

OPI-M Form Requirements Quick Reference Guide – APD/AAA

This document guides a case manager (CM) on what forms are required to be saved for document retention, when they must be provided, and to whom they must be provided. APD Offices and LCOG/MCADVS/NWSDS/OCWCOG will utilize the Department’s EDMS program. AAA offices will utilize their existing secure document retention systems to keep copies of the document types listed below. (Updated July 25, 2024)

Key: Indicates where the form must go					
C = Consumer or Rep.	P = Provider	SS = Support staff	CO = Central Office	O = Other	* = Signature required
■ = Required at Intake		▶ = Required at Redetermination		# = May Be Required	
For EDMS Only: + = Index these forms separately.					

Eligibility Case Manager ¹ (ECM)						
EDMS Document Categories: All documents listed must be saved to EDMS						
Application <small>Applications w/ associated documents</small>	Ongoing Action <small>Change action after eligibility determination or during certification</small>	Medical Records <small>Medical records (MED), LTCCN program</small>	Case Management <small>Anything to do with assessments & eligibility determination</small>	Legal Document <small>Documents referenced yearly and only obtained from consumer once</small>	Hearing	Supporting Document <small>Financial or other documents from consumer needed to be referenced</small>
OPI-M App: ■▶ C* OPI-M 540: ■▶ C SEL 503: ■▶ C 9373: ■▶ C 457D: C* 231: ■▶ C*	457D: C* 540T: C 2379: ■▶ C 2639: ■▶ C*	620: ■ CO 708: ■ Medical Records used for eligibility determination	SPA: # ■▶ C* 002N: ■▶ C 2780N: # ■▶ C* 4234: C 5139: ■▶ C 8958: ■C	3010* Change of name Deeds+ Divorce Docs. Guardianship+ Conservatorship+ Life/Burial Ins POA Trust+	443 447: C Final order Hearing related notices	851 3401: ■C 4234: C Income & Resource verification used to determine eligibility

¹ Example – OPI-M App: ■▶ C* means the application is a required document for all new intakes, at renewals, it must go to the consumer, and it requires their signature. The complete form with signature is saved for record retention.

				All ID Records: ID, Citizenship, Birth/Death Records		
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OHP 7210 Application for Oregon Health Plan (OHP) Benefit – should be provided to the individual upon request.

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For EDMS Only: + = Index these forms separately.

Services Case Manager (AAA Offices w/o EDMS)² (SCM)

Document Categories: All documents listed must be saved

Application Applications w/ associated documents	Ongoing Action Change action after eligibility determination or during certification	Medical Records Medical records (MED), LTCCN program	Case Management Anything to do with assessments & eligibility determination	Legal Document Documents referenced yearly and only obtained from consumer once	Hearing	Supporting Document Financial or other documents from consumer needed to be referenced
	457D: C*	All LTCCN Records RN Assessments 752 753: P/SS 754 4102: P	PLAN: ■▶ C* 003N: ■▶ C 354: C* 540: C 546N 598: C*/P 737: ■C* 4105: P 4234: C	3010 All ID Records: ID, Citizenship, Birth/Death Records	443 447: C Final order Hearing related notices	4234: C

Important: Any written notes that are taken during a home visit are considered part of the client case file and must be kept in the electronic case record.

² Example - PLAN: **■▶ C*** means the PLAN is a required document for all new intakes, redeterminations, it must go to the consumer, and it requires their signature. The completed form with signature is saved for record retention.

Case transfers for AAA's not utilizing EDMS:

When a consumer moves out of one AAA service area and into another area, their documentation must follow them to the new office. The sending AAA must coordinate the document transfer with the consumer's new home office. (There is a seven (7) year retention requirement for almost everything. Some things may require ten (10) years.)

- 1) Documents in digital format must be sent in a secure manner. This may include:
 - a) Secure email
 - b) Secure drive, such as a "thumb drive"
- 2) Documents saved as hard copies must be sent in a secure manner. This may include:
 - a) Sending via secure mail such as registered or certified mail
 - b) Convert hard copies into digital versions by scanning the documents and proceeding with option (1) above

Saving an editable version of the Person Led Assessment and Notice (PLAN) and the Unpaid Caregiver Assessment Tool (UCAT):

- 1) As indicated in the guide above, the PLAN must be signed by the consumer and saved to EDMS or a secured file location for new cases and annual redeterminations.
- 2) Services Case Manager (SCM)s should create a folder for everyone they serve on a secured centralized network drive.
 - This may include a shared hard drive, SharePoint, or similar. This will ensure others can access the documents in an absence or when cases are transferred between SCMs.
- 3) For a new OPI-M individual, the SCM will save **both a signed and unsigned** copy of the PLAN and UCAT in the individuals folder and label it as follows: **PLAN_Prime#_EffectiveDate_Unsigned.pdf** and **UCAT_Prime#_EffectiveDate_Unsigned.pdf** For example: **PLAN_PR1M35N_08.26.2023_Unsigned.pdf** and **UCAT_PR1M35N_08.26.2023_Unsigned.pdf**.
 - It's important to save both a signed and unsigned version because Adobe PDF updates prevent a user from updating a signed document. Saving an unsigned version will allow you to make updates to the document later.
- 4) At the annual renewal or when an individual needs to make changes to an existing PLAN, the SCM can utilize the previous PLAN to update and document changes to the individuals service plan.
 - The SCM will open the current PLAN from the individual's folder and work with the individual through the person-centered service planning process to identify what areas in the plan need adjustments.

- This can include changes in all areas or as little as one section.
- Once changes are made, the SCM will then need to save the updated PLAN with a new date. For example: **PLAN_PR1M35N_08.01.2024_Signed.pdf**.

Form Name / Notes:

OPI-M App	OPI-M Application*	APD 708	SPD – Disability Referral
PLAN	OPI-M Person Led Assessment and Notice*	SDS 737	Representative Choice Form
OPI-M 540	OPI-M Notice of Planned Action (Program specific) *	APD 752	Long Term Care Community Nursing Services Summary
UCAT	Unpaid Caregiver Assessment Tool	APD 753	Long Term Community Nursing Program – Client Referral
SDS 002N	Assessment Summary	APD 754	Long Term Care Community Nursing Service Plan
MSC 231	Authorized Representative and Alternate Payee	MSC 851	Verification of Earnings
SDS 354	Worker’s Comp Agreement & Consent	DHS 2379	Asset Verification Consumer Report Disclosure
MSC 443	Administrative Hearing Request	DHS 2780N	Service Plan and Notice
MSC 447	Your Hearing Rights	MSC 3010	Authorization for Disclosure
MSC 457D	Voluntary Agreement to Take Action on a Case	APD 3401	Resource Assessment
SEL 503	Voter Registration Card	APD 4102	Prior Authorization for APD LTCCN
SDS 540	Notification of Planned Action	SDS 4105	Homecare Worker Notice of Authorized Hours & Services
SDS 546N	In-home Service Plan authorization	DHS 5139	What to Expect from Your Assessment for Long-Term Services & Supports
SDS 598N	Task List	DHS 8958	Medicaid In-home Service Options brochure
APD 620	Request for Presumptive Medicaid Disability Decision	DHS 9373	Reporting Abuse of Older Adults & People with Physical Disabilities

*OPI-M Specific forms will be added to the form server later. These forms are located on the [OPI-M CM Tools](#) page.