

INDEPENDENT CHOICES PROGRAM (ICP) OVERVIEW



Program History

In 1998, Oregon's Department of Human Services (DHS), Seniors and People with Disabilities (SPD) (now Aging and People Disabilities (APD)) began working with consumers towards the creation of a "cash-and-counseling" program as an alternative to the existing In-Home Support Services model. The program, Independent Choices, was approved by the Centers for Medicare and Medicaid Services (CMS) under the 1115 Research and Demonstration Waiver program on July 27, 2001 as a pilot project in five Oregon counties. In 2009, the program was transitioned to an on-going program and was expanded statewide.

The Independent Choices Program provides consumers with flexible cash benefits that are based on service plans to meet the individual's needs. A cash benefit is provided in lieu of the usual service provider plan. The monthly benefit allows participants to direct and manage personal assistance service and address individual-specific needs. Benefits from other governmental programs such as Section Eight (8) housing and Social Security payments are considered excluded resources and income when calculating the monthly ICP benefit.

Who May Enroll in the Independent Choices Program?

People who are eligible for Medicaid paid, In-Home Services for people over age 65 and individuals with physical disabilities may be eligible for the program. They

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may participate if they demonstrate a stable living situation and financial responsibility. There are additional program eligibility criteria specified in Oregon Administrative Rule (OAR) [411-030-0100](#). Potential enrollees, or their designated representative such as a family member or a close friend, must be able to manage a monthly cash benefit to purchase personal assistance, homecare services and other goods and services. Program participants accept responsibility for budgeting, record keeping, paying providers, and paying taxes for employees.

Why is Independent Choices a Unique Opportunity?

Participants have more flexibility in how they meet personal assistance and in-home needs than in other programs. An individual can select and purchase the services or goods of his/her choice that enable the person to continue living at home and enhance or maintain health and independence.

Participants may hire family members, their spouse, neighbors and other interested applicants (including homecare workers) to provide assistance. As a household employer, the participant decides which tasks they want have with, whom they want to hire, what quality of service they expect and what they are willing to pay each employee.

If money is left over at the end of the month, program participants may save the money for future needs or spend it in ways that enhance their independence and quality of life.

Participant Responsibilities

IC participants must maintain a separate checking account reserved solely for IC purposes. They must develop a budget to show how they will use the money, in accordance with Medicaid and ICP guidelines and must spend the money in accordance with their approved budget. They must hire an employee provider and should not pay this provider less than the Federal hourly minimum wage.

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IC participants are responsible for meeting all legal and fiscal responsibilities as household employers. Participants may use a portion of the IC benefit (money that is put into a discretionary fund) to purchase a payroll service to assist them in meeting their payroll responsibilities.

There are a few other requirements that IC participants must follow. OAR [411-030-0100](#) defines these requirements.

ICP Benefit Amount

Participants in the ICP are required to participate in the same assessment process as for any other Medicaid service program. Case managers meet with participants to assess a participant's service needs and to create a service plan. The service plan is developed based on the participant's needs in activities of daily living (such as eating and mobility) and self-management tasks (such as housekeeping and meal preparation). After the plan is finalized, service hours are calculated by the case manager. The participant receives the cash benefit/payment at the beginning of each month and used these funds to meet his/her service needs.

Each participant's service needs are reassessed every twelve (12) months and the service plan is modified accordingly. Service budgets including financial records are reviewed every six (6) months.

Participants are expected to manage their cash benefit responsibly. If a participant decides the ICP is not working for them and/or their circumstances change, the participant may leave the program at any time. If the participant leaves the ICP, other in-home or community-based services are offered if the individual is eligible.

For additional information about the program, please contact your local APD or AAA office or email the ICP Coordinator at ICP.SPD@dhsosha.state.or.us.