

# maximus

**Employment & Community  
First CHOICES**

**Qualified Assessor Refresher  
Training, *Part 3 of 3***

**Life Skills Assessment  
(LSA) & ICAP Education**



# Training Resources

- Please utilize the Life Skills Assessment and Inventory for Client and Agency Planning (ICAP) when reviewing this training.

# Learning Objectives



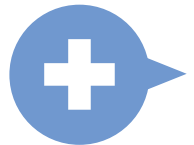
Introduction & Purpose of the Life Skills Assessment



Learn the Life Skills Assessment (LSA)



Learn the Inventory for Client and Agency Planning (ICAP)



Summary of the Supports Intensity Scale

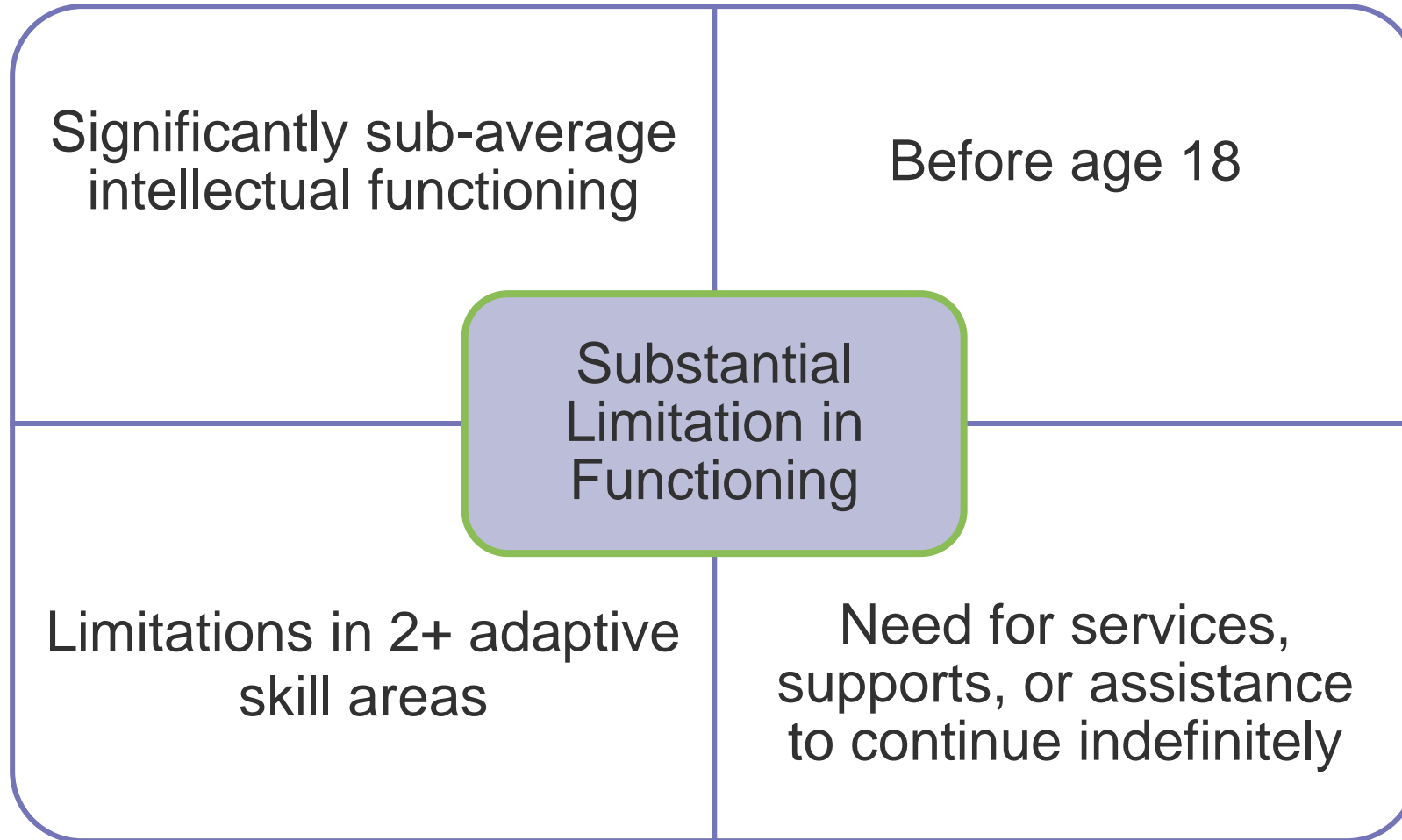
# Introduction—Life Skills Assessment (LSA)

- Person-Centered
- Strengths-Based
- Based on MOCABI—Missouri Critical Adaptive Behaviors Inventory
  - Relevant to daily living
  - Easy to administer

# Purpose of Assessment

- Screening for Employment and Community First CHOICES
  - Person must meet:
    - ID/DD criteria
    - At-Risk or Nursing Facility Level of Care
- Make target population and safety determinations

# Defining Intellectual Disability





Communication



Self-care



Home Living



Social Skills



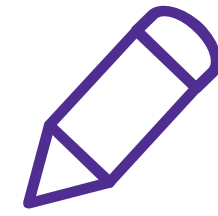
Community Use



Self-Direction



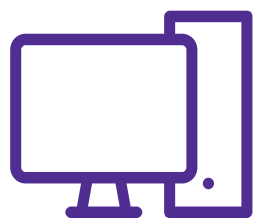
Health & Safety



Functional  
Academics

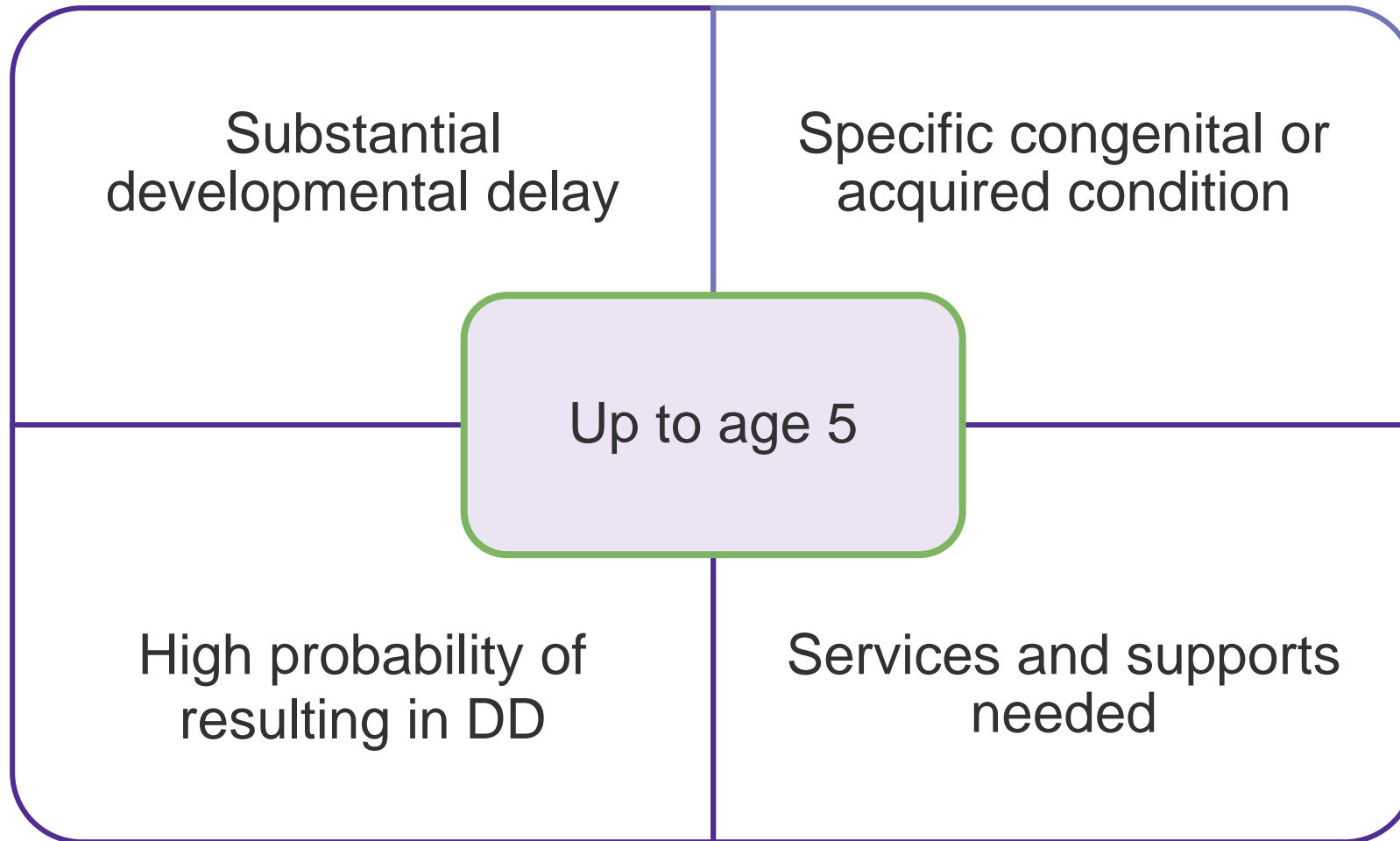


Leisure



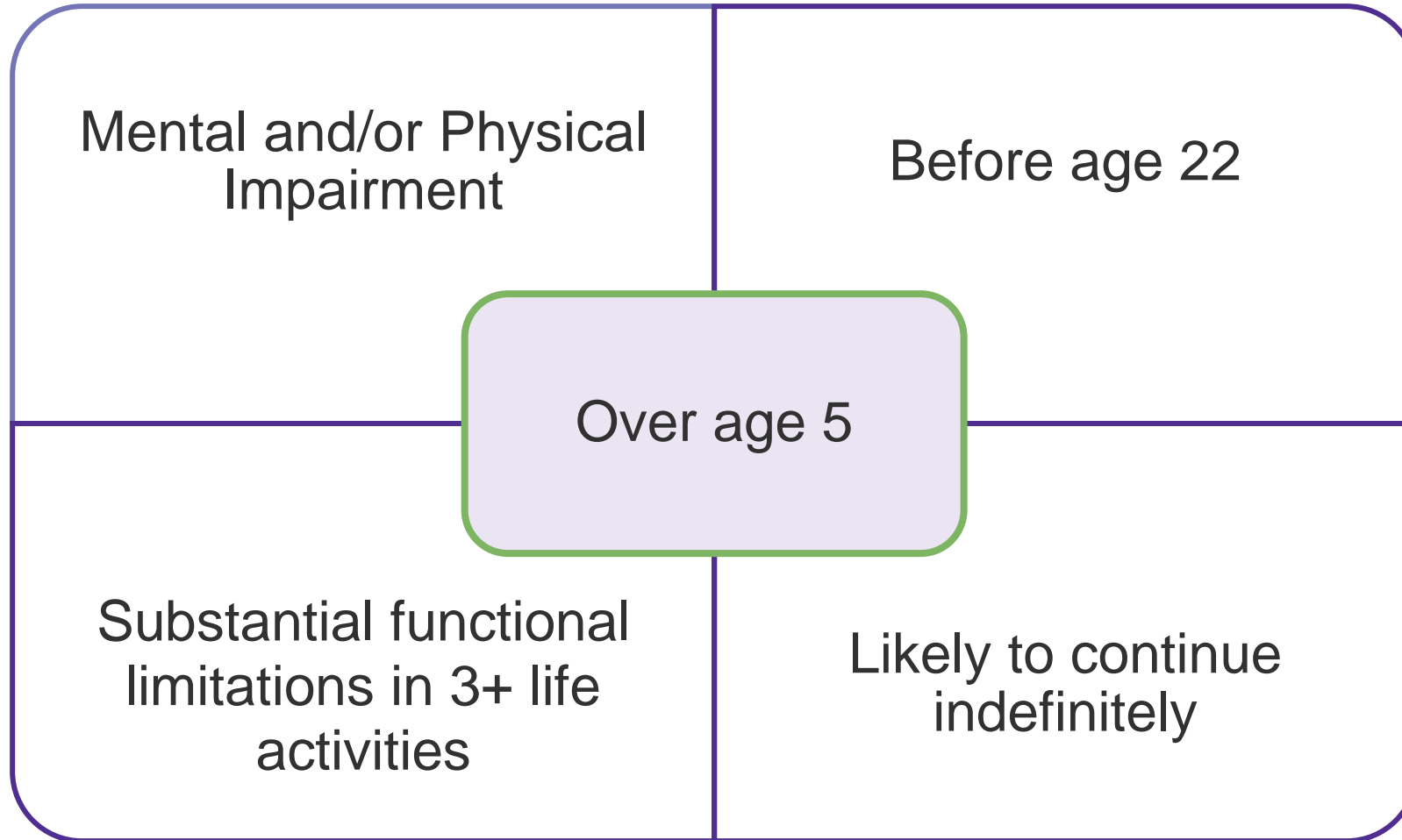
Work

# Defining Developmental Disability





# Defining Developmental Disability





Receptive &  
Expressive  
Language



Self-care



Capacity for  
Independent  
Living



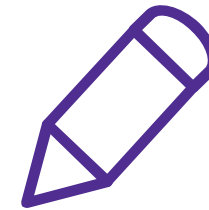
Mobility



Self-direction



Economic Self-  
sufficiency



Learning

# LSA's Role with Defining Target Population

- **Intellectual Disability-** prior to 18 years of age and a minimum of two substantial functional limitations
- **Developmental Disability-** prior to 22 years of age, and a minimum of three substantial functional limitations
- Always refer to the original diagnosis to determine if they have an intellectual disability, developmental disability, or both.
- Ask to see any paperwork available; psychological assessments, school records, attestations from family members, etc.

# LEARN THE LSA



# Assessment Description—Life Skills Assessment (LSA)

- Observation & interviews
  - Applicant
  - Informant
- 7 Areas of major life activities
  - 4–6 questions each area



Receptive &  
Expressive  
Language



Self-care



Capacity for  
Independent  
Living



Mobility



Self-direction



Economic Self-  
sufficiency



Learning

# Ability Statements

- Questions within each area of life activity section
  - Describes critical ability
  - Describes skills within ability
- Evaluate physical abilities, mental abilities or a combination of both
- Comments following each statement
  - Record specific strengths and weaknesses of performance
- Always positive
  - Describes ability, not deficiency

# Scoring

Yes	No	N-C
Possesses the ability	Does not possess ability	Cannot make a conclusion

# Information Sources

<b>Observation</b>	<b>Applicant</b>	<b>Informant</b>
Observation by the intake worker	Self-report by the applicant	Verbal reports by members of the applicant's family or other reliable individuals

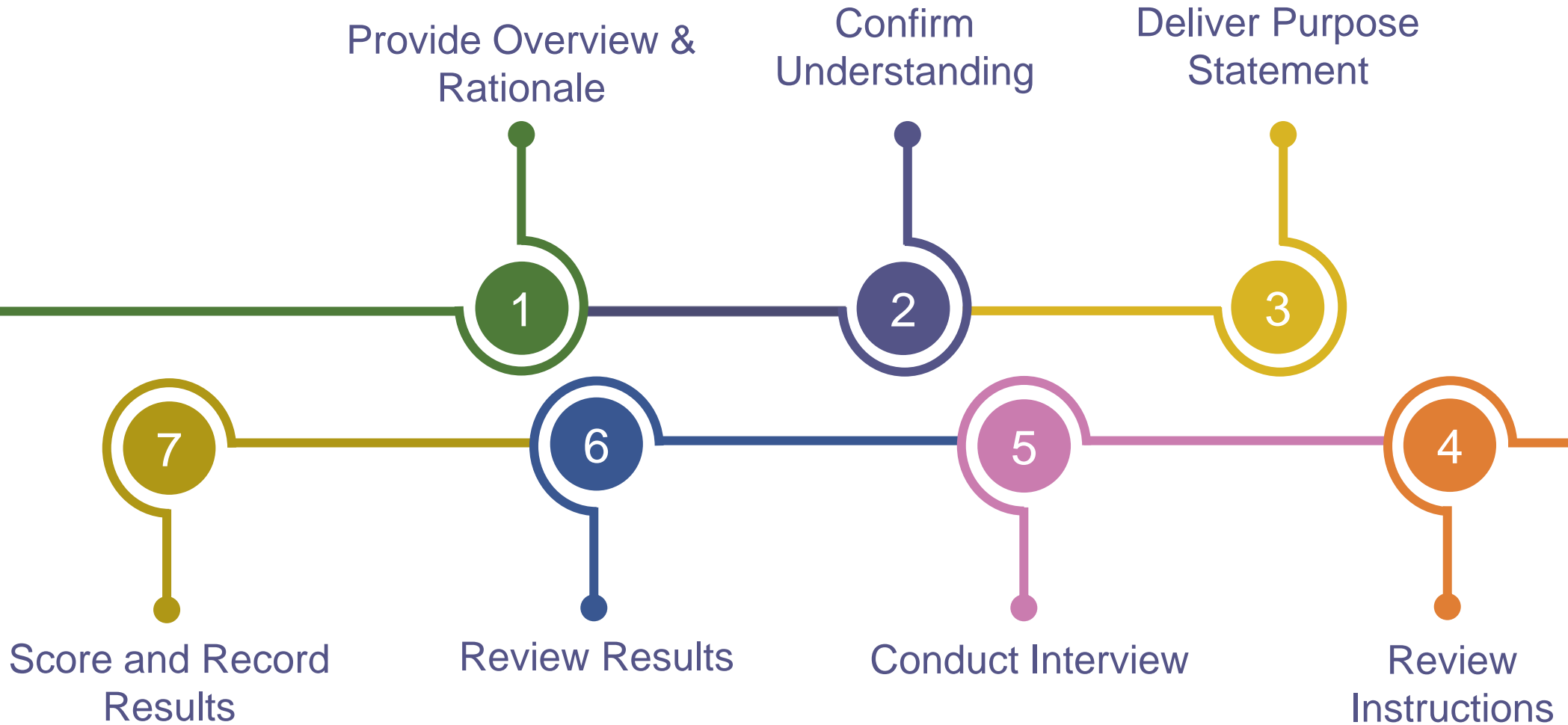


# Observation

- Preferred source of information
- Yes or No whenever possible
  - Direct observation does not necessarily mean the assessor must observe the applicant performing or attempting to perform the activity described; some judgement must be applied
  - If applicant is unable to perform a component skill in a chain of skills, a NO verdict may be reached without observing the remaining component skills
- Document each informant on a new form if more than one is used



# LSA Administration

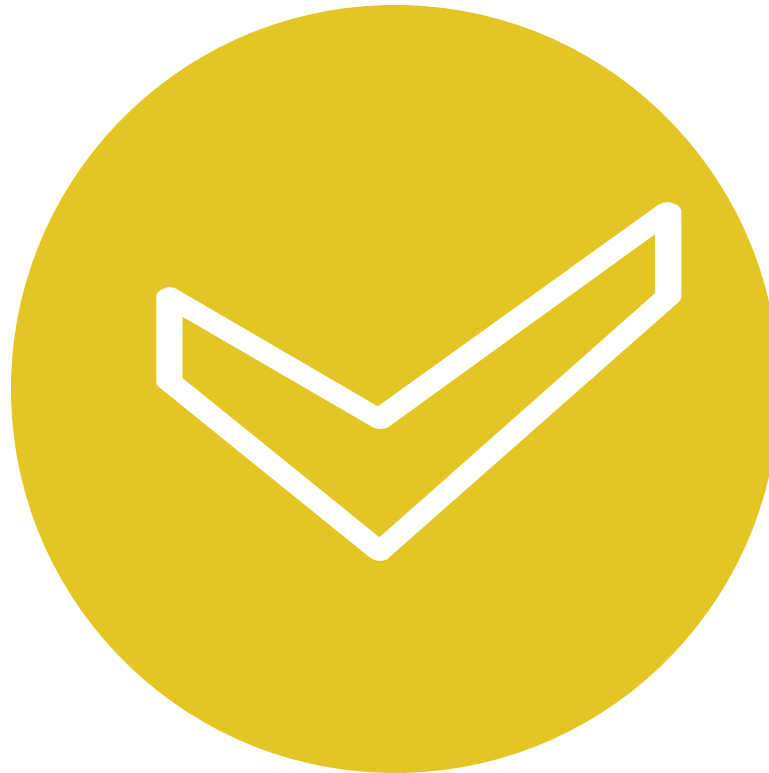


# 1 Provide Overview & Rationale

- Appropriate to the applicant's receptive language skills
- Include:
  - Employment and Community First CHOICES is an integrated managed long-term services and supports (MLTSS) program that is specifically geared toward promoting and supporting integrated, competitive employment, and independent, integrated community living as the first and preferred option for individuals with intellectual and developmental disabilities
  - Before an applicant can be found eligible for services, a series of functional comprehensive evaluations must be conducted to identify real life limitations resulting from the disability
  - The LSA is designed to help the assessor observe what the applicant can and cannot do in seven areas of major life activity
  - The applicant will be asked to show the assessor how s/he does many things around the home or place of interview. Some of the things may be a little personal, and the applicant has the right to refuse any request. However, enough must be observed to complete the assessment.

## 2 Confirm Understanding

- Ask the applicant to explain the rationale for the LSA
  - Ensures applicant (and informant) understanding and cooperation



### 3

## Deliver Purpose Statement

The purpose of this interview is to determine what you can and cannot do independently and to find out what your needs are. This is one of the tools used to help us determine the services that you might need.

## 4 Review Instructions

- Applicant asked to read instructions
  - Informs of:
    - Reading ability
    - Ability to follow instructions
    - Writing ability
  - Accommodate for lack of ability; always check with informant before applicant is given paper, pen, etc. to ensure it is safe or appropriate
- Document through ability statements

## 5 Conduct Interview

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- Use Ability Statements
  - Paraphrase when appropriate
- Ask applicant to perform activity to observe
  - Combine activities when possible
- Semi-structured interview
  - Not rigid structure to question order



# 6

## Review Results

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- Review the results with applicant & informant
  - Ensure information is complete & accurate
  - Clarify discrepancies





## 7 Score & Record Results

- Score the LSA
- Record results on the summary sheet



## 8 Arranging the Evaluation

- Typically occurs at the person's home
- Be creative
  - Example:
    - Call and ask to speak to the applicant to assess communication skills



# Life Skills Assessment Tool – Cover Sheet

APPLICANT NAME:	[Full legal name]
PRIMARY INFORMANT'S NAME:	[Legal Name]
PRIMARY INFORMANT'S RELATIONSHIP TO APPLICANT:	[Specify]
OTHER INFORMANTS' NAMES AND RELATIONSHIP TO APPLICANT:	[List all, Specify]
QUALIFIED ASSESSOR NAME:	[Your name]
QUALIFIED ASSESSOR CODE:	[Your code]
MCO NAME OR DIDD REGIONAL OFFICE:	[Full name]
LOCATION OF INTERVIEW:	[Type and address]
LANGUAGE USED*:	[Must match applicant's and informant's primary language]
DATE OF INTERVIEW:	[mm/dd/yyyy]
* Assessment must be conducted in applicant and informant's primary language(s)	

# Personal Data Sheet- cannot be left blank

Please fill in each of the boxes below. If you cannot write, someone will write your answers for you. This task helps us find out if you can do three important things. First, it helps tell us if you can read and follow directions. Second, it helps tell us if you can respond in writing to requests for information. Third, it tells us if you can provide personal data when needed, like when you apply for a job or visit a doctor. Thank you for your help.

Your name				
Your date of birth		Your sex (check one):    Male                      Female		
The address where you get your mail:				
City		State		Zip code
Your telephone number (include area code):		Your Social Security Number:		
The highest level of education you have completed:				
Grade school or middle school		High school		
Some college	Associate degree	Bachelor degree	Master degree	Doctorate degree
Tell us about your current or most recent job.				
Tell us about your disability and how it affects your life.				
ABOVE DATA FILLED IN BY THE				
<input type="radio"/> APPLICANT		<input type="radio"/> QUALIFIED ASSESSOR		

# SELF-CARE

Daily activities which enable a person to meet basic needs for food, hygiene and appearance.

## *PERSPECTIVE*

The applicant must demonstrate the ongoing ability to appropriately perform basic activities of daily living with little or no assistance or supervision.

## **6 item Category**

Requires a deficit in TWO areas for a substantial functional limitation

**1. Applicant bathes or showers independently, including transfer to tub or shower, turning on and adjusting water, scrubbing, washing hair, transfer from tub or shower and drying, without using assistive devices.**

Score **NO** if there is evidence that applicant is at high risk of injury, if assistance or supervision is not available.

**2. Applicant completes grooming independently, including brushing/combing hair, brushing teeth, shaving, and cleaning and trimming nails, without using assistive devices.**

Score **NO** if the applicant requires more than 1 hour to groom because of physical limitations.

**3. Applicant independently selects attire appropriate to season and activity and independently dresses and undresses self, including underclothes, outer clothes, socks and shoes, without using adapted clothes or assistive devices.**

Score **NO** if the applicant requires more than ½ hour to dress because of physical limitations or requires help in getting clothes out of closets or drawers.

Ignore issues of style or taste unless there is evidence that applicant is or would be rejected by peers, employers, etc., if assistance was not available.

**4. Applicant is continent of bowel and bladder, and independently toilets self, including transferring to toilet, wiping self and transferring from toilet, without using assistive devices. If alternative methods of urinary voiding or fecal evacuation are applicable, applicant independently completes entire routine.**

Score **NO** if applicant is dependent upon special equipment unique to his/her bathroom.

Score **YES** if applicant requires a standard accessible bathroom but is able to toilet self independently.

**5. Applicant independently feeds self; including cutting food, lifting food and drink to mouth, chewing and swallowing when served a prepared meal, without using assistive devices.**

Score **NO** if the applicant routinely experiences major problems such as dropping food and spilling beverages, choking, gagging or takes more than (1) one hour to complete an average meal.

**6. Applicant self-administers oral medications, including opening container, obtaining correct dosage, placing medications in mouth, swallowing, and closing container, without using assistive devices.**

Score **NO** if applicant does not understand the purpose of medications and is at risk of illness or injury if unsupervised.

Communication involving verbal and non-verbal behavior enabling a person to understand and express ideas and information to the general public with or without assistive devices.

## RECEPTIVE AND EXPRESSIVE LANGUAGE

### *PERSPECTIVE*

The applicant must demonstrate the ability to understand ordinary spoken and written communications and to speak and write well enough to communicate thoughts accurately and appropriately on an ongoing basis

### **4 item Category**

Requires a deficit in ONE area for a substantial functional limitation

**1. Applicant can hear and comprehend the content of ordinary spoken conversations in the applicant's primary language without using a hearing aid or other assistive device.**

Sign language is not a spoken language. Therefore, score **NO** if dependent upon sign language. If a foreign language interpreter is required, score **YES** if the applicant demonstrates comprehension via the interpreter. Score **YES** if applicant understands the content, even though s/he may have difficulty with specific words. Score **NO** if unable to gain accurate comprehension of content.

**2. Applicant pays attention and can follow simple directions given to him or her verbally.**

The applicant must complete the task independently, including both physical and cognitive components.

**3. Applicant can communicate basic wants and needs and answer simple questions in a manner that can be understood by others, without the use of assistive devices.**

If applicant is dependent upon augmentative speech devices or sign language, score **NO**.

**4. Applicant has sufficient vocabulary and intelligible speech or nonverbal communication skills to interact with individuals of casual acquaintance and conduct ordinary business in the community.**

The LSA interview is representative of ordinary business unless the assessor feels that his/her special skills are essential to facilitating communications. The interviewer qualifies as a casual acquaintance unless s/he is very familiar with the applicant.



# LEARNING

General cognitive competence and ability to acquire new behaviors, perceptions and information and to apply experiences in new situations.

## *PERSPECTIVE*

The applicant must demonstrate ability to acquire information, process experiences, and appropriately perform ordinary age-appropriate cognitive tasks on an ongoing basis.

### **6 item Category**

Requires a deficit in TWO areas for a substantial functional limitation

<p>1. Applicant is able to provide complete and accurate personal data, including name, date of birth, place of residence (street address, city, and state), telephone number, etc. without using assistive devices.</p>	<p>Score <b>YES</b> if applicant independently completes page 1 of the LSA tool.</p>
<p>2. Applicant is able to read and understand items such as personal mail, labels on food or other common domestic products, menus in restaurants, and signs in the community.</p>	<p>Ignore lack of speed or fluency. Comprehension is the issue. Score <b>YES</b> if applicant understands the content, even though s/he may have difficulty with specific words. Score <b>NO</b> if unable to gain accurate comprehension of content.</p>
<p>3. Applicant is able to do simple addition and subtraction, identify basic units of money—pennies, nickels, dimes, quarters, \$1, \$5, \$10 and \$20, calculate the value of combinations of these items and make change up to \$5.00.</p>	<p>Score <b>YES</b> even if the applicant lacks the physical skills to manipulate the coins but accurately calculates the value with minimal assistance from the interviewer, for example, moving the coins under the direction of the applicant.</p>
<p>4. Applicant is able to tell the time of day, including A.M. and P.M. (or morning, afternoon and evening) using a time-keeping device, use a calendar to tell the day of the week and month of the year, and associate activities with the appropriate time of day or year, without using assistive devices.</p>	<p>The terms “morning and afternoon” or “day and night” may be substituted for A.M and P.M. Either analog or digital watches and clocks may be used.</p>
<p>5. Applicant is able to write his or her name, a note for self or someone else, send an email or text message, and complete basic forms.</p>	<p>Applicant must demonstrate ability to respond to a variety of requests for information. If applicant is clearly limited to providing basic data from rote learning and memory, score <b>NO</b>.</p>
<p>6. Applicant is able to complete a task involving at least three steps that are presented verbally at the beginning of the task (stand up, take the tray to the other side of the room, and set it on the blue table).</p>	<p>Be sure tasks assigned can be physically met by applicant.</p>

# MOBILITY

Motor development and ability to use fine and gross motor skills.  
Ability to move about with or without assistive services.

## *PERSPECTIVE*

While performing purposeful activities, the applicant must demonstrate ability to move about with little or no assistance or supervision on an ongoing basis.

### **4 item Category**

Requires a deficit in ONE area for a substantial functional limitation

**1. Applicant independently and safely moves about within indoor and outdoor environments, without using a wheelchair, crutches, cane, or other assistive device.**

If applicant is independent in mobility with the single exception of climbing stairs, score **YES**.

**2. Applicant independently and safely pulls self into a standing position, stands, and transfers self from one surface to another, e.g., bed to chair, chair to bed, onto and off toilet, in and out of bath or shower, etc., without using assistive devices.**

If applicant is independent in transferring, score **YES**.

**3. Applicant is able to turn knobs or handles to open a door, lock and unlock doors, and enter and exit the home, without using assistive devices.**

If applicant is independent, score **YES**.

**4. Applicant independently picks up small objects, carries small objects, removes wrappings, opens containers, and pours and stirs, without using assistive devices.**

If applicant is independent, score **YES**.

# SELF- DIRECTION

Management and control over one's own personal and social life.  
Ability to make decisions and perform activities affecting and protecting own personal interests.

## *PERSPECTIVE*

The applicant must demonstrate ongoing ability to take charge of life activities, as age-appropriate, via an appropriate level of self-responsibility and assertiveness.

### **6 item Category**

Requires a deficit in TWO areas for a substantial functional limitation

<p>1. Applicant makes and implements essentially independent daily personal decisions regarding diet (what to eat, when to eat, where to eat) and schedule of activities, including when to get up, what to do (for example, work, leisure, home chores, etc.) and when to go to bed.</p>	<p>In cases where the applicant has minimal opportunity to self-direct because of restrictions imposed by living arrangements, score <b>YES</b> only if applicant clearly has the ability and has done so at some previous point in time.</p>
<p>2. Applicant makes and implements essentially independent major life decisions such as choice of type and location of living arrangements, marriage, and career choice.</p>	<p>For young adults who have not had to make major decisions as yet, consider their understanding of the process of decision-making as well as performance in making and implementing minor decisions, and score <b>YES</b> if they clearly demonstrate the potential.</p>
<p>3. Applicant possesses adequate social skills to establish and maintain interpersonal relationships with friends, relatives, or coworkers.</p>	<p>Key considerations in assessing this ability are the equality and endurance of relationships. If applicant has interpersonal relationships but they are dependent upon the other party or a third party to maintain, score <b>NO</b>.</p>
<p>4. Applicant sets personal goals and makes plans and takes steps to accomplish them.</p>	<p>In cases where the applicant has minimal opportunity to self-direct because of restrictions imposed by living arrangements, score <b>YES</b> only if applicant clearly has the ability and potential or has done so at some previous point in time.</p>
<p>5. Applicant solves problems and takes responsibility for own actions, obeys laws.</p>	<p>In cases where the applicant has minimal opportunity to self-direct because of restrictions imposed by living arrangements, score <b>YES</b> only if applicant clearly has the ability and potential or has done so at some previous point in time.</p>
<p>6. Applicant is able to manage physical and mental health, self-refers for routine medical and dental checkups and treatment, including selecting a doctor, setting appointment and providing a medical history, as necessary.</p>	<p>In cases where the applicant has minimal opportunity to self-direct because of restrictions imposed by living arrangements, score <b>YES</b> only if applicant clearly has the ability and potential or has done so at some previous point in time.</p>

# CAPACITY FOR INDEPEN- DENT LIVING

Age-appropriate ability to live without extraordinary assistance from other persons or devices, especially to maintain normal societal roles.

## *PERSPECTIVE*

The applicant must demonstrate ability to function on an ongoing basis as an adult, independent of extraordinary emotional, physical, or medical support systems.

### **6 item Category**

Requires a deficit in TWO areas for a substantial functional limitation

1. Applicant generally carries out regular duties and chores (shopping, simple meal preparation, laundry, light housekeeping, etc.) safely and without need for reminders.

In cases where the applicant has minimal opportunity to perform chores regularly because of restrictions imposed by living arrangements, score **YES** if indeed clearly able.

2. Applicant is aware of a variety of community businesses and resources such as grocery stores, department stores, gas stations and quick stops, banks, post office, libraries, churches, etc. and independently finds and uses services or resources as needed.

Applicant must demonstrate common knowledge of community resources and the ability to access those when needed. If disability prohibits this, score **NO**. If applicant freely chooses to not use resources, score **YES**.

3. Applicant is able to get around in the neighborhood and community (including safely crossing streets and driving or using public transportation).

Applicant must demonstrate independence or describe times when he has able of independently getting around in his community.

4. Applicant can be left alone during the day without being considered to be at significant risk.

If applicant has never been left alone because of restrictions of living arrangements, probe for specific anticipated risks. Score **YES** if none are identified.

5. Applicant is able to protect self from being taken advantage of, and knows how to ask for help when needed.

Score **YES** only if applicant clearly has the ability and has done so at some previous point in time.

6. Applicant has hobbies and interests, is aware of community businesses and activities such as restaurants, parks, recreational facilities and programs, sporting events, movies, etc. and independently selects and participates in desired activities on a regular basis.

Applicant must demonstrate common knowledge of community activities and the ability to access those of choice. If disability prohibits this, score **NO**. If applicant freely chooses to limit his/her activities, score **YES**.



# ECONOMIC SELF- SUFFICIENCY

Age-appropriate (not applicable for children under age 16) ability to live without extraordinary financial assistance from other persons. Ability to maintain adequate employment and financial support. Ability to earn a “living wage,” net, after payment of extraordinary expenses occasioned by the disability.

## *PERSPECTIVE*

The applicant must demonstrate ability to function on an ongoing basis as an adult, independent of extraordinary financial support systems.

### **4 item Category**

Requires a deficit in ONE area for a substantial functional limitation

**1. Applicant is able to independently manage his or her own money, budget for required living expenses, keep track of financial obligations, and pay bills on time.**

The applicant need not have high-level math skills. The key is levels of responsibility and organization adequate to manage financial matters either directly or by directing others on a timely basis.

**2. Applicant has post-secondary (upon exiting school) work experience in a competitive, integrated setting, earning at least minimum wage without paid assistance (through VR, etc.) in obtaining or maintaining employment OR if still in school and at least age 16 or older, has part-time work experience or (paid or unpaid) internship experience OR expresses desire and intent to work upon exiting school.**

Score **YES** if applicant has work experience (paid or unpaid) and/or expresses desire and intent to work.

**3. Applicant is able to demonstrate knowledge of and competence for several traits of a good employee such as being prompt, attending regularly, accepting supervision and getting along with coworkers. (Applicant may be able to talk about school experiences as they relate to this area if no work history has been established.)**

Applicant need not mention any particular trait listed but must demonstrate general understanding of the expectations of the world of work. To score **YES**, traits must be verified by the informant

**4. Applicant is able to express a vocational preference and describe with reasonable accuracy the education and skills required.**

Ignore issues of probability for success in stated vocational preference. Score **YES** if applicant is unable to state a preference because s/he is knowledgeable of and attracted to several jobs.



STATE OF TENNESSEE, HEALTH CARE FINANCE & ADMINISTRATION  
 BUREAU OF TENNCARE, LONG TERM SERVICES & SUPPORTS  
 TENNESSEE LIFE SKILLS ASSESSMENT (LSA)

MAJOR LIFE ACTIVITY: CATEGORY VII ECONOMIC SELF-SUFFICIENCY (not applicable for children under age 16)	SOURCE OF INFORMATION								
	OBSERVATION			APPLICANT			INFORMANT		
	Y	N	N-C	Y	N	N-C	Y	N	N-C
1. Applicant is able to independently manage his or her own money, budget for required living expenses, keep track of financial obligations, and pay bills on time.  Comments: [ ]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Applicant has post-secondary (upon exiting school) work experience in a competitive, integrated setting, earning at least minimum wage without paid assistance (through VR, etc.) in obtaining or maintaining employment OR if still in school and at least age 16 or older, has part-time work experience or (paid or unpaid) internship experience OR expresses desire and intent to work upon exiting school.  Comments: [ ]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Applicant is able to demonstrate knowledge of and competence for several traits of a good employee such as being prompt, attending regularly, accepting supervision and getting along with coworkers. (Applicant may be able to talk about school experiences as they relate to this area if no work history has been established.)  Comments: [ ]	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Applicant is able to express a vocational preference and describe with reasonable accuracy the education and skills required.  Comments: [ ]	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CATEGORY VII									
<input checked="" type="checkbox"/> SUBSTANTIAL FUNCTIONAL LIMITATION (One (1) or more statements marked No under Observation OR under Applicant AND confirmed by Informant OR by multiple Informants/sources.)									
<input type="checkbox"/> NO SUBSTANTIAL FUNCTIONAL LIMITATION (All statements are marked yes or? under Observation and all statements marked? under Observation are marked Yes under at least one (1) other source of information.)									
<input type="checkbox"/> POSSIBLE FUNCTIONAL LIMITATION (Neither Substantial Functional Limitation nor No Substantial Functional Limitation.)									
APPLICANT'S NAME: [ ]									

# Summary Page- must be completed

MAJOR LIFE ACTIVITY	SUBSTANTIAL FUNCTIONAL LIMITATION	NO SUBSTANTIAL FUNCTIONAL LIMITATION	POSSIBLE FUNCTIONAL LIMITATION
CATEGORY I: SELF-CARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CATEGORY II: RECEPTIVE AND EXPRESSIVE LANGUAGE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CATEGORY III: LEARNING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CATEGORY IV: MOBILITY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CATEGORY V: SELF-DIRECTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CATEGORY VI: CAPACITY FOR INDEPENDENT LIVING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CATEGORY VII: ECONOMIC SELF-SUFFICIENCY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COLUMN TOTALS	5	2	0

# Documentation is “By Exception”

- If responses are in agreement a comment is NOT needed
- What requires a comment?
  - A conflict between the responses provided by applicant and informant
  - A conflict between observation and responses provided by applicant and informant
- Avoid N/C responses as much as possible, and keep to a minimum
- Observer needs to put an answer for each question
- N/C responses by applicant due to **communication** barriers should be explained with a separate note on cover sheet

# Scoring the Assessment

- 7 categories/concepts in the assessment, and 4 or 6 questions for each category
- **Substantial deficit:** 2 No responses in 6 question category  
1 No response in 4 question category
- **Non-substantial deficit:** all Yes responses
- **Possible Deficit :** 1 No response
- Scan down the page to look for yes's and no's, and count them to determine overall deficit
- The bottom of each page MUST be completed, to indicate limitation
- Check page to make sure it is completed in its entirety and that questions were asked correctly before moving on to the next page
- ***If they do not qualify, go back through assessment to ensure you captured all items correctly***

# Common Errors

## Incomplete Assessments

- Qualified assessor information left blank on summary page
- Only the applicant is interviewed, and no additional informant
- Observation section left blank
- Applicant responses marked as N/C due to inability to communicate verbally- assessor should make decisions on answers, and avoid N/C whenever possible

## Inconsistent Scoring

- Categories completed correctly, but correct information is not transferred to the summary page
- 4 question categories: not following instruction on using only ONE statement to make determination for substantial functional limitations

## Not Enough Information

- Comments included are generalized and do not provide enough information
- Comments contradict answers

# After LSA Completion

- TennCare may provide detailed notes regarding the PAE you submitted to assist you in developing your skills.
  - Read the notes from TennCare that are provided regarding the PAE
  - Apply the notes after the LSA is reviewed– they will let you know if the LSA is denied and if there was an error
  - Contact TennCare if you have any questions.





# LEARN THE ICAP

Inventory for Client and Agency Planning (ICAP)

# Introduction and Purpose of the ICAP

- Problem Behavior section is the only part of the ICAP used
- Used to identify problem behaviors and capture an overall picture of the person's type and level of behavior problems
- Used only for applicants requiring a high level of support/intervention
- Completed as part of a safety determination request or if behaviors were identified during intake
- Assessment is completed with two informants that have had contact with the individual (applicant) in the last 30-90 days and are familiar with behaviors exhibited.
- The individual should not serve as an informant. Any exception to this should be communicated to Maximus quality review staff.

# Identifying Problem Behaviors

- Problem behaviors limit independence and require a significant amount of support
- Are more frequent and have serious consequences that need to be addressed
- Do not include behaviors that are due to an intellectual disability, or developmentally age appropriate, such as inability to learn, or lack of adaptive behavior
- Do not include behaviors secondary to medical conditions

# 8 Behavior Categories

1. Hurtful to Self
2. Hurtful to Others
3. Destructive to Property
4. Disruptive Behavior
5. Unusual or Repetitive Habits
6. Socially Offensive Behavior
7. Withdrawal or Inattentive Behavior
8. Uncooperative Behavior

The examples listed on the ICAP for each category are only to explain what the categories mean, not to suggest they are problems for everyone who exhibits them.

# Hurtful to Self and Hurtful to Others

- Hurtful to self – Injures own body
  - Key Word – *Injures*
    - Examples: head banging, cutting, scratching, pulling hair, biting, puncturing.
- Hurtful to others – Causes physical pain to other people or animals.
  - Key Word – *Physical Pain*
    - Examples: slapping, biting, kicking, pulling hair, striking with objects.

# Considerations for Hurtful to Self/Others

- The extent of the injury to self/others
- If medical attention or treatment was necessary; detailed information on this should be included
- The intent of the behavior- if it's purposeful or accidental

# Destructive to Property

- Deliberately breaks, defaces or destroys things
  - Key word: *Damage*
    - Examples: hitting, tearing, breaking, throwing, burning
- Considerations:
  - Destruction to property must be significant to include here
  - Intent- accidental damage would not be included
  - Modifications in the home environment to prevent it, i.e lock boxes, Plexiglas, etc.
    - This may be observed during home visit ( holes in walls, broken items in the home, etc.)

# Disruptive Behavior

- Disruptive behavior interferes with the activities of others.
  - Examples: arguing, screaming/yelling, picking fights
- Considerations:
  - The consequences of this behavior and how it is impacting others; only extreme cases should be rated
  - If it is related to a person's communication style (i.e communicating via loud vocalizations, yelling, laughing, crying)



# Unusual or Repetitive Habits

- Behaviors that may be done over and over.
  - Examples: PICA, rocking, excessive/not enough eating
- Considerations:
  - Consequences of the behavior:
    - What would happen if support was not provided
    - How is it limiting the person's ability to participate in activities
- If the person's repetitive behaviors are related to a medical condition

# Socially Offensive Behavior

- Behavior that is offensive to others and is done with the intent to offend.
  - Examples: spitting, cursing, threatening, inappropriate touching or self and others
- Considerations:
  - Intent to offend is the main focus
  - Not using personal beliefs to rate a behavior
  - Applicant's age and intellectual functioning
  - Not rating for poor manners: belching, passing gas, nose picking should **ONLY** be rated when done with intent to offend

# Withdrawal or Inattentive Behavior

- Difficulty being around people or paying attention.
  - Examples: sleeping too much/too little, talking negatively about self, expressing unusual fears, isolation
- Considerations:
  - The person's age, personality traits and diagnoses
  - If there has been a significant change in behavior recently. (i.e someone who previously enjoyed social activities is now isolating)
  - Consequences: how it's limiting the person's daily life and ability to engage fully in activities

# Uncooperative Behavior

- Behavior that is uncooperative
  - Examples: refusing to attend school/work, breaking laws, stealing, elopement
- Considerations:
  - Differentiating between a person expressing their right to choose and being uncooperative (i.e choosing not to complete household chores)
  - The person's age and if some behaviors are typical for a specific age
  - Consequences of the behavior
  - What preventative measures are in place (i.e alarms in the home for elopement)
  - Balancing out consequences with intent, particularly when it comes to stealing or unlawful behavior.

# Categorizing Problem Behaviors

- Which category best describes the problem behavior?
- A behavior should be captured in only **ONE** category. Pick which category fits it best and rate it there.
- If a genuine behavior problem exists, determine which of the eight behavior categories listed best captures the key elements of the problem.
- The assessor determines the category, after careful questioning

# Categorizing Problem Behaviors (cont.)

- Many behaviors occur as an emotional outburst. The behavior may start in one category and progress through several others before it ends.
- We **do not** code a single episode of behavior or emotional outburst in multiple categories, even when several categories are present. Behaviors that typically occur together or within a few minutes of each other should be considered to be a single problem and categorized as a single type.
- For these behaviors it is important to get the full description of the entire episode, and then code the part of the behavior that is the most serious.

# Examples – Categorizing Problem Behaviors

- John screams socially offensive remarks, swears, and lashes out at others when having an emotional outburst.
  - The key element in his behavior is that he makes socially offensive remarks when this behavior happens, so the socially offensive nature of his remarks is coded as the primary behavior.

- When David has a behavior, he kicks walls causing damage, and curses.
  - This behavior would be coded as destructive to property, as the damage to walls is the most notable or worrisome aspect of the outburst.
  - We do not code both the property destruction and the swearing, but only the most severe part of the outburst.

# Frequency Scoring: How often does this behavior usually occur?

- Ask informants how often the behavior occurs
- Count the actual number of reported occurrences, not potential occurrences during the most recent month.
- Count episodes as separate occurrences if they happen more than 10 minutes apart, otherwise consider them as one occurrence.
- Count the total episodes during waking hours across all environments.
- Behaviors that are so serious that they are never allowed to occur, would be rated as less than once a month. Examples: sexual aggression, arson, murder, etc.
- Cyclical behaviors, such as with some mental illnesses, or behaviors that occur around a specific time of year should be rated based on the frequency in the last year.

b. **FREQUENCY:** *How often does this behavior usually occur?*

*(Mark one)*

- 0. Never
- 1. Less than once a month
- 2. One to 3 times a month
- 3. One to 6 times a week
- 4. One to 10 times a day
- 5. One or more times an hour



# Severity Scoring

- **The assessor is responsible for determining severity; the informants should not be asked how serious the problem behavior is.**
- You may need to query more or review documents (behavior plans or IEP's if applicable) to determine which of the appropriate 5 scores applies to the primary behavior.
- Considerations in determining severity:
  - Does the problem occur in all environments or just some?
  - Can the problem be managed with changes to the environment or structure?
  - Does the problem limit activities?
  - If a problem occurs in many environments, rate how serious it is in the environment in which the behavior is most often observed

c. **SEVERITY:** *How serious is the problem usually caused by this behavior? (Mark one)*

- 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

# Severity Scores: 0, 1

## 0—Not serious, not a problem

- Odd, eccentric, peculiar
- Not everyone considers it to be a problem
- It means either no behavior exists for this category or that the behavior is insignificant

## 1—Slightly serious, a mild problem

- Can usually be managed by common sense and a structured environment
- Annoying, embarrassing, worrisome
- Considered to be a problem, but not necessarily in all environments
- Does not seriously limit activities

# Severity Scores: 2

## 2—Moderately serious, a moderate problem

- Serious enough that it is addressed by a personalized objective
- Written procedures ( or informal ones) have been developed
- Objectionable, unacceptable
- A problem across several environments
- Limits some activities

# Severity Scores: 3

## 3—Very serious, a severe problem

- So severe that it is the primary documented personalized behavior objective
- Has written procedures
- Every occurrence is documented
- Very frightening, repulsive, or dangerous
- Frequency/severity reduced only with constant vigilance and highly structured environment
- Difficult or impossible for a single person to control
- Limits activities or environments that can't be structured

# Severity Scores: 4

## 4—Extremely serious, a critical problem

- May be life-threatening or have imminent danger
- Personalized objective and written record of every occurrence of the behavior
- Frequency difficult to reduce even with constant vigilance and a highly structured environment
- Extremely serious consequences that are not minimized even with a highly structured environment, implemented behavior plan and staff involvement

# Response to Problem Behaviors

- Question E9: select the response that best describes the way staff usually respond to the person when problem behaviors occur.
- Only **ONE** response should be selected out of the 10 options provided.
- If various people respond differently, select the response of the person who is most often present when problem behaviors occur.
- #10 should only be checked when none of the other answers are applicable and should be used sparingly

9. RESPONSE TO PROBLEM BEHAVIORS IN ANY OF THE 8 CATEGORIES  
How do you or other people *usually* respond when the client exhibits problem behaviors? (Mark one)

<input type="radio"/> 0. No problem behaviors in any of the 8 categories	<input type="radio"/> 5. Structure or restructure surroundings, remove material
<input type="radio"/> 1. Do nothing, or offer comfort	<input type="radio"/> 6. Ask client to leave room, sit elsewhere (time out)
<input type="radio"/> 2. Ask client to stop, reason with him or her	<input type="radio"/> 7. Take away privileges from client
<input type="radio"/> 3. Purposely ignore, reward other behavior	<input type="radio"/> 8. Physically redirect, remove or restrain client
<input type="radio"/> 4. Ask client to amend or correct the situation	<input type="radio"/> 9. Get help (two or more people needed to control client)
	<input type="radio"/> 10. Other: _____

Comments: \_\_\_\_\_

# Scoring Problem Behaviors

- Interview two informants separately
- Decide on the category based on information from informants
- Score frequency
- Score severity
- Describe the primary problem so that a quality reviewer can clearly understand it..
- Answer #9: response to behaviors

# ICAP Interview Guidelines

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- Informants should be interviewed separately.
- Ask the informants what behavior problems, if any, does the person have.
- DO NOT go through each of the eight categories with your informants; the assessment is not intended to be done as a yes/no questionnaire.
- DO NOT provide informants with a list of examples from the ICAP booklet. Those are listed only to explain what the categories mean, not to suggest that they are problems for everyone.
- If the information provided only fits some categories, you DO NOT have to ask if they have any behaviors in the other remaining categories.
- Ask follow up questions, so you have enough information to score the frequency and the severity.



# Follow Up Questions to Ask Informants

---

- How does it limit activities?
- When does this occur?
- What would it look like to someone watching?
- What helps it to stop?
- What is the USUAL outcome?
- How intense can it get? What leads to more intense flare ups?
- What is the most worrisome aspect of the behavior?
- What plan is in place to manage the behavior?
- Has this happened in the past 90 days?
- How often has it happened in the last month?
- In what environment does it occur?

# Documentation – Clinical Reporting Form

- Each informant's interview notes should be documented separately within the Clinical Reporting Form. Do not mix the responses from the different informants. The interviews should also be held separately.
- Remember, **two** informants need to be interviewed.
- Responses should be documented 1-8 to correspond with the categories on the booklet. For example, #1 on the Clinical Reporting Form should address #1 on the ICAP Booklet – Hurtful to self, etc.
- If a problem behavior is written and rated on the ICAP Booklet, it should also be described in detail in the interview notes on the Clinical Reporting Form. The information on those two forms should match.

APPLICANT/ASSESSOR/CONSERVATOR INFORMATION					
Applicant Name:	<input type="text"/>	SSN:	<input type="text"/>	DOB:	<input type="text"/>
Applicant's Address <i>(Street, City, State, Zip)</i>	<input type="text"/>				
County:	<input type="text"/>	Region:	<input type="text"/>	Assessment Date:	<input type="text"/>
Assessor Name:	<input type="text"/>	Assessor MCO/DIDD Office:	<input type="text"/>		
Does the person have a court appointed conservator/guardian	Yes <input type="checkbox"/> No <input type="checkbox"/>		Conservator Name:	<input type="text"/>	
Conservator Phone:	<input type="text"/>	Conservator Address:	<input type="text"/>		
CHECKLIST & SIGNATURES					
<input type="checkbox"/> I invited the conservator to have opportunity for meaningful participation in the ICAP assessment. <i>If guardian was unresponsive or declined participation, document contact attempts:</i>					
<input type="checkbox"/> By my signature below, I acknowledge fidelity to ICAP Project processes and ICAP item definitions.					
_____ <i>Assessor Signature</i>			_____ <i>Date</i>		

INFORMANT INFORMATION			
<b>1. Contact Name:</b>	<input type="text"/>	<b>Relationship to Applicant:</b>	<input type="text"/>
<b>Phone Number(s):</b>	<input type="text"/>	<b>Email:</b>	<input type="text"/>
<b>Informant Type:</b>	<input type="checkbox"/> Self <input type="checkbox"/> Conservator <input type="checkbox"/> Family <input type="checkbox"/> Natural Support <input type="checkbox"/> Paid Provider <input type="checkbox"/> Other: <input type="text"/>		
<b>Approx. Hours Direct Contact Past 1 Month:</b>	<input type="text"/>	<b>Approx. Hours Direct Contact Past 3 Months:</b>	<input type="text"/>
<b>2. Contact Name:</b>	<input type="text"/>	<b>Relationship to Applicant:</b>	<input type="text"/>
<b>Phone Number(s):</b>	<input type="text"/>	<b>Email:</b>	<input type="text"/>
<b>Informant Type:</b>	<input type="checkbox"/> Self <input type="checkbox"/> Conservator <input type="checkbox"/> Family <input type="checkbox"/> Natural Support <input type="checkbox"/> Paid Provider <input type="checkbox"/> Other: <input type="text"/>		
<b>Approx. Hours Direct Contact Past 1 Month:</b>	<input type="text"/>	<b>Approx. Hours Direct Contact Past 3 Months:</b>	<input type="text"/>

## FIRST INTERVIEW NOTES

**List each problem behavior separately** (items 1- 8) including the person's primary concern, the frequency and severity and *how others respond to the person when engaging in the problem behavior*. **Completion of this description is mandatory prior to submission.**

- 1.
- 2.
- 3.
- .

## SECOND INTERVIEW NOTES

**List each problem behavior separately** (items 1- 8) including the person's primary concern, the frequency and severity and *how others respond to the person when engaging in the problem behavior*. **Completion of this description is mandatory prior to submission.**

- 1.
- 2.
- 3.
- 4.
- 5.

# Documentation – ICAP Booklet

- ONLY ONE ICAP BOOKLET should be filled out, to include the combined responses from both informants. This can be done after the interviews.
- If there are no problems for the behavior category, simply write N/A. A short description of behavior is sufficient otherwise.
- Answer E.9 –.Select ONLY ONE RESPONSE. This should be the response that best describes the way staff **usually** respond to the person when problem behaviors occur. If various people respond differently, select the response of the person who is most often present when the problems occur.

# ICAP

RESPONSE  
BOOKLET

## INVENTORY for CLIENT and AGENCY PLANNING

9-22890

Robert H. Bruininks  
Bradley K. Hill  
Richard F. Weatherman  
Richard W. Woodcock

### CLIENT

Name \_\_\_\_\_  
LAST FIRST M.I.

Address \_\_\_\_\_  
STREET

\_\_\_\_\_ CITY STATE ZIP

Phone ( ) \_\_\_\_\_

Residential Facility \_\_\_\_\_

School/Day Program \_\_\_\_\_

County/District Responsible \_\_\_\_\_

Case Manager \_\_\_\_\_ Phone \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Respondent (Your Name) \_\_\_\_\_ Your Phone \_\_\_\_\_

Relationship to Client \_\_\_\_\_

Reason for Evaluation \_\_\_\_\_

Client ID \_\_\_\_\_

Residence ID \_\_\_\_\_

Day Program ID \_\_\_\_\_

Co./District ID \_\_\_\_\_

Case Manager ID \_\_\_\_\_

Other ID \_\_\_\_\_

YEAR MONTH DAY

Evaluation Date \_\_\_\_\_

(-) Birth Date \_\_\_\_\_

Age \_\_\_\_\_

YRS. MOS.

**CALCULATION OF AGE** Calculate the client's age by subtracting the birth date from the evaluation date. If the number of days in the client's exact age is less than 15, the client's age is the number of years and months calculated. If the number of days is 15 or greater, the number of months is increased by one.

### ICAP Training Implications Profile

#### MOTOR SKILLS



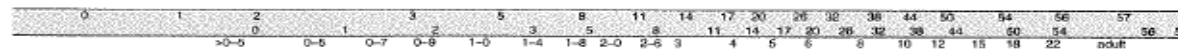
#### SOCIAL AND COMMUNICATION SKILLS



#### PERSONAL LIVING SKILLS



#### COMMUNITY LIVING SKILLS



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# E. Problem Behavior

**DIRECTIONS:** For each category, indicate whether the client exhibits problem behaviors. If yes, describe the client's *primary problem* and indicate its *frequency* and *severity*.

## PROBLEM BEHAVIOR CATEGORIES:

- Hurtful to Self
- Hurtful to Others
- Destructive to Property
- Disruptive Behavior
- Unusual or Repetitive Habits
- Socially Offensive Behavior
- Withdrawal or Inattentive Behavior
- Uncooperative Behavior

### 1. HURTFUL TO SELF

*Injures own body—for example, by hitting self, banging head, scratching, cutting or puncturing, biting, rubbing skin, pulling out hair, picking on skin, biting nails, or pinching.*

a. If yes, describe the PRIMARY PROBLEM:

If none, mark never (0) for frequency and not serious (0) for severity.

b. FREQUENCY: How often does this behavior usually occur? (Mark one)

- 0. Never
- 1. Less than once a month
- 2. One to 3 times a month
- 3. One to 6 times a week
- 4. One to 10 times a day
- 5. One or more times an hour

c. SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)

- 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

Comments: \_\_\_\_\_

### 2. HURTFUL TO OTHERS

*Causes physical pain to other people or to animals—for example, by hitting, kicking, biting, pinching, scratching, pulling hair, or striking with an object.*

a. If yes, describe the PRIMARY PROBLEM:

If none, mark never (0) for frequency and not serious (0) for severity.

b. FREQUENCY: How often does this behavior usually occur? (Mark one)

- 0. Never
- 1. Less than once a month
- 2. One to 3 times a month
- 3. One to 6 times a week
- 4. One to 10 times a day
- 5. One or more times an hour

c. SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)

- 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

Comments: \_\_\_\_\_

### 3. DESTRUCTIVE TO PROPERTY

*Deliberately breaks, detaches or destroys things—for example, by hitting, tearing or cutting, throwing, burning, marking or scratching things.*

a. If yes, describe the PRIMARY PROBLEM:

If none, mark never (0) for frequency and not serious (0) for severity.

b. FREQUENCY: How often does this behavior usually occur? (Mark one)

- 0. Never
- 1. Less than once a month
- 2. One to 3 times a month
- 3. One to 6 times a week
- 4. One to 10 times a day
- 5. One or more times an hour

c. SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)

- 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

Comments: \_\_\_\_\_

### 4. DISRUPTIVE BEHAVIOR

*Interferes with activities of others—for example, by clinging, pestering or teasing, arguing or complaining, picking fights, laughing or crying without reason, interrupting, yelling or screaming.*

a. If yes, describe the PRIMARY PROBLEM:

If none, mark never (0) for frequency and not serious (0) for severity.

b. FREQUENCY: How often does this behavior usually occur? (Mark one)

- 0. Never
- 1. Less than once a month
- 2. One to 3 times a month
- 3. One to 6 times a week
- 4. One to 10 times a day
- 5. One or more times an hour

c. SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)

- 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

Comments: \_\_\_\_\_

### 5. UNUSUAL OR REPETITIVE HABITS

*Unusual behaviors that may be done over and over—for example, pacing, rocking, twirling fingers, sucking hands or objects, twitching (nervous tics), talking to self, grinding teeth, eating dirt or other objects, eating too much or too little, staring at an object or into space, or making odd faces or noises.*

a. If yes, describe the PRIMARY PROBLEM:

If none, mark never (0) for frequency and not serious (0) for severity.

b. FREQUENCY: How often does this behavior usually occur? (Mark one)

- 0. Never
- 1. Less than once a month
- 2. One to 3 times a month
- 3. One to 6 times a week
- 4. One to 10 times a day
- 5. One or more times an hour

c. SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)

- 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

Comments: \_\_\_\_\_

### 6. SOCIALLY OFFENSIVE BEHAVIOR

*Behavior that is offensive to others—for example, by talking too loud, swearing or using vulgar language, lying, standing too close or touching others too much, threatening, talking nonsense, spitting at others, picking nose, belching, expelling gas, touching genitals, or urinating in inappropriate places.*

a. If yes, describe the PRIMARY PROBLEM:

If none, mark never (0) for frequency and not serious (0) for severity.

b. FREQUENCY: How often does this behavior usually occur? (Mark one)

- 0. Never
- 1. Less than once a month
- 2. One to 3 times a month
- 3. One to 6 times a week
- 4. One to 10 times a day
- 5. One or more times an hour

c. SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)

- 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

Comments: \_\_\_\_\_

### 9. RESPONSE TO PROBLEM BEHAVIORS IN ANY OF THE 8 CATEGORIES

How do you or other people usually respond when the client exhibits problem behaviors? (Mark one)

- 0. No problem behaviors in any of the 8 categories
- 1. Do nothing, or offer comfort
- 2. Ask client to stop, reason with him or her
- 3. Purposely ignore, reward other behavior
- 4. Ask client to amend or correct the situation
- 5. Structure or restructure surroundings, remove material
- 6. Ask client to leave room, sit elsewhere (time out)
- 7. Take away privileges from client
- 8. Physically redirect, remove or restrain client
- 9. Get help (two or more people needed to control client)
- 10. Other: \_\_\_\_\_

Comments: \_\_\_\_\_

### 7. WITHDRAWAL OR INATTENTIVE BEHAVIOR

*Difficulty being around others or paying attention—for example, keeping away from other people, expressing unusual fears, showing little interest in activities, appearing sad or worried, showing little concentration on a task, sleeping too much, or talking negatively about self.*

a. If yes, describe the PRIMARY PROBLEM:

If none, mark never (0) for frequency and not serious (0) for severity.

b. FREQUENCY: How often does this behavior usually occur? (Mark one)

- 0. Never
- 1. Less than once a month
- 2. One to 3 times a month
- 3. One to 6 times a week
- 4. One to 10 times a day
- 5. One or more times an hour

c. SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)

- 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

Comments: \_\_\_\_\_

### 8. UNCOOPERATIVE BEHAVIOR

*Behavior that is uncooperative—for example, refusing to obey, do chores, or follow rules; acting defiant or pouting; refusing to attend school or go to work; arriving late at school or work; refusing to take turns or share; cheating; stealing; or breaking laws.*

a. If yes, describe the PRIMARY PROBLEM:

If none, mark never (0) for frequency and not serious (0) for severity.

b. FREQUENCY: How often does this behavior usually occur? (Mark one)

- 0. Never
- 1. Less than once a month
- 2. One to 3 times a month
- 3. One to 6 times a week
- 4. One to 10 times a day
- 5. One or more times an hour

c. SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)

- 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

Comments: \_\_\_\_\_



# Behaviors: PAE vs ICAP

## Behavior Rule...

- The Applicant requires persistent staff or caregiver intervention and supervision (daily or at least four days per week) due to an established and persistent pattern of behavioral problems which are not primarily related to a mental health condition (for which mental health treatment would be the most appropriate course of treatment) or a substance abuse disorder (for which substance abuse treatment would be the most appropriate course of treatment), and which, absent such continual intervention and supervision, place the Applicant or others at imminent and serious risk of harm. Such behaviors may include physical aggression (including assaultive or self-injurious behavior, destruction of property, resistive or combative to personal and other care, intimidating/threatening, or sexual acting out or exploitation) or inappropriate or unsafe behavior (including disrobing in public, eating non-edible substances, fire setting, unsafe cooking or smoking, wandering, elopement, or getting lost).

# Behaviors: PAE vs ICAP

- There may be times, based upon TennCare's definition of behavior, that a PAE is submitted with behaviors indicated, but Maximus subsequently does not agree that such behaviors require an ICAP.
- If this occurs Maximus will email the submitter with this communication.
- Please attach this communication and the clinical reporting form to the PAE.

# Submitting the ICAP and Accessing Final Report

- ICAP documentation (clinical reporting form and booklet) to be submitted via FAX to Maximus for review.
- Use provided fax cover sheet with Maximus fax # and contact information.
- Include your name, phone number and email address on fax cover sheet; this will be used if additional information is needed.
- Report available on Maximus website within 2 business days.
- Maximus website: [www.ascendami.com](http://www.ascendami.com)
  - Username will be provided for login



# MAXIMUS®

[State Tools and Resources](#)

Username:

Password:

**User Agreement:**

By using this system, I attest that, under penalty of law, the information I submit will be accurate to the best of my knowledge. I also understand that this information is required by federal law, and any falsification is subject to penalties toward both myself and the agency I represent. I further understand that in order to effectively access and utilize this system, I must use one of the latest two versions of Microsoft Edge or Google Chrome on a Microsoft-supported version of Microsoft Windows. I understand that no other browsers will be supported.

**Login**

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Search for ICAP information by Client

Client ID	Last Name	First Name	SSN (Last 4 Digits)
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23456	Smith	June	1111

Print/Save

Client Information

<b>Client Name:</b>	Doe, Jane	<b>Class Membership:</b>	TENN
<b>SSN:</b>	000-00-0000	<b>Res:</b>	SUNRISE COMMUNITY - EAST
<b>Region:</b>	E	<b>Day:</b>	SUNRISE COMMUNITY - EAST
<b>DOB:</b>	01/01/2000	<b>ISC:</b>	Arc of Washington County
		<b>PA:</b>	

Print/Save

**Client Information**

*Assessments on or after 7/1/2016 will only display results for Maladaptive Behavior.*

<b>Client Name:</b>	██████████	<b>Class Membership:</b>	Intake
<b>SSN:</b>	██████████	<b>Res:</b>	
<b>Region:</b>	E	<b>Day:</b>	
<b>DOB:</b>	██████████	<b>ISC:</b>	
<b>Ascend ID:</b>	██████████	<b>PA:</b>	

**Assessments**

Assessment Entity	MCO-AmeriGroup
Review Date	10/7/2019
Scheduled Or Redo?	Scheduled

**Adaptive Behavior**

Motor Domain	
Social Communication	
Personal Living	
Community Living	
Broad Independence	
Overall Age Equivalent	0 Years 0 Months
Health	
Blindness	False
Mobility	

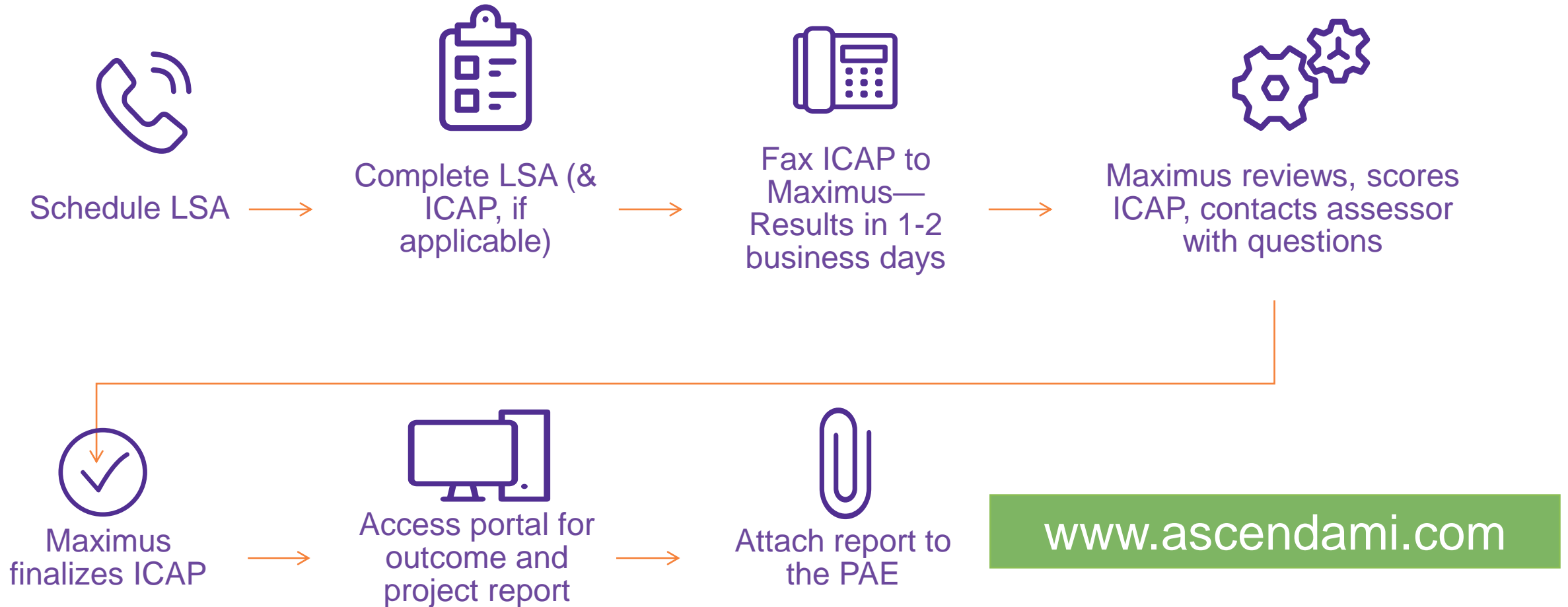
**Maladaptive Behavior**

Maladaptive General	-17
Maladaptive Internal	2
Maladaptive External	-29
Maladaptive Asocial	3
High Risk	
ICAP Service Score	
ICAP Service Level	
ICAP Interpretation	
ICAP LON	
ICAP Summary	<a href="#">View ICAP Summary</a>

(Printable if after 01/01/07)



# Process Flow





# Supports Intensity Scale (SIS)

# Supports Intensity Scale

## ■ WHO

- You request a SIS assessment from TennCare
- TennCare approves and notifies Maximus
- Maximus conducts the assessment

## ■ WHY

- The SIS is used to determine if ECF Level 6 supports are warranted

## ■ When

- Generally, within 2 weeks
- Maximus has 5 days from referral to complete and finalize the assessment

## ■ How


- Assessments are conducted **face-to-face** with at least 2 respondents
- Structured interview- all respondents must participate at once and be present for the entire interview
- Takes 2-2.5 hours to complete

# Respondents

- AAIDD has established specific criteria as to who qualifies as a SIS<sup>®</sup> respondent.
  - The person must:
    - Have known the individual being assessed for at least 3 months.
    - Be able to speak knowledgably about support needs across a variety of everyday settings.
  
- Maximus must have at least THREE valid respondents to conduct the SIS<sup>®</sup> assessment.

# ECF SIS Referral Form

- Address should reflect where the person is CURRENTLY residing.
- This should be the location where the assessor will be able to meet the individual for a face to face.
- Use the “Additional Info” box at the bottom of page 3 to indicate additional info on person’s location ( if in a facility, hospital, etc.) or if the person needs an interpreter.
- Any other information the assessor needs to know prior to scheduling should be included there.



**Supports Intensity Scale (SIS)<sup>™</sup>  
Informant Form Employment and Community  
First CHOICES**

Applicant's Name: \_\_\_\_\_

Supports Intensity Scale (SIS<sup>™</sup>) is a comprehensive, onsite face - to - face assessment required before any applicant can be enrolled in ECF CHOICES Group 6. These assessments last about 2 hours and are conducted by Ascend, a TennCare contractor qualified to administer SIS<sup>™</sup>.

SIS<sup>™</sup> will be used in needs assessment and person-centered planning functions ECF CHOICES Group 6 and will be used for purposes of supports budgeting.

To successfully perform SIS<sup>™</sup>, the applicant and at least 3 informants must participate in the face to face visit. To facilitate scheduling, please complete the following information during the enrollment visit when it is likely the applicant will qualify for ECF CHOICES Group 6. Attach the completed form to the PAE upon submission to TennCare. Ascend will contact all people listed below to schedule the in-person SIS assessment.

Informants are people who have known this applicant for at least 3 months and can describe their support needs across domains. Domains include daily living, community and social activities, employment and educational activities and health, protection and advocacy activities. Please identify three (3) informants who are most familiar with the applicant.

Applicant:

Social Security Number		
Date of Birth		
Best phone number for reaching applicant		
Additional phone number for reaching applicant		
Street Address( Where the applicant <u>currently</u> resides):		
City:		
Zip Code:		
County:		
Contact Email Address		
Applicant's preferred method of contact	<input type="checkbox"/> Phone	<input type="checkbox"/> Email

3 Informants:



# ECF Refresher Training Attestation

- In order to receive credit for this training and to extend your ECF Qualified Assessor code you **must** sign the Attestation here:

[https://stateoftennessee.formstack.com/forms/ecf\\_qualified\\_assessor\\_attestation\\_copy](https://stateoftennessee.formstack.com/forms/ecf_qualified_assessor_attestation_copy)

# Thank you!

- Thank You for taking the ECF Qualified Assessor Refresher Training and attesting to your knowledge!