**Note:** Staff should ONLY copy and paste TEXT from the applicable template below and should NOT paste images or the document itself into Oregon ACCESS (OA) narration as it will cause OA narration to malfunction.

Reminder – Update all dropdowns, dates, and text fillable areas.

# **\*\*OPI-M Financial Narration\*\***

Financial interview held on Enter date with Enter text.

Date of Request: Enter date

Signed Application Date: Enter date

Would you like to register to vote? Choose an item

ID and SSN: Choose an item

Veteran: Choose an item Claim#: Enter text.

Tribal Member: Choose an item

Citizenship/legal status: Choose an item

Disability status and onset date: Enter date

HH Comp: Choose an item

Resource assessment required: Choose an item

Income: Enter text

Property: Enter text

Vehicles: Enter text

Life Insurance: Enter text

Burial Plan: Enter text

Other resources: Enter text

Housing Expenses:

* Rent/Mortgage: Enter text
* Taxes: Enter text
* Insurance: Enter text

IEVS screens checked during interview: Choose an item

AVS consent signed, AVS ran, and results reviewed on: Enter date

Transferred Assets: Enter text

Verification pended for:Enter text Requested due date: Enter date

# **\*\*OPI-M Financial Eligibility Narration (CO FE)\*\***

Choose an item OPI-M Benefits: denied due to Choose an item

540 or OPI-M Decision Notice mailed to Consumer on: Enter date

Additional Notices mailed to Consumer: Enter text on Enter date

Notified ECM of financial eligibility decision this date.

Documents sent to Laserfiche on: Enter date

# **\*\*OPI-M Eligibility Determination Narration (ECM)\*\***

Choose an item OPI-M Service Benefits: Choose an item

Date of Request: Enter date

Date all eligibility criteria met: Enter date

CAPS Assessment Completed On: Enter date with Choose an item Choose an item

SPL: Choose an item

PMDDT referral needed: Choose an item

MED referral needed: Choose an item

The following forms were Choose an item

OPI-M Application

231 – Authorized Representative and Alternate Payee

8958 – In-Home Service Options

5139 – What to Expect from Your Assessment for Long Term Services

9373 – Reporting Abuse of Older Adults & People with Physical Disabilities

503 – Voters Registration Card

SPAN: Choose an item on Enter date

OPI-M Decision Notice mailed to Consumer on: Enter date

Warm hand-off to SCM on: Enter date

Documents sent to Laserfiche on: Enter date

# **\*\*OPI-M Services Narration (SCM)\*\***

PLAN Completed on: Enter date with Choose an item Choose an item

OPI-M Benefit Plan Effective Start & End Date: Enter date and is continuously eligible for OPI-M for 24 months through Enter date.

Service Plan and PLAN review before date (no more than one year): Enter date

Representatives: 737 – Client Rep/Consumer Employer Rep: Choose an item; Rep name: Enter text

Person Centered Planning: After providing Choose an item with all the options for OPI-M, Choose an item

Hours: Enter text hours per pay-period.

Paid provider type: Choose an item

ONIQ/HINQ screen checked: Choose an item

354: signed and in file

546N: provided to support staff for processing.

Mileage: Enter text miles approved for shopping/errands and community transportation related to person-centered service plan.

Contracted rides: Up to Enter text one-way rides approved to support the consumer’s well-being and for access to community-based services, activities, and resources.

Communication Plan: Consumer and SCM agree to make contact Choose an item and SCM may contact the following individuals: Enter text

Client Details: Completed/updated risk assessment.

Service Options offered:

LTCCN services: Choose an item

ERS: Choose an item

HDM: Choose an item

OPI-M Ancillary Services: Choose an item Enter text

The following long-term care forms were mailed to Choose an item on Enter date:

PLAN

598N

003N

Documents sent to Laserfiche on: Enter date