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| <b>STATE OF ALASKA<br/>DEPARTMENT OF HEALTH &amp; SOCIAL<br/>SERVICES</b><br><br><b>DIVISION OF SENIOR AND<br/>DISABILITIES SERVICES</b><br><br><b>POLICY &amp; PROCEDURE MANUAL</b> | <b>SECTION:</b><br>MRDD Waiver   | <b>Number:</b><br>4-1 | <b>Page:</b><br>1       |
|  | <b>SUBJECT:</b><br>Inventory for Client and Agency Planning<br>( <i>P&amp;P 300-1 Renumbered</i> ) |                       |                         |
|  | <b>APPROVED:</b><br>/S/ Rod Moline, PhD  |                       | <b>DATE:</b><br>12/5/05 |

**PURPOSE:**

- A. To define responsibilities for the Intermediate Care Facility for the Mentally Retarded (ICF/MR) level of care determination process.
- B. To develop consistency in the ICF/MR level of care determination through use of a common assessment tool, the Inventory for Client and Agency Planning (ICAP), and of specific, supportive diagnostic documentation.
- C. To assure the ICF/MR level of care determination is based upon standard, factual information which reflects the applicant/recipient's current circumstances.

**POLICY:**

To qualify for funding through Home and Community Based Waiver Services, an individual must require a level of care that would need to be provided in an ICF/MR. The Division of Senior and Disabilities Services (DSDS) uses the ICAP to assess adaptive behavior and functional skills to determine whether an individual meets the ICF/MR level of care. Eligibility for ICF/MR waiver funding is determined by the finding of a need for an ICF/MR level of care and by the presence of a condition which meets the criteria of one of five specific diagnostic categories.

Authority: 42 CFR 435.1009, 42 CFR 441.302 (C), 42 CFR 483.430, 42 CFR 483.440; 7 AAC 43.300, 7 AAC 43.1010, 7 AAC 43.1030.

**RESPONSIBILITIES:**

- A. The **applicant/recipient, parent, or guardian** is responsible for completing those portions of the ICAP process associated with evaluations, testing, and diagnosis by qualified professionals.
- B. The **Division of Senior and Disabilities Services (DSDS)** is responsible for:
  - 1. informing applicants selected for MRDD waiver funding of the ICF/MR level of care requirement;
  - 2. sending a completed Care Coordination Assignment form to the DSDS Waitlist Administrator as notification of an applicant's selection; and

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3. evaluating, as Qualified Mental Retardation Professionals, the completed ICAP packet, the supportive diagnostic documentation, and the DSDS record to determine whether the applicant/recipient meets the level of care requirements.

C. The **DSDS Waitlist Administrator** is responsible for:

1. notifying the ICAP Contractor of applicant selection and requesting the scheduling of an ICAP;
2. providing DSDS Change of Status forms found to be relevant for contractor operations, immediately after such determination, to the ICAP Contractor; and
3. providing, within 30 days of the end of each quarter, a current MRDD waiver list including recipient name, location, care coordination agency, and Plan of Care (POC) renewal date, to the ICAP Contractor and to the DSDS Regional Offices.

D. The **care coordination agency** is responsible for:

1. notifying selected applicants and current recipients of the need for documentation to support an ICF/MR level of care determination;
2. collecting supportive diagnostic documentation;
3. submitting the documentation to the ICAP Contractor within 30 days of written notification of a new waiver selection or of a waiver renewal;
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 of the identified respondents to the ICAP Contractor;
6. informing the identified respondents about the ICAP process and the role of the ICAP Contractor, including its responsibilities for contacting respondents and scheduling interviews;
7. identifying, within three business days when requested to do so by the ICAP Contractor, other appropriate respondents who are willing and available for an interview; and
8. tracking POC renewal dates, and providing required materials within specified time frames.

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E. The **ICAP Contractor** is responsible for:

1. providing written notification to the care coordinator agency 60-120 days prior to the ICAP completion date that an ICAP is to be scheduled and completed for selected applicants and current waiver recipients;
2. completing ICAP's for current waiver recipients at least once every 36 months or more frequently, when requested to do so by DSDS, for recipients who:
  - a. were residing in an institution when the most recent ICAP was completed;
  - b. scored within five points or less of the qualifying score from the *Table of ICAP Broad Independence Scores* (Attachment 300-1-D);
  - c. have a change in primary diagnosis;
  - d. experienced significant improvements or declines in health; or
  - e. have POC outcomes indicating a need for an ICAP assessment
3. determining whether the respondents are capable of providing current information about the applicant/recipient, and, if not, requesting the care coordination agency to name additional respondents;
4. reviewing the ICAP Packet to verify that the content includes all required documentation, and, if it does not, notifying the care coordination agency; and
5. sending the complete ICAP Packet to the appropriate DSDS regional office.

## **PROCEDURES:**

A. The ICAP Process

1. DSDS notifies a selected applicant of the need to meet an ICF/MR level of care in order to qualify for MRDD waiver funding, and of the process by which the level of care determination is made.
2. DSDS, with management approval, advises the DSDS Waitlist Administrator of the applicant's selection by sending a completed Care Coordination Assignment form.
3. The DSDS Waitlist Administrator informs the ICAP Contractor of the selected applicant's name, location and care coordination agency listed on Care Coordination Assignment form, and requests the scheduling of an ICAP.

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4. The ICAP Contractor sends written notification and a copy of the *Guidelines for the ICAP Process* (Attachment 300-1-A) to the care coordination agency 60-120 days prior to the ICAP completion date that an ICAP is to be scheduled and completed for selected applicants and current waiver recipients, and directs the agency to contact the applicant/recipient regarding the need for documentation to support an ICF/MR level of care determination.
5. The care coordination agency collects, and provides to the ICAP Contractor within 30 days of written notification, the following materials as the ICAP Packet:
  - a. completed *ICAP Information List* (Attachment 300-1-B);
  - b. documentation meeting DSDS requirements and supporting a diagnosis of one of the five defined MRDD diagnostic categories; and
  - c. copies of police reports or legal documents pertaining to arrests and/or intervention by law enforcement or the judicial system.
  - d. For school-age children: copy of the Interdisciplinary Team Evaluation Report (three year evaluation).
  - e. Where applicable: current behavior management plan.
6. The care coordination agency informs the respondents identified on the *ICAP Information List* about the ICAP process, and prepares them for ICAP Contractor contact and scheduling of interviews.
7. The ICAP Contractor reviews the ICAP Packet to verify that all required documentation is included, and schedules interviews of respondents named on the *ICAP Information List*.
  - a. If the ICAP Packet is incomplete, the ICAP Contractor sends to the care coordination agency an *Insufficient Documentation Notice* (Attachment 300-1-C).
  - b. If the named respondents are not capable of providing current information about the applicant/recipient, the ICAP Contractor requests the care coordination agency to provide the names of other respondents within three business days.
8. The ICAP Contractor, after interviewing the named respondents, forwards the completed ICAP Packet to the appropriate DSDS Regional Office.

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9. The responsible DSDS employee, as the DSDS Qualified Mental Retardation Professional, evaluates the ICAP Packet, the supporting documentation, and the DSDS record to determine whether the applicant meets the ICF/MR level of care requirements.

10. The responsible DSDS employee notifies the applicant/recipient and the care coordination agency of the level of care determination.

**B. The ICAP Information List (Attachment 300-1-B)**

1. The care coordination agency provides complete and correct demographic information to the ICAP Contractor.

a. Social Security number must be provided.

b. The address is the physical 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.

c. The telephone number is that at the applicant/recipient's physical location.

d. If an applicant/recipient lives in a residential facility (such as a family habilitation home or a licensed assisted living home), designate the type of facility, and provide the name and the billing number (HC number) of the agency.

e. 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.

f. 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.

g. 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. Whether the person named is a guardian or a parent is indicated by checking the appropriate box.

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2. The care coordination agency provides information regarding the applicant/recipient's 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 coordination agency provides the names of three respondents who are knowledgeable about the applicant/recipient, and willing and available to be interviewed by the ICAP Contractor; daytime telephone number; and an explanation of the relationship of each to the applicant/recipient.

a. A respondent is a person 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.

b. One respondent should be the primary care giver: parent, habilitation provider, group home staff, or residential staff (for an applicant living in an apartment); another should be the primary day service provider: teacher, day habilitation staff, job coach, or therapist; and the third respondent should be someone who meets the criteria, and who does not reside with either of the other two respondents. (Guardians 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 current skills and behaviors will not be current.)

c. Information regarding a respondent's need for special accommodations or a translator will be provided on the *ICAP Information List*.

d. Written authorizations for disclosure of health information will be provided by the care coordination agency to respondents who will not consent to be interviewed without a signed release.

4. The care coordination agency provides a copy of the most recent evaluation, name of evaluator, and date of the next scheduled evaluation.

5. The care coordination agency provides a copy of the current behavior management plan where one has been developed.

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### C. Documentation Requirements

1. The care coordination agency collects documentation which meets DSDS requirements.
  - a. Evaluations were completed within the time frame of the previous 36 month period unless otherwise specified.
  - b. If the most recent psychological test results or autism evaluation is older than 36 months, a letter from a physician, psychiatrist, or psychologist, written within the current 36 month period and certifying that the applicant/recipient continues to meet the diagnostic criteria, must be provided.
  - c. Evaluations must be signed and dated. (Evaluations written on prescription forms are not acceptable documentation.)
  - d. Physicians must countersign nurse practitioner and physician assistant evaluations.
  - e. Interdisciplinary Team Evaluation Reports must be signed by the school psychologist. (Individual Education Plans are not acceptable documentation.)
2. The care coordination agency collects documentation which supports one of the following diagnostic categories.
  - 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 of the 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) or, for infants, a clinical judgment of significantly subaverage intellectual functioning. 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.

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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 and 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. The physician must certify in writing that the individual meets the ICF/MR level of care requirements.

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 of the 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. Interview Guidelines

1. After review of the ICAP Packet sent by the care coordination agency, the ICAP Contractor contacts the listed respondents by telephone and arranges to meet each for a personal interview if the respondent's location allows.

a. Interviews by telephone are limited to those where the applicant/recipient and the respondents live in a remote location.

b. Respondents are advised that interviews are confidential, observers are not allowed, and any information provided is not shared with other respondents.

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c. Arrangements for appropriate assistance are made for respondents who were identified as needing special accommodations or a translator for the interview.

2. If the named respondents cannot address the applicant/recipient's experiences in various settings, decline to participate, are unavailable to interview during the ICAP process time frame, or fail to respond to telephone messages, the ICAP Contractor requests the names of other possible respondents from the care coordination agency which will have ascertained suitability, availability, and willingness to participate and will have prepared the respondents for contact to schedule an interview.

#### E. ICAP Schedule Tracking

##### 1. The DSDS Waitlist Administrator

- a. maintains the DD Waitlist of applicants and the MRDD Waiver List of recipients in a database, updating with Change of Status information sent by care coordination agencies;
- b. forwards relevant Change of Status information to the ICAP Contractor; and
- c. provides a current list of MRDD waiver recipient names, location, care coordination agency, and POC renewal dates to the ICAP Contractor quarterly and to the DSDS Regional Offices.

2. The ICAP Contractor tracks POC renewal dates, and reconciles with DSDS and the care coordination agency any differences found through review of the quarterly list.

3. The care coordination agency tracks the POC renewal dates of its clients, and resolves any discrepancies in consultation with the ICAP Contractor.

#### Attachments

- 1. Attachment 300-1-A: Guidelines for the ICAP Process
- 2. Attachment 300-1-B: ICAP Information List
- 3. Attachment 300-1-C: Insufficient Documentation Notice
- 4. Attachment 300-1-D: Table of ICAP Broad Independence Scores by Age