

# Action Request Transmittal Aging and People with Disabilities



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**Number:** APD-AR-20-066

**Issue date:** 07/1/2020

**Topic:** Long Term Care

**Due date:** 07/10/2020

**Subject:** Independent Choices Program (ICP) Benefit Calculation Form Updated Due to Wage Increase Effective 07/10/2020

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees                             | <input type="checkbox"/> County Mental Health Directors                       |
| <input checked="" type="checkbox"/> Area Agencies on Aging: Type B     | <input type="checkbox"/> Health Services                                      |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs                     | <input type="checkbox"/> ODDS Children's Intensive In Home Services           |
| <input type="checkbox"/> County DD program managers                    | <input type="checkbox"/> Stabilization and Crisis Unit (SACU)                 |
| <input type="checkbox"/> ODDS Children's Residential Services          | <input type="checkbox"/> Other ( <i>please specify</i> ):                     |
| <input type="checkbox"/> Child Welfare Programs                        |   |

**Action required:** The purpose of this transmittal is to inform APD/AAA local office staff of the updated [Independent Choices Benefit Calculation \(SDS 0546IC2Wk\)](#) form; located on the Forms Server and on the ICP webpage.

**Effective July 2020**, the hourly rate for ICP providers is increasing to \$15.77 per hour (\$18.77 for VDQ). The FICA, FUTA, SUTA and WBF rates are not changing. These changes have been made to the [546IC2Wk](#) form to accurately reflect the new ICP monthly benefit starting in 07/2020. The following actions must be taken **before 07/03/2020**.

- A new 546IC2Wk form must be completed and submitted for **every** ICP case. A copy needs to be sent to the participant and the ICP policy analyst at [ICP.SPD@dhs.oha.state.or.us](mailto:ICP.SPD@dhs.oha.state.or.us). Staff must save a copy of the updated form to EDMS as well.
- **Complete a SUPL action effective 07/01/2020** to update the ICP N/R based upon the monthly benefit amount indicated on the new 546IC2Wk form.
- The case manager must also work with the participant to complete a new ICP Budget Worksheet to update the total monthly budget.

- **If the participant has been referred to Acumen** an updated ICP Budget Worksheet **and** an updated 548 indicating the provider(s) new rate of pay must be sent to Acumen at [customerservice@acumen2.net](mailto:customerservice@acumen2.net) and to the ICP policy analyst at [ICP.SPD@dhsosha.state.or.us](mailto:ICP.SPD@dhsosha.state.or.us).
  - Copies can be sent to both Acumen and the ICP email box prior to receiving the consumer's signature.
  - If the participant has indicated that their provider(s) hourly rate has not changed, CMs must still submit an updated ICP Budget Worksheet to the email addresses indicated above.

**To register:** N/A

**Note # 1:** We cannot increase liability due to rate changes for individuals paying cost of care during the COVID-19 health emergency. Staff must apply an OIM for the amount of the Excess Maintenance Income (EMI) plus the increase in the service rate to reduce the liability back to the previous amount. Staff must also add the COV C/D in order to track these cases for future action. Staff will need to verify that the monthly 'Ben Amount' is correct on the SCMS screen when doing the integration.

Std Need	Spl Need	Othr Need	Tot Need	Tot Adj Income	Ovp Recov	Ben Amount	Cr Deb	Ben Chk Amt
771.00	0.00	3097.32	4368.32	1932.00	0.00	2436.32		0.00

**Note # 2:** Currently, only the English version has been updated. The versions in other languages will be updated as soon as possible. Please contact the policy analyst listed at the bottom of this transmittal if you have any questions about how to complete the required changes.

**Reason for action:** The CBA agreement between SEIU and the State of Oregon and the Oregon Home Care Commission approved a pay increase for providers effective July 2020.

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:** Operations Committee

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

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