

# 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 an individual's adaptive functioning, and the extent to which behavior challenges may limit their inclusion in various settings. ICAP scores are used by the Wyoming Department of Health, Division of Healthcare Financing (Division) to determine funding for 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 ICAP interviews.

## When is an ICAP needed?

Pursuant to Chapter 46, Section 8 of the Department of Health's Medicaid Rules, new Comprehensive Waiver participants will be required to receive an ICAP assessment in order to determine their Level of Service score and associated individual budget amount. This assessment must be completed every five (5) years or as determined necessary by the Division. Participants on the Supports Waiver will not receive an ICAP assessment; however, children under the age of eighteen (18) who are on the Supports Waiver and want to receive personal care services from their relative or legally authorized representative must receive an ICAP assessment to verify that they meet necessary criteria, which is listed in the Comprehensive and Supports Waiver Service Index.

## When might an ICAP score change?

Changes to ICAP scores may occur when there is a change in the 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 individual's day-to-day life
- Have known the individual well and have worked with the individual on a daily basis for the last three months
- Have different experiences with the individual in different environments

Respondents may be chosen by the individual, legally authorized representative, and the case manager. Two to three respondents must be listed on the ICAP Authorization Form. The parent and legally authorized representative may be a respondent. Case managers may be respondents only as a last resort and as approved by the Division.

## 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 individual can do well, and activities that are difficult for the individual to perform.

If the individual 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) 777-7531, and you will be directed to someone who can assist you.

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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 individual during the past three (3) months and a knowledge of the individual'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.

\_\_\_\_\_  
Individual 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