

ICAP GUIDELINES

I. Introduction

Children and adults with developmental disabilities, people who acquire disabilities as adults through accident or illness, and the elderly who have gradually lost their independence often need assistance at home, at school and at work. The ICAP assesses adaptive and problem behavior to determine the type and amount of assistance people with disabilities may need to be as independent as they can be.

Independence is the ability to do things on one's own. This means not only having the ability to perform a task, but also knowing when to do it and having the willingness to do so.

On July 1, 2013, Senate Bill 26 was put into place. SB26 eliminates outdated references to mental retardation terminology in state law to reflect a more appropriate, people first language like "individual with an intellectual disability" and "intellectual disability". Please reference this change in diagnostic areas of the ICAP Guidelines.

II. General - Inventory for Client and Agency Planning

The HMH Assessment Catalog describes the ICAP as follows:

"The ICAP is a short, easy to use, standardized assessment instrument that measures adaptive and maladaptive behavior. Its strong psychometric properties make it a valuable tool for determining eligibility, planning services, evaluating, reporting progress, or funding reports."

"Inventory areas include diagnostic and health status, functional limitations, adaptive and problem behavior, residential placement, daytime program, support services, and social/leisure activities."

The ICAP was copyrighted in 1986 by Robert K Bruininks, Bradley K. Hill, Richard F. Weatherman, and Richard W. Woodcock. It is available by ordering through Houghton Mifflin Harcourt (HMH) <http://www.hmhco.com/hmh-assessments/clinical-and-special-needs-assessment/icap/shop-now>.

All participant ICAPs are required to be updated and submitted by the Case Manager and encoded on ICAP Compuscore software **upon the initiation of services, as warranted as the participants needs change and/or as directed by the ISP team, and every three years on or by January 15th starting 2021**. The ICAP database is copied and sent to the Division of Developmental Disabilities via FTP. The Division then uses the Compuscore software (Windows Version 2.0) to merge new data with the statewide ICAP database.

III. ICAP Policies

A. A "Summary of Directions for Completing the ICAP" is printed in Appendix D of the ICAP Examiner's Manual. The Department of Human Services (DHS) has developed guidelines for completing the ICAP. ***Whenever there is a direct conflict between Department instructions, and other directions, the DHS guidelines should be followed.***

B. Who: All people who receive services from a Community Support Provider (CSP), a Service Provider (SP), Family Support, or an Intermediate Care Facility for Intellectual Disability (ICF/ID) require an ICAP. An ICAP must be completed for **all people** regardless of funding source, with **only** the following exceptions:

- 1) People who do **not** have a developmental disability and who participate in only “job shop” programs; or
- 2) People served **solely** in separate traumatic brain injury (TBI) programs, or
- 3) People served **solely** in separate mental health programs, or
- 4) People served **solely** in separate alcohol treatment programs.

C. When: The ICAP is required for initial Level of Care eligibility approval. For an ICAP to be considered valid, the evaluation date on the ICAP may not be more than 36 months old. All participant ICAPs are required to be updated and submitted by the Case Manager and encoded on ICAP Compuscore software **every three years on or by January 15th starting 2021**. ICAP changes outside the three-year rotation should be submitted **as warranted as the participants needs change and/or as directed by the ISP team**.

D. How: ICAPs are submitted through FTP. Or use the ICAP Compuscore software to encode the data and copy the file entitled “ICAP.ICP” to a CD. Mail it to the Division of Developmental Disabilities in Pierre.

IV. Directions for Completing the ICAP

Administering or scoring the ICAP does not require an extensive background in test administration. These instructions and definitions summarize certain information that is useful in completing the ICAP Response Booklet. A completed ICAP will reflect current evaluations, programs, services and recommendations as outlined on the annual Individual Service Plan.

Cover Page – Identifying Information

Name: Person's last name, first name, and middle initial. Use the person's legal, full name. Must be the same name found on the Service Record and on claims to Medicaid for HCBS or ICF services. Inform the Division of Developmental Disabilities if the name on the ICAP disagrees with claims to Medicaid.

Address: Complete address of the person's residence or facility. Do not use a post office box or the address of an administrative office.

Phone: Telephone number at the person's residence.

Residential Facility: Name of the community support provider or facility where the person currently lives. If the person is independent or lives with parents, enter NA.

School/Day Program: Name of the school or day habilitation program for the person, or name of employer or company where the person works. If none, enter NA.

County/District Responsible: The county and/or school district with financial responsibility for services received by the person. This may or may not be the county or district in which service is provided. If no school or county has financial responsibility, enter NA.

Case Manager

Name and phone number of the person responsible for assistance to obtain, coordinate and oversee services, i.e. the case manager, service coordinator, individual support coordinator, family support coordinator, social worker, etc. If none, enter NA.

Parent or Guardian

Name and phone number of the person's parent(s) or guardian. If the person is an independent adult with no parental oversight or no guardian, enter NA.

Respondent

Your Name: Name of the person who completed the ICAP. First and last name.

Your Phone: Complete phone number.

Relationship to Person: Family relationship or title (e.g., staff, teacher, coordinator).

Reason for Evaluation

A brief explanation, e.g., eligibility, admission, three-year update, significant change.

ID Number (person, residence, day program, county/district, case manager)

The client ID should correspond with the oversight ID in Therap. The assigned two-digit provider ID code should be entered in the day-program ID field.

Evaluation Date: Year, month, and day on which the ICAP is completed. When the ICAP booklet and Compuscore program is changed or revised for any purpose, the evaluation date will reflect the date the changes/revisions were made.

Birth Date: Year, month, and day of the person's birth (verified from birth certificate) **Age:** In calculating age, it is necessary to enter the year first, the month next, and the day last for both the evaluation date and the birth date. The person's age is automatically calculated when entered in the ICAP program.

Marking Responses

Most ICAP items ask that you mark one response or mark all that apply to complete the form. Many items have a space labeled *other*, which when marked need a written explanation.

Mark one: Mark the one response that best describes the person or that describes what the person usually does. No item should be left blank. Select the alternative that usually applies in the environment in which you and the person interact (e.g., at home if you are a parent, at school if you are a teacher). Do not mark more than one response.

Mark all that apply: Select all responses that apply to the person. If none apply, mark the space labeled *none* so it is clear the item has not been skipped.

Other: Mark *other* only if necessary. If possible, select a specific response that reasonably describes the person. Always describe what *other* means in the space provided.

A. Descriptive Information

Hispanic Origin: Complete this item in addition to race. A person may be white and Hispanic or black and Hispanic, for example. Verify Hispanic origin with the person or with the person's records if the person has a Hispanic surname.

Primary Language Understood: Mark the spoken or written language the person best understands. If two languages are understood equally well, mark the space labeled *other* and list both. If the person does not appear to understand any language, enter the language most often spoken in his or her home.

Primary Means of Expression: Mark the response that describes the way the person currently expresses him/herself and which is most effective or most often used by the person in communicating with other people. "Communication board or device" includes symbol boards and various mechanical and electronic communication devices. Because most people use several modes of communication (e.g., gestures and speech), you may have to make a judgment about the single most representative response for this item.

Marital Status: Mark the appropriate marital status of the person.

Legal Status: Consult records, i.e., Guardianship court order to verify who the person's legal guardian is. All children, even those with severe disabilities, become legally competent adults at the age of majority (18) unless someone (parent included) is formally appointed as guardian. Unless specifically relieved of this responsibility by the courts, parents are legal guardians of their children until the age of majority. Mark item #4, when a South Dakota government entity is guardian and/or conservator, e.g., Department of Human Services, Department of Corrections, Department of Social Services. When there is a Tribal guardianship in place mark 5. Other and write in the Tribe where the guardianship is held.

B. Diagnostic Status

Primary Diagnosis and Additional Diagnosed Conditions: Mark **one** diagnosis as the primary diagnosis, i.e., autism, brain or neurological damage; chronic brain syndrome (if occurrence is prior to age 22 years), cerebral palsy, epilepsy or seizures, intellectual disability, (ID), or other; borderline intellectual functioning. **Do not mark the following diagnoses as primary**, i.e., none, blindness, chemical dependency, deafness, physical health problem, mental illness, or situational mental health problem. Mark **all other diagnosed** conditions that apply to the individual in the second column. When there are two diagnoses that can be primary, i.e., Intellectual disability (ID) and Autism; choose the diagnosis that most reflects the person's need for services. Record the other diagnosis in the additional section.

Consult psychological, psychiatric, neuropsychological and medical records to determine diagnostic status. In order to mark a diagnosed condition, there must be supporting documentation.

NOTE: A diagnosis **is** marked if the diagnosis includes the following: NOS (not otherwise specified); by history and per history. A diagnosis **is not** marked on the ICAP if the diagnosis includes the following: provisional, suspected, history of or prior history.

1. None: Person does not have a diagnosis.

2. Autism: Person has a diagnosis of Autism, Aspergers or Pervasive Developmental Disability.

3. Blindness: Person has a diagnosis of blindness and/or is legally blind as documented by a professional in the field, i.e., vision in both eyes needs to be 20/200 with correction.

4. Brain or Neurological Damage; Chronic Brain Syndrome: person has a diagnosis of brain damage, brain injury or chronic brain syndrome. Person has senile dementia, Alzheimer's disease, Fetal Alcohol Spectrum Disorder or acquired brain damage due to injury, illness or stroke post natal.

Static Encephalopathy

Static encephalopathy is a general term used to describe a general dysfunction in the brain that is not getting worse over time. A diagnosis of Static Encephalopathy does not necessarily mean there is a documented diagnosis of brain damage. A diagnosis of Static Encephalopathy does not necessarily mean there is a diagnosis of Cerebral Palsy. A neurologist and diagnostic tests can assist in determining the appropriate diagnosis.

NOTE: The following diagnostic tests assist medical professionals in determining brain or neurological damage: A magnetic resonance imaging (MRI scan), computerized axial tomography (CAT or CT scan), single-photon emission computed tomography (SPECT) or positron emission tomography (PET).

5. Cerebral Palsy: Person has a diagnosis of cerebral palsy.

6. Chemical Dependency: Person has a diagnosis of chemical dependency. Person is dependent upon or addicted to a drug; diagnosis includes chronic alcoholism.

7. Deafness: Person has a diagnosis of deafness and/or little or no useful hearing in both ears with hearing aids as documented by a professional in the field.

8. Epilepsy or Seizures: Person has a diagnosis of epileptic seizures and is currently taking anti-convulsant medication or using a Vagus Nerve Stimulator (VNS) device. When this diagnosis is marked, section C. Current Medications, item 4 must be marked unless the seizures are managed by the VNS alone.

9. Mental Retardation: Person has a diagnosis of intellectual disability (ID). This category includes Down's syndrome and other conditions for which intellectual disability is a primary symptom.

10. Physical Health Problems: Person has a diagnosis of chronic illness or health problem (endocrine, heart, blood pressure requiring medication, digestive, respiratory or chronic skin problems, diabetes or liver or kidney disorders, etc.). List the physical health problem in order of the most problematic. List health problems for which the person is taking prescribed medications or is receiving medical intervention/supervision. Specify the exact condition(s). Physical health problems do not include temporary illnesses such as a cold but do include long-term or recurring medical problems treated by health care professionals.

NOTE: If a person is taking medication for a health problem, there should be a correlation between 10 and Section C. Current Medications, item 2.

11. Mental Illness: Person has a diagnosis of, e.g., PICA, psychosis, schizophrenia, Bi-polar, ADHD, oppositional defiant disorder, obsessive compulsive disorder, reactive attachment disorder, personality disorder, depression, post traumatic stress disorder and other mental health disorders requiring ongoing treatment and/or medication.

NOTE: At times a person's general physician or family doctor prescribes medication for depression however a psychologist/psychiatrist did not diagnose depression. In these instances, a diagnosis of Mental Illness or Situational Mental Health Problem (if expected to last less than one year) can be marked when there is a diagnosis of depression from the person's primary physician.

NOTE: If a person is taking medication for mental health issues, there should be a correlation between, 11 or 12 and section C. Current Medications, item 3.

12. Situational Mental Health Problem: Person has a diagnosis of a mental health problem that is expected to last less than one year, i.e., depression due to death in the family.

NOTE: When 11. Mental Illness is marked do not mark 12. Situational Mental Health Problem.

13. Other: *This section is only marked in two specific situations. If the person has a Full-Scale IQ of 71-84 and diagnosed Borderline Intellectual Functioning (BIF), 13. Other can be marked with BIF written in the explanation area. BIF is allowed as a primary diagnosis if the person does not have a diagnosis of 2. Autism, 4. Brain or Neurological Condition that was diagnosed prior to age 22, 5. Cerebral Palsy or 8. Seizure Disorder. When the person has BIF as a secondary condition, mark in additional diagnosis under 13 and write BIF in the explanation area. The other situation when 13. Other can be marked is when the person has a high level of required care (monthly or more) by a nurse or physician, but the person does not have a physical health problem or seizures. The ICAP Compu-Score program only allows input of required care to be monthly or more when the primary and additional diagnosis reflect a physical health problem, seizures or 13. Other. This is documented in Section C 5. Required Care by Nurse or Physician. Mental health problems requiring care by a psychiatrist may increase the person's medical needs. Recognizing this and allowing 13. other to be marked with the written explanation of psychiatric care opens the Compu-Score program Required Care section allowing accurate documentation when a person's mental health needs exceed monthly or more required care. Mark 13. Other only when these two incidences occur.*

Comments section: When a diagnosis does not fit any of the 13 categories, include this information in the comment box. Write all other diagnostic information including Down Syndrome, fragile X, IQ scores, Axis information, suspected conditions that may need to be evaluated, past medical diagnostic history and other syndromes and genetic disorders in the comments section box.

C. Functional Limitations and Needed Assistance

Level of Mental Retardation: Mark the level of intellectual disability based upon the current psychological evaluation. If the person does not have an intellectual disability, mark number one. The IQ scores accompanying each descriptive term can be used if the person's records

do not specify mild, moderate, severe, or profound intellect. *If the IQ score in the person's record is over 70; and there is no formal written diagnosis of "mental retardation" or intellectual disability mark #13 other and write in Borderline. ("Borderline MR" or "borderline intelligence" is not a definite diagnosis of intellectual disability.)*

When records document varying levels of intellect, **use the most current psychological evaluation that documents the diagnosis concluded through testing.** The psychological evaluation needs to include intelligence testing and adaptive behavior testing which is used to determine the appropriate level of intellect.

Vision and Hearing: How the person's vision and hearing affect the person's activities on a typical day. Rate the person's functioning with the use of an aid (e.g., glasses, hearing aid) if one is used. If the person refuses to wear glasses or hearing aids, rate them without the glasses or hearing aids.

Frequency of Seizures: If the person does not have epilepsy, or if seizures do not occur, **or if the person has not had a seizure in the past year**, mark none or controlled. If the person has had seizures in the past 3 months, average the frequency of occurrence over the past 3 months. If the person has not had seizures in the past 3 months, average the frequency of occurrence over the past year.

Health: This item considers the degree to which a chronic physical health problem(s), involving body (organ) systems and requiring medications and/or ongoing medical intervention restrict or limit a person's participation in daily activities. Daily activities do not include recreation, social, and leisure activities.

The diagnosis of a neurological and orthopedic condition in and of itself may not include a chronic physical health problem. If it is determined that a health problem is not included in the disabling condition, it may be recorded where applicable in Arm/hand, Mobility/Mobility Assistance Needed, and Adaptive Behaviors.

Mark 1. if the person does not have a chronic physical health problem or has a chronic physical health problem that does not affect his/her daily activities.

Mark 2. if the person has a chronic physical health problem and the scope or degree to which the person can participate in daily activities is limited or the number of activities is limited.

Mark 3. if the person has a chronic physical health problem that affects many or significant daily activities.

Examples: The person has allergies and receives a weekly allergy shot. The person can not be outside for long periods of time during the spring and fall. The person has no limitations in daily activities. Mark 1. no limitation in daily activities.

The person has a diagnosis of diabetes and sees a physician for treatment. Due to poor circulation in his feet, he can work but must work at a job where he is able to sit down. Mark 2. few or slight limitations in daily activities.

The person has heart valve problems and surgical repair is not recommended. As a result, the person is required to rest in bed frequently, is only up for short periods of time, can walk to the bathroom or other short distances with help, is taking multiple medications and any physical

exertion could be detrimental to overall health. Mark 3. Many or significant limitations in daily activities.

Required Direct Care by Nurse or Physician: This item demonstrates the frequency of medical care the person requires by a licensed nurse or physician, physician's assistant or certified nurse practitioner. To assure an accurate representation of the person's required care, count all the incidents of physician/nurse required care the person has received in the last 30 days, then 90 days, then last 12 months and document the average frequency. Count all incidents of required care to treat conditions that are chronic and on-going, cannot be delegated to non-licensed staff, and not considered routine. This includes medical visits/appointments, lab work, communication between nurse and physician to resolve or treat a medical concern, and physician orders. Psychiatric services for ongoing medication management and clinical visits/consultations with the psychiatrist either one-to-one or in a group setting are counted as required care. Routine monitoring and preventative health care are not considered required care, e.g., observing self-administration of medications, basic first aid, obtaining blood pressure readings, periodic weights, flu shots or TB tests. **Counseling services by a psychologist or counselor is not considered required care.** When lab work is ordered at/for a medical appointment the lab order and lab result review are considered part of the medical appointment and not counted separately.

This item considers only those services that require a nursing or medical degree or license to administer. Nursing tasks are those tasks which may not be delegated by a nurse to non-licensed staff in accordance with the Administrative Rules of South Dakota.

This item considers a normally delegated nursing task to be non-delegated when the following steps occur:

1. The licensed nurse consults with a physician; and/or
2. The licensed nurse makes a professional judgement based on a direct assessment of the person's health problem that delegating the task would not be safe or prudent.
3. The licensed nurse provides supporting medical documentation.

These services are based on what the person needs and not based on where the person lives or care that is provided as part of a general service which is available to people in a given facility.

Definition of 24-hour nursing care: There needs to be a medical need for a nurse to be physically present in the person's immediate area 24 hours a day. The nurse must never be separated from the person except for being "down the hall". This would not include being available by telecommunication (beeper, telephone) if the nurse is any distance from the person. Immediate access means within moments of being able to assist the person.

Current Medication(s): All classes of prescribed medication the person is receiving are documented in the appropriate category describing the reason the medication is prescribed, 2. Health 3. Mood, anxiety, sleep or behavior 4. For epilepsy, seizures. Birth control should be recorded in category 2 for health problem. Over the counter medications (medications that can be purchased by anyone without a prescription) should be recorded in item 5. Other. PRN medications are not recorded in a category unless the use of the PRN medication is occurring on a regular basis, i.e., daily or weekly for 3 months.

Arm/Hand: This item considers how the person's physical arm/hand limitations affect daily activities. Rate the person's physical functioning of arm/hand with the use of an aid or prosthesis if one is used. This item includes when a musculoskeletal or neurological condition limits physical arm/hand functioning.

Mark 1. if the person has no physical limitations in activities that he/she would normally complete daily and does not need physical assistance from another person.

Mark 2. if the person has some physical limitations in activities that he/she would normally complete daily and requires physical assistance from another person.

Mark 3. if the person has both arm/hands paralyzed or has severe contractures or has little or no functional use of either arm/hand and requires physical assistance from another person.

9. Mobility: Mobility means movement from point A to point B. From the work station to the cafeteria; from the parking lot to inside a building; from the kitchen to the bedroom; from a chair to the bed; from a chair to the toilet; etc.

Mark the one method the person uses to get from point A to point B on a **typical day**. If a person uses a wheelchair mark "does not walk."

10. Mobility Assistance Needed: (Mark all that apply) Consider the person's need for assistance to move from point A to point B throughout a **typical day**.

If the person does not need mobility assistance mark 1. None.

If the person uses assistive devices for mobility mark 2. Assistive devices include: canes (white cane, quad cane), walkers, gait belts, wheelchairs.

If the person needs mobility devices and assistance from another person occasionally on a **typical day**, mark 3. Occasionally.

If the person needs mobility devices and assistance from another person throughout a **typical day** and could not get from point A to point B at all without assistance, mark 4; always.

If the person needs assistive devices but does not require mobility assistance from another person on a **typical day**, do not mark either 3 or 4.

D. Adaptive Behavior

Adaptive behavior refers to an individual's ability to effectively meet social and community expectations for personal independence, maintenance of physical needs, acceptable social norms, and interpersonal relationships. Problems in acquiring adaptive behavior skills can occur at any point from early life to adulthood. Problems can occur in developing and mastering basic developmental skills (e.g., talking, walking, toileting), in learning academic skills and concepts or in making social and vocational transitions. Adaptive behaviors are learned everyday living skills such as walking, talking, getting dressed, going to school, going to work, preparing a meal, cleaning the house, etc.

The ICAP has 77 adaptive behavior items that represent a full range of adaptive skills divided into the following four areas: Motor Skills; Social and Communication Skills; Personal Living Skills; and Community Living Skills.

Items in each area are ordered by average difficulty from infancy to mature adult levels, and each is a statement of a task (e.g., washes, rinses, and dries hair). Although items in the four adaptive behavior domains are ordered by average difficulty, individual development may be uneven. This is especially true for people with physical disabilities and for some people with emotional disorders. A person who has had a stroke, for example, may have trouble communicating (i.e., never or rarely) even though other skills may be quite advanced.

However, for most people adaptive behavior skills are learned in a sequential developmental order, e.g., a person learns to scribble before they learn to print, a person learns to pick up and eat foods before eating solid food with a spoon with little spilling, etc.

Some items can best be understood by looking at them in context with adjacent items. Example: Under Social & Communication skills, item #1 ("Makes sounds or gestures to get attention.") has very little cognitive emphasis, while item #19 ("Calls a repair service...if something major, e.g. the furnace or refrigerator breaks down...") requires an increased level of cognitive ability. Therefore, item #15 (" Summarizes and tells a story...") should be interpreted more in the relation to the person's cognitive ability to understand and remember a story. Information recorded in other sections of the ICAP booklet (e.g., diagnosis, mobility limitation), interpreted in combination with the Adaptive Behavior Scale score, will clarify the reason(s) for specific limitations in adaptive behavior skills.

The adaptive behavior section of the ICAP assesses a person's daily living skills and the person's awareness of when to perform these skills. The goal is to get a snapshot of his/her ability. A person's adaptive behavior score may be limited somewhat if he/she lacks the cognitive ability or awareness of when to appropriately perform a skill without being asked or repeatedly reminded.

How well is "well?"

The ICAP was normed on 1,764 individuals without disabilities ranging in age from infants less than three months old to mature adults. Parents used the ICAP rating scale described above to rate their children (and adults to rate themselves) on each ICAP item. They were not given supplementary information about each item.

ICAP adaptive behavior items are in developmental order. In determining how well an item was performed, parents used other similar-age children and their day-to-day activities as the context within which to judge relative success.

If you have difficulty with terms such as simple, or clean, or appropriate, ask yourself this: What is the approximate developmental level of this item for individuals without disabilities? What standard for success would a parent or teacher of a child that age apply?

Difficulty sometimes arises when assessing adults with mental or physical limitations because a behavior's context may be different than normal. Nevertheless, the standard for success should be the same as it was for the norming group.

GENERAL SCORING CONSIDERATIONS

DIFFERENTIATING ADAPTIVE AND MALADAPTIVE BEHAVIOR

If a person has the skill to perform a task but refuses to perform the task when necessary, he/she would not necessarily receive a zero. This may be scored as a problem behavior. If a person lacks adaptive skills due to his/her level of intellect, disability, or chronological age, the lack of adaptive skills would not be scored as a problem behavior.

USE OF ADAPTIVE EQUIPMENT

If the person can independently use his/her adaptive equipment, e.g., uses the adaptive device without help, score the item as it is performed. How well does he walk with his cane? How well does she eat with her adaptive spoon? How well does he hear with his hearing aids? How well does she see with her glasses?

USE OF MEDICATION

Consider medication(s) to be like adaptive equipment, like glasses or a hearing aid. Consider how well the person performs with the help of his/her medication.

ALTERNATIVE COMMUNICATION METHODS

The use of formal sign language (but not simple gestures) is considered equivalent to speaking. Communication books, boards, and devices can be equivalent to speaking if they contain many words that can be combined to form unique sentences. Pointing to the word or symbol "where" and the separate word or symbol "coat," for example, constitutes a simple question. Simply pointing to a symbol for coat or to a question mark does not constitute a simple question.

NO OPPORTUNITY

If the person does not have the opportunity to complete a task or is not allowed to due to factors other than his/her skill level, i.e., restrictions, house rules; estimate whether and how well the person could complete the task at the present time if given the opportunity.

If others have not had an opportunity to observe the person performing the task or if the person has not had the opportunity or responsibility to do the task, ask someone else who has observed the task, or estimate whether and how well he/she could perform the task at the present time without help or additional training. Base a "best estimate" on information and/or observation of the person's performance on similar or related tasks.

LEVEL OF SUPERVISION

The level of supervision that a person receives may be more than he/she needs, depending upon the general amount of supervision present in a home or a facility. Nevertheless, the person's adaptive behavior should be rated based upon his/her own ability to perform tasks independently, not upon the general level of supervision or the general rules of a given facility.

TRAINING OR DEMONSTRATION

There may be an ICAP item that a person has never been asked to perform. Demonstrating a task to a person once is not considered training or supervision.

TASK WITH MORE THAN ONE PART

If a person completes all parts of the task without help or supervision, the item is scored a 3, does very well. If a task has more than one part and one part is rated lower than the others are, the weakest part of the task is scored, i.e., states day, month, year of birth; if the person knows the month and day, they were born but does not know the year, the score is a zero.

SCORING

Independence is the ability to do things on one's own. This means not only having the ability to perform a task, but also knowing when to do it and having the willingness to do so.

Usually people develop according to the developmental sequence as the statements suggest in each of the adaptive behavior sections, Motor Skills, Social and Communication Skills, Personal Living Skills, and Community Living. The developmental statements begin with simple skills and move on to more and more difficult skills for which a person learns and masters in the development from infant to adult. There are incidences when people who have a traumatic brain injury, physical disability or are elderly may no longer totally follow the sequential order of development.

The items in the adaptive behavior section are statements that are rated on a four-point scale. Mark one response for every adaptive behavior item in each of the four areas. Do not mark more than one response. If an item is left blank the ICAP can not be scored.

0. Never or rarely

The skill is too difficult or unsafe for the person or is beyond their current skill level.

- Never or rarely performs the skill even if asked or prompted or;
- Never or rarely performs ALL parts of the skill even if asked or prompted or;
- Never or rarely performs the task because it is not safe to do so or;
- Never or rarely performs the skill because he/she is too young to do so.

1. Does, but not well

It is all right if the person needs to be asked or prompted to initiate the task.

- When asked or prompted the skill is performed 25 % of the time or;
- The skill is performed but not well 25% of the time or;
- The skill is performed without help or supervision 25% of the time.

2. Does well

It is all right if the person needs to be asked or prompted to initiate the task.

- When asked or prompted the skill is performed 75% of the time or;
- The skill is performed well 75% of the time or;
- The skill is performed without help or supervision 75% of the time.

3. Does very well

It is all right if the person appropriately* asks permission before initiating a task.

- The person has mastered the skill or no longer performs it because it is too easy and;
- Independently performs all parts of the task without help or supervision and;
- Performs all parts of the skill independently, when appropriate to do so, with no more than an occasional request or prompt to begin the task.

*Appropriate means according to normal social standards.

1. MOTOR SKILLS

The primary focus of these items includes gross motor and fine motor skills and assesses a range of motor proficiency tasks involving mobility, fitness, coordination, eye-hand coordination, and precise movements.

1. Picks up small objects with one hand.

Consideration (s): This is a motor skill using pincher grasp in picking up small objects the size of, e.g., dice, M&Ms, marbles. The person does not need to have full use of both hands to complete this task. If the person has the use of one hand this item is rated on the use of one hand.

2. Transfers small objects from one hand to the other hand.

Consideration (s): The person needs to be coordinated enough to bring one hand to another in the transfer of the small objects, e.g., small blocks, dice, marbles. The person can complete this task even if one hand is limited. If the person uses either hand to transfer an object to his/her other hand, he/she does not need to transfer the object again.

3. Sits alone for thirty seconds with head and back held straight and steady (without support).

Consideration (s): If the person receives a score of 3 on Motor Skills, Item #4, stands for at least five seconds, the person would most probably have mastered the skill of sitting alone for thirty seconds.

4. Stands for at least five seconds by holding on to furniture or other objects.

Consideration (s): Does the person independently support his/her body in a standing position.

5. Pulls self into a standing position.

Consideration (s): Does the person pull himself/herself to a standing position **from the floor**. The person can use his/her hands, a chair, table, couch, to pull him/herself into a standing position.

6. Puts small objects into containers and takes them out again.

Consideration (s): Objects are intended to be items used for leisure/entertainment and not only work tasks.

7. Stands alone and walks for at least six feet.

Consideration (s): Does the person stand without the assistance of another person and walk for at least six feet. The person can use adaptive equipment, i.e., cane, walker.

8. Scribbles or marks with a pencil or crayon on a sheet of paper.

Consideration (s): This item does not require a person obtain supplies to complete this task. If the person does not have the physical ability to pick up a pen, the score is a 0.

NOTE: If the person receives a score (1, 2, 3) on item #14, prints first name copying from an example, the person has this skill and the score is a 1, 2, or 3.

9. Removes wrappings from small objects such as gum or candy.

10. Turns knob or handle and opens a door.

Consideration (s): This item requires that a knob is turned, and a door is opened to receive a score of a 1, 2 or 3. If a knob is not available, test with comparable tasks that use the same hand motion (motor skill) to turn a knob, i.e., opening a bottle top or jar lids.

11. Walks up and down stairs by alternating feet from step to step. (May hold handrail).

Consideration (s): Does the person alternate his/her feet ascending and descending stairs.

12. Climbs a six-foot ladder (for example, a stepladder or a slide).

Consideration (s): If the person has never had the opportunity to climb a ladder use your best judgement given the person's ability to walk up and down stairs by alternating feet from step to step, the person's ability to balance, the person's ability to use his/her hands to grasp the sides of the ladder, etc. The person does not need to stand on top of the 6-foot ladder to receive a score of 3 on this item.

For the purpose of this item, if staff has not observed this skill but the person can climb a ladder to a slide or a six-foot ladder that has handles, the score is a 3. If the person does not have the ability to climb a ladder or it is unsafe for them to do so the score is a 0. If the person has the ability to climb a ladder but will not attempt due to fear of climbing, the score is a 1.

13. Cuts with scissors along a thick, straight line.

Consideration (s): When the person is presented with a piece of paper with a long thick line and asked to cut as close to the line as they can with a scissor and cuts within 1/8 inch on either side of the line, the score is a 3.

14. Prints first name, copying from an example.

Consideration (s): Does the person copy from an example, printing his/her first name. If it is copied correctly, the score is a 3. If a person writes his/her name in cursive, he/she is beyond this skill, the score is a 3.

15. Picks up and carries a full paper bag of groceries at least twenty feet and sets it down (without using handles).

Consideration (s): This item does not require picking up the groceries from the floor. Comparable tasks, e.g., carrying a trash can, laundry basket or a box. When a person who uses a wheelchair independently picks up the bag off the grocery counter and/or picks up comparable items and places them on the lap/tray and maneuvers in the wheelchair, the score is a 3.

16. Folds a letter into three equal sections and seals it in an envelope.

Consideration (s): After a demonstration how well does the person fold a sheet of paper into three equal sections and seals it in an envelope. This item does not require perfection in folding a letter into three equal sections, but the folded paper needs to fit into the envelope.

The letter needs to have two folds and three sections, which is inserted into a legal-size envelope and sealed. If a person can fold a letter into three equal sections but due to his/her physical disability can not independently place the letter into an envelope, the score is a 0.

17. Threads a sewing needle.

Consideration (s): The person does not need to know how to use the needle once it is threaded. A needle threader is considered an adaptive device and can be used to complete this item.

If the person can thread an average sewing needle, the score is a 3.

If the person threads the needle after three attempts, the score is a 2.

If the person threads the needle after five attempts, the score is a 1.

If the person can not thread the needle, the score is a 0.

18. Assembles objects that have at least ten small parts that must be screwed or bolted together (for example, unassembled toys or furniture).

Consideration (s): When the person follows directions or looks at all the pieces and puts it together without help or supervision the score is a 3. This task does not include disassembling items unless it is accurately assembled back together.

This skill goes beyond the specific work task and should be able to be generalized to the person's daily living skills. The person needs to be able to assemble more than one object to receive a score of 3 using screws or bolts and tools, i.e., screwdriver, plier, wrench, etc. An example would be a piece of furniture where minor assembly is required.

<p>2. Social and Communication Skills</p>
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The primary focus of these items includes social interaction, language comprehension and language expression. This area measures interaction with others in various social settings, understanding of language transmitted by signs, oral expression, or written symbols and communication of information through signs, oral expression or written language.

1. Makes sounds or gestures to get attention.

Consideration (s): This is the beginning of the process of communication. The person uses sounds or gestures to obtain the attention of another person.

2. Reaches for a person whom he or she wants.

Consideration (s): The person can engage another person for a response, i.e., a physical reach. If the person is verbal, he/she has gone beyond the need to reach for a person and has mastered this skill, the score is a 3.

3. Turns head toward speaker when name is called.

Consideration (s): When a person **speaks**, he/she is beyond this skill. When a person who does not have the physical ability to turn his/her head acknowledges the speaker by making sounds/gestures/smiles when his/her name is called, the score is a 3. A person may be hearing impaired but if he/she looks toward another who is waving to get his/her attention, the score is a 3.

4. Imitates actions when asked, such as waving or clapping hands.

Consideration (s): This is a pre-verbal and early social skill. If the person is verbal, he/she has mastered this skill and the score is a 3.

5. Hands toys or other objects to another person.

Consideration (s): This item focuses on the skill of sharing or interacting with another person. If the person hands an object, e.g., magazine, glass, puzzle piece to someone else, the score is a 3. If the person does not have the cognitive skill to interact with another person in this manner, the score is a 0.

6. Shakes head or otherwise indicates “yes” or “no” in response to a simple question such as, “Do you want some milk?”.

Consideration (s): The person needs to know the difference between yes and no. The person can overtly indicate through other means, i.e., gesture, pushing away, reaching towards, accepting or not accepting. When the person is inconsistent in his/her responses, the score should reflect the accuracy of the answer.

7. Points to familiar pictures in a book on request.

Consideration (s): Points to common objects in a book or magazine as they are named (e.g., dog, house, ball, cup, apple, tree, mom, dad). Includes communication devices and books.

8. Says at least ten words that can be understood by someone who knows him or her.

Consideration (s): The ten words do not have to be consecutive to each other. The person says ten words to communicate his/her wants and needs or to get another person's attention. If a person using sign language can communicate at least ten words, the score is a 3. When the communication device has more than ten symbols and the person understands and uses them selectively, the score is a 3.

9. Asks simple questions (for example, “what’s that?”).

Consideration (s): Asks questions, e.g., beginning with what, where, why, how. Using sign language or a communication device is appropriate if the communication device has enough ‘symbols’ to allow the person to ask questions by putting words/symbols together. Pointing to a “what’s that” symbol or a question mark to ask a question is not counted.

10. Speaks in three-or four-word sentences.

Consideration (s): The person talks in simple sentences. If the person is asked to repeat the sentence more than occasionally, the score is not a 3. The person has the cognitive, communicative abilities to interact in a two-way conversation in a simple manner. Using sign language or a communication device is appropriate if the person uses enough symbols to make sentences which are understandable.

11. Waits at least two minutes for turn in a group activity (for example, taking turns at batting a ball or getting a drink of water).

Consideration (s): The person needs to understand the concept of taking turns when playing a game or waiting in line, i.e., at a water fountain or a fast food restaurant. If the person either continues to wait in line until directed to proceed, or cuts in line to be first, the person would not receive a score of a 3.

12. Offers help to other people (for example, holds a door open for one whose arms are full or picks up an object dropped by someone else).

Consideration (s): Does the person have the social awareness to recognize the needs of others. Does the person offer help to another person, i.e., offers food or drink, pulls out a chair, verbally asks another person if he/she needs help, etc. The person may have a physical disability that limits his/her ability to complete the physical action, but he/she may socially attempt to be helpful. This person should be given credit for his/her social skill. The person with a physical limitation could offer informative advice or suggestions in an event. Socially the person has anticipated a need and has helped.

13. Acts appropriately without drawing negative attention while in public places with friends (for example, a movie theater or library).

Consideration (s): This item focuses on whether the person understands social expectations of his/her behavior when at the library or movie versus a concert or sporting event. If the person does not have the skill to understand the appropriate social behavior the score is a 0. When he/she is acting appropriately without prompts the score is a 3.

14. Responds appropriately to most common signs, printed words, or symbols (for example, STOP, MEN, WOMEN, DANGER).

Consideration (s): Does the person know the majority (at least 10) of common signs, words or symbols (e.g., stop, men's restroom, women's restroom, danger, exit/emergency exit, hospital, rail road crossing, no smoking, fire extinguisher, telephone, police, keep out, poison) and also have the skill to respond in both familiar and unfamiliar environments.

15. Summarizes and tells a story so that it is understood by someone else (for example, a TV program or a movie).

Consideration (s): This item is not based on appropriate grammar but on the person's ability to summarize a story and make it understandable to an unfamiliar person. He/she needs to relate the events of a story from the beginning to the end. This can include stories about movies, television shows, life experiences, etc. as well as a story the person has made up. Consider the number of questions (prompts) the person needs to tell the story. If you need to provide the person with prompts to complete the story or provide more detail so you understand the story, the score is not a 3.

16. Locates or remembers telephone numbers and calls friends on the telephone.

Consideration (s): Does the person use the phone and call people, i.e., relatives, staff, friends. The phone numbers can be in an accessible place, i.e., the contact list on a cell phone, a written list on the refrigerator or next to the phone.

17. Writes, prints, or types understandable and legible notes or letters for mailing.

Consideration (s): The notes need to be created by the person and not copied. The notes need to be legible and understandable to the reader. The person can use a cell phone and texting or computer and computer programs such as email, social networks and twitter.

18. Locates needed information in the telephone yellow pages or the want ads.

Consideration (s): The person needs to be able to generalize this skill to more than one situation, e.g., looking up a restaurant, a business that provides a service (clean carpets, treats a sick pet) or sells a product (tires, furniture), or an ad to rent a house/apartment, etc. Information can be accessed over internet websites such as Google and other search engines, Whitepages, community news circulars/advertisements or individual home pages of providers.

19. Calls a repair service or the caretaker if something major such as the furnace or the refrigerator breaks down in the home.

Consideration (s): Does the person recognize when something breaks down and that he/she needs to follow through with getting the item fixed in an appropriate period. The person needs to call the appropriate caretaker and know who to call if the caretaker is unavailable to fix the problem. The person may be able to verbalize the skill but if there is no follow through in assuring the item is fixed the score is a 0. The person needs to be able to generalize the skill to more than one situation. Do not score this item a 3 based on information from only one situation.

3. PERSONAL LIVING SKILLS

The primary focus of these items includes eating and meal preparation, toileting, dressing, personal self-care, domestic skills and the maintenance of a relatively organized lifestyle and living environment. This area assesses the person's effectiveness in meeting the everyday demands of personal independence and autonomy, primarily in the home environment.

1. Swallows soft foods.

Consideration (s): When the person can swallow food the consistency of ground, chopped, and bite size, the score is a 3. When the person can swallow food the consistency of baby food (pureed, pudding, applesauce, mashed bananas, thickit) the score is a 3. When the person has had a swallowing evaluation, which determined the person has difficulty swallowing food the consistency of baby food (pureed, pudding, applesauce, mashed bananas), the score is dependent on the level of assistance required to assist the person to swallow. When staff need to be present to provide a prompt as needed to take a drink, or swallow or other recommendations from the evaluation, to more than one person at meal times, score a 2. When staff needs to be present to assist one specific person throughout mealtime providing prompts to swallow between each bite of food, prompt to take a drink or other recommendations from the swallow study, score a 1. When the person is not able to swallow food the consistency of baby food (pureed, pudding, applesauce, mashed bananas) the score is a 0.

2. Picks up and eats foods such as crackers.

Consideration (s): Does the person pick up finger foods and eat them. If the person eats with utensils, this item is too easy for the person.

3. Holds out arms and legs while being dressed.

Consideration (s): The person needs to be able to complete both parts of this item. If the person dresses him/herself, this item is too easy for the person. If the person has a physical disability limiting full extension of his/her left leg and independently holds out arms and legs to the best of his/her ability the score is a 3.

4. Holds hands under running water to wash them when placed in front of a sink.

Consideration (s): This is the first step in a person learning how to wash his/her hands. This does not require that the person know how to turn the water faucet on or off. The score is a 3 when a person is in front of a sink and extends his/her hands under the water faucet in preparation for someone else to wash his/her hands. If a person only has physical use of one hand and independently places his/her hand under running water, the score is a 3.

5. Eats solid foods with a spoon with little spilling.

Consideration (s): Does a person get most of the food in his/her mouth using a spoon. If the person uses a fork this skill is too easy for the person. Solid foods exclude soup, milk or other liquids.

6. Stays dry for at least three hours.

Consideration (s): This is a pre-toileting skill to be able to control one's bladder for at least three hours. A two-hour toileting schedule may not always indicate that a person can not control his/her bladder for at least three hours, e.g., a person may be dry when changed every two hours and can hold his/her bladder for three hours, a person may always be wet when changed every two hours and can not hold his/her bladder for at least three hours.

7. Removes pants and underpants.

Consideration (s): This does not require that a person needs to know how to put his/her pants and underpants on once he/she has taken them off.

8. Uses the toilet at regular times when placed on the toilet or when taken to the bathroom.

Consideration (s): When a person is taken to the bathroom at regular times and then uses the toilet when placed on the toilet, the score is a 3.

9. Puts on T-shirt or pullover shirt, although it may be on backward.

Consideration (s): This is the first step in learning how to dress. The shirt can be placed on backwards and inside out. The person does not need to know when it is appropriate to change his/her shirt, i.e., when dirty or torn.

10. Uses the toilet, including removing and replacing clothing, with no more than one accident per month.

Consideration (s): This item focuses on how many accidents the person has when he/she uses the toilet independently. If the person uses the toilet but does not remove and replace clothing, then rate the person's ability to remove and replace clothing. If the person is incontinent at night this item is scored a 0.

11. Closes the bathroom door when appropriate before using the toilet.

Consideration (s): The person needs to recognize the need for privacy and ensure the bathroom door is closed when guests are present or when he/she uses a public restroom.

12. Dresses self completely and neatly, including shoes, buttons, belts, and zippers.

Consideration (s): The person needs to dress appropriately depending on the social situation or environment. The person needs to be able to select clothing from the wardrobe made available to him/her. Dressing self completely includes using Velcro shoes, slip on shoes, elastic pants, etc. Neatly is defined as tucking in his/her shirt, zipping pants, buttoning buttons in the right holes, putting shoes on, not putting pants on backwards or shoes on the wrong feet, etc.

13. Cuts food with a knife instead of trying to eat pieces that are too large.

Consideration (s): A knife is a common table knife and not only a steak knife. When a person recognizes that pieces are too large to eat and is not given a knife but is able to cut food into smaller pieces using a fork, the score is a 3.

14. Washes, rinses, and dries hair.

Consideration (s): When the person is not able to complete any one part of the task, e.g., never rinses hair, always uses too much shampoo, the item is scored a 0. When the person washes and dries his/her hair but does not rinse the shampoo out of his/her hair well, the score is a 1 because the weakest part of the task was scored. Drying hair can include towel dry. If you need to prompt the person, i.e., to use an appropriate amount of shampoo, place shampoo in a cup or in their hand, etc. the score is not a 3.

15. Washes and dries dishes and puts them away.

Consideration (s): The person needs to complete all parts of the task with the weakest part of the task being scored. If the person washes the dishes but does not e.g., use the appropriate amount of soap, appropriate water temperature, does not completely clean the dishes but dries and puts the dishes away, the weakest part of the task, washes the dishes is scored. Dishes may be air dried but need to be put away. The use of a dishwasher is scored a 3 if used properly and the dishes are dried prior to putting them away. If you need to prompt the person, i.e., to perform the task, or to use an appropriate amount of soap, or to use warmer water, etc. the score is not a 3.

16. Mixes and cooks simple foods such as scrambled eggs, soup, or hamburgers.

Consideration (s): The person needs to mix at least two ingredients together. The person needs to be able to set the appropriate temperature on the stove/microwave and determine when the food is done. If the person only heats up pre-made food in a microwave or only cooks TV dinners the score is a 0. The person needs to mix and cook more than the simple foods listed as examples.

17. Cleans bedroom, including putting away clothes, changing sheets, dusting, and cleaning the floor.

Consideration (s): If the person is not able to complete any one part of the task, e.g., never changes sheets, the item is scored a 0. The person needs to complete all parts of the task with the weakest part of the task scored. The person needs to make the decision when it is appropriate to clean. The person who lives independently is given some latitude on the frequency at which this task is completed.

18. Prepares shopping list for at least six items from a grocery store.

Consideration (s): The person needs to make the decision on what items he/she needs to buy based upon his/her current supply. He/she may in addition, purchase items he/she wants. This does not require that all food items need to be nutritional. The person can prepare a shopping list without writing it on a piece of paper or may use a picture shopping list.

19. Loads and operates a washing machine using an appropriate setting and amount of detergent.

Consideration (s): The person needs to complete all parts of this task with the weakest part of the task scored. If the person is not able to complete any one part of the task, e.g., never uses appropriate amount of soap, the item is scored a 0. The person needs to know how to operate the machine using the appropriate settings to wash his/her clothes and the appropriate amount of clothing, so the machine is not overloaded. If the setting option is pre-selected and the person does not know how to operate the machine the score is not a 3. To receive a score of a 3, the person can transfer this skill to use another washing machine. If the person is not physically able to load and operate a washing machine and needs the physical assistance of another person to do so, the score is a 0.

20. Plans, prepares, and serves main meal for more than two people.

Consideration (s): The person needs to decide what and how much food to prepare and serve. This does not require more than serving a main meal, e.g., casserole, spaghetti. If the person only cooks prepared microwave food or TV dinners the score is a 0.

NOTE: This item should not have a score higher than the score on items #16 and #18.

21. Repairs minor damage to clothing, such as tears or missing buttons, or arranges for these repairs outside the home.

Consideration (s): The person needs to recognize that his/her clothing needs repair and make the needed repairs him/herself or arrange for the repair outside the home with the appropriate person who can make the needed repair. The person needs to assure he/she gets the repaired item back.

4. COMMUNITY LIVING SKILLS

The primary focus of these items includes time and punctuality, money and value, work skills, and home/community orientation. It assesses the level of independence in areas essential to successful community transition by measuring skills needed for accessing community resources, integration in employment, and other social and economic requirements encountered in community settings.

1. Finds toys or objects that are always kept in the same place.

Consideration (s): This item does not just include where work supplies are kept. Can the person find his/her belongings, e.g., shampoo, socks, books, magazines, puzzles?

2. Finds own way to a specified room when told to go (for example, “Go wait in the kitchen”).

Consideration (s): When the person is familiar with an area and can find his/her own way to a room when asked or when they want to or need to, the score is a 3.

3. Indicates when a chore or assigned task is finished.

Consideration (s): This is too easy for the person who can independently move on to the next task or get more tasks. The person does not need to verbalize to indicate when the task is finished but does need to overtly indicate completion. The person may ‘point’ that a chore is finished, may tap staff on the arm, may raise his/her hand or use a switch to gain staff attention.

4. Stays in an unfenced yard for ten minutes when expected without wandering away.

Consideration (s): Regardless of whether the person can ambulate or not, the person must have the cognitive ability to understand that he/she needs to stay in the yard when expected without wandering away. Staff needs to feel the person is safe based on their level of adaptive behavior skills to be left alone in the unfenced yard with regular monitoring.

5. Uses the words “morning” and “night” correctly.

Consideration (s): The person needs to know the difference between morning and night. The person does not need to speak the words to get a score on this item.

6. Trades something for money or another item of value (for example, trades one book for another one or for money).

Consideration (s): The person has the understanding that he/she should not give up something for nothing. This is a pre-money usage skill and the trade does not need to be for another item of equal value.

NOTE: If on item #7 the person receives a score of 3, then the person receives a score (1, 2, 3) on item #6. The person can demonstrate some skill to trade if he/she is making purchases using checks or cash.

7. Buys items from a vending machine (for example, candy, milk or soda pop).

Consideration (s): This is a pre- money usage skill, so the person does not need to know the correct amount of money needed to use the vending machine. When the person is provided with the correct amount of money/coins, the person places the money into a vending machine and selects an item to purchase. This is a vending machine where there is more than one selection to make versus a gum ball machine where there is not a choice.

8. Crosses nearby residential streets, roads, and unmarked intersections alone.

Consideration (s): The person needs to have the street safety skills to cross the street in his/her neighborhood. The key words in this item is “nearby residential” versus downtown/business area streets.

9. Buys specific items requested on an errand, although may not count change correctly.

Consideration (s): The person does not need to receive the correct change back when he/she buys the items. The person can pick up other items if the specific items are purchased. Examples of specific items may include bread, milk, laundry soap, shampoo, etc. These items do not need to be brand specific. The person needs to pick up more than one item to receive a score of 3.

10. States day, month, and year of birth.

Consideration (s): Ask the person what day, month and year he/she was born. If the person can remember the day, month, and year of his/her birth consistently, the score is a 3. If he/she can remember the day, month, and year of his/her birth only occasionally, the score is a 1. If the person can remember almost always the score is a 2. **If the person can never state the year but does remember the day and month of his/her birth the score is a 0.**

11. Uses a watch or a clock daily to do something at the correct time (for example, catch a bus or watch a TV program).

Consideration (s): The person needs to be able to tell time. If the person only reads the numbers on the clock (analog or digital) the score is a 0. The person needs to be able to distinguish certain times that he/she needs to know (e.g., when to leave for work, when to leave to go to a basket ball game, shopping, going out with friends, to the library).

12. Correctly counts change from a five-dollar bill after making a purchase.

Consideration (s): If the person is unable to count change up to five dollars using dollars, quarters, nickels, dimes, pennies the score is a 0. The person must be able to determine the amount of change due back to him/her after making a purchase. This is a fundamental math skill requiring the person be able to add and subtract simple calculations.

13. Operates potentially dangerous electrical hand tools and appliances with moving parts (for example, a drill or a food mixer).

Consideration (s): The person needs to be able to safely use a variety of electrical appliances and hand tools/appliances, e.g., **toaster, coffee maker, hair dryer, can opener, deep fat fryer, pizza oven, food processor, mixer, microwave, stove, oven, gas grill, lawn mower, weed eater**, to receive a score of a 3. If the person does not understand the potential dangerousness of using electrical appliances and/or hand tools the score is a 0.

14. Writes down, if necessary, and keeps appointments made at least three days in advance.

Consideration (s): The person needs to remember the appointment that was made at least three days prior and needs to keep the appointment. Writing down the appointment is not necessary.

15. Budgets money to cover expenses for at least one week (recreation, transportation, and other needs).

Consideration (s): The person needs to budget multiple expenses.

NOTE: If the person does not score (1, 2, 3) on item #12, correctly counts change from a five-dollar bill after making a purchase, the person does not have the skill to budget money.

16. Works at a steady pace on a job for at least two hours.

Consideration (s): If the person does not work at a **competitive job in the community or have competitive employment history** the score is a 0. Competitive employment is considered for 10 or more hours per week (see Section G. Daytime Program on page 29 for competitive employment definition).

17. Completes applications and interviews for jobs.

Consideration (s): The person needs to independently complete applications and interview successfully for jobs to receive a score of a 3.

18. Receives bills in the mail and pays them before they are overdue.

Consideration (s): The person needs to receive his/her bills and pay them independently before they are overdue, i.e., by mail or computer to receive a score of 3. If the person does not have the skill, then automatic bank payments are not considered when scoring this item.

19. Balances a checkbook monthly.

Consideration (s): The person writes checks, add, and subtract the balance in the checkbook register and compare the total to the total on the bank statement. If the two totals do not match, the person needs to identify which check was entered/subtracted incorrectly and make the correction. If the person uses a debit card and/or pays bills on line, the person must have the skill to find and correct errors and manage his/her account independently without receiving over drafts to receive a score of a 3. The score is a 0 if the person only checks his/her account balance on line.

E. Problem Behavior

Guidelines for Completing the ICAP Problem Behavior Scale

A. Does the person have a problem behavior?

What is a problem behavior? A problem behavior is one which requires the attention of others in the person's environment because the behavior must be stopped or minimized. A problem behavior is something you feel compelled to address, stop, prevent or redirect. A problem behavior interferes with a person's everyday activities.

Does the person have a problem behavior? What is the problem?

If the person has a problem behavior describe the problem and then select the category which best represents the problem. If the person has more than one problem in a single category, choose the behavior that is most problematic as primary problem. Do not write more than one example of problem behavior in any category. If the person does not have a problem behavior in a category, write "none" and mark (0) Never for frequency and (0) Not serious; not a problem for severity, and go on to the next behavior.

Each category on the ICAP includes six to twelve examples of behaviors that could be problems for some people. The examples of behaviors are only listed to define the category and should not be used as an all-inclusive list of problems. The problem behavior section of the ICAP classifies behaviors into the following eight categories:

1. Hurtful to Self

Problem behavior that inflicts physical injury to a person's own body and as a result requires immediate medical intervention and/or immediate staff intervention. If threats of self-harm are a problem for a person, the threatening behavior is better recorded in another category.

2. Hurtful to Others

Problem behavior where a person commits a physical act toward another person or animals and as a result requires immediate intervention. If threats of physical harm to others are a problem for a person this behavior is better recorded in another category.

3. Destructive to Property

Problem behavior in which a person deliberately breaks, defaces, or destroys property. Accidental destruction of property is not a problem behavior. If threats of destroying property are a problem for a person this behavior is better recorded in another category.

4. Disruptive Behavior

Problem behavior that interferes with the activities of others or limits the person's opportunities to participate in everyday activities.

5. Unusual or Repetitive Habits

Problem behavior that involves stereotypical behaviors, excessive repetitive or unusual actions that interfere with a person's everyday activities.

6. Socially Offensive Behavior

Problem behavior that is offensive to the majority of other people.

7. *Withdrawal or Inattentive Behavior*

Problem behavior in which a person has difficulty being around other people or paying attention. Expressing suicidal ideations may be considered here.

8. *Uncooperative Behavior*

Problem behavior in which a person is being stubborn, contrary or obstinate and has difficulty in following rules or working with other people. Refusals to cooperate with rules, directives, medical treatment plans may be recorded in this category.

Scoring

Problem behaviors can only be scored based on current conditions. If a highly structured environment or the use of medications has reduced the frequency or severity of the behavior being rated, do not rate the behavior based on what would happen if the supports were to be removed. Rate the behavior according to how the behavior currently presents itself.

Behaviors that occurred within the last 90 days are used for determining if the behavior exists and then in rating the problem behavior's frequency and severity. If the behavior did not occur within the last 90 days but has occurred within the last year, consideration is given to rating the behavior if there is a formal behavior support plan in place addressing the problem behavior.

If a very serious or an extremely serious problem behavior occurred more than a year ago, it may be rated based on the level of the behavior's severity, providing the behavior meets all the bullets in the severity criteria. Examples include; arson, assault, murder, rape, molestation. The frequency of occurrence would then be rated as occurring less than monthly.

B. How often does the behavior usually occur?

Frequency: Mark *one* response that indicates how often the primary problem behavior occurs. Count the actual number of occurrences and not potential occurrences. The frequency of the behavior is important, e.g., hitting people is worse if it happens ten times per day than if it happens only once per month.

C. How serious is the problem usually caused by this behavior?

Severity: Mark one response that indicates how serious the specific primary problem behavior is when it occurs. If the problem occurs in many environments, rate how serious that problem behavior is in the environment in which you most often observe or interact with the person. ***As a general guideline, the severity level that best fits the problem is the severity in which the behavior meets all the following criteria:***

0 - Not serious, not a problem

- If you would rate the behavior a (0) for severity regardless of frequency the behavior should not be listed as a problem.
- Not everyone considers it to be a problem.

1 - Slightly serious, a mild problem

- Considered to be a problem, but typically in only one environment, i.e., home or work.

- Staff intervenes or redirects the behavior when it occurs.
- Addressed by an informal intervention, i.e., service objective, general strategy. Addressed by an unwritten informal intervention. Staff who works directly with the person is aware of the behavior and the intervention.
- Can usually be managed by common sense and a structured environment.

2 - Moderately serious, a moderate problem

- A problem in more than one environment.
- Staff intervenes or redirects the behavior when it occurs.
- Addressed by a written procedure to develop skills, decrease the behavior and/or teach a replacement behavior.
- Behavior is documented, i.e., incident report, baseline, program documentation, narratives.

3 - Very serious, a severe problem

- Behavior Support Plan approved by Behavior Intervention Committee and/or Human Rights Committee with a written record of the behavior documenting frequency and severity.
- Frequency reduced only with constant vigilance and a highly structured environment:
 - A person who independently accesses the community does not meet the definition of being under constant vigilance and a highly structured environment.
 - A staff is physically present within the person's immediate area (within the building) 24 hours a day does meet the definition of being under constant vigilance and a highly structured environment.
- Difficult for a single staff person to control when it occurs:
 - If physical restraint is required and/or a second staff person is required, the behavior is difficult for a single staff person to control.
 - If the behavior cannot be easily redirected and the result is harmful to self, harmful to others, involvement in the legal system or requiring hospitalization, the behavior is difficult for a single staff person to control.
 - If the behavior can be easily redirected, the behavior is not difficult for a single staff person to control.

4 - Extremely serious, a critical problem

- Grave and immediate threat to the life of self or others that requires immediate intervention to stop the behavior. This would include behavior that could result in criminal charges, i.e., arson, assault, murder, rape, molestation.
- Behavior Support Plan approved by Behavior Intervention Committee and Human Rights Committee with a written record of the behavior documenting frequency and severity.

- A Critical Incident Report has been sent to the Division of Developmental Disabilities and/or the Division has been informed of the problem.
- Consequences of the person's actions are difficult to stop and may jeopardize continuation of services.
- Requires highly restricted/structured environment with 24-hour supervision by one or two adults.

Escalating or Grouped or Clustered or Concurrent Behaviors or Behavior Outbursts identify behaviors that usually occur together or within a few minutes of each other and should be a single problem and categorized as a single type. Do not list what is essentially one problem under more than one behavior category. Select the behavior category based on the behavior that is either the most frequent or is the most severe (evaluator discretion). Score the frequency and severity of the behavior based on that selection.

Example: On a daily basis a person has behaviors that include refusals, screaming, stomping feet, and threatening to hit when asked or prompted to perform a task. Once a week the behavior escalates to include hitting. Record the primary problem as a behavior episode in the category describing how the behavior initially presents itself, in this example **Uncooperative Behavior**. In parenthesis, write the components of the behavior as they typically occur from beginning to end (refusals, screaming, stomping feet, threatening to harm, hitting). Rate the frequency as 4, One to ten times a day. Rate the severity using the severity guidelines based on the most severe component of the behavior, in this case hitting others.

If the behavior category of **Hurtful to Others** is chosen as the primary problem category in the above example, the frequency of the behavior would be scored a 3, one to six times a week as hitting is occurring once a week.

Response to Problem Behaviors:

At the end of the problem behavior section the respondent is asked about how problem behaviors are usually managed when they occur. The response to the problem behavior is of considerable value in assessing the dynamics of that behavior and the appropriateness of its consequence in the person's environment. Select the response to the most severe problem in the behavior section.

F. Residential Placement

Mark the one statement that best describes the person's current residence and the one statement in the next column that indicates recommended changes or projected residential needs within the next two years. Use the recommendation of a formal team assessment regarding the person's future placements needs. Recommended changes within next two years should reflect what is specified in the Individual Service Plan. If no change will likely be needed, mark the last response, no change recommended. If the same type of placement, but a different site (e.g., a move from one group home to a different group home) is recommended, the item marked in both columns should be the same.

With Parents or Relatives: Appropriate for most children and for some older persons who live with parents or with a son or daughter. Do not mark this response if the person being assessed is the head of the household or spouse of the head of the household (see Independent response alternatives).

Foster Home: Person lives as a family member in a residence owned or rented by a family not related to him or her. (Licensed by Department of Health or Department of Social Services.)

Independent in Own Home or Rental Unit: Not owned by provider agency. Receives less than one contact per week from provider's supported-living staff. Person (possibly with a spouse or roommate) is the head of a household with no day-to-day supervision.

Independent with Regular Home-Based Services or Monitoring: Level three Independent with regular home-based services or monitoring – Supported Living, i.e. "Monitored apartment," receives periodic services – at least one contact with agency supported-living staff per week. Person maintains an independent home or apartment but receive home-based services (e.g., home-delivered meals, in-home nursing services, daily phone monitoring to check on health or safety) without which he or she probably could not live independently.

Room and Board Without Personal Care: (Rarely used). Person lives in a residence with staff that provides sleeping rooms, meals and supervision, but no formal training or personal care such as dressing or bathing.

Semi-Independent: Level Two (Semi Independent – Supervised Apartment). Person needs and receives services and supports from staff during all waking hours.

Group Residence with Staff. Level one (Group Residence). Person needs and receives services and supports from staff 24 hours daily.

Personal Care Facility: ("Assisted Living" – rarely used). Person lives in a residence with staff that provides assistance with dressing, bathing, or other personal care but do not provide formal training or nursing care.

Intermediate Care Nursing Facility: (Nursing facility – rarely used). Person lives in a facility that provides daily nursing care with primary emphasis on residents' health care needs; and does not need 24-hour immediate nursing access.

Skilled Nursing Facility: (Nursing facility – rarely used). Person lives in a nursing home that provides intensive services and needs 24-hour immediate nursing access.

State Institution: Person lives in a state-operated facility (South Dakota Developmental Center or Human Services Center) that provides residential care for 16 or more persons.

Other: i.e., homeless shelter, motel, prison, etc.

G. Daytime Program

Current Formal Daytime Activity: When considering Daytime Activity, select the environment where the person spends the **MAJORITY** of his/her time and mark this in the appropriate category on the ICAP. An example, a person volunteers in the community without support 3 days a week and the other 2 days works in Supervised or Supported On-Site Job Placement: Document Daytime Activity as Regular Volunteer Activities Outside the Home; this activity

occurs throughout the majority of the daytime hours. Mark one response in the next column that is a likely or needed alternate daytime placement within the next two years (e.g., person's individual planning team's recommendation). If no change is recommended, mark, no change recommended.

No Formal Daily Program outside the Home: The person's outside activities include occasional social and recreational activities or shopping but no formal daytime habilitation program.

Regular Volunteer Activities outside the Home: The person performs regular volunteer work on at least one day a week outside the home environment.

School: The person attends a public or private educational program with certified teachers for people in the 3-21 age range. Use for local school programs.

Day Care: The person attends a program of social and leisure activities, usually for preschool children or elderly adults. Not generally used at this time.

Daytime Activity Center: The person receives day habilitation services which foster the acquisition of skills and maintaining or slowing regression of skills. Aimed at maximizing meaningful life experiences. Can be in the community, on premises of CSP or outside of the person's residential environment and receives no pay.

Work Activity Center: Could be Career Exploration. The person wants a job in the next two years. The person has a goal focused on the development of competitive worker traits using trial-work as the primary training method and teaches understanding of the expectation of a competitive work environment, workplace problem solving skills and strategies, and general workplace safety and mobility training. Can be located on the premises of the CSP.

Sheltered Workshop: Could be Career Exploration. Person wants a job in the next year. The person has a goal focused on the development of competitive worker traits using trial-work as the primary training method and teaches understanding of the expectation of a competitive work environment, workplace problem solving skills and strategies, and general workplace safety and mobility training. Can be located on the premises of the CSP.

Supervised or Supported On-Site Job Placement: The person receives vocational training services off premises of CSP and works under supervision or with supports at a competitive job site. Individual support is in an integrated setting and the person is compensated at least minimum wage and receives at least one contact with provider's supported-employment staff per week. Group supported employment may have subsidized or reduced wages and includes enclaves and mobile crews of no more than eight participants.

Competitive Employment: The person holds a regular job with other employees without disabilities at or above the legal minimum wage for at least 10 hours per week and may receive less than weekly contact from support staff.

H. Support Services

Support Services are "specialized" services, which go beyond what is used on a regular basis by a majority of people, that is, services based on specific individual need (s).

Identify the support services the person currently receives from any source and those areas in which the person should be evaluated for possible additional or altered services. In the first column mark the support services that are currently being provided to the person. In the second column mark all support services that are not currently being provided but for which evaluation or services are needed. List the specific nature of each service used or needed on the line provided. Use the following information when determining if an individual receives or needs support services.

1. None

None of the below listed support services are currently being provided or need evaluation.

2. Case Management

Case Management is the assistance to obtain and assist in the coordination of needed medical, habilitative, social, employment, and other related services and supports such as guardianship, legal, self-advocacy, housing, financial.

3. Home-Based Support Services

Services provided to a person living at home with parents/caregivers or in their own home or independent apartment in an integrated community setting. Home based support services are individually designed to enhance and teach community integration, socialization skills, and independent living skills. The services are outlined in the person's annual service plan and are provided in the home or independent community setting with goals and/or objectives to follow progress. Note: Do not mark this item if the person has a residential intensity level of one or two.

4. Specialized Dental Care

An individual requires at least annual dental care by a dentist trained in endodontics, oral pathology, oral surgery, orthodontics, pedodontics, periodontics, or prosthodontics.

Due to a physical condition or problem behaviors, an individual has been determined to need and is medically prescribed the use of highly restrictive procedures, which require the approval of the agency's Human Rights Committee. These specialized services may include general anesthesia, sedative pre-medication or other restraints in order to perform dental procedures that would otherwise be performed in a dentist's office under typical or routine conditions.

Routine services include at least annual visits for examinations, fillings, cleaning, fluoride treatments, extractions, root canal, fitting or repair of partial or full dentures, taking an antibiotic or other medication prior to having dental work which is prescribed solely for the dental procedure.

5. Specialized Medical Care

The person has a long term or an ongoing medical condition (i.e., epilepsy) requiring visits on at least an annual basis to a licensed specialist (i.e., neurologist, urologist, OB/GYN) referred by the primary physician, to treat and follow a specific condition. A short-term condition (such as a fracture that only requires a brief period of follow-up with an orthopedic specialist) would not be included.

Due to a physical condition or problem behaviors an individual has been determined to need and is medically prescribed the use of highly restrictive procedures, which require the approval of the agency's Human Rights Committee. These specialized services may include general anesthesia, sedative pre-medication or other restraints in order to perform medical procedures

that would otherwise be performed in a medical examination room under typical or routine conditions.

6. Specialized Nursing Care

Nursing care performed by a Registered Nurse in any setting that is not otherwise a routine nursing service.

Examples of specialized service of nursing care

Administering shots for diabetic or allergic conditions
Drawing blood levels for medication or monitoring specific conditions
Home Health Care by a registered nurse

Examples of routine service nursing care not considered specialized

Blood pressure checks
Annual TB testing
Annual Flu shot administration
Monitoring weight
Observation of self-administration of daily medications
Routine assessment unrelated to an acute medical condition
Routine monitoring that does not require nursing or medical intervention (i.e., weights, skin conditions, nail care)

7. Specialized Mental Health Services

Services provided by a licensed psychologist or psychiatrist for behavioral or medication consultation or receiving mental health services from a professional (licensed therapist, counselor, medical social worker) on a regular (e.g., weekly, monthly, quarterly) basis. This does not include utilizing a licensed psychologist and/or psychiatrist for an evaluation only.

8. Specialized Nutritional or Dietary Services

Ongoing nutritional or dietary services as recommended through an initial evaluation as an identified need for the person and monitored on a regularly scheduled (at least quarterly) basis by the person responsible and/or designated (nurse, dietician, food service/direct care staff). These services may include modification of food consistency, i.e., ground, pureed; dietary supplements, i.e., ensure (needed at times other than regular mealtime); tube feeding; or highly restricted diets as needed due to disorders or problem behaviors. These services would not include routine annual assessment of dietary needs such as weight and relationship of certain foods with medication; reduction diet; increased servings diet; Lo-cholesterol diet or diabetic diet.

9. Therapies – Occupational, Physical or Speech

Therapy provided on a regularly scheduled basis to a person for an on-going condition that is approved and provided by an occupational therapist, physical therapist, or speech therapist. Includes approved therapies provided by a paraprofessional (staff trained by a therapist). Does not include seeing a therapist for evaluation purposes only.

10. Respite Care

Services provided to families of a child or adult for a short time because of the absence of or need for relief of the family member normally providing the care.

11. Specialized Transportation Services

This concerns the need for wheelchair accessible/equipped vans and buses provided through specialized public transportation and agency owned vehicles when there is a demonstrated need for these services to gain access to the community by reason of the person's specific disability (use of adaptive or mobility equipment). This would not include use of a group home van as part of a general service provided by the agency.

12. Vocational Evaluation

Vocational evaluation is an evaluation or group of assessments performed for the purpose of determining what services, if any, are needed to assist a person to explore and identify vocational interests and obtain and retain employment; to include at least annual updates.

13. Other

Services include receiving on-going alcohol or drug treatment. This does not include utilizing alcohol or drug treatment services for an evaluation only. Also included are supports provided through community organizations, i.e., involvement in alcoholics anonymous, gamblers anonymous, narcotics anonymous, overeaters anonymous, anger management, parenting support groups, or other supports specific to a person's needs or diagnosis. Services which may be considered alternative in nature are included, i.e., chiropractic services, chelation therapy, acupuncture, nutritional (herbal) therapy, massage therapy, etc.

I. Social and Leisure Activities

Social and Leisure Activities within Last Month: All formal and informal social activities in which the person has participated, alone or with someone else, within the last month.

Factors Limiting Social Activities: All factors that contribute to the person's social activities being more limited than he or she desires or more limited than is normal for the person's age.

In addition to the ICAP Guidelines, the following supplemental documents are available:

ICAP Reference Sheet: a short document providing suggestions on completing the specific sections of the ICAP.

ICAP Validation Sheet: a short document identifying the way the ICAP can be validated.

FAQ'S: a compilation of frequently asked questions related to completing the ICAP organized in specific section from beginning to end.