

Supports Intensity Scale® Implementation Manual

This manual provides a basic overview of the Supports Intensity Scale (SIS®) and outlines requirements and procedures related to the implementation of the SIS® in Michigan



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Description of the Tool

The Supports Intensity Scale® (SIS®) is a strengths-based, comprehensive assessment tool that measures an individual's support needs in personal, work-related, and social activities in order to identify and describe the types and the intensity of the supports an individual requires. The SIS® reflects a way of thinking that helps the reviewer to understand what supports an individual needs to have an "everyday life" just like someone else his or her age living in the same community, rather than evaluating deficits in skills. The SIS® includes background information on health, medical conditions, activities of daily living, cognitive, social, and emotional skills.

The SIS® is a reliable and valid assessment developed and copyrighted by the American Association on Intellectual and Developmental Disabilities (AAIDD). All references to the SIS® throughout this manual refer to the SIS-A®.

Purpose of a Statewide Assessment Tool

General Purpose

The Michigan Department of Health and Human Services (MDHHS) Behavioral Health and Developmental Disabilities Administration (BHDDA) uses the Supports Intensity Scale (SIS®) as a statewide standardized assessment tool for individuals age 16 and older¹ with an intellectual/developmental disability (I/DD) as a primary or secondary diagnosis who receive services provided by Medicaid through the Behavioral Health System.

Prior to implementation of the SIS®, there was no consistent statewide, objective way to assess the support needs for individuals with I/DD, resulting in significant variation in services and supports provided across the service delivery system.

Benefits of the Tool

The SIS® provides a consistent methodology for assessing the support needs of individuals with I/DD, which are then considered in addition to personal preferences, natural supports, and service setting. The output from the SIS® instrument provides helpful guidance to programs in considering related services for individuals with similar support needs.

A statewide standardized assessment tool for individuals with I/DD should meet a variety of needs and have benefit for the individual, the case manager/supports coordinator, the family or guardian, the Prepaid Inpatient Health Plan (PIHP) and Community Mental Health Service Programs (CMHSP) systems, and the state. Benefits of the SIS® by group are listed below.

The SIS® was designed to be part of Person-Centered Planning (PCP) processes that help all individuals identify their unique preferences, skills, and life goals.

¹The use of the SIS® with individuals aged 16-17 years old begins at the start of the PIHPs Fiscal Year 2021. Use of the SIS® prior to FY21 applies only to individuals aged 18 years or older. At the time of the development of this manual, the use of SIS® in Michigan was limited to adults aged 18 years or older.

For the Individual:

- Collaborative and participative process provides information on current and needed supports including:
 - Identification of the activities that are important to the individual
 - Amount of supports needed to enable participation in daily activities and community involvement
- Understandable and consistent process regardless of who is conducting the assessment
- Objective and independent process for each and all individuals served by the public mental health
- Includes what is important to and important for the individual

For Case Managers/Supports Coordinators:

- Supports the PCP process
- Provides essential information across multiple domains
- Assists in identifying goals that are important to the individual
- Establishes a baseline or status of current support needs which allows for the evaluation of progress and success

For the Family/Guardian:

- Understandable and consistent process regardless of who is conducting the assessment
- Objective and independent process for each and all individuals served by the public mental health
- Confidence that the assessment along with the use of the PCP process will promote services and supports consistent with individual need

For the PIHP/CMHSP/Program:

- Promotes equitable access to services and supports
- Promotes continuity of care across multiple providers
- Assists with assessing potential need for specific services or for waivers, e.g. Habilitation Supports Waiver (HSW), and other behavioral-health covered state plan services.
- Predicts the types of resources needed – for planning purposes
- Assists with determining future needs for services for financial planning

For MDHHS/BHDDA:

- Allow for actuarial analysis

- Provides an increased objective and reliable understanding of the population served
- Ensures there are consistent processes across statewide regions
- Strengthens the ability to describe the population served in Michigan
- Assists with determining future costs of services

Features of the SIS® Instrument

Introduction to Measured Components

The SIS® is used to identify areas which are important both to and for individuals. It is intended to help contribute to the person-centered planning process. The tool is designed to measure the pattern and intensity of supports and services that an eligible individual would need in order to be successful in his or her community. The SIS® also examines the extent to which the individual is involved in efforts to protect and advocate for him or herself.

These areas are broken down into three sections² accordingly:

Section One: Exceptional Medical and Behavioral Needs

Exceptional Medical and Behavioral needs include:

- 18 medical areas for supports needed
- 12 behavioral areas for supports needed

Section Two: Support Needs Index

This section documents support needs for 57 life activities across 3 measures: 1) how often the support is needed, 2) how much time is needed to provide support, and 3) what kind of support is needed.

Six sub-sections of life activities include:

1. Community Living Activities
2. Lifelong Learning
3. Employment
4. Health and Safety Activities
5. Social Activities

Section Three: Supplemental Protection and Advocacy Scale

In addition, the SIS® measures eight activities related to Protection and Advocacy as well as exceptional medical and behavioral support needs including:

1. Making choices and decisions
2. Managing Money and finances
3. Advocating for self

² American Association on Intellectual and Developmental Disabilities (AAIDD), (n.d.). Product Information, <http://www.aaidd.org/sis/product-information>

4. Advocating for others
5. Obtaining legal services
6. Belonging to or participating in self-advocacy/support organizations
7. Protecting self from exploitation
8. Exercising legal responsibilities

Supplemental Questions

The MDHHS/BHDDA has added supplemental items to assist in identifying individuals that are at an increased risk in certain high priority support need areas. These items include the following considerations:

- Severe medical risks requiring exceptionally high levels of staff support
- Severe community safety risk to others with or without conviction for a crime
- Self-inflicted destructiveness which seriously threatens their own health and/or safety

Scores Provided in the SIS[®] Report

Raw Scores are the total number of points received in each section of the SIS[®]. Raw scores alone are not particularly helpful for understanding support needs until they are changed into “standard scores,” which are more easily compared and used.

Standard Scores provide a consistent system for comparing raw scores from one section to another. On the SIS[®], they can range from 1-20.

The Percentile Score shows the percentage of people whose scores are at or below a given raw score. For example, a score at the 37th percentile shows that the individual's score is the same as or higher than the scores of 37% of the people in that section and 63% of the people had a higher score.

The Confidence Interval relates to the assessment's accuracy and not to the individual's support needs.

Activities Standard Score Total is the sum of the Standard Scores.

The Support Needs Index (SNI) shows an overall summary score.

Graph: The bar graph provides a visual picture of the person's standard scores, percentiles, and support needs. The higher the bar, the greater the support needs.

Who Receives a SIS[®] Assessment

Characteristics of Individuals Receiving the SIS[®]

The SIS[®] Assessment is administered to individuals with the following characteristics:

- Is Michigan Medicaid eligible and receiving behavioral health services
- Is 16 years or older
- Has a disability designation of intellectual/developmental disability
- Is currently receiving case management, supports coordination, or respite only services

Frequency of SIS® Assessments

First Assessments:

New Medicaid-eligible individuals entering the CMHSP system should be assessed using the SIS®, following their eligibility determination within the first year of service to coincide with preplanning activities to enhance and support the PCP process.

Subsequent Assessments:

A SIS® Assessment should be done at least every three years.

If a significant change has a lasting impact on the individual's support needs, a SIS® Assessment should occur sooner than three years.

It is recommended that a SIS® is administered early if there is a change in level of care or one or more of the following were to occur:

- More than a 30-day nursing home stay
- New medical diagnosis, with a care plan that requires specialized training/supervision of caregiver by medical staff (tracheotomy, diabetes requiring insulin, tube feeding, etc.)
- Resolution of medical diagnosis which impacts functioning (i.e. chemo and radiation completed)
- Change in living arrangement from dependent to independent and vice versa
- Exiting school
- Transitioning to retirement from skill building or competitive employment
- Change in health status or medical condition
- Presence or change in behavioral issues
- Availability of new technology

Reactivation

If an individual's care episode is closed for a period of time and the individual returns to treatment, the individual must participate in an intake psychosocial assessment within 14 days of the request for services.

It is the responsibility of the professionals completing the intake psychosocial assessment to determine if significant changes have taken place in the individual's life since the most recent SIS® assessment. If significant changes have taken place as indicated above, the professionals must collaborate with the SIS® Assessor to identify the need for a new SIS® to be completed.

If no significant changes have taken place, and there is still a valid SIS® Assessment, that SIS® Assessment would be used as the guiding assessment for the beneficiary.

SIS® Participation Requirements

Minimum Participation Protocol

The preferred method for completion of a SIS® Assessment is to involve the individual in the interview process. The individual is always encouraged to participate as fully as he or she desires.

It is best practice for an individual to be present for a minimum of 15 minutes for the SIS® interview with minimal distractions. In the rare event that an individual is unable to safely be present for a minimum of 15 minutes, see section [Considerations for Clinical Detriment](#) below.

The following shall be considered in the event of minimum or less than minimum participation in the SIS® Assessment:

- **Documentation:** Instances of individuals who minimally participate in the SIS® interview will be documented in the SIS® Assessment and will be tracked and monitored by the PIHP.
- **Respondent Involvement:** Other individuals who know the individual being assessed may also be involved in the SIS® interview. Refer to the section, [Who is Involved/Respondent Definition](#) for detailed respondent definition. Respondents may also assist in completing an assessment if an individual chooses to not participate or loses interest in participating in the SIS® Assessment.

This information noted above shall be shared with participants prior to administration of the SIS®.

Declined Assessment Process and Rights

Individuals and/or guardians may decline to participate in the SIS® Assessment process. Declining the SIS® Assessment will have no impact on their ability to receive new and/or ongoing services. Individuals and/or guardians may opt out and decline to receive the SIS® Assessment at the point of the attempt to schedule the assessment or at any point leading up to the scheduled date and time.

All declined assessments (including the decline to follow-ups) must be documented by the PIHP and input into SIS Online, specifying the date the assessment was declined.

The word 'decline' here refers to an active choice of the individual/guardian not to receive a SIS Assessment. Unresponsiveness to scheduling attempts (e.g. repeat letters, calls or digital contacts) are not considered declines, as they cannot be assumed to be an active choice.

Follow-Up After Declined Assessment

PIHPs or their designee shall continue to engage, at least annually, individuals who did not participate in the SIS® Assessment to increase their understanding of the benefits of this process and how results will be used.

It is important for the individual's treatment team to evaluate and address any potential barriers which led to the declined assessment.

Considerations for Clinical Detriment

There may be circumstances where other stakeholders (e.g. Case holder, family member, caregivers) believe that an individual's participation in the assessment would be detrimental due to relationship issues, emotional/behavioral concerns, or other considerations.

If under normal circumstances the individual would be an active participant/respondent in the SIS® interview, but is now unable to participate due to issues of mental health challenges, the recommendation would be to follow guidance issued by the doctor or mental health provider team. If the individual would not be an active participant/respondent in the interview, perhaps consider moving forward with the interview with at least 2 respondents who know the individual well. In

this way, relevant supports are determined that will assist in the individual's ongoing support needs.

In such circumstances, in order to maximize the involvement of the individual receiving the assessment, assessors and other respondents should identify ways to ensure the individual feels safe and comfortable, accommodating their unique needs and desires. Considerations could include, but are not limited to:

- Physical environment/sensory stimulation: Lighting, soothing music/white noise, desired location, minimized distractions
- Mobility: taking breaks for repositioning, movement
- Preferences: Favorite beverage, snack, comfort item/s, attendees
- Preparation: Informing the individual of what to expect and identify their preferences

If an individual or their guardian do not want to proceed with the SIS® Assessment due to concerns with mental wellbeing, they have the right to decline the assessment as mentioned in section [Declined Assessment Process and Rights](#).

Right to Reconsideration of SIS® Assessment

The SIS® Assessor shall review the information collected during the interview with the individual and participating respondents to ensure the accuracy of the SIS® Assessment results.

Upon receipt of the SIS® Family Friendly Report, individuals and/or guardians may request a supervisory review or reconsideration if they believe proper protocol was not followed during the SIS® interview or if they believe that the written results do not accurately reflect what was discussed.

A supports coordination/case manager supervisor, customer service representative, and supports coordinator should be part of the reconsideration process. This reconsideration may include a case review of documentation of the individual's support needs and the processes followed during the SIS® Assessment. The result of this reconsideration could be a factual correction to the SIS®, the offer of a new SIS® interview/re-assessment, or additional clarifying notes in the SIS® Assessment.

Measuring Implementation

Completion Rate Measure Definitions

PIHPs and CMHs across the state have been provided an application that allows for tracking of completion rate. Within the application, there are definitions of completion rate measures, overdue assessments, and other related metrics.

See the [Michigan SIS® Data Application](#) link in the resources section for more information.

Communication with Individuals and Family Members

Communication Overview

Prior notification should include a basic overview of the SIS®, what to expect during a SIS® interview, and the process for scheduling the SIS®. Communication with individuals and families

regarding what the SIS® Assessment process involves, what can be expected, and how information will be used should be provided in a variety of formats.

PIHP Responsibilities

It is the responsibility of the PIHP to have processes in place to ensure that consumers and stakeholders are provided educational materials related to the SIS® Assessment process.

The PIHP must also ensure that there is prior notification and information about the SIS® Assessment process communicated with individuals, family members, guardians, and providers.

Family Friendly Report

Following the completion of the SIS® Assessment, a summary report (the Family Friendly report) is available for sharing with the individual and identified stakeholders.

The Family Friendly report for the SIS® includes general information about the individual and the assessment followed by a summary of SIS® results including:

- Section 1: Contains scores on 57 life activities grouped into six domains
- Section 2: Contains includes scores on 8 measures of Protection and Advocacy
- Section 3: Contains scores of Exceptional Medical and Behavioral Supports Needs
 - The SIS® reports also captures support needs that are “Important To” the individual as well as identifying items or support needs that are “Important for” the individual from items scored in Section 1-3.
- Michigan Supplemental Items

The Family Friendly report should be shared with individuals and their families as follows:

Who: Supports Coordinator/Case manager will receive the Family Friendly report from the SIS® Assessor, within 7 days of completion.

With Whom: The Supports Coordinator will share the Family Friendly report results with the individual and family members, guardian, and others who the individual wants to be a part of that review at the next scheduled visit or PCP meeting.

How: Michigan is encouraging SIS® reports to be shared using the Family Friendly report format. The individual or guardian should be provided a written copy of the report upon request.

Case managers/Supports Coordinators shall have training in how to understand and explain the information in the SIS® report. Each PIHP shall identify a knowledgeable person (i.e.: SIS® interviewer or SIS® quality lead) to whom case managers/supports coordinators can refer for additional questions about the SIS®.

A sample SIS® Family Friendly Report, the link provided below under the [Sample Family Friendly Report](#) resource below.

How a SIS® Interview is Conducted

Who is Involved/Respondent Definition

In keeping with AAIDD’s recommended protocols, the SIS® Assessment is completed using a structured interview involving the person being assessed and must include a minimum of two

respondents. A respondent is a person who can answer questions and provide information about the person being assessed.

Characteristics of Appropriate Respondents:

- Know the individual being assessed for at least three months
- Have had frequent face-to-face contacts with the individual being assessed
- Observed the individual being assessed in many different environments
- Communicate effectively about the individual being assessed
- Must be able to stay for the duration of the assessment
- Must be 18 years of age

The individual makes the final decision as to the other respondents.

Respondents should 1) remain engaged throughout the entirety of the assessment and 2) have understanding to contribute to the discussion and its context. For scenarios where there may be challenges with either of those elements, the respondent is still encouraged to participate. This is not intended to limit participation of particular respondents, merely to ensure that there are a minimum of two engaged, contributing, and valid respondents to answer all questions.

If a respondent cannot stay through the duration of the SIS®, it is acceptable to have another knowledgeable respondent take their place.

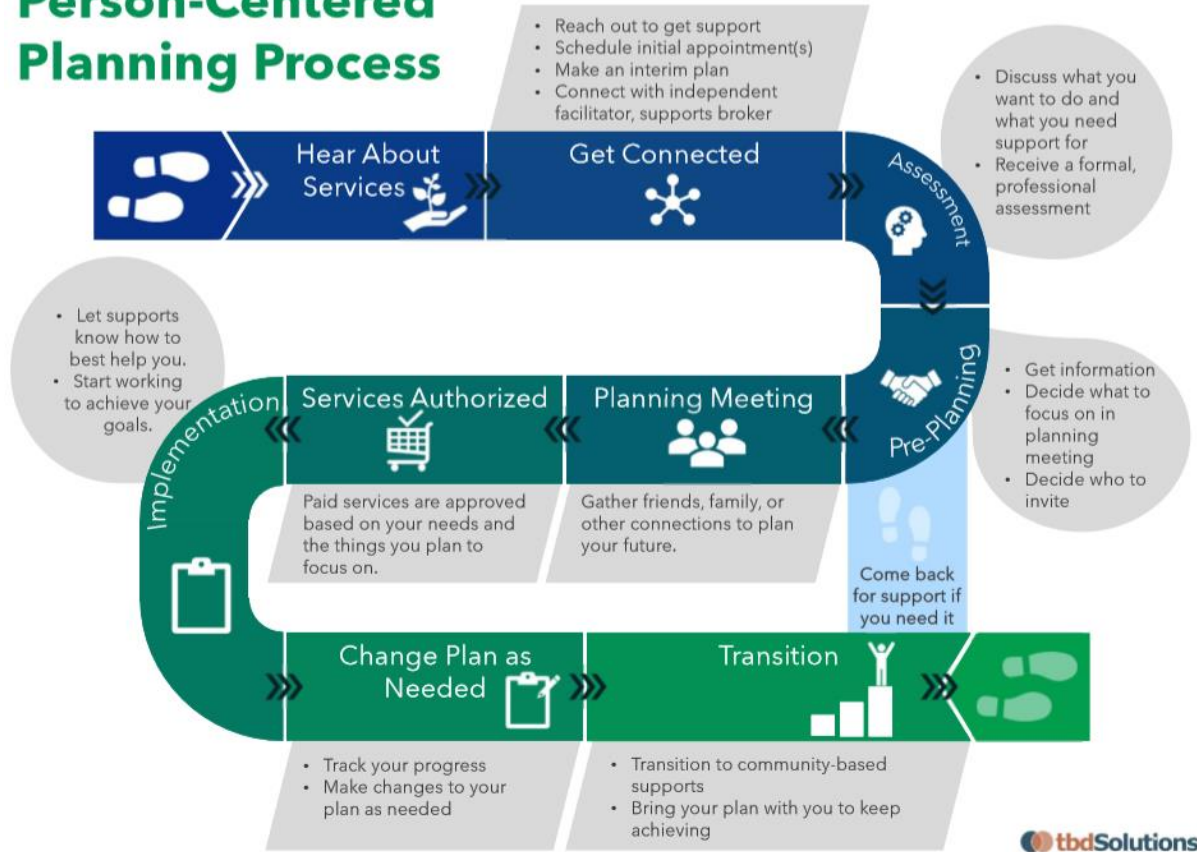
Time Estimation and Setting

Typical SIS® Assessments take approximately 2-3 hours and should be scheduled at a time and place preferred by the individual. The assessment should take place in a private setting.

Part of Person-Centered Planning Process



Person-Centered Planning Process



Introduction: SIS® and the Person-Centered Planning Process

The SIS® is used to enhance and support the PCP process. Assessing service needs in the context of a team approach helps focus on a person’s potential and allows for creative ideas for how supports and services could be organized and focused. Standardized assessments and other tools are considered one aspect of a person-centered planning process, which honors individual choices, preferences, and desires.

Using the SIS® to Inform Person-Centered Planning Process

The SIS® guides respondents in a conversation. Responses during the SIS® provides clarity about the types of support, the intensity of supports and the frequency of the supports that a person needs to participate in key areas of life in the community just as another his/her age. This information helps the individual and his/her support team in the PCP process where natural supports, medically-necessary services, and community resources are discussed to create a comprehensive support plan.

The SIS® Assessment process and resulting data enhances the PCP process via:

- Providing a standardized framework that assists in evaluating practical support requirements, promotes individualized planning and maximize potential for full participation in the community
- Helping individuals plan to use their resources to best meet their needs
- Measuring a person’s support needs to successfully complete everyday tasks
- Assisting in navigating planned and unexpected transitions
- Assessing service needs in the context of a team approach helps the team focus on a person’s potential
- Capturing support needs for an individual, which may differ from current supports and may differ from what has been identified through the existing process.
- Broadening the planning process, the SIS® process may result in the inclusion of items the individual had not taken part in or is not currently engaged in. This should be inclusive of activities and life domains common to any other adult
- Inform an individualized plan of service (IPOS) with identified goals/objectives, strengths of the individual, and needs for support
- Identifying potential referrals for additional assessments or relevant services
- Helping guide safety planning by identifying areas of risk
- Designing an individualized menu of services to support an individual to live independently in the community
- Providing guidance regarding supports which may provide alternatives to guardianship
- Identifying areas of specific personal interest or areas on which the individual wishes to focus

The SIS® Informs PCP Decisions

Information from the SIS® can assist with decision-making and helps ensure that the public behavioral health system provides for the needs of individuals in an equitable way. The SIS® may be used to inform decisions, used as an advocacy tool, and must always be done in the context of a broader PCP process. Authorization of services must be based on medical necessity, and the SIS® can be a useful tool in helping to inform medical necessity in a consistent way. Case managers and supports coordinators should have a general knowledge of the SIS® assessment tool and its content, and its relevance to the PCP process.

It is recommended that case managers/supports coordinators have access to contact information for the SIS® Quality Lead and/or SIS® assessor in order to gain additional information as needed.

Items Flagged as “Important to” and “Important For”

Throughout discussion, “important to” and “important for” support needs are flagged and discussed with all participants. Items flagged should be documented in the PCP.

- **“Important to the individual”** means something they want to do, like to do or that makes a good day, items such as making friends or having meaningful activity in the community.
- **“Important for”** items are flagged as vital supports to have success as other adults in the community, and issues such as health and safety.
- **Items which are important both “to” and “for”** the individual are particularly valuable and is encouraged to be discussed during the person-centered planning process. After discussion, important items can be categorized as valuable information, items that are

already goals but may benefit from added detail, future goals that can be written with the individual's vision, supports that need a referral or items that will be deferred and discussed in the next person-centered planning meeting.

Level of Care Considerations

The SIS® is intended to assist in identifying services and supports that an individual could receive to live life in the community just like anyone else his or her age. Services and supports recommendations from the SIS® should be used to identify and help ensure that individuals have access to these services and supports in distinct and individually meaningful ways.

The SIS® should contribute to what services and supports are offered in combination with person-centered planning processes, individual choice, and clinical documentation. Any local and regionally-established guidelines for level of care determinations must have language that describes the context in which SIS® data is used and must include the factors that are considered in such decisions. Any guidelines must meet MDHHS/BHDDA requirements for utilization management and provision of information to individuals and guardians, including medical necessity determinations and appeal rights.

For more information regarding the considerations outlined above, see [Considerations for IPOS](#) in the resources section.

Access to SIS® Data

MDHHS/BHDDA owns the data once it has been entered into SIS®Online and the data is considered Protected Health Information (PHI). PIHPs, CMHSPs, and their agents and contractors will be given appropriate access to assessment data in SIS®Online, including the ability to download assessments and reports. PIHPs, CMHSPs, and their agents and contractors will be solely responsible for ensuring the information downloaded from SIS®Online is used and disclosed in compliance with all applicable laws.

Use of SIS® Data

The SIS® Assessment process facilitates an enhanced understanding of the individual's strengths, needs and desires. As such, SIS® data is intended by MDHHS/BHDDA to be used by PIHPs and their network of providers to inform the PCP process.

CMHSPs and PIHPs will have a process for clinical case review of “outliers” when data indicates that services authorized or provided are inconsistent with SIS® results. Any SIS® data will be analyzed using valid research and statistical methods. At an aggregate level, SIS® data will be used to understand variations in population needs and distribution of needs and services across those populations.

Use in Benefit Management

Tailoring services to the needs of a specific individual is a hallmark of PCP, but there is an additional level of complexity required to support the design of provider networks to meet the precise needs of the populations they serve. Assessment data from the SIS® has been identified as having potential applications for the following activities related to benefit management:

- Inform the development of provider network service offerings
- Evaluate provider network adequacy relative to the specific needs of the population in a given area
- Identify locations to make services available for individuals within an accessible distance from their homes
- Forecast needs for services not yet available
- Provide consistently-formatted guidance to service providers related to the amount, scope, and duration of services authorized by the IPOS
- Assist providers to develop an enhanced array of services to support compliance with the HCBS Final Rule

Use in Assuring Access and Equity

Assessment data from the SIS® has been identified as having potential applications in the following areas related to assuring access to services and ensuring the equity of access for all persons receiving services:

- Ensure people receive the services they need
- Identify services inconsistent with assessed needs
- Inform the prioritization of access to available waiver slots

Use in Understanding Populations

Assessment data from the SIS® has been identified as having potential applications in the following areas related to population needs:

- Understand different needs across population
- Predict costs
- Identify impact of losing natural supports due to an aging population of parents
- Implement federal and other requirements in a way which optimizes their benefit for the entire population of individuals receiving services

Use in Advocacy

Advocates perform a role with a broad scope. Since advocates' interest focuses on the individual person's quality of life, advocates might become interested in any of the uses of the assessment mentioned above, but would likely approach those uses from the specific perspective of their impact on the individual.

- Provide guidance regarding supports which may provide alternatives to guardianship
- Use in fair hearing

Ways Data Cannot be Used

Since the initial implementation of the SIS® Assessment, MDHHS/BHDDA has clarified several uses of the resulting data which are not permitted³. These are:

³ Renwick, T. (2015, October 22). Inappropriate Use of Assessments and Screening Tools (Letter to PIHP Executive Directors).↵

- As an arbitrary methodology for determining the amount, scope, and duration of community living supports and skill building services implemented outside of a person-centered planning process.
- As a means for achieving budget reductions.
- As a process which supplants use of medical necessity criteria for evaluating the need for community living supports, skill building, and other supports and services.

With regard to the use of SIS® Assessment data to guide service planning, MDHHS/BHDDA has stated that “...this approach will not establish or serve as the authorization for the supports and services of an individual and will be used to inform the person-centered planning process which is driven by the individual.”⁴

SIS® results shall not be used as rationale for why a particular setting or service would not be considered or authorized. Conversely, a SIS® Assessment shall not be used as the sole tool for determining why a particular service or setting would be considered or authorized.

Instructions for using data reports found in SIS®Online can be found using the links provided in the [SIS®Online and Venture Resources](#) found below.

Selection Criteria and Requirements for SIS® Assessors

Summary of SIS® Assessors

SIS® Assessors are responsible for the completion of SIS® Assessments within for eligible individuals in their assigned area. This includes completing all necessary trainings and maintaining reliability as set forth by AAIDD.

Qualification Criteria

SIS® Assessors must meet the following qualification criteria:

- Bachelor’s Degree in human services or four years of equivalent work experience in a related field
- At least one-year experience working with individuals who have a developmental or intellectual disability
- Multiple year commitment to the project
- Fluent with technology
- Willingness and ability to travel to determined service locations necessary
- Successfully complete all phases of Train the Interviewer as established by AAIDD and resulting in an issued certificate recognizing a Qualified status
- Ability to complete the SIS® Assessments in a variety of settings (family homes, clinics, adult foster care)
- Conduct agreed upon assessment quantity monthly as determined by PIHP and/or CMHSP

Recommended Skills/Attributes:

- A belief in a strengths-based, inclusion-focused perspective of individuals with disabilities
- An optimistic, collaborative approach to problem-solving

⁴ Wieferrich, J. (2018, October 1). Parity (Letter to PIHP and CMHSP Executive Directors).

- Excellent communication and group facilitation skills, including the ability to build rapport with people of all backgrounds
- Excellent time management skills
- Strong organizational skills
- Experience and comfort with use of a computer application

SIS® Assessor Responsibility:

- Participate in SIS® training and provided continuing education to remain current regarding AAIDD standards associated with SIS®
- Conduct SIS® Assessment within established timeframes for each eligible individual with within assigned area in conjunction with the PCP process
- Provide interpretation and analysis of SIS® results
- Provide consultation on the development of the Individual Plan of Service (IPOS) that incorporates the results of the SIS® Assessment
- Must maintain a minimum monthly average of 2 assessments per month with a lapse of no more than three months between assessments per AAIDD
- Meet Quality Assurance Requirements as outlined below

SIS® Assessor Training

Training Oversight and Summary

PIHPs are responsible to ensure an appropriately sized team of SIS® Assessors remains available and qualified to meet the assessment needs SIS® eligible individuals. The SIS® Assessor will be trained in gathering information reliably per standards set forth by the American Association on Intellectual and Developmental Disabilities (AAIDD).

Training Format Details

SIS® Training for new assessors is composed of three phases:

Phase 1: Classroom Orientation – This phase is 3-4 days of classroom training that introduces the assessment, ratings, item intent and decision-making process.

Phase 2: Guided Practice(s) with Trainer and/or Quality Lead – These field-based practice sessions aid in establishing and verifying reliability and documenting feedback per AAIDD standards. These meetings with real respondents and people served will help trainees find their own voice as an interviewer and prepare them for later conducting assessments independently. Duration and quantity of Guided Practice sessions will vary by trainee prior to attempting final phase of training. Documentation is provided to trainee outlining essential growth steps and progress per AAIDD training standards.

Phase 3: Interviewer Reliability and Qualification Review (IRQR) – The final phase is composed of an observed assessment under Trainer supervision with pre- and post-meeting to discuss strategies, process, results or determine next steps, as necessary. Interviewer technique and decision-making will be observed, documented, and evaluated by trainer. Results of activity will determine assessor Qualification level.

All phases must be completed before resulting in an AAIDD-recognized Qualification status evidenced by issuance of a certificate valid for year. Certificate validity may remain dependent upon participation in other MDHHS/BHDDA -required training activities as outlined in this document.

Once training is completed and the assessor has become an AAIDD-recognized SIS® Assessor, he/she may then receive access to SIS®Online through a request to the designated PIHP SIS®Online Coordinator. At this point, the newly recognized SIS® Assessor may begin to independently facilitate and submit completed SIS® Assessments.

Ensuring Conflict-Free Assessments

Michigan requires the SIS® to be administered by an AAIDD-recognized SIS® Assessor who is free of conflict of interest SIS® Assessors shall contract with or be employed by a PIHP, CMHSP, or other provider agency as deemed appropriate by the PIHP and consistent with avoidance of conflict of interest as described below:

- SIS® Assessors shall not facilitate a SIS® interview for an individual for whom they are providing another ongoing clinical service.
- SIS® Assessors shall not hold a concurrent role or position that includes responsibility for authorization of services or utilization management functions.
- SIS® Assessors shall be independent from the current supports and services staff and shall report to a department other than supports coordination/case management where the individual is served.
- PIHPs are required to review the criteria and ensure that the SIS® Assessors on their provider panel meet the MDHHS/BHDDA defined standards for conflict of interest as identified in the MDHHS/BHDDA SIS® manual.

SIS® Quality Lead Selection and Training

Summary of Quality Leads

A SIS® Quality Lead is an AAIDD-recognized SIS® Assessor who demonstrates advanced knowledge of SIS® item intent, and scoring principles and has received additional training from AAIDD. SIS® Quality Leads ensure that all assessors within their jurisdiction continue to meet AAIDD quality and reliability standards following initial training and coordinate the completion of assessments within the three-year time frame. Quality leads provide coaching to assessors as needed to address any procedural drift, reliability, or technique issues observed during regularly scheduled quality assurance activities (time devoted depends on SIS® assessor need).

Quality Lead Training Summary

Prior to being considered as a potential Quality Lead, a candidate must first meet certain criteria as an existing SIS® Assessor. The Assessor's performance and ability to administer the SIS® in a reliable and valid manner is measured by both their overall Qualification Status as well as Interviewer Technique and Decision-Making proficiency.

Candidates for Quality Lead training must demonstrate and maintain a Qualification Status of *Qualified* or *Advanced*, with Interview Technique and Decision-making proficiencies each in

Excellent or *Advanced* levels (Qualified: Excellent\Excellent) per AAIDD standards. Additionally, candidates must be recommended by a current or previous SIS® trainer and region.

Approved candidates must then successfully complete AAIDD's Quality Lead Training program. This training is composed of three components:

1. Attend and participate in a SIS® IRQR Administration Training session
2. Participate in an IRQR Guided Practice session
3. Conduct an IRQR under AAIDD observation demonstrating skills to AAIDD standards

Quality Lead Qualifications

A Quality Lead must meet the following qualifications:

- Bachelor's Degree in human services or four years of equivalent work experience in a related field
- At least one year of experience working with individuals who have a developmental or intellectual disability
- Experience conducting assessments for a range of individuals with varying needs and circumstances
- Demonstrate and maintain a Qualified: Excellent/Excellent or higher recognition level as an Assessor
- Successfully complete Quality Lead Training, as determined by AAIDD

AAIDD Recommendations Related to Quality Leads

AAIDD recommends consideration of several key traits when considering Quality Lead candidates. One significant attribute required for a SIS® Quality Lead is the willingness to understand and implement a new, progressive supports-oriented assessment process. Quality leads must consistently guide respondents away from a discussion around the individual's skills to a consistent consideration of supports needed to be successful.

Recommended skills/attributes include:

- Effective communication skills
- Ability to work well with people from diverse backgrounds and communication styles
- Effective audience management skills
- Flexibility with work schedule, including commitment to completing work within designated timeframes.
- Willingness and eagerness to participate as an internal lead
- Analytical skills to address difficult questions or problematic participants
- Ability to effectively use audio-visual equipment
- Effective time management skills
- Flexibility to modify presentation based on audience
- Strong organizational skills
- Practical knowledge of adult learning strategies
- Ability to deal with ambiguity (the rules will not always be clear or multiple changes may need to occur).
- Positively represent and advocate for the tool amidst diverse audiences and attitudes

- Always seek to improve client satisfaction, assessment efficiency and effectiveness, and achieve in both personal and observed assessments during provided quality assurance
- Demonstrate a sense of respectful humor as the ability to promote humor SIS® training session is essential for defusing potential tension or anxiety by learners

Quality Lead Responsibility

Minimum Core Quality Assurance Activities:

1. Conduct one Periodic Drift Review every year with each SIS® assessor in the region (One half day per year, per SIS® assessor).
2. Conduct one Interviewer Reliability and Qualification Review every year with each SIS® assessor in the region (one half day per year per SIS® assessor).
3. Provide one of the above Quality Assurance activities for each SIS® assessor at least once every six months. Provide coaching as needed to address any procedural drift, reliability, or technique issues observed during regularly scheduled quality assurance activities (time devoted depends on SIS® assessor need).
4. Participate in personal Quality Assurance, Drift Reviews, and IRQR Observations while meeting AAIDD standards for Quality Leads.
5. Participate in All Assessor and Quality Lead specific trainings and quality assurance.
6. Manage SIS® Online Permissions for users. For more information, [see Administering Users' Permissions and Managing Access](#) subsection below.

Optional Recommended Activities:

1. Conduct quarterly or more frequent Periodic Drift Reviews.
2. Act as a SIS® resource to the local community, professionals, and leadership.
3. Audit local SIS® data for compliance and procedural drift markers.
4. Assess the satisfaction of individuals served and other stakeholders with the SIS® process.
5. Participate in local or regional reporting concerning assessor's quality assurance and regional needs.
6. Complete and submit QA and applicable attestation documentation to appropriate parties within one week of completion.
7. If requested by local CMHSP or region, advise on prospective assessor candidate's suitability for SIS® Training.
8. Collaborate with SIS® Trainers on region specific content needs.

Additional Responsibilities pertaining to regional representation

1. Participate in Quality Lead Seminars and Technical Calls or other SIS®-specific continuing education opportunities as offered
2. Serve as a local liaison concerning Quality Assurance status and needs for the associated region
3. Participate with Quality Assurance reporting requests and planning strategies for local and regional needs as communicated from AAIDD or partnered trainer entity

See section [PIHP Quality Requirements](#) for more information.

SIS®Online

SIS®Online is a web-based application that collects and stores SIS® data. A detailed technical manual and separate technical FAQ is available for SIS® Administrators at PIHP/CMSHP and provider sites. More information can also be found at <http://aaidd.org/sis/sisonline> or email the SIS®Online Technical Manager (sis@aaidd.org).

More detailed instructions can be found in the [SIS®Online and Venture Resources](#) below.

Administering Users' Permissions and Managing Access

SIS®Online provides a robust user administration system (UAS) that provides users permissions based on roles or directly assigning a permission to the individual.

Resources for how to adjust user permissions can be found in [SIS®Online and Venture Resources](#) below.

Should a user forget their password, there is a reset password feature on the SIS®Online login page, where they can submit a request for help, and an email will be sent to the address in the users' profile.

SIS® Lead Responsibilities with SIS® Online:

It is important that each region or CMH manage access to their users individually. The security of the system depends on the SIS® Leads having a process for disabling the user accounts of users who should not have access. Also, leads need to review the permissions of each user to ensure they have the properly authority and access restrictions.

SIS® Venture

In addition to SIS®Online, users can also use a software data entry module called SIS® Venture that can be installed on desktops, notebooks, or tablet PCs. This application allows a registered user to enter assessment data without being connected to the Internet. The entered assessment data can then be uploaded to the SIS®Online website securely using the Internet and an SSL certificate for encryption. Only registered users of the AAIDD SIS®Online system, logged in using their SIS®Online password, are allowed to use the module. Reports are available online only through the SIS®Online system and can be viewed only after assessments are entered and uploaded to SIS®Online.

More detailed instructions can be found in the [SIS®Online and Venture Resources](#) below.

Meeting SIS® Quality Standards

MDHHS/BHDDA has adopted specific published AAIDD quality standards and, through their contracts with MDHHS/BHDDA, each PIHP has responsibilities to ensure that all MDHHS/BHDDA contractual requirements are met relative to the implementation, monitoring and reporting of SIS® activities for the public behavioral healthcare system.

AAIDD conducts an audit of regional SIS® data and provides a comprehensive report detailing areas of concern related to quality, procedural drift, and outliers. Detailed regional recommendations based on the data below are included in the individual Quarterly Regional QA Reports. Quarterly

reports are provided in order to identify progress, ongoing training needs, or other potential areas of reliability improvement relative to prior quarters

PIHP Requirements

- Identify a SIS® Online Administrator(s) who will conduct needed activities to maximize use of the online and venture systems.
- Designate a lead staff to receive and coordinate all SIS® related administrative information coming from either MDHHS/BHDDA, or from their regional SIS® provider network
- Identify one regional representative to participate in the statewide SIS® Steering Committee, act as liaison, assure two-way communication, and assist with SIS®-related projects
- Ensure dissemination of SIS® related training and compliance information, as well as training information
- Provide routine support, communication, mentorship, and educational opportunities for all of their network SIS® Assessors
- Organize regional skill enhancement activities
- Ensure that the implementation of the SIS® is consistent with guidelines and requirements as specified in this manual
- Ensure compliance with Conflict Free standards as outlined in the [Ensuring Conflict-Free Assessments](#) section

Quality Assurance for Quality Leads

MDHHS/BHDDA has adopted the SIS® IRQR Procedures document for SIS® Trainers and Quality Leads that AAIDD has developed and published. This guide includes standards related to:

- Standards for ensuring reliability of SIS® Assessments
- Processes for conducting Interviewer Reliability and Qualification Review (IRQR)

Quality Assurance for SIS® Assessors

A SIS® Assessor's performance and ability to administer the SIS® in a reliable and valid manner is measured by their overall Qualification Status and Interviewer Techniques and Decision-Making proficiencies. Possible Qualification levels include: Novice, Beginner, Qualified or Advanced. Assessors must demonstrate a Qualified or Advanced Qualification status prior to independently facilitating assessments.

PIHPs will ensure, as required by their contracts with MDHHS/BHDDA, that all MDHHS/BHDDA approved SIS® Assessors will participate in ongoing Quality Assurance as specified via the MDHHS/BHDDA contract with AAIDD, which includes the following AAIDD prescribed activities:

- Participation in a minimum of one Periodic Drift Review and one IRQR annually
- Maintain annual Interviewer Reliability Qualification Review (IRQR) status of "Qualified Sufficient\Sufficient" or higher
- Participate in at least one of the above Quality Assurance Activities every six months
- Participate in Michigan SIS® Assessor Technical Calls/Webinar available every six months
- Participate in annual Michigan SIS® Assessor Continuing Education
- Be evaluated as part of quality framework that includes AAIDD/MORC-SNAC/Online reports

Informed and Active Participation

In order to encourage a culture that supports maximum involvement of all stakeholders and participants in the SIS® process, MDHHS/BHDDA will continue to convene the SIS® Steering Committee. Each PIHP will have an identified “lead” person on the committee to assure two-way communication between the PIHP and its designees and MDHHS/BHDDA. The Steering Committee will make recommendations to MDHHS/BHDDA in order to continue the development of policy related to SIS® Assessments. The SIS® Steering Committee will also include representation from an individual/family. The agenda for the SIS® Steering Committee will consistently include a time to identify individual or system concerns.

Ensuring Data Integrity

The PIHP is contractually responsible for reviewing regional data to ensure compliance with completion rates, identify potential data errors, and monitor for data integrity across the SIS® Assessors on their provider panel.

The SIS® Steering Committee will review SIS® reports provided by MDHHS/BHDDA to consider variations and issues and to identify areas for quality improvement activities, need for additional training, and comparative analysis. The SIS® Steering Committee will forward their considerations and recommendations to MDHHS/BHDDA for their consideration in directing the PIHP in administering this requirement.

Payment Codes

Billing Code – H0031 (HW) will be used to report the SIS® Assessment. Please reference the [PIHP/CMHSP Encounter Reporting Costing Per Code and Code Chart](#) found on the MDHHS Website.

Video Conferencing Options

In special circumstances (time/distance of travel, informant unavailability in person), the use of video conferencing for conducting a SIS® interview may be considered however the rules of participation are the same as face-to-face assessments.

Appropriate planning, education, and support for using video conferencing capacity for SIS® Assessments will be needed to ensure the confidentiality and security of the transmission. If participants are participating in the interview from a remote site, the consumer must be informed about others present in the room at the other site, if such persons are off camera.

PIHPs/CMHSPs or agencies conducting a SIS® Assessment using video conferencing must have policies and procedures in place in addition to non-video conferencing requirements to ensure the following:

- A secure and confidential transmission
- The individual receiving the assessment is informed of the potential risks, consequences, and likely benefits of conducting the SIS® Assessment using video conferencing
- The individuals must be given the option to decline the interview using this technology

Out-of-County Assessments

The SIS® should be completed by the CMHSP where the individual is currently receiving services. In instances where a county of fiscal responsibility (COFR) agreement is in place, the PIHP that includes the COFR is responsible to ensure that the SIS® is administered and is responsible to report the data. For individuals moving between PIHPs, the SIS®Online system allows a new PIHP to be identified so that SIS® data can be shared across PIHPs.

Resources

About The SIS® Assessment

Find the AAIDD's FAQ and Quick Facts by visiting here https://www.aaid.org/docs/default-source/sis-docs/sistalkingpoints.pdf?sfvrsn=f2caff90_2

For a sample SIS® Brochure, visit: https://www.aaid.org/docs/default-source/sis-docs/sis_broch_2012_web.pdf?sfvrsn=86cdc812_2. For a sample SIS® introduction letter, see [Attachment A](#) below.

Considerations for IPOS

For more information on personal support plans or Individual Plans of Service (IPOS), visit https://www.aaid.org/docs/default-source/sis-docs/changes-in-the-field.pdf?sfvrsn=cd8b3021_0

Sample Family Friendly Report

To see a sample family friendly report, visit [http://dbhds.virginia.gov/sitecoreslvg/library/developmental%20services/Sample_Duck_Daffney_348066_06-16-2016%20\(1\).pdf](http://dbhds.virginia.gov/sitecoreslvg/library/developmental%20services/Sample_Duck_Daffney_348066_06-16-2016%20(1).pdf)

SIS® Online and Venture Resources

For an introduction to the SIS® Online, see pages 13-15 in this link <https://www.aaid.org/docs/default-source/sis-docs/latestsispresentation.pdf?sfvrsn=2>

Visit AAIDD's website for regularly updated information about the SIS® Online by clicking <https://www.aaid.org/sis/sisonline>

For detailed instructions on how adjust user permissions based on roles or directly assigning a permission to the individual, see the regularly update [SIS® Online User Guide](#), section "User Administration System."

For information regarding SIS® Venture, see section 10 in the below link <https://www.aaid.org/docs/default-source/sis-docs/updated-features-and-enhancements-to-sisonline.pdf>

SIS® Data Reports Webinar

Visit <https://www.aaid.org/sis/training> for webinar support

SIS® Training

For a brief overview AAIDD Training services, visit pages 17-22 of the link below <https://www.aaid.org/docs/default-source/sis-docs/latestsispresentation.pdf?sfvrsn=2>
For up-to-date information on AAIDD Training, visit <https://www.aaid.org/sis/training>

Michigan SIS® Data Application

To see the Michigan SIS® Data Application, visit https://tbdsolutions.shinyapps.io/exploreSIS_node_mdhhs/

Summary of Changes

To see the summary of change made in this version of the SIS® Manual, see [Attachment C](#) below.

SAMPLE INTRO LETTER

Dear _____,

We are pleased to announce the use of the Supports Intensity Scale (SIS®) assessment in Michigan.

The Supports Intensity Scale (SIS®) is a strength-based, comprehensive assessment tool that measures an individual’s support needs in personal, work-related, and social activities in order to identify and describe the types and intensity of the supports an individual requires. The SIS® includes background information on health, medical conditions, activities of daily living, and cognitive, social, and emotional skills. The SIS® was designed to be part of person-centered planning processes that help all individuals identify their unique preferences, skills, and life goals.

The SIS® assessment interview will explore activities and skill sets that are common to most adults in our society. This focus on full citizenship can help you and your supports to fully explore current opportunities. The SIS® is conducted every three years or when a change occurs.

An AAIDD trained assessor will work with you and those you trust to discuss your individual supports. The meeting usually lasts 2-3 hours and includes and you and two other participants. Common participants include: Your guardian, family, friends, or advocates; Your Supports Coordinator, Case Manager; Your daily support providers; Other individuals who know you well.

Provide specific information about the scheduling process/time etc.

XXX thanks you for the opportunity to serve you better as we continue to strive to provide the best services to you and your loved ones.

If you have any questions or comments, please feel free to call or email me using the contact information below. I look forward to speaking with you.

Thank you,

Supports Intensity Scale Participation Survey

Interview Date: _____ Interviewer: _____

Purpose: In order to ensure a quality interview, we want to hear from ALL Participants. Please complete and return this survey to share your reactions. Your feedback helps us improve our interviews.

Your Relationship to Individual Being Served:

- | | | |
|--|---|---|
| <input type="checkbox"/> Individual Served | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Supports Coordinator |
| <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Family/Friend | |
| <input type="checkbox"/> Caregiver | <input type="checkbox"/> Vocational/Day Program Staff | |

In regard to your SIS Interview, please indicate your level of agreement with the following:
(If you ARE NOT the person served, rate items from their view, i.e. "I, me" is the person served)

| | | | | | | | |
|--|-------------------|--------------------------|----------|--------------------------|-------|--------------------------|----------------|
| 1 | | 2 | | 3 | | 4 | |
| We discussed and recorded specific activities or needs that are important to me. | | | | | | | |
| <input type="checkbox"/> | Strongly Disagree | <input type="checkbox"/> | Disagree | <input type="checkbox"/> | Agree | <input type="checkbox"/> | Strongly Agree |

This helped me to discover what I want to focus on in my person-centered plan.

Strongly Disagree Disagree Agree Strongly Agree

We talked about the help I need with daily life activities.

Strongly Disagree Disagree Agree Strongly Agree

The interviewer made sure everyone understood the items and the ratings.

Strongly Disagree Disagree Agree Strongly Agree

I felt respected and valued by the interviewer.

Strongly Disagree Disagree Agree Strongly Agree

Please list any additional feedback or comments that you have related to your interview experience or the questions above.

If you would like us to contact you, simply include your name, phone, or email:

Please return this survey to the SIS Interviewer in the provided envelope, sealed for your privacy.

Summary of SIS® Manual Changes

Version 2

July 2020

Age of Eligibility

Eligibility age for individuals receiving the SIS® was changed to 16 years old (from 18 years old).

Reactivation of the SIS®

Instructions on reactivating a SIS® Assessment were added.

Minimum Requirements

A 15-minute best practice protocol was added.

Additional guidance was added to address the declined assessment process and rights and rare instances of clinical detriment.

Measuring Implementation

The Completion Rate Measures section was edited to include the Michigan SIS® Data Application link.

How the SIS® Interview is Conducted

The SIS® time estimation was changed to 2-3 hours to represent the reality of assessment timelines more accurately.

The Person-Centered Planning Process

A new graphic to visualize the PCP Process replaced the old graphic.

A detailed list of how data enhances the PCP process was added.

The Use of SIS® Data

Additional guidance was provided on how SIS® data can and cannot be used.

SIS® Assessor Training and SIS® Quality Lead Selection and Training

The SIS® Assessor and Quality Lead Training sections were updated.

SIS® Online

Resources and links were added to direct readers to SIS® Online instructions regarding administering users' profiles, managing access, and the role of SIS® Leads in SIS® Online.

Meeting SIS® Quality Standards

Specific requirements for PIHPs, Quality Leads, and SIS® Assessors were added.

Payment Codes

Readers are now referred to regularly updated state code instructions for payment code information.

Manual Structure

The manual no longer contains "roll-out" language.

Version 2.1
October 2020

Refusal Language Replaced with Decline

The word “refuse” or “refusal” was replaced with “decline” or “declined.”

Version 2.2
June 2021

Declining as an active personal choice

The section 'Declined Assessment Process and Rights' was further clarified to indicate that an individual's right to decline a SIS assessment refers to an active choice of the person/guardian, and not to difficulty experienced in contacting the person.