

# INDEPENDENT CHOICES PROGRAM

## Participant Handbook





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## A. OVERVIEW

The Independent Choices Program (ICP) is a Medicaid in-home services program that allows you to live in your own home. You are in charge of your own care plan and you can purchase goods and services. This increases your independence, dignity, choice, and well-being.

With ICP, you select, direct, and manage the services and supports you need. This offers you a wider range of choice and financial control over Medicaid-paid services, so you can live a more independent life.

If you currently receive Medicaid-waivered services but qualify and want ICP, you may need to change your providers.

If you enroll in the ICP program and decide not to participate, you still can receive services through other Aging and People with Disabilities (APD) programs. These programs can be in your home or in another care setting, as long as you qualify for a service program.

## B. HOW TO BECOME ELIGIBLE AND ENROLL

### 1. Initial eligibility requirements

To be eligible for the Independent Choices Program, you must do the following:

- Meet all program requirements of the In-Home Services Program listed in this handbook.
- Develop a service plan and budget to meet the needs noted in the Client Assessment Planning System (CA/PS).
- Sign and follow the Participation Agreement.
- Have or be able to set up a checking account.

- Show proof of a stable living situation for the past three months.
- Provide current utility and housing payments. This shows how well you manage money.

APD looks at your natural supports to decide if you are eligible for this program and when determining your service plan and budget. Natural supports mean the resources available to you, the ICP participant. These include relatives, friends, significant others, neighbors, roommates, and the people who support you in the community. APD is not able to replace services provided by natural supports. If all of your needs are met by natural supports, you are not eligible for Medicaid-paid services, including ICP.

## 2. Your responsibilities

As the ICP participant, you are your provider(s)' employer. This means you have the right to hire, fire, schedule work, supervise and direct your employee(s) to provide your services. Your family, friends or other members of your support system can help you meet these duties. These are some of the responsibilities you will need to meet:

- Locate, screen, interview, hire, train, pay and fire employee provider(s) as needed.
- Decide what your employee provider(s) should be able to do.
- Decide employee provider(s)' duties.
- Schedule employee provider(s).
- Supervise employee provider(s).
- Check employee provider(s)' performance.
- Agree to prices for services, supports or other items.
- Manage ICP cash benefits, accounting, tax, and payroll.
- Have a detailed back-up plan in case of an emergency such as a provider not showing up.
- Sign and follow the ICP Participation Agreement.
- Obtain and follow employer responsibilities required by the IRS and the Employment Department.

## 3. How to enroll in ICP

You must meet the above requirements to become a program participant.

You must complete the following for ICP to start directly depositing the cash benefit into your account:

- An original Request for Direct Deposit (DHS 7262i); and
- An original voided check.

## C. EMPLOYEE PROVIDERS AND REPRESENTATIVES

### 1. Employee providers

You can access the Home Care Worker (HCW) registry for employee(s) or obtain yourself through other resources. Your employee(s) can access the HCW training and the Employer Resource Connection to assist in ensuring your care needs are met. Your employee(s) do **NOT** have to go through HCW orientation. Orientation for them would be you explaining and show your care needs.

#### **Age of ICP providers**

Providers must be at least 18 years of age unless authorized by DHS. Your provider must be able to meet your needs. He or she must also have a criminal background check.

#### **Immigration and ICP providers**

You must try to ensure that employee providers can legally work in the United States.

#### **Provider pay**

You will decide how much you will pay the employee provider(s) but must pay your provider(s) at least minimum wage. You will set a pay rate and decide any job benefits. You must have enough funds from the cash benefit to pay the wages.

You and the employee provider will work out benefits, if applicable. Benefits may include lunch, paid time off, etc. This is not included in the ICP benefit. The provider cannot get union benefits, such as paid leave or health insurance. However, as of Jan. 1, 2011, Workers Compensation Insurance covers employee providers.

You must pay your employer provider(s) by either check or electronic funds transfer and may not pay them with cash.

#### **Relatives as ICP providers**

You may employ a relative as an employee provider if that person is not a natural support.

## 2. Representatives

A representative must act on your behalf if you are not able to direct and purchase your own in-home services. You assign the representative to decide matters that affect the ICP service plan and service budget.

A representative cannot be an employee provider. The representative must:

- Complete a background check;
- Pass the background check;
- Sign and follow the Independent Choices Program Representative Agreement on your behalf.

### D. BACKGROUND CHECKS FOR EMPLOYEE PROVIDERS AND REPRESENTATIVES

Background checks of all possible providers and representatives are available without charge. The possible provider completes an authorization form to run a background check before being employed but can start working before the results are obtained. An authorized staff person at the local office receives the results.

You must make sure each employee has had a criminal records check. The first criminal records check is acceptable unless an employee provider changes or if you think you could be currently at risk of criminal behavior from that person. If the provider is found ineligible as indicated by the Background Check Unit (BCU) they cannot be an ICP provider.

The authorized staff person at the local office cannot share the results of a criminal records check with you. The local office can only tell you whether the applicant passed the criminal records check.

You can ask the applicant if he or she has a criminal record. You may also ask for specific details. It is up to the possible provider to decide if to share information and up to you to decide if you wish to hire the person even with any criminal past. The case manager may help you check out information the applicant provides. However, the case manager cannot disclose confidential background check information.

## E. ICP CASH BENEFIT

### 1. Overview

The cash benefit is determined based on the Client Assessment Planning System (CA/PS). The CA/PS takes into account your specific needs, maximum hours of in-home service to meet those needs and your natural supports. The cash benefit must mainly pay provider(s)' wages and the taxes you may have to pay as being an employer.

If you receive Supplemental Security Income (SSI) and participate in the Medicaid Independent Choices Program (ICP) please be sure that your total countable resources do not exceed the SSI/Medicaid program limit of \$2,000 for a single person, \$3,000 for a couple in Oregon.

Your resources may include the amount left over in your (ICP) bank account if you did not spend it all during the month you received it from the State.

Please remember that if your spouse is also your ICP provider the SSI program will count the ICP payments to your spouse as income or resources.

SSI considers all financial accounts within the same household against their program limits.

Failure to keep you accounts under the program limits may result in the loss of your SSI benefits and the possibility of receiving an overpayment penalty from the Social Security Administration. If you have further questions, please speak to your case manager.

### 2. Calculation

The cash benefit is figured by multiplying the authorized activities of daily living (ADL) task hours and the instrumental activities of daily living (IADL) task hours according to the APD rate schedule by:

- The ADL rate for ADL hours; and
- The IADL rate for IADL hours.

### 3. Setting up a bank account and direct deposit

You must set up a checking account only for ICP cash benefits. No other money can be deposited to this account except for the liability/pay-in (if it applies). You must use this account for the items listed on the ICP budget.

You must sign the direct deposit form. The case manager will complete the boxes at the top right corner of that form. Only your name and the representative's name, if it applies, may appear on the ICP checking account and checks. You must send the original direct deposit form (DHS 7262i) and an original voided check to the address listed on the form.

You must inform the case manager if any bank information changes. Examples of these changes are switching banks or adding or removing a representative from the ICP account. You must complete the same direct deposit process again if these changes occur and send the updated account information listed on the form.

Your case manager will stop direct deposit of your ICP benefit if you are no longer enrolled in the program. However, your case manager must be contacted if money is still in your ICP checking account.

#### 4. [Fiscal intermediaries: Bookkeepers and payroll services](#)

You must arrange for a financial expert such as a bookkeeper or accountant to handle your ICP finances if you do not want or cannot manage the responsibilities. You must also arrange for these services if you don't have a representative, if you do not want or cannot manage the responsibilities. Discretionary funds can be used to pay for these services. See the case manager if you need a list of available bookkeepers or accountants.

Bookkeepers or payroll services do not need to complete a background check. They will only be involved with the fiscal responsibilities.

#### 5. [Taxes](#)

The cash benefit includes the employer's portion of the required Federal Insurance Contributions Act (FICA), Federal Unemployment Tax Act (FUTA), State Unemployment Tax Act (SUTA) taxes and Workers Benefit Fund (WBF).

#### 6. [Issuing benefits, overdrafts](#)

You receive a cash benefit when a direct deposit is made to your ICP bank account or you receive a benefit check. The first ICP benefit will always be a check.

If the first of the month falls on a weekend (Saturday or Sunday) or a holiday (such as Christmas), you will usually receive the direct deposit on the previous business day. If the first of the month falls on a weekday (such as a Monday if it is not a holiday), the funds are usually available that day.

The month the direct deposit or benefit check is issued is the month the services occur. You need to make sure enough money is in the account before you pay the provider. Overdraft charges will not be paid for you by the Department.

## F. INTERRUPTION OF SERVICES

A Notice of Planned Action will be sent to you to stop the ICP cash benefit if you are sick, need medical help, or are absent from the home longer than 30 days. The cash benefit will stop while you are not home. The program and cash benefits will start again when you return home if you are still eligible for ICP.

The case manager will visit you when you return home. You and the case manager will talk about whether your service needs have changed. This may cause the cash benefit total to change.

## G. ICP AND OTHER PROGRAMS

### 1. Overview

Cash benefits in the ICP bank account are not used to calculate other DHS programs. The cash benefit cannot be assigned, transferred, garnished, or levied if it is a program benefit and is separate from your other money.

### 2. Supplemental Nutritional Assistance Program (SNAP) food benefits

The cash benefit is counted as unearned income and any assets held in the contingency fund (see OAR 411-030-0020 and OAR 461-145-0410) are counted as a resource for SNAP. You can use the amount paid for the employee provider as a medical deduction, i.e., wages and taxes. If you employ your spouse or other member of your filing group, you cannot take this cost as a medical deduction. Money that filing group members exchange is not counted as income or a deduction.

## H. SERVICE BUDGET

### 1. Overview

The service budget must be in the ICP service plan. You and your case manager need to develop a service plan and budget to meet your needs shown in the assessment. Your case manager must review and approve the service plan and budget before you receive the first ICP cash benefit.

The service budget must:

- Include the cash benefit;
- Describe the discretionary and contingency funds, if they apply;
- Show the total wages to an employee provider(s);
- Include all other expenses paid; and
- Show that the total monthly expenses equal the monthly cash benefit plus any service liability, minus any contingency fund money being held for future needs.

A budget worksheet is the best way to document these items. You may change the service budget if items relate to your service needs and are within ICP program guidelines. You must keep track of the approved changes. However, you do not need to notify the case manager of each budget change, but you must report and show records of changes at the next six-month budget review. Your service budget requirements are described in the Participation Agreement.

You must complete monthly budget worksheets to make sure you are spending all the ICP cash benefit. A sample budget worksheet and completed budget worksheet are available through your case manager.

Your case manager must review the budget at least every six months to make sure your finances are correct. The items to be reviewed are:

- The checkbook register;
- Budget worksheets;
- Bank statements; and
- Payroll records.

Tax returns do not need to be viewed. W2s should be reviewed yearly.

## 2. Contingency funds

You may establish a monthly contingency fund to purchase items that Medicaid, local community resources or SNAP do not cover, if approved by your case manager. These items would replace someone helping you with that task and allow you greater independence. You must be sure all your care needs are being met before starting a contingency fund. This fund comes out of the total wages available for your employee(s), it's not added to the benefit.

The case manager must approve the contingency fund. You may carry over contingency funds to the next month's budget until the item is purchased. The item will then be removed from the budget worksheet.

Examples of items that can be purchased with contingency funds are a microwave oven, accessible washer and dryer, accessibility ramp for the home, wheelchair lift for a van, or adaptive clock.

### 3. Discretionary funds

You may establish a discretionary fund to purchase items that Medicaid, local community resources or SNAP do not cover, if approved by your case manager. These items would be items that are not covered by Medicaid, local community resources or SNAP. You must be sure all your care needs are being met before starting a discretionary fund. This fund comes out of the total wages available for your employee(s), it's not added to the benefit.

The discretionary fund may be up to 10 percent of the amount authorized on the Independent Choices Benefit Calculation form (SDS 0546IC2Wk), not including employer taxes. The case manager must approve the discretionary fund. The funds must be identified in the service budget and related to service plan needs. Discretionary funds must be used by the end of each month.

Examples of items you can buy with discretionary funds are prescriptions or medical co-pays, veterinary care for assistance animals, food for assistance animals, yard care or household insurance, or ICP checking account checks.

Discretionary funds can also be used to pay home or rental insurance and property taxes. This can occur after you use other resources such as tax deferrals for seniors, community resources and natural supports.

Discretionary funds do not replace income and may not be used for usual expenses such as housing, vehicles or food. Other programs and services may meet these needs. Examples of items that **cannot** be purchased with discretionary funds are:

- Food/groceries — including organic food;
- Vitamins;
- Rent or house payments;
- Vehicle payments.

#### 4. Taxes

The taxes (FICA, FUTA, SUTA) and WBF you are required as an employer are included in your cash benefit. You will need to set aside required taxes in the ICP checking account until they are due. Those who are not required to pay taxes no longer have to return that money to the Department, until such time that their ICP benefit is ended (except for WBF; everyone must pay into WBF). Participants may keep that money in their ICP checking account for future employee wages or contingency/discretionary funds.

Some tax exemptions may be permitted for you or your employee(s). Contact the Internal Revenue Service or a tax professional for information.

#### I. SERVICE LIABILITY PAYMENTS (PAY-INS)

Your pay-in, if it applies, is paid from your available income. One example is Social Security. Unlike other in-home programs, you must deposit the pay-in amount into the ICP account instead of sending it to Salem.

If you choose to receive home-delivered meals, this cost must be added to the service liability on the worksheet. This will reduce your net cash benefit.

Your pay-in to pay your spouse or dependent as a provider may be affected by the community spouse income allowance. As part of the service budget, you must identify the provider, the provider wage rate and the number of hours the provider will be paid. If the provider is your spouse or dependent, that person's wages count as income, affecting the money diverted to your spouse/dependent (LDS). The larger the LDS, the smaller the pay-in. For this reason, develop a service budget before calculating the pay.

Your pay-in will appear at the bottom of the SDS 0546IC2Wk-Independent Choices Benefit Calculation form. The calculation will be included with a copy of the 541-Notice of Eligibility and Responsibility. The net cash benefit you receive is the gross monthly benefit minus the pay-in. The case manager will verify pay-ins every six months unless non-payment is suspected.

#### J. DISENROLLMENT PROCESS

Your enrollment from ICP may stop voluntarily or involuntarily. If you are discharged from the program you may not reapply for six months. You may re-enroll at that time but must meet all ICP eligibility requirements.

**Voluntary:** You or your representative must give APD/AAA notice if you want to stop participating in ICP. You must meet with APD/AAA to settle the remaining

ICP cash benefits within 30 days of the date you stop participating or before the termination date, whichever is sooner.

**Involuntary:** You may be involuntarily dropped from ICP (based on OAR 411-030-0100) if you, your representative or employee provider does not adequately meet your service needs or does the following:

- Does not pay employee's wages, as stated in the service budget.
- Does not maintain health and well-being by getting personal care as evidenced by:
  - Decline in functional status due to your needs not being met; or
  - Proven complaints of self-neglect or neglect or other abuse by the employee provider(s) or representative.
- Does not purchase goods and services according to the service plan;
- Does not comply with the legal or financial obligations as an employer;
- Does not maintain a separate ICP checking account or mixes ICP cash benefit with other assets;
- Cannot manage the cash benefit. This would be shown by two or more overdrafts of your ICP checking account during the last cash benefit review period;
- Does not deposit monthly pay into the ICP checking account;
- Does not maintain a back-up plan (as part of the service plan), which leads to a negative result;
- Does not sign or follow the ICP Participation Agreement; or
- Does not select a representative within 30 days when you need one.

Your case manager must have worked with you and documented efforts to fix the issues that led to your discharge from the program. You will receive written notice if you are dropped from ICP. In that case, your case manager must help you move to other applicable Medicaid service programs. If you are disenrolled voluntarily, involuntarily or your case is closed any unused ICP benefit must be returned to APD/AAA.

## K. HEARING REQUESTS

Based on Oregon Administrative Rule (OAR) 461-025-0310, you can request a hearing if you are terminated from the ICP program. You can also request a hearing if you disagree with cash benefit amounts or with assessment results. Individuals who wish to participate in ICP but are denied may also request a hearing.

## L. APPENDICES

### **1. Screening tools for employee providers**

### **2. Budget and payroll forms and samples**

Budget Worksheet

Budget Worksheet instructions

Budget Worksheet sample completed

Budget Review Checklist

### **3. Forms**

SDS 0546IC2WK- Independent Choices Benefit Calculation form

DHS 7262i-Independent Choices Request for Direct Deposit

Participation Agreement

Representative Agreement

### **4. Program descriptions and brochure**

Program Description

DHS9057 ICP Brochure

### **5. Resources and checklists**

Who to Call Contacts

### **6. Web links**

List of Bookkeepers

IRS and Tax Information

Work Source Oregon (for job info)

AARP Tax Aide

### **7. Employment application sample**

### **8. Job description and schedule**

## 9. Commonly used terms

### Appendices 1 – Screening tools for employee providers

#### Roles and responsibilities of an employee provider

As the employer, you must expect the following from your employee(s):

- Completion of a criminal history check. However, the employee does not have to receive a final fitness determination approved by the Department (pass the background check; can be denied but can't have the results of ineligible to be an ICP employee);
- Providing good services;
- Arriving to work on time;
- Understanding how to deliver the assigned services;
- Practicing precautions to prevent spread of disease;
- Maintaining valid driver's license and necessary auto insurance if they are transporting you and;
- Maintaining your privacy.

#### Finding, screening and hiring an employee provider

- Look for potential employees
- Screen applicants over the phone (if needed)
- Set up interview times (if needed)
- Interview applicants (if needed)
- Check references (personal or professional)
- Check driver's license and insurance if transportation is needed
- Hire an employee provider
- Discuss needed services and work arrangements with the employee provider

#### 1: Screening by phone

Screening your applicants by phone will save time by removing those who do not qualify for the job. Ask applicants about their qualifications and briefly describe your service needs. If the screening goes well, set up an interview time.

**Here are some suggestions for screening questions:**

- Go over your care needs and the assistance needed
- Ask the applicant if there are any tasks he or she cannot or will not do
- Discuss the possible work schedule (times per day and days per week when services are needed)
- Be up-front about your terms of employment and the work environment. Tell the applicant if you want a non-smoker or non-drinker. Make sure you tell the applicant if you smoke or have pets
- Inform the applicant of any house rules you have. For example, is the employee allowed to bring guests or pets into your home? Can the employee use your phone? If you have allergies or sensitivities to fragrances, let the applicant know
- If you may be interested in hiring the person you screen, set up an interview time and place. You may wish to have a friend or a family member help you interview an applicant

## **2: Interview questions**

Your goal is to hire someone who meets your care needs. Your hiring process should include an interview and the questions you ask should be specific to your needs.

**Some possible interview questions are:**

### **Work history**

1. What skills have you gained from your past work experience?
2. What training or work experience do you have that relates to this position?
3. Have you had experience caring for an older adult or a person with a disability?
4. Do you have any special certifications (such as CPR, CNA, etc.)?

### **Work capacity**

This job has some physical requirements such as heavy lifting and bending. Do you need anything in order to meet these requirements? Is there anything on my list of care needs that you cannot provide?

### **Work knowledge**

1. Describe your understanding of how to prevent the spread of germs.
2. Have you had formal training on precautions?

3. I have a condition that requires me to eat a special diet. Are you familiar with or are you willing to learn how to prepare special meals for me?

### **Work knowledge**

1. When could you start work if you are selected for this position?
2. Would you be able or willing to come to my house if I had an emergency?
3. What days and times are you available to work? Is your schedule flexible?
4. Would you agree to a trial period?
5. Do you smoke or are you willing to work with someone who smokes?
6. Do you have any allergies to pets?

### **Questions to avoid**

Federal and state law does not allow employers to advertise or ask questions that express a preference based on certain protected groups. All questions should be related to the applicant's capabilities. The following are the types of questions that employers should avoid asking job applicants:

1. Questions that ask about an individual's race, sex, age, marital status, etc.;
2. Questions that ask about gender (male or female) in a discriminatory way (such as questions regarding child care arrangements);
3. Questions that ask height or weight;
4. Questions that judge based on an applicant's disabilities.

Employers can ask questions about whether a potential employee can do essential tasks. However, the Americans with Disabilities Act (ADA) do not allow questions relating to the person's physical impairments or disabilities. The following are examples of questions you should not ask that could violate an applicant's protected class status:

1. **Marital status:** "Are you married? Divorced? Separated?" It is illegal to judge on the basis of marital status.
2. **Age:** "What is your birth date or how old are you?" If it is necessary to know if an applicant is over a certain age for legal reasons, this question could be stated as "Are you 21 or over?" or "Are you 18 or older?"

3. **Race, gender:** “What is your race? Gender?”
4. **Sex:** “Are you pregnant? Do you plan to start a family? “
5. **Religion:** “What is your religious affiliation?” It is unlawful to refuse to hire an applicant because of his or her religion.
6. **National origin:** “Were you born in the United States? Are you a citizen of the United States?” It is better to state that, if hired, the employee will have to present identification to confirm he or she can work legally in the United States.

### **Checking references**

Checking references is an important part of the interview process. References can give you a clear picture of the applicant’s work history and background. You can check references before or after the initial interview. Never hire someone without checking his or her references. Past employers may legally answer only certain questions about past employees.

Some possible reference questions for previous employers would be:

- Would you hire this person again?
- Was this person reliable? Did he or she show up on time?
- Are these accurate dates of employment?
- What job duties did he or she perform?

### **Establishing job expectations**

After selecting your employee provider, you need to inform that person of any house rules. The rules may include:

- Will the employee be allowed to use your telephone, television, refrigerator, etc.?
- Is the employee allowed to receive personal phone calls on your phone or on his or her personal phone while working?
- Is the employee allowed to bring children, pets or guests into your home?
- How should schedule absences be handled?
- Will meals, beverages, snacks or a sleeping area be provided?
- Are any areas of the home “off limits”?

- Indicate any particular privacy issues or information you don't want shared.
- State your wishes about any contact they can or should have with your family members.
- If your employee smokes, is there a designated smoking area?
- Indicate any allergies or sensitivities you may have to fragrances.
- Does the employee need to avoid wearing scented products in your home?

## **Employee training**

You are the best trainer for your new employee. You know the best way to meet your care needs. Get help from someone familiar with your needs, such as a family member or friend, if it is hard to communicate those needs. Your case manager may ask an APD Community Health Support registered nurse to help with your care needs. Keep in mind that you are the employer. It is important to say exactly what you expect and want.

## **Keeping employment records**

As the employer, it is important to keep records about your employee(s).

## **Work performance**

The work being performed by your employee provider(s) should match the job duties. Evaluate your employee's work regularly to ensure your needs are being met. It is important to give your employee information from time to time about his or her work performance. Set up a time to meet with your employee for this purpose. You may choose to evaluate the job performance every month. Here are some steps for a performance review:

- Review the positive as well as areas that need improvement
- Go over your expectations
- Encourage the employee to provide feedback about his or her performance and to ask questions
- Evaluate the performance in writing and give a copy to your employee
- Keep a copy with your employee's records

## **Back-up plans and emergency planning**

You must plan for back-up services when your employee provider(s) are sick or can't get to your home due to bad weather. Some employers choose to hire more than one provider so there is always a back-up person trained to meet their service needs. Other employers have identified family members, friends or neighbors willing to help out on short notice.

Some employers go to other care settings for a short period of time when an employee becomes ill or is unavailable. You also may need services if a natural disaster occurs in your area (such as a fire, earthquake or flood). You can ask your case manager about options such as adult foster care, assisted living, residential care or nursing facility care. Tell your case manager if you would consider any of these options for services on short notice.

Also, plan for a natural disaster if you are unable to leave your home. The American Red Cross suggests:

- Create an emergency information list that tells others who to call in case you are found unconscious or unable to speak. Make sure your case manager also has these contacts so he or she can help
- Complete a medical information list including your medical providers, medications and dosages, and health insurance information
- Keep a seven-day emergency supply of medication on hand
- Identify a safe place to go during a disaster
- Make a floor plan of your home and identify all the possible exits
- Keep your assistive devices nearby at all times in case of an emergency

You can contact the American Red Cross for more local disaster planning information. The national American Red Cross phone number is 1-800-733-2767 and the website is [www.redcross.org/index.html](http://www.redcross.org/index.html).

Appendices 2 – Budget and payroll forms and samples

***All forms below can be obtained at the following website:***

<http://www.dhs.state.or.us/spd/tools/cm/ic/index.htm>

**Budget Worksheet**

**Budget Worksheet instructions**

**Budget Worksheet sample**

Appendices 3 – Forms

**Participant Agreement**

**Representative Agreement**

Appendices 4 – Program descriptions and brochure

**Program description**

**Program brochure**

Appendices 5 – Resources and checklists

**Bookkeepers List**

**Who to Call List**

Appendices 6 – Web links

**IRS**

**Worksource Oregon**

**AARP**

Appendices 7 – Employment application

Name \_\_\_\_\_

Address \_\_\_\_\_

City, state, ZIP code \_\_\_\_\_

Home telephone number ( ) \_\_\_\_\_

Cellular phone number ( ) \_\_\_\_\_

Message phone number ( ) \_\_\_\_\_

State driver's license or state I.D. # \_\_\_\_\_

State \_\_\_\_\_

Country of citizenship \_\_\_\_\_

If not U.S., are you authorized to work in the U.S.? \_\_\_\_\_

**Education:**

Certifications, licenses, CPR, CNA, etc. \_\_\_\_\_

Special training/skills/languages \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Last grade level completed (elementary, high school, college) \_\_\_\_\_

Last school attended \_\_\_\_\_

School, city, state \_\_\_\_\_

**Work history (Please list most recent job first):**

Employer \_\_\_\_\_

Dates \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Contact name \_\_\_\_\_

Job title/duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_

Dates \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Contact name \_\_\_\_\_

Job title/duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_

Dates \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Contact name \_\_\_\_\_

Job title/duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_

Dates \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Contact name \_\_\_\_\_

Job title/duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Auto insurance company name (if employee provider is transporting)  
\_\_\_\_\_

Policy # \_\_\_\_\_

Agent name/phone # \_\_\_\_\_

**References: List three references not related to you.**

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Address \_\_\_\_\_

**Emergency contact: In case of an emergency, please notify:**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Other phone \_\_\_\_\_

I understand that all listed past employers and personal references will be contacted. I declare under penalty of perjury that the information in this application is true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

### Appendices 8 – Employment schedule/tasks

Employer: Mark the days of the week when tasks should be completed.

Job description	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Bathing:							
Personal hygiene:							
Cognition:							
Dressing:							
Undressing:							
Grooming:							
Eating:							
Toileting:							
Bowel:							
Bladder:							
Mobility/ambulation:							
Housekeeping:							

Laundry:							
Meal preparation:							
Breakfast							
Lunch							
Dinner							
Medication and/or oxygen:							
Shopping:							
Transportation:							
Comments							

### Appendices 9 – Commonly used terms

This document may have words that are unfamiliar to you. Here are the more commonly used terms and their definitions:

- **Activities of daily living (ADL)** means those activities performed in the course of a normal day in a person’s life that are necessary for health and safety. These activities consist of eating, dressing/grooming, bathing/personal hygiene, mobility (ambulation and transfer), elimination (toileting, bowel and bladder management), and cognition/behavior.
- **Case manager** means a Department of Human Services Aging and People with Disabilities (APD) Division or AAA employee who assesses service needs, decides eligibility and offers service choices to the eligible individual. The case manager approves and puts into practice the service plan and keeps track of the services delivered.
- **Community spouse’s** monthly income allowance is deducted from the income of the spouse. This allowance is made available to or for the benefit of the community spouse.
- **Employee provider** means a provider who is employed to give services to eligible aged or people with physical disabilities.

- **Filing group** identifies all the household group members whose circumstances are considered either because they request ICP assistance or because of their relationship to household members who request assistance.
- **Full assistance (in terms of service plan hours)** means you need help from another person through all phases of the activity. This is true every time you try the activity.
- **Independent** means the individual does not meet the definition for needing assistance or full assistance in an activity or task.
- **In-home services** means those activities of daily living and self-management tasks that help an individual stay in his or her own home.
- **Medication management** means help with ordering, organizing, reminding or giving any medication or oxygen.
- **Minimal assistance** (in determining service plan hours) means the individual is able to perform the majority of an activity but requires some assistance from another person.
- **Participant** means the individual participating in the Independent Choices Program.
- **Self-management or instrumental activities of daily living (IADL)** means those activities, other than activities of daily living, required by an individual to continue independent living. These tasks consist of medication and oxygen management, transportation related to the service plan or escort assistance during a ride, meal preparation, shopping and housecleaning (including laundry). The definitions for these tasks are identified in OAR 411-015-0007.
- **Service need** means the assistance an individual requires from another person for activities of daily living or self-management tasks.
- **Service plan** means a plan that you and your case manager develop. The service plan shows wages authorized by APD/AAA.
- **APD/AAA** is the Aging and People with Disabilities Division or Area Agency on Aging and Disability services office that approves and issues your cash benefits.
- **Substantial assistance** (in determining service plan hours) means the individual can perform only a small portion of the activity's tasks without assistance from another person.



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