

**Independent Choices Program  
Check list**

**Is there documentation the client meets the In-Home Services eligibility criteria?**

Yes       No

--Was the participation agreement signed?

Yes       No

--Has the individual developed a service plan and budget?

Yes       No

--Is there evidence of a stable living situation?

Yes       No

--Has the individual demonstrated an ability to manage money?

Yes       No

--Has a copy of the Notice of Eligibility & Responsibility (541) for ICP enrollment been emailed, faxed or sent to Salem \*\* and the participant?

Yes       No

--Has a copy of the Independent Choices Benefit Calculation (546ic) been emailed, faxed or sent to Salem\*\* and the participant?

Yes       No

--Has a completed copy of the Independent Choices Program Employee Provider(s) Information (SDS 548) been emailed, faxed or sent to Salem\*\*?

Yes       No

--Has the Workers' Compensation Consent & Agreement (SDS 0353) been completed by the participant and put into the case file?

Yes       No

--Has a completed copy of the Workers' Compensation Consent & Agreement (SDS 0353) been emailed, faxed or sent to Salem\*\*?

Yes       No

--Has the Direct Deposit form (DHS 7262i) and original voided check been sent to Salem\*\*? (Note: you must send the original form and check, faxes are not sufficient)

Yes       No

--Has coding been changed on the case?

Yes       No

**Does the individual have a representative?**

- Yes       No       N/A
- Did the representative complete a Criminal History Check?
- Yes       No
- Is the representative able to manage the service plan and budget?
- Yes       No
- Was the representative agreement signed?
- Yes       No
- Is the representative getting paid for their services?
- Yes       No
- Has a copy of the Independent Choices Benefit Calculation form (SDS 546IC) been sent to the participant and representative?
- Yes       No

**Does the participant have a fiscal intermediary?**

- Yes       No

**Are natural supports adequately addressed?**

- Yes       No
- Is the back up plan adequately addressed?
- Yes       No

**Has employee provider(s) been hired?**

- Yes       No
- Have all the employee providers submitted a Criminal History Check?
- Yes       No
- Is the participant in his/her own home (not in a CBC facility or NF)?
- Yes       No
- Is the participant paying their employees?
- Yes       No
- Is the participant maintaining their health and well-being?
- Yes       No
- Is the participant purchasing and directing in-home services and staying within the service budget?
- Yes       No
- Is the participant complying with legal or financial employer responsibilities?
- Yes       No       N/A

--Is the participant maintaining a separate ICP checking account (no commingling)?

Yes; if so what is the name of the bank and the account number \_\_\_\_\_  No

--Has the participant had two or more overdrafts in the reporting period?

Yes  No

--Has the participant deposited the service liability into the ICP account (pay-in)?

Yes  No

--Has the participant maintained a back-up plan?

Yes  No

**Has a discretionary fund been approved by the case manager?**

Yes  No  N/A

--Is it 10% or less of the cash benefit (not including the taxes)?

Yes  No

**Has the case manager completed six month financial reviews of the case?**

Yes  No

**If the participant is no longer ICP eligible, has the case manager sent a disenrollment notification email to Salem \*\*?**

Yes  No

\*\* Send forms to the Independent Choices Program Coordinator, Kelsey Weigel, at 500 Summer St. NE, E-10, Salem, OR 97301 or [Kelsey.C.Weigel@state.or.us](mailto:Kelsey.C.Weigel@state.or.us). The phone number is (503) 945-6413, the fax number is: (503) 947-4245. Emails may also be sent to [icp.spd@state.or.us](mailto:icp.spd@state.or.us)