Oregon Project Independence Quality Assurance Tool – 2018



Based largely on 2016 SUA monitoring tool, with priorities from 2018 monitoring added Use to review individual files – each Program Manager should have plan for conducting regular monitoring

Client:	Date:			
Case Manager:		Yes	No	Comments:
1. CAPS completed within the last 12 months?				
2. SPL 18 or below?				
3. At least one diagnosis listed in CAPS case details?				
4. If HCW: voucher authorized hours, CAPS service plan summary assigned hours, hours authorized and paid per HINV screen line up?				
5. If in-home care agency: Agency billed hours for a given month do not exceed hours assigned per Service Plan Summary.				
6. Per OA narration, CAPS done via face-to-face HV w/ consumer?				
7. OA narration for annual (re)assessment completed within 3 business days of home visit?				
8. Narration re: 598 (task list) completed & gi or agency) and to consumer after initial CA/Pand/or if service plan changes/ service stops?	•			
9. If HCW: Completed 4105 (HCW notice) sent to HCW to start, change, remove services? Narrated? (Form not needed in file.)				
10. 287L (OPI Service Agreement) signed, by both CM and consumer, and in hard file?	dated in last 12 months			
11. 287K (OPI Fee Determination) signed, of 12 months by both CM and consumer, and in				
12. If HCW: 0354 (Workers' Comp Agreer by the consumer and in file?	ment) signed and dated			
13. If HCW: 0737 (CEP Program Participate Signed & dated within the last 12 months, and	•			
546N Service Plan		Yes	No	Comments:
14. Signed and dated by CM and in file for cuperiod, for service plan changes, and/or to end				
15. If applicable, sent to in-home agency and action narrated?				
16. If applicable, remarks section of 546 includes program identification, co-pay amount, and case manager email address.				
17. Are natural supports identified with tasks in the service planning section of the CAPS?				