



Implementation of the Supports Intensity Scale®

Learning Session 2 for TCMs

August 28, 2014

CSA Contacts and Information

- BIP/CSA webpage

<http://dhs.iowa.gov/ime/about/initiatives/BIPP/CSA>

- Toll free number 877-563-6972

- Email us at

DHSCoreStandardizedAssessments@dhs.state.ia.us

Learning Session Topics

- Scheduling updates
- Assessors and regions
- ISIS workflows
- Off year assessments
- SIS reports and service planning
- TCM role in assessments and service planning

Scheduling updates

- TCM collaboration – thank you!
- One-third sample divided into assessor assignments and monthly targets
 - Would not be 1/3 of individual TCM case load
- Initial email to TCM
 - Members to receive full assessment
 - Identify qualified respondents
 - Preferred time slots within date range
 - Please read and respond to emails

Scheduling continued

- 2nd email request to TCM and supervisor
 - Third business day
 - Out of office information helpful
- Interview confirmation letter
 - Email to TCM, providers
 - Mail to other respondents

Interview Checklist

Things You Should Know For Your SIS[®] Interview

What is a “SIS”?

“SIS” stands for “Supports Intensity Scale”. It is a set of questions asked to find out what types of help you need to live as independently as possible.

Who should be at my interview?

People may include:

- yourself
- your guardian, family member or provider
- your case manager or social worker

What kinds of questions will I be asked?

The questions will help figure out what you may need help with. This includes things like laundry, cooking and transportation. Some questions are about your health and medications.

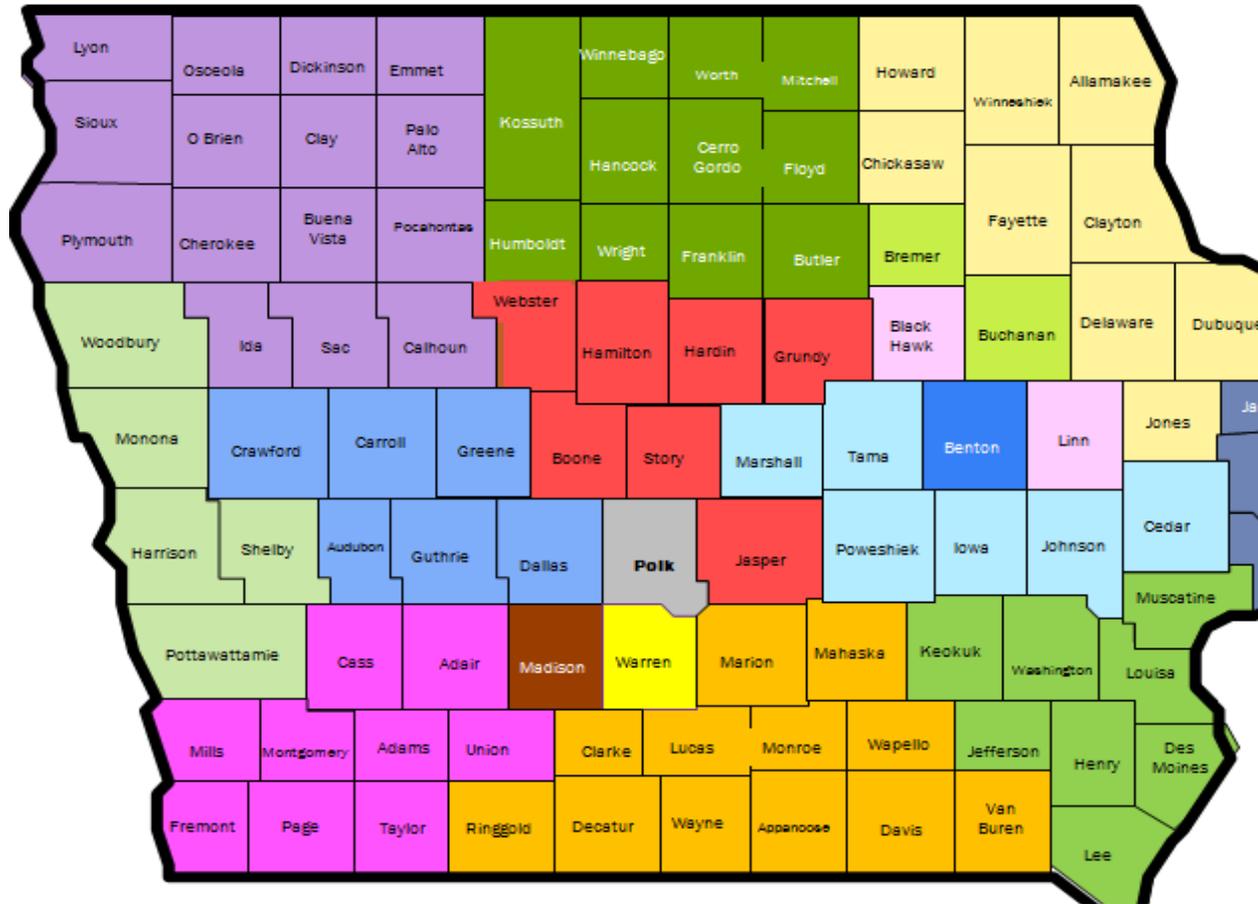
Interview Tips

Tips for a Successful Interview

This checklist is to help participants in the Supports Intensity Scale interview make sure provide the best information for the interview.

- If possible the person whose support needs are being assessed, should participate in the interview. They do not need to attend the entire time.
 - Respondents are the people at your interview. There must be at least two respondents.
 - Two respondents need to stay for the entire time to have a reliable SIS interview. The interview will need to be rescheduled if this cannot happen.
 - Respondents must have known the consumer for at least three months. Also, they need to have had recent opportunities to observe the person in one or more environments for long periods of time.
 - Respondents need to understand and be able to communicate the types of supports a person needs to be successful in current and potential situations within your community.
-

Assessor Regions



ISIS Workflows

- New to everyone – some started in mid flow
- Making a few revisions
- Most important – enter a note with every milestone
- Tell us your intention with the milestone
- We will do the same – read our notes

ISIS Workflows September – October

- List of members due between September and October 2nd
- Case Manager will be notified by email if they need to complete
- BIP will initiate if they will complete

ISIS Workflow Continued

- Assessments completed by TCM prior to new work flow message

BIP acknowledges case manager has completed annual assessment which is valid at this time. Please proceed with milestone workflow as you have in the past.

ISIS Continued Stay Review

- Initiated 60 days before CSR due
- BIP responds
 - Assessment by BIP
 - Assessment has been scheduled – BIP clicks ok to let you know to initiate LOC
 - Assessment being completed by BIP
 - Assessment by CM/SW
 - Check CSR due date
 - Initiate LOC when ready to complete

BIP Initiating Assessments

- BIP to TMC – Psych eval required?
- TCM sends to Medical Services to confirm qualifying diagnosis
- Returns to BIP for response
- BIP responses
 - Assessment completed
 - Unable to contact Consumer
 - Hold for Assessment

Goals of One-third Sample

- Ensure all targeted individuals receive a CSA within a three-year period
- Ensure sample assessed each year includes representation of urban, rural and regional differences and differences in living setting

Sampling Goals Continued

- To accomplish goals
 - Random sample of current Medicaid members
 - Stratified by county
 - Stratified by living setting

Cycle for Full Assessment

- Full assessments for one-third sample may be off cycle
- Making efforts to revise schedule to be on cycle more often
- Some will be close, others will not
- Level of care is initiated after assessment
- TCM decides if ICP needs to be revised based on assessment results

Off-Year Assessments for Two-thirds of Members

- On annual cycle – ISIS alerts BIP
- Assessors contact TCMs to schedule telephonic review
- TCM to review topics at previous quarterly meeting with member
- Assessor sends completed assessment to TCM in email

Form on BIP/CSA webpage

<http://dhs.iowa.gov/ime/about/initiatives/BIPP/CSA>

| Background Information | |
|---|--|
| Member Name: <input type="text"/> <input type="text"/> <input type="text"/> | SID: <input type="text"/> |
| <small>First Name MI Last Name</small> | DOB: <input type="text"/> |
| | <small>MMDDYYYY</small> |
| CM/SW Name: <input type="text"/> <input type="text"/> | Service Type: <input type="text"/> |
| <small>First Name Last Name</small> | Anniversary Date: <input type="text"/> |
| | <small>MMDDYYYY</small> |
| Assessor: <input type="text"/> | Assessment Date: <input type="text"/> |
| | <small>MMDDYYYY</small> |
| Medical Conditions/Diagnoses | |
| 1. <input type="text"/> | 2. <input type="text"/> |
| 3. <input type="text"/> | 4. <input type="text"/> |
| 5. <input type="text"/> | 6. <input type="text"/> |
| 7. <input type="text"/> | 8. <input type="text"/> |
| 9. <input type="text"/> | 10. <input type="text"/> |
| Risk Factors | |
| <input type="checkbox"/> | Is the member in need of a primary healthcare provider? |
| <input type="checkbox"/> | Is the member in need of a dentist? |
| <input type="checkbox"/> | Is the member in need of a specialist? |
| <input type="checkbox"/> | Has the member had problems not taking or not receiving medications on time? |
| <input type="checkbox"/> | Have there been issues with medications not being re-evaluated timely? |
| <input type="checkbox"/> | Has the member had significant medication changes in the past year? |
| <input type="checkbox"/> | In the past year, has the member gone to an emergency room? If yes, how many times? <input type="text"/> |
| <input type="checkbox"/> | If yes, why? <input type="text"/> |
| Notes: <input type="text"/> | |

SIS Is Engaging

- Interview format with
 - Individual with a disability
 - Family
 - Friends
 - Case manager
 - Provider
- SIS sparks discussion and ideas

Administering SIS/Team Scoring

- If person uses assistive technology, the person should be rated with said technology in place (communication system, etc.)
- ALL items require rating
- There are no answers of “not applicable”

SIS Is Transparent

- SIS directly measures:
 - Type of support
 - Frequency of support
 - Time/intensity of support
- Provides basis for making decisions
 - Personal goals
 - Staffing levels or training
 - Levels of care

SIS Interview Flow

- Section III: Exceptional Medical and Behavioral Support Needs
 - Completed first
 - Underlying assumption that certain medical conditions and challenging behaviors predict need for increased levels of support in other life areas

Exceptional Medical & Behavioral Supports Rating Key

| Exceptional Medical and Behavioral Support Needs |
|--|
| Please rate any <u>current</u> extraordinary support needed. Consider if the absence of the contribution could pose an important health or safety risk. |
| <i>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?"</i> |
| 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: <ul style="list-style-type: none">• 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: <ul style="list-style-type: none">• 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 | | |

Interview Continued

- Section I: Supports Needs Scale
 - 49 life activities in six subscales
 - Home living
 - Community living
 - Lifelong learning
 - Employment
 - Health and safety
 - Social activities
- Section II: Supplemental Protection and Advocacy Scale
 - 8 activities related to advocacy for self/others and protection of 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> |

Supports Needs Results

| 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 |

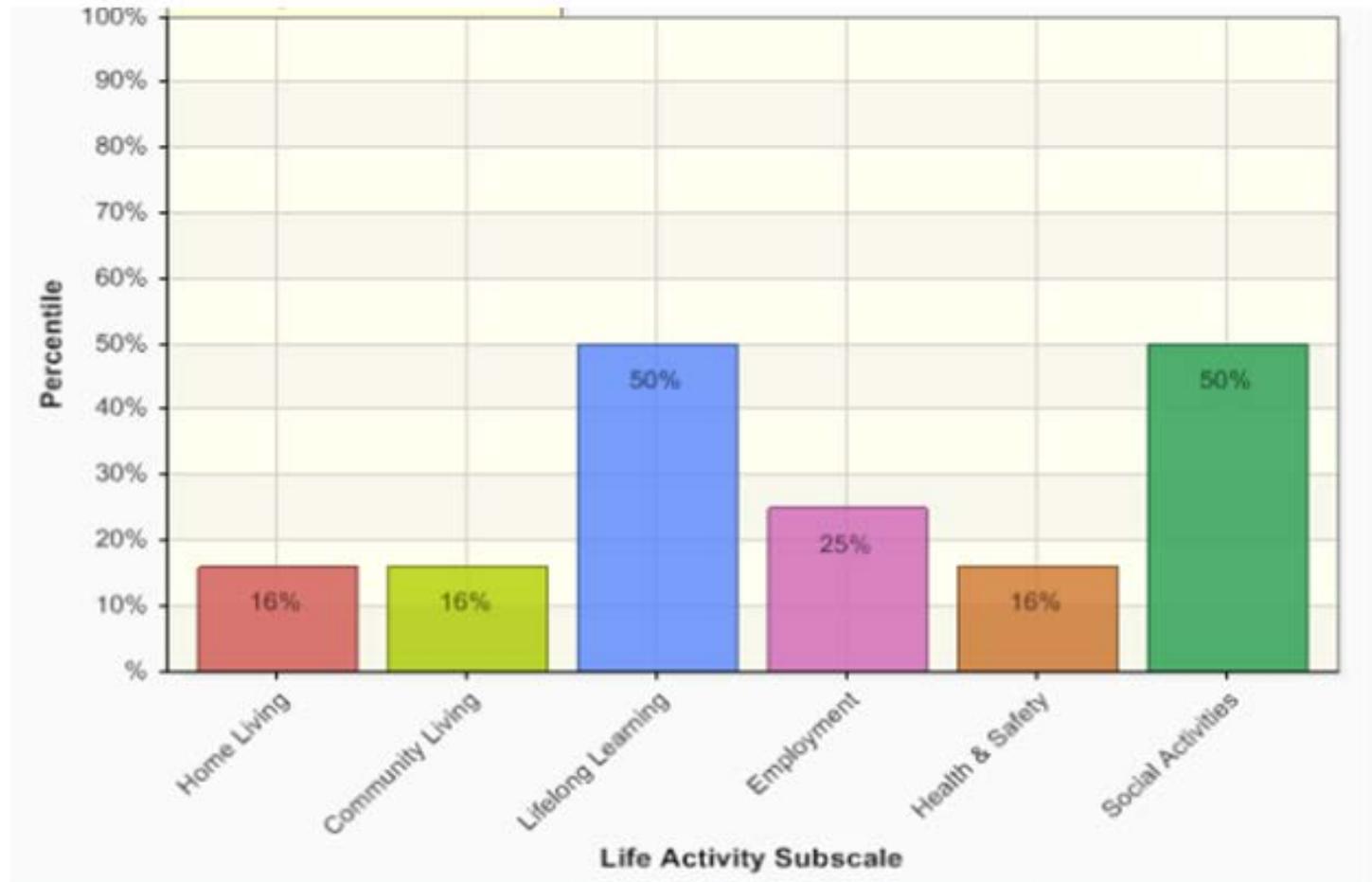
Supports Needs Results

| 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 |

Family Friendly Report Graph



Family Friendly Report

- Easy to read and understand
- Displays highest support need to lowest support need in each section
- Gives general description of rating for each score
- Not all comments are available on Family Friendly version

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 |

Long Form Report

- Not as easy to interpret/read
- Shows scores, but not description of the rating
- Has all comments displayed that were typed during interview process

Long Form Example

Section 1-Caretaker and Environmental Risk

| Part A-Home Living Activities | Score | | | Important "To" or "For" |
|--|-------|------|------|-------------------------|
| | Freq | Time | Type | |
| 1 Using the toilet | 0 | 0 | 0 | |
| 2 Taking care of clothes (includes laundering) | 2 | 1 | 2 | |
| 3 Preparing food | 3 | 2 | 2 | |
| 4 Eating food | 2 | 1 | 3 | |
| 5 House keeping and cleaning | 3 | 1 | 1 | |
| 6 Dressing | 0 | 1 | 1 | |
| 7 Bathing and taking care of personal hygiene and grooming needs | 2 | 1 | 3 | |
| 8 Operating home appliances | 2 | 1 | 1 | |

Page Notes:

SIS Scores and Program Planning

- Scores identify
 - Life experiences
 - Goals for individualized services plans
 - Pattern and intensity of support needs
- Scores help agencies identify staffing and budgeting patterns

Components in Developing ICP

- 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 areas of needed support on SIS report
- Identify areas with potential for growth or increased independence
- Pair with individual's preferences and priorities
- Determine goals and actions steps

Support Needs – Home Living Activities

| 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 |

Preferences and Support Needs

- Individual wants to be more independent with bathing and personal hygiene
- Team identified area for skill development
- Currently receiving type 2 support of prompting and coaching.
- Baseline for this member indicates:
 - Weekly (up to six days)
 - 30 minutes to less than 2 hours.

Using Reports for Service Planning

- SIS can be “ah ha” for recognizing supports that are already being provided
- Areas with scores of TS 1- may be identified as on going supports or addressed to reduce frequency or intensity
- Areas with scores of TS 2 – key opportunities for training

Using Reports for Service Planning Continued

- Areas with scores of TS 3
 - Training opportunities
 - Ongoing support
 - Future goal
- Areas with TS 4
 - Generally significant improvement or growth is not expected
 - Likely addressed as an ongoing support

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

SIS Reports Summary

- SIS is a positive assessment that measures the supports a person needs to be successful . . . It does not measure the deficits of a person
- SIS is a strong tool for developing goals, staffing patterns, and services

TCM Role

- SIS provides opportunity
 - To develop individually focused ICPs
 - To measure improvement from the baseline of support levels identified
 - To track improved skills and increased independence
 - To select services at appropriate level – no more, no less

TCM Role Continued

- Add a meaningful comment when responding to ISIS milestones
- Promptly read and respond to scheduling emails from CSA staff
- Provide guidance on respondents
- Actively participate – replaces annual assessment
- Pursue level of care once CSA is posted
- Decide if service plan needs update

TCM Role Continued

- Goals on plan should include natural supports
- Medicaid should not comprise total plan
- TCM has key role in authorizing individualized services at reasonable levels to promote increased independence

Questions