# Service Case Manager (SCM) Checklist for Oregon Project Independence – Medicaid (OPI-M)

**Note:** This checklist is a guide. Not every case will require all the steps outlined in this checklist to be completed.

**Documents to bring to the home visit:**

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| [ ]  SDS 737 – Representative Choice form[ ]  SDS 354 – Worker’s Comp Agreement & Consent[ ]  PLAN – OPI-M Person Led Assessment and Notice[ ]  Optional: MSC 457d – Voluntary Agreement to Take Action on a Case |

**Case set-up in Oregon ACCESS (OA):**

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| [ ]  Service Case Manager (SCM) is assigned to the Oregon Access (OA) case with the role ‘Service’. [ ]  SCM updates demographic tabs in OA as needed. Note: If the consumer has a ONE case, the demographic updates need to also be reported to ONE. [ ]  SCM reviews Title XIX CA/PS completed by ECM.Note: If you do not have access to the Title XIX assessment, you can view it by printing the SDS 002N Assessment Summary in OA.  |  [ ]  SCM and consumer/representative complete Person Led Assessment and Notice (PLAN). Note: The date the PLAN is completed and agreed upon with the consumer is the effective date for OPI-M services. See [APD-PT-24-017](https://www.oregon.gov/odhs/transmittals/APDTransmittals/pt24017.pdf) for more information.[ ]  The SCM must clearly explain how hours were determined within the PLAN (maximum of 40 hours a pay period).[ ]  To update an existing PLAN rather than completing a new form, a digital unsigned version of the PLAN may be saved outside of EDMS. Note: Digital versions must be in a secure location that is also accessible to managers and other staff that may need access to the information. |
| [ ]  SCM contacts consumer and/or representative to schedule home visit and narrates in OA. | [ ]  Consumer completes the SDS 737–Representative Choice form. Note: A wet signature or alternative signature that meets requirements per [APD-PT-22-027](https://www.oregon.gov/odhs/transmittals/APDTransmittals/pt22027.pdf) is required.  |

**Service Planning in Oregon ACCESS (OA):**

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| [ ]  SCM completes service plan in OA per the agreed upon PLAN with the OPI – Medicaid Service Category/Benefit. Note: If mileage is being approved, this must be included in the service plan for both homecare worker (HCW) and in home care agencies (IHCA). [ ]  If more hours are approved in the PLAN than OA allows, enter the additional hours in the exception hours area of the service plan hours (max 40 total hours per pay period). Note: A lead worker or supervisor with tier 2 rights will be required to approve the service plan hours if the exception hours are used.  |  [ ]  SCM completes risk assessment in the Client details section in OA. This is required before the OA service plan can be completed.Note: The PLAN replaces the need to complete the other aspects of Client Details. |

**Service Options Coordination:**

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| **MMIS**[ ]  SCM checks MMIS for active benefit plan. If there is no active benefit plan, send referral to [OPI-M MMIS Request](https://forms.office.com/g/ChAkM83MxE).Note: Type A, AAA offices who do not have access to MMIS may send a referral to CO for all cases with an approved OPI-Medicaid Benefit Plan in OA. [ ]  SCM coordinates with local APD office to set-up necessary MMIS Plan of Care and/or Prior Authorizations. Example: In-home Care Agencies, Emergency Response Systems (ERS), and Long-term Care Community Nursing (LTCCN). | **Mainframe/DHR**[ ]  SCM completes necessary forms and arranges service options in Mainframe, as applicable. (Follow local process)Example: Vouchers for HCWs, Adult Day Services (ADS), and Home Delivered Meals (HDM). See the [CEP Specialist Training Manual](http://www.dhs.state.or.us/spd/tools/cm/homecare/CEP_Guide7-9-24.pdf) for more information.  |
| **Provider Time Capture (PTC)**[ ]  SCM explains to consumer/rep and HCW the electronic visit verification (EVV) requirements and time capture options available. Review [Which OR PTC DCI Option is Right For Me?](https://dciconfluenceprod.dcisoftware.com/pages/viewpage.action?pageId=9240691)  [ ]  SCM or other staff follow PTC [Business processes for staff](https://www.oregon.gov/odhs/providers-partners/orptc/Pages/staff.aspx). | [ ]  SCM coordinates all other agreed upon service options (as service options are available). Example: OPI-M Ancillary Services, Assistive and Community Transportation, Unpaid Caregiver Education and Training, Community Caregiver Supportive Services, Evidence-Based Health Promotion Services, and Supports for Consumer Direction, etc.  |

**Post PLAN:**

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| [ ]  SCM sends PLAN, along with all other [OPI-M Form Requirements](http://www.dhs.state.or.us/spd/tools/cm/Oregon%20Project%20Independence-Medicaid%20and%20Family%20Caregiver%20Assistance%20Program/OPI-M_Forms_Requirements_v.7.25.24.pdf). Note: A wet signature or alternative signature that meets requirements per [APD-PT-22-027](https://www.oregon.gov/odhs/transmittals/APDTransmittals/pt22027.pdf) is required. |
| ☐ SCM narrates in OA the effective date for OPI-M benefits and service options chosen. (Narration template coming soon) Note: OPI-M services may not be retroactively approved and the begin date for services must be on or after the benefit begin date. |
| [ ]  SCM or other staff send all required OPI-M documents to Laserfiche. AAA offices will utilize their existing secure document retention systems. |
| [ ]  SCM completes CM Contacts in OA per risk assessment and/or agreed upon communication plan. Please see the [Case Management Services Tracker](http://www.dhs.state.or.us/spd/tools/cm/Oregon%20Project%20Independence-Medicaid%20and%20Family%20Caregiver%20Assistance%20Program/CMServicesTracker3.14.24.xlsm). |
| [ ]  SCM updates PLAN and service plan in OA at least annually. Note: Change of Condition Assessments are not being completed, however, the PLAN may be reviewed and updated at any point during the benefit period. When updated, the SCM must send out the updated PLAN for signature and for the individual to have an updated copy of the PLAN. |
| [ ]  SCM coordinates and transfers case to local APD office to complete 24-month financial eligibility and service eligibility renewal. (Follow local process) |