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.