

# Action Request Transmittal Aging and People with Disabilities



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**Authorized signature**

**Topic:** Long Term Care

**Number:** APD-AR-22-052

**Issue date:** 12/1/2022

**Updated:** 7/28/2023

**Due date:** 12/20/2022

**Subject:** Independent Choices Program (ICP) Benefit Calculation Form Updated Due to Wage Increase Effective 01/01/2023

**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"/> Support Service Brokerage Directors           | <input type="checkbox"/> Other ( <i>please specify</i> ):                     |
| <input type="checkbox"/> ODDS Children's Residential Services          |   |
| <input type="checkbox"/> Child Welfare Programs                        |   |

**Reason for action:** The purpose of this transmittal is to inform APD/AAA local office staff of the updated ICP Benefit Calculation (SDS 0546IC2Wk 06/2023 v11/2022) form. The Oregon ACCESS (OA) version ~~has not~~ **has** been updated with the increased rate, and therefore must not be used after 12/31/22 until it gets updated. A separate transmittal will be issued when the OA version is updated and may be used again.

In the meantime, staff should begin using the updated version of the SDS 0546IC2Wk v11/2022 (currently only available in Excel) which is posted on the CM Tool website. **Staff may use either the new 546ic2wk (version 06/2023) on [ICP page](#), or they may use the 546ic2wk web form available in OA on the Print Forms screen.** Again, Staff should NOT use any previous versions of the form, nor should they use the version linked in OA or on the Form Server until it gets updated.

**Note:** No new actions are required as indicated on this AR. The updates are simply to inform staff that the 546ic2wk form is now updated on the Form Server and in OA.

**Action required:** Effective 01/01/2023, the hourly rate for ICP providers is increasing to \$17.77 per hour and \$20.77 for VDQ. These changes have been made to the 546IC2Wk form to accurately calculate and reflect the new ICP monthly benefit starting

01/01/2023. The following actions must be taken **before 12/20/2022**.

**Important:**

- A new 546IC2Wk form and a new ICP Budget Worksheet must be completed and submitted for every ICP participant. The 'Rate start date' must be 01/01/23, and the 'Rate end date' must be the 'Benefit end date' indicated in OA.
  - A copy of both forms must be sent to the participant and/or their ICP Representative **and** the ICP Policy Analyst at [ICP.SPD@odhsoha.oregon.gov](mailto:ICP.SPD@odhsoha.oregon.gov). Staff must save a copy of both updated forms to the participant's EDMS or the AAA file.
- The Other Payments module (MRP screen) in ONE must be updated. Staff must end the current payment line effective 12/31/22 and add the new ICP payment amount effective 01/01/2023 as reflected on the 546IC2Wk form.

The screenshot shows the 'Payment Details' form in ONE. The 'Requested End Date' field is highlighted with a red box and contains the date 12/31/2022. A red arrow points to the 'Evaluate' button at the bottom right of the form.

- Staff must increase the participant's monthly benefit based on the amount indicated on the SDS 0546IC2Wk, unless it is the participant's preference to reduce the hours to reduce the ICP monthly benefit (OAR [411-030-0070\(3\)\(e\)\(C\)](#)).
- Staff should also check with each ICP participant to determine if they wish to give their provider(s) an hourly rate increase.
  - If the participant does wish to give their provider(s) a rate increase, an updated 548 form indicating the new hourly rate of pay for the provider(s) must be submitted.
  - If the participant does not wish to give their provider(s) a rate increase, submission of a 548 form is not required, unless there are other changes (a provider has been hired, fired, or quits) which must be reported.
  - If an individual on the case is receiving wages as the ICP employee provider and those wages have changed, staff should work with their local eligibility team to update the individual's wages in ONE and add a detailed case note stating the reason for the change.

- If there is SNAP on the case, staff must also work with your local eligibility team to run eligibility with the new ICP amount.

**Note:**

- If an ICP participant is enrolled in payroll services with Acumen, staff must also complete an [OR ICP Acumen Authorization for Auto Withdrawal](#) form indicating the new monthly benefit amount with the effective date of the change being 01/01/2023. This form must be signed by the participant or their ICP Representative. E-Signatures and verbal signatures are not allowed for this form.

**How to pull an ICP report:** Managers are able to pull a report from the [ODHS Business Intelligence Center](#). Please follow the instructions below to find the ICP report.

- From the Home page select the ‘Aging and People with Disabilities’ drop-down menu.
- From that menu, select ‘In-Home’.
- A report list will populate. Select the report titled ‘ICP Case Monthly Audit’.
- It is best to export the report to Excel, so you can filter by branch and by CM.

**Additional information related to reason for action:** These changes are reflective of the 2021-2023 Collective Bargaining Agreement between the Department of Administrative Services, on behalf of the State of Oregon and the Oregon Home Care Commission and the Service Employees International Union Local 503, Oregon Public Employees Union ICP hourly rate changes.

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:** Operations Review Committee

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

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