

# ICAP Assessments

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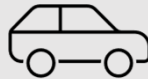


# What is an ICAP? Why is it used?

- The Inventory for Client and Agency Planning (ICAP) is a **standardized evaluation** to assess someone's status, abilities, and support needs.
- HCBS uses ICAP scores to help determine **eligibility, service levels, and individual funding** for DD Supports and Comprehensive waiver services.
- The **ICAP score is not the service score** as identified by the state. The state assigns service and funding levels.
- ICAPs are conducted for **initial eligibility** to start services, every **five years** for continuing eligibility, and for **interim emergency needs**.
- 15 states (including WY) use ICAP assessments in eligibility processes

# How is an ICAP Conducted?

- The ICAP is completed with a combination of **record review and motivational interviewing** with people who know the individual well
  - Record review is in EMWS Document Library
    - Psych or neuropsych evals, PBSP, other relevant information
  - The assessment is conducted with the respondents identified by case manager on the ICAP Authorization form.
    - The case manager may be contacted for an additional respondent if needed
- Currently non-emergency ICAPs are conducted virtually by phone
- Emergency ICAPs are conducted in-person



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# Respondents



- The ideal respondent is the person who **currently** provides the **most direct support** to the participant. This person is best able to answer specific questions related to personal care and all daily activities.
  - Different respondents should have experience supporting the person in different environments, if possible.
- It is important that a **third respondent** is added to the authorization form by case managers.
  - A third respondent serves as a back-up if the evaluator identifies discrepancies between scores provided by the first 2 respondents
- **ICAP evaluators provide training** to new staff who have not yet completed an ICAP, and review scoring guidance with everyone

# What is included in an ICAP?

- **Identifying information** and services
- **Descriptive/demographic** information
- **Diagnostic status**
  - Evaluators review EMWS diagnosis list (ICAP page) and psych/neuropsych evaluations to identify diagnosis but may add things if identified by respondents.
- **Functional limitations** and needed assistance
- **Adaptive behavior**
  - Motor, social & communication, personal living, and community living skills
- **Problem behavior** (emotional and behavioral management)
  - Hurtful to self, hurtful to others, destructive, disruptive, unusual/repetitive, socially offensive, withdrawn/inattentive, or uncooperative behaviors
- **Residential, day, support services, and social activities**

# Introduction to Adaptive Behavior Skills



Adaptive Behavior includes four categories. In each category, specific tasks/skills are presented in order of when these skills are typically learned in human development (i.e., skill development in infancy through adulthood).

1. **Motor Skills:** tasks that include fine and gross motor skills
2. **Social and Communication Skills:** tasks that include social interaction, understanding & using language (oral, written, signed communication)
3. **Personal Living Skills:** tasks that include eating and meal preparation, toileting, dressing, personal care, and domestic skills
4. **Community Living Skills:** tasks that include navigation, time, money, and work skills



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# Scoring Adaptive Behavior

- Each respondent rates how the person **currently** performs each task **without help or additional training**
  - Consider the person's performance within the **last month**
  - Task questions may be adapted by evaluator to meet modern technology
    - Yellow pages vs. Google—question looks for ability to locate needed information
- Both the **quality** and **frequency** of task completion is considered
- If a task is not observed, respondent is asked to consider a comparable skill actually observed. **Guessing a score is not recommended.**
  - Ensure the comparable skill reflects the **same** developmental skill in ICAP
  - If no comparable skill is identified, "not observed" is an acceptable response.

# Scoring Adaptive Skills

**Evaluators will ask clarifying questions, such as:**

- “Without any help at all, how would they do with this?”
- “Sounds like it’s not a 3 and not a 0.”
- “Are they able to do it more or less than half the time? This can help us decide between a 1 and a 2.”
- “That example isn’t exactly the skill the assessment is looking for here. How do they do with [enter specific skill example].”
- “Do they need help to set the [reminder/alarm/phone contacts]?”
- “Is it legible?”
- “How do they do on this skill, without any outside help?”





# Scoring Adaptive Behavior/Skills

SCORE	EXPLANATION
<b>0</b>	<b>NEVER OR RARELY - even if asked</b>
<b>Quality</b>	The task is too hard, is not safe, or the person <b>never or rarely performs all parts</b> of the task.
<b>Frequency</b>	<b>Never does, even if asked or prompted.</b>
<b>1</b>	<b>DOES, BUT NOT WELL - or 1/4 of the time - may need to be asked</b>
<b>Quality</b>	The person sometimes does or tries to do all parts of the task; <b>the result is poor.</b>
<b>Frequency</b>	The task is <b>done but not well</b> , it is done <b>well 1/4 of the time</b> , or it is done without help or supervision 1/4 of the time. <b>The person may need prompts to initiate the task.</b>
<b>2</b>	<b>DOES FAIRLY WELL - or 3/4 of the time - may need to be asked</b>
<b>Quality</b>	The person performs all parts of the task <b>reasonably well</b> without help or supervision
<b>Frequency</b>	The task is <b>done fairly well</b> , it is done <b>well 3/4 of the time</b> , or it is done without help or supervision 3/4 of the time. <b>The person may need prompts to initiate the task.</b>
<b>3</b>	<b>DOES VERY WELL - always or almost always - without being asked</b>
<b>Quality</b>	<b>Complete independence.</b> The person has either mastered the task or no longer performs it because it is too easy. The person does all parts of the task <b>without help or supervision.</b>
<b>Frequency</b>	Always means whenever it is appropriate to do so. Without being asked means with no more than an occasional reminder. The person must possess the skill and know when to apply it, according to typical social standards.

# Visual Scoring Scale

Does task **very well**

Does all parts of task whenever appropriate to do, without reminder

**Fully Independent - 3**

Does task **fairly well**

Does all parts of task about **3/4** of time, may need reminder to start

**Does fairly well - 2**

Does or tries all parts of task, **results are poor**

Does task about **1/4** of time, may need reminder to start

**Does, but not well - 1**

**Never does** task

Rarely or never performs **all parts** of task, even if prompted

**Rarely / never does - 0**



# Adaptive Behavior: FAQs

1. How does use of adaptive equipment that impact scoring?
  - a. Score the item as it is actually performed, with use of adaptive equipment.
2. If someone uses alternative communication, how does that impact scores?
  - a. The use of sign language is equivalent to speaking. Communication books, boards, and devices are equivalent to speaking if they contain many words that can be combined to form unique sentences.
3. What if a task has more than one part (ex: task has the word **and**)?
  - a. If a task consists of multiple parts and the person does not do equally well on all parts of the task, score according to the hardest part.



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## Adaptive Behavior: FAQs

4. What if the person has no opportunity to complete the task, or respondent has not observed the task?
  - a. Consider a comparable skill or activity, and consider how the person could perform the task with no additional training. A response of "not observed" is appropriate.
5. What if a person is not allowed to perform a task because their performance and/or judgement would pose a threat to safety?
  - a. It is appropriate to score 0 (or possibly an intermediate level). The ability to cross a street does not mean the person can do it safely.



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## Adaptive Behavior: FAQs

6. What if someone has the ability but lacks motivation to consistently complete a task?
  - a. To receive a score of 3, person needs the ability to perform a task, the awareness of when the task is needed, and the motivation to perform it, given the social expectations for their surroundings.
  - b. Provide scores for frequency and separately for quality to assist in differentiating adaptive abilities from behaviors.
7. What if there is uncertainty about a score?
  - a. Clarifying questions may be asked by evaluator.
  - b. If scores vary day by day, score for the day when the task is hardest.

# Adaptive Behavior: FAQs

8. How quickly will the ICAP results be available?
  - a. WIND typically delivers the ICAP report to the state within a week of the assessment being completed. It may be sooner if the assessment is identified by HCBS as an emergency.
9. What happens next after the ICAP is completed?
  - a. The case manager and HCBS will review results, which will be used to inform HCBS waiver services. If questions arise, the case manager may address them with the team and with WIND. The evaluator will refer to their evaluation notes to address questions from case manager or HCBS.

# Defining Problem Behaviors

- **What are problem behaviors?**

- Specific, observable, measurable actions that interfere with the person's daily activities, or the activities of others
- They may be a threat to the quality of life and/or immediate health and safety of the person or others around them
  - Some behaviors may be undesirable but common (i.e., drinking, smoking, diet). Evaluators will look at actual effect on the person's independence vs. judgment on the behavior itself.
- A persistent pattern of behavior that interferes with community participation
- They may be uncontrolled symptoms of a physical or mental condition

- **What are not problem behaviors?**

- Inability to learn, or lack of an adaptive skill
- Behaviors consistent with developmental level

# 8 Categories of Problem Behaviors in ICAP

Category	Definition	Examples
Hurtful to Self	<b>Injures own body</b>	Hitting self, banging head, scratching, cutting or puncturing, biting, rubbing skin, pulling out hair, biting nails, or pinching
Hurtful to others	<b>Causes physical pain to other people or animals</b>	Hitting, kicking, biting, pinching, scratching, pulling hair, striking with object
Destructive to property	<b>Deliberately breaks, defaces, destroys things</b>	Hitting, tearing or cutting, throwing, burning, marking or scratching things
Disruptive behavior	<b>Interferes with activities of others</b>	Clinging, pestering or teasing, arguing or complaining, picking fights, laughing or crying without reason, interrupting, yelling or screaming



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# 8 Categories of Problem Behaviors

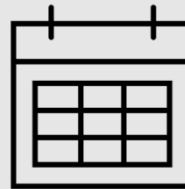
Category	Definition	Examples
Unusual or repetitive habits	<b>Unusual behaviors done over and over</b>	Pacing, rocking, twirling fingers, sucking hands or objects, twitching (nervous ticks), talking to self, grinding teeth, eating dirt or other objects, eating too much or too little, staring at an object or into space, making odd faces/noises
Socially offensive behavior	<b>Behavior offensive to most others</b>	Talking too loudly, swearing/using vulgar language, lying, standing too close or touching others too much, threatening, talking nonsense, spitting, picking nose, belching, expelling gas, touching genitals, urinating in inappropriate places, smearing feces

# 8 Categories of Problem Behaviors

Category	Definition	Examples
Withdrawn or inattentive behavior	<b>Difficulty being around others or paying attention</b>	Keeping away from other people, expressing unusual fears, showing little interest in activities, appearing sad or worried, showing little concentration on tasking, sleeping too much, talking negatively about self
Uncooperative behavior	<b>Behavior that is uncooperative</b>	Refusing to obey, do chores, or follow rules; acting defiant; refusing to attend school or go to work; arriving late to school or work; refusing to take turns or share, cheating, stealing, or breaking the law.

# Discussing Problem Behaviors: 3 steps

- A. Identify the **primary problem** (observable behavior) \*
- B. Identify the **frequency** of occurrence or prevention
  - Ex: Hourly, Weekly, Daily, Monthly, Less than monthly
- C. Identify the **response** to the behavior
  - Ex: Comfort, reminders, redirection, (re)structure, reason with, 911, etc.
  - Refer to positive behavior support plan



# Problem Behaviors: Identifying Behaviors

1. Are there behaviors that impact everyday activities of person or others around them?
2. Is the behavior observable? Identify the action.  
➤ Ex: “Angry” is not a behavior. What does the person do when angry?
3. Is the behavior addressed in adaptive skills? Differentiate problem behaviors from adaptive skills that have yet to be learned or are lost.  
➤ Ex: “Unable to control bladder” for 93-year old adult



# Problem Behaviors: Identifying Behaviors

4. Is the behavior developmentally appropriate? Consider person's age.
  - Ex: "Temper tantrum" for 2-year old
5. Is there a behavior plan or other goal to address this behavior?
6. Evaluators follow formal guidance for how to collect and score info
  - Open-ended and clarifying questions are asked so evaluators don't influence responses
  - Evaluators may clarify if behaviors happen all together or at different times
  - Evaluators rely on respondents to share accurate and complete information

# Problem Behaviors: Identifying Behaviors

7. There are occasions when someone's behavior fluctuates due to cycles of mental illness or changes in environment/structure
  - Ex.: mental health is stabilized in psychiatric hospital or highly structured residential program, and deteriorates in less structured settings
  
8. There are occasions when someone's adaptive behavior is high but whose independence is limited due to preventative supervision
  - Ex.: history of pedophilia or arson requires high supervision, indicated in PBSP

# Residential and Daytime Services

- Note the current setting (location) in which the participant lives (home) and participates (day), and any recommendations from respondents for future changes.
  - Evaluators may confirm or clarify what is noted on the ICAP Authorization form
  - Level of staffing support is not a setting.
  - The amount of staffing support needed will be determined by the state and will be informed by the ICAP scores and report.



# Support Services

- Note any additional supports, services or specialized care received by the participant, and any recommendations from respondents for what the participant might benefit from that is not currently in place.

➤ Examples include:

- Medical specialties such as neurology, gastroenterology, etc.
- Mental health services like psychiatry, counseling, psych med management
- Independent living or senior transportation services
- Vocational evaluation or job coach
- Respite care
- Homemaker
- Personal care
- Companion or CSS



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# Social and Leisure Activities

- Evaluators will ask about the person's preferred social and leisure activities and what they do for fun, as well as any limitations to those activities.
- Information from this discussion can be used to cross-reference other information in the ICAP.



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# Final ICAP Question

- ICAP interviews are usually closed out with the following questions:
  - “Is there anything we didn’t talk about that you think would be helpful to mention?”
  - “Is there anything we did talk about that would be helpful to revisit for any reason?”
  - “Do these results provide an accurate representation of the person’s present abilities and support needs?”
- This information may be used to clarify or add additional information in previous sections.
- This also provides quality assurance to make sure evaluators are not missing anything while relying on the expertise of the respondent.

# Why Might ICAP Scores Change?

- If current results reflect a notable change from prior scores, evaluators may ask questions to identify a reason for such changes. Scores change over time as:
  - youth gain more skills as they grow up,
  - older folks lose skills as they age,
  - a diagnosis may cause progressive decline,
  - emotional/behavior management status may change,
  - a physical injury such as shoulder surgery or broken leg may occur, etc.
- Case manager is contacted when there is a significant score change that has potential to impact level of service. The case manager may provide insight or additional respondent.
- Evaluators rely on respondents & CM for past history.

## Contact Information

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