



Implementation of the Supports Intensity Scale®

Learning Session for ICF/ID

August 14, 2014

Balancing Incentive Program (BIP)

- Iowa's award:
 - July 1, 2012 – September 30, 2015
- States required to implement:
 - Efficient access to services
 - Consistent and fair assessments
 - Conflict-free case management

Core Standardized Assessments (CSA)

- Uniform assessments to determine individual need, person-centered
- Supports Intensity Scale® (SIS) for persons with intellectual disability, used in over 30 states
- Assessments will be selected for other populations receiving HCBS
- Telligen, Inc. selected as CSA vendor

Assessment Results

- Assessment can be used for:
 - Eligibility for LTSS
 - Individual need for supports and services
 - Development of service plan
 - Equitable and consistent resource allocation
- Initial resource allocation implementation possibly 3 years
 - Adjustments additional 2-3 years

Frequently Asked Questions

- FAQ addressed today and published after this webinar
- BIP/CSA webpage,
<http://dhs.iowa.gov/ime/about/initiatives/BIP/CSA>
- Facilities continue to follow DIA and federal requirements

Opportunity

- SIS interview is opportunity to gain knowledge to inform goals and service planning
- Collaborative effort with member and family
- Helps identify member's preferences
- Choice is a key indicator of quality of life

Learning Session Topics

- CSA and facility collaboration
- Full assessment scheduling process
- SIS reports

Collaboration - Facility Contacts

- Who will be the facility contact person for scheduling full assessments?
- When is a good time to do interviews?
- Need each facility to inform us of whom we should call or email and preferred block of time
- Send info to DHSCoreStandardizedAssessments@dhs.state.ia.us

Planned Schedule

- One-third of population as of July 1, 2014
- Sample divided into assessor assignments
- Assignments divided into monthly targets
- Will email lists to facilities when we have contact information
- Need facility's preferred time for interviews
- Will avoid times when Medical Services is onsite
- Newly entering facility addressed later

Limits of One-third Sample

- Must be representative of state – rural and urban
- Distributed across the state
- Not one-third of each facility
- Will not include children under age 16
- Children's version expected next year
- Will include persons over 72

CSA and Facility Collaboration

- Scheduling full assessments
 - Confirm member information
 - Identify respondents and contact information
 - May include guardian/representative
 - Room and staff availability
 - Accommodations necessary
 - Interpreter services
 - Location, dates and time of day options
 - Special guidance

Confirming Respondents

- Participation in the assessment interview
 - Attend complete assessment
 - Share knowledge of support needs
- Must know the member three months
- Should be someone who usually works with the member and knows support needs

Newly Entering the Facility

- Per Informational Letter 1411, call CSA when there is a new admission
- Transfer from one facility to another is not “newly entering services”
- Facility and scheduler will determine if there are two qualified respondents
- Tentatively schedule up to 90 days out
- Helpful to know regular block of time that works best for facility

Money Follow the Person (MFP)

- Persons in enrolled in MFP with an ID diagnosis will have a SIS completed
- SIS assessors will have 30 days to complete the SIS
- Should be completed prior to transitioning into the community

MFP Continued

- Referrals to MFP should be received at least 60 days prior to a planned discharge date to allow time to obtain MFP consents and to complete the SIS
- More information on MFP including the referral form can be found at:
<http://dhs.iowa.gov/ime/members/medicaid-a-to-z/mfp>



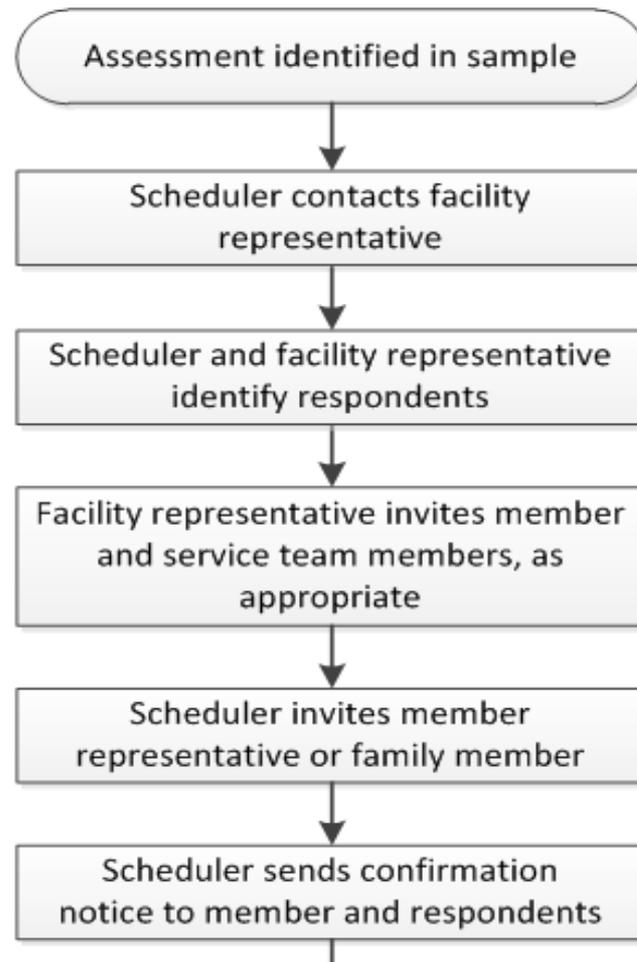
Scheduling Communication

- Facility informs
 - Member - brochure being developed
 - Respondents participating from facility
- Telligen scheduler calls respondents from outside facility
 - Family member, representative
- Appointment confirmation letter to w/flyer
 - Things you should know about SIS
 - Tips for a successful interview

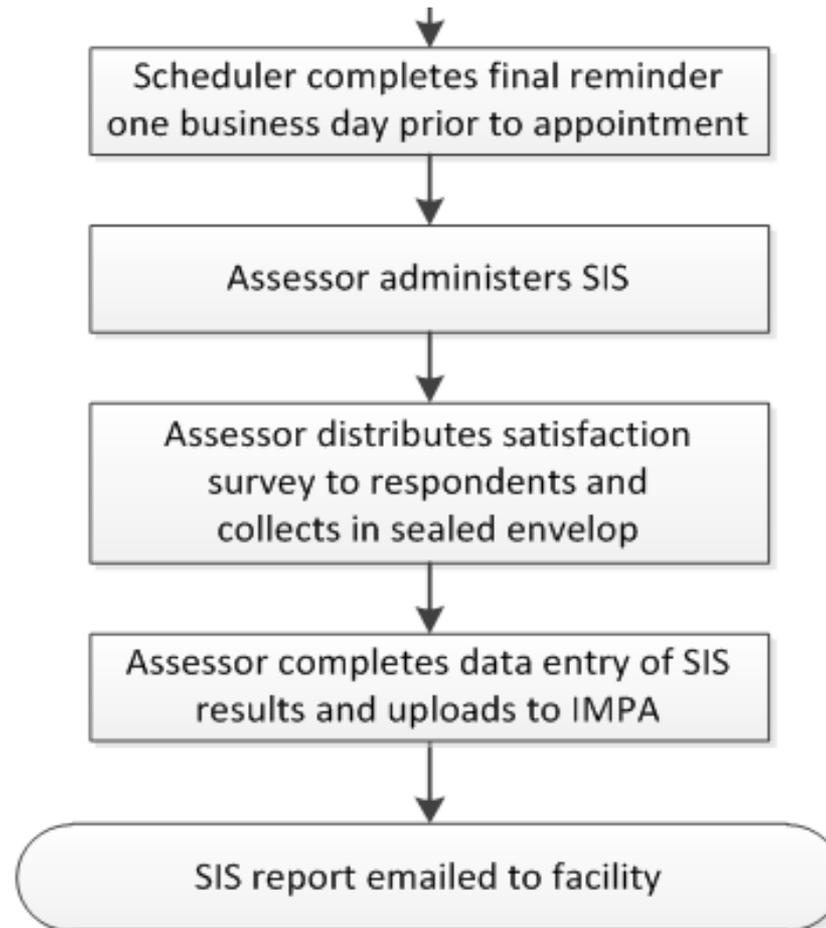
Completed SIS

- Report emailed to facility contact
- Eventual plan is to post report on IMPA for facility to retrieve
- Facility may share report with member
- Use report to inform service plan – more later in this presentation

Scheduling the Interview



Scheduling Process Continued



What is the Supports Intensity Scale®?

- Planning tool designed to measure the level of practical supports required by a person with an intellectual or developmental disability to be successful in the community
- Developed by American Association of Intellectual and Developmental Disabilities (AAIDD)

Why SIS?

- Looks at supports needed, not at deficits
- Has excellent range of reliability (.87 inter-rater reliability coefficients)
- Helps identify the support needs of people with disabilities by
 - Fostering positive expectations for life experiences
 - Identifying requirements for planning delivery of consumer-driven, individualized supports
 - Covering topics that drive quality of life – **choices** in social, work and living environments

Who is a SIS Assessor?

- Background of experience with populations
- Completes extensive training to administer the SIS assessment
- Passes the test-retest and inter-rater reliability (IRQR) certification
- Recertified annually through a test-retest inter-rater reliability (IRQR) test

Who is a SIS Respondent?

- Consumer who is able to provide reliable answers
- Individual has known the person being evaluated for at least 3 months
- Has recently observed the person in one or more environments for substantial periods of time (TCM, parent/guardian, friend, staff, job-coach, teacher, self)
- Must have two qualified respondents



How is the SIS Completed?

- Interview with the member/applicant and respondents
- Respondents come to consensus on the score to indicate
 - Type of support
 - Frequency of support
 - Daily support time for each question
- Interview time – 1.5 to 3 hours

Administering SIS/Team Scoring

- If person uses assistive technology, the person should be rated with technology in place (communication system, etc.)
- SIS Respondents should rate ALL items, even if the person is not currently performing a listed activity or has no intention of participating in a particular activity
- There are no answers of “not applicable”
- Ratings reflect a typical day and dominate support

What Does SIS Measure?

- Section I: Support Needs Scale - 49 life activities in six subscales
 - Home Living
 - Community Living
 - Lifelong Learning
 - Employment
 - Health and Safety
 - Social Activities

SIS Measures Continued

- Section II: Protection and Advocacy Activities
 - Eight advocacy items
 - Protection of self and others
 - Money management
 - Legal issues

SIS Measures Continued

- Section III: Exceptional Medical and Behavioral Support Needs
 - 15 medical conditions
 - 13 problem behaviors associated with disability
 - Assumption that certain medical conditions and challenging behaviors predict need for increased levels of support

SIS Interview

- Introduction
- Exceptional Medical/Behavioral Rating Key
- Medical Supports
 - Example: oxygen – needs help putting on tubing and turning it on
- Behavioral Supports
 - Example: hits others when upset

Medical & Behavioral Supports Rating Key

Exceptional Medical and Behavioral Support Needs

Please rate any current extraordinary support needed. Consider if the absence of the contribution could pose an important health or safety risk.

Note: In choosing an appropriate score for this section remember to gauge the level of currently needed contribution by the support person. The critical question to answer when completing the medical items is "What is the significance of the following medical conditions for this person in regard to extra support required?" The critical question to answer when completing the behavioral items is "What is the significance of the following challenging behaviors for this person in regard to extra support required?"

0 = No Support Needed

No support needed because the medical condition or behavior is not an issue, or no support is needed to manage the medical condition or behavior.

1 = Some Support Needed

Some support is needed to address the medical condition and/or behavior. People who support must be cognizant continuously of the condition to assure the individual's health and safety. For example:

- Checking in and observing
- Monitoring and providing occasional assistance
- Minimal physical/hands on contribution
- Support is episodic and/or requires minimal devoted support time

2= Extensive Support Needed

Extensive support is needed to address the medical condition and/or behavior. For example:

- Significant physical/hands on contribution
- Support is intense and/or requires significant support time

Other(s):

Add support for as many exceptional medical conditions or challenging behaviors as needed, but do not be redundant (i.e., do not rate something twice that has been considered under a different item)

Rate exceptional supports needed to manage any condition or behavior that is listed

Score each condition requiring exceptional support independent from one another

Medical Supports Results

| Part A - Exceptional Medical Support Needs | | |
|---|------------------------------|-----------------|
| Item | Support Needed | Comments |
| 8. Turning or positioning | 2 - Extensive Support Needed | |
| 14. Lifting and/or transferring | 2 - Extensive Support Needed | |
| 15. Therapy services | 1 - Some Support Needed | |
| 16. Other: head of bed up to prevent issues with hiatal hernia | 1 - Some Support Needed | |
| 1. Inhalation or oxygen therapy | 0 - No Support Needed | |
| 2. Postural drainage | 0 - No Support Needed | |
| 3. Chest PT | 0 - No Support Needed | |
| 4. Suctioning | 0 - No Support Needed | |
| 5. Oral stimulation or jaw positioning | 0 - No Support Needed | |
| 6. Tube feeding (e.g., nasogastric) | 0 - No Support Needed | |
| 7. Parental feeding (e.g., IV) | 0 - No Support Needed | |
| 9. Dressing of open wound(s) | 0 - No Support Needed | |
| 10. Protection from infectious diseases due to immune system impairment | 0 - No Support Needed | |
| 11. Seizure management | 0 - No Support Needed | |
| 12. Dialysis | 0 - No Support Needed | |
| 13. Ostomy care | 0 - No Support Needed | |
| Total Score | 6 | |
| General Comments | | |

Behavioral Supports Results

| Part B - Exceptional Behavioral Support Needs | | |
|--|------------------------------|-----------------|
| Item | Support Needed | Comments |
| 8. Prevention of non-aggressive but inappropriate behavior | 2 - Extensive Support Needed | |
| 12. Maintenance of mental health treatments | 2 - Extensive Support Needed | |
| 1. Prevention of assaults or injuries to other | 1 - Some Support Needed | |
| 2. Prevention of property destruction (e.g., fire setting, breaking furniture) | 1 - Some Support Needed | |
| 7. Prevention of sexual aggression | 1 - Some Support Needed | |
| 9. Prevention of tantrums or emotional outbursts | 1 - Some Support Needed | |
| 13. Prevention of other serious behavior problem(s): anxiety | 1 - Some Support Needed | |
| 3. Prevention of stealing | 0 - No Support Needed | |
| 4. Prevention of self-injury | 0 - No Support Needed | |
| 5. Prevention of pica (ingestion of inedible substances) | 0 - No Support Needed | |
| 6. Prevention of suicide attempts | 0 - No Support Needed | |
| 10. Prevention of wandering | 0 - No Support Needed | |
| 11. Prevention of substance abuse | 0 - No Support Needed | |
| Total Score | 9 | |
| General Comments | | |

SIS Interview – Supports Needs Scale

- Rating Key
- Support Needs Scale
 - Home Living Activities
 - Example: bathes on own, needs direction with shaving
 - Employment Activities
 - Example: stay on task, get job done in 8 hours
 - Lifelong Learning Activities
 - Example: can identify problem, can't fix problem

SIS Interview – Supports Needs Scale Continued

- Community Living Activities
 - Example: able to ride bus, bus doesn't run in evening
- Health and Safety Activities
 - Example: able to take meds if direction provided through each step
- Social Activities
 - Example: able to be socially appropriate with reminders

SIS Interview Continued

- Supplemental Protection and Advocacy Scale
 - Eight Protection and Advocacy Activities
 - Example: needs encouragement to advocate for self

Supports Needs and Protection & Advocacy Rating Key

| <p style="text-align: center;">Type of Support</p> <p>If engaged in the activity over the next several months, what would the nature of the support look like?</p> <p><i>Important Question to Answer:</i> Which support type characterizes or most dominates the assistance that others would provide?</p> | <p style="text-align: center;">Frequency</p> <p>If you were going to be (insert item) over the next several months, how often would support be needed to be successful?</p> <p><i>Important Question to Answer:</i> How often would support be needed if the person were to participate? Do not focus on how often the activity actually occurs in the person's current life.</p> | <p style="text-align: center;">Daily Support Time</p> <p>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 the support?</p> <p><i>Important Question to Answer:</i> How much time would be invested by others in providing support on a day that the person needs support to participate in the activity?</p> |
|--|---|---|
| <p>0 = none</p> <ul style="list-style-type: none"> No support needed at any time <p>1 = monitoring (<i>reminders</i>). For example:</p> <ul style="list-style-type: none"> Checking in, observing & giving reminders to complete the activity Asking questions to trigger the individual to complete steps within the activity <p>2 = verbal/gesture prompting (<i>coaching</i>). For example:</p> <ul style="list-style-type: none"> Giving verbal/gestural direction Walking a person through required steps Providing visual prompts Modeling some or all of the steps <p>3 = partial physical assistance (<i>help through doing</i>). For example:</p> <ul style="list-style-type: none"> Some, but not all, steps require hand over hand assistance Some, but not all, essential elements completed for the person (could include speaking for the person to ensure successful communication) <p>4 = full physical assistance (<i>doing for</i>). For example:</p> <ul style="list-style-type: none"> All, or nearly all, steps require hand over hand assistance All, or nearly all, essential elements need to be completed for the person (could include speaking for the person to ensure successful communication) | <p>0 = none or less than monthly</p> <p>1 = at least once a <u>month</u>, but not once a week</p> <p>2 = at least once a <u>week</u>, but not once a day (up to 6 days a week)</p> <p>3 = at least once a <u>day</u>, but not once an hour (at least 7 days a week)</p> <p>4 = <u>hourly</u> or more frequently (24 hours a day)</p> | <p>0 = none</p> <p>1 = less than <u>30 minutes</u></p> <p>2 = 30 minutes to less than <u>2 hours</u></p> <p>3 = 2 hours to less than <u>4 hours</u></p> <p>4 = 4 hours or <u>more</u></p> <div style="text-align: right;">  <p>aaidd American Association on Intellectual and Developmental Disabilities</p> </div> |

Results – Family Friendly Report

| Part A - Home Living Activities | | | | |
|---|------------------------------|---|-------------------------------------|--------------------|
| Item | Type of Support | Frequency | Daily Support Time | Total Score |
| 5. House keeping and cleaning | 2 - Verbal/Gesture Prompting | 3 - At Least Once a Day, But Not Once an Hour | 2 - 30 Minutes to Less Than 2 Hours | 7 |
| 7. Bathing and taking care of personal hygiene and grooming needs | 2 - Verbal/Gesture Prompting | 2 - At Least Once a Week, But Not Once a Day | 2 - 30 Minutes to Less Than 2 Hours | 6 |
| 2. Taking care of clothes (includes laundering) | 1 - Monitoring | 2 - At Least Once a Week, But Not Once a Day | 1 - Less Than 30 Minutes | 4 |
| 3. Preparing food | 1 - Monitoring | 2 - At Least Once a Week, But Not Once a Day | 1 - Less Than 30 Minutes | 4 |
| 6. Dressing | 1 - Monitoring | 2 - At Least Once a Week, But Not Once a Day | 1 - Less Than 30 Minutes | 4 |
| 1. Using the toilet | 0 - None | 0 - None or Less Than Monthly | 0 - None | 0 |
| 4. Eating food | 0 - None | 0 - None or Less Than Monthly | 0 - None | 0 |
| 8. Operating home appliances | 0 - None | 0 - None or Less Than Monthly | 0 - None | 0 |

Supports Needs Results

| Part B - Community Living Activities | | | | |
|---|------------------------------|--|-------------------------------------|-------------|
| Item | Type of Support | Frequency | Daily Support Time | Total Score |
| 2. Participating in recreation/leisure activities in the community settings | 1 - Monitoring | 2 - At Least Once a Week, But Not Once a Day | 4 - 4 Hours or More | 7 |
| 4. Going to visit friends and family | 2 - Verbal/Gesture Prompting | 1 - At Least Once a Month, But Not Once a Week | 4 - 4 Hours or More | 7 |
| 5. Participating in preferred activities (church, volunteer, etc.) | 1 - Monitoring | 2 - At Least Once a Week, But Not Once a Day | 4 - 4 Hours or More | 7 |
| 7. Interacting with community members | 2 - Verbal/Gesture Prompting | 2 - At Least Once a Week, But Not Once a Day | 2 - 30 Minutes to Less Than 2 Hours | 6 |
| 1. Getting from place to place throughout the community (transportation) | 1 - Monitoring | 2 - At Least Once a Week, But Not Once a Day | 2 - 30 Minutes to Less Than 2 Hours | 5 |
| 3. Using public services in the community | 2 - Verbal/Gesture Prompting | 2 - At Least Once a Week, But Not Once a Day | 1 - Less Than 30 Minutes | 5 |
| 6. Shopping and purchasing goods and services | 1 - Monitoring | 2 - At Least Once a Week, But Not Once a Day | 2 - 30 Minutes to Less Than 2 Hours | 5 |
| 8. Accessing public buildings and settings | 0 - None | 0 - None or Less Than Monthly | 0 - None | 0 |

Protection and Advocacy Results

| Part P - Supplemental Protection and Advocacy Scale | | | | |
|--|---------------------------------|--|-------------------------------------|--------------------|
| Item | Type of Support | Frequency | Daily Support Time | Total Score |
| 2. Managing money for personal finances activities with others | 3 - Partial Physical Assistance | 3 - At Least Once a Day, But Not Once an Hour | 2 - 30 Minutes to Less Than 2 Hours | 8 |
| 3. Protecting self from exploitation | 2 - Verbal/Gesture Prompting | 3 - At Least Once a Day, But Not Once an Hour | 2 - 30 Minutes to Less Than 2 Hours | 7 |
| 7. Making choices and decisions | 3 - Partial Physical Assistance | 2 - At Least Once a Week, But Not Once a Day | 2 - 30 Minutes to Less Than 2 Hours | 7 |
| 1. Advocating for self | 2 - Verbal/Gesture Prompting | 2 - At Least Once a Week, But Not Once a Day | 2 - 30 Minutes to Less Than 2 Hours | 6 |
| 5. Belonging to and participating in self-advocacy/support organizations | 2 - Verbal/Gesture Prompting | 1 - At Least Once a Month, But Not Once a Week | 2 - 30 Minutes to Less Than 2 Hours | 5 |
| 6. Obtaining legal services | 3 - Partial Physical Assistance | 0 - None or Less Than Monthly | 2 - 30 Minutes to Less Than 2 Hours | 5 |
| 8. Advocating for others | 2 - Verbal/Gesture Prompting | 1 - At Least Once a Month, But Not Once a Week | 1 - Less Than 30 Minutes | 4 |
| 4. Exercising legal responsibilities | 1 - Monitoring | 1 - At Least Once a Month, But Not Once a Week | 1 - Less Than 30 Minutes | 3 |

Completed SIS Assessment

- Assessor enters data in SISOnline
- Emails report to facility contact
- Eventually email process will be replaced by uploading to IMPA
- Facility may share report with member, staff and family
- Copies may include the Family Friendly Form and/or the Long Report Form

Completed SIS Assessment

Section 1. Support Needs Scale, continued

Excel

Circle the appropriate number (0–4) for each measurement. (See rating key.) Complete ALL items, even if the person is not currently performing a listed activity. Add the scores across to get a Raw Score. Add the Raw Scores down to get a Total Raw Score.

| Part B: Community Living Activities | Frequency | | | | | Daily Support Time | | | | | Type of Support | | | | | Raw Scores |
|--|-----------|---|---|---|---|--------------------|---|---|---|---|-----------------|---|---|---|---|------------|
| | 0 | 1 | 2 | 3 | X | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |
| 1. Getting from place to place throughout the community (transportation) | 0 | 1 | 2 | 3 | X | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |
| 2. Participating in recreation/leisure activities in the community settings | 0 | 1 | 2 | 3 | X | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |
| 3. Using public services in the community | 0 | 1 | 2 | 3 | X | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |
| 4. Going to visit friends and family | 0 | 1 | 2 | 3 | X | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |
| 5. Participating in preferred community activities (church, volunteer, etc.) | 0 | 1 | 2 | 3 | X | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |

Family Friendly Report

Section 1: Support Needs Ratings

Activity Subscale and Score Results

| Part A - Home Living Activities | | | | |
|---|---------------------------------|---|-------------------------------------|-------------|
| Item | Type of Support | Frequency | Daily Support Time | Total Score |
| 3. Preparing food | 3 - Partial Physical Assistance | 3 - At Least Once a Day, But Not Once an Hour | 2 - 30 Minutes to Less Than 2 Hours | 8 |
| 5. House keeping and cleaning | 3 - Partial Physical Assistance | 3 - At Least Once a Day, But Not Once an Hour | 2 - 30 Minutes to Less Than 2 Hours | 8 |
| 7. Bathing and taking care of personal hygiene and grooming needs | 3 - Partial Physical Assistance | 3 - At Least Once a Day, But Not Once an Hour | 2 - 30 Minutes to Less Than 2 Hours | 8 |
| 2. Taking care of clothes (includes laundering) | 3 - Partial Physical Assistance | 2 - At Least Once a Week, But Not Once a Day | 2 - 30 Minutes to Less Than 2 Hours | 7 |
| 1. Using the toilet | 2 - Verbal/Gesture Prompting | 3 - At Least Once a Day, But Not Once an Hour | 1 - Less Than 30 Minutes | 6 |

Using the SIS to Develop a Service Plan

- Usual process – only using the SIS as a resource
 - Identify desired life experiences and goal
 - Determine the pattern and intensity of support needs
 - Develop the individualized plan
 - Monitor progress

Developing the Individualized Plan

- Review the areas of support needed
- Potential for growth or more independence
- Pair with individual's preferences or priorities
- Determine the goal/outcome
- Develop the actions steps needed to achieve goal

Preferences

- Individual wants to make friends and do things with her friends

Support Needs

| Part F - Social Activities | | | | |
|---|------------------------------|---|-------------------------------------|-------------|
| Item | Type of Support | Frequency | Daily Support Time | Total Score |
| 1. Socializing within the household | 2 - Verbal/Gesture Prompting | 3 - At Least Once a Day, But Not Once an Hour | 2 - 30 Minutes to Less Than 2 Hours | 7 |
| 2. Participating in recreation/leisure activities with others | 2 - Verbal/Gesture Prompting | 3 - At Least Once a Day, But Not Once an Hour | 2 - 30 Minutes to Less Than 2 Hours | 7 |
| 3. Socializing outside the household | 2 - Verbal/Gesture Prompting | 3 - At Least Once a Day, But Not Once an Hour | 2 - 30 Minutes to Less Than 2 Hours | 7 |
| 4. Making and keeping friends | 2 - Verbal/Gesture Prompting | 3 - At Least Once a Day, But Not Once an Hour | 2 - 30 Minutes to Less Than 2 Hours | 7 |
| 7. Engaging in loving and intimate relationships | 2 - Verbal/Gesture Prompting | 3 - At Least Once a Day, But Not Once an Hour | 2 - 30 Minutes to Less Than 2 Hours | 7 |
| 5. Communicating with others about personal needs services | 2 - Verbal/Gesture Prompting | 2 - At Least Once a Week, But Not Once a Day | 2 - 30 Minutes to Less Than 2 Hours | 6 |
| 6. Using appropriate social skills | 2 - Verbal/Gesture Prompting | 2 - At Least Once a Week, But Not Once a Day | 2 - 30 Minutes to Less Than 2 Hours | 6 |
| 8. Engaging in volunteer work | 2 - Verbal/Gesture Prompting | 2 - At Least Once a Week, But Not Once a Day | 2 - 30 Minutes to Less Than 2 Hours | 6 |



Support Needs

- Social activities
- Individual requires verbal/gestural prompts each day to be socially appropriate

Using Reports for Service Planning

- SIS can be “ah ha” for recognizing supports that are already being provided
- Areas with scores of 2 – key opportunities for training
- All score results can be used as baseline for skill development

Key Indicators from SIS Reports

- Home living – frequently used for goals
- Lifelong learning section – “out of the box” ideas for skill development
- Protection and advocacy – skill development focus promotes independence

SIS Informs Approach

- Lifelong learning responses help identify consumer priorities
- Interview discussion promotes consumer choice
- Helps move from monitoring to increased engagement
- Not a skill measurement but a support measurement

CSA Contacts

- Questions from facility advisory group addressed in presentation
- Other questions received will be included on the FAQ posted on the BIP/CSA webpage
- Email questions to:
DHSCoreStandardizedAssessments@dhs.state.ia.us
- CSA Toll free number: 1-877-563-6972
- <http://dhs.iowa.gov/ime/about/initiatives/BIPP/CSA>

Need from Facilities

- Contact person for scheduling
- Preferred block of time within the week or month for SIS interviews
- Send to
DHSCoreStandardizedAssessments@dhs.state.ia.us
- Send by August 22

Questions?