

INDEPENDENT CHOICES PROGRAM CHECKLIST

- All the following criteria must be met. All forms must be saved to the consumer's EDMS file except for the 7262i Direct Deposit form.
- If any of this criterion cannot be met, the consumer may not be eligible or able to participate in the ICP without a representative. If unsure, you may email ICP.SPD@dhsosha.state.or.us to staff the case.
- If the consumer is no longer eligible an email must be sent to the ICP Coordinator at the email address listed above.

Consumer Eligibility

- The consumer is eligible for In-Home Services
- The Participation Agreement has been signed
- The service plan and budget has been created
- The consumer lives in a stable living situation
- The consumer has demonstrated the ability to manage money and can manage their ICP benefit or has designated a representative to manage their ICP benefit on their behalf
- Form SDS 0541 Notice of Eligibility and Responsibility has been sent to the consumer
- Form SDS 0546IC2Wk Independent Choices Benefit Calculation has been sent to the ICP Coordinator and the consumer
- Form SDS 0548 Independent Choices Program Employee Provider(s) Information has been completed, signed and sent to the ICP Coordinator
- Form SDS 0353 Workers' Compensation Consent and Agreement has been completed and signed
- Form DHS 7262i Direct Deposit and an original voided check has been sent to the address indicated on the form to Salem (Note: Originals must be sent. Emails/Faxes are not sufficient).
- The coding has been updated in the Mainframe to include the ICP Case Descriptor
- The consumer is complying with their legal and financial employer responsibilities
- Natural supports have been adequately addressed
- The consumer has a back-up plan

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Representative

Does the consumer have a representative? Yes / No (If no, you may skip this section)

If yes, did the representative complete a criminal history check?

The representative is ensuring the consumer's health and well-being needs are met

The representative can manage the service plan and budget

The Representative Agreement has been signed

The representative is NOT getting paid for their services

Form SDS 0546IC2Wk Independent Choices Benefit Calculation has been sent to the representative

The representative is complying with the legal and financial employer responsibilities on behalf of the consumer

Employee Provider(s)

All employee provider(s) have submitted a criminal history check

The employee provider(s) are ensuring the consumer's health and well-being needs are met

The consumer is making regular payments to their employee provider(s)

ICP Money Management

The consumer or their representative is purchasing and directing in-home services and staying within the service budget

The consumer or their representative has opened and is maintaining a separate ICP checking account with no co-mingling of other resources

The consumer has not overdrawn their ICP checking account

The consumer is depositing their service liability (pay-in) into the ICP checking account

The contingency/discretionary fund has been approved by the case manager and is 10% or less of the ICP cash benefit