

Action Request Transmittal Aging and People with Disabilities



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Number: APD-AR-20-068

Issue date: 07/06/2020

Topic: Long Term Care

Due date: 08/31/2020 &
09/30/2020

Subject: Independent Choices Program (ICP) Work to Prepare for Electronic Visit Verification (EVV)

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging: Type B | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children's Intensive In Home Services |
| <input type="checkbox"/> County DD program managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> ODDS Children's Residential Services | <input type="checkbox"/> Other (<i>please specify</i>): |
| <input type="checkbox"/> Child Welfare Programs | |

Action required: The purpose of this transmittal is for APD/AAA local office staff to begin the necessary work on all ICP cases in preparation for the upcoming [Federal requirements](#) related to EVV compliance. This transmittal and the work associated with it will help us meet those requirements.

All APD/AAA offices must complete all the following steps no later than 08/31/2020:

1. A current list of all ICP participants in the State of Oregon has been posted on the OBI Share Point page. Here is a [link](#) to that list (Please note: only managers with access to this site will be able to open the report). If you are unable to access the report using this link you can go to the OBI Share Point page, select 'Branch Distribution' from the side menu where you will find the '**All ICP Case Audit**' spreadsheet.
- Managers must access the OBI report at the link listed above (if you have trouble accessing the report, please complete and submit a 784 for access).

- From the top of the spreadsheet, select the appropriate branch number, to access the ICP participants in your branch(es).
 - **Managers:** Please open the spreadsheet in Excel and save your branch(es) to your local shared drive. Ask staff to make all updates to that spreadsheet, so the completed version can be sent by the due date.
 - Managers must work with staff to ensure that contact is made with each participant (or their representative) and each provider listed to verify and complete the following -
 - All 'Client' information is accurate and complete;
 - All 'Rep' information (if applicable) is accurate and complete; and
 - All 'Prov' information is accurate and complete.
 - **All** columns on the spreadsheet must be complete (for 'Client'(s), 'Rep'(s) and 'Prov'(s) (including an email address if they have one) in order to meet the upcoming Federally required EVV changes.
 - If there is any missing and/or incorrect information, that information must be added in its entirety.
 - If there are provider(s) or representatives listed who are no longer involved with the ICP participant that information must be removed from the spreadsheet.
 - If there is a provider missing from the spreadsheet which needs to be added, case managers must update the spreadsheet appropriately, and work with the participant to complete a new 548 'ICP Employee Provider(s) Information' form and submit the 548 to the ICP email address listed below. If you have the 548 on file, please update the spreadsheet and email the 548 to the ICP email address.
 - Once all updates have been made to the spreadsheet, (including the information for each 'Client', 'Rep' and 'Prov'), it (the spreadsheet) and all associated forms must be emailed securely to ICP.SPD@dhsosha.state.or.us **no later than 5:00 p.m. on 08/31/2020.**
 - **Note:** The representative(s) and providers associated with each ICP participant, are listed directly under each participant and are identified under the same case number as the participant.
2. In addition, on 07/02/2020, a letter was mailed out to all ICP participants related to the upcoming EVV changes. Click [here](#) to view a copy of the letter to better understand the choices each ICP participant has to make.

See instructions below, for required actions for consumers already enrolled with Acumen and for consumers not yet enrolled with Acumen. Actions listed under this section must be completed and emailed securely to Acumen at Enrollment@Acumen2.net and ICP.SPD@dhsosha.state.or.us **no later than 5:00 p.m. on 09/30/2020.**

The Acumen Referral form has been updated and is posted under the Acumen section on the [ICP page](#), which includes changes needed to capture relevant EVV related data. When a consumer is enrolling with Acumen (including the EVV compliant enrollment) the following forms must be submitted depending on which service(s) they wish to enroll in:

- **Option 1: Payroll and EVV services –**
 - Acumen Referral form;
 - SDS 0548 – Independent Choices Program Employee Provider(s) Information form (up to two providers per form);
 - SDS 0546IC2Wk – Independent Choices Benefit Calculation form; and
 - Independent Choices Budget Worksheet.
- **Option 2: EVV services only –**
 - Acumen Referral form; and
 - SDS 0548 – Independent Choices Program Employee Provider(s) Information form (up to two providers per form).
- **For ICP consumers already enrolled with Acumen:**
 - CMs should contact either Acumen at Enrollement@Acumen2.net or the ICP policy analyst at ICP.SPD@dhsosha.state.or.us to determine which consumers on their case load are already using an EVV compliant option.
 - Consumers who ARE already using an EVV compliant option, no further action is required.
 - Consumers who are NOT using an EVV compliant option, CMs must work with the consumer to determine which EVV option they wish to use (Smartphone, telephone landline or FOB).
 - CMs must submit the new Acumen Referral form indicating which EVV option the consumer has chosen and email it to both email addresses indicated on the form.
- **For ICP consumers NOT enrolled with Acumen:**
 - CMs must contact each consumer not enrolled with Acumen to determine if the consumer wishes to use Option 1 (with Payroll and EVV services) or Option 2 (with EVV service only) and submit the required forms based upon that selection.

If a consumer wishes to continue participating in the ICP, they must select from either Option 1 or Option 2 listed above. EVV enrollment with Acumen is mandatory for all

ICP consumers. If a consumer wishes to continue managing their own payroll, they may do so, but must select at minimum Option 2 to meet the EVV requirements.

If a consumer does not wish to enroll with Acumen using either Option 1 or Option 2, they may choose to voluntarily disenroll from the ICP and do one of the following:

- Switch to regular in-home services provided through an In-Home Care Agency
- Switch to regular in-home services provided through an enrolled HCW
- Switch to Spousal Pay (if eligible)
- Move into a licensed CBC facility
- Close their Medicaid services

A new Fact Sheet for Acumen and EVV related information has been posted on the CM Tools website on the [ICP page](#) under the Acumen section. This should be reviewed by staff who work with the ICP to help understand all of the changes and services discussed on the letter mailed to the participants, including the EVV compliant options available.

To register: N/A

Note: Staff may email the ICP.SPD@dhsosha.state.or.us email address with questions about the list, actions required or the upcoming EVV requirements

Reason for action: To prepare for and meet the upcoming Federal EVV requirements.

Field/stakeholder review: Yes No

If yes, reviewed by: Operations Committee

If you have any questions about this action request, contact:

Contact(s): Christine Maciel - Medicaid APD Services & Supports Policy Analyst for the ICP
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Phone:	Fax:
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Email: Christine.C.Maciel@dhsosha.state.or.us
