

Elaine Young

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Number: APD-AR-12-039

Issue date: 9/21/2012

Topic: Other

Due date:

Subject: Oregon Project Independence (OPI)

Applies to (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County DD Program Managers |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Other (<i>please specify</i>): |

Action required: The purpose of this transmittal is to inform Area Agency on Aging (AAA) staff of new mandatory forms to be used for the Oregon Project Independence (OPI) program. In collaboration with O4AD, AAA directors and the State Unit on Aging have agreed that all AAAs will use the following forms in order to collect consistent information across the state for the OPI program:

- **OPI Service Agreement (SDS 0287L):** This form is to be completed during the OPI intake and at the time of each annual reassessment.
- **OPI Fee Determination Form (SDS 0287K):** This form is to be used with the current OPI fee determination schedule and should be completed annually and more often upon request by the consumer.

OPI Risk Tool Form (SDS 0287J): This form is to be completed for individuals who request OPI and are put on a waitlist and should be completed again at the time of the OPI intake and at each annual review. The reassessment or final disposition section on page three of the form is to be completed at the final disposition.

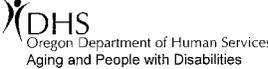
The forms listed above are available online at the following locations:

- **DHS forms server:** <https://apps.state.or.us/cf1/FORMS/>
- **State Unit on Aging website:** <http://cms.oregon.gov/dhs/spwspd/pages/sua/in-home-ss.aspx>

The OPI Income/Fee Determination Record Form is designed to do the mathematical calculations for you when it is completed electronically.

Tips for using the form electronically:

1. Use **Tab key** to move between fields (not enter key)
2. Enter household income with monthly amounts
3. Totals _____
4. Enter household medical deductions
5. Totals _____
6. Net income - use this calculation with the current OPI fee schedule for percentage of OPI fee.
7. OPI fee – enter using two decimal points and do not use the % sign.
 - For example, 23% would be entered as 23.00 or 7.3% would be entered as 7.30.
 - This figure will then populate the table in the OPI % column.
8. This form also produces the OPI Monthly Fee to be entered on the service benefit tab in OACCESS.



**Oregon Project Independence
(OPI) Income/Fee
Determination Record**

Name (Last, First, Middle) _____ Prime no. _____ Date _____ No. in household _____

Gross monthly income (All income coming into the household including salaries, interest and dividends, pensions, annuities and Social Security):

\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
Total gross monthly income:		
\$ 0.00		

Allowable medical deductions (Household out-of-pocket medical expenses including prescription drugs and health insurance):

\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
Total allowable medical deductions:		
\$ 0.00		

Net monthly income (income left over after medical deductions): **\$ 0.00**

OPI percentage to pay (current OPI fee schedule): **0.00%**

If adjusted income is zero, a **\$5.00 annual fee** is charged — due at the time of eligibility and re-eligibility (check one): Yes No

Type of service	Monthly hours	Hourly rate	Multiplied by	OPI %	Maximum amount to be charged monthly
		\$ 0	0	0.00%	\$0.00
		\$ 0	0	0.00%	\$0.00
		\$ 0	0	0.00%	\$0.00
		\$ 0	0	0.00%	\$0.00
Totals	0			0.00%	Maximum monthly fee \$ 0.00

By signing below, I agree that to the best of my knowledge the information listed above is correct.

Individual signature _____ Date _____

Case manager signature _____ Date _____

OPI Fee Determination
Copy to individual; original to OPI file
SOS 0287K (07/2012)

Reason for action: Use of the forms listed above is required to ensure consistency and standardization when administering the OPI program statewide.

Field/stake holder review: Yes No
 If yes, reviewed by: O4AD Executive Committee

If you have any questions about this action request, contact:

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