

Information Memorandum Transmittal Aging and People with Disabilities



Mat Rapoza

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Number: APD-IM-23-016

Issue date: 02/10/2023

Topic: Long Term Care

Due date:

Subject: Independent Choices Program (ICP) - Employee Provider(s) Information Form APD 0548 Updated

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"/> Support Service Brokerage Directors | <input type="checkbox"/> Other (<i>please specify</i>): |
| <input type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Message: Independent Choices Program (ICP) – Employee Provider(s) Information form APD 0548 has been updated and posted on the CM Tools website on the [ICP page](#). The updates have not been applied to the version on the Form Server, although that version will remain available for those that prefer it.

The new version has been updated to include five paid providers and the task list for each provider. The form also includes a button which allows users to access a supplemental page to include additional providers and a button allowing users to access a supplemental page for the task list for the additional providers.

The new version can be accessed, utilized, and submitted by staff, ICP participants, and ICP providers. Completed forms should be emailed (along with all supplemental pages) to ICP.SPD@odhsoha.oregon.gov. To take full advantage of the form, staff should open with Adobe Reader.

If you have any questions about this information, contact:

Contact(s): Christine Maciel - APD MSS Operations & Policy Analyst

Email: Christine.C.Maciel@dhssoha.state.or.us