

ICP FORMS PROCESSING CHART

Form Goes to: (legend at end of each section)	Intake	Redet.	OA Form	Web Form	CM Tools Form	ONE Form	Form #	Form Name / Notes
Independent Choices Program (ICP)								
Consumer, F	X	X	X				002N	Assessment Summary
Consumer,	X	X	X				003N	Client Details
Consumer*, F, CO	X			X	X		353	Workers' Compensation Consent & Agreement – Copy must be sent to ICP.SPD@odhsoha.oregon.gov within one week of start date.
Consumer, F, CO	X	X			X		546ic2wk Use version on CM Tools ICP page.	Independent Choices Benefit Calculation – Copy must be sent to ICP.SPD@odhsoha.oregon.gov within one week of start date. Must be sent at intake & at redet. every time & must be sent when there is change in authorized hours or when there is a change in the hourly rate paid out.
Consumer*, Provider*, F, CO, O	X	X		X			548	Independent Choices Program Employee Provider(s) Information – Copy must be sent to ICP.SPD@odhsoha.oregon.gov & to Acumen at Enrollment@Acumen2.net . Required at intake & if there are changes such as a new provider or a change in the provider's hourly rate of pay.
Consumer*, F	X	X		X			737	Representative Choice Form – Consumer-employer rep. section is not required for IHCA only. It must be reviewed at Redet. If there are no changes it must be narrated. It's not necessary to complete a new form each year when there are no changes (not used for the ICP Representative).
Consumer*, F	X	X		X			Service Plan Agreement	Service Plan Agreement (SPA) – Included as part of the SPAN & needs to be updated if the consumer goes to/from a NF ICF level of care to another living situation. The SPA is required every time.
Consumer, F	X	X		X			2780N	Service Plan & Notice (SPAN) – Every time.
Consumer	X	X		X			2794	Exception Process for Consumers

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Consumer*, F	X			X	X		2876	ICP Participation Agreement – Requirement for initial eligibility & must be received <u>before</u> ICP start date.
Consumer	X	X		X			5139	What to Expect from Your Assessment for Long-term Services & Supports
Consumer*, F	X			X			7210	Application for Oregon Health Plan (OHP) Benefits – Only required if paper application is requested. Replaces 539A. Must be uploaded to ONE electronic file.
Consumer*, CO or CMU	X			X	X		7262i	Request for Direct Deposit – To be sent to the CO or CMU within one week of start date.
Consumer	X			X			8958	Medicaid In-home Service Options brochure
Consumer*, F, CO, O	X	X			X		ICP BW	ICP Budget Worksheet (ICP BW) - Copy must be sent to ICP.SPD@odhsoha.oregon.gov . Must also be sent to Acumen at Enrollment@Acumen2.net if referred for payroll services any time there is a change to the monthly budget.
Consumer*, F	X			X	X		ICP Rep. Agreement	ICP Representative Agreement – Required at intake or within one week as soon as it is deemed necessary.
F		X			X		ICP 6-Month Budget Review	ICP Six Month Budget Review Checklist – Used as a tool to aid CM at each six-month budget review.
Consumer*, CO, O	X	X			X		Acumen AW Form	Acumen Auto Withdrawal Form – Required at intake and when there is a change to the ICP cash benefit, if the participant is enrolled in payroll services with Acumen. Requires a ‘wet signature’.
F, CO, O	X				X		Acumen Referral	Acumen Referral Form – Email to ICP.SPD@odhsoha.oregon.gov and to Acumen at Enrollment@Acumen2.net

Consumer=Consumer or Rep. | **Provider**=Provider | **F**=EDMS/AAA file | **CM**=Case manager | **SS**=Support staff | **CO**=Central Office | **CMU**=Client Maintenance Unit | **O**=Other | *****=Signature Required