

PERSON/ ASSESSOR/CONSERVATOR INFORMATION			
Person's Name:		Person's SSN:	
Assessor Name:		Does the person have a court-appointed conservator/guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Conservator Name:		Conservator Phone:	
Conservator Address:			
CHECKLIST & SIGNATURES			
<input type="checkbox"/>	<p>I invited the conservator to have opportunity for meaningful participation in the ICAP assessment.</p> <p><i>If guardian was unresponsive or declined participation, document contact attempts:</i></p> <p>_____</p>		
<input type="checkbox"/>	<p>If interviewed, have Conservator Sign:</p> <p>_____ _____</p> <p><i>Conservator Signature</i> <i>Date</i></p>		
<input type="checkbox"/>	<p>I interviewed a Direct Support Professional from the person's lead agency who has known the person's daily functioning and behavior very well for at least three months.</p>		
<input type="checkbox"/>	<p>By my signature below, I acknowledge fidelity to ICAP Project processes and ICAP item definitions.</p> <p>_____ _____ _____</p> <p><i>Assessor Signature</i> <i>Credentials</i> <i>Date</i></p>		

INTERVIEWEE INFORMATION			
1.	Contact Name:		Job Title/Description:
	Phone Number(s):		Email:
	Informant Type:	<input type="checkbox"/> DSP/DSW <input type="checkbox"/> Supervisor/Administrator <input type="checkbox"/> Other Provider Staff <input type="checkbox"/> Conservator/Family <input type="checkbox"/> Other: _____	
	Provider Type:	<input type="checkbox"/> Res <input type="checkbox"/> Day <input type="checkbox"/> Personal Assistance <input type="checkbox"/> SC <input type="checkbox"/> Not a Provider <input type="checkbox"/> Other: _____	
	Approx. Hours Direct Contact Past 1 Month:		Approx. Hours Direct Contact Past 3 Months:
	Signature:	<p>I, the provider, testify that I know this person's medical, adaptive and behavioral issues and skills well and from direct experience of the person. I have represented his/her needs across all settings for which I have information. <u>I understand Mississippi considers false representations of a person's functioning to be Medicaid Fraud.</u></p> <p>_____</p> <p><i>Provider Signature</i> <i>Date</i></p>	
2.	Contact Name:		Job Title/Description:
	Phone Number(s):		Email:
	Informant Type:	<input type="checkbox"/> DSP/DSW <input type="checkbox"/> Supervisor/Administrator <input type="checkbox"/> Other Provider Staff <input type="checkbox"/> Conservator/Family <input type="checkbox"/> Other: _____	
	Provider Type:	<input type="checkbox"/> Res <input type="checkbox"/> Day <input type="checkbox"/> Personal Assistance <input type="checkbox"/> SC <input type="checkbox"/> Not a Provider <input type="checkbox"/> Other: _____	
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	Signature:	<p>I, the provider, testify that I know this person's medical, adaptive and behavioral issues and skills well and from direct experience of the person. I have represented his/her needs across all settings for which I have information. <u>I understand Mississippi considers false representations of a person's functioning to be Medicaid Fraud.</u></p> <p>_____</p> <p><i>Provider Signature</i> <i>Date</i></p>	

NOTES FROM ASSESSOR'S INTERACTION & PERSONAL OBSERVATION OF THE PERSON

Setting, receptive/expressive communication, movement, degree of social motivation or interaction, behaviors witnessed, skill level, assistance needed during interaction, emotional responses, etc.

FIRST INTERVIEW NOTES

MOTOR SKILLS (INTERVIEW 1)

SOCIAL & COMMUNICATION SKILLS (INTERVIEW 1)

FIRST INTERVIEW NOTES

PERSONAL LIVING SKILLS (INTERVIEW 1)

Empty text area for Personal Living Skills notes.

COMMUNITY LIVING SKILLS (INTERVIEW 1)

Empty text area for Community Living Skills notes.

PROBLEM BEHAVIOR NOTES (INTERVIEW 1)

Empty text area for Problem Behavior Notes.

SECOND INTERVIEW NOTES

MOTOR SKILLS (INTERVIEW 2)

Empty text area for Motor Skills notes.

SOCIAL & COMMUNICATION SKILLS (INTERVIEW 2)

Empty text area for Social & Communication Skills notes.

PERSONAL LIVING SKILLS (INTERVIEW 2)

Empty text area for Personal Living Skills notes.

COMMUNITY LIVING SKILLS (INTERVIEW 2)

Empty text area for Community Living Skills notes.

SECOND INTERVIEW NOTES

PROBLEM BEHAVIOR NOTES (INTERVIEW 2)

LIMITATIONS/SPECIAL NEEDS/CIRCUMSTANCES

Limitations, special needs, or circumstances that the ICAP may not reflect that may impact this person's support needs

QUALITY REVIEW NOTES— MAXIMUS STAFF ONLY

THIRD INTERVIEW NOTES

SOCIAL & COMMUNICATION SKILLS (INTERVIEW 3)

Empty text area for notes on Social & Communication Skills.

PERSONAL LIVING SKILLS (INTERVIEW 3)

Empty text area for notes on Personal Living Skills.

COMMUNITY LIVING SKILLS (INTERVIEW 3)

Empty text area for notes on Community Living Skills.

PROBLEM BEHAVIOR NOTES (INTERVIEW 3)

Empty text area for notes on Problem Behavior.