



Inventory for Client and Agency Planning (ICAP) Authorization

What is an ICAP?

The Inventory for Client and Agency Planning (ICAP) is a nationally standardized assessment tool that estimates a person's adaptive functioning, and the extent to which behavior challenges may limit his or her inclusion in various settings. ICAP scores are used by the Wyoming Department of Health, Division of Healthcare Financing (Division) to determine eligibility and funding for Supports and Comprehensive waiver services. The Division contracts with the University of Wyoming, Institute for Disabilities (WIND) to conduct ICAP interviews throughout Wyoming. WIND is responsible for conducting initial, emergency, and continuing eligibility interviews.

When might an ICAP score change?

Changes to ICAP scores may occur when there is a change in the applicant or participant's functional abilities, behavior, or health.

How are respondents selected?

Respondents should be individuals who:

- Can provide current and accurate information
- Know about the person's day-to-day life
- Have known the participant/applicant well and have worked with the person on a daily basis for the last three months
- Have different experiences with the applicant or participant in different environments

Respondents can be chosen by the legally authorized representative, applicant/participant, and/or the case manager. Two to three respondents must be listed on the ICAP Authorization Form.

The parent and/or legally authorized representative can be a respondent.

What should I expect when I am asked to be a respondent?

A professional from WIND will contact you to schedule an interview. During the interview, you will be asked to identify activities the applicant or participant can do well, and activities that are difficult for the applicant to perform.

If the applicant/participant has demonstrated challenging behavior, you will be expected to review incidents that have occurred within the last 3 months, and provide a summary of the frequency, intensity, severity, and duration of the behaviors.

What if I have questions or concerns?

If you have any questions or concerns, please contact the Division at (307) 777-7115, and you will be directed to someone who can assist you.



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Comprehensive Waiver Supports Waiver

Print Applicant/Participant Legal Name: _____

Residential Setting (family, group/host home, SFHH, own home/apt, BOCES, etc.): _____

School/Day Services (none, preschool, community supports, employment, etc.): _____

Case Manager Full Name: _____

Phone Number: _____

Legally Authorized Representative Full Name (if applicable): _____

Phone number: _____

Submit Two (2) Respondents and One (1) Alternate

Respondents must have had contact with the participant/applicant during the past three (3) months and a knowledge of the person's supports needs. Respondents should reflect as many environments as possible.

1. Name: _____ Relationship: _____

Phone Number: _____

Contact: Yes No

2. Name: _____ Relationship: _____

Phone Number: _____

Contact: Yes No

3. Name: _____ Relationship: _____

Phone Number: _____

Contact: Yes No

I hereby authorize the above-named individuals to meet with evaluators from WIND in confidential interviews to complete the ICAP assessment.

Applicant, Participant, or Legally
Authorized Representative Signature

Date of Signature

Case Manager has provided the respondents with the ICAP Information document.

Case Manager Signature

Date of Signature