

1.16	Inventory for Client and Agency Planning Assessment	Page 1 of 2
Authorizing Utah Code: 62a-5-103	Rule: None	Division Staff
Issue date: 1/00	Revision date: 5/04	
Form(s): 1056 and ICAP		

The **Support Coordinator** shall complete the Inventory for Client and Agency Planning (ICAP) at the time a **Person** applies for support services. The **Support Coordinator** reviews annually and updates the **Person's** ICAP when there are significant changes to the **Person's** condition. The ICAP is used to **Plan** and develop programs and to describe the support a **Person** may require when living with functional limitations. The ICAP findings assist in establishing a budget for services for each **Person**.

The ICAP is not required for **Persons** who receive or apply for brain injury or physical disabilities services.

PROCEDURES

1. The **Support Coordinator** shall complete the ICAP for all **Persons** applying for supports due to **Mental Retardation** or **Developmental Disabilities**. Assessment information is provided by the **Person** and/or an informant who knows the **Person** well. However, the **Support Coordinator** shall use professional judgement in completing the ICAP based on ALL information available, not just from an informant. When an ICAP is administered on behalf of a **Person** currently receiving supports, the service **Providers** who are serving the **Person** at that time shall be consulted for accuracy of the information. The **Person/Representative** and **Provider** are notified prior to the completion of the **Person's** ICAP and invited to provide assessment information.
2. The completed ICAP shall be scored at the **Region Office**. Score results shall be submitted to the **Division State Office** electronically. The Utah Social Services Database System (USSDS) client screen will be updated whenever a new ICAP is completed.
3. **Regions** shall establish an Inventory for Client and Agency Planning (ICAP) review process. The ICAP review process shall include:
 - a. selection of a **Region** ICAP review coordinator who shall establish and monitor procedures to ensure that the information used in completing the ICAP is accurate;
 - b. that standardized procedures are followed; and
 - c. that the results accurately assess the **Person's** needs.
4. Other review procedures include:
 - A. The **Support Coordinator** reviews the ICAP annually during the annual review process and determines if the ICAP continues to represent the **Person's** adaptive functioning level. If the ICAP continues to reflect current functioning level, no further action is taken.
 - B. If a written request is made by a member of the **Person's Team** to complete a new ICAP, the **Support Coordinator** has 30 days from the time the written request was received to determine whether a new ICAP is required and to notify the **Team** member requesting the review in writing of the determination. If it is determined that a new ICAP should be completed, the **Support Coordinator** has 60 days from the date the initial request was received to complete a new ICAP.
 - C. Following the completion of a new ICAP for a **Person** who receives Level 1 through Level

4 funding, the **Support Coordinator** shall:

1. file the new ICAP in the **Person's** file if there is no change in the **Person's** funding level and take no further action at that time, or
 - ii. forward the completed ICAP and supporting data to a **Supervisor**, if the funding level increases.
- D. If the new ICAP score indicates a rate level increase, but not to Level 5, the **Supervisor** shall review the completed ICAP, along with supporting data, to determine the factors leading to the rate increase request and how **Provider** actions will change following a rate increase. If the **Supervisor** agrees that the ICAP increase is justified, the **Support Coordinator** will negotiate the new level of service with the **Provider** and complete the **Form 1056** to implement the new rate. The new ICAP is then filed in the **Person's** record.
4. If the new ICAP score indicates a rate change to or from a Level 5, the **Supervisor** shall review the completed ICAP response booklet and score sheet along with supporting information. If the **Supervisor** agrees with the new score, the assigned **Region** staff reviews the documents. If the reviewer agrees the increased rate is justified, a **Form 1056** shall be completed and a signed copy sent to **Providers** before the new rate is implemented. IT IS MANDATORY THAT ALL ICAP ASSESSMENTS WHICH SHOW AN INCREASE TO A LEVEL 5 BE ACCOMPANIED BY DOCUMENTATION THAT INCLUDES, BUT IS NOT LIMITED TO: incident reports, behavioral assessments, medical needs, physical limitations, recommended behavior programs with already collected baseline supporting data, anecdotal reports, a copy of the current **Person-Centered Plan** and a statement that indicates how the **Provider** proposes to meet the **Person's** needs which led to the Level 5 designation, etc.
5. If the **Person's** ICAP level decreases, the **Supervisor** will review and approve the change. If it is justified, the **Region** staff will coordinate with the **Provider** to change the supports to be provided, complete a new **Form 1056** to reduce the reimbursement rate, and set an effective date for the change to be implemented.
6. The **Region** ICAP review coordinator reviews the ICAP at the request of the **Supervisor** whenever there is disagreement concerning the ICAP score or the **Person's** support needs. If the review coordinator is unable to resolve the disagreement, the ICAP is forwarded to the State Review Committee. The State Review Committee composed of **State Office** and **Region** staff and two **Provider** representatives shall review the assessment information and supporting documentation and make a recommendation to the **Division Director**. The **Division Director** evaluates the recommendation and makes a final decision.