Independent Choices Program (ICP) Forms Processing Chart

Updated Feb. 11, 2026

Table of Contents

002N - Assessment Summary

Send to: Participant, electronic file

When: Intake and redetermination

Form location: Oregon ACCESS

003N - Client Details

Send to: Participant, electronic file

When: Intake and redetermination

Form location: Oregon ACCESS

353 - Workers' Compensation Consent and Agreement

Send to: * Participant, electronic file, Central Office at icp.spd@odhsoha.oregon.gov

When: Intake

Form location: Web, CM Tools ICP page

Note: Must email to Central Office within one week of ICP start date.

546ic2wk – Independent Choices Benefit Calculation

Send to: Participant, electronic file, Central Office at icp.spd@odhsoha.oregon.gov

When: Intake and redetermination

Form location: CM Tools ICP page

Note: Must email to Central Office within one week of ICP start date, at intake, at redetermination and when there is a change in authorized hours or a change in the hourly rate paid out. Staff should only use the current 546ic2wk form posted on the CM Tools ICP page.

548 - Independent Choices Program Employee Provider(s) Information

Send to: * Participant, electronic file, * paid provider(s), Central Office at icp.spd@odhsoha.oregon.gov, Acumen at enrollment@acumen2.net

When: Intake and redetermination

Form location: CM Tools ICP page

Note: Must email to Central Office and Acumen at intake and when there is a change to the provider(s) information such as who is proving care, contact information and their hourly rate of pay.

737 – Representative Choice Form

Send to: * Participant, electronic file

When: Intake and redetermination

Form location: Web

Note: Must be reviewed at each redetermination. If there are no changes, it must be narrated. This form is not used for the ICP Representative.

SPA – Service Plan Agreement (SPA)

Send to: * Participant, electronic file

When: Intake and redetermination

Form location: Web

Note: This form is included as part of the SPAN and must be updated if the participant goes to/from a NF ICF level to care to another living situation. The SPA is required every time.

2780N – Service Plan and Notice (SPAN)

Send to: Participant, electronic file

When: Intake and redetermination

Form location: Web

Note: Must be sent every time.

2794 – Exception Process for Consumer

Send to: Participant

When: Intake and redetermination

Form location: Web

2876 – ICP Participation Agreement

Send to: * Participant, electronic file

When: Intake

Form location: Web, CM Tools ICP page

Note: Required for initial eligibility and must be signed and received before ICP start date.

5139 – What to Expect from Your Assessment for Long-term Services and Supports

Send to: Participant

When: Intake and redetermination

Form location: Web

7210 – Application for Oregon Health Plan (OHP) Benefits

Send to: * Participant, electronic file, ONE

When: Intake

Form location: Web

Note: Only required if paper application is requested. Replaces the 539A. Must be uploaded to ONE.

Direct Deposit Request

Send to: * Participant, Central office at icp.spd@odhsoha.oregon.gov, OFS at ofs.clientservicesdirdep@odhsoha.oregon.gov

When: Intake or when the participant's ICP checking account has changed

Form location: CM Tools ICP page

Note: Must email to CO or OFS or mail hardcopy to OFS address on the form within one week of ICP start date along with a voided check or a letter from the participant's financial institution verifying their account and routing number.

8958 – Medicaid In-Home Service Options Brochure

Send to: Participant

When: Intake

Form location: Web

ICP Budget Worksheet (ICP BW)

Send to: * Participant, electronic file, Central office at icp.spd@odhsoha.oregon.gov, Acumen at enrollment@acumen2.net (but only if the participant is enrolled in payroll services with Acumen)

When: Intake and redetermination

Form location: CM Tools ICP page

Note: Must email to CO with one week of intake or change in the monthly budget. Must also email to Acumen if the participant has been referred for payroll services anytime there is a change to the monthly budget.

ICP Representative Agreement

Send to: * Participant, * ICP Representative, electronic file

When: Intake

Form location: CM Tools ICP page

Note: Required at intake or within one week when it is determined an ICP Representative is needed.

Acumen Auto Withdrawal Authorization

Send to: * Participant, Central Office at icp.spd@odhsoha.oregon.gov, Acumen at enrollment@acumen2.net (but only if the participant is enrolled in payroll services with Acumen)

When: Intake and redetermination

Form location: CM Tools ICP page

Note: Required at intake and when there is a change to the ICP cash benefit when the participant is enrolled in payroll services with Acumen. This form requires a 'wet signature'.

Acumen Referral

Send to: Electronic file, Central Office at icp.spd@odhsoha.oregon.gov, Acumen at enrollment@acumen2.net

When: Intake

Form location: CM Tools ICP page

Note: Must email to CO and Acumen within one week of ICP start date or anytime the participant wants to change their service option (payroll or EVV only).

Tribal Navigator Referral Form

Send to: Tribal Navigator, electronic file

When: Intake and redetermination (when no referral form was already been submitted for a participant)

Form location: CM Tools Tribal Navigator page

Note: Required if the participant claims affiliation with a Native American Indian Tribe.

Note: A '*' next to the 'Send to' line indicates that the form needs to be signed by that individual. If the 'Participant' themselves is required to sign a form, it is important to note that if they have an ICP Representative, the Representative may sign on their behalf.

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.

OREGON DEPARTMENT OF
Human Services

Aging and People with Disabilties
Medicaid Services and Supports
500 Summer St. NE, E-10
Salem, OR 97301-1076
503-945-5600
odhs.info@odhs.oregon.gov
www.oregon.gov/odhs