

INDEPENDENT CHOICES PROGRAM WORKER GUIDE

A. OVERVIEW

The Independent Choices Program (ICP) is a Medicaid in-home services program that allows participants to live in their own home (not the home of the provider whether or not the provider is related by blood or marriage) and empowers them to self-direct their own service plans and purchase goods and services, enhancing independence, dignity, choice, and well-being.

Self direction provides the opportunity to select, direct, and manage needed services and supports. This opportunity offers the participant a wider range of personal choice and financial control over Medicaid paid services than other Medicaid programs, supporting a more independent life.

Advantages of the ICP are: flexibility, control, and the chance to be in charge and decide how service needs are to be met.

If an individual is currently receiving other Medicaid waived services but qualifies and desires ICP, the change to ICP may require a change of employee provider(s).

If a participant enrolls in the ICP, and doesn't like it, there is an option to receive services through other programs through the Seniors and People with Disabilities Division (SPD), either in-home or in an alternative service setting, as long as the person is eligible.

B. CASE MANAGER RESPONSIBILITIES

ICP case management has the same basic responsibilities as case management for other in-home services programs, as well as some unique additional tasks described below. *Tools:* [ICP Checklist](#) and [Forms Processing Chart](#)

1. Participation Agreement

Case managers should review the [Participant Agreement](#) with the participants in detail so the participants understand the risks and responsibilities of ICP and how it differs from other programs. This discussion should occur during the initial decision making process about the

type of in-home services the individual may receive. It is critical that individuals understand their responsibilities before making a decision to enroll. The case manager must narrate in Oregon ACCESS that he/she has discussed with the potential participant how ICP differs and the participant's responsibilities.

2. Cash Benefit

Case managers need to explain to the participant how the authorized cash benefit is determined. More information about the cash benefit is available in [Section \(E\)](#) of this worker guide.

3. Service Plan & Service Budget

Case managers may assist in the development of the service plan and budget. Once developed, the case manager is responsible to review and authorize only service plans and service budgets that meet ICP criteria.

4. Taxes

The case manager must explain that if the participant is not required to pay employee taxes and has been given money for that purpose in the cash benefit, the tax money must be reimbursed to the local SPD/AAA office. Instructions for how to reimburse may be found in [Section \(H\)\(4\)](#) of this worker guide.

5. Budget Reviews

Case managers must perform budget reviews to assure financial accountability and review service budget amendments at least every six months. At six month reviews, the case manager should review the participant's checkbook register, bank statements, and bookkeeping services information. The case manager does not need to view the participant's tax returns. W2's can be reviewed as well if a year has gone by since the last review. After the review, the case manager must then narrate in detail the financial information reviewed. *Resource:* [Six Month Budget Review Checklist](#).

6. Participants as Employers

If a participant has previously received services from a homecare worker, the case manager must speak with the participant to clarify the differences between homecare workers and employee providers. Employee providers are now covered under collective bargaining agreements between the Service Employees International Union, Local 503 OPEU and the Home Care

Commission but do not pay union dues.

This means that employee providers do not currently receive union benefits such as paid leave, health insurance or set minimum wage. The participant must set and negotiate with his/her provider of choice all the terms of employment including wage rates and hours. It is advisable that the participant document the terms of employment in a job description or other employment agreement. The case manager may wish to review the [Statement of Understanding](#) (about the lack of union coverage) with the participant and urge the participant to discuss the Statement and obtain signatures with employee providers prior to employment.

7. Natural Supports

Case managers must determine if there are natural supports for each participant at the initial review and ongoing reviews. Natural supports would be assessed in ICP just as they are assessed for regular in-home services.

8. Monitoring for Health & Safety

Case managers must monitor the ongoing health of the participant through ongoing service reviews. As with other Medicaid service programs, re-assessments are due every twelve months at a minimum, sooner if there are changes in the participant's condition. Monitoring in between the annual reviews is required. The six month service budget reviews are a good time to monitor health in between annual assessments for individuals who are very stable. More frequent monitoring is expected when the participant's health is fragile or other issues need closer monitoring for safety and health.

9. Disenrollments & Denials

Before closing or denying ICP services, the case manager must have documented non-compliance with the ICP or reasons for ineligibility. Questions about ICP compliance, eligibility, or notices should be addressed to the SPD Central Office ICP Coordinator at icpspd@state.or.us.

If a decision is made by a SPD/AAA office to disenroll a participant, the case manager must review eligibility for other Medicaid long term care and community based service options. If the participant is eligible for other service options, those options must be offered to the individual.

C. ELIGIBILITY & ENROLLMENT

1. Eligibility Requirements

- Meet all requirements of the in-home services program;
- Develop a service plan and budget to meet the needs identified in the CAPS2 assessment;
- Sign the [Participation Agreement](#);
- Have or be able to establish a checking account;
- Provide evidence of a stable living situation for the past three months; and
- Demonstrate the ability to manage money as evidenced by timely and current utility and housing payments.

Natural supports, the service plan, and the service budget must be considered when determining initial eligibility. Natural supports mean the resources available to the ICP participant including but not limited to relatives, friends, significant others, neighbors, roommates, and the community. Services provided by natural supports are resources that are not paid for by SPD. Just as in all other programs, if all of a person's needs are met by natural supports, the person is not eligible for Medicaid paid services including ICP.

2. Participant Responsibilities

To enroll and remain in ICP, participants must handle the following responsibilities:

- Recruit an employee provider(s);
- Locate, screen, interview, hire, train, pay, and terminate the employee provider(s) as needed;
- Specify the qualifications of the employee provider(s);
- Determine the duties of the employee provider(s);
- Schedule the employee provider(s);
- Supervise the employee provider(s);
- Evaluate the performance of the employee provider(s);
- Negotiate with the employee provider(s) prices for services, supports, or other items;
- Review and approve invoices from the employee provider(s) or other service providers; and
- Manage the ICP cash benefit, accounting, tax, and payroll responsibilities.

Participants also need to have a detailed back up plan in case of an emergency such as a provider not showing up.

3. Enrollment Process

Eligibility requirements must be met by the individual to become a participant in the ICP. When enrolling, the participant must complete the ICP Employee Provider(s) Information Form ([SDS 0548](#)).

When a participant is enrolled in the ICP, the case manager must send copies of the following documents to the SPD Central Office ICP Coordinator:

- [SDS 0541](#) - Notice of Eligibility and Responsibility;
- [SDS 0354](#) - Workers' Compensation Agreement and Consent;
- [SDS 0548](#) - ICP Employee Provider(s) Information; and
- [SDS 0546IC](#) - Independent Choices Benefit Calculation.

Within the next 30 days, the following must also be sent to start the direct deposit of the cash benefit:

- Original [DHS 7262i](#); and
- Original voided check.

4. Waitlist

Per [OAR 411-030-0100\(2\)](#), SPD must establish and maintain a waiting list for individuals eligible for in-home services requesting ICP after a maximum of 2,600 participants have been enrolled. The SPD Central Office ICP Coordinator keeps names on a waiting list according to the date submitted by the SPD/AAA local office. As vacancies occur, eligible individuals on the waiting list will be offered ICP in the order according to their place on the waiting list. Individuals on the waiting list may receive services through other appropriate DHS programs for which they are eligible while waiting for ICP slots to open.

5. Case Manager Checklist

For further information about opening ICP cases see the [ICP Checklist](#).

D. SUPPORTS

1. Representatives

If a participant is unable to direct and purchase his/her own in-home services, the participant must have a representative to act on their behalf. The “representative” is the person assigned by the participant to act as the participant’s decision maker in matters pertaining to the ICP service plan and service budget.

A representative CANNOT be an employee provider regardless of the relationship to the participant. The representative must:

- Complete a criminal records check and receive a final fitness determination of approval (pass the records check); and
- Sign and adhere to the [ICP Representative Agreement](#) on behalf of the participant.

2. Fiscal Intermediaries: Bookkeepers & Payroll Services

If a participant does not want or cannot manage some or all of the ICP fiscal responsibilities and doesn’t know anyone that could be a representative, the participant must arrange and purchase the ongoing services of a fiscal intermediary, such as an accountant, bookkeeper, or equivalent financial services to handle the fiscal responsibilities. Discretionary funds can be used to pay for these services. *Resource:* [Statewide ICP Bookkeeping List](#).

Bookkeeper or payroll services do not need to complete a criminal records check because they will only be involved with the fiscal responsibilities of the participant and will not be a part of any aspects of managing the employee.

3. Criminal Records Checks for Supports

DHS provides a criminal records check at no cost to participants for all potential providers and representatives. However, the participant maintains the ability to decide whether or not to employ the provider(s). The potential provider must complete an authorization form to run a criminal records check but can start working before the results are obtained. The applicant or the local office MUST indicate on the form that this criminal records check is for the ICP. The results are sent to an authorized staff person at the local office.

The criminal records check is a part of the hiring process for participants as an employee provider. As the employer, it is the responsibility of the participant to assure the employees have had a criminal records check. Once the initial criminal records check has been completed for an employee provider or representative, another criminal records check is not needed unless an employee provider or representative changes or if the participant has an indication of criminal behavior that could pose an immediate risk to the participant. If a homecare worker is also an employee provider for an ICP participant and the homecare worker is up to date on his/her criminal records check then a new one is not necessary.

By law, the authorized staff person at the local office cannot share the results of a criminal records check with participants. The local office can only tell participants whether the applicant passed or didn't pass the criminal records check. Once the case manager is told that the potential provider either passed or failed, the case manager should narrate the result of the criminal records check in the case.

Participants may directly ask the applicant if he or she has a criminal record and may ask for specific details. It is up to the applicant to decide whether or not to share information and up to the participant to decide if he/she wishes to hire the applicant despite any criminal past or if the applicant chooses not to explain why he/she was not approved in the criminal records check. If the participant gets information from the applicant, the case manager may help the participant evaluate the applicant as long as there is no disclosure of confidential criminal records check information.

4. Employee Providers

Age of ICP Providers

While technically there is no age limit to be an employee provider, the provider must be able to meet the participant's needs and submit to a criminal records check. Criminal record checks may only be done for individuals age 18 or over.

Criminal Records Checks and Providers

Prior to being employed, the potential employee provider must submit a criminal records check. The potential provider may start working before the completion of the criminal records check if requested by the participant. The participant or representative has the choice of

employing the provider even if potentially disqualifying crimes are revealed. The contents of the criminal records check can not be provided to the participant or representative unless the information is shared by the potential provider. The local office can only tell the participant or representative if the potential provider passed or failed the criminal records check.

Immigration and ICP Providers

Participants are responsible to determine if prospective employee providers are eligible to work in the United States.

Provider Pay

The dollar amount a participant pays the employee provider is determined as part of the hiring process. The participant sets an hourly rate to pay the provider and sets any benefits offered with the job. Participants must have enough funds from the cash benefit to pay the agreed upon wages and cover any benefits offered.

Benefits are things that are negotiated between the participant and employee provider. They may be benefits such as lunch, paid time off, etc. ICP employee providers are NOT homecare workers covered under any collective bargaining agreements between the SEIU, Local 503, OPEU and the Oregon Home Care Commission. Employee providers are not entitled to union negotiated benefits such as paid leave or access to health insurance.

Starting January 1, 2011, employee providers will be covered by Workers Compensation Insurance. When an employee provider changes or the provider's pay changes, the participant must complete a new ICP-Employee Provider(s) Information Form ([SDS 0548](#)).

Relatives as ICP Providers

A participant's relative may be employed as an employee provider if it has already been determined that the relative is not a natural support. If the spouse is the employee provider, the spouse may work outside the home as long as the participant's needs are still being met. Spouses who wish to be paid providers must also complete a criminal records check.

The spousal pay rule, [OAR 411-030-0080](#), does not apply because after natural support is assessed during the initial eligibility determination, the choice of provider is up to the participant and no reduction of self-management or 24-hour availability is made. Case managers should select in-home ICP in the CAPS2 service plan screen rather than in-home spousal pay.

If a community spouse is the participant's paid employee provider, the income will need to be diverted. Case managers will need to consider the community spouse's income from ICP when calculating how much to divert.

If spouses are on ICP, the maximum hours for self management tasks ([OAR 411-030-0070\(3\)\(c\)](#)) applies.

Representatives Working as Providers

An employee provider cannot be a participant's representative and the representative cannot be the employee provider.

E. ICP CASH BENEFIT

1. Overview

The cash benefit is determined based on the CAPS2 assessment: the assessed needs, maximum hours of in-home service for that need level, and natural supports. The primary use of the cash benefit must be to pay the wages of the employee provider(s) and set aside the employer's taxes for the participant's employee provider(s).

2. Calculation

The cash benefit is calculated by multiplying the authorized activities of daily living task hours, the self-management task hours, and the 24-hour availability hours the participant is eligible for as determined in the CAPS2 assessment (after taking into account natural supports), by:

- The ADL rate for ADL hours;
- The hourly IADL rate for IADL hours; and
- The 24 hour availability rate for 24 hour availability hours, according to the [SPD rate schedule](#).

3. Exclusions from the Cash Benefit Calculations

Community health supports (Contract RN), non-medical transportation, home delivered meals, and emergency response systems are excluded from the ICP cash benefit. These services must NOT be cashed out!

4. Establishment of Bank Account

Participants must set up a checking account solely for ICP so the cash benefit can be directly deposited as required in the ICP. This account can only be used for ICP. No other money can be deposited to this account except for any participant liability/pay-in. This is the account that the participant must use to pay for the items listed on the ICP budget.

5. Direct Deposit

All participants must have their ICP cash benefit deposited directly into their ICP checking account. This account must be separate from other bank accounts and may only be used for ICP transactions.

The information that needs to be completed on the request for direct deposit, [DHS 7262i](#), pertains to the participant and the participant must sign the form. The boxes at the top right corner of the direct deposit form must be completed by the case manager. The participant's name and the representative's name, if applicable, must appear on the checks.

The case manager must send the original direct deposit form ([DHS 7262i](#)) and an original voided check to the SPD Central Office ICP Coordinator for direct deposit to be established.

If any bank information changes, such as the participant wishes to switch banks or a representative is added or removed from the ICP account, the participant must inform the case manager of these changes. The participant must complete the same direct deposit process again (submit a new original [DHS 7262i](#) and original voided check). The case manager must forward the new forms to the SPD Central Office ICP Coordinator and narrate the change in the Oregon ACCESS narrative.

If a participant is disenrolled from the ICP or dies, the case manager must send an email to the SPD Central Office ICP Coordinator so the direct deposit can be canceled.

6. FICA, FUTA, & SUTA

The cash benefit includes the employer's portion of the required FICA, FUTA, SUTA taxes and WBF.

7. Issuing Benefits & Overdrafts

A cash benefit is considered issued and received by the participant when the direct deposit is made to the participant's ICP bank account or a benefit check is received by the participant. Money is usually deposited into the ICP account as follows: if the first falls on a weekend or a holiday, the direct deposits are deposited on the previous business day. If the 1st falls on a weekday (non-holiday), then the funds are available that day.

The month in which the direct deposit or benefit check is received is the month in which the services are to occur. The participant must confirm enough money is in the ICP bank account before the money is used to pay a provider(s). SPD/AAA will not pay for overdraft charges. The first month's benefit will always be a check not a direct deposit.

F. INTERRUPTION OF SERVICES

When a participant is absent from the home longer than 30 days due to illness or medical treatment, the case manager must contact the SPD Central Office ICP Coordinator for information about completing a Notice of Interruption of Services. This situation is not considered a disenrollment. ICP and cash benefits may resume upon return to the home, providing ICP eligibility criteria is met.

Upon the participant's return to the home, the case manager must complete a home visit and explore the need for a re-assessment if service needs have changed based on the recent illness or medical condition. If a new assessment is completed, the cash benefit total may change if the participant qualifies for a different amount of service than previously. The case manager must send notice to the participant any time the cash benefit changes.

G. ICP & OTHER PROGRAMS

1. Overview

The cash benefit is exempt from resource calculations for other DHS programs only when the ICP bank account is not commingled with other personal funds.

The cash benefit is not subject to assignment, transfer, garnishment, or levy as long as it can be identified as a program benefit and is separate from other money in the participant's possession.

2. Food Stamps

The cash benefit issued to participants is unearned income for food stamps, except for any cash allocated to a contingency fund which is counted as resources per [OAR 461-145-0410](#). The participant is allowed to use the amount paid for the employee provider as a medical deduction, i.e. wages and taxes. Participants who employ their spouse or other member of their filing group are not entitled to deduct this cost as a medical deduction. Money exchanged between filing group members is not counted as income or as a deduction. *Resource: [ICP and the Food Stamp Program](#).*

3. EPD and OTM

If a client is in the EPD or OTM Program and wants to enroll in ICP, contact the SPD Central Office ICP Coordinator for technical assistance before enrolling the client into ICP.

H. SERVICE BUDGET

1. Overview

The service budget is a required component of the ICP service plan. A service plan and budget needs to be developed by the participant with the assistance of the case manager to meet the participant's needs identified in the assessment. The case manager must review and prior approve the service plan and budget before the first ICP cash benefit is issued.

The service budget must:

- Identify the cash benefit;
- Describe the discretionary and contingency funds, if applicable;
- State the total wages to an employee provider(s);
- Include all other expenditures; and
- Show that the total monthly expenditures equal the monthly cash benefit plus any service liability, minus any contingency fund money being held over to future months.

Documenting these items is best accomplished through a [budget worksheet](#).

Participants may amend the service budget as long as the amendments relate to their service needs and are within ICP guidelines. The participant must keep track of the changes so that the participant can show the changes are allowable. The participant does not need to notify the case manager of all budget changes at the time of the change but must report and show records at the next six month budget review. The participant's service budget responsibilities are described in the [Participation Agreement](#).

The participant must complete a monthly budget worksheet to ensure they are spending all of their ICP cash benefit. *Resource:* [Completed Budget Worksheet - Sample](#).

The case manager must review the budget at least every six months to assure the participant's financial accountability and to review any budget amendments. The items to be reviewed include:

- The checkbook register;
- Budget worksheet;
- Bank statements; and
- Payroll records.

Tax returns do not need to be viewed. W2s should be reviewed yearly. The case manager must narrate the financial information reviewed in detail.

Resource: [Six Month Budget Review Checklist](#).

2. Contingency Funds

A contingency fund may be established in the service budget to purchase identified items that substitute for personal assistance and allow for greater independence that are not otherwise covered by Medicaid or food stamps. Prior to establishing a contingency fund from the cash benefit, participants must assure all of the assessed service needs are being met. The participant must also assure service budget items have been fiscally managed.

Contingency funds are excluded from income for OSIPM clients in nonstandard living arrangements, [OAR 461-145-0410](#).

The contingency fund must be related to service plan needs, approved by the case manager, and identified in the service budget. Contingency funds may be carried over into the next month's budget until the item is purchased. Once the item is purchased, the budgeted item will be removed from the

[budget worksheet.](#)

Examples of items that could be purchased with contingency funds are: Microwave oven, accessible washer and dryer, accessibility ramp for the home, wheelchair lift for a van, or talking clock.

3. Discretionary Funds

The participant may establish a monthly discretionary fund in the service budget to purchase items that directly relate to the health, safety, and independence of the participant and are not otherwise covered under waived services or delineated elsewhere in the monthly service budget. Discretionary funds may be established out of any remaining funds in the service budget after funds have been allocated to meet all assessed needs. Participants must also assure service budget items are fiscally managed.

The maximum amount of discretionary funds in the budget may be up to 10% of the amount authorized on the ICP benefit calculation, [SDS 0546ic](#), (not including the employee taxes). The discretionary fund must be approved by the case manager, identified in the service budget, and related to service plan needs. Discretionary funds must be used by the end of each month.

Examples of items that may be purchased with discretionary funds are: Prescriptions, medical co-pays, veterinary care for assistance animals, food for assistance animals, yard care, household insurance (see below), or ICP checking account checks.

Discretionary funds may be used to pay home or rental insurance and property taxes after ruling out other resources such as tax deferrals for seniors, community resources, and natural supports.

Discretionary funds are not an income supplement and may not be used for usual expenses such as housing, vehicles, or food. Other programs and services should be explored to meet needs in these areas. Examples of items that may not be purchased with discretionary funds are:

- Food/groceries-including organic food;
- Vitamins;
- Rent or house payments; or
- Vehicle payments.

4. Taxes and Workers' Benefit Fund (WBF)

The taxes (FICA, FUTA, and SUTA) and WBF are the employer's portion that are included in the participant's cash benefit. If taxes are required, the participant must set the taxes aside in the ICP checking account until taxes are due. If the participant is not required to pay taxes, then the taxes included in the case benefit must be returned to SPD/AAA (except for WBF; everyone must pay into WBF). Case managers must inform participants of this requirement.

Some tax exemptions may be permissible. Participants should contact the [Internal Revenue Service](#) (IRS) or a tax professional for information. SPD/AAA staff should not provide tax advice to participants.

If a participant does not need to pay employer taxes (based on verification with the IRS and Employment Department), the taxes included in the cash benefit (FICA, FUTA, and SUTA) must be returned to the SPD/AAA office. The participant may return the taxes monthly or every three months. Due to new accounting and receipting rules if ICP employer taxes are needed to be returned to SPD/AAA, they can not exceed three months. So, instead of returning them once a year or every six months they must be returned every month or every three months to the SPD/AAA office. The local office should receipt the returned taxes as "Reduction of expense"/(172). The participant's check or money order must include notations of the participant's prime number and note that the money is an "ICP tax refund".

I. SERVICE LIABILITY PAYMENTS (PAY-INS)

The participant's pay-in is paid from his/her available income, such as Social Security. The participant must deposit the pay-in amount into their ICP checking account instead of sending it to SPD Central Office as in other in-home programs. Case managers should NOT open SFMU pay-in screens as the pay-in will not be receipted through SPD Central Office.

The pay-in amount is calculated using the Oregon ACCESS Pay-inN form. The Pay-InN worksheet in Oregon ACCESS now calculates the cost of services (except for home delivered meals which must be hand calculated into the cost – see below) when the provider selected is Independent Choices or To Be Determined.

ICP provider wages ARE a portion of the cost of services and must be used in calculating the participant's pay-in. The ICP provider wages must show on the Pay-

InN worksheet. *Note: See below for more information on pay-in calculations.* For ICP, the pay-in is always calculated based on the cost of the assessed hours of in-home services from a homecare worker, regardless of what type of service the participant decides to purchase to meet his/her needs. The ICP encourages participant choice in providers and money management to purchase alternative services with an equivalent amount of funds as in other Medicaid in-home services programs. So, for example, if a participant chooses to use an in-home contract agency to meet his/her service needs, the agency pay rates on the [SPD rate schedule](#) should NOT be used in the pay-in calculation (nor in the cash benefit calculation). *Note: Providers may only charge the ICP participant up to the Medicaid rate. Providers may not charge Medicaid clients at private pay rates.*

For ICP participants eligible for hourly plans, the case manager must calculate the cost of services on the ICP benefit calculation ([SDS 0546ic](#)) using the assessed hours and the homecare worker rates for activities of daily living (ADL) and self-management hours on the [SPD rate schedule](#).

For ICP participants eligible for live-in plans, the case manager must calculate the cost of services on the [SDS 0546ic](#) using the assessed hours and ADL rate for homecare workers on the [SPD rate schedule](#) for all of the ADL and self-management hours and the 24 hour assistance rate for 24 hour assistance hours. The 24 hour assistance rate for self-management hours must NOT be used.

Home delivered meals are included in the cost of services for ICP participants. The current Pay-InN form does not automatically include the cost of the meals. The cost must be added to the service liability on the worksheet. This will reduce the participant's net cash benefit.

The pay-in for ICP participants who are paying their spouse or dependent as a provider may be affected by the amount of the LDS. As part of the service budget, the participant must identify the provider, the provider wage rate, and the number of hours of provider service to be paid. If the provider is the participant's spouse or dependent, the total wages of the spouse count as income, affecting the LDS. The larger the LDS, the smaller the pay-in. For this reason, a service budget should be developed BEFORE the pay-in is calculated.

The case manager must enter the pay-in amount on the bottom of the [SDS 0546ic](#). The net cash benefit received by participants is the gross monthly benefit minus the pay-in. Case managers must explain to participants that the cash benefit amount that will be deposited into the ICP account is the difference between the two.

Payment of pay-ins does not need to be verified monthly. The case manager must verify that pay-in was made each month at the six month budget review, unless there is a reason to suspect that there is an issue of non-payment.

J. DISENROLLMENT PROCESS

Participants may be disenrolled from ICP voluntarily or involuntarily. Participants who are disenrolled from the ICP may not reapply for six months. After the six month disenrollment period, the participant may re-enroll but must first meet all ICP eligibility requirements. Case managers must note in the Oregon ACCESS narrate the date of disenrollment to document when the disenrollment period begins and ends.

1. Voluntary Disenrollment

Participants or representatives must provide notice to SPD/AAA of intent to discontinue participation in the ICP. The participant or the representative must meet with SPD/AAA to reconcile remaining ICP cash benefits either within 30 days of the date of disenrollment or before the termination date, whichever is sooner.

2. Involuntary Disenrollment

The participant may be involuntarily disenrolled from ICP when the participant, representative, or employee provider does not adequately meet the participant's service needs or carry out the following ICP responsibilities:

- Non-payment of employee's wages, as stated in the service budget;
- Failure to maintain health and well-being by obtaining personal care as evidenced by:
 - Decline in functional status due to the failure to meet the participant's needs; or
 - Substantiated complaints of self-neglect or neglect or other abuse by the employee provider(s) or representative;
- Failure to purchase goods and services according to the service plan;
- Failure to comply with the legal or financial obligations as an employer;
- Failure to maintain a separate ICP checking account or commingling ICP cash benefit with other assets;
- Inability to manage the cash benefit as evidenced by two or more

incidents of overdrafts of the participant's ICP checking account during the last cash benefit review period;

- Failure to deposit monthly pay-in into the ICP checking account;
- Failure to maintain an individualized back-up plan (as part of the service plan) resulting in a negative consequence;
- Failure to sign or follow the [ICP Participant Agreement](#); or
- Failure to select a representative within 30 days if a participant needs a representative and does not have one.

Participants may be involuntarily disenrolled based on [OAR 411-030-0100](#).

Before disenrollment, case managers must work with the participant to resolve the issues that jeopardize continuation in the ICP and document these efforts in Oregon ACCESS.

At disenrollment, case managers must work with participants on a transition plan to other Medicaid services programs, if the participant remains Medicaid service eligible. The case manager must send the participant appropriate notices for all adverse actions.

When a participant is disenrolled from the ICP, the case manager must send an email to the SPD Central Office ICP Coordinator explaining that the participant will be disenrolled from the ICP, the effective date of disenrollment, and the reason for disenrollment. Also, the case manager must let the client know that any unused ICP benefit must be returned to SPD/AAA. If a participant is disenrolled from ICP due to their death, voluntary or involuntarily disenrollment any unused ICP benefit must be returned to SPD/AAA.

K. HEARING REQUESTS

Based on [OAR 461-025-0310](#), ICP participants may request a hearing if they are terminated from the ICP or if he/she disagrees with the calculation of the cash benefit or with the results of re-assessments. Individuals wishing to participate in ICP who are denied may also request a hearing on the service denial. *Resource:* [Administrative Hearing Request \(DHS 0443\)](#).