Senior & Disabilities Services (SDS)
Guidelines for the ICAP Process

Introduction:

The Inventory for Client and Agency Planning (ICAP) is a functional assessment tool required by regulation (7 AAC 43.300 and 7 AAC 43.1030) to be incorporated into the determination of eligibility for Intermediate Care Facility for the Mentally Retarded (ICF/MR) Level of Care. The ICF/MR Level of Care is used to determine eligibility for services for the TEFRA Program and the Mental Retardation/Developmental Disabilities (MRDD) Home and Community-Based (HCB) Medicaid Waiver program.

TEFRA Program is regulated by the Tax Equity and Fiscal Responsibility Act. Under this federal law, states are allowed to make Medicaid benefits available to children at home who qualify as disabled individuals under section 1614 of the Social Security Act (SSA), provided certain conditions are met, even though those children would not be ordinarily eligible for Supplemental Security Income benefits because of the deeming of parental income or resources. The specific statutory provisions establishing this option are contained in section 1902(e) of the SSA. To qualify, a child must require a level of care provided in a hospital, including an inpatient psychiatric hospital, nursing facility or intermediate care facility for the mentally retarded in accordance with 7 AAC 43.170-7 AAC 43.190, 7 AAC 43.300 or 7 AAC 43.020 (h). Public Assistance manages the TEFRA Medicaid program.

Mental Retardation/Developmental Disabilities (MRDD) Home and Community-Based (HCB) Medicaid Waiver program provides services to Medicaid eligible individuals in their home community to prevent institutionalization. The program requires financial eligibility as well as an ICF/MR level of care. Public Assistance reviews and determines financial eligibility for the program and SDS makes level of care determinations for those applying using the ICF/MR level of care criteria. Public Assistance or SDS must refer individuals for an ICAP assessment.

Overview of Applicant/Recipient, Care Coordinator, and SDS Responsibilities in the ICAP process:

The ICAP process requires cooperation and assistance between three different parties. These parties include the applicant/recipient or their legal representative if applicable, SDS and the care coordinator who has agreed to work with the applicant/recipient to coordinate services between the provider agencies, SDS, and the applicant/recipient. Each party has distinct and important responsibilities in this process and these responsibilities are briefly outlined below.

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

1. Securing and submitting to the care coordinator a Qualifying Diagnosis Certification form completed within the last 12-month period according to the

information contained in the *Guide to Using the Qualifying Diagnosis Certification* (Available on the SDS web site at http:/hss.state.ak.us/dsds);
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/recipient's current skills and behaviors. A respondent is an individual who sees the applicant/recipient 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 recipients about the ICAP process and of the need for documentation to support an ICF/MR 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 of 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 60 days of the renewal month. Any exceptions to this timeline must be approved by the Program Manager or designee;
4. Identifying respondents who are knowledgeable, willing, and available to be interviewed about the applicant/recipient's current skills and behaviors;
5. Providing the names and contact information of the identified respondents to SDS;
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 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 assessment;
2. Notifying applicants/recipients, or legal representative if applicable, and the care coordinators 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/MR Levels of Care for recipients and making eligibility determinations.

Procedures:
A. The ICAP Process

1. The care coordinator collects, and provides to SDS, within 60 days of TEFRA Medicaid renewal month, written notification of MRDD HCB Waiver selection, or MRDD HCB Waiver level of care renewal, or within 30 days of a new TEFRA Medicaid application, the following materials as the complete ICAP Packet:

   a. Completed ICAP Assessment Applicant/Recipient Information & Consent form; and
   b. Current Release of Information; and
   c. Appointment of Care Coordinator form (only applies to MRDD HCB waiver program); and
   d. Documentation meeting SDS requirements and supporting a diagnosis of one of the five defined ICF/MR qualifying diagnoses per 7 AAC 43.300, 7 AAC 43.1010 and 7 AAC 43.1030; and
   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; and
   f. For school-age children: copy of the Interdisciplinary Team Evaluation Report (three-year evaluation); and
   g. Where applicable, 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 Applicant/Recipient Information & Consent Form

ICAP Assessment process requires the care coordinator to gather information about the applicant/recipient 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/recipient regarding the applicant/recipient 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 Applicant/Recipient Information & Consent form.

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1. The care coordinator must provide complete and correct demographic information to SDS regarding the applicant/recipient residential status and contact information as outlined below:
   a. A physical address for an applicant/recipient must be provided. Physical address is the location where the applicant/recipient 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 "MRDD" for the MRDD Waiver program or "TEFRA" for the TEFRA Medicaid program.
   d. The applicant/recipient's Social Security number must be provided.
   e. The Medicaid number of the recipient must be provided.
   f. The telephone number is that at the applicant/recipient's physical location where the applicant/recipient can be reached.
   g. A mailing address for the applicant/recipient, or legal representative if applicable, must be provided. Mailing address is the location where the applicant/recipient or their legal representative if applicable, receives mail.
   h. If an applicant/recipient lives in a residential facility (such as a family habilitation home or a licensed assisted living home), the type of the facility must be identified and the name must be provided.
   i. Information regarding the school/day program must be provided. 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, supported employment (where employed in the community with a job coach), or employed (where employed in the community as a non-supported position)—rather than stating the name of the provider or employer.
   j. The name of the care coordinator, billing number (CM number), telephone number and email address, and the agency name and billing number (CMG number) must be provided.
   k. The name and telephone number of the legal guardian must be provided. If the applicant lives at home with a parent, provide the name of the parent even though he/she is not the legal guardian.

2. The care coordinator must provide information regarding the applicant/recipient'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.

3. The care coordinator must provide the names of three respondents who are familiar and knowledgeable about the applicant/recipient, and who are willing and available to be interviewed by the SDS assessor; daytime telephone number(s); and an explanation of the relationship of each to the applicant/recipient.
    a. A respondent is an individual who sees the applicant/recipient daily, has known him/her for at least three months, and, consequently, has knowledge of his/her current skills and behaviors.
        1. One respondent should be the primary care giver: parent, group home staff, or residential staff;
        2. Another should be the primary day service provider: teacher, day habilitation staff, job coach, or therapist; and
        3. The third respondent should be someone who meets the criteria in #1 or #2, and who does not reside with either of the other two respondents.
            1. 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.
            2. Respondents must be at least 18 years of age.
    b. Information regarding a respondent's need for special accommodations or a translator should be provided on the ICAP Assessment Applicant/Recipient Information & Consent form.
    c. The care coordinator will provide written authorizations for disclosure of health information in the form of a Release of Information to SDS and to identified respondents.
    d. SDS reserves the right to require additional or different respondents to ensure a complete, accurate, and quality assessment.
    e. The care coordinator must review the Consent page of the ICAP Assessment Applicant/Recipient Information and Consent form, including:
        1. Explain and provide a copy of this document, “Guidelines for the ICAP Process.”
        2. Explain that respondents must provide accurate and truthful information that will be used in assessing the applicant/recipient’s eligibility for services.
        3. Explain that the applicant/recipient may or may not meet the criteria for eligibility for services.
        4. Provide an opportunity for the applicant/recipient, or legal representative if applicable, to ask questions, and provide or assist in seeking answers to those questions.
        5. Obtain the initials of the applicant/recipient, 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.

4. If the applicant/recipient is being assessed for the MRDD HCB Medicaid 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/recipient, or legal representative if applicable, must sign the form. A copy of the form must also be provided to the applicant/recipient, or legal representative if applicable. If the applicant/recipient is being assessed for the TEFRA Medicaid program, this form is not completed.

5. The care coordinator will provide a copy of any police reports or legal documentation issued or related to incidents to SDS.

6. 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).

7. The care coordinator will provide a copy of the current behavior management plan if applicable to SDS.

C. Specific Information about 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 (QDC) forms completed according to the applicable guidelines.
   d. The school psychologist must sign interdisciplinary Team Evaluation Reports. (Individual Education Plans are not acceptable documentation.)
   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 memorandum, and include: physicians, advanced nurse practitioners, physician assistants, psychologists, school psychologists, and psychological associates licensed to practice in Alaska.
   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 Applicant/Recipient Information & Consent form.

2. The documentation must support one of the following qualifying diagnoses per 7 AAC 43.300, :
    a. Mental Retardation. Diagnosis, by a psychologist or a psychological associate, of a condition which meets the diagnostic criteria for DSM-IV-TR Code 317 Mild Mental Retardation, 318.0 Moderate Mental Retardation, 318.1 Severe Mental Retardation, 318.2 Profound Mental Retardation, or 319 Mental Retardation, Severity Unspecified. (See pages 41-49, American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision.) Assessment with a standardized, individually administered, intelligence test of an IQ (intelligence quotient) of 70 or less (plus or minus 5 points allowed as a possible measurement error depending on the test used). 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 mental retardation-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 mental retardation because the condition results in impairment of general intellectual functioning or adaptive behavior, and requires treatment or services, similar to that for individuals with mental retardation. 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. Diagnosis, by a clinical psychologist, child psychiatrist, or developmental pediatrician, of a condition with meets the diagnostic criteria of DSM-IV-TR Code 299.00 Autistic Disorder. (See pages 70-75, American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision). 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/recipient is found eligible to receive TEFRA Medicaid or MRDD HCB waiver services, the care coordinator must track the level of care renewal dates

of the applicant/recipient, 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/recipients zero to 36 months of age – no ICAP is completed (contact SDS for alternate process),
    b. Applicant/recipients 36 months to 7 years of age – ICAP completed annually, or
    c. Applicant/recipients 7 years of age and older – ICAP completed every three years unless required by SDS.

(This guideline is based on requirements outlined in the relevant Alaska regulations, statutes as well as SDS Policies and Procedures.)