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.

[Narration for Scheduled PLAN Home Visit](#_dk7ujyip4g0j)

[Narration for Completed Contact](#_hr91fa7k87h6)

[Narration for Attempted Contact](#_n1nd0bg2p4vm)

[Forms](#_w1pzw2k7yhs1)

[PLAN & Client Details](#_bzyymoajrfzh)

[Representatives 737](#_ikfn47ade2c2)

[In-Home Services:](#_62fpsrj7vn83)

[Form 354 - Worker’s Compensation Agreement and Consent](#_38a6ya9nwa5)

[Form 546 - In-Home Service Plan](#_nr5k0i2vrx9y)

[Form 598 Task List and Service Authorization](#_64uq0dz5f1j)

[SDS 4105 HCW Notice of Authorized Hours of Service](#_6nr7yws01obn)

[Long-Term Care Community Nursing](#_v13ji6jp2cl)

[APD 753 Long-Term Care Community Nursing Referral](#_lz30clvl33fj)

[MSC 3010 Authorization for Disclosure, Sharing and Use of Individual Information](#_7szi4yjidy7c)

[APD 0752 LTCCN Service Summary](#_ey7m33rsilb8)

[APD 0754 LTCCN Service Plan](#_kutfor8wr8dm)

[APD 4102 Prior Authorization](#_v19m8ihsnv80)

[Emergency Response System](#_n6qt7kpwajg1)

[MOW Referral Form](#_gh4oaaucezyn)

[Adult Day Services Form SDS 546AD](#_qr4t5in9l40k)

[OPI-M Ancillary Services](#_gt5zh4i1m0hh)

[Assistive Technology](#_iredapa5rkcf)

[Home/Environmental Modification](#_uv6hze2d2vyk)

[Specialized Medical Equipment (DME) and Medical Supplies](#_huyc9m4znqlv)

[Chore Services](#_fasdz5x9ozjq)

[OPI-M Ancillary Denial](#_rz1ob99fk6mt)

# 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

# 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:

* 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

### **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 Competed 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 Competed 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