Michigan SIS Implementation Manual

Supports Intensity Scale (SIS)

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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OVERVIEW OF SIS IMPLEMENTATION IN MICHIGAN
WHAT IS THE SIS®?

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 reflects a way of thinking that helps us to understand what supports an individual needs to have an “everyday life” rather than evaluating deficits in skills. 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 is a reliable and valid assessment developed and copyrighted by the American Association on Intellectual and Developmental Disabilities (AAIDD).

The SIS measures basic support needs in 49 life activities grouped into the following six domains:

- Home Living Activities
- Community Living Activities
- Lifelong Learning
- Employment
- Health and Safety Activities
- Social Activities

In addition, the SIS measures 8 activities related to Protection and Advocacy as well as exceptional medical and behavioral support needs.

Supplemental Questions:

Michigan has added five supplemental items to assist in identifying individuals that are at an increased risk in certain high priority support need areas.

PURPOSE OF A STATEWIDE ASSESSMENT TOOL

The Michigan Department of Health and Human Services (MDHHS) (Behavioral Health and Developmental Disabilities Administration) is implementing the SIS as a statewide standardized assessment tool for individuals 18 and older with intellectual/developmental disabilities who receive services paid for by Medicaid through the Behavioral Health System.

Prior to implementation of the SIS, there was no consistent statewide, objective way to assess an individual’s support needs, resulting in significant variation in services and supports provided across the
service delivery system. The SIS provides a consistent methodology for assessing an individual's support needs, which can then be considered in addition to personal preferences, natural supports and service setting. The SIS report provides helpful guidance to programs and payers in considering a typical range of services for individuals with similar support needs.

A statewide standardized assessment tool for individuals with intellectual/developmental disabilities should meet a variety of needs and have benefit for the individual, the case manager/supports coordinator, the family or guardian, the PIHP/CMHSP system and for the state.

- **For the Individual:**
  - Participative process to provide information on current and needed supports including identification of the activities that are important to the individual and amount of supports needed to enable participation in daily activities and community involvement
  - Understandable and consistent process regardless of who is conducting the assessment
  - Confidence in an objective and independent process for each and all persons served by the public mental health

- **For Case Managers/Supports Coordinators:**
  - To support the Person Centered Planning Process
  - The assessment provides essential information across multiple domains
  - Assists in establishing goals that are important to the individual
  - Establishes a baseline which allows for evaluation of progress and success

- **For the Family/Guardian:**
  - Understandable and consistent process regardless of who is conducting the assessment
  - Confidence there is an objective and independent process for each and all persons served by public mental health
  - Confidence that the assessment and individual plan of service developed through the person centered planning 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. HAB waiver
  - Predicts the types of resources needed – for planning purposes
  - Assists with determining future needs for services for financial planning

- **For the state/MDHHS:**
  - Actuarial analysis
  - Provides an understanding of the population served
  - Ensures there are consistent processes across statewide regions
  - The ability to describe the population served in Michigan
  - Assists with determining future costs of services
SIS REQUIREMENTS IN MICHIGAN

A SIS assessment must be conducted at least once every three years for all Michigan Medicaid-eligible individuals age 18 or older who have an intellectual or developmental disabilities, who are currently receiving case management or supports coordination or respite only services. In addition, new Medicaid eligible consumers entering the CMHSP system should be assessed using the SIS, following their eligibility determination.

Michigan has adopted a multi-year roll-out strategy to ensure full implementation statewide within three years of start-up. Each eligible individual should have a new SIS conducted at least every three years or following a significant change that has a lasting impact on their support needs. Types of changes that may be considered in conducting a new SIS include a significant change in health status, behavioral issues, medical condition or availability of new technology.
REQUIREMENTS FOR SIS ASSESSORS AND QUALITY LEADS
SIS ASSESSOR SELECTION AND TRAINING

PIHPs are responsible to ensure an adequate cadre of recognized SIS® assessors to complete the SIS assessment for all Medicaid eligible adults with developmental/intellectual disabilities within a 3 year period. The assessors will be specially trained in interviewing and information gathering using the SIS®. This training is conducted via 4 days of classroom training followed by a process for practice and direct feedback.

MDHHS has identified staff qualification and identified conflict free standards as well as put in place an approval process for individuals who have been trained and meet current SIS® assessor requirements. Once approved by MDHHS, an assessor may be added by the PIHP SIS Online coordinator to allow access to SIS Online and conduct assessments.

ENSURING CONFLICT-FREE ASSESSMENTS

Michigan requires the SIS to be administered by an independent assessor who is free of conflict of interest. In order to reduce potential for conflict of interest:

- 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.
- Staff conducting SIS Assessments will be independent from the current supports and services staff and should report to a department other than supports coordination/case management where the individual is served.
- It is acceptable for Interviewers to 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.

REQUIREMENT FOR SIS ASSESSORS

The following are qualifications for SIS Assessors:

- Bachelor’s Degree in human services or four years of equivalent work experience in a related field
- At least one year experience with individuals that have a developmental or intellectual disability
- A belief in a strengths-based, inclusion focused perspective of individuals with disabilities
- An optimistic, collaborative approach to problem-solving
- Multiple year commitment to the project
• Excellent communication and group facilitation skills, including the ability to build rapport with people of all backgrounds
• Computer experience and accessibility
• Willingness and ability to travel to all service locations necessary
• Typically the individual (full time) would be responsible to conduct approximately 30-40 SIS® assessments monthly.
• Must meet the Quality Assurance requirements

### REQUIREMENTS FOR SIS QUALITY LEADS

SIS Quality Leads will be developed to ensure that all assessors continue to meet AAIDD quality and reliability standards and allow the completion of assessments within the three-year time frame.

A Quality Lead must meet the following criteria:

- Passed (at the Qualified: Excellent or higher level) an IRQR conducted by an AAIDD recognized trainer.
- Have experience conducting assessments for a range of individuals with varying needs and circumstances
- Participated in regular Quality Assurance and Drift Reviews to develop their skills

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. The ability to transition from a skills focus while conducting assessments to a needs and supports orientation is critical.

Recommended skills include:

- Effective communication skills
- Public speaking skills
- Ability to relate well to groups
- Ability to work well with people with various backgrounds
- 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

The following attributes contribute significantly to the overall process:

• Ability to deal with ambiguity (the rules will not always be clear or multiple changes may need to occur).
• As ambassadors of the SIS implementation strategy, the person selected should present a positive view of the process and have a solid understanding of the SIS process and the tool.
• Always seek to improve effectiveness and achieve greater efficiencies in the implementation strategy.
• Demonstrate a sense of humor as the ability to promote humor in a SIS training session is essential.

Quality Lead Responsibilities:

I. Minimum Activities:

• Conduct one Periodic Drift Review every year with each assessor in the region (One half day per year, per assessor).
• Conduct one Interviewer Reliability and Qualification Review every year with each assessor in the region (one half day per year per assessor).
• Provide one of the above Quality Assurance activities for each 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 assessor need).
• Participate in statewide and individual scheduled quality assurance activities.

II. Optional Recommended Activities:

• Conduct quarterly or more frequent Periodic Drift Reviews.
• Act as a SIS resource to the local community, professionals, and leadership.
• Audit local SIS data for compliance and procedural drift markers.
• Assess the satisfaction of individuals served and other stakeholders with the SIS process.
Persons with AAIDD recognized training and new persons who complete the training will participate in ongoing Quality Assurance, which includes:

- Participation in a minimum of one Periodic Drift Review per year (recommend quarterly).
- Maintain annual Interviewer Reliability Qualification Review (IRQR) status at “Qualified.”
- Participate in at least one of the above Quality Assurance Activities every six months.
- Attend quarterly Michigan SIS® Assessor conference calls
- Attend annual Michigan SIS® Assessor Continuing Education

In addition, PIHPs shall provide opportunities for all SIS assessors to participate in regional support, communication, mentorship, and educational opportunities to enhance their skills.
ENGAGING CONSUMERS AND STAKEHOLDERS IN THE SIS PROCESS
COMMUNICATION WITH INDIVIDUALS AND FAMILY MEMBERS

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.

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. This information shall be widely available and shared prior to administration of the SIS.

A sample brochure is included as Attachment A.

HOW A SIS INTERVIEW IS CONDUCTED

In keeping with AAIDD’s recommended protocols, the SIS assessment is completed using a structured interview involving the person being assessed and should include a minimum of two respondents. A respondent is a person who can answer questions and provide information about the person being assessed. The respondent must have known the person for at least three months, needs to be knowledgeable and communicate effectively about the individual and their support needs in a variety of settings and must be able to stay for the duration of the assessment. The individual decides who else will be asked to be respondents. The individual is always encouraged to participate as fully as he or she desires and may serve as a respondent if the above criteria are met. Typical assessments take approximately 1 ½ - 2 1/2 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

The SIS should be used to enhance and support the person-centered planning 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 should be considered just one aspect of a person centered planning process, which honors individual choices, preferences, and desires.

The SIS provides a standardized framework that assists in understanding support needs and maximizes potential for full participation in the community. The SIS tool guides respondents in a conversation that
explores individual’s support needs to successfully complete everyday tasks. 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 person-centered planning process where natural supports, medically-necessary services, and community resources are discussed to create a comprehensive support plan.

Throughout discussion, important to and important for support needs are flagged and discussed with all participants. An item flagged as 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 another adults in the community, issues such as health and safety. “The important to/for” section is 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.

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, and must always be done in the context of a broader person-centered planning 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. SIS results shall not be used as rationale for why a particular setting or service would not be considered or authorized. Information from the SIS should be used to identify and help ensure that individuals have access to necessary services and supports in distinct aspects of life in the community.
This process is displayed visually in the following diagram:

**Planning Process**

- SIS identifies support needs
- Individual’s desire life goals/experiences/choices
- Person Centered Planning
- Other assessments
- Natural and funded resources
- Individual Plan of Service (IPOS)

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 other factors that are considered in such decisions. Any guidelines must meet MDHHS requirements for utilization management and provision of information to consumers and guardians, including appeal rights.

This process is delineated in the flow chart shown in Attachment B

**SHARING SIS RESULTS WITH INDIVIDUALS AND FAMILY MEMBERS**

The Supports Coordinator/Case manager will receive the report from the assessor, within 7 days of completion. The Supports Coordinator will then share the SIS results with the individual and family members/guardian at the next scheduled visit or PCP meeting. Michigan is encouraging SIS reports to be shared using the Family-Friendly report format. Case managers/Supports Coordinators shall have training in how to understand and explain the information in the SIS report. The individual or guardian should be provided a written copy of the report upon request. 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 provided by SISOntline, copyright AAIDD 2015, is included as Attachment C.
SIS PARTICIPATION REQUIREMENTS

This is a delicate issue and ongoing education and information is important. The experience in other states is all but a very few agree to participate when the invitation provides information and comes from a trusted source. An assessment can be completed in cases when the individual chooses not to participate in the entire assessment or loses interest but respondents are available to complete the assessment. Instances of the individual who minimally participate in the SIS interview will be documented in the SIS assessment and will be tracked and monitored by the PIHP.

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. The SIS is an essential part of service planning.

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 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.

SIS assessors are encouraged to use a process checklist to ensure consistency in how the SIS interview is conducted.
SIS NEEDS IDENTIFICATION
UNDERSTANDING THE SIS REPORT

The summary report (Family Friendly Report) for the Supports Intensity Scale® (SIS®) includes general information about the individual and the assessment followed by a summary of SIS® results.

The information provided below may be helpful in understanding the SIS® report.

- **Section 1** includes scores on 49 life activities grouped into six domains
- **Section 2** includes scores on 8 measures of Protection and Advocacy
- **Section 3** includes 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** includes ratings on five Supplemental Questions specific to Michigan.

Additional clarification of elements of the SIS Report:

**Scores**
- **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**: This 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.
SIS ONLINE

SIS online users only
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 (help@sis-online.org).

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 the 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 a 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 Attachment D.
USING INDIVIDUAL AND AGGREGATE SIS DATA
ACCESS TO SIS DATA

MDHHS owns the data once it has been entered into SIS Online. 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

SIS data can and should be used to inform the person centered planning process and help understand the individuals’ needs. CMHSPs and PIHPs should 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 should be analyzed using valid research and statistical methods. At an aggregate level, SIS data should be used to understand variations in population needs and distribution of needs and services across those populations.

The SIS Assessment process and resulting data can be used to:

• Provide a standardized framework that assists in evaluating practical support requirements, promotes individualized planning and maximize potential for full participation in the community
• Help individuals to use their resources to best meet their needs
• Measure person’s support needs to successfully complete everyday tasks
• Assist in navigating planned and unexpected transitions
• Enhance and support the person-centered planning process.
• Assess service needs in the context of a team approach helps focus on a person’s potential
• Assist with planning for resource allocation in an equitable manner at system and agency levels
• Provide uniform expectations for service delivery best practices
• Maximize positive outcomes
• Capture support needs for an individual, which may differ from current supports
• Be a planning tool, including items the individual hasn’t taken part in or isn’t currently engaged in. This should be inclusive of activities and life domains common to any other adult

Instructions for using data reports found in SIS Online can be found in Attachment E
MAINTAINING SIS QUALITY STANDARDS
MEETING SIS QUALITY STANDARDS

Both the state and each PIHP have responsibilities to ensure that all published AAIDD quality standards and MDHHS contractual requirements are met. In addition, the PIHP shall have mechanisms to ensure that the implementation of SIS is consistent with guidelines and requirements in this manual.

ASSURING QUALIFIED STAFF

AAIDD has developed and published guidelines related to qualities of SIS assessors and SIS Quality Leads. These include:

- Qualifications for SIS assessors and quality leads
- Required Skills of Assessors and quality leads
- Recommended Characteristics of assessors and quality leads

PIHPs are responsible to ensure that staff in these roles meets the AAIDD standards. MDHHS has a process to ensure compliance with conflict free standards, including an approval process for individuals who have been trained and meet current SIS® assessor requirements. PIHPs are required to review the criteria and ensure that the SIS assessor has no conflict of interest as identified in the standard.

In addition, PIHPs will:

- Identify a SIS Online Administrator who will conduct needed activities to maximize use of the online and venture systems.
- 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.

ENSURING RELIABILITY OF SIS ASSESSMENTS

AAIDD has developed and published a Quality Assurance Guide for SIS Assessors. This guide includes standards related to:

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

SIS Assessors are expected to participate in regularly scheduled conference calls and training events hosted by the AAIDD trainer in Michigan. A FAQ will be developed to document responses to common questions related to SIS scoring and item intent and other assessment process issues.
INFORMED AND ACTIVE PARTICIPATION

In order to encourage a culture that supports maximum involvement of all stakeholders and participants in the implementation process, MDHHS 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. The Steering Committee will make recommendations 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 responsible for reviewing regional data to ensure compliance with completion rates, identify potential data errors, and monitor for data integrity across SIS Assessors.

The SIS Steering Committee will review SIS reports provided by MDHHS to consider variations and issues and to identify areas for quality improvement activities, need for additional training, and comparative analysis.
ADDITIONAL IMPLEMENTATION CONSIDERATIONS
PAYMENT CODES

**Billing Code** – H0031 (HW) will be used to report the SIS assessment. The HW modifier will be used to demonstrate that the staff conducting the SIS meets the state criteria. Assessors must be on the approved state list in order to use this code.

When reporting this service, the code chart found in the MDHHS Reporting Financial Requirements document shall be followed. If the SIS assessor has a National Provider Identifier (NPI) #, the rules that apply to any other professional shall be used. If the SIS Assessor does NOT have an NPI #, then the rules under the non-professional rules shall be followed. When billing provider and rendering provider are the same, billing provider is reported and rendering provider is blank.

CONCURRENT BILLING

May other staff who attend and participate in the SIS interview concurrently bill for their time?

- Support services i.e.: CLS – **May** bill concurrently if they are providing a CLS service at the same time as the assessment.
- Clinical services i.e.: Case management/Supports Coordination – **May NOT** bill concurrently according to the code rules. These staff could account for their time as indirect/pre-planning activity, but they cannot report a CM/SC Service during the same time as the SIS assessment.

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 to ensure a secure and confidential transmission. The consumer must be aware of the potential risks and consequences as well as the likely benefits of conducting the SIS assessment using video conferencing and must be given the option of not proceeding with 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 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.
ATTACHMENTS - .pdf

A. Sample Brochure/About The SIS Assessment Flyer
B. MI Planning Process Flowchart/Steps
C. Sample Family Friendly Report
D. SIS Online and Venture Introduction
E. SIS Data Reports Webinar
F. Sample Intro Letter
G. Sample SIS Participation Survey
About The SIS®

The Supports Intensity Scale (SIS) is a strength-based, comprehensive assessment tool, developed by AAIDD. This assessment 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 a part of the person-centered planning processes that help all individuals identify their unique preferences, skills, and life goals.

What to Expect at Your SIS®

An AAIDD trained assessor works with you and those you trust to discuss your individual supports. The meeting usually lasts 1-1/2 - 2 hours and includes you and two other participants. Common participants include:

- Your guardian, family, friends or advocates
- Your Supports Coordinator, Case Manager
- Your daily support providers (Vocational or CLS)
- Other individuals who know you well

The assessment is held at a location of your choice that is both comfortable and private for you.

The SIS® Measures Support Needs

The SIS and the discussions during your assessment focus on a variety of support areas including:

- Home Living
- Community Living
- Lifelong Learning
- Social Life
- Employment
- Health & Safety
- Protection & Advocacy
- Medical & Behavioral

The SIS explores 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.

This information is then used by you and your support team in the person-centered planning process where natural supports, medically-necessary services, and community resources are discussed to create a comprehensive support plan.
Frequently Asked Questions

Who will have an assessment?

A SIS assessment will be conducted at least once every three years for all Medicaid-eligible individuals age 18 or older with an intellectual or developmental disability, which are currently receiving case management or supports coordination or respite only services.

What happens after the assessment?

The results obtained from the assessment are practical and ready-to-use in an individualized support plan and other person-centered activities. The SIS results include the:

- frequency of supports needed
- amount of support needed
- the type of support needed

How is the information shared with individuals and family members?

A SIS report is created and your Supports Coordinator or Case Manager would typically be responsible to share the SIS report and assessment with you and/or your family members or guardians.

What is the purpose of the assessment?

A statewide standardized assessment tool for adults with individuals with intellectual/developmental disabilities should meet a variety of needs and have benefit for the individual, the case manager/supports coordinator, the family or guardian, the PIHP/CMHSP system and for the state.

The assessment promotes full citizenship for you by helping with measurable, meaningful, and achievable goals through person-centered planning.
Using SIS® for IPOS Planning

Step 1: SC review SIS

- Review SIS report and consider which areas to highlight in discussion with the individual and his or her circle of supports. Consider what you know of person's likes, dislikes, preferences, learning styles, interests, culture, etc.
- Identify several areas of supports needed for skill building (e.g., use of public services in the community, shopping and purchasing goods and services, taking medications, changing job assignments, managing money and personal finances).
- Review the SIS Report with the individual and his or her circle of supports. Note the items that are flagged as important to the person or Important for the person.

Step 2: SC meet with person for pre-planning meeting

- Review with person and/or guardian/family the items that were indicated as important to or for as well as any other desires or goals. Discuss possible outcomes and suggested ideas for relationship and skill building gleaned from the SIS assessment. Explore service types and unit amounts that would likely meet the individual's support needs in the most effective and efficient manner.
- Review past utilization of units and review with individual and guardian/family
- Be prepared for the PCP meeting with person-centered ideas for Goals and Objectives which support the person's long term vision for their life. Focus on promoting feelings of safety and value as well as increasing opportunities for community involvement.

Step 3: Schedule and hold annual IPOS meeting

- Finalize Goals and Objectives; in part, based on both SIS strength based evaluation. Reference the sections of the SIS used in development of the Goals and Objectives in the IPOS (e.g., A-1).
- Explore the person's interest areas to guide action steps & strategies.
- Consider other assessments and reliable sources of information in this discussion.

Step 4: Team discuss Objectives & Strategies during IPOS meeting

- Discuss ways in which this plan increases the person's feelings of safety, value, engagement, and empowerment.
- Discuss available resources (community, natural, mental health services) and work with individual and his or her circle to construct a strategy to best meet the identified needs.
- Evaluate the feasibility of the proposed service plan and resources to collectively meet the needs of the individual.

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Supports Intensity Scale Report
Confidential Interview and Profile Results for the Supports Intensity Scale (SIS)

Person Being Assessed:
- Last Name: Citizen
- First Name: Jane
- Middle Name: F
- Language: English
- Address: 12345 Pleasant Lane
- City: Detroit
- State, Zip: MI, 48523
- Phone: 2225551234
- Date of Birth: 12/02/1982
- Age: 32
- Medicaid Id: 12345678
- MedicaidNum: 1111111
- SSN: 123457789
- Interview Date: 12/16/2014
- SIS_ID: 522772

Assessment Data:
- Interview Date: 12/16/2014
- SIS_ID: 522772

Interviewer Data:
- Interviewer: Jennifer Bohne
- Agency: Macomb-Oakland Regional Center
- Address: 16200 19 Mile
- City: Clinton Township
- State, Zip: MI, 48236
- Position: Director, Support Needs Assessment Center
- Phone: 2487785945
- Email: jennifer.bohne@morcinc.org

What prompted Interview: First SIS

Support Providers - Essential supports for this individual are being provided by the following individuals/organizations:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caring Supports Company</td>
<td>CLS Services</td>
<td>2225556666</td>
</tr>
<tr>
<td>Julia Woods</td>
<td>Neighbor</td>
<td>2465551111</td>
</tr>
</tbody>
</table>

Respondent Data - Information for the SIS ratings was provided by the following respondents:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Language Spoken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Julia</td>
<td>Woods Service Coordinator or case manager</td>
<td></td>
</tr>
<tr>
<td>John</td>
<td>Smithson Direct Support Staff</td>
<td></td>
</tr>
<tr>
<td>Mary</td>
<td>Harris</td>
<td></td>
</tr>
</tbody>
</table>

Name of Person who entered this information: Jennifer Bohne
Other Pertinent Information:
- Jane lives with her best friend who also receives services from Caring Supports Company. They are both very involved in community and social activities.
Section 1A: Support Needs Ratings

Citizen, Jane
Date SIS Completed: 12/16/2014

Activity Subscale and Composite Score Results

<table>
<thead>
<tr>
<th>Activities Subscale</th>
<th>Total Raw Score</th>
<th>Standard Score</th>
<th>Percentile</th>
<th>Confidence Interval (95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Home Living</td>
<td>29</td>
<td>7</td>
<td>16</td>
<td>6-8</td>
</tr>
<tr>
<td>B. Community Living</td>
<td>39</td>
<td>7</td>
<td>16</td>
<td>6-8</td>
</tr>
<tr>
<td>C. Lifelong Learning</td>
<td>49</td>
<td>9</td>
<td>37</td>
<td>8-10</td>
</tr>
<tr>
<td>D. Employment</td>
<td>41</td>
<td>8</td>
<td>25</td>
<td>7-9</td>
</tr>
<tr>
<td>E. Health and Safety</td>
<td>31</td>
<td>7</td>
<td>16</td>
<td>6-8</td>
</tr>
<tr>
<td>F. Social</td>
<td>40</td>
<td>9</td>
<td>37</td>
<td>8-10</td>
</tr>
</tbody>
</table>

Activities Standard Score Total: 47
SIS Support Needs Index: 85
Percentile: 16
(95% Confidence Interval: 88-82)

Section 1B: Support Needs Profile

Activity Subscale and Composite Score Profile

Section 2: Supplemental Protection and Advocacy Scale

Protection and Advocacy

Activities in Rank Order

<table>
<thead>
<tr>
<th>Raw Score</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Item 7: Making choices and decisions</td>
</tr>
<tr>
<td>6</td>
<td>Item 2: Managing Money and finances</td>
</tr>
<tr>
<td>5</td>
<td>Item 1: Advocating for self</td>
</tr>
<tr>
<td>4</td>
<td>Item 8: Advocating for others</td>
</tr>
<tr>
<td>4</td>
<td>Item 6: Obtaining legal services</td>
</tr>
<tr>
<td>4</td>
<td>Item 5: Belonging to/participating in organization</td>
</tr>
<tr>
<td>4</td>
<td>Item 3: Protecting self from exploitation</td>
</tr>
<tr>
<td>3</td>
<td>Item 4: Exercising legal responsibilities</td>
</tr>
</tbody>
</table>

Note. Activities ranked 1-4 are examined to help in developing support plans. Attention should also be paid to activities that are tied for first and fourth positions.
### Section 3: Exceptional Medical and Behavioral Support Needs

<table>
<thead>
<tr>
<th>Activity</th>
<th>Total Points</th>
<th>*Total Points &gt; 5</th>
<th>*Any Item Circled &quot;2&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Medical</td>
<td>1</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>B. Behavioral</td>
<td>1</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

*Note. *If yes in any of these columns, it is highly likely that this individual has greater support needs than others with similar SIS Support Needs Index.*
Introduction to the SIS Report:

The supports intensity scale (SIS) profile information is designed to assist in the service planning process for the individual, their parents, family members, and service providers. The profile information outlines the type and intensity of support the individual would benefit from to participate and be successful in his or her community. The SIS profile report is best applied in combination with person-centered planning to achieve the desired outcome in creating individual goals.

This describes the rating for Type of Support, Frequency and Daily Support time for each of the six areas discussed in your SIS profile.

<table>
<thead>
<tr>
<th>Type of Support</th>
<th>Frequency</th>
<th>Daily Support Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>What help do you need to do the (item) on your own or by yourself</td>
<td>How often would (name) need support doing (item) if they were going to be doing this activity over the next several months?</td>
<td>If engaged in the activity over the next several months, in a typical 24-hour day, how much total, cumulative time would be needed to provide support?</td>
</tr>
<tr>
<td>If engaged in the activity over the next several months, what would the nature of the support look like?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Which support type dominates the support provided?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

0 = None
No support needed at any time

1 = Monitoring
Checking in & observing
Asking questions to prompt but not telling the person the step

2 = Verbal/Gesture Prompting
Giving a verbal direction
Giving a gestural direction
Visual prompts
Modeling

3 = Partial Physical Assistance
Some steps need to be done for the person
Some, but not all, steps require hand over hand
Some steps require speaking for the person

4 = Full Physical Support
All, or nearly all, steps need to be done for the person
All speaking needs to be done for the person
### Section 1-Caretaker and Environmental Risk

#### Part A-Home Living Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Freq</th>
<th>Time</th>
<th>Type</th>
<th>Important &quot;To&quot; or &quot;For&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using the toilet</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Taking care of clothes (includes laundering)</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Preparing food</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>T</td>
</tr>
<tr>
<td>Jane enjoys cooking for friends and family. She would like to focus on expanding the array of foods that she typically prepares to include some traditional family favorites.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eating food</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>House keeping and cleaning</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Dressing</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Bathing and taking care of personal hygiene and grooming needs</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Operating home appliances</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

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**Page Notes:**

#### Part B-Community Living Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Freq</th>
<th>Time</th>
<th>Type</th>
<th>Important &quot;To&quot; or &quot;For&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting from place to place throughout the community (transportation)</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Participating in recreation/leisure activities in the community settings</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Using public services in the community</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Going to visit friends and family</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Participating in preferred activities (church, volunteer, etc.)</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Shopping and purchasing goods and services</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Interacting with community members</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>F</td>
</tr>
<tr>
<td>Jane enjoys interacting with the members of community when she is out and about. When she engages with those individuals, Jane often needs reminders from supporters to keep the conversation appropriate and relevant.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accessing public buildings and settings</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

---

**Page Notes:**

#### Part C-Lifelong Learning Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Freq</th>
<th>Time</th>
<th>Type</th>
<th>Important &quot;To&quot; or &quot;For&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interacting with others in learning activities</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Participating in training/educational decisions</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>F</td>
</tr>
<tr>
<td>Jane is interested in exploring some options related to taking a class in the community. She needs to be assisted in weighing her options and making academic choices that reflect her long term enrichment goals.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning and using problem solving strategies</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Using technology for learning</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Accessing training/educational settings</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Learning functional academics (reading signs, counting change)</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Learning health and physical skills</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Learning self-determination skills</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>T</td>
</tr>
</tbody>
</table>
Jane has optimistic ideas about her future and loves to explore options that will help her move toward her dreams. She needs support to ensure that her short term goals are consistent with her longer term goals. Jane's focus can sometimes waver depending on the influence of those around her. It helps when supporters assist her in staying focused on these goals.

9 Learning self-management strategies

Page Notes:

<table>
<thead>
<tr>
<th>Part D-Employment Activities</th>
<th>Score</th>
<th>Freq</th>
<th>Time</th>
<th>Type</th>
<th>Important &quot;To&quot; or &quot;For&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Acessing/receiving job/task accommodations</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Learning and using specific job skills</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Interacting with co-workers</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Interacting with supervisors and coaches</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>T</td>
<td></td>
</tr>
</tbody>
</table>

Jane is eager to please those that she perceives as having a position of authority in the workplace. She is not currently employed but in previous positions she has required some coaching from supporters to help her to interact appropriately with supervisors.

5 Completing work related tasks with acceptable speed

6 Completing work related tasks with acceptable quality

7 Changing job assignments

8 Seeking information and assistance from an employer

Page Notes:

<table>
<thead>
<tr>
<th>Part E-Health and Safety Activities</th>
<th>Score</th>
<th>Freq</th>
<th>Time</th>
<th>Type</th>
<th>Important &quot;To&quot; or &quot;For&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Taking medications</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td>F</td>
</tr>
</tbody>
</table>

Jane is responsible for the daily administration of her medication but sometimes forgets to take it. Jane's neighbor checks in a few times a week to ensure that her pill box is filled appropriately and that she has remembered to take them.

2 Avoiding health and safety hazards

3 Obtaining health care services

4 Ambulating and moving about

5 Learning how to access emergency services | 1 | 1 | 1 | | F |

Jane has a good understanding of how to handle emergencies but requires a monthly review of the details to keep them fresh and retain the information.

6 Maintaining a nutritious diet | 2 | 1 | 2 | | T |

Jane has identified that she would like to have a healthier diet and believes that a weekly meal planning session with a supporter is needed to assist.

7 Maintaining physical health and fitness

8 Maintaining emotional well-being

Page Notes:

<table>
<thead>
<tr>
<th>Part F-Social Activities</th>
<th>Score</th>
<th>Freq</th>
<th>Time</th>
<th>Type</th>
<th>Important &quot;To&quot; or &quot;For&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Socializing within the household</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Participating in recreation/leisure activities with others</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Socializing outside the household</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Making and keeping friends</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Communicating with others about personal needs services</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Printed: 12/16/2014 (mm/dd/yyyy 7:42:58PM (EST)}
<table>
<thead>
<tr>
<th></th>
<th>Using appropriate social skills</th>
<th>2</th>
<th>2</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Engaging in loving and intimate relationships</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>8</td>
<td>Engaging in volunteer work</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**Page Notes:**

**Section 2-Supplemental Protection and Advocacy Scale**

<table>
<thead>
<tr>
<th></th>
<th>Advocating for self</th>
<th>2</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Managing money for personal finances activities with others</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Protecting self from exploitation</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>Exercising legal responsibilities</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>Belonging to and participating in self-advocacy/support organizations</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6</td>
<td>Obtaining legal services</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>Making choices and decisions</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>8</td>
<td>Advocating for others</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**Page Notes:**

**Section 3-Exceptional Medical & Behavioral Support Needs**

<table>
<thead>
<tr>
<th></th>
<th>Inhalation or oxygen therapy</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Postural drainage</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>Chest PT</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>Suctioning</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Oral stimulation or jaw positioning</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>Tube feeding (e.g., nasogastric)</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>Parental feeding (e.g., IV)</td>
<td>0</td>
</tr>
<tr>
<td>8</td>
<td>Turning or positioning</td>
<td>0</td>
</tr>
<tr>
<td>9</td>
<td>Dressing of open wound(s)</td>
<td>0</td>
</tr>
<tr>
<td>10</td>
<td>Protection from infectious diseases due to immune system impairment</td>
<td>0</td>
</tr>
<tr>
<td>11</td>
<td>Seizure management</td>
<td>1</td>
</tr>
<tr>
<td>12</td>
<td>Dialysis</td>
<td>0</td>
</tr>
<tr>
<td>13</td>
<td>Ostomy care</td>
<td>0</td>
</tr>
<tr>
<td>14</td>
<td>Lifting and/or transferring</td>
<td>0</td>
</tr>
<tr>
<td>15</td>
<td>Therapy services</td>
<td>0</td>
</tr>
</tbody>
</table>
### Part B - Behavioral Supports Needed

<table>
<thead>
<tr>
<th>Score</th>
<th>Important &quot;To&quot; or &quot;For&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

- **1.** Prevention of assaults or injuries to other
- **2.** Prevention of property destruction (e.g., fire setting, breaking furniture)
- **3.** Prevention of stealing
- **4.** Prevention of self-injury
- **5.** Prevention of pica (ingestion of inedible substances)
- **6.** Prevention of suicide attempts
- **7.** Prevention of sexual aggression
- **8.** Prevention of non-aggressive but inappropriate behavior
- **9.** Prevention of tantrums or emotional outbursts
- **10.** Prevention of wandering
- **11.** Prevention of substance abuse
- **12.** Maintenance of mental health treatments
- **13.** Prevention of other serious behavior problem(s): 0

### Page Notes:

#### Sect 1, Part A Item 3 Preparing food

**Notes:** Jane enjoys cooking for friends and family. She would like to focus on expanding the array of foods that she typically prepares to include some traditional family favorites.

#### Sect 1, Part C Item 8 Learning self-determination skills

**Notes:** Jane has optimistic ideas about her future and loves to explore options that will help her move toward her dreams. She needs support to ensure that her short term goals are consistent with her longer term goals. Jane's focus can sometimes waver depending on the influence of those around her. It helps when supporters assist her in staying focused on these goals.

#### Sect 1, Part D Item 4 Interacting with supervisors and coaches

**Notes:** Jane is eager to please those that she perceives as having a position of authority in the workplace. She is not currently employed but in previous positions she has required some coaching from supporters to help her to interact appropriately with supervisors.

#### Sect 1, Part E Item 6 Maintaining a nutritious diet

**Notes:** Jane has identified that she would like to have a healthier diet and believes that a weekly meal planning session with a supporter is needed to assist.
## Most Important For the Individual

<table>
<thead>
<tr>
<th>Section, Part, Item</th>
<th>Description</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sect 1, Part B Item 7</td>
<td>Interacting with community members</td>
<td>2 2 1</td>
</tr>
<tr>
<td>Notes:</td>
<td>Jane enjoys interacting with the members of community when she is out and about. When she engages with those individuals, Jane often needs reminders from supporters to keep the conversation appropriate and relevant.</td>
<td></td>
</tr>
<tr>
<td>Sect 1, Part C Item 2</td>
<td>Participating in training/educational decisions</td>
<td>2 1 2</td>
</tr>
<tr>
<td>Notes:</td>
<td>Jane is interested in exploring some options related to taking a class in the community. She needs to be assisted in weighing her options and making academic choices that reflect her long term enrichment goals.</td>
<td></td>
</tr>
<tr>
<td>Sect 1, Part E Item 1</td>
<td>Taking medications</td>
<td>2 1 1</td>
</tr>
<tr>
<td>Notes:</td>
<td>Jane is responsible for the daily administration of her medication but sometimes forgets to take it. Jane’s neighbor checks in a few times a week to ensure that her pill box is filled appropriately and that she has remembered to take them.</td>
<td></td>
</tr>
<tr>
<td>Sect 1, Part E Item 5</td>
<td>Learning how to access emergency services</td>
<td>1 1 1</td>
</tr>
<tr>
<td>Notes:</td>
<td>Jane has a good understanding of how to handle emergencies but requires a monthly review of the details to keep them fresh and retain the information.</td>
<td></td>
</tr>
</tbody>
</table>
Section 4 - Supplemental Questions

1. The Individual requires exceptionally high levels of staff support to address severe medical risks related to inhalation or oxygen therapy; postural drainage; chest PT, suctioning; oral stimulation and/or jaw positioning; tube feeding; parenteral feeding; skin care turning or positioning; skin care dressing of open wounds; protection from infectious diseases due to immune system impairment; seizure management; dialysis; ostomy care; medically-related lifting and/or transferring; therapy services, and/or other critical medical supports?
   a. The Individual requires frequent hands-on staff involvement to address critical health and medical needs?
      No
   b. The Individual's severe medical risk currently requires direct 24-hour professional (licensed nurse) supervision?
      No
   c. The Individual has medical care plans, in place, that are documented within the ISP process?
      No
   d. How many days per week is the extensive support required?
      Approximately how many hours per day?
   e. Description of the imminent (i.e. within the next 30 to 60 days) consequences if no support is provided to address the Individual's severe medical risk.
   f. Specific SIS Section 3A items marked “2”:

2. The Individual is currently a severe community safety risk to others related to actual or attempted assault and/or injury to others; property destruction due to fire setting and/or arson; and/or sexual aggression and has been convicted of a crime related to these risks?
   a. The Individual has been found guilty of a crime, related to these risks, through the criminal justice system?
      No
   b. The Individual's severe community safety risk to others requires a specially controlled home environment, direct supervision at home, and/or direct supervision in the community?
      No
   c. The Individual has documented restrictions in place, related to these risks, through a legal requirement or order?
      No
   d. How many days per week is the extensive support required?
      Approximately how many hours per day?
   e. Description of the imminent (i.e. within the next 30 to 60 days) consequences if no support is provided to address the Individual's severe community safety risk.

3. The Individual is currently a severe community safety risk to others related to actual or attempted assault and/or injury to others; property destruction due to fire setting and/or arson; and/or sexual aggression and has not been convicted of a crime related to these risks?
   a. Individual has not been found guilty of a crime related to these risks, but displays the same severe community safety risk as a person found guilty through the criminal justice system?
      No
   b. The Individual's severe community safety risk to others requires a specially controlled home environment, direct supervision at home, and/or direct supervision in the community?
      No
   c. The Individual has documented restrictions in place, related to these risks, within the ISP Process?
      No
   d. How many days per week is the extensive support required?
      Approximately how many hours per day?
e. **Description of the imminent (i.e. within the next 30 to 60 days) consequences** if no support is provided to address the Individual's severe community safety risk

4. The Individual displays self-directed destructiveness related to self-injury; pica; and/or suicide attempts which seriously threatens their own health and/or safety?
   No
   a. The Individual engages in self-directed destructiveness related to self-injury, PICA, and/or suicide attempts, with the intent to harm self?
      No
   b. The Individual's severe risk of injury to self currently requires direct supervision during all waking hours?
      No
   c. The Individual has prevention and intervention plans, in place, that are documented within the ISP process?
      No
   d. How many days per week is the extensive support required?

      Approximately how many hours per day?

   e. **Description of the imminent (i.e. within the next 30 to 60 days) consequences** if no support is provided to address the Individual's severe risk of injury to self.

5. Individual displays a risk of falling, as demonstrated by an unsteady gait, active seizures, documented history of falling, or other issue that effects falling. Describe specifics and frequency of falls in the past 12 months.
   No

**Page Notes:**
Supports Intensity Scale®
Using SISOOnline

Jim Anderson
SISOOnline Technical Manager
AJBoggs & Company
Overview of SISOnline

• SISOnline is the web-based application used to collect SIS assessment data.

• It provides reports, quality analysis, interviewer progress and analysis on an aggregate basis. Data can be provided in Excel, pdf, XML, and it can be accessed remotely through a web service.

• It can be customized to add features and can be integrated with existing legacy systems.
The SISOnline System

Case Management System

SISOnline
Create, Store, Access, or Edit Assessment Records and Generate Reports

SISOnline System

“Quality Module Management System”
- Simple Upload of recipient data
- Prepopulate assessment data (avoids typos)
- Link records to Medicaid system
- Record Calls and emails to Respondents
- Scheduler’s Report
- Tracking Outcomes
- Check Interviewer Rating Patterns
- Track mailing SIS report to families
- Allows for Quality Reviewing & approval
- Track any edits/changes after Interview
- Keeps a “Pre-QA” report of the ratings
- Provides operational follow-up summary in Venture where interviewer flags assessments needing QA review

Pattern Check
- Qualitative monitoring Tool

New Assessment Record

Completed Assessment

VENTURE
Data Entry Module
Use offline Anywhere
Validate Data

American Association on Intellectual and Developmental Disabilities
Updating SISOnline Data

• Uploading the data via an XML file and a web service
  – Real time or nightly downloads
  – Discrete data in XML
  – pdf individual reports

• Putting the data in an Excel template and a user uploads the file on a website page.

• Overview of what other States are doing
SISOOnline Features

- Enter ratings online
- Enter ratings offline using the SIS Venture Module
- Export data into Excel.
- Standardized and Custom Data Analysis Reports.
- Data validation and error trapping.
- Scheduling Next Interview Support
- Ability to Add Supplemental Items
- Help Desk Services (email or call-in)
- Intuitive navigation

www.aaidd.org and www.siswebsite.org
SISOnline Capabilities

- Individual Reports for ISP, families, data analysts, respondents
- Objectives and notes for person-centered planning
- Supplemental questions to meet specific needs for your State
- Schedule Interviews
- Plan Interviewer Resources
SIS Venture – Data Entry

- Venture can be used anywhere internet access is not available.
- Can prepopulate Venture with interview planning information.
- Enter data offline then later upload to SISOnline.
From Interview Record to Report

• Electronic reports quickly available for a variety of purposes:
• Individual Reports are in Family Friendly format to make it easier to present to families.
• Administrative Reports
• Data Reports
• Customizing Reports and those that other States find useful
Sample Graph of Scores - Individual Report

Life Activity Subscale
SUPPLEMENTAL QUESTIONS

• Can be added to the online assessment to provide a specific solution.

• Example: Oregon Supplement that measures supports related to community protection.

• Optional to include in printed report

• Can be customized
Set-up Options

- Adding Items, data fields or new questions
- Set items as requiring as needed
- Customize labels into your terms
- Customize the Family Friendly Report
  - Add custom text, state logo, other items to report
- Track if SIS package mailed to individual or family.
- Track any changes to assessment after the interview.
Set-up Options

• Easy to use spreadsheets
  – User Setup Form
    • User names
    • User roles
    • User level of access
User permissions

• Access Levels.
• Export Data
• Add/Modify User
• Admin Reports
• Set As View Only:
• Move Assessment Records
• Undelete Assessment Records
• Unlock Records
• Edit Locked Records (i.e. QA Review)
• Delete Assessment Records
• Limit User Admin to only the users’ group
• Access to IRQR
System Architecture

- Groups can be region, county, AE’s (counties), SCO, or other names. Users are assigned to a group for administrative control, as well as for limiting access to assessments. State staff can see all assessments.
Example of User Access Option

- Example of one option for setup of the 48 AEs and the 54 SCOs:
  - State can access all assessments across state
  - AEs can access their own group.
  - SCOs can gain access only to their own subgroup.
  - Organizations that provide contract assessors working in several SCOs can see assessment data across regions
SISOnline Login Screen

• User Login:
  – Security
  – Changing Passwords

• Userguides: for help click on help to access

American Association on Intellectual and Developmental Disabilities
SISOOnline Dashboard (i.e. Search Page)

- Interviewers would see assessments assigned to them.
- Extensive Search Criteria and reporting available
Planning & Scheduling Interviews

- **Master Scheduling Report**: a list of target dates for when the next assessment needs to be completed,
- **Interview Planning Page**: detailed plans for the interview location, special instructions, address, contact information,
- **Respondent Contact Log**: notes calls to the respondents for their availability.
- **Upload Recipient Data**: a link for uploading Medicaid client data.
- **Upload and create assessments**: is a data template where an assessment is automatically created with the upload.
SISOnline Data Entry

- Easy to add additional notes
- Mouseover provides item clarification
- Easy flow of questions

<table>
<thead>
<tr>
<th>2B. Community Living</th>
<th>Type of Support</th>
<th>Frequency</th>
<th>Daily Support Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>+ 1. Getting from place to place throughout the community (transportation)</td>
<td>0 1 2 3 4</td>
<td>0 1 3 2</td>
<td>0 1 2 0 4 5</td>
</tr>
<tr>
<td>- 2. Participating in recreation/recreational activities in the community settings</td>
<td>0 1 2 3 4</td>
<td>0 1 3</td>
<td>2 0 1 2 4 5</td>
</tr>
<tr>
<td>+ 3. Participating in preferred community activities (church, volunteer, etc.)</td>
<td>0 1 2 3 4</td>
<td>0 1 3</td>
<td>2 0 1 2 4 5</td>
</tr>
<tr>
<td>+ 4. Accessing public buildings and settings</td>
<td>0 1 2 3 4</td>
<td>0 1 3</td>
<td>2 0 1 2 4 5</td>
</tr>
</tbody>
</table>

Notes:
- Item is Important to the individual
- Item is Important For the individual

2400 characters maximum allowed for notes field. 2372 remain.

4. Accessing public buildings and settings

Primary Considerations
- Physically entering public building and settings, such as the following:
  - Libraries
  - Parks
  - Stores
  - Swimming pools
  - Public Restrooms
  - Community employment sites accessible to the public
  - Using elevators, escalators, stairs, and doors

Secondary Considerations
- Following rules for entering, exiting, and using the facility (e.g., adhering to hours, a park is open, finding a room number, being quiet in libraries, using doors for entering and exiting)

Supports Not Included
- Transportation to and from activity where public building and setting is located
- Using the services associated with the building/setting
Interviewer Summary Notes

- Interview Summary Notes:
  - Provides a place for the interviewer to record comments about the interview, available for the supervisor or manager to get operations feedback for improving the process and document details about problems or other issues.
  - allows the interviewer to flag certain notes for a managers’ review.
Assessment Quality Review

• QA Review: When QA staff opens an assessment for editing, an archived copy called “Pre-QA” version of the assessment is saved.

• A new “review status” column will be added to the grid, along with a review workflow steps: “Under Review” to “Approved” as it goes through the review process.

• The Pre-QA record shows the assessment data completed during the interview, for comparison to the final version.

  (i.e. shows the edits by QA staff.)
Alerts: What is Possible in SISOnline

• Currently PA uses alerts to let users know that a quality check has been done and that “Joey’s sis is ready to be mailed.”

• SISOnline Capability
  – How they can be generated
  – Are the alerts sent to user email account or does the system have a dashboard that user has to check?
  – Discuss alerts and ways they could be setup.
SISOnline User Administration

• Depending on your level of access:
  – The “Administrative Options” box above the table of assessment records allows access to the User Admin module for adding a user or modifying user permissions.

If you need help:  SISOnline Help Desk, help@sis-online.org; 202-387-1968 Ext. 211 Help Desk hours:  Monday – Friday 9 am – 5 pm EST
WHAT WE’LL COVER

• Basic Overview & Navigation
• How to Apply Filters/Complete Searches for Assessments
• Review of Available Consumer-Specific Reports
• Review of Available Data Reports
• Review of Available Graphs/Charts
• Data Export Options
• LIVE DEMO
SIS ONLINE LOG-IN

Enter User Name and Password Here

Contact your PIHP SIS Online Manager to obtain a user name/password and/or reset role/permissions

MAIN SIS ONLINE PAGE

Change Font Size Here

NOTE: Total # of Records

All records that you have access to will be listed here
Use scroll bar on right to get to bottom of page and see search options

Click on numbers for additional assessments

Note: System defaults to ALL assessments. Suggest selecting ONLY completed and Completed-Locked and deselecting all others.

SEARCH FOR ASSESSMENT(S)

To search for an individual Assessment, enter any identifying information (First Name, Last Name, Medicaid ID) then select “Search Assessments”.

Can also search for Any Assessment completed within a certain time period by entering date range and selecting “Search Assessments”.
Additional Search Options - Identify individuals falling within a particular date range or from a range of scores – Enter a # for low & high score and Select “Search Assessments”

Select assessments completed by particular interviewer

Select All Assessments from certain Subgroups or CMHSPs* by using the Ctrl key plus multiple entity names, then “Search Assessments”

*Available to users with Admin privileges at PIHP Level.
RESULTS OF SEARCH

INDIVIDUAL LEVEL REPORT

Options for individual level reports

NOTE!

1 result returned

.pdf version of report selected
### Report of Assessments by User/Subgroup

- **Number of assessments completed by Subscription (subgroup) and by user**
- **Total number of assessments**

### Aggregate Report Options

- Hover mouse to reveal report options, then click to select.
CHART OPTIONS:

- % of Completed Assessments by CMHSP/Subgroup
- % of Completed Assessments by User
- Average SIS Score by “Subscription” (CMHSP/Subgroup)
- Average SIS Score per User
- Distribution of SIS Scores by User
- Distribution of SIS Scores by CMHSP/Subgroup

SAMPLE CHART

ASSESSMENTS BY SUBGROUP
SAMPLE CHART

ASSESSMENTS BY USER

SAMPLE CHART

AVERAGE SCORE* BY “SUBSCRIPTION” = SELECTED CMHSPS

Note: “Average Score = Total Needs Index
SAMPLE CHART: AVERAGE SCORE* BY USER NAME

Note: “Average Score = Total Needs Index

SAMPLE CHART: DISTRIBUTION OF SCORES ACROSS SUBGROUP

Chart represents % of results falling in percentile ranges.
1st = 0-9th percentile,
2nd = 10th-19th percentile
3rd = 20-29th percentile
4th = 30th – 39th percentile
Etc..... 10th = 100th percentile

Subgroups within a PIHP
SAMPLE CHART: DISTRIBUTION OF SCORES ACROSS ASSESSORS

Percentage of Scores falling in that percentile range

Assessors

Percentile Ranges

DATA REPORT OPTIONS

Select Option for Exporting Data

If CSV is selected, then Click on Red "Download CSV export"
CSV DATA REPORT

Dialog Box will appear. Click OK to open CSV using Excel

SAMPLE .XML DATA REPORT

This XML file does not appear to have any style information associated with it. The document tree is shown 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 1-1/2 – 2 hours 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:**
- [ ] Individual Served
- [ ] Other ________________________
- [ ] Supports Coordinator
- [ ] Parent/Guardian
- [ ] Family/Friend
- [ ] Caregiver
- [ ] 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. We discussed and recorded specific activities or needs that are important to me.
   - [ ] Strongly Disagree
   - [ ] Disagree
   - [ ] Agree
   - [ ] Strongly Agree

2. This helped me to discover what I want to focus on in my person-centered plan.
   - [ ] Strongly Disagree
   - [ ] Disagree
   - [ ] Agree
   - [ ] Strongly Agree

3. We talked about the help I need with daily life activities.
   - [ ] Strongly Disagree
   - [ ] Disagree
   - [ ] Agree
   - [ ] Strongly Agree

4. The interviewer made sure everyone understood the items and the ratings.
   - [ ] Strongly Disagree
   - [ ] Disagree
   - [ ] Agree
   - [ ] Strongly Agree

5. 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.*