

The Family and Social Services Administration (FSSA) of Indiana and the Division of Disability and Rehabilitative Services (DDRS) are creating a uniform funding model to determine fair and equitable levels of state support, based on an objective assessment and driven by the principles of person-centered planning and measurable outcomes. The initiative, known as the Objective Assessment System for Individual Supports (OASIS), impacts the more than 7,000 Hoosiers receiving a Developmental Disabilities (DD) or Autism (AU) Medicaid waiver.

To objectively assess the needs of each individual, OASIS incorporates the Inventory for Client and Agency Planning (ICAP). The ICAP is a functional tool that is nationally recognized in the disability industry for valid and reliable assessments. The ICAP result and several other factors are used to develop a fair and equitable budget for individuals with a DD or AU waiver.

Developed in collaboration with FSSA/DDRS (administrators of Indiana's Home and Community Based Services Medicaid waivers), the following information will provide Consumers and their families/guardians with the basics of the ICAP and its role in OASIS.

What is the ICAP?

The ICAP is an adaptive behavior assessment, also referred to as a "functional assessment." The assessment process includes a series of questions used to evaluate and measure an individual's level of independence, capabilities, and areas of needed daily-living support (or maladaptive needs). Each assessment follows the same procedure to ensure consistent data for each Consumer in their own setting.

Do all waiver recipients have an ICAP assessment?

Every individual with a DD or AU waiver in the state of Indiana receives an ICAP review.

Who responds to the questions on the ICAP?

Arbitre Consulting, Inc., hired by the State of Indiana, interviews three identified respondents for every ICAP. A 'respondent' is a person who answers the ICAP questions about the waiver recipient's capabilities and areas of need.

During the individual's 90-Day Review, an IPMG Case Manager will consult with the waiver recipient and/or his or her guardian, and potentially members of the individual's support team, to ask for recommendations on who should be a respondent in that individual's ICAP assessment.

Arbitre evaluates and confirms the appropriateness of recommended respondents. An appropriate respondent is considered to be someone close to the individual, with a minimum of 3-5 interactions per week.

What does the ICAP assessment measure?

The ICAP measures what tasks required for successful daily living that the individual may or may not be able to complete on their own. These can range from daily grooming needs to walking without assistance, and other things such as the ability to travel varying distances on their own. The result is a "level of service needed" score that represents an individual's needs at that time. This can also be repeated and adjusted to reflect life-changing events that may occur.

The ICAP is not a "level of care" tool. The level of care evaluation is the individual's Developmental Disabilities Profile (DDP), which is completed by the IPMG Annual Assessment Specialist (AAS). The ICAP assessment is a snapshot of the individual's capabilities and areas of needed daily-living support, and provides an objective picture of what the waiver recipient can and cannot do without support at that point in time.

When does the ICAP assessment occur?

The ICAP assessment will take place before the waiver recipient's allocation budget is determined for that year. The result of the ICAP assessment is one of several factors considered when determining an individual's allocation.

For new waiver recipients, the initial ICAP assessment occurs within 30 days of the individual's referral to IPMG. For those already receiving waiver services, the ICAP will occur every 15-24 months from the last ICAP assessment performed.

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Before the ICAP assessment occurs, the waiver recipient's person-centered planning process can begin, including the completion of the person-centered description (PCD). Because the ICAP is a determining factor for the individual's allocation amount, the waiver recipient's Cost Comparison Budget (CCB) and annual team meeting cannot be completed without it.

What if I have a life-changing event before my next ICAP assessment?

If a life-changing event or a significant change in health occurs prior to the next ICAP assessment, a request can be made for a new ICAP assessment, new ICAP addendum questions, or both.

In Indiana, the ICAP addendum is a list of questions used in addition to the ICAP to further validate the needs of an individual. The addendum questions follow answers provided to questions asked during the assessment, and are based specifically on the answers provided by respondents.

How much of my allocation is determined by my ICAP assessment?

OASIS considers multiple factors when determining an allocation budget. The ICAP assessment is 14% of this determination. Other factors include:

- Living Arrangement
- Number of Housemates
- Age of the Individual
- Behavior and Health Intensity Needs
- Diagnosis (Blindness and Mental Illness)

How does the ICAP process ensure that information collected from respondents is reliable?

The respondents chosen should be from all areas of the individual's life, including work, school, day programs, and home. Ideally, an Arbitre Assessor will speak with three respondents in order to establish an accurate overall view of the individual's life and abilities for each ICAP assessment. The purpose of having more than one respondent from different areas of a person's life is to ensure that if one respondent cannot answer a particular question properly, one or both of the other respondents should be able to fill in any gaps.

If three respondents cannot be identified, the ICAP will be conducted with those who have been identified as being best acquainted with the capabilities of the individual. (An initial ICAP assessment can be completed with one respondent, if necessary.)

Are my ICAP responses checked for quality?

Arbitre has a Quality Control Specialist who reviews every completed ICAP. During this quality review, the specialist notes any conflicting answers, and then returns the ICAP assessment to the Arbitre Assessor for clarification.

How much time does it take to do an ICAP assessment?

Each interview takes approximately 20-30 minutes, and is performed individually to ensure confidentiality and identify each respondent's own experiences with the waiver recipient. The Arbitre representative asks the respondent several questions about the waiver recipient. These questions are focused on motor skills, social and communication skills, personal living skills, and community living skills.

During the assessment, the respondent is also asked a series of addendum questions. The addendum questions are chosen from a standard list to provide additional information, and refer to certain behavioral, health care, family support, and day program factors, such as the frequency and/or intensity of support needed.

Can I see the results of my ICAP assessment?

Currently, your IPMG Case Manager can view the results of your ICAP assessment through a secure online web portal provided by the State of Indiana. Results include the questions and answers from the ICAP and ICAP addendum questions. To maintain confidentiality, individual respondent answers are not available for review. Individual waiver recipients, their families/guardians, and support teams may request a printed copy of their ICAP results by contacting their IPMG Case Manager.

When viewing the results of your ICAP assessment, you will be able to see and understand every question and answer. However, information such as the 'weight' or 'value' of a particular question is not provided as part of the results.

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What if I disagree with my ICAP results or my OASIS allocation?

After receiving an allocation, Consumers, their families or guardians, and any member of the support team may request a review of the factors used to determine the amount. If the request meets the required criteria, the OASIS Review Committee (ORC) will conduct a review. For example, you may feel that the allocation amount is not enough to purchase the services you need to support your health and safety. If this should occur, the Consumer, family or guardian, or a member of the support team should contact the IPMG Case Manager to ask for a review.

What justifies a review of my ICAP assessment?

In order to make a significant impact on the individual's ICAP score, a majority of the questions must be answered inaccurately. If the information provided is considerably inaccurate, it is possible for the ORC to determine that the ICAP and/or addendum questions be re-done to provide a more correct picture of the support needed.

The ORC will review the factors used to determine the allocation and any additional information provided by the Consumer's support team. This committee will report its findings and recommend actions to be taken, if any, which may result in an adjusted allocation amount. Specific circumstances must apply prior to asking for a review by the ORC.

More information about the review process, including specific circumstances needed for a request to be accepted by the ORC, can be found on the DDRS website on the OASIS link, www.in.gov/fssa/2328.htm. "The Basics of the OASIS Review Process" is an additional resource available from your IPMG Case Manager, and on IPMG's website, www.gotoipmg.com.

What tools can I use to better understand the ICAP?

Your IPMG Team

In addition to information provided by your IPMG team, IPMG's online Consumer news magazine, *possibilities*, has specific information and updates about waiver services. Issues of *possibilities*, along with important updates as provided by the State of Indiana and DDRS, are available on IPMG's website, www.gotoipmg.com.

IPMG's Powerful Parents and Consumers Network

Each month, Hoosier waiver recipients and their families or guardians meet at their local Powerful Parents and Consumers Network chapter to discuss specific issues and challenges and explore solutions. Sponsored by IPMG, these empowering meetings are open to anyone with a developmental disability and those who love and support them.

For more information on Powerful Parents and Consumers Network, or to locate the chapter nearest you, visit IPMG's website at www.gotoipmg.com/pp-welcome.php. Rich Wherry, Powerful Parents and Consumers Network Liaison, is also available at 866-672-IPMG (4764), ext. 257 or via email at r.wherry@gotoipmg.com.

Additional DDRS Resources

DDRS and IPMG are dedicated to providing Indiana's waiver recipients with answers to their questions and concerns regarding the OASIS initiative. The following resources are available to assist Consumers, families, and providers:

Questions or concerns regarding the OASIS initiative:

OASIS-ICAP Help Lines: (317) 234-5222 or 1-888-527-0008

Email: OASIS-ICAPHelp@fssa.in.gov

Website: www.ddrs.IN.gov

Questions or concerns regarding allocations:

IPMG Toll Free Phone: 1-866-672-IPMG (4764), ext. 261

Website: www.gotoipmg.com