

Attachment for Question #15

Overview of SIS Assessment:

The SIS Assessment has 3 Sections. The scores from the 3 sections are combined to result in the Total SIS Index Score. The Total SIS Index Score can be compared to national norms for SIS data. Following is an overview of the SIS sections:

- **Section 1** assesses the individual’s support needs in 6 sub-areas:
 - A. Home Living Activities
 - B. Community Living Activities
 - C. Lifelong Learning Activities
 - D. Employment Activities
 - E. Health and Safety Activities
 - F. Social Activities

- **Section 2** is the Supplemental Protection and Advocacy Scale.

- **Section 3** is Exceptional Medical and Behavioral Support Need:
 - A. Medical Supports Needed
 - B. Behavioral Supports Needed

The rate setting methodology developed by HSRI used the following three scores derived from the SIS assessments as they were found to be most representative of the service costs (and information from the Department’s CCMS data system regarding whether the person has been identified as posing a community safety risk).

- ABE score is a total of the scores in sub-areas A, B and E from Section 1.
- Section 3A – Medical Supports Needed
- Section 3B – Behavioral Supports Needed

The table below contains overall SIS data for CCBs and RCs (and with RCs broken out). This SIS data makes a strong case that the Regional Centers serve a class of individuals who have appreciably higher support needs than the people (again as a class) who are supported by/through CCBs. For example, the mean SIS Index Score for people served by the CCBs equates to the 50th percentile vis-à-vis US SIS norms and the mean SIS Index Score for the Regional Centers equates to the 70th. Statistically, it can be demonstrated that RC people are different than CCB people, as a group

	Number	Total SIS Index Score	Sum ABE Sub-scores	Section 3a Total Medical Sub-score	Section 3b Behavioral Sub-score	Total Sub-score
CCB All	3,603	99.88	29.13	2.83	6.13	
RC All	280	108.44	33.61	6.06	9.57	

GJRC	78	107.86	33.15	4.50	11.13
PRC	79	107.90	32.73	5.03	10.03
WRRC	123	109.15	34.46	7.78	8.28

Given this overall difference, there are similarities between individuals served by the RCs and some of the individuals served by the CCBs. This similarity is demonstrated by comparing the Interim Rate Tier 7 individuals in the CCBs with the individuals at the RCs (also Interim Rate Tier 7). The table below compares the SIS data for the Tier 7 individuals at the CCBs with those at the RCs.

Comparison of SIS Scores of CCB and Regional Center Tier 7 Individuals							
	People	Percent	Mean SIS Index Score	Mean ABE Score	Mean 3a Score	Mean 3b Score	Mean Com Safety
CCB	134	100%	105.83	32.40	5.43	8.53	1.43
RC	280	100%	108.44	33.61	6.06	9.57	1.10

Complexities Involved with Tier 7 Individuals

When the Interim Rates were being established, there were outlier rates for 134 (3.8%) of the people at the CCBs. These outlier rates were significantly higher than other rates and it was not possible to include these individuals in Interim Tier 6 without major financial impacts. These 134 people at the CCBs and all individuals at the Regional Centers were assigned Tier 7 interim rates.

When HSRI was establishing the new rate methodology based upon the SIS assessment and community safety risk factors, they were not able to identify factors that would account for the higher rates for these individuals. The factors that were chosen did group most (96%) of people at the CCBs into reasonable levels. That means that the rate tables have a normal and reasonable progression in them. Each Level is made up of a 5 or more subgroups that are logical progressions of scores within the SIS factors. 96% of the individuals fit into these subgroups and create rate levels that were close to what would be expected (levels that were similar to the rates they were getting.) However, the Tier 7 individuals did not fit any expected pattern, and did not fit into any similar subgroups that would create an expected rate level. Based upon the factors, Tier 7 individuals would be scattered throughout the 6 levels. HSRI encountered the same issue with RC Tier 7 individuals, in the new rate methodology they would be assigned to one of the new 6 levels.

HSRI reported that, if the State were to put these individuals into the Levels in which they appear to fit, under the new methodology, there would be a dramatic fiscal impact on these people and the providers who are serving them. In addition, HSRI and the Department are concerned that there may be distinguishing characteristics that do set some or all of these individuals apart that have not been identified. The Department has decided to maintain the current rates (adjusted for COLA) for these Tier 7 individuals in the CCBs and RCs until an audit of each individual is completed.

Below is a table that identifies which level the Tier 7 individuals at the CCBs and RCs would be assigned under the new rate setting methodology.

Assignment of CCB Tier 7 Individuals by Level							
Level	People	Percent	Mean SIS Index Score	Mean ABE Score	Mean 3a Score	Mean 3b Score	Mean Com Safety
Level 1	3	2.2%	86.00	24.33	2.00	2.33	1.00
Level 2	4	3.0%	100.25	29.50	0.75	6.00	1.00
Level 3	8	6.0%	100.38	29.00	2.75	8.50	1.00
Level 4	22	16.4%	104.27	31.64	3.27	10.09	1.00
Level 5	42	31.3%	106.12	32.43	4.29	7.50	1.45
Level 6	55	41.0%	108.51	33.58	8.09	9.22	1.71
Total	134	100%	105.83	32.30	5.43	8.53	1.43

Assignment of Regional Center Tier 7 Individuals by Level							
Level	People	Percent	Mean SIS Index Score	Mean ABE Score	Mean 3a Score	Mean 3b Score	Mean Com Safety
Level 1	1	0.4%	90.00	24.00	3.00	1.00	1.00
Level 2	10	3.6%	95.80	27.20	4.10	7.70	1.00
Level 3	25	8.9%	97.44	28.00	1.88	10.16	1.00
Level 4	63	22.5%	103.79	31.14	3.32	12.02	1.00
Level 5	99	35.4%	111.56	34.97	5.29	10.96	1.15
Level 6	82	29.3%	113.35	36.46	10.74	6.16	1.17
	280	100%	108.44	33.61	6.06	9.57	1.10

The Department plans to audit each individual in Tier 7. This audit will include comparing all SIS data for each individual against other data that is available (DD SNAP scores, ULTC 100.2 assessments, Individual Plans, other assessments, interview of case managers and key staff, etc.) and may require conducting additional assessments for some individuals.

Once the analysis is completed and individuals are determined to be at the appropriate Level, an impact analysis will be completed. If needed, a plan will be developed to transition these individuals to new levels in order to prevent disruption in services to the individuals and mitigate the impact on their providers. Depending upon the extent of funding changes a “hold harmless” period or a phase in of the shift to the new rates for this group may be necessary.

The Department estimates that these analyzes could be completed for all individuals by the end of the fiscal year and a plan for implementing the new rates, by individual, could be completed by September 2008.