

Reminders:

- (1) There must be at least 2 Respondents on the call who have seen the individual and have known them for at least 90 days.
- (2) The Respondents need this rating key *PRIOR TO* the assessments.
- (3) If there have been any new diagnosis since the last Assessment, please provide the medical documentation signed by the Physician to the Case Manager so it can be provided to KEPRO.

ICAP Adaptive Behavior Rating Key

All ICAP questions are based on how well the individual completes (or could complete) the task <u>completely and without help or supervision</u> .
0 = Never or rarely, even if asked.
1 = Does, but not well (1/4 of the time - may need to be asked).
2 = Does fairly well (3/4 of the time - may need to be asked).
3 = Does very well (always or almost always, without being asked).

ICAP Problem Behavior Rating Key

Frequency	Severity
0 = Never	0 - Not serious, not a problem
1 = Less than once a month.	1 - Slightly serious, a mild problem <ul style="list-style-type: none"> ▪ Annoying, embarrassing, worrisome ▪ Viewed as a problem ▪ Not exhibited in all environments
2 = One to three times a month.	2 - Moderately serious, a moderate problem <ul style="list-style-type: none"> ▪ Objectionable, unacceptable behavior ▪ Found to be a problem in all environments
3 = One to six times per week.	3 - Very serious, a severe problem <ul style="list-style-type: none"> ▪ Frightening, repulsive, dangerous ▪ Reduction of frequency usually requires constant vigilance and a highly structured environment
4 = One to ten times per day.	4 - Extremely serious, a critical problem <ul style="list-style-type: none"> ▪ A behavior that is life-threatening ▪ Reduction of frequency usually requires constant vigilance and a highly structured environment
5 = One or more times an hour.	

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ABAS-3 Rating Key

All questions on the ABAS-3 are based on how often the individual performs the behavior.	
Rating	The Individual:
0 Is Not Able.	<ul style="list-style-type: none"> • Cannot perform the behavior; • Is too young to have tried the behavior; • Does not have the skill to perform the behavior; • Has not been taught to perform the behavior; or • Has some limitation that prevents performing the behavior.
1 Never or Almost Never When Needed.	<p>Is able to perform the behavior, but</p> <ul style="list-style-type: none"> • Never or almost never does it when needed; • Never or almost never does it without being reminded; • Another person does it for the individual instead of the individual doing it; or • Refuses to perform the behavior.
2 Sometimes When Needed.	<p>Is able to perform the behavior, but</p> <ul style="list-style-type: none"> • Only does it sometimes when needed; • Sometimes does it without help, but sometimes needs help; or • Sometimes does it on his or her own, but sometimes needs to be reminded.
3 Always or Almost Always When Needed.	<p>Is able to perform the behavior, and</p> <ul style="list-style-type: none"> • Displays the behavior most of the time without being reminded; or • Displayed the behavior at a younger age but has now outgrown it.
Please let the facilitator know if:	
You Need to GUESS.	<ul style="list-style-type: none"> • Your rating was a guess or estimate; • You have not had the opportunity to see the individual perform this behavior; • You have seen the individual perform similar behaviors, but not this one.

Extraordinary Care Assessment Rating Key

Independent:	Completes without assistance.
Semi-Independent:	Sometimes needs a verbal prompt to complete the task.
Minimal Assistance:	Verbal Prompt required to complete the task.
Moderate Assistance:	Physical prompt and/or repeated instructions required to complete the task.
Total Assistance:	Unable to complete without constant physical assistance of another person.