

HOW THE MASSACHUSETTS DEPARTMENT OF DEVELOPMENTAL SERVICES (DDS) USES THE MASSCAP AND THE ICAP TO PRIORITIZE CLIENTS

Prepared by the Mental Health Legal Advisors Committee
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What is the MASSCAP?

Once an individual is determined eligible for DDS services (usually through IQ testing and functional reports resulting in an IQ score of 70 or below), DDS uses the Massachusetts Comprehensive Assessment Profile (MASSCAP) to determine what services an individual needs and how urgently those services are needed.¹ There are three components to the MASSCAP process:

1. The ICAP (Inventory of Client and Agency Planning) — The ICAP tool assesses the individual's adaptive functioning and the level of support and supervision that the person needs.²
2. The CCA (Consumer and Caregiver Assessment) — The CCA tool assesses the resources and supports that currently are in place for the individual and provides information to assist in evaluating the capacities of the caregivers.³
3. Professional Judgment — In addition to the ICAP and CCA, information is obtained from direct observation of the individual and interviews with family members. This information is reviewed by individuals with training and experience in the field of intellectual disabilities who then make a decision based upon their professional judgment.⁴

The ICAP is completed at the time of initial eligibility determination. If the applicant is determined to be generally eligible for DDS services, the MASSCAP Team completes the CCA and arranges for other assessments.⁵ ICAP is an initial determinant of the individual's services needs, and DDS uses the rest of the MASSCAP (CCA, professional judgment and other assessments) to determine an individual's priority for requested services.

¹ Department of Developmental Services, Frequently Asked Questions about MASSCAP for Families and Caregivers, <http://www.mass.gov/eohhs/docs/dmr/masscap-faq.pdf>.

² *Id.*

³ *Id.*

⁴ *Id.*

⁵ *Id.*

What else should I know about the ICAP?

The ICAP is a standardized assessment tool designed to identify services needs.⁶ More specifically, the ICAP assesses an individual's adaptive behavior and need for supervision. The ICAP is completed by a DDS Intake and Eligibility Specialist at the time of initial eligibility determination. The information assessed in the ICAP is provided by an individual who ideally knows the person well and sees the person regularly, usually the primary caretaker or a service provider.⁷ ICAP scores range from 0 to 100, with a lower score suggesting greater functional impairments (i.e., an individual with fewer skills who requires more assistance).⁸

The ICAP also uses a formula that includes Adaptive Behavior and Maladaptive Measures to compute a Service Score which ranges from 1 to 9 (1 being most intensive need for services).⁹ Adaptive behavior refers to a person's typical performance of behavior skills that are considered instrumental for daily living. These adaptive skills include motor skills, social and communication skills, personal living skills, community living skills, and broad independence.¹⁰ The General Maladaptive Measure is an overall measure of maladaptive behaviors, including the severity and frequency of problematic behaviors which are further classified as internalized, externalized or asocial.¹¹ The Maladaptive Measure score is then classified as marginally serious, moderately serious, or normal.¹²

The ICAP can pose particular challenges in accurately identifying the needs of dually diagnosed individuals, as psychiatric factors may affect skill performance (but not necessarily in a consistent way).¹³ Furthermore, the General Maladaptive Index may underestimate the need for support if the very serious behavior is periodic. The General Maladaptive Behavior Scores can underestimate an individual's actual service needs, as it computes individual's current performance in a highly structured and supportive environment and

⁶ *Id.*

⁷ *Id.*

⁸ *Id.*

⁹ Julia Harries, et al., Support Needs and Adaptive Behaviors, *American Journal on Mental Retardation*: September 2005, Vol. 110, No. 5, pp. 393-404, <http://pinnacle.allenpress.com/doi/abs/10.1352/0895-8017%282005%29110%5B393%3ASNAAB%5D2.0.CO%3B2?journalCode=ajmr.1>.

¹⁰ Anna M. Palucka and Soula Homatidis, The Experience of Using the Inventory for Client and Agency Planning (ICAP), 11 *J. Developmental Disabilities* 63, at 65 (2004), <http://www.oadd.org/publications/journal/issues/vol11no2/download/palucka&homatidis.pdf>.

¹¹ *Id.*

¹² *Id.*

¹³ *Id.* at 66.

does not take into account episodic problems and breakdowns in services.¹⁴ For example, individuals who have had frequent involuntary hospitalizations often score in the normal or marginal range, depending on their current level of support.¹⁵ Furthermore, the ICAP can be influenced by biased responses that can result in significant under or overrating of issues.¹⁶

How does DDS prioritize a client for a requested service?

Once an individual has qualified for a particular requested service through the ICAP, DDS then determines the person's priority to receive the service. To do this, DDS doesn't rely on the ICAP score alone, but also considers the CCA, which identifies specific factors in someone's life that may influence priority for services.¹⁷ DDS also considers other factors such as health and safety concerns, individual choice regarding services, the environment in which supports may be offered, and the availability of alternative, non-DDS funded, appropriate services.¹⁸

Prioritization decisions are made only when a service request is received.¹⁹ Priority for a service can change, particularly if there are significant changes in the clinical function of the individual, and age and capability of caregivers.²⁰

What are the priority levels that DDS assigns clients?

DDS assigns a priority level of 1, 2 or no priority, as follows:

- Priority 1 (P-1) -- the provision, purchase, or arrangement of the support is necessary to protect the health or safety of the individual or others. For most Priority 1's, service planning should be initiated and services should be arranged or provided within 90 days.²¹
- Priority 2 (P-2) -- the provision, purchase, or arrangement of the support is necessary to meet one or more of the individual's assessed needs or to achieve one or more of the assessed needs identified in his or her Individual Support Plan. (The needs for specific services are assessed through the MASSCAP.) For most Priority 2's DDS will plan

¹⁴ *Id.* at 65.

¹⁵ *Id.*

¹⁶ *Id.* at 6.

¹⁷ Department of Developmental Services, Frequently Asked Questions about MASSCAP for Families and Caregivers, <http://www.mass.gov/eohhs/docs/dmr/masscap-faq.pdf>.

¹⁸ *Id.*

¹⁹ *Id.*

²⁰ *Id.*

²¹ *Id.*

- with the family or individual, exploring other services and supports that can benefit the individual while they are waiting for the prioritized service, and monitor the situation to ensure that health and safety issues are addressed. Persons assigned a priority 2 must be willing to accept the service when offered.²²
- No Priority Assigned -- the individual does not qualify for the service (i.e., does not have an assessed need for the service, as reflected by the MASSCAP) or the request is for a service at least two years in the future and the individual or family is not willing to accept services sooner.²³

Can an individual appeal a DDS prioritization determination?

If an individual disagrees with the outcome of the prioritization assessment, he or she has the right to appeal that decision. An appeal must be filed within 30 days of receipt of the letter.²⁴ Information regarding the appeal process is enclosed with the prioritization letter.²⁵ If the individual is represented by a court appointed guardian, only the individual or guardian may file an appeal.²⁶ If there is no guardian, the individual or family member may file an appeal.²⁷

²² *Id.*

²³ *Id.*

²⁴ *Id.*

²⁵ *Id.*

²⁶ *Id.*

²⁷ *Id.*