

## ICP FORMS PROCESSING CHART

Form Name & Number	Originals to	Copies to	Signatures	Required form?	Required at Intake or Redet.?	Deadline
Participant Agreement	CM	Part & Rep	Part	Yes	Intake	Before ICP start date
Representative Agreement	CM	Rep	Rep	Yes	Intake or as soon as it is deemed necessary after initial intake	Before ICP start date or within one week after the Rep has been identified
546IC2Wk Independent Choices Benefit Calculation	CM	Part, <u>CO</u> , & Acumen if referred for payroll	None	Yes	Intake, Redet. & if there is a change in the hourly rate of pay	Within 1 week of start date
548 Independent Choices Program Employee Provider(s) Information	CM	<u>CO</u> & Acumen (for both payroll & EVV standalone services)	Part & Prov	Yes	Intake, Redet. & if there are changes such as a new provider or a change in the provider's hourly rate of pay	Within 1 week of start
353 Workers' Compensation Consent & Agreement	CM	Part & <u>CO</u>	Part & Prov	Yes	Intake	Within 1 week of start
Acumen Referral Form	CM	CO & Acumen	None	Yes	Intake	Within 1 week of start date
7262i Direct Deposit Request & Voided Check	CMU	None	Part & Rep	Yes	Intake	Within 1 week of start
ICP Service Budget Worksheet	CM	Part, CO & Acumen if referred for payroll	Part/Rep & CM	Yes	Intake & Redet. (or anytime there are changes to the budget)	CM reviews every 6 months
Six Month Budget Review Checklist	CM	None	None	No but helpful for CM	At each 6-month budget review	Every 6 months from start date

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003N Client Details	CM	Part & Rep	None	Yes	Intake & Redet.	Within 1 week of start date
002 Assessment Summary	CM	Part & Rep	None	Yes •	Intake & Redet.	Within 1 week of start date
541 Notice of Eligibility & Responsibility	CM	Part	None	Yes	Redet. if there's no change in SPL & hours & consumer has received a new SPAN in the past. See SPAN Flow Chart	Required for brand new ICP part & at Redet. if: there's no change in SPL & hrs. & the part. has received a new notice in the past. See SPAN Flow Chart
Part = Participant Coordinator Rep = Representative CM = Case manager	CO = Central Office ICP Prov = Employee Provider	<b>Note:</b> See Medicaid Services & Supports Form Requirements tool for additional information.		CO ICP Coordinator Email: <a href="mailto:ICP.SPD@dhsosha.state.or.us">ICP.SPD@dhsosha.state.or.us</a> Where can these forms be found? On <a href="#">Independent Choices Webpage</a> or in Oregon ACCESS. <ul style="list-style-type: none"> <li>• Must be sent a redetermination if the SPAN is required</li> </ul>		
Please refer to the APD Forms Processing Chart for additional forms which are required for all in-home service programs including ICP.						