

Biennial ICAP Training for DD Agency Providers

April 21, 2021
June 16, 2021

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Governor Pete Ricketts

Vision:

Grow Nebraska

Mission:

Create opportunity through more effective, more efficient, and customer focused state government

Priorities:

- Efficiency and Effectiveness
- Customer Service
- Growth
- Public Safety
- Reduced Regulatory Burden

We Value:

- The Taxpayer
- Our Team
- Simplicity
- Transparency
- Accountability
- Integrity
- Respect

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General Information

- ▶ The ICAP is completed for participants who are eligible for developmental disabilities (DD) services in the State of Nebraska and are entering, or receiving, a Medicaid Home and Community-Based Services (HCBS) Waiver.
- ▶ ICAP stands for Inventory for Client and Agency Planning. It is the assessment the Department of Health and Human Services, Division of Developmental Disabilities (DDD) uses to learn about the participant's skills.
- ▶ The ICAP is the Objective Assessment Process (OAP) used by DDD to comply with NE Rev. Stat. 83-1209 (1)(e).
- ▶ The ICAP assessment is completed by trained DDD staff.
- ▶ The ICAP does not expire.
- ▶ The ICAP remains valid until completion of a new ICAP.

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The ICAP is a 30-day Snapshot

The ICAP is based on the 30 days prior to the ICAP interviews.

- ▶ Not all documentation, such as ISPs or doctor reports, will fall within the last 30-day timeframe.
- ▶ **Documentation from the last 30 days may be given more weight.**
 - When the only documentation available is older than the last 30 days, it should still be taken into consideration.
 - There may be more weight on the interviews since they are more current.
 - In cases where two interviewees have differing viewpoints, the documentation is the clarifier.
- ▶ When there is a reason to believe the last 30-day snapshot will not give an accurate picture of supports the participant needs, the respondent may choose to review information going back 90-180 days.

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Interviewees

- ▶ Since the respondent (or the staff person administering the ICAP) does not know the participant, DDD will make every effort to interview two individuals who know the participant well.
- ▶ If the participant receives day and residential services, a staff from both domains should be interviewed
- ▶ Doing more than two interviews may be necessary to obtain accurate information
- ▶ If the individual lives with family or other caretaker, that person should also be interviewed.

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Interviewee Criteria

- ▶ Has known or worked with the participant for at least three months prior to the ICAP
- ▶ Sees or works with him or her on a regular basis (at least once weekly in-person). Working with the participant daily is preferred.

What if the respondent cannot locate two people who meet the interviewee criteria?

- ▶ If there are not two people who meet interview requirements, there may be multiple people who meet part of the requirements, such as a sister who has known the participant for at least three months and a staff who sees the participant on a daily basis.
- ▶ Doing only one interview may be necessary when multiple interviewees cannot be found who meet the requirements.
- ▶ The respondent will make the final determination regarding interviewees.
- ▶ Interviewees may be selected that most closely meet the criteria.

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Selecting Interviewees

- ▶ The respondent will consult with the participant's service coordinator, who notifies the guardian (if applicable) about the upcoming ICAP
- ▶ The Service Coordinator will recommend interviewees whom they are aware of that would provide accurate information about the participant and meet the interviewee criteria.
- ▶ The respondent contacts the ICAP Agency Liaison to obtain the names interviewees who meet criteria and whom the agency liaison would be best able to respond accurately to the ICAP questions.

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Supporting Documents Used for the Biennial ICAP

- ▶ Most current ISP document, and Individual Educational Plan (IEP) when applicable;
- ▶ Most recent psychological report (no time limit); Multi-Disciplinary Team (MDT) reports, when applicable;
- ▶ Current Developmental Index/level of care;
- ▶ DD provider assessments from agency or independent providers, completed and supplied for the ISP and including the participant's strengths, needs, and preferences;
- ▶ Reports and assessments from other sources, such as risk screens;
- ▶ Annual physical report and/or medical history including diagnosis;
- ▶ Psychiatric information, when applicable;
- ▶ Current medications administered during the 30-day period used for the ICAP, such as the most current Medication Administration Record (MAR) from Therap;
- ▶ Copies of incident reports, General Event Reports (GERs), Behavior Event Reports (BERs) written during the 30-day period used for the ICAP;
- ▶ Documents to address unacceptable behaviors effective during the last 30-day ICAP period, including any functional behavioral assessments (FBA), emergency safety intervention plans, safety plans, or positive behavioral support plans (BSP), and data collected during the same 30-day period;
- ▶ Legal documents such as court reports, tickets or citations generated by police contact, any information from Children and Family Services (CFS) or Adult Protective Services (APS);
- ▶ Other habilitative programs; and
- ▶ T-Logs (from Therap) written during the 30-day period used for the ICAP.

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Supporting Documents

- ▶ The supporting documents must be available on Therap or supplied to the respondent by the provider. When information is not easily located on Therap in “typical” locations, the agency provider should ensure the respondent has the information in order to complete an accurate ICAP.
- ▶ Information most difficult to locate is provider assessments and this is information beneficial to scoring the ICAPs.
- ▶ The most helpful, logical place would be: Individual Home Page > select individual (or search if you have not recently viewed) > Go To > Assessment List
- ▶ Supporting documents are reviewed by the respondent prior to completing the interviews and also after the interviews when scoring the ICAP.

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The Role of Documentation for the ICAP

- ▶ Documentation completed by the ISP team and the provider plays a vital role in the scoring of the ICAP.
- ▶ When interviewees disagree on the response of a question, documentation is reviewed to help support the response that is chosen for scoring.
- ▶ Documentation substantiates the frequency in which behavior occurs.
- ▶ Documentation also supports the level of severity for the score of the behaviors.

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Interviews

- ▶ Interviews should be done in-person whenever possible, as this is the preferred method of interviewing.
- ▶ Video conferencing may be done instead of an in-person interview when conditions may require.
- ▶ Phone interviews have been completed routinely during the pandemic, for safety reasons.
- ▶ We are beginning to phase back to in-person interviews, where people are comfortable and social distancing can be accommodated.

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The ICAP Interview – General Information

- ▶ The respondent completes information on pages 1, 2, and 3 using information from Therap and Nfocus.
- ▶ The respondent reviews this information with each interviewee to ensure accuracy.
- ▶ Information on Page 3. C. Functional Limitations and Assistance is reviewed and responses cited from each interviewee.

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The ICAP Interview – Adaptive Behaviors

- ▶ The adaptive behavior section assesses a participant's daily living skills and awareness of when to perform these skills.
- ▶ Adaptive behavior refers to a participant's **ability** to effectively meet social and community expectations for personal independence, maintenance of physical needs, acceptable social norms, and interpersonal relationships.
- ▶ Adaptive behaviors are learned everyday living skills such as walking, talking, getting dressed, preparing a meal, and cleaning the house.
- ▶ The goal is to get a snapshot of cognitive and physical ability, and awareness of the task.

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Adaptive Behaviors

- ▶ Adaptive Categories:
 - Motor Skills
 - Social and Communication Skills
 - Personal Living Skills
 - Community Living Skills
- ▶ Items in each area are ordered by average difficulty from infancy to mature adult levels.
- ▶ The respondent will solicit responses from the interviewee on all 77 questions (statements of task).

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Adaptive Behavior Rating Scale

- ▶ **3. Does very well.** This indicates complete independence on a task. The participant either has mastered the task or no longer performs it because it is too easy (such as usually eats with a fork rather than a spoon). The participant does all parts of the task without help or supervision.

Always or almost always - without being asked. Always means whenever it is appropriate to do so. Without being asked means without a reminder. The participant must possess the skill and know when to apply it, according to normal social standards. It is okay if the participant appropriately asks permission before initiating the task.

- ▶ **2. Does fairly well.** This indicates the participant performs all parts of the task reasonably well without help or supervision.

Does 3/4 of the time - may need to be asked. This can be interpreted to mean the task is done fairly well, it is done well 3/4 of the time, or it is done without help or supervision 3/4 of the time. It is all right if the participant needs to be asked or reminded to initiate the task.

- ▶ **1. Does, but not well.** This indicates the participant sometimes does or tries to do all parts of the task without help or supervision, but the result is not good.

Does 1/4 of the time - may need to be asked. This can be interpreted to mean the task is done but not well, it is done well 1/4 of the time, or it is done without help or supervision 1/4 of the time. It is all right if the participant needs to be asked or reminded to initiate the task.

- ▶ **0. Never or rarely.** This indicates the task is too hard, *the participant is not permitted to do the task because it is not safe*, or the participant never or rarely performs all parts of the task.

Even if asked. Never does well, even if asked or prompted.

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The Interview – Adaptive Behaviors

- ▶ The interviewee will be given a copy of the Adaptive Behavior Rating Scale prior to the interview. When given to the agency liaison, the liaison should ensure that the interviewee has the copy.
- ▶ The respondent will explain the rating scales prior to going in to the Adaptive Behavior section of the interview.
- ▶ The respondent will clarify questions and may ask questions of the interviewee to ensure the intent of the question and the rating is understood. This is not to influence the interviewee, but to ensure understanding.

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Scoring Considerations for Adaptive Section

- ▶ Adaptive equipment or alternative communication methods
- ▶ Being asked
- ▶ Differentiating between adaptive and problem behavior
- ▶ More than one part
- ▶ No opportunity
- ▶ Physical disability
- ▶ Prompt or demonstration
- ▶ Safety
- ▶ Technology

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Defining Problem Behaviors

- ▶ A problem behavior is one that requires the attention of others in the participant's environment to stop or minimize it.
- ▶ A problem behavior is something you feel compelled to address, stop, prevent or redirect.
- ▶ A problem behavior interferes with a participant's everyday activities.

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The Interview – Problem Behaviors

- ▶ The problem behavior section of the ICAP assesses problem behaviors exhibited.
- ▶ The goal is to identify the presence of more frequent or serious problems that may indicate poor personal and social adjustment that limits independence and requires attention similar to that required by a lack of specific adaptive behaviors.
- ▶ Problem behaviors can only be scored based on current conditions.
- ▶ Behaviors that occurred within the **last 30 days** are used for determining if the behavior exists.
 - When the participant has cyclical behaviors, the time frame may be extended to 90-180 days.
 - When the behavior did not occur within the last 30 days but has occurred within the last year, consideration is given to rating the behavior if there is a formal behavior support plan in place to address the problem behavior.

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Frequency of Problem Behaviors

- ▶ Count the total number of episodes, based on the total of all behaviors occurring during waking hours in all environments. The respondent uses incident reports, behavior tracking, and other documentation.
- ▶ Count the actual number of occurrences, not potential occurrences.
- ▶ Count episodes of a behavior as a single occurrence.
- ▶ Count episodes as separate occurrences when more than 10 minutes apart.
- ▶ Rate behavior frequency based on frequency during the most recent month:
 - When it did not occur every day, rate 1-6 times a week;
 - When not every week, rate 1-3 times a month;
 - When not this month (but it is documented as still a problem), rate as less than once a month.
- ▶ Program data may be used to support information given in interviews.
- ▶ When the behavior occurs at least once every day (including weekends) but the frequency varies from day to day, rate the frequency on the majority of the days in the week.

Problem Behavior Rating Scale

The interviewee will be given a handout with scoring options for frequency of behavior and severity of behavior.

▶ **Frequency: How often does this behavior usually occur?**

0- Never

1- Less than once a month

2- 1 to 3 times a month

3- 1 to 6 times a week

4- 1 to 10 times a day

5- 1 or more times an hour

▶ **Severity: How serious is the problem usually caused by this behavior?**

0- Not serious; not a problem

1- Slightly serious; a mild problem

2- Moderately serious; a moderate problem

3- Very serious; a severe problem

4- Extremely serious; a critical problem

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Problem Behavior Severity

How serious is the problem usually caused by this behavior?

▶ **0 – Not serious, not a problem**

- Odd, eccentric, peculiar.
- Not everyone considers it a problem.
- When the behavior is rated (0) for severity, regardless of frequency, the behavior is not listed as a problem, and therefore not rated.

▶ **1 – Slightly serious, a mild problem**

- Annoying, embarrassing, worrisome.
- Considered a problem, but only in one environment.
- Can usually be managed by common sense and a structured environment.
- Staff intervenes or redirects the behavior when it occurs
- Addressed by an informal intervention, such as a service/staff objective, safety plan, general strategy or addressed by an unwritten informal intervention. Staff who works directly with the participant is aware of the behavior and the intervention.

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Problem Behavior Severity

How serious is the problem usually caused by this behavior?

▶ **2 – Moderately serious, a moderate problem**

- Objectionable.
- Unacceptable.
- A problem in more than one environment.
- Requires a formal, written behavior support plan (BSP) with a written record of the behavior documenting frequency and/or severity.
- Behavior is documented, such as on incident report, GER, baseline, program documentation, narratives.

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Problem Behavior Severity

How serious is the problem usually caused by this behavior?

▶ **3 – Very serious, a severe problem**

- Frightening, repulsive, dangerous.
- Requires a formal, written behavior support plan with a written record of the behavior documenting frequency and/or severity.
- Frequency reduced only with constant vigilance and a highly structured environment.
 - A staff is physically present within the participant's immediate area(within the building) 24 hours a day meets the definition of being under constant vigilance and a highly structured environment
- Difficult or impossible for a single staff person to control when it occurs.
 - When the behavior cannot be easily redirected and the result is harmful to self, harmful to others, involvement in the legal system or requiring hospitalization, the behavior is difficult for a single staff person to control.
 - When the behavior can be easily redirected, the behavior is not difficult for a single staff person to control.

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Problem Behavior Severity

How serious is the problem usually caused by this behavior?

▶ **4 – Extremely serious, a critical problem**

- Grave and immediate threat to the life of self or others that requires immediate intervention to stop the behavior.
- Includes behavior that could result in criminal charges, such as arson, assault, murder, rape, or molestation.
- Behavior support plan approved by a Human and Legal Rights Committee.
- Generally the participant experiences rights restrictions approved by a Human and Legal Rights Committee.
- Consequences of the participant's actions are difficult to stop and may jeopardize continuation of services.
- Requires highly restricted/structured environment with 24-hour supervision by one or two adults.

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Problem Behavior Scoring – Documentation

- ▶ Include information regarding functional behavioral assessments, behavioral support plans, safety plans, t-logs, and incident reports.
- ▶ When an FBA is older than 4 years (2017 or earlier) it may not be considered.
- ▶ ***Behaviors requiring programing*** — Per the Severity section, level 2, 3 and 4 severity *requires a formal, written behavior support plan with a written record of the behavior documenting frequency and/or severity. This also requires a teaching component to replace the unwanted behavior.*
- ▶ When it is clear from the supporting documentation that the team is trying options such as baselining, environmental changes, or planned intervention strategies before implementation of a formal behavioral support program, then it may be possible to rate a behavior in anticipation of the new program goal.
 - Data should indicate the frequency of the problem behavior.
 - Severity of behaviors may be captured on incident reports.

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Problem Behavior Scoring – Environmental Factors

- ▶ **Environmental factors** – For all of us, our behavior varies somewhat based on our situation. Generally, our responses are not radically different from one environment to the next. We would consider this normal and consistent with our personality.
 - When our behavior is radically different in a specific environment, this is unusual and not merely a function of our personality. It is perceived the difference is due to some aspect of that particular environment.
 - When scoring the ICAP, the participant cannot be rated in one environment more than one level below how they are rated in the better environment; this acknowledges the participant actually has the skill to behave more appropriately.
 - This does not shortchange the significance of the problem behavior, but minimizes the effect of environment.

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Problem Behavior Scoring – Other Considerations

- ▶ **Behaviors considered undesirable, but common in society, for example smoking or drinking** – Do not make a judgment of the behavior itself, but look at its actual effect on the participant's independence.
- ▶ **Behaviors that fall into multiple categories** – Look at immediacy and intensity when deciding what behavior to mark. For example, with arson, going to jail might be a long-term concern, but the immediate concern may be harm to others or property destruction.
- ▶ **Intensity** – In taking steps to prevent the behavior, what is the primary purpose for the intensity of supports provided? With the arson example, are supports due to the potential harm to others or property destruction? The answer would likely be derived from the participant's past behavior. When they target abandoned buildings, then property destruction may be the primary concern. Otherwise, potential harm to others would likely be primary.

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Problem Behavior Scoring – Other Considerations

- ▶ **Disabilities** – Behaviors related to the participant’s disability should not be listed. Examples of this would be a participant with autism pacing or a participant with Prader-Willi syndrome overeating.
 - These are behaviors that would not necessarily respond to programming.
 - Analyze what may occur as a result of the behavior. For example, when a participant with autism paces around the day service program, it may not be a problem behavior; however, when the pacing behavior may lead to the participant leaving the facility, you would rate elopement as a behavior.
- ▶ **Inability to learn/ Lack of adaptive behavior** – This is not a behavior problem. Nor do behavior problems include behaviors that are chronologically age-appropriate, such as a baby who cries or a toddler who repeatedly says “no” or digs in the cupboards.

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Problem Behavior Scoring – Other Considerations

- ▶ **Medication** – When a participant exhibits a behavior, such as sleeping, due to a side effect of medications or health problems, this should not be scored as a problem behavior. While it may appear to be inattentive behavior, such actions or reactions are beyond willful control of the participant and should not be considered problem behaviors. When side effect behaviors are the only behaviors displayed under a category, the category should be marked “Never” under frequency of occurrence.
 - Medication, as in the adaptive section, may assist the participant. Behaviors should be ranked as they actually occur, regardless of medications that may affect their frequency or severity.
- ▶ **Vulnerability** – Not captured directly in the Problem Behavior section.
 - “Putting self in unsafe situations” is not a specific observable behavior. When this is identified, the interviewee will be asked what this means.
 - Once a specific, observable behavior is identified, such as “walks into the street”, this can be categorized and rated.

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Response to the Behaviors

- ▶ At the end of the problem behavior section, the interviewee is asked about how problem behaviors are usually managed when they occur.
- ▶ Select the response to the most severe problem in the behavior section.

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The Interview – Finalizing and Follow-Up

- ▶ Sections F, G, H, and I are completed for planning purposes.
 - Residential Placement
 - Daytime Program
 - Support Services
 - Social and Leisure Activities
- ▶ The final question on the ICAP is “Do these results provide an accurate representation of the participant’s present functioning?”
 - Do the topics discussed during the interview present an accurate reflection of the participant’s skills and abilities?
 - Is there anything missed or anything to add?

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Scoring and Results

- ▶ The ICAP is scored by the respondent using the interviewee responses and documentation available in the participant's file.
- ▶ Discrepancies in responses are reconciled using documentation.
- ▶ The ICAP is scored using the Compuscore data analysis and a Service Score is produced from the final ICAP
- ▶ The ICAP Service Score is compared to the service tiers established by DDD and the Individual Budget Amount is determined.
- ▶ A Notice of Decision is created by the respondent and mailed to the participant or the participant's legal representative.

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