ICAP Updates

A Little History: In mid-2006 DIDD became concerned about the trends that were occurring with the completion of ICAPs. ICAP scores were going down (increasing rates) at an alarming rate. We sent out an inquiry to other states that use the ICAP asking what methods they were using to assure that consistent, fair ICAPs were being administered state wide. The two things we heard the most were that states felt that they needed third party, independent assessors and an assessment that was kept true to the "intent" of the developers of the assessment. As a result of these findings DIDD went back and talked with the developers of the ICAP and found that there were several things that needed to be changed in the way in which the ICAP was being completed. Following are some of the changes that have been made.

First, the behavior section of the ICAP was intended to address only those behaviors that have occurred during the 90-days prior to the actual assessment. If the person has cyclical behaviors (only occurs in the spring or is bi-polar and has not cycled in past 90 days) or exhibits behaviors that "might" cause harm to themselves or someone else, that behavior does not get scored. We can't score a behavior that hasn't happened yet. If the agency, DSP and BA have done a wonderful job of supporting a person with challenging behavior and there have been no incidents within the past 90-days then no behaviors can be scored on the ICAP. That is where the service would be justified within the body of the ISP or through the use of supporting documentation.

Second, most behaviors are sequential in nature or occur in a series, e.g., when I tantrum I might swear, yell, throw an object and hit you. I have just exhibited behaviors in 4 of the 8 ICAP behavior categories (socially offensive, disruptive, destructive to property and hurtful to others, respectively). We would, according to the instructions of the developers of the ICAP, only score the most serious of these sequential behaviors (as defined by the person being interviewed) - probably the hitting behavior.

The information on behavior comes in <u>story</u> form from the interview. The assessor will ask the DSP/family member/conservator to share information about what a behavior "looks like" and will use standardized "prompts" to dig out additional information on behaviors. We have found that this works best in getting a true picture of what a behavior is really like from the person who sees it the most. This is also the method recommended by the developers of the ICAP.

Third, we have applied strict definitions of the behavioral seriousness ratings that differ from those previously used. Only the most severe, life threatening behaviors will receive the highest rankings in these categories. <u>Potential consequences</u> of the behavior will not be ranked at all because we simply cannot rank a behavior that has not yet occurred. A score of "Serious" or "Very Serious" in Maladaptive General or a score of "Very Serious" in Maladaptive External will net an automatic DIDD LON 4 at any ICAP service level. Please note that when these definitions tightened up and the scoring of behaviors only included those behaviors which have occurred within the past 90-days we also saw a precipitous drop in the number of people who got the "automatic bump" to DIDD LON 4. If the agency feels that there needs to be additional documentation of the person's behavior summaries of Reportable Incident Forms, behavior data, etc. can be provided to the Ascend Management assessors to be included in the ICAP summary as additional historical information, if not in the behavior section itself.

Fourth, we have added a "historical" or "high risk" behavior to indicate people who have a history of very serious, low frequency, at risk behaviors defined as: arson, pedophilia, serious sexual or physical assault. Service Recipients can receive a score of 1 (no history of high risk behaviors), to 5 (currently on probation for high risk behaviors). This "high risk" indicator will help us identify folks who are very high functioning, but also pose a potentially significant risk to themselves, their staff or the community.

Fifth, we changed the way in which the ***Health*** section is scored. The intent of the developers of the assessment is that this section only addresses the degree to which a chronic physical health issue involving body (organ) systems restricts or limits a persons daily activities (renal failure, congestive heart failure, etc.). Daily activities do not include recreational, social and leisure activities. This does not include anything neurological or orthopedic (CP, seizures, etc.) because those conditions would cause deficits that would be captured in the adaptive skills section.

The ***Health*** question is also exclusive of the person's developmental disability, in other words, if the person was not able to complete a task because of his developmental disability then it would not count in this area. This is one area on the ICAP where DIDD decided to give folks an artificial "bump" if the score was "many or significant limitations in daily living activities". Consequently, when we eliminated neurological and orthopedic conditions from this category many of the folks we support automatically dropped by 1 LON.

Processes: When collecting information to complete an ICAP we typically interview at least one DSP who has had daily, ongoing contact with the person for at least 3 months. If the person has both day and residential services we prefer to interview one DSP from each service. The other interview might also be the agency nurse or a mid-management person who knows the person well. We also have a mandate to allow family/conservators to have meaningful participation in the process. Family/conservator interviews are typically the only interviews that can take place by phone.

The "paper" documents we collect from the agency are the Cost Plan (contains consistent information on the person's DOB, SS#, IQ, class member status, current provider information, etc.) and the Health Passport or other documentation(information about contacts, personal data, diagnoses and medications). The ICAP assessor will also gather data on behaviors if the agency wishes to prepare such information in advance.

Ascend Management provides intensive, ongoing training for its assessors. After the original classroom training weekly conference calls are required for each assessor. During these calls Ascend Management staff field questions, resolve problems and provide additional training for assessors. The goal of all of this training is to assure that consistent ICAPs are administered across the state.

While there are very stringent methods for administering the ICAP that certainly does not mean that errors will never be made or that ICAP assessors will never make mistakes. If you have concerns about the ICAP score you can contact the QA people at Ascend Management at 615-312-1465 or toll free at 877-431-1388 and ask for Barbara Mason. She can also be emailed at bmason@ascendami.com. She will listen to and verify your concerns (she may ask that you forward documentation). If appropriate she will make adjustments to the ICAP and/or the ICAP score. If you continue to be dissatisfied with the results of the ICAP please contact me and/or submit a request to readminister the assessment. Please know that I review every request in detail, but approve very few. If you have concerns about the process (assessor was late or didn't show up to interviews scheduled, assessor was rude or unprofessional or any other administrative problems) you should contact Ascend Management immediately so that they can take a look at the problem and fix it before the problem becomes more systemic.

The other thing to keep in mind is that the ICAP is only one of the methods of determining rates for a person. If the COS determines that the person needs a support greater than that indicated by the ICAP score they can certainly provide justification and submit the request through the appropriate regional office. All of our plans reviewers are skilled at making this type of

determination. It has always been an expectation that the person's support needs are specifically outlined and justified in the plan of care (ISP) or in other supporting documentation. Additionally, the person supported, their family/conservator or their ISC is able to appeal any reasonable request that was denied by the regional office. There are systems in place to protect both the people we support and the agencies that provide their services.

Decoding the ICAP scores: I thought some of the following information might be helpful to you when you attempt to analyze ICAP scores for people your agencies support.

ICAP Service Score 1-19 = Service Level 1
ICAP Service Score 20-29 = Service Level 2
ICAP Service Score 30-39 = Service Level 3
ICAP Service Score 40-49 = Service Level 4
ICAP Service Score 50-59 = Service Level 5
ICAP Service Score 60-69 = Service Level 6
ICAP Service Score 70-79 = Service Level 7
ICAP Service Score 80-89 = Service Level 8
ICAP Service Score 90-99 = Service Level 9

ICAP Service Level 7, 8, 9 = DIDD LON 1
ICAP Service Level 4, 5, 6 = DIDD LON 2
ICAP Service Level 3 = DIDD LON 3
ICAP Service Level 1, 2 = DIDD LON 4

High Risk behaviors include, but are not limited to: arson, pedophilia, serious sexual or physical assault.
The scoring for this item is as follows:

1. No history of high-risk behaviors or convictions.
2. Past conviction for behaviors not listed in the definition above.
3. Past serious accusations or documentation of high-risk behavior without conviction history (e.g., diverted from justice system).
4. Past history of conviction and or probation for listed high-risk behaviors.
5. Currently on probation for high-risk behavior.
6. Currently incarcerated for high risk behavior.

Examples of service justification: 1) Mr. Smith has an ICAP Service Level of 4 and a DIDD LON of 2, but he needs awake staff because he has sleep apnea and is required to use a C-PAP machine at night. Mr. Smith is non-compliant with using the C-PAP machine and needs awake staff to check on him throughout the night to assure that he is appropriately using the machine. **2)** Ms. Jones has an ICAP Service Score of 30 (Service Level of 3 corresponding to a DIDD LON 3), but needs two (2) staff for all transfers. First, her Service Score is only one (1) point off of a Service Level 2 with a corresponding DIDD LON 4. And, secondly, she has a support need that justifies the need for a higher level of need than indicated on her ICAP. **3)** Mr. Martin has a current ICAP Service Score of 74 (Service Level of 7 which corresponds to a DIDD LON 1), but has a **High Risk** indicator of "3" because he has been arrested in the past for physically assaulting people in the community. Obviously, Mr. Martin is a very capable man; however, the High Risk Indicator is a red flag that he may need supports over and above those indicated by his ICAP score.

Perhaps this is also the appropriate place to add that the ICAP can only indicate support needs **up to a LON 4.** Any supports above that level would be determined by doctor's order (LON 5) or on an individual basis (LON 6). When you participate in the ISP process it is up to each provider of services to justify the level of need for the person in **real terms** not by just

reiterating the definition of the service. For instance, if a person needs two staff during all personal hygiene times because he is tactile defensive, please say that rather than, "...requires extremely close, continuous supervision and requiring 2 staff with them at least during some times each day and including awake overnight staff so that he is not a danger to himself..." The people who review support plans already know the definition of services – tell them what the specific support need is instead!

One final note. We at DIDD continue to look at the ICAP to assure that it will be applied consistently and fairly across the state and for all people supported. We have requested that cost plans <u>not be changed solely on the basis of a new, lowered ICAP score</u>. If you have experienced a lowering of any rates because of an ICAP score please feel free to send me the details and I will try to remedy the situation for you.

I hope that some of this has been helpful to you in resolving your concerns.