Inventory for Client and Agency Planning (ICAP) Training

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HCPF **COLORADO**
Department of Health Care Policy & Financing

Our Mission

Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources

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

WHO: Children accessing the Home- and Community-based Children's Habilitation Residential (CHRP) Waiver

WHAT: To determine the child or youth's Support Level for Respite and Habilitation services

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

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

WHEN and HOW OFTEN: Upon enrollment and/or as needed based on life circumstance and/or significant life changes that reflect a lower or higher Support Level

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Things to keep in mind as we go…

1. Let's focus on the *process* of conducting the ICAP assessment.

2. The responses will look different due to the age of the child.

3. Remember that you have the observation skills and professional judgment to utilize this tool to the best of your ability – be confident and comfortable!

4. This is a tool we plan to replace to align with other youth- and child-serving system and HCBS assessment processes that are under development.

Broad Overview of the ICAP

- 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, and 3

- Client Information

- Descriptive Information

- Diagnostic Status

- Functional Limitations and Needed Assistance

Adaptive Behaviors

Pages 4-7

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 $\frac{1}{4}$ of the time—may need to be asked

2. DOES FAIRLY WELL—or $\frac{3}{4}$ 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 ____ SUM ____ SUM ____ SUM
   x0   x1   x2   x3

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

RAW SCORE (54)

Adaptative Behavior Domains
Pages 4-7

Domains include:

1. Motor skills

2. social and communication skills,

3. personal living skills, and

4. community living skills

For each question rate how the client does (or could do) the task completely without help or supervision.

Scoring of Adaptive Behavior

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

Adaptive Behavior Raw Scores

Step one:

Sum the given number based on column:

1. Sum the number of 0s

2. Sum the number of 1s

3. Sum the number of 2s

4. Sum the number of 3s

Step two:
Then, to produce the raw scores, you must multiply the SUM by the initial SCORE.

*You can double check your work by adding all the scores.**

EXAMPLE

Times the dot was selected — Answer dots

$$5 * 0 = 0$$
$$3 * 1 = 3$$
$$1 * 2 = 2$$
$$9 * 3 = 27$$
$$\overline{}$$
32 (SUM)

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

= 32

5 SUM (×0)   3 SUM (×1)   1 SUM (×2)   9 SUM (×3)

3	+	2	+	27	=	32	MOTOR SKILLS

RAW SCORE (54)

Problem Behaviors

Page 8-9

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 Overview
Page 8-9

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

Question 9: How people usually respond when the client exhibits the problem behavior

Example

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

Summary of Scores: Adaptive Behaviors

Page 13

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$_M$

Motor Skills (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 ___ to ___
- SS ___ to ___
- NCE ___ to ___
- RPI ___ /90 ___ /90 to ___ /90

Social and Communication Skills (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 ___ to ___
- SS ___ to ___
- NCE ___ to ___
- RPI ___ /90 ___ /90 to ___ /90

Personal Living Skills (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 ___ to ___
- SS ___ to ___
- NCE ___ to ___
- RPI ___ /90 ___ /90 to ___ /90

Community Living Skills (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 ___ to ___
- SS ___ to ___
- NCE ___ to ___
- RPI ___ /90 ___ /90 to ___ /90

Sum of the Four Domain Scores — Total

Broad Independence
- a = Total ÷ 4
- 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 ___ to ___
- SS ___ to ___
- NCE ___ to ___
- RPI ___ /90 ___ /90 to ___ /90

13

Summary of Adaptative Scores
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 →

Scores for Ratings
Page 15

DO:

General column

DON'T DO:
- Asocial or
- Externalized

Example

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
   ✗ 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: *examples: leaves marks*

GENERAL

0	1	2	3	4	5
6	7	7	8	(9)	10
6	7	8	(10)	11	—

= 19

0	1	2	3	4	5
6	7	8	10	(11)	12
6	7	9	(11)	13	—

= 22

0	1	2	3	4	5
(6)	7	9	10	12	13
(6)	8	10	12	14	—

= 12

0	1	2	3	4	5
6	7	8	(9)	10	
6	(7)	9	10	12	—

= 18

From questions on page 8

0	1	2	3	4	5
6	6	6	7	7	(8)
(6)	7	7	8	9	—

= 14

0	1	2	3	4	5
6	6	7	8	3	(9)
6	7	8	(9)	11	—

= 18

0	1	2	3	4	5
(6)	6	7	7	8	8
(6)	7	8	9	10	—

= 12

0	1	2	3	4	5
6	7	8	8	(9)	10
6	7	(8)	10	11	—

= 17

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)

Final Scoring

Use the "Adaptative Behavior" raw score and the "General Maladaptive" score to generate your final score.

In our example:

"Adaptative Behavior" raw score = 66

"General Maladaptive" score = -32

General Maladaptive Index

Adaptative Behavior Raw Score

TABLE I. ICAP Service Scores

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		45	45	46	47	48
3	38	39	40	40	41	42	43		44	45	45	46	47
2	37	38	39	40	40	41	42		43	44	44	45	46
1	37	37	38	39	39	40	41		42	43	44	44	45
0	36	37	37	38	39	39	40		41	42	43	44	44
-1	35	36	36	37	38	38	39		41	41	42	43	43
-2	34	35	36	36	37	38	38		40	40	41	42	43
-3	33	34	35	35	36	37	38		39	40	40	41	42
-4	33	33	34	35	35	36	37		38	39	40	40	41
-5	32	32	33	34	34	35	36		37	38	39	39	40
-6	31	32	32	33	34	34	35		36	37	38	39	39
-7	30	31	31	32	33	34	34		36	36	37	38	38
-8	29	30	31	31	32	33	33		35	36	36	37	38
-9	28	29	30	30	31	32	33		34	35	35	36	37
-10	28	28	29	30	30	31	32		33	34	35	35	36
-11	27	27	28	29	30	30	31		32	33	34	34	35
-12	26	27	27	28	29	29	30		32	32	33	34	34
-13	25	26	26	27	28	29	29		31	31	32	33	34
-14	24	25	26	26	27	28	28		30	31	31	32	33
-15	23	24	25	26	26	27	28		29	30	30	31	32
-16	23	23	24	25	25	26	27		28	29	30	30	31
-17	22	22	23	24	25	25	26		27	28	29	30	30
-18	21	22	22	23	24	24	25		27	27	28	29	29
-19	20	21	22	22	23	24	24		26	26	27	28	29
-20	19	20	21	21	22	23	24		25	26	26	27	28
-21	18	19	20	21	21	22	23		24	25	25	26	27
-22	18	18	19	20	20	21	22		23	24	25	25	26
-23	17	18	18	19	20	20	21		22	23	24	25	25
-24	16	17	17	18	19	20	20		22	22	23	24	24
-25	15	16	17	17	18	19	19		21	21	22	23	24
-26	14	15	16	16	17	18	19		20	21	21	22	23
-27	14	14	15	16	16	17	18		19	20	21	21	22
-28	13	13	14	15	15	16	17		18	19	20	20	21
-29	12	13	13	14	15	15	16		17	18	19	20	20
-30	11	12	12	13	14	15	15		17	17	18	19	19
-31	10	11	12	12	13	14	14		16	17	17	18	19
-32	10	11	12	12	13	14	14	14	15	16	17	18	19
-33	9	9	10	11	11	12	13		15	15	16	17	18
-34	8	8	9	10	11	11	12	13	14	15	16	16	17
-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	12	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	3	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

Support Levels

6 Support Levels

Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
FH1 (60-79)	FH2 (40-59)	FH3 (20-39)	FH4 (10-19)	FH5 (1-9)	FH6 (1-9)
GH2	GH2	GH2	GH4	GH5	GH6

- The Support Level will 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." For subsequent re-assessment using the ICAP, the type of log note will be "Assessment."

- You will authorize the services through a PAR in the Bridge

* FH = Foster Home and GH = Group Home

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Support Level Review Process

- The client, his or her legal guardian, authorized representative, family member, or CMA, as appropriate, may request a review regarding the Support Level assigned to meet the client's needs.

- The CMA shall complete the information required by the Department to request that the client's assigned Support Level be reviewed. Prior to submitting the request, the CMA shall provide an opportunity for the client, his or her legal guardian, authorized representative, or family member, as appropriate, 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 Level calculation, which cause the client to have substantially higher support needs than those in the established Support Level.

Support Level Review Process cont'd..

- In cases where the Department finds that the client does have substantially higher support needs than those in the initial Support Level, the Department may assign the client to a Support Level that is a closer representation of the client's overall support needs.

- A client who has been assigned to a higher Support Level shall have this assignment re-examined by the Department annually or as determined by the Department, unless the Department determines that the client's condition necessitating a higher Support Level is unlikely to improve.

- The client shall be notified, pursuant to the Department of Health Care Policy and Financing 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 client may pursue a Medicaid Fair Hearing in accordance with section 8.057.3.A (10 C.C.R. 2505-10).

Questions

Thank You

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