Independent Choices Program (ICP) Checklist

Updated: Feb. 9, 2026

Notes

- All the following criteria must be met. All forms must be saved to the participant's EDMS file except for the Direct Deposit Request form.
- If any of this criterion cannot be met, the participant may not be eligible or able to participate in the ICP without a representative.
- If the individual is no longer eligible an email must be sent to the ICP Coordinator at the email address listed below.
- Email the ICP mailbox at icp.spd@odhsoha.oregon.gov all required forms or any questions you may have.

Eligibility (OAR 411-030-0100)

☐ The individual is eligible for In-home services
☐ The ICP Participation Agreement has been signed
☐ The individual lives in a stable living situation
☐ The individual has demonstrated the ability to manage money and can manage their ICP benefit or has designated a representative to manage their ICP benefit on their behalf.
☐ SPAN form sent to the participant notifying them of the eligibility.
☐ SDS 0546ic2wk ICP Benefit Calculation form has been sent to the ICP mailbox and the participant.
☐ SDS 0548 ICP Employee Provider(s) Information form has been completed and sent to the ICP mailbox (staff may send the unsigned version to the ICP mailbox).
☐ SDS 0353 Workers' Compensation Consent and Agreement has been completed, signed and sent to the ICP mailbox.

☐ ICP Budget Worksheet has been completed and sent to the ICP mailbox and sent to the participant.

☐ Direct Deposit Enrollment Form has been completed and submitted along with a voided check or a letter from the participant's financial institution to either the ICP mailbox or the address indicated on the form.

☐ The participant is making regular payments to their employee provider(s).

☐ Participant has a back-up plan.

☐ Natural supports have been addressed.

☐ ICP Benefit and Service plan have been set-up and approved in OA.

☐ The participant is Electronic Visit Verification (EVV) compliant.

ICP Representative (ICP Rep.)

☐ Does the participant have an ICP Rep?

☐ Yes / ☐ No – If no, you may skip the ICP Rep. section. If yes, did the Rep. complete and pass a criminal history check? If not, it is required before they may act as the ICP Rep. on behalf of the ICP participant.

☐ The ICP Rep. is ensuring the participant's health and well-being needs are being met.

☐ The ICP Rep. can manage the service plan and budget.

☐ The ICP Representative Agreement has been signed.

☐ The ICP Rep. is not getting paid for their services.

☐ SDS 0546ic2wk ICP Benefit Calculation form has been sent to the ICP Rep.

☐ The ICP Rep. is complying with the legal and financial employer responsibilities on behalf of the participant.

☐ The Rep. is making regular payments to the employee provider(s).

Employee provider(s)

☐ All employee provider(s) have submitted a criminal history check.

☐ The employee provider(s) are ensuring the participant's health and well-being needs are met.

☐ The provider(s) are being paid regularly.

☐ The provider(s) are EVV compliant.

ICP money management

☐ The participant or the ICP Rep. is purchasing and directing in-home services and are staying with the authorized service budget.

☐ The participant or the ICP Rep. has opened and is correctly maintaining a separate ICP checking account and has had no non-sufficient fund (NSF) incidents and is not co-mingling ICP funds with other resources.

☐ The participant has not overdrawn the ICP checking account.

☐ Any contingency and/or discretionary funds have been pre-approved by the case manager meet the eligibility criteria indicated in OAR 411-030-0100(9) and (10).

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Aging and People with Disabilities at apd.ltss@odhs.oregon.gov or 503-945-5600. We accept all relay calls.

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