Inventory for Client and Agency Planning (ICAP) Refresher Training

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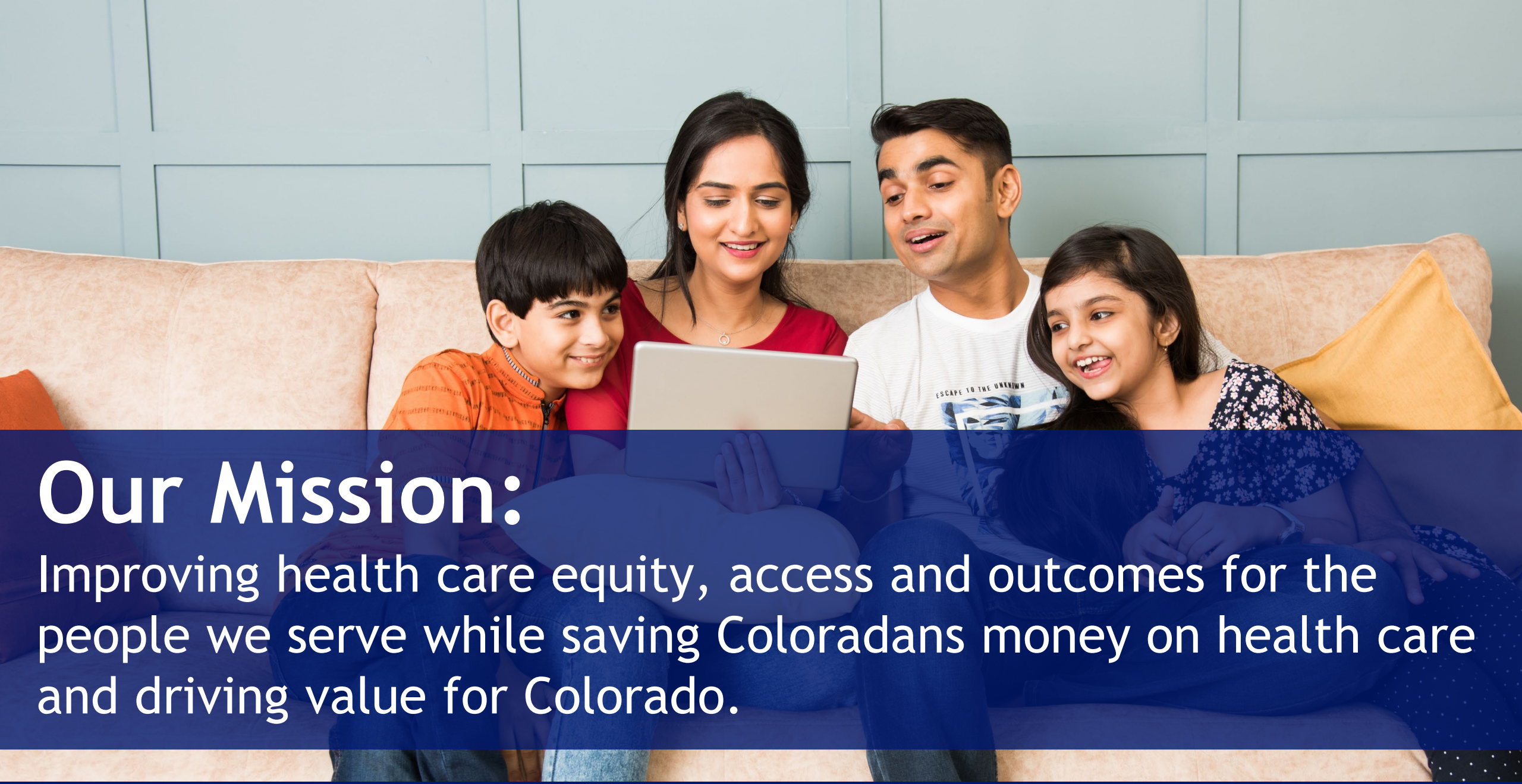
Nancy Harris, Psy.D
HCBS Benefits Specialist
Office of Community Living

Michelle V. López, MSW
Children & Youth Behavioral Health Specialist
Office of Community Living



Our Mission:

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

Inventory of member and Agency Planning (ICAP) and Home and Community-Based Children's Habilitation Residential Program (HCBS-CHRP) Waiver

WHO: For children/youth accessing the CHRP Waiver. Completed with caregivers who are familiar with the child/youth for at least three (3) months.

WHAT: To determine the child/youth's Support Level for Habilitation Services.

WHERE: In-person, wherever is in the best interest for the child and/or family.

WHY: The Support Need Level produced by the ICAP is used to determine the reimbursement rate for Habilitation services.

WHEN and HOW OFTEN: Upon enrollment and as needed based on life circumstances or significant life changes that may reflect a lower or higher Support Need Level.

Things to keep in mind as we go…

1. We will focus on the ***process*** of conducting the ICAP assessment.
2. Remember that you have the observation skills and professional judgment to utilize this tool to the best of your ability – be confident and comfortable!
3. This is a tool we plan to replace with the new Care and Case Management tool.
4. Modernize & Age-Appropriateness.
5. The scores of the Adaptive & Problem Behavior Section together create the overall ICAP Score. The ICAP Score corresponds to the Support Need Level.

Broad Overview of the ICAP

Tip: Before the assessment starts, cross out the unused areas of the form.

- Pages 1-3: Information gathering
- Pages 4-7: “Adaptive Behaviors”
- Pages 8-9: “Problem Behaviors”
- Pages 10-12: “Support Planning” (not necessary to obtain a Support Level)
- Page 13: Scoring for “Adaptive Behaviors”
- Page 14: X – DO NOT USE
- Page 15: Scoring for “Maladaptive Behaviors”
- Page 16: X – DO NOT USE

Pages 1, 2, & 3

- Member Information
- Descriptive Information
- Diagnostic Status
- Functional Limitations and Needed Assistance

Tip: Fill in the date of birth correctly! It is used for the score calculation.

Adaptive Behavior Section

Adaptive Behaviors pages 4-7

Domains include:

1. Motor skills (p. 4)
2. Social and Communication skills (p. 5)
3. Personal living skills (p. 6) and
4. Community living skills (p. 7)

D. Adaptive Behavior

DIRECTIONS

- Rate how well the client *presently* performs each task *completely* and *without* help or supervision.
- Mark the rating that best describes the client's performance for each task.
- Mark the highest rating (3: Does very well) for tasks that are now too easy for the client.
- Estimate by rating how well the client *could do* the task now on his or her own without further training, if you have not had the opportunity to observe performance on a task or the client does not have opportunity to do it.
- Consult the ICAP manual for further instructions.

1. MOTOR SKILLS

Does (or could do) task completely without help or supervision:

0. NEVER OR RARELY—even if asked
1. DOES, BUT NOT WELL—or ¼ of the time—may need to be asked
2. DOES FAIRLY WELL—or ¾ of the time—may need to be asked
3. DOES VERY WELL—always or almost always—without being asked

0	1	2	3	
○	○	○	○	1. Picks up small objects with one hand.
○	○	○	○	2. Transfers small objects from one hand to the other hand.
○	○	○	○	3. Sits alone for thirty seconds with head and back held straight and steady (without support).
○	○	○	○	4. Stands for at least five seconds by holding on to furniture or other objects.
○	○	○	○	5. Pulls self into a standing position.
○	○	○	○	6. Puts small objects into containers and takes them out again.
○	○	○	○	7. Stands alone and walks for at least six feet.
○	○	○	○	8. Scribbles or marks with a pencil or crayon on a sheet of paper.
○	○	○	○	9. Removes wrappings from small objects such as gum or candy.
○	○	○	○	10. Turns knob or handle and opens a door.
○	○	○	○	11. Walks up and down stairs by alternating feet from step to step. (May hold handrail.)
○	○	○	○	12. Climbs a six-foot ladder (for example, a stepladder or a slide).
○	○	○	○	13. Cuts with scissors along a thick, straight line.
○	○	○	○	14. Prints first name, copying from an example.
○	○	○	○	15. Picks up and carries a full paper bag of groceries at least twenty feet and sets it down (without using handles).
○	○	○	○	16. Folds a letter into three equal sections and seals it in an envelope.
○	○	○	○	17. Threads a sewing needle.
○	○	○	○	18. Assembles objects that have at least ten small parts that must be screwed or bolted together (for example, unassembled toys or furniture).

____ SUM ×0 ____ SUM ×1 ____ SUM ×2 ____ SUM ×3

[ ] + [ ] + [ ] = [ ] MOTOR SKILLS

RAW SCORE (54)

Scoring of Adaptive Behavior Questions

How to score each question:

3 = Does task very well (independent)

2 = Does task very well

1 = Does task, but not well

0 = Never or rarely performs task

For each question, rate how well the member does (or could do) the task completely **without help or supervision**.

Scoring Considerations

Modernize

Locates or remembers telephone numbers. Locates needed information in the phone book.

→ Remembers address? Knows how to use internet search? Can locate needed information?

Age-appropriateness

Climbs a six-foot ladder.

Balances a checkbook.

→ Think about playgrounds, gym equipment, hand-over-hand and left/right foot coordination.

Can same age peers complete the task?

Adaptive Behavior Raw Scores

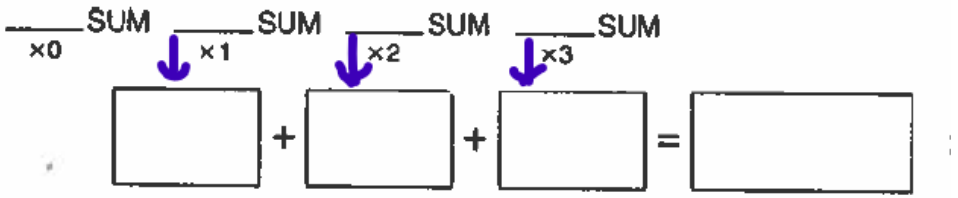
Step one:

Count the dots in each column & write down the SUM at the bottom in the corresponding line.

1. Total the number of 0s
2. Total the number of 1s
3. Total the number of 2s
4. Total the number of 3s

Step two:

To produce the raw scores, you must multiply the SUM by the number under the line.



EXAMPLE

Number of dots		Multiplier	
5	*	0	= 0
3	*	1	= 3
1	*	2	= 2
9	*	3	= 27
			32

Raw Score Total

D. Adaptive Behavior

DIRECTIONS

- Rate how well the client *presently* performs each task *completely* and *without* help or supervision.
- Mark the rating that best describes the client's performance for each task.
- Mark the highest rating (3: Does very well) for tasks that are now too easy for the client.
- Estimate by rating how well the client *could do* the task now on his or her own without further training, if you have not had the opportunity to observe performance on a task or the client does not have opportunity to do it.
- Consult the ICAP manual for further instructions.

1. MOTOR SKILLS

Does (or could do) task completely without help or supervision:

0. NEVER OR RARELY—even if asked
1. DOES, BUT NOT WELL—or ¼ of the time—may need to be asked
2. DOES FAIRLY WELL—or ¾ of the time—may need to be asked
3. DOES VERY WELL—always or almost always—without being asked

0	1	2	3	
○	○	○	●	1. Picks up small objects with one hand.
○	○	○	●	2. Transfers small objects from one hand to the other hand.
○	○	○	●	3. Sits alone for thirty seconds with head and back held straight and steady (without support).
○	○	○	●	4. Stands for at least five seconds by holding on to furniture or other objects.
○	○	○	●	5. Pulls self into a standing position.
○	○	●	○	6. Puts small objects into containers and takes them out again.
○	○	○	●	7. Stands alone and walks for at least six feet.
○	●	○	○	8. Scribbles or marks with a pencil or crayon on a sheet of paper.
○	●	○	○	9. Removes wrappings from small objects such as gum or candy.
○	○	○	●	10. Turns knob or handle and opens a door.
○	○	○	●	11. Walks up and down stairs by alternating feet from step to step. (May hold handrail.)
○	○	○	●	12. Climbs a six-foot ladder (for example, a stepladder or a slide).
●	○	○	○	13. Cuts with scissors along a thick, straight line.
●	○	○	○	14. Prints first name, copying from an example.
○	●	○	○	15. Picks up and carries a full paper bag of groceries at least twenty feet and sets it down (without using handles).
●	○	○	○	16. Folds a letter into three equal sections and seals it in an envelope.
●	○	○	○	17. Threads a sewing needle.
●	○	○	○	18. Assembles objects that have at least ten small parts that must be screwed or bolted together (for example, unassembled toys or furniture).

5 SUM ×0 | 3 SUM ×1 | 1 SUM ×2 | 9 SUM ×3

3 + 2 + 27 = 32 MOTOR SKILLS

RAW SCORE (54)

How to Calculate the Adaptive Behavior Score
Page 13

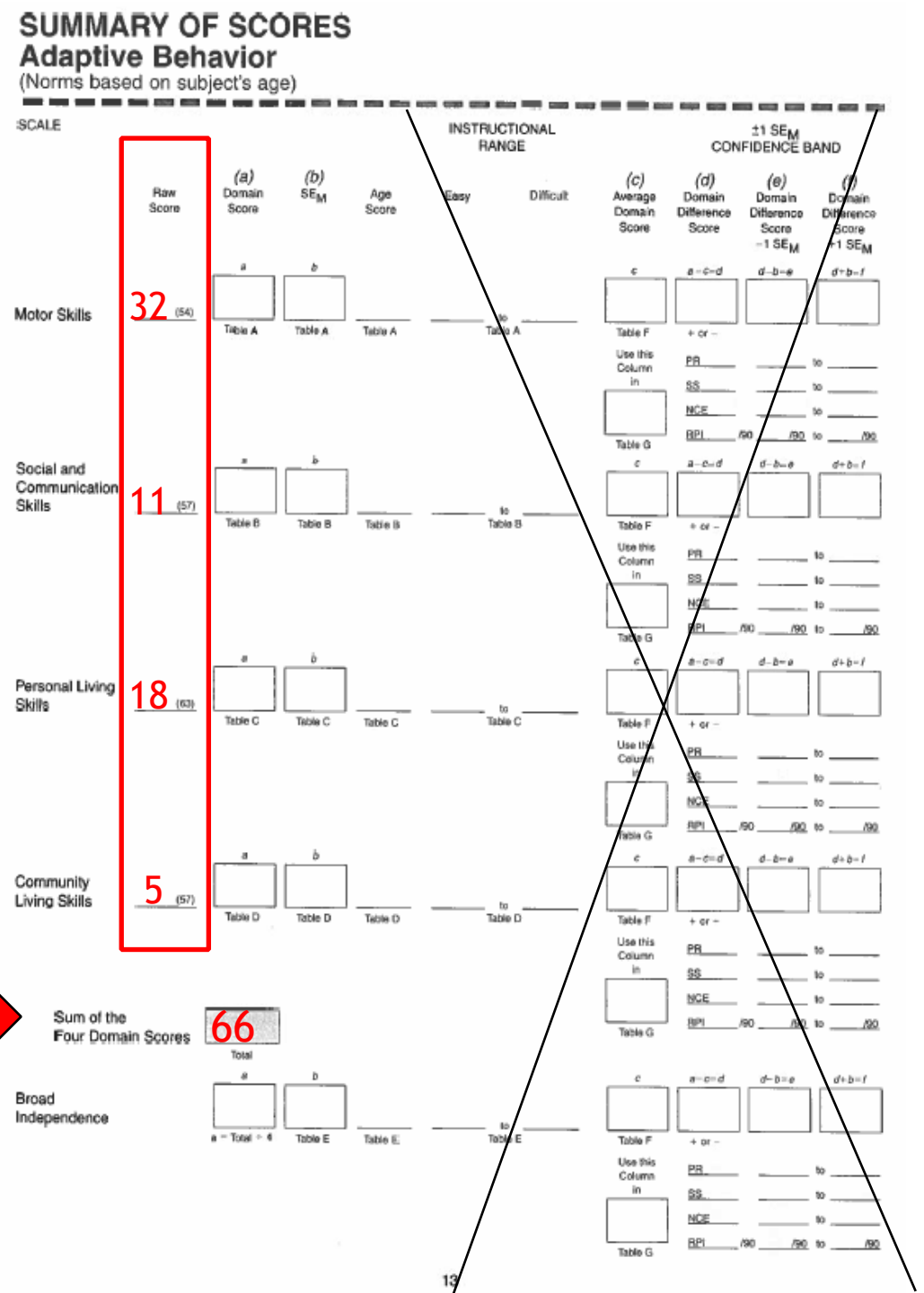
Motor Skills: page 4

Social and Communication Skills: page 5

Personal Living Skills: page 6

Community Living Skills: page 7

Add the RAW SCORES together



SUMMARY OF SCORES
Adaptive Behavior
(Norms based on subject's age)

SCALE	Raw Score	(a) Domain Score	(b) SE_M	Age Score	INSTRUCTIONAL RANGE Easy	Difficult	(c) Average Domain Score	(d) Domain Difference Score	(e) Domain Difference Score −1 SE_M	(f) Domain Difference Score +1 SE_M	±1 SE_M CONFIDENCE BAND
Motor Skills	32 (54)	a Table A	b Table A	Table A	to Table A		c Table F	a−c=d + or −	d−b=e	d+b=f	Use this Column in Table G: PR, SS, NCE, RPI /90 to /90
Social and Communication Skills	11 (57)	a Table B	b Table B	Table B	to Table B		c Table F	a−c=d + or −	d−b=e	d+b=f	Use this Column in Table G: PR, SS, NCE, RPI /90 to /90
Personal Living Skills	18 (63)	a Table C	b Table C	Table C	to Table C		c Table F	a−c=d + or −	d−b=e	d+b=f	Use this Column in Table G: PR, SS, NCE, RPI /90 to /90
Community Living Skills	5 (57)	a Table D	b Table D	Table D	to Table D		c Table F	a−c=d + or −	d−b=e	d+b=f	Use this Column in Table G: PR, SS, NCE, RPI /90 to /90
Sum of the Four Domain Scores	66 Total										
Broad Independence	a = Total ÷ 4	a Table E	b Table E	Table E	to Table E		c Table F	a−c=d + or −	d−b=e	d+b=f	Use this Column in Table G: PR, SS, NCE, RPI /90 to /90

13

Questions?

Problem Behaviors Section

E. Problem Behavior

DIRECTIONS: For each category, indicate whether the client exhibits problem behaviors. If yes, describe the client's *primary problem* and indicate its *frequency* and *severity*.

PROBLEM BEHAVIOR CATEGORIES:

- Hurtful to Self
- Hurtful to Others
- Destructive to Property
- Disruptive Behavior
- Unusual or Repetitive Habits
- Socially Offensive Behavior
- Withdrawal or Inattentive Behavior
- Uncooperative Behavior

1. HURTFUL TO SELF

Injures own body—for example, by hitting self, banging head, scratching, cutting or puncturing, biting, rubbing skin, pulling out hair, picking on skin, biting nails, or pinching.

a. If yes, describe the PRIMARY PROBLEM: _____

If *none*, mark *never* (0) for *frequency* and *not serious* (0) for *severity*.

b. FREQUENCY: *How often does this behavior usually occur? (Mark one)*

- ◯ 0. Never
- ◯ 1. Less than once a month
- ◯ 2. One to 3 times a month
- ◯ 3. One to 6 times a week
- ◯ 4. One to 10 times a day
- ◯ 5. One or more times an hour

c. SEVERITY: *How serious is the problem usually caused by this behavior? (Mark one)*

- ◯ 0. Not serious; not a problem
- ◯ 1. Slightly serious; a mild problem
- ◯ 2. Moderately serious; a moderate problem
- ◯ 3. Very serious; a severe problem
- ◯ 4. Extremely serious; a critical problem

Comments: _____

2. HURTFUL TO OTHERS

Causes physical pain to other people or to animals—for example, by hitting, kicking, biting, pinching, scratching, pulling hair, or striking with an object.

a. If yes, describe the PRIMARY PROBLEM: _____

If *none*, mark *never* (0) for *frequency* and *not serious* (0) for *severity*.

b. FREQUENCY: *How often does this behavior usually occur? (Mark one)*

- ◯ 0. Never
- ◯ 1. Less than once a month
- ◯ 2. One to 3 times a month
- ◯ 3. One to 6 times a week
- ◯ 4. One to 10 times a day
- ◯ 5. One or more times an hour

c. SEVERITY: *How serious is the problem usually caused by this behavior? (Mark one)*

- ◯ 0. Not serious; not a problem
- ◯ 1. Slightly serious; a mild problem
- ◯ 2. Moderately serious; a moderate problem
- ◯ 3. Very serious; a severe problem
- ◯ 4. Extremely serious; a critical problem

Comments: _____

3. DESTRUCTIVE TO PROPERTY

Deliberately breaks, defaces or destroys things—for example, by hitting, tearing or cutting, throwing, burning, marking or scratching things.

a. If yes, describe the PRIMARY PROBLEM: _____

If *none*, mark *never* (0) for *frequency* and *not serious* (0) for *severity*.

b. FREQUENCY: *How often does this behavior usually occur? (Mark one)*

- ◯ 0. Never
- ◯ 1. Less than once a month
- ◯ 2. One to 3 times a month
- ◯ 3. One to 6 times a week
- ◯ 4. One to 10 times a day
- ◯ 5. One or more times an hour

c. SEVERITY: *How serious is the problem usually caused by this behavior? (Mark one)*

- ◯ 0. Not serious; not a problem
- ◯ 1. Slightly serious; a mild problem
- ◯ 2. Moderately serious; a moderate problem
- ◯ 3. Very serious; a severe problem
- ◯ 4. Extremely serious; a critical problem

Comments: _____

4. DISRUPTIVE BEHAVIOR

Interferes with activities of others—for example, by clinging, pestering or teasing, arguing or complaining, picking fights, laughing or crying without reason, interrupting, yelling or screaming.

a. If yes, describe the PRIMARY PROBLEM: _____

If *none*, mark *never* (0) for *frequency* and *not serious* (0) for *severity*.

b. FREQUENCY: *How often does this behavior usually occur? (Mark one)*

- ◯ 0. Never
- ◯ 1. Less than once a month
- ◯ 2. One to 3 times a month
- ◯ 3. One to 6 times a week
- ◯ 4. One to 10 times a day
- ◯ 5. One or more times an hour

c. SEVERITY: *How serious is the problem usually caused by this behavior? (Mark one)*

- ◯ 0. Not serious; not a problem
- ◯ 1. Slightly serious; a mild problem
- ◯ 2. Moderately serious; a moderate problem
- ◯ 3. Very serious; a severe problem
- ◯ 4. Extremely serious; a critical problem

Comments: _____

Problem Behaviors
Page 8-9

Problem Behaviors Overview

For each category, indicate whether the member exhibits problem behaviors. If yes, describe the member's *primary problem* and indicate its *frequency* and *severity*.

Problem Behavior Categories:

- Hurtful to Self
- Hurtful to Others
- Destructive to Property
- Disruptive Behavior
- Unusual or Repetitive Habits
- Socially Offensive Behavior
- Withdrawal or Inattentive Behavior
- Uncooperative Behavior

Question 9:

How people usually respond when the member exhibits the problem behavior

Problem Behaviors Scoring

1. HURTFUL TO SELF
Injures own body—for example, by hitting self, banging head, scratching, cutting or puncturing, biting, rubbing skin, pulling out hair, picking on skin, biting nails, or pinching.

a. If yes, describe the PRIMARY PROBLEM:

_____

If *none*, mark *never* (0) for *frequency* and *not serious* (0) for *severity*.

b. FREQUENCY: *How often does this behavior usually occur? (Mark one)*

- ○ 0. Never
- ○ 1. Less than once a month
- ○ 2. One to 3 times a month
- ○ 3. One to 6 times a week
- ○ 4. One to 10 times a day
- ○ 5. One or more times an hour

c. SEVERITY: *How serious is the problem usually caused by this behavior? (Mark one)*

- ○ 0. Not serious; not a problem
- ○ 1. Slightly serious; a mild problem
- ○ 2. Moderately serious; a moderate problem
- ○ 3. Very serious; a severe problem
- ○ 4. Extremely serious; a critical problem

Comments: _____

Does the individual injure self?
If yes, continue with the question by indicating what the PRIMARY PROBLEM is. *(If not, continue to the next question, i.e. the score will be '0').*

Determine Frequency

Determine Severity

Please leave comments

How to Calculate the Maladaptive Behavior Score

Page 15

DO
General column

DON’T DO:
Asocial or
Externalized

Part Scores for Ratings

	ASOCIAL	EXTERNALIZED	GENERAL
Step 1			0 1 2 3 4 5 6 7 7 8 9 10 6 7 8 10 11 —
		0 1 2 3 4 5 15 17 19 22 24 26 15 18 21 24 27 —	0 1 2 3 4 5 6 7 8 10 11 12 6 7 9 11 13 —
		0 1 2 3 4 5 15 17 20 23 25 28 15 18 22 25 29 —	0 1 2 3 4 5 6 7 9 10 12 13 6 8 10 12 14 —
		0 1 2 3 4 5 15 16 18 19 21 22 15 17 20 22 25 —	0 1 2 3 4 5 6 6 7 8 9 10 6 7 9 10 12 —
			0 1 2 3 4 5 6 6 6 7 7 8 6 7 7 8 9 —
	0 1 2 3 4 5 23 25 27 30 32 34 23 26 30 33 36 —		0 1 2 3 4 5 6 6 7 8 9 9 6 7 8 9 10 —
			0 1 2 3 4 5 6 6 7 7 8 8 6 7 8 9 10 —
	0 1 2 3 4 5 23 26 28 31 33 35 23 27 30 34 37 —		0 1 2 3 4 5 6 7 8 8 9 10 6 7 8 10 11 —
Step 2	1–7 0 8–10 1 11–12 2 13–15 3 16–18 4 19–21 5 22+ 6	1–6 0 7–10 1 11 2 12–13 3 14–15 4 16 5 17–18 6 19+	1–7 0 8–11 1 12–13 2 14 3 15+ 4
Step 3	100 – _____ SUM	100 – _____ SUM	100 – _____ SUM
Step 4	☐ + or – Asocial Maladaptive Index (AMI)	☐ + or – Externalized Maladaptive Index (EMI)	☐ + or – General Maladaptive Index (GMI)

1. HURTFUL TO SELF

Injures own body—for example, by hitting self, banging head, scratching, cutting or puncturing, biting, rubbing skin, pulling out hair, picking on skin, biting nails, or pinching.

a. If yes, describe the PRIMARY PROBLEM: head butting ; hits self

If *none*, mark *never* (0) for *frequency* and *not serious* (0) for *severity*.

b. FREQUENCY: *How often does this behavior usually occur? (Mark one)*

- ○ 0. Never
- ○ 1. Less than once a month
- ○ 2. One to 3 times a month
- ○ 3. One to 6 times a week
- X 4. One to 10 times a day
- ○ 5. One or more times an hour

c. SEVERITY: *How serious is the problem usually caused by this behavior? (Mark one)*

- ○ 0. Not serious; not a problem
- ○ 1. Slightly serious; a mild problem
- ○ 2. Moderately serious; a moderate problem
- X 3. Very serious; a severe problem
- ○ 4. Extremely serious; a critical problem

Comments: examples: leaves marks

GENERAL

0	1	2	3	4	5	
6	7	7	8	9	10	= 19
6	7	8	10	11	—	
0	1	2	3	4	5	
6	7	8	10	12	12	= 22
6	7	9	11	13	—	
0	1	2	3	4	5	
6	7	9	10	12	13	= 12
6	8	10	12	14	—	
0	1	2	3	4	5	
	6	7	8	9	10	= 18
6	7	9	10	12	—	
0	1	2	3	4	5	
6	6	6	7	7	8	= 14
6	7	7	8	9	—	
0	1	2	3	4	5	
6	6	7	8	9	9	= 18
6	7	8	9	10	—	
0	1	2	3	4	5	
6	6	7	7	8	8	= 12
6	7	8	9	10	—	
0	1	2	3	4	5	
6	7	8	8	9	10	= 17
6	7	8	10	11	—	

From questions on page 8

From questions on page 9

1–7	8–11	12–13	14	15+
0	1	2	3	4

Age Category

100

- 132 SUM

32 + or −

General Maladaptive Index (GMI)

Example

Questions

How to Calculate the Final Score

Final Scoring

Use the Manual to cross-reference the "Adaptative Behavior" & "General Maladaptive" raw scores to locate your final score.

- **In our example:**
- "Adaptative Behavior" raw score = 66
- "General Maladaptive" score = -32

TABLE I. ICAP Service Scores Adaptative Behavior Raw Score

General Maladaptive Index

General Maladaptive Index	Total Adaptive Behavior Raw Score												
	52	54	56	58	60	62	64	66	68	70	72	74	76
4	39	40	41	41	42	43	43	[illegible]	45	45	46	47	48
3	38	39	40	40	41	42	43	[illegible]	44	45	45	46	47
2	37	38	39	40	40	41	42	[illegible]	43	44	44	45	46
1	37	37	38	39	39	40	41	[illegible]	42	43	44	44	45
0	36	37	37	38	39	39	40	[illegible]	41	42	43	44	44
-1	35	36	36	37	38	38	39	[illegible]	41	41	42	43	43
-2	34	35	36	36	37	38	38	[illegible]	40	40	41	42	43
-3	33	34	35	35	36	37	38	[illegible]	39	40	40	41	42
-4	33	33	34	35	35	36	37	[illegible]	38	39	40	40	41
-5	32	32	33	34	34	35	36	[illegible]	37	38	39	39	40
-6	31	32	32	33	34	34	35	[illegible]	36	37	38	39	39
-7	30	31	31	32	33	34	34	[illegible]	36	36	37	38	38
-8	29	30	31	31	32	33	33	[illegible]	35	36	36	37	38
-9	28	29	30	30	31	32	33	[illegible]	34	35	35	36	37
-10	28	28	29	30	30	31	32	[illegible]	33	34	35	35	36
-11	27	27	28	29	30	30	31	[illegible]	32	33	34	34	35
-12	26	27	27	28	29	29	30	[illegible]	32	32	33	34	34
-13	25	26	26	27	28	29	29	[illegible]	31	31	32	33	34
-14	24	25	26	26	27	28	28	[illegible]	30	31	31	32	33
-15	23	24	25	26	26	27	28	[illegible]	29	30	30	31	32
-16	23	23	24	25	25	26	27	[illegible]	28	29	30	30	31
-17	22	22	23	24	25	25	26	[illegible]	27	28	29	30	30
-18	21	22	22	23	24	24	25	[illegible]	27	27	28	29	29
-19	20	21	22	22	23	24	24	[illegible]	26	26	27	28	29
-20	19	20	21	21	22	23	24	[illegible]	25	26	26	27	28
-21	18	19	20	21	21	22	23	[illegible]	24	25	25	26	27
-22	18	18	19	20	20	21	22	[illegible]	23	24	25	25	26
-23	17	18	18	19	20	20	21	[illegible]	22	23	24	25	25
-24	16	17	17	18	19	20	20	[illegible]	22	22	23	24	24
-25	15	16	17	17	18	19	19	[illegible]	21	21	22	23	24
-26	14	15	16	16	17	18	19	[illegible]	20	21	21	22	23
-27	14	14	15	16	16	17	18	[illegible]	19	20	21	21	22
-28	13	13	14	15	15	16	17	[illegible]	18	19	20	20	21
-29	12	13	13	14	15	15	16	[illegible]	17	18	19	20	20
-30	11	12	12	13	14	15	15	[illegible]	17	17	18	19	19
-31	10	11	12	12	13	14	14	[illegible]	16	17	17	18	19
-32	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	14	15	16	16	17	18
-33	9	9	10	11	11	12	13	[illegible]	14	15	16	16	17
-34	8	8	9	10	11	11	12	13	13	14	15	15	16
-35	7	8	8	9	10	10	11	12	13	13	14	15	15
-36	6	7	7	8	9	10	10	11	12	12	13	14	15
-37	5	6	7	7	8	9	9	10	11	12	12	13	14
-38	4	5	6	7	7	8	9	9	10	11	11	12	13
-39	4	4	5	6	6	7	8	9	9	10	11	11	12
-40	3	3	4	5	6	6	7	8	8	9	10	11	11
-41	2	3	3	4	5	5	6	7	8	8	9	10	10
-42	1	2	3	3	4	5	5	6	7	7	8	9	10
-43	1	1	2	2	3	4	5	5	6	7	7	8	9
-44	1	1	1	2	2	3	4	4	5	6	7	7	8
-45	1	1	1	1	1	2	3	4	4	5	6	6	7
-46	1	1	1	1	1	1	2	3	3	4	5	6	6
-47	1	1	1	1	1	1	1	2	3	3	4	5	5
-48	1	1	1	1	1	1	1	1	2	2	3	4	5
-49	1	1	1	1	1	1	1	1	1	2	2	3	4
-50	1	1	1	1	1	1	1	1	1	1	2	2	3
-51	1	1	1	1	1	1	1	1	1	1	1	1	2
-52	1	1	1	1	1	1	1	1	1	1	1	1	1
-53	1	1	1	1	1	1	1	1	1	1	1	1	1
-54	1	1	1	1	1	1	1	1	1	1	1	1	1
-55	1	1	1	1	1	1	1	1	1	1	1	1	1
-56	1	1	1	1	1	1	1	1	1	1	1	1	1
-57	1	1	1	1	1	1	1	1	1	1	1	1	1
-58	1	1	1	1	1	1	1	1	1	1	1	1	1
-59	1	1	1	1	1	1	1	1	1	1	1	1	1
-60	1	1	1	1	1	1	1	1	1	1	1	1	1
-65	1	1	1	1	1	1	1	1	1	1	1	1	1
-70	1	1	1	1	1	1	1	1	1	1	1	1	1
-75	1	1	1	1	1	1	1	1	1	1	1	1	1

DO NOT use the back of the booklet to generate the Final Score.

6 Support Levels

Support Level	1	2	3	4	5	6
ICAP Score	60-79	40-59	20-39	10-19	1-9	Support Level Request required for all FC/GH/RCCF placements

The Support Level needs to be documented in a log note within the Benefits Utilization System (BUS). For the initial ICAP, the type of the log note will be “Enrollment Activity.” The ICAP score should also be noted in the “Eligibility Assessment Summary” of the 100.2.

For subsequent re-assessment using the ICAP, the type of log note will be “Assessment.”

Questions?

Support Need Level Review Process

- The member, legal guardian, authorized representative, family member, or CMA, as appropriate, may request a Support Need Level Review (refer to Operational Memo 19-026).

- The CMA shall complete the Support Need Level Review form. Prior to submitting the request, the CMA shall provide an opportunity for the team to review and provide additional information that will be submitted to the Department.

- The Department shall examine all of the information submitted by the CMA and seek to identify any significant factors not included in the Support Need Level calculation, which cause the member to have substantially higher support needs than those in the established Support Need Level.

Support Need Level Review Process

- The Department may assign the member to a Support Level that is a closer representation of the member's overall support needs.

- Support Level Reviews shall be re-examined by the Department annually or as determined by the Department.

- The member shall be notified, pursuant to the Department rules in section 8.057.2.A (10 C.C.R. 2505-10) when a waiver service is terminated, reduced, or denied. At any time, the member may pursue a Medicaid Fair Hearing in accordance with section 8.057.3.A (10 C.C.R. 2505-10).

Support Levels Chart

Support Level	1	2	3	4	5	6
ICAP Score	60-79	40-59	20-39	10-19	1-9	Support Level Request required for all FC/GH/RCCF placements
Foster Care Home	FH 1 H0041 U9	FH 2 H0041 U9 22	FH 3 H0041 U9 TF	FH 4 H0041 U9 TF 22	FH 5 H0041 U9 TG	FH 6 H0041 U9 TG 22
Group Home	GH 1 T2016 U9	GH 2 T2016 U9 22	GH 3 T2016 U9 TF	GH 4 T2016 U9 TF 22	GH 5 T2016 U9 TG	GH 6 T2016 U9 TG 22
RCCF	RCCF 1 T2016 U9 HA	RCCF 2 T2016 U9 HA TJ	RCCF 3 T2016 U9 HA TF	RCCF 4 T2016 U9 HA TG	RCCF 5 T2016 U9 HA TT	**RCCF 6 T2016 U9 HA 22 *Negotiated Rate form**

Support Need Level Review request required to move to a higher level

Support Need Level Review Form

Service Utilization to date (SP start date to current)

Short answer text

List all current, non-waiver services in place (state plan, child welfare and natural supports, etc).

Long answer text

What gaps in services contribute to the need for a Support Level increase?

Long answer text

Has a Support Level Review been approved in the past? What level of care (foster, group, etc) and what Support Level was approved?

Long answer text

Who initiated this Support Level Review request?

- [ ] Guardian
- [ ] CCB Case Manager
- [ ] Individual/Family
- [ ] County Case Manager
- [ ] Provider

Current residential setting *

- [ ] Family Home
- [ ] Foster Care Home
- [ ] Kinship Foster Care Home
- [ ] Treatment Foster Care
- [ ] Therapeutic Foster Care

What information is missing from the 100.2 and the current ICAP? For example: Educational needs, Psychiatric & Mental Health issues, Medical concerns, Behavioral support issues. *

Long answer text

How does the current ICAP Support Level fail to meet their needs? Please provide specific areas of growth, development, behavior or needs. Please include any new information or changes since the last request. .

Long answer text

What is the number of IRs or hospitalization that have occurred in the past 6 months?

Short answer text

If a Support Level Request is approved at a lower Support Level or denied, would it denial jeopardize the placement? Please explain.

Long answer text

What is the plan for services and supports if an increase in approved?

Long answer text

Negotiated Rates for Level 6 RCCFs

- If a Support Need Level Review was completed and authorized but the member moves to an RCCF, the authorized Support Need Level *reverts* to its original ICAP level upon entering the RCCF.
- Please use the RCCF Support Need Level 6 Negotiated Rate request form for all RCCF Level 6 requests.

Negotiated Level 6

Support Need Level 6 Negotiated Rate Request Form (CHRP)

Only for Level 6 Negotiated Rates in RCCFs.

kathleen.homan@state.co.us Switch account

* Required

Email *

Your email

Today's date

Date

mm/dd/yyyy

Next

Page 1 of 9

Clear form

Never submit passwords through Google Forms.

This form was created inside of State.co.us Executive Branch. Report Abuse

Google Forms

Requested Rate for RCCF Level 6 (Enter dollar amount)

Short answer text

What services are covered by this cost increase?

Long answer text

Is the agency required to hire additional staff, provide special training, or complete a specialized procedure in order to serve the member? Please describe the training and/or # of hired staff.

Long answer text

What other Habilitation options have been tried?

Short answer text

Questions?

Thank you!

Nancy Harris, Psy.D
HCBS Benefits Specialist
Office of Community Living

Michelle V. López, MSW
Children & Youth Behavioral **Health Specialist**
Office of Community Living