DDDS Community Services Procedure:
Inventory for Client and Agency Planning (ICAP)
Adaptive Assessment Process
CS PRO 250

Revision Date	Sections Revised	Description of Revision
7/01/2019	All	Origination date
Director of Community Services Signature/Date: Lawrence W. Mayer 6-28-2019		***Live signature is located in the Office of the Director of Community Services:*** Effective:

DDDS Procedure CS PRO 250
Adaptive Assessment Inventory for Client and Agency Planning (ICAP)

1. Purpose

To provide a standardized process for the request, completion, and storing of an Adaptive Assessment Inventory for Client and Agency Planning (ICAP) assessment on behalf of an individual receiving or requesting to receive services through a DDDS authorized service provider.

2. Scope

Targeted Case Management (TCM) Community Navigators and Community Navigator Supervisors
DDDS TCM Liaisons
DDDS TCM Support Coordinator and DDDS Support Coordinator Supervisors
DDDS Employment Navigators
DDDS Senior Behavior Analyst and identified back ups

3. Standards

3.1 The Delaware Division of Developmental Disabilities Services (DDDS) uses an adaptive assessment instrument, the Inventory for Client and Agency Planning (ICAP), to identify the direct support needs of each service recipient. The results of the ICAP assessment are translated into a specified number of direct support hours expected to be needed each day by the service recipient.

3.2 Individuals who have been determined eligible for services with DDDS and are either applying for enrollment in the DDDS Lifespan Waiver or the Pathways to Employment State Plan option will have an initial ICAP assessment completed to determine his/her hours of direct support.

3.3 Individuals who are aging out of child-funded residential services and are transitioning to adult residential services will have an initial ICAP assessment completed at the time an application is submitted for the DDDS Lifespan Waiver.

3.4 An ICAP redetermination will be requested when a service recipient experiences a significant change in his/her circumstances that is expected to have a long-term impact on his/her support needs.

3.5 DDDS may approve exceptions to the number of support hours indicated by the ICAP assessment in order to address short-term issues such as medical or behavioral challenges (See

ICAP Exception Request and Approval Policy). Exceptions will be periodically reviewed to determine that the conditions that initially indicated that an exception was necessary still exist. The TCM Community Navigator, TCM Support Coordinator, or DDDS Employment Navigator will review exceptions to determine if an ICAP redetermination request should be submitted when:

3.5.1 Approved exceptions have consistently been in place longer than 12 months, OR
3.5.2 Approved exceptions increase support hours above the ICAP indication by more than 50%, OR
3.5.3 A second ICAP Exception Request is submitted by the DDDS Service Provider to increase the approved exception rate already in place.

4. Procedures

Action by:	***Action:***
TCM Community Navigator, DDDS Support Coordinator, or DDDS Employment Navigator	1. **Completes** the ICAP Information Form (DD FRM 250, Appendix A) with input from the individual/family/friends or other people in the circle of support who know the individual well. 2. **Obtains** required documents to accompany form a. Most recent psychological assessment b. Most recent annual physical c. Most recent Psychiatric evaluation for those receiving psychiatric services d. Most recent Nursing Assessment 3. **Submits** ICAP Information Form DD FRM 250 and supporting documentation to DDDS TCM Liaison or DDDS Support Coordinator Supervisor.
DDDS TCM Liaison/DDDS Support Coordinator Supervisor	4. **Logs** date ICAP Information Form DD FRM 250 and supporting documents are received on the correct fiscal year's master ICAP tracking spreadsheet titled "FYXX ICAP Tracking Spreadsheet." This tracking spreadsheet is located on the Community Services network drive at R:\ICAP Assessments\FYXX ICAPs-DDDS\FYXX ICAP Tracking Spreadsheet 5. **Reviews** the ICAP referral packet to ensure it is complete. a. If the referral packet is incomplete, **Sends** referral packet back to Community Navigator/DDDS Support Coordinator/Employment Navigator with information on how the Community Navigator/DDDS Support

Coordinator/Employment Navigator is to proceed. **Logs** date sent back on tracking sheet in the column "Incomplete packet sent back to CN/SC Date."

6. **Sends** complete ICAP referral packet to the Senior Behavior Analyst through the resource mailbox DHSS_DDDS_ICAP@delaware.gov, and **Logs** date sent on tracking sheet.

Senior Behavior Analyst (ICAP Assessor)

7. **Receives** ICAP referral packet from resource mailbox and **Logs** the date received into the correct fiscal year's master ICAP tracking spreadsheet.

8. For incomplete referrals, **Logs** reason the referral is incomplete on tracking sheet and **Sends** referral back to DDDS Support Coordinator Supervisor or TCM Liaison. **Logs** date referral sent back on tracking sheet.

9. For complete referral packets, **Performs** the following steps and **Logs** the information onto tracking sheet:

    a. **Researches** individual's prior person centered planning documents, evaluations, service documentation, Behavior Support Plans, and other pertinent background information.

    b. **Contacts** the individual, guardian, family, and other parties (school, day program, employer, residential provider) within 10 business days of receipt of referral packet and **Schedules** an appointment to conduct assessment interview. **Logs** dates of contact, and dates of appointments as they are scheduled. Assessment interviews will be conducted in person whenever possible.

    c. **Completes** ICAP assessment and **Logs** date assessment was completed.
        a. **Conducts** interviews with individual, guardian, family, and other parties and completes the ICAP Response Booklet.
        b. **Inputs** data collected from ICAP Response Booklet into the Compuscore computer scoring program within 5 business days from completed interviews.
        c. **Prints** the computed ICAP 3 page summary.

    d. **Scans** all parts of the ICAP Response Booklet, 3 page summary, and hand written notes into a single electronic document in the folder R:\ICAP Assessments\FY19 ICAPs-DDDS\FY19 ICAP Completed Documents.

e. **Uploads** and **Saves** 3 page ICAP summary into the electronic case record in the individual's Document Storage. **Logs** date on tracking sheet.

f. **Emails** TCM Liaison/DDDS Support Coordinator Supervisor to notify that the new ICAP assessment 3 page summary has been uploaded into the electronic case record in the individual's Document Storage. **Logs** date notified on the tracking sheet.

g. **Adds** the hard copy of completed ICAP assessment packet (include the ICAP Information DD FRM 250, the ICAP Response Booklet, and the 3 page summary) to the Health Information Management (H.I.M.) Holding Folder located in the Senior Behavior Analyst's office. **Logs** date on tracking sheet.

h. Each Monday, **Sends/Delivers** all contents of H.I.M. Holding Folder (assessments completed the previous week) to H.I.M. **Logs** date each packet was sent to H.I.M. on the tracking sheet.

DDDS TCM Liaison/DDDS Support Coordinator Supervisor

10. **Emails** TCM Community Navigator/DDDS Support Coordinator/Employment Navigator to notify that the new ICAP assessment 3 page summary has been uploaded into the electronic health record in the individual's Document Storage. **Logs** date notified on the tracking sheet.

TCM Community Navigator
DDDS Support Coordinator
DDDS Employment Navigator

11. **Attaches** the completed ICAP assessment 3 page summary to the person centered plan in the electronic case record within 3 business days of receipt of completed ICAP information.

Appendix

a. **ICAP Information(DD FRM 250)**