

## ICP FORMS PROCESSING CHART

Sent to:	Intake	Redet.	OA form	Web form	CM Tools	ONE form	Form #	Form
Participant and file	X	X	X				002N	<b>Assessment Summary</b>
Participant and file	X	X	X				003N	<b>Client Details</b>
Participant*, file, and Central Office	X			X	X		353	<b>Workers' Compensation Consent and Agreement</b> – must email to CO within one week of start date.
Participant, file, and Central Office	X	X			X		546ic2wk Only use version on CM tools ICP page	<b>Independent Choices Benefit Calculation</b> – must email to CO within one week of start date, at intake, at redetermination, when there is a change in authorized hours or a change in the hourly rate paid out.
Participant*, provider*, file, Central Office, and Acumen	X	X			X		548	<b>Independent Choices Program Employee Provider(s) Information</b> – must email to CO and Acumen at intake and when there is a change to the provider information such as who is providing care and the hourly rate.
Participant* and file	X	X		X			737	<b>Representative Choice Form</b> – must be reviewed at each redet. If there are no changes it must be narrated (not used for the ICP Representative).
Participant* and file	X	X		X			SPA	<b>Service Plan Agreement (SPA)</b> – included as part of the SPAN and 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.

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Participant and file	X	X		X			2780N	<b>Service Plan and Notice (SPAN)</b> – every time.
Participant	X	X		X			2794	<b>Exception Process for Consumer</b>
Participant* and file	X			X	X		2876	<b>ICP Participation Agreement</b> – required for initial eligibility and must be signed and received before ICP start date.
Participant	X	X		X			5139	<b>What to Expect from Your Assessment for Long-term Services and Supports</b>
Participant* and file	X			X			7210	<b>Application for Oregon Health Plan (OHP) Benefits</b> – only required if paper application is requested. Replaces 539A. Must be uploaded to ONE electronic file.
Participant*, Central Office, or OFS	X				X		Direct Deposit Request	<b>Direct Deposit Request</b> – must email to CO or OFS or mail hardcopy to OFS address on form within one week of start date with a voided check.
Participant	X			X			8958	<b>Medicaid In-home Service Options brochure</b>
Participant*, file, Central Office, and Acumen	X	X			X		Budget Worksheet	<b>ICP Budget Worksheet (ICP BW)</b> – must email to CO. Must also email to Acumen if referred for payroll services any time there is a change to the monthly budget.
Participant* and file	X			X	X		ICP Rep. Agreement	<b>ICP Representative Agreement</b> – required at intake or within one week when it is determined an ICP Rep. is necessary.

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File		X			X		Budget Review Checklist	<b>Budget Review Checklist</b> – used as a tool to aid case managers at each six-month budget review.
Participant*, Central Office and Acumen	X	X			X		Auto Withdrawal Auth.	<b>Acumen Auto Withdrawal Authorization</b> – required at intake and when there is a change to the ICP cash benefit when the participant is enrolled in payroll services with Acumen. Requires a ‘wet signature’.
File, Central Office and Acumen	X				X		Referral Form	<b>Acumen Referral</b> - must email to CO and Acumen within one week of start date or anytime the participant’s service option changes.
TN and file	X	X			X		Referral Form	<b>Tribal Navigator Referral Form</b> – required if the participant claims affiliation with a Native American Indian Tribe.

CO email address: [icp.spd@odhsoha.oregon.gov](mailto:icp.spd@odhsoha.oregon.gov)

Acumen email address: [enrollment@acumen2.net](mailto:enrollment@acumen2.net)

Office of Financial Services (OFS) email address: [ofs.clientservicesdirdep@odhsoha.oregon.gov](mailto:ofs.clientservicesdirdep@odhsoha.oregon.gov)

\*= must be signed