Inventory for Client and Agency Planning (ICAP) Training

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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
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
### 1. MOTOR SKILLS

**Does (or could do) task completely without help or supervision?**

- **NEVER OR RARELY** — even if asked

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>NEVER</td>
</tr>
<tr>
<td>1</td>
<td>NEVER</td>
</tr>
<tr>
<td>2</td>
<td>NEVER</td>
</tr>
<tr>
<td>3</td>
<td>ALWAYS</td>
</tr>
</tbody>
</table>

1. **Picks up small objects with one hand.**
2. **Holds small objects from one hand to the other hand.**
3. **Sets same 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. **Puts 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. **Bubbles 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. **Wakes up and down stairs by alternating foot from step to step (May hold handrail).**
12. **Climbs a standard ladder (for example, a stepstool or a slide).**
13. **Cuts with scissors along a thick, straight line.**
14. **Puts 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 puts 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).**

**RAW SCORE (D4):**

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>K1</td>
<td>K2</td>
<td>K3</td>
<td>SUM</td>
<td></td>
</tr>
</tbody>
</table>

**D. Adaptive Behavior**

- 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.
- Rate the highest rating (within very well) for tasks that are too easy for the client.
- Estimate by rating how well the client could do the task now or if he 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 manual for further instructions.
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

32 (SUM)
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:
- Hurtable to Self
- Hurtable to Others
- Destructive to Property
- Disruptive to School

### Problem Behavior Categories:
- Unusual or Repetitive Habits
- Socially Offensive Behavior
- Withdrawal or Inattentive Behavior
- Uncooperative Behavior

#### 1. Hurtable to Self
Injuries own body—for example, by biting, scratching, head-banging, swallowing, cutting or piercing; intentionally hitting, pulling hair, pulling out hair, pinching or pricking

- If yes, describe the PRIMARY PROBLEM:
  - FREQUENCY: How often does this behavior usually occur? (Mark one)
    - Never
    - Less than once a month
    - Once to 3 times a month
    - One to 6 times a week
    - One to 10 times a day
    - One or more times an hour
  - SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)
    - Not serious; not a problem
    - Slightly serious; a mild problem
    - Moderately serious; a moderate problem
    - Very serious; a severe problem
    - Extremely serious; a critical problem

#### 2. Hurtable to Others
Causes physical pain to other people or in animals—for example, by biting, hitting, spitting, kicking, punching, pushing, hitting, or slamming into walls

- If yes, describe the PRIMARY PROBLEM:
  - FREQUENCY: How often does this behavior usually occur? (Mark one)
    - Never
    - Less than once a month
    - Once to 3 times a month
    - One to 6 times a week
    - One to 10 times a day
    - One or more times an hour
  - SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)
    - Not serious; not a problem
    - Slightly serious; a mild problem
    - Moderately serious; a moderate problem
    - Very serious; a severe problem
    - Extremely serious; a critical problem

#### 3. Destructive to Property
Destroys or damages things—for example, by tearing, scratching, breaking, burning, throwing or destroying things

- If yes, describe the PRIMARY PROBLEM:
  - FREQUENCY: How often does this behavior usually occur? (Mark one)
    - Never
    - Less than once a month
    - Once to 3 times a month
    - One to 6 times a week
    - One to 10 times a day
    - One or more times an hour
  - SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)
    - Not serious; not a problem
    - Slightly serious; a mild problem
    - Moderately serious; a moderate problem
    - Very serious; a severe problem
    - Extremely serious; a critical problem

#### 4. Disruptive to School
Engages in activities that either disrupt the learning environment or are not related to learning

- If yes, describe the PRIMARY PROBLEM:
  - FREQUENCY: How often does this behavior usually occur? (Mark one)
    - Never
    - Less than once a month
    - Once to 3 times a month
    - One to 6 times a week
    - One to 10 times a day
    - One or more times an hour
  - SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)
    - Not serious; not a problem
    - Slightly serious; a mild problem
    - Moderately serious; a moderate problem
    - Very serious; a severe problem
    - Extremely serious; a critical problem

Comments:
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

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)

<table>
<thead>
<tr>
<th>SCALE</th>
<th>INSTRUCTIONAL RANGE</th>
<th>CONFIDENCE BAND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raw Score</td>
<td>Average Domain Score</td>
<td>(d) Domain Difference Score</td>
</tr>
<tr>
<td>Motor Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social and Communication Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Living Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Living Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sum of the Four Domain Scores</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Broad Independence</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Use the Column in Table A to determine the percentile rank (PR) for each domain. Use the Column in Table B to determine the confidence band for each domain.
Summary of Adaptive 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
DO:
General column

DON’T DO:
• Asocial or
• Externalized
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
   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

Example

From questions on page 8
- 19
- 22
- 12
- 18
- 14
- 18
- 12
- 17

From questions on page 9

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
<table>
<thead>
<tr>
<th>General Maladaptive Index</th>
<th>Adaptative Behavior Raw Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>52</td>
</tr>
<tr>
<td>50</td>
<td>40</td>
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<td>48</td>
<td>28</td>
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<td>36</td>
<td>37</td>
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<tr>
<td>24</td>
<td>20</td>
</tr>
<tr>
<td>12</td>
<td>12</td>
</tr>
</tbody>
</table>

**Highlighted Values:**
- **General Maladaptive Index:** 52, 54, 56, 60, 62, 64, 68, 70, 72, 74, 76
- **Adaptative Behavior Raw Score:** 66
Support Levels

6 Support Levels

Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | Level 6
---|---|---|---|---|---
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
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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