

Service Case manager

Narration Template

Directions:

1. Choose the applicable response from the dropdown menu.
2. Select a Date from the “Date Picker”
3. If blue text, replace with details if applicable.
4. Copy and paste into the narration box in Oregon Access.

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Narration for Scheduled PLAN Home Visit

OPI/OAA SCM scheduled PLAN HV with the consumer on [Oct 16, 2024 12:00 PM](#) .

Special supports recommended during PLAN home visit: [N/A; or provide details.](#)

Client Rep/Auth Rep/Other person to be present during PLAN HV: [N/A; Name/Relationship and Contact info if not listed in Oregon Access](#)

Interpreter Required: [Choose](#) -
if yes, Preferred Language:

Any other relevant info for completion of PLAN: [\[Pets, Safety concerns, Directions are hard to find home, CM specific concerns, etc.\]](#)

Narration for Completed Contact

OPI / OAA SCM contacted consumer on [Oct 16, 2024](#) via [Choose](#) - to communicate that a Multnomah County Eligibility Case Manager will be contacting them to begin the eligibility process for the OPI-M program.

Special supports recommended during Eligibility HV: [N/A; or provide details.](#)

Client Rep/Auth Rep/Other person to be present for HV: [N/A; Name/ Relationship and Contact info if not listed in Oregon Access](#)

SCM requests to be present (Joint HV): [Choose](#) -.

If Yes, please provide reason for Joint HV: [\[Reason for Joint HV\]](#)

Interpreter Required: [Choose](#) -
If yes, Preferred Language:

Any other relevant info for completion of eligibility determination: [\[Pets, Safety concerns, Directions are hard to find home, CM specific concerns, etc.\]](#)

Narration for Attempted Contact

OPI/OAA SCM attempted contact with consumer on Oct 16, 2024 via Choose ▾

Result of attempted contact: Choose ▾

Narration for OPIM/OPI to LTSS

Multico Service Form Submitted Choose ▾ on Jan 23, 2025

Oregon Access updated with Closure Date: Choose ▾

Store to Door notified of services ending: Choose ▾ on Jan 23, 2025

457d or 540 submitted: Choose ▾ Choose ▾ on Jan 23, 2025

UCR referral closed: Choose ▾ on Jan 23, 2025

Forms

PLAN & Client Details

CAPS Client Details:

Strengths and Preferences completed on PLAN. Yes ▾

Risk Assessment completed in OA. Yes ▾

Goals completed on PLAN. Yes ▾

PLAN and 003N completed and mailed out to the consumer/client representative on Aug 7, 2024. Yes ▾

PLAN and 003N Uploaded to UCR. Yes ▾

After providing the consumer/client representative with all the options for OPI-Medicaid, the consumer chose the following service options:

SCM Narration Template

- Case Management & Service Coordination ▾
- Adult Day Services ▾
- Choose an Item ▾
- Choose an Item ▾
- Choose an Item ▾
- Choose an Item ▾
- Choose an Item ▾

Representatives 737

737 completed. **Choose ▾**

Mailed a copy of the 737 to the consumer on Jun 12, 2024 . **Choose ▾**

Uploaded to UCR. **Choose ▾**

In-Home Services:

Form 354 - Worker's Compensation Agreement and Consent

354 Worker's Compensation Agreement and Consent completed. **Choose ▾**

Mailed a copy of the 354 to the consumer/client representative. **Choose ▾**

Uploaded to UCR. **Choose ▾**

Form 546 - In-Home Service Plan

546 completed. **Choose ▾**

Emailed the 546 to the Multnomah County voucher team. **Choose ▾**

Filled out Multco Service Form Oct 23, 2024 **Choose ▾**

Form 598 Task List and Service Authorization

598 Task List and Service Authorization completed. **Choose ▾**

Printed and mailed to the consumer/client representative and HCW on Jun 13, 2024 .

Choose ▾

Uploaded to UCR. **Choose ▾**

SDS 4105 HCW Notice of Authorized Hours of Service

4105 HCW Notice of Authorized Hours of Service completed. **Choose ▾**

Mailed a copy to the HCW on Jun 13, 2024 . **Choose ▾**

Uploaded to UCR. **Choose ▾**

SCM Narration Template

Long-Term Care Community Nursing

APD 753 Long-Term Care Community Nursing Referral

753 completed. **Choose** ▾

Choose an Item ▾ the 753 requesting long-term care community nursing to the LTCCN Provider on Jun 13, 2024 . **Choose** ▾

Received signed 753 from LTCCN Provider **Choose an Item** ▾ the referral on Jun 13, 2024 . **Choose** ▾

Uploaded to UCR. **Choose** ▾

MSC 3010 Authorization for Disclosure, Sharing and Use of Individual Information

3010 completed on Jun 13, 2024 . **Choose** ▾

Uploaded to UCR. **Choose** ▾

APD 0752 LTCCN Service Summary

Received the 752 Long-Term Care Community Nursing Service Summary from LTCCN Provider on Jun 13, 2024 . **Choose** ▾

Uploaded to UCR. **Choose** ▾

APD 0754 LTCCN Service Plan

Received the 754 Long-Term Care Community Nursing Service Plan from LTCCN Provider on Jun 13, 2024 . **Choose** ▾

Uploaded to UCR. **Choose** ▾

APD 4102 Prior Authorization

Received the 4102 Prior Authorization form from LTCCN Provider on Jun 13, 2024 . **Choose** ▾

Filled out Multco Service Form Oct 23, 2024 **Choose** ▾

Emergency Response System

ERS - Prior Authorization form completed. **Choose** ▾

Filled out Multco Service Form Jun 13, 2024 . **Choose** ▾

MOW Referral Form

Authorized Meals in Oregon Access on Aug 2, 2024 . Choose ▾

Completed MOW Referral form. Choose ▾

Stopped Meals on Wheels Services on Aug 2, 2024 . Choose ▾

Completed MOW Referral Form. Choose ▾

Transferred Meals on Wheels Service to Choose ▾ . Choose ▾

Completed MOW Referral Form. Choose ▾

Updated the MOW Referral Form to reflect the following information: Choose ▾

Adult Day Services Form SDS 546AD

Authorized Adult Day Services on Aug 2, 2024 . Choose ▾

Filled out Multco Service Form Oct 23, 2024 . Choose ▾

OPI-M Ancillary Services

Assistive Technology

Completed Request for K Plan Ancillary Services Form 3406 and forwarded it to central office for approval along with the Service Plan and Bids. Oct 17, 2024

Received Approval from Central Office for Assistive Technology Oct 17, 2024

Completed K-Plan Assistive Technology Acceptance of Delivery Form Choose ▾

Forwarded Delivery Form and Final Invoice to Central Office for payment Oct 17, 2024

Home/Environmental Modification

Completed Request for K Plan Ancillary Services Form 3406 and forwarded it to central office for approval along with the Service Plan, Bids, Pictures and Consent Forms. Oct 17, 2024

Received Approval from Central Office for Home/Environmental Modifications Oct 17, 2024

Completed Consumer Confirmation of Job Completed to Their Satisfaction Form Choose ▾

Forwarded Job Completion Form and Final Invoice to Central Office for payment Oct 17, 2024

Specialized Medical Equipment (DME) and Medical Supplies

Completed Request for K Plan Ancillary Services Form 3406 and forwarded it to central office for approval along with the Service Plan and Bids. Oct 17, 2024

Received Approval from Central Office for Specialized Medical Equipment (DME) and Medical Supplies Oct 17, 2024

Completed K-Plan Assistive Technology Acceptance of Delivery Form **Choose**
 Forwarded Delivery Form and Final Invoice to Central Office for payment Oct 17, 2024

Chore Services

Completed Request for K Plan Ancillary Services Form 3406 and forwarded it to central office for approval along with the Service Plan, Bids, Pictures and Consent Forms. Oct 17, 2024

Received Approval from Central Office for Chore Services Oct 17, 2024

Completed Consumer Confirmation of Job Completed to Their Satisfaction Form **Choose**
 Forwarded Job Completion Form and Final Invoice to Central Office for payment Oct 17, 2024

OPI-M Ancillary Denial

Received denial from Central Office for **Choose**

Completed APD 540 Notification of Planned Action **Choose**
 Notified the client of the denial **Choose**