**OPI Narration template for initial assessments and reassessments**

*Cut and paste template below into your OA narrative*

OPI Case Manager name:

Date of visit:

Visit was in person at client home or by another method (please specify):

If the visit was not at the client’s home, explain why:

Purpose of visit:

Who was present:

Why the individual needs or continues to need services:

Client appearance and condition of the home:

Living situation: rent, own, shared

Number in household:

Family/natural supports/social-emotional; who is helping the consumer now?

CAPS complete and assessed SPL: \_\_\_ see CAPS for details

Finances: if the consumer does not manage them, who does?

Net income: $X - $X max monthly co-pay and X % of cost

OPI service plan effective date: 00/00/00

Consumer has chosen a HCW &/or IHCA: name and provider # (if known)

Other services client receives: (list items and services not included in the CAPS, like HDM, Emergency Response System, Assistive Technology Devices, Deep Clean or Moving Services, etc.)

OPI forms completed in client’s file - Yes, No or NA. Include tracking details.

(Please note, if the visit is not in person, verbal agreement may be noted, but forms that require client signature will need to have a client signature and be added to the hard file.)

* 598 Task List mailed to consumer?
* 598 Task List mailed to HCW or agency?
* 4105 HCW Notice of Hours mailed to HCW (if using HCW)?
* 0287L OPI Service Agreement in file?
* 0287K Fee Determination Form updated in file?
* 354 Workers Comp Agreement in file (if using HCW)?
* 546 In Home Service Plan in file, signed by CM?
* 546 for new CAPS given to voucher specialist and/or mailed to agency (if using)?
* 0737 Representative Choice Form in file?
* 2099 Release of Information
* 2090 Privacy Rights

**CM calendar reminder set to confirm receipt of outstanding forms from client? (enter date)**

**—-----------------------------------------------------------------------------------------------------**

**Sample of completed forms portion of template below:**

**—------------------------------------------------------------------------------------------------------**

• 598 Task List mailed to consumer? **Y mailed to clt to review, sign, return**

• 598 Task List mailed to HCW or agency? **Y mailed to IHCA**

• 4105 HCW Notice of Hours mailed to HCW (if using HCW)? **N/A; has agency**

• 0287L OPI Service Agreement in file? **Y (verbal agreement), mailed to clt to review, sign, return**

• 0287K Fee Determination Form updated in file? **Y (verbal agreement), mailed to clt to review, sign, return**

• 354 Workers Comp Agreement in file (if using HCW)? **N/A; has agency**

• 546 In Home Service Plan in file? **Y**

• 546 for New CAPS given to voucher specialist &/or mailed to agency (if using)? **Y** **(mailed to CNW)**

• Representative Choice Form 0737 on file? **Y (verbal agreement), mailed to clt to review, sign and return**

• 2099 Release of Information **Y (verbal agreement), mailed to clt to review, sign**

**and return**

• 2090 Privacy Rights **Y (verbal agreement), mailed to clt to review and sign**

**CM calendar reminder set to confirm receipt of outstanding forms from client? (Yes, 2/14/22)**