN Tutorial

Person Led Assessment and Notice for Service Case Managers

Within 14 days of Financial Eligibility Determination, SCM must contact the client and schedule a home visit. PLAN must be completed within 30 days from Financial Eligibility.

Things to remember regarding this form:

- ℹ️ icon: Select the icon to get additional support. Each ℹ️ has different suggestions based on the section or question asked.
- **Purple:** The purple writing will **NOT** appear once printed.

Step 1. Care Plan Details

Page 1-2 of the PLAN covers the Goals, Strengths and Preferences of the client. The questions are designed to be open-ended and thoughtful. Document the client's answers in their own words, not the words of the caregiver.

1. Client Name
2. PRIME #
3. Case Manager Name
4. Effective Date: Date of PLAN

Oregon Department of Human Services
AGING & PEOPLE WITH DISABILITIES

Person Led Assessment and Notice

Oregon Project Independence - Medicaid

1 Name: Mickey Mouse 2 Prime: SRS123S

3 Case Manager Name: Donald Duck 4 Effective Date: 06/28/2024

The Care Plan Details questions:

- Enter the responses in the client's own words in the text box.
- If the client is struggling to answer the question, select the ℹ️ icon for additional support. Each ℹ️ has different suggestions based on the questions asked.

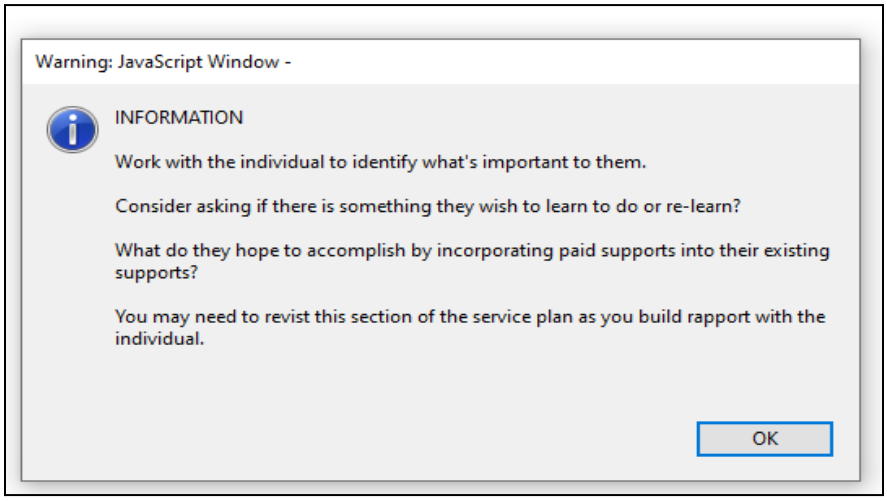
Care Plan Details

■ What are some things you'd like to see change for yourself over the next year? As we develop this service plan, what is something you want to achieve from it?:

Mickey has family in Southern California that he would like to visit this year. He hasn't been able to visit because his "outside" walker is broken.

Mickey also enjoys all kinds of puzzles. He said he feels that doing puzzles helps keep his mind "sharp". However, since he has lost strength in his hands, it's difficult for him to grasp some puzzle pieces. He would like to know if there are any assistive devices that could help him grab these pieces.

Example of ℹ️ icon for the first question:



■ What in your life do you feel is going especially well right now?:

Mikey describes himself as a Jack-Of-All-Trades. He prides himself on having the knowledge to fix a variety of things in his home. He likes to feel useful.

Mickey is grateful for his home care worker, Madeline, who is also his niece. She moved to Portland to help Mickey around the house because he was having difficulty finding a reliable home care worker. Mickey is excited that OPIM has more hours for Madeline, because she helps him with a lot more than she's currently paid for.

■ For some individuals cultural, religious, or other personal beliefs are important in their daily lives. What are some important beliefs or things about your culture or life you want others to know about you?:

Mickey is an atheist. He's respectful of other's beliefs but doesn't like to be "preached to".

Mickey is involved in his community. He currently volunteers at various events held by the Urban League of Portland and has participated in the Foster Grandparent program in the past.

■ What is something that you enjoy doing but may have become difficult? If you had some help would you be able to continue? What would that help look like?:

Mickey loves Fred Meyer. He says that he has one of the "good" ones close to his home. He has not been able to go shopping for the past couple of years because he exhausts himself when he goes on his own. He's been using a shopping service but misses being able to pick out his own fruits/vegetables. Having someone go with him to help push the cart and grab items will help him save his energy so he can participate more with shopping.

■ Have you needed to go to the hospital recently? Do you have any concerns about your wellbeing when in your home? In the community? Any financial concerns? Is there anything on your mind that keeps you up at night?

Mickey has not had any recent hospitalizations and does not have any concerns about himself at home or in the community.

He does worry about rent increases. He said that he was able to handle the last increase but doesn't know if he can make it through another one. He likes his apartment and doesn't want to move, but if the rent gets too high, he might not have a choice.

Step 2. Supports

Page 3. Identify the supports currently in place that will continue to be used.
(Note: Any text in purple will not show up when the form is printed)

1. Select the support from the dropdown menu
2. Enter the name of the support person
3. Enter the best contact number for the support person
4. Select the best option for the frequency of support.
5. Enter any community groups/members (i.e. church) where support is offered. Also, enter any individuals the client does **NOT** want involved in the Service PLAN.

Supports

(Identify supports currently in place that will continue to be used.)

What supports do you currently have?:

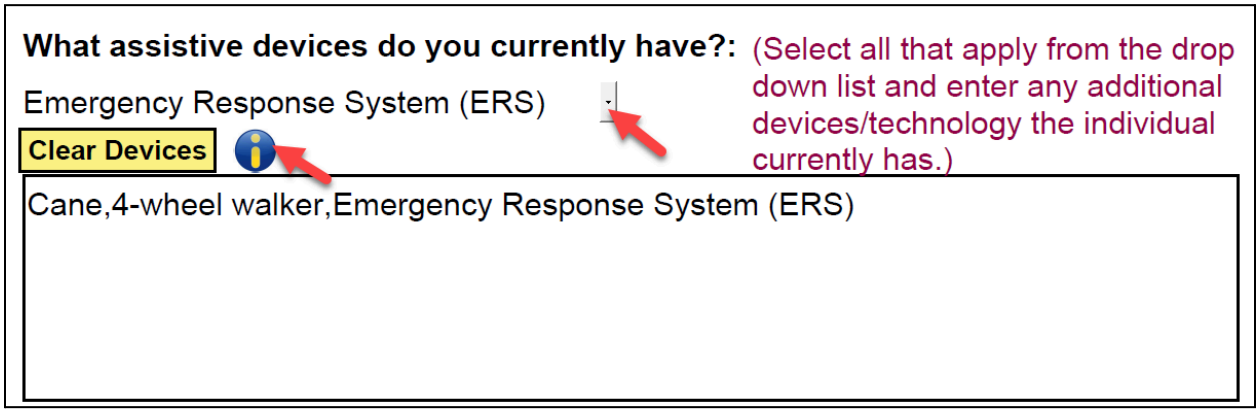
Select supports:	Who are your supports?	Contact Number?	Availability?:
Son/Daughter:	Mandy Mouse	(503) 555-5555	Weekly (1-2x)
Friend:	G.G. Goofy	(503) 555-1111	Choose best option
N/A:			
N/A:			

Daily
Weekly (1-2x)
Weekly (3-4x)
Monthly
As needed
Emergency only
Choose best option

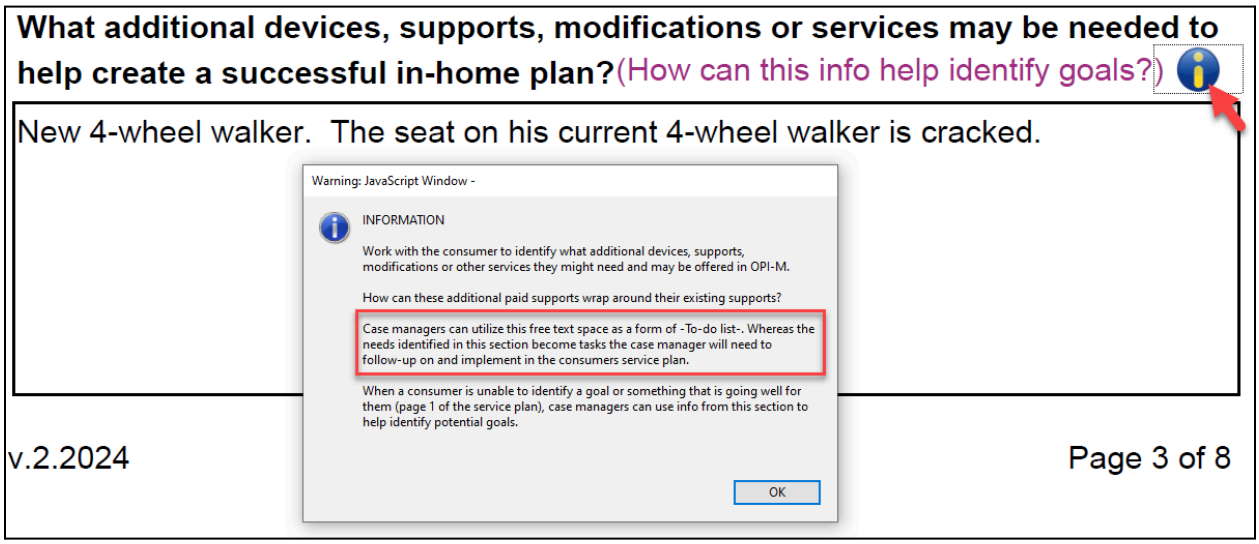
Are there any groups or community members you want to in
any individuals you do not want involved in you service plan

Mickey has an ex-wife, Minnie, that he does not want involved.

Select the assistive devices currently used from the drop down menu. You may select more than one. Each time you select an item, it will show up in the text field. To de-select, select the "Clear Devices" tab.



Identify the supports needed to help create a successful in-home plan. Use the ℹ️ icon for additional ideas.



Step 3. Communication Plan

Page 4. Contact between the Service Case Manager and the client must occur at least once every 3 months. More frequent communication may be requested by the consumer or required depending on the Risk Assessment.

1. Select the box agreed upon with the client
2. Identify who the SCM may contact regarding the Service PLAN. The individual entered in this section **may NOT** make changes to the Service PLAN.
    a. Relationship
    b. Name
    c. Contact Number

1

■ You and your Services Case Manager agree to make contact:

☐ Monthly ☐ Every 2 months ☐ Every 3 months ☐ Other:

Who can we speak with about your service plan and care needs?:

■ You do not have to designate anyone and you may make changes verbally or in writing at anytime.

The following individual(s) can be contacted about my service plan and care needs but they **may not** make changes to my service plan:

a Relationship:	b Name:	c Contact Number:
Son/Daughter:	Melody Mouse	(323) 555-5534
Son/Daughter:	Marcus Mouse	(714) 555-8111
N/A:		

If the client wants to add a Consumer Employer Representative, the Service Case Manager fills out the SDS 737 Form.

1. Relationship to client
2. Name
3. Contact Number
4. SDS 737

The following individual can assist me with managing my service choices and in-home service plan, including my care providers.

1 Relationship:	2 Name:	3 Contact Number:
Significant Other:	Daisy D.	(503) 555-3698

(SCM to complete an SDS 737 with the individual and their chosen Consumer-Employer Representative)

4 **SDS 737**

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The SDS 737 form must be signed by the Client and the Consumer Employer Representative (if applicable)

Step 4. Service Options

Page 5. Indicate which service options the client would like to include in their in-home plan. If the client selects the following services, you must fill out the Unpaid Caregiver Assessment Tool (UCAT)

- Caregiver Education & Training
- Community Caregiver Supportive Services

☐ Adult day services	☐ Evidence-based health promotion services
☐ Assisted & community transportation	☐ Home delivered meals (HDM)
☑ Assistive technology	☐ Home modifications
☐ Caregiver education & training*	☑ In-home service hours with a homecare worker (HCW) or agency
☐ Case management & service coordination	☐ Long-term care community nursing
☐ Chore services	☑ Special medical equipment & supplies
☐ Community caregiver supportive services*	☐ Supports for consumer direction
☐ Emergency response system (ERS)	

Step 5. In-home Care Plan and Daily Routine

Page 6. Complete the In-home Care Plan and Daily Routine based off of the CAPS assessment and the answers provided on the Service PLAN

1. Time of Day
2. Approximate Time
3. Type of Assistance Being Provided (text field)
4. Who is Providing Help? This could be more than one person. If a natural support person is providing help, enter their name.
5. Paid? Check this box, **ONLY** for HCWs.
6. Paid Hours: Total hours needed for the day, can be captured in .25 hours or 15 minute increments.

In-home Care Plan and Daily Routine

1 Time of day:	2 Approx. time need occurs:	3 Type of assistance being provide:	4 Who is providing help:	5 Paid?	6 Paid hours:
Morning	9:00 AM	Assistance with shaving	HCW	☑	0.25
			Select/enter support	☐	0.00
Morning	11:00 AM	Assistance with lunch meal prep	HCW	☑	0.50
			Select/enter support	☐	0.00
Afternoon	3:00 PM	Assistance with dinner meal prep	HCW	☑	0.75
			Select/enter support	☐	0.00
Evening	5:00 PM	Help with evening medication. Hard to swallow pills need to be crushed.	HCW	☑	0.50
			Select/enter support	☐	0.00

- Enter the Weekly Paid Tasks that can not be captured as a daily need. Must be related to the ADL/IADL covered tasks.
- Total Hours for every Pay Period will auto-calculate (Note: If you forget to check the In-Home Service Hours box on the Service Options page, the total hours for the pay period will not display)

Assistance needed at least weekly:

Weekly Shopping: 1 hour
Weekly Laundry: 1 hour
Weekly Housekeeping: 2 hours

Click here for a detailed care plan

Hours of paid support needed:

Average daily need: 2.00

Average weekly need: 4.00

Total every pay period: **36**

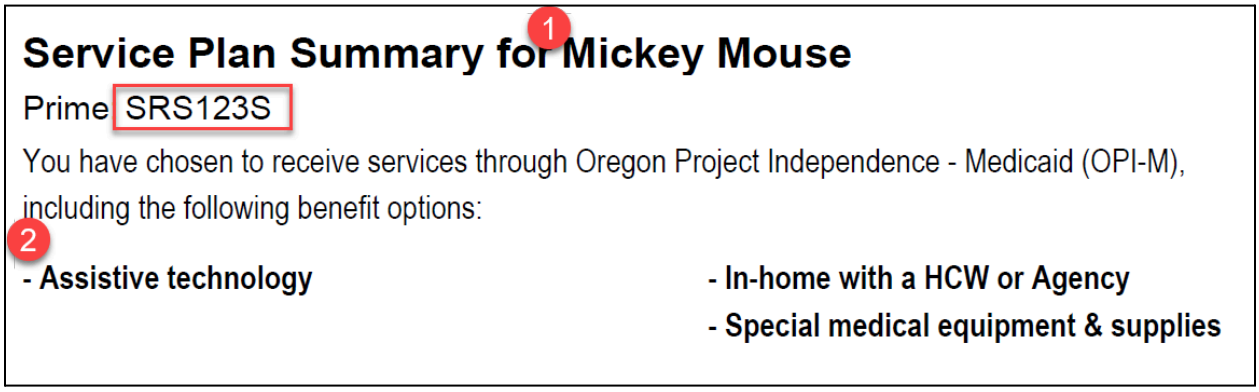
☐ Override hours

(Hours cannot exceed 40 hours a pay period)

Step 6. Service Plan Summary

Page 7. Summary for the Service Plan.

1. The Client Name and Prime will be automatically carried over from Page 1.
2. The Service Options will automatically populate based on the services selected Page 5.



Service Plan Summary for Mickey Mouse

Prime SRS123S

You have chosen to receive services through Oregon Project Independence - Medicaid (OPI-M), including the following benefit options:

- Assistive technology

- In-home with a HCW or Agency

- Special medical equipment & supplies

3. Client or Client's Representative's Signature
4. Service Case Manager's Signature

Service Plan Agreement

This service plan helps to meet your needs. It adds to your existing supports without replacing them. Above is an overview of your chosen benefit and service options. If the service plan does not meet your needs, please contact your Services Case Manager. You have the right to an appeal if you continue to disagree with your service plan.

Signing your service plan means you have participated, reviewed and received the provided information. OPI-M is an in-home benefit only. It does not provide services in a residential or nursing facility setting. It is important for you to sign this page and return it to your Services Case Manager as soon as possible.

_____

Individual or Representative Signature Date

_____

Services Case Manager Signature Date Phone #

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Step 7. Processing the Service PLAN

1. Mail a copy of the completed Service PLAN to the Client and Client's Representative (if applicable)
2. Upload the Service PLAN into UCR
    a. Document Category: Case Management
    b. Received On: Date Document was signed
    c. Title Service PLAN
    d. Naming Convention: PLAN_PRIME#_Date signed.pdf
3. Narrate in Oregon Access

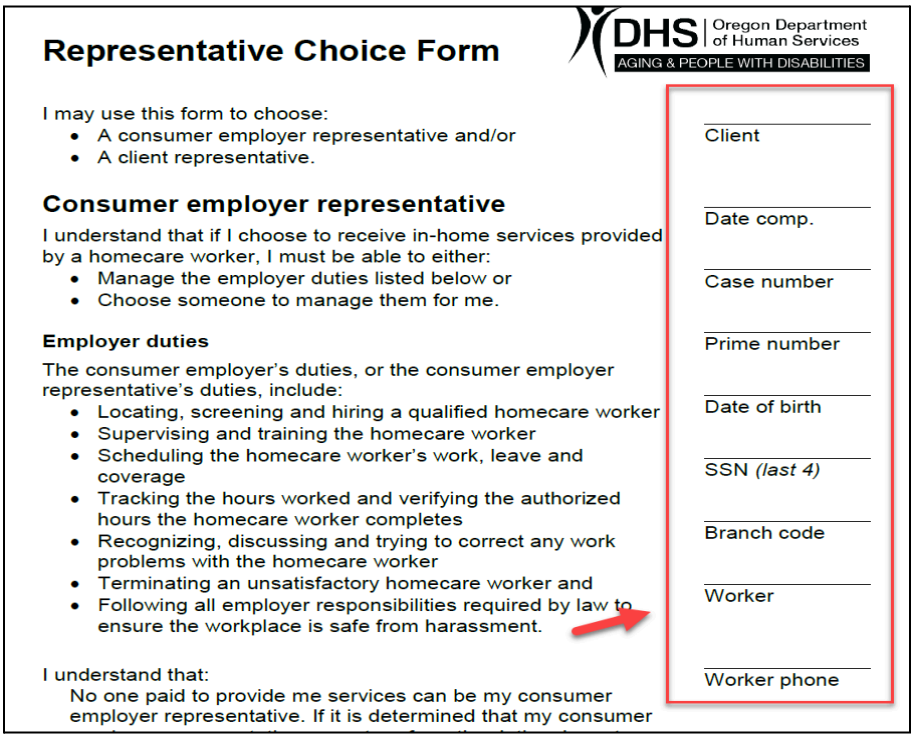
SDS 737 Representative Choice Form

The Representative Choice Form is for the client to **Choose:**

- A Consumer-Employer Representative (**ONLY** if they have a HCW pg. 1-2)
    - Select a representative **OR**
    - Choose to be their own representative
- Client Representative (every client **MUST** fill out pg. 3-4)
    - Select a representative **OR**
    - Choose to be their own representative

Consumer-Employer Representative

- Complete the fillable information on the right side of the form
- Worker information = Service Case Manager name and phone number



Representative Choice Form

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I may use this form to choose:
- A consumer employer representative and/or
- A client representative.

Consumer employer representative

I understand that if I choose to receive in-home services provided by a homecare worker, I must be able to either:
- Manage the employer duties listed below or
- Choose someone to manage them for me.

Employer duties

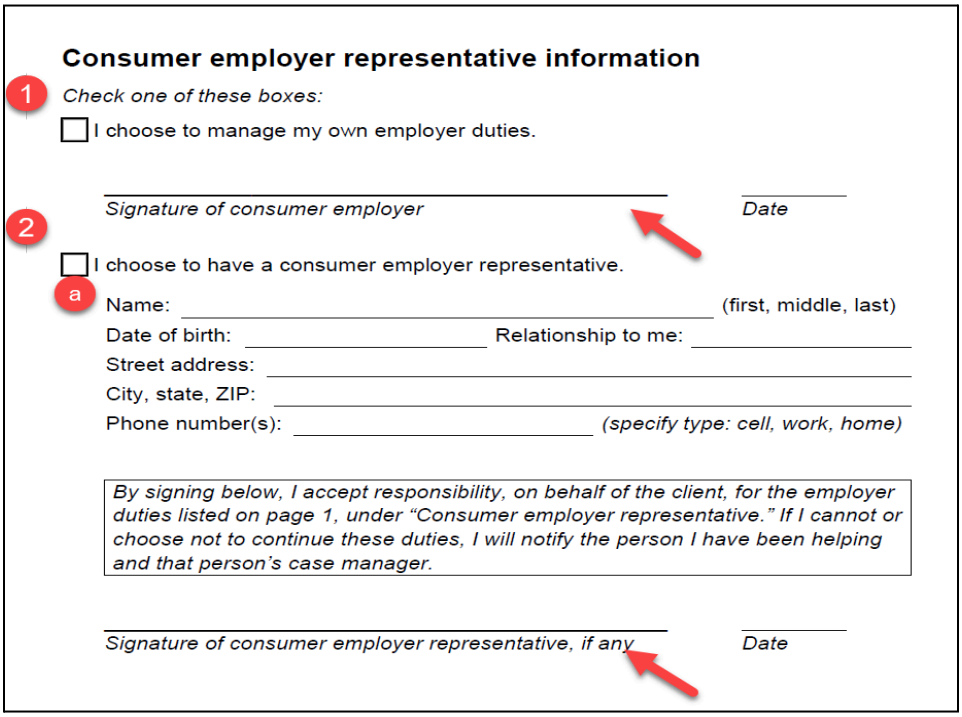
The consumer employer's duties, or the consumer employer representative's duties, include:
- Locating, screening and hiring a qualified homecare worker
- Supervising and training the homecare worker
- Scheduling the homecare worker's work, leave and coverage
- Tracking the hours worked and verifying the authorized hours the homecare worker completes
- Recognizing, discussing and trying to correct any work problems with the homecare worker
- Terminating an unsatisfactory homecare worker and
- Following all employer responsibilities required by law to ensure the workplace is safe from harassment.

I understand that:
No one paid to provide me services can be my consumer employer representative. If it is determined that my consumer

Client
Date comp.
Case number
Prime number
Date of birth
SSN *(last 4)*
Branch code
Worker
Worker phone

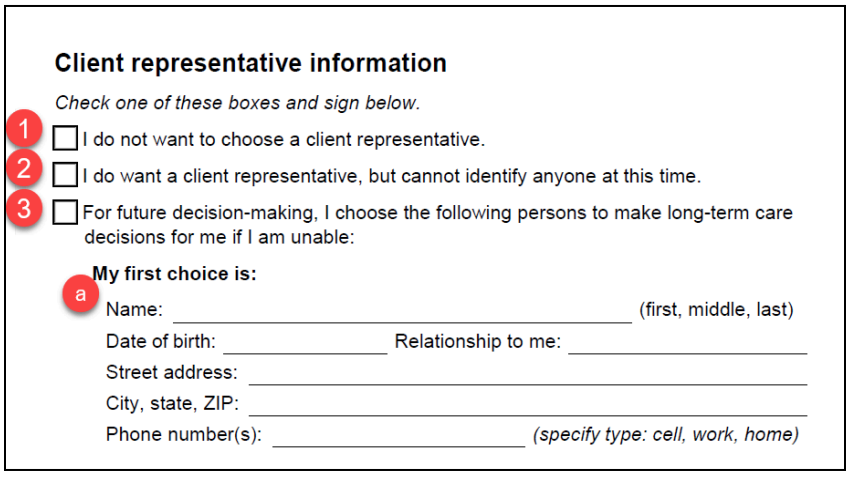
1. ✅ The 1st box if they chose to manage their own employer duties.
2. ✅ The 2nd box if they have chosen a representative
    a. Fill in the representative's contact information

Sign and date the section chosen



Client Representative

1. ✅ The 1st box if the client does not want a representative
2. ✅ The 2nd box, if they want a representative but have not yet identified one.
3. ✅ The 3rd box, if the client has identified a representative.
    - Fill in the representative's contact information



4. Sign and date
5. ✅ If Option 2 was selected.