



Guidelines for the *Inventory for Client and Agency Planning (ICAP)* Process

The *Inventory for Client and Agency Planning (ICAP)* is a functional assessment tool required for use by regulations at 7 AAC 130.215 to assess if an individual with intellectual or developmental disabilities needs a level of care available in an “intermediate care facility for the intellectually disabled” (ICF/ID). To be eligible for the TEFRA Program or the Intellectual and Developmental Disabilities (IDD) home and community-based Medicaid waiver program, an individual must be found to need an “ICF/ID level of care.”

The TEFRA Program was created by the federal “Tax Equity and Fiscal Responsibility Act” that amended section 1902(e) of the Social Security Act (SSA). This law allows states to make Medicaid benefits available to children at home who qualify as disabled individuals under section 1614 of the SSA, provided certain conditions are met, even though those children would ordinarily not be eligible for Supplemental Security Income (SSI) benefits because of the deeming of parental income or resources. To qualify, a child must require an ICF/ID level of care, or the level of care provided in a hospital, (including an inpatient psychiatric hospital), or a nursing facility. The Division of Public Assistance manages the TEFRA Medicaid program.

The IDD waiver program provides services to eligible individuals in their home and community to prevent institutionalization. The program requires financial eligibility for Medicaid as well as an ICF/ID level of care. The Division of Public Assistance (DPA) reviews and determines financial eligibility for the program, then refers individuals to Senior and Disabilities Services (SDS) for an ICF/ID level of care assessment and determination using the ICAP tool.

Overview of Responsibilities in the ICAP Process

The ICAP process requires cooperation and assistance between three different parties: the applicant/participant or, if applicable, their legal representative, the care coordinator who has agreed to work with the applicant/participant to coordinate services between the provider agencies, and the Division of Senior and Disabilities Services (SDS). Each party has distinct and essential responsibilities in this process, which are briefly outlined below.

The applicant/participant, or if applicable, their legal representative is responsible for:

1. Securing and submitting to the care coordinator a *Qualifying Diagnosis Certification* form completed within the last 12-month period, completed using the *Guide to Using the Qualifying Diagnosis Certification*. This form must include an ICD-10 code which supports the qualifying diagnosis for the IDD waiver.
2. Ensuring a copy of comprehensive evaluation, testing, and diagnosis by a qualified professional is on file with SDS, and provide copies of any evaluations completed or requested to the care coordinator for submission to SDS;
3. Assisting the care coordinator in identifying respondents who are knowledgeable, willing, and available to be interviewed about the applicant/participant’s current skills and behaviors. A respondent is an individual who sees the applicant/participant daily, has known him/her for at least three months, and consequently, has knowledge of his/her current skills and behaviors. Types of respondents are identified in detail later in this document.

The care coordinator is responsible for:

1. Notifying selected applicants and current participants (or their legal representative) about the ICAP process and the need for documentation to support an ICF/ID level of care determination;
2. Collecting supportive diagnostic documentation as described in this document;
3. Submitting the documentation to SDS within 60 days of written notification of a new waiver selection or within 30 days of a request for an ICAP/Interim packet for a waiver renewal. In the case of TEFRA Medicaid applicants, documentation must be submitted within 30 days of the date of application, or for TEFRA Medicaid renewals, submitted within 30 days of the requested ICAP/Interim packet. Any exceptions to this timeline must be approved by DPA; SDS must be notified of this request for exception.
4. Identifying respondents who are knowledgeable, willing, and available to be interviewed about the applicant/participant's current skills and behaviors;
5. Providing SDS with the names and contact information of the identified respondents;
6. Informing the identified respondents about the ICAP process;
7. Identifying, within three business days of request by SDS, other appropriate, willing and available respondents; and
8. Tracking Level of Care (LOC) and Plan of Care (POC) renewal dates, and providing materials described in this document as required within specified periods.

SDS is responsible for:

1. Maintaining a schedule of individuals requiring an ICAP/Interim assessment;
2. Notifying applicants/recipients or, if applicable, legal representative (in the case of a waiver selection), and the care coordinator of the upcoming need for an ICAP assessment at the time of referral, waiver selection, or approximately 90 - 120 days prior to the level of care renewal date;
3. Reviewing the ICAP Packet for completeness;
4. Scheduling, completing, reviewing, and scoring of ICAP assessments;
5. Completing annual ICF/ID levels of care assessments for recipients and making eligibility determinations.

Procedures

A. The ICAP Process

1. The care coordinator collects, and provides to SDS, within 60 days of the TEFRA Medicaid renewal month, written notification of IDD waiver selection, or waiver level of care renewal within 30 days of a new TEFRA Medicaid application, the following materials as the complete ICAP Packet:
 - a. Completed ICAP Assessment Applicant/participant Information & Consent form; and
 - b. Current *Release of Information* form;
 - c. *Appointment of Care Coordinator* form (only applies to IDD HCB waiver program);
 - d. Documentation meeting SDS requirements and supporting a diagnosis of one of the five defined ICF/ID qualifying diagnoses;
 - e. Copies of police reports or legal documents pertaining to arrests and/or intervention by law enforcement or the judicial system, including court appointed guardian/conservator;
 - f. For school-age children, a copy of the *Interdisciplinary Team Evaluation Report* (three-year evaluation); and
 - g. Where applicable, a current behavior management plan.
2. The care coordinator informs the respondents identified on the *ICAP Assessment Information & Consent* form about the ICAP process, and prepares them for contact by an assessor for scheduling of interviews.

B. The *ICAP Assessment Information & Consent Form*

1. The ICAP Assessment process requires the care coordinator to gather information about the applicant/participant including demographic and medical information such as medications. Further, ICAP process requires that the care coordinator gather information from people who are familiar with the applicant/participant and provide the contact information for these individuals to SDS as part of the ICAP assessment procedure. The information required is outlined below in detail and must be submitted to SDS on the *ICAP Assessment Information & Consent form*.
2. The care coordinator must provide complete and correct demographic information to SDS regarding the applicant/participant's residential status and contact information as outlined below:
 - a. A physical address for an applicant/participant. Physical address is the location where the applicant/participant resides most of the time. For children living in a family habilitation home, the address should be that of the provider. For adults living in a licensed assisted living home, the address should be that of the home;
 - b. Check either "New" for initial program applications or "Renewal" for reauthorizations;
 - c. Check either "IDD" for the IDD Waiver program or "ISW" for the ISW Waiver program or "TEFRA" for the TEFRA Medicaid program;
 - d. Provide the Medicaid number of the recipient;
 - e. The telephone number is that at the applicant/participant's physical location where the applicant/participant can be reached;
 - f. Provide the mailing address for the applicant/participant, or if applicable, legal representative. Mailing address is the location where the applicant/participant or their legal representative if applicable, receives mail.
 - g. If an applicant/participant lives in a residential facility (such as a family habilitation home or a licensed assisted living home), identify the name and type of the facility;
 - h. Provide information regarding the school/day program. For school age children, indicate the name of the school and whether it is an elementary, middle, or high school. For adults, describe the setting - sheltered workshop, work crew, other employment paid for by the provider agency, or supported employment (where employed in the community), rather than stating the name of the provider or employer;
 - i. Provide the name of the care coordinator, billing number (CM number), telephone number and email address, and the agency name and billing number (CMG number);
 - j. Provide the name and telephone number of the legal guardian. If the applicant lives at home with a parent, provide the name of the parent. Please ensure current guardianship/custody paperwork is included with the packet.
3. The care coordinator must provide information regarding the applicant/participant's current medications. This information is required for completion of the ICAP and is gathered now because respondents may not have knowledge of medications.
 - a. List the name of the medication (do not include dosages) and the purpose for which it was prescribed; for example, Tegretol to control seizures.
 - b. Do not list topical, over-the-counter, or herbal medications.
4. The care coordinator must provide the names of three respondents who are familiar and knowledgeable about the applicant/participant, and who are willing and available to be interviewed by the SDS assessor. Provide a daytime telephone number(s) and an explanation of the relationship of each respondent to the applicant/participant. A respondent is an individual who sees the applicant/participant daily, has known him/her for at least three months, and consequently, has knowledge of his/her current skills and behaviors.
 - a. One respondent should be the primary care giver: parent, group home staff, or residential staff;
 - b. Another should be the primary day service provider: teacher, day habilitation staff, job coach, or therapist;
 - c. The third respondent should be someone who meets the criteria in 4 a or b (above), and who does not reside with either of the other two respondents;

- d. Guardians, power of attorneys or legal or authorized representatives who live at a distance or out-of-state are not appropriate respondents because contact with the applicant will not have been daily and knowledge of skills and behaviors will not be current;
 - e. Respondents must be at least 18 years of age;
 - f. Information regarding a respondent's need for special accommodations or a translator should be provided on the ICAP Assessment Applicant/participant;
 - g. The care coordinator will provide a *Release of Information* form with written authorizations for disclosure of health information to SDS and to identified respondents;
 - h. SDS reserves the right to require additional or different respondents to ensure a complete, accurate, and quality assessment.
5. The care coordinator must review the Consent page of the ICAP Assessment Applicant/participant Information and Consent form, including:
- a. Explain and provide a copy of this document, *Guidelines for the ICAP Process*;
 - b. Explain that respondents must provide accurate and truthful information that will be used in assessing the applicant/participant's eligibility for services;
 - c. Explain that the applicant/participant may or may not meet the criteria for eligibility for services;
 - d. Provide an opportunity for the applicant/participant, or legal representative if applicable, to ask questions, and provide or assist in seeking answers to those questions;
 - e. Obtain the initials of the applicant/participant, or legal representative if applicable, in each box, as well as their signature at the end of the document, indicating their consent in having an SDS representative proceed with the ICAP assessment process.
6. If the applicant/participant is being assessed for the IDD HCB waiver, the care coordinator will provide a signed copy of the *Appointment of Care Coordinator* form to SDS. Both the certified care coordinator and the applicant/participant, or if applicable, legal representative, must sign the form. A copy of the form must also be provided to the applicant/participant, or legal representative if applicable. If the applicant/participant is being assessed for the TEFRA Medicaid program, this form is not completed.
7. The care coordinator will provide a copy of any police reports or legal documentation issued or related to incidents to SDS.
8. The care coordinator will provide a copy of any evaluations or supportive diagnostic documentation to SDS (See section C for specific information about supportive diagnostic documentation requirements).
9. The care coordinator will provide a copy of the current behavior management plan if applicable to SDS.
- C. Supportive Diagnostic Documentation Requirements
1. The care coordinator collects and submits to SDS supportive documentation that meets SDS requirements.
- a. Applicants applying for their initial level of care determination must submit a comprehensive evaluation completed within the previous 36-month period;
 - b. Evaluations must be signed and dated. Evaluations written on prescription forms are not acceptable documentation;
 - c. Physicians must countersign nurse practitioner and physician assistant evaluations except for *Qualifying Diagnosis Certification* forms completed according to the applicable guidelines.
 - d. The school psychologist must sign the *Interdisciplinary Team Evaluation Reports. Individual Education Plans* are not acceptable documentation unless accompanied by the *Evaluation Summary and Eligibility Report*.
 - e. A completed QDC done within the previous 12-month period must be submitted to SDS. Qualified providers are listed on the form and on the request, and include physicians, advanced nurse practitioners, physician assistants, psychologists, school psychologists, and psychological associates

licensed to practice in Alaska. The *Qualifying Diagnosis Certification* must include the ICD-10 code for the qualifying diagnosis;

f. If documentation supporting a qualifying diagnosis is unavailable within required timeframes, the care coordinator must indicate the date of the scheduled evaluation appointment on the ICAP Assessment form.

2. The documentation must support one of the following qualifying diagnoses found in regulations at 7 AAC 140.600:

- a. Intellectual Disability. Diagnosis by a psychologist or a psychological associate, of a condition that meets the DSM-5 diagnostic criteria for Intellectual Disability, with a severity specifier of F70 Mild, F71 Moderate, F72 Severe, or F73 Profound. Results of an assessment using a standardized, individually administered, intelligence test showing an intelligence quotient (IQ) of 70 or less (plus or minus 5 point measurement). The condition must have originated before the age of 22, must be likely to continue indefinitely, and must constitute a substantial disability in capacity to function in society.
- b. Other intellectual disability-related condition. Diagnosis by a licensed physician of a condition (other than mental illness, psychiatric impairment, or serious emotional or behavioral disturbance) which is closely related to intellectual disability because the condition results in impairment of general intellectual functioning or adaptive behavior, and requires treatment or services, similar to that for individuals with intellectual disability. The condition must have originated before the age of 22, must be likely to continue indefinitely, and must constitute a substantial disability in capacity to function in society.
- c. Cerebral Palsy. Diagnosis by a licensed physician. (A deficit in intellectual ability need not be present). The condition must have originated before the age of 22, must be likely to continue indefinitely, and must constitute a substantial disability in capacity to function in society.
- d. Seizure Disorder. Diagnosis by a licensed physician. (A deficit in intellectual ability need not be present). The condition must have originated before the age of 22, must be likely to continue indefinitely, and must constitute a substantial disability in capacity to function in society.
- e. Autism Spectrum Disorder. Diagnosis, by a clinical psychologist, child psychiatrist, or developmental pediatrician, of a condition with meets the diagnostic criteria of DSM-5 Code F84 Autistic Spectrum Disorder. The condition must have originated before the age of 22, must be likely to continue indefinitely, and must constitute a substantial disability in capacity to function in society.

D. ICAP Schedule Tracking

1. Once an applicant/participant is found eligible to receive TEFRA Medicaid or IDD HCB waiver services, the care coordinator must track the level of care renewal dates of the applicant/participant, and must resolve any discrepancies in consultation with SDS. Note: For TEFRA Medicaid, a contractor will also track the level of care renewal dates for all TEFRA Medicaid recipients.
2. SDS will maintain a schedule of ICAP assessments based on the following:
 - a. Applicant/participants zero to 36 months of age –ICAP is not administered. Contact SDS for the alternate process;
 - b. Applicant/participants 36 months to seven years of age – ICAP is completed annually; or
 - c. Applicant/participants seven years of age and older – ICAP is completed every three years unless required more frequently by SDS.