GOAL:
The Inventory for Client and Agency Planning (ICAP) is used to assess adaptive and maladaptive behavior and gather additional information to determine the type and amount of special assistance that people with disabilities may need.

OBJECTIVES:
1. To provide a formal mechanism to evaluate client change over time in relation to services provided.
2. To provide a tool that will assess an individual's projected need for long-term services.
3. To provide a means to determine if provider agencies are serving the targeted populations that they were contracted to serve.
4. To create a system to assess the level of client functioning to explain the variations in the costs and outcomes of services provided to clients.
5. To be part of an information system that will be used for system evaluation, service delivery planning, and support rate setting in a capitated payment system.

When to do an ICAP
Complete an initial ICAP assessment when the person first applies for adult services. The assessment should be completed by the individual’s case manager or service coordinator along with another individual who knows the person well enough to be able to assess his/her adaptive and maladaptive behavior. The instrument is sensitive to differences among individuals within the ID/DD population groups and is easy to complete in a relative short period of time.

Complete updated assessments at the intervals specified in the Polk County Health Services Operations Manual under Appendix E., HCBS ID Suggested Guidelines for Updating Diagnosis Home and Community Based Services. If the person's abilities, interfering behavior or medical condition changes during the interval between assessments, a new ICAP assessment must be completed in conjunction with Attachment A - ICAP Bump-up Rating (Attachment A is available in this Appendix and online in PolkMIS/Help. If an ICAP assessment has been completed within the last six months and there are no appreciable changes in the rating, it is only necessary to do an Attachment A.

Complete only the areas listed below:

Page 1: Cover Page Client Information including the complete Client Name, the Respondent and relationship of the Respondent to the client and the box asking for date of birth. Insert the person's PolkMIS ID for Client ID. Do not complete the section on ICAP Training Implications Profile).

Page 2 & 3: Complete sections A , B, and C.

Page 4, 5, 6, & 7: Complete all of section D. Refer to Adaptive Behavior Guide for a detailed explanation on how to score this section.

Page 8 & 9: Complete both pages. Refer to Problem Behavior Guide for detailed examples of severity.
Section D. Adaptive Behavior Guide

This section of the ICAP assesses motor skills, social and communication skills, personal living skills, and community living skills. The adaptive behavior section is designed to cover an extensive range of adaptive behavior skills in a wide age range. Because this scale was purposely kept short, there are many adaptive behavior skills not addressed specifically. The 77 items were selected because they represent a full range of types of adaptive skills, are reliable, and are approximately equally spaced according to difficulty.

Each item in the four domains of the adaptive behavior section is a behavioral statement designed to be rated on a 4-point scale. Each of the tasks is scored from 0 to 3 depending on your rating of the client’s ability to perform the task without help or supervision. The top line of print, DOES (OR COULD DO) TASK COMPLETELY WITHOUT HELP OR SUPERVISION, expresses the basic requirement that is applied to evaluating all four performance ratings for each task. The meaning of this requirement must be understood because it expresses the primary criterion of independence.

Rating Choices in Section D

DOES VERY WELL (3): The highest rating (3) indicates complete independence on an item. The client either has mastered this skill, or the skill is too easy for the client. The client does the task completely and very well without any help or supervision from anyone. The client must also know when it is necessary to do the task without being asked or reminded. If he or she does not do a task “very well – always or almost always” you must decide which of the other three ratings is most accurate.

DOES FAIRLY WELL (2): A rating of 2 indicates that the client performs the task reasonably well without help or supervision. Although the client has not completely mastered the task, he or she can do all parts of it. It is all right if he or she needs to be asked or reminded. A rating of 2 indicates that the client does the task about three quarters of the time.

DOES, BUT NOT WELL (1): A rating of 1 indicates that the client sometimes performs the task without help but does not do it well. Although he or she tries to do all parts of the task without help or supervision, the result is not good. It is all right if he or she needs to be asked or reminded. A rating of 1 indicates that the client does the task about one quarter of the time.

NEVER OR RARELY (0): The lowest rating (0) indicates that the task is too hard, or the client is not permitted to do the task because it is not safe. The client never or rarely performs all parts of the task without help even if asked. If a client attempts all parts and is partially proficient on a task, you must make a judgment regarding the quality of the client’s performance and select a rating of 1 or 2.

Mark one response for each adaptive behavior item in the four domains. If you have not had an opportunity to observe the client performing the task described in a particular item or if the client has not had the opportunity or responsibility to do it, estimate whether and how well he or she could perform the task now without help or additional training. Your estimate should be based on information or observation of the client’s performance on similar or related tasks. If estimates are made on a large number of items, it may be necessary to consult another person who has had an opportunity to make observations.
No item should be left blank. It is important that one and only one response is marked for every item.

An item that may no longer apply to a client because it is too easy for him or her (e.g., “Hold out arms and legs while being dressed” for someone who dresses independently should be rated (3) does very well always or almost always. Clients should always get full credit (3) for tasks that are too easy.

The circumstance that automatically results in the lowest rating (0), never or rarely, is the inability of the client to do all parts of the task.

If the client refuses to perform the task (noncompliance), rate the frequency, these methods should be considered equivalent to speaking.

It the client appropriately seeks permission before initiating a task and does it very well, mark (3) does very well. Even though the client does not state the task entirely on his or her own, he or she is initiating the task be appropriately seeding permission.

Section E. Problem Behavior Guide

SEVERITY (see individual items for examples)

0. Not serious; not a problem

1. Slightly serious; a mild problem: Behavior which usually can be redirected verbally and injury does not occur.

2. Moderately serious; a moderate problem: Behavior which requires program intervention in which goals and objectives are written for meeting identified service needs. Intervention may include time away from others, loss of points/privileges/reinforcers. Injuries are minor such as bruises when they occur.

3. Very serious; a severe problem: Behavior which interferes with daily functioning, requires the use of physical escorts and/or holds, time out, may result in injury significant enough to require medical attention at times, bruising and lacerations may occur, may require the use of two people to intervene when behavior occurs. Behavior which interferes with norms of society and shows disrespect for property and the rights of others in which the community withdraws the natural supports.

4. Extremely serious; a critical problem: Behavior which may result in serious injury to self or others, may be life threatening, two or more people may be required to physically intervene when behaviors occur, outside assistance such as the police may be necessary, physical restraint, time out and non-routine chemical intervention may be used.

Section F. Residential Placement

1. With parents or relatives
2. Foster home
3. Independent in own home or rental unit
4. Independent with regular home-based services or monitoring (hourly SCL)
5. Room and board without personal care
6. Semi-independent unit with supervisory staff in building (MSL Enhanced)
7. Group residence with staff providing care, supervision, and training (includes all sizes of ICF-MR/DD) Number of residents: ___________________ (HCBS-24 hour, RCF, RCF/PMI, RCF/MR, ICF/MR)
8. Personal care facility with staff providing care, but no training or nursing services (don’t use)
9. Intermediate care nursing facility (ICF, ICF/PMI)
10. Skilled nursing facility
11. State institution
12. Other: ___________________________
13. No change recommended

Section H. Support Services

1. None
2. Case management: (targeted case management)
3. Home-based support services: (Integrated Service Agency (Capitation), mobile meals, payee services, homemaker, home health aide)
4. Specialized dental care: (the person has to go to day surgery to have teeth cleaned)
5. Specialized medical care: (neurologist, oncologist, podiatrist, etc.)
6. Specialized nursing care: (home based nursing)
7. Specialized mental health services: (IPR, outpatient treatment, inpatient treatment, CSS)
8. Specialized nutritional or dietary services
9. Therapies – occupational, physical or speech
10. Respite care (to aid caretaker or parent)
11. Specialized transportation services: (paratransit, non-traditional provider cabs)
12. Vocational evaluation: (do not use it is reflected in Daytime Program Section)
13. Other: (Service Management)
ICAP Response Booklet Attachment A Instructions

The ICAP Attachment A is intended to be a supplement to the ICAP to identify medical necessity for a higher level of support than a person qualifies for based on the Standard ICAP Assessment score and the Polk County Level of Support (LOS). Attachment A should be completed when requesting a service in a higher level LOS than the person qualifies for.

Please complete the score sheet below for Behavior and Medical Status and submit it with the ICAP Response Booklet. **Staff at PCHS will record the scoring.**

**Behavior Status**

**Guidance for Scoring Behavior Status:** The Behavior Status section has 5 areas to look at. The first area is Behavior Support Plan and the rater should enter Yes or No in the rating section. Entering Yes indicates the person has a behavior support plan in place to address the specific behavior associated to Item 2 through 5.

A rating of N in Item 1 means the area is not applicable and there is no need for a behavior support plan.

In Items 2 through 5 rate the item 0, 1, or 2.

A score of 1 means that additional staff supervision is necessary to prevent dangerous behavior. This means that the frequency and/or severity of the interfering behavior requires additional staffing:
- 1:1 for limited times during waking hours; and/or
- to provide a service setting to prevent or reduce the severity/dangerousness of the behavior; and
- to provide the right contextual fit for implementing the behavior support plan

A score of 2 means that the person requires constant 1:1 supervision during waking hours to prevent dangerous behavior and implement the behavior support plan.

**Qualification for Increased LOS for Interfering Behavior:** A score of 1 in one or more of the items under Behavior Status qualifies for an increase of one level in the Polk County LOS. A score of 2 in one or more means the person qualifies for Level 5 or 6 support services.

**Medical Status**

**Guidance for Scoring Medical Status:** The Medical Status section of Attachment A is an assessment of the person's medical needs. Enter in Item 1 the score that best reflects the level of support needed in this area.

In Item 2: Time of Support Needed enter A if the current rating is due to an acute and short-term situation. A means that the person will return to more independent level of Medical Support;
either one's own or with teaching to resume a previous skill level. Enter B if the current condition is more persistent and requires the Level of Support for the foreseeable future.

**Qualification for Increased LOS for Medical Status:** A score of 3 or 4 under Medical Status qualifies for an increase of one level in the Polk County LOS. The rating for Acute vs. Persistent will be used to determine length of time the increase in LOS will be granted.

**Qualification for Increased LOS if a positive score in both Behavior and Medical areas:** If the assessment indicates an increase in LOS based on Behavior and Medical status, the person will qualify based on the area that indicates the highest need or medical necessity. For example, if the person scores a 2 on Self-Injurious Behavior in the Behavior section of Attachment A and a 3 for Medical, the qualification for an increase in LOS would be under the Behavior section.

**Submitting the Request**

Approval for an increase in LOS based on Behavior or Medical reasons is by Director's Exception. The Director’s Exception must be submitted through the standard process in PolkMIS. Previous ICAP assessments, Attachment A, the Behavior Support Plan and the Reason for Exception for the bump-up will be considered. When submitting the request for an increase in LOS above what the person qualifies for, please include the following types of information in The Reason for Exception:

- An operational definition of the interfering behavior or medical related issue
- A review of the Behavioral assessments that have been completed if the request is based on interfering behavior and what the Team learned.
- What steps the Team has taken to date to address the interfering behavior or improve the person's capabilities in the Medical area.
- A basic review of the Behavior Support Plan and how the Team expects it will address the situation.

Note: When submitting an ICAP and Attachment A that support a request for a Director's Exception, attach a note to the front of the ICAP with bold letters - **FOR LOS DE**. Please keep these separate from other routine ICAPs so they can be handled right away.

**When to do an ICAP**

Complete an initial ICAP assessment when the person first applies for adult services. Complete updated assessments at the intervals specified in the Polk County Health Services Operations Manual under *Appendix E., HCBS ID Suggested Guidelines for Updating Diagnosis Home and Community Based Services*. If the person's abilities, interfering behavior or medical condition changes during the interval between assessments, a new ICAP assessment must be completed in conjunction with Attachment A - ICAP Bump-up Rating. If an ICAP assessment has been completed within the last six months and there are no appreciable changes in the rating, it is only necessary to do an Attachment A.
Entering Attachment A into PolkMIS

Staff at PCHS will enter the results of the Attachment A assessment by entering the score in the Level of Functioning screen in PolkMIS. Following is how to enter the assessment into Level of Functioning in Polk MIS.

Instrument: ICAP

Item: Medical Status
Score: 0, 1A or 1B, 2A or 2B, 3A or 3B, 4A or 4B
Begin Date: (Date on Attachment A)
End Date: (Date on Attachment A)

Instrument: ICAP

Item: 1. Behavior Program
   2. Self-Injurious Behavior
   3. Serious Disruptive Behavior
   4. Aggressive Behavior
   5. Sexually Aggressive
Score: Item 1: Yes or No
Score: Items 2 through 5: 0, 1, or 2
Begin Date: (Date on Attachment A)
End Date: (Date on Attachment A)

Note: For each Behavior Area enter the corresponding result from the ICAP section into the notes field, as follows:

<table>
<thead>
<tr>
<th>Behavior Status Item</th>
<th>ICAP Problem Behavior Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 2. Self-Injurious Behavior</td>
<td>E1</td>
</tr>
<tr>
<td>Item 3. Serious Disruptive Behavior</td>
<td>E-3, E-4</td>
</tr>
<tr>
<td>Item 4: Aggressive Behavior</td>
<td>E-2, E-3</td>
</tr>
<tr>
<td>Item 5: Sexually Aggressive Behavior</td>
<td>E-6</td>
</tr>
</tbody>
</table>

For example:

Instrument: ICAP
Item: #2 Self-injurious behavior
Score: 1
Begin Date: 7/1/2010
End Date: 6/30/2011

Notes Box: E1: Superficial wrist cutting, Frequency:3; Severity 1
## ICAP Attachment A Rating Sheet

**Client ID:** __________

**Date of last ICAP Assessment:** ______________

**Instructions:** Please rate each Item and record the rating in the Rating box. Date: ______________

<table>
<thead>
<tr>
<th>Behavior Status</th>
<th>Codes</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Behavior Support Plan</td>
<td>Y (Yes) or N (No) to indicate whether or not a Behavior Support Plan is in place for the individual and uploaded into the Plan tab of the Case Management file Polk MIS. <strong>Note:</strong> If a value of N is entered, Items 2-5 must have a value of 0.</td>
<td></td>
</tr>
<tr>
<td>2. Self-injurious Behavior</td>
<td>Code to indicate Level of Caregiver Preventive Intervention: 0 = Not applicable or not on behavior program 1 = Requires additional staff supervision to prevent dangerous behavior 2 = Requires constant one-on-one supervision during waking hours to prevent extremely dangerous behavior <strong>Note:</strong> If a value of 1 or 2 is entered, then a Behavior Support Plan must be in place for the consumer and on file (Item 1 = Y).</td>
<td></td>
</tr>
<tr>
<td>3. Serious Disruptive Behavior</td>
<td>Code to indicate Level of Caregiver Preventive Intervention: 0 = Not applicable or not on behavior program 1 = Requires additional staff supervision to prevent dangerous behavior 2 = Requires constant one-on-one supervision during waking hours to prevent extremely dangerous behavior <strong>Note:</strong> If a value of 1 or 2 is entered, then a Behavior Support Plan must be in place for the consumer (Item 1=Y).</td>
<td></td>
</tr>
<tr>
<td>4. Aggressive Behavior</td>
<td>Code to indicate Level of Caregiver Preventive Intervention: 0 = Not applicable or not on behavior program 1 = Requires additional staff supervision to prevent dangerous behavior 2 = Requires constant one-on-one supervision during waking hours to prevent extremely dangerous behavior <strong>Note:</strong> If a value of 1 or 2 is entered, then a Behavior Support Plan must be in place for the consumer (Item 1=Y).</td>
<td></td>
</tr>
<tr>
<td>5. Sexually Aggressive Behavior</td>
<td>Code to indicate Level of Caregiver Preventive Intervention: 0 = Not applicable or not on behavior program 1 = Requires additional staff supervision to prevent dangerous behavior 2 = Requires constant one-on-one supervision during waking hours to prevent extremely dangerous behavior <strong>Note:</strong> If a value of 1 or 2 is entered, then a Behavior Program must be in place for the consumer (Item 1=Y).</td>
<td></td>
</tr>
<tr>
<td>Item</td>
<td>Codes</td>
<td>Rating</td>
</tr>
<tr>
<td>---------------------------</td>
<td>----------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>1. Level of Support Needed</td>
<td>0 = Administers and/or schedules own medications and/or treatments</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 = Medications and/or treatments administered and/or supervised by</td>
<td></td>
</tr>
<tr>
<td></td>
<td>trained personnel</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = Medications and/or treatments administered and/or supervised by</td>
<td></td>
</tr>
<tr>
<td></td>
<td>nurse (nurse visits scheduled)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 = 24 hour support to monitor/respond to medical conditions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 = 24 nursing but not daily physician care (nurse on duty at site)</td>
<td></td>
</tr>
<tr>
<td>2. Time of Support Needed</td>
<td>A = Status is due to an acute condition that short-term treatment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>will allow the person to return to the original level of service.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B = Status is a persistent condition that will require on-going</td>
<td></td>
</tr>
<tr>
<td></td>
<td>medical treatment</td>
<td></td>
</tr>
</tbody>
</table>