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COLORADO DEPARTMENT OF HUMAN SERVICES 1575 SHERMAN ST., DENVER, COLORADO 80203-1714	NUMBER: DD-12-05-P
AGENCY LETTER	CROSS REFERENCE NUMBER:
OFFICE/DIVISION: Office of Long Term Care/ Division for Developmental Disabilities	DATE: May 11, 2012
PROGRAM AREA: DD- Developmental Disabilities	DIVISION DIRECTOR: <i>[Signature]</i>
TITLE: Supports Intensity Scale (SIS) and Support Level Disclosure Form	OFFICE DIRECTOR: <i>[Signature]</i> for <i>[Signature]</i>
TYPE: P - Procedure	

Purpose:

To require a Community Centered Board (CCB) as the Case Management Agency (CMA) to provide standardized information regarding the Supports Intensity Scale (SIS) assessment, Support Level determination, the SIS Complaint Process, and Support Level Review Process to the client, the guardian, authorized representative and family member, as appropriate. This disclosure shall be provided prior to the Supports Intensity Scale assessment for each client.

Background:

The SIS assessment, published by the American Association of Intellectual and Developmental Disabilities (AAIDD), was chosen by Colorado to assess the support needs for all people in the Home and Community Based Services (HCBS) for Persons with Developmental Disabilities (HCBS-DD) and HCBS-Supported Living Services (HCBS-SLS) Waivers. The SIS is a multidimensional measuring tool designed to determine the pattern and intensity of a client's support needs. The scores from sections of the SIS, in addition to a client's safety risk status, are used to determine a client's Support Level. The Support Level determines which rate will be reimbursed for services and, in the HCBS-SLS waiver, the Support Level also determines the client's Service Plan Authorization Limit (SPAL).

In accordance with 2 CCR 503-1 Section 16.651 and 16.653, the client, guardian, authorized representative and family member, as appropriate, must be provided standard and consistent information regarding the SIS assessment and Support Levels. Additionally, pursuant to 2 CCR 503-1 Section 16.652, each client must receive clear information about the process to file a complaint about the administration of the SIS or to ask for a review of the client's Support Level.

Procedure or Information:

Prior to a SIS assessment, the CMA shall ensure the client, guardian, authorized representative and family member, as appropriate, is informed of and provided with copies of the following documents:

1. Supports Intensity Scale Assessment and Support Levels Information and Disclosure Form (Attachment A),
2. SIS Complaint Process (Attachment B), and
3. Support Level Review Process (Attachment C).

The CMA shall maintain a signed copy of the Supports Intensity Scale Assessment and Support Levels Information and Disclosure Form in the client's record.

Effective Date: Immediately

Supersedes: N/A

Contact Person: Holly Duke, Supports Intensity Scale Manager

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Attachments: Attachment A – SIS Information and Disclosure Form
Attachment B – SIS Complaint Process
Attachment C – Support Level Review Process

**Supports Intensity Scale (SIS) Assessment and Support Levels
Information and Disclosure Form**

What is the Supports Intensity Scale (SIS)?

The Supports Intensity Scale (SIS) is a support needs assessment which gathers information by means of a face to face interview with the person being assessed and other people who know him or her well. The people who answer interview questions are called *respondents*. The interview collects information about many common activities such as shopping, dressing, taking medicine and going to visit friends. The interview questions focus on what supports a person needs to do these activities.

The SIS assessment was developed in 2004 by the *American Association on Intellectual and Developmental Disabilities (AAIDD)*. It was tested across the country to ensure its validity and reliability.

Why is the SIS used in Colorado Developmental Disabilities programs?

The Centers for Medicare and Medicaid Services (CMS), a federal government agency, requires that a consistent method is used for everyone across the state to assess the need for services provided in the adult Medicaid Waivers for persons with developmental disabilities: Home and Community Based Services (HCBS) for Persons with Developmental Disabilities (HCBS-DD) and HCBS-Supported Living Services (HCBS-SLS). The Colorado Department of Human Services (CDHS) and The Department of Health Care Policy and Financing (HCPF) decided to implement a rate-setting methodology that would reimburse for services according to a person's needs as identified using a uniform assessment. Persons are assigned a Support Level based on their intensity of support needs identified by the assessment. After an extensive study of various assessment tools, the SIS assessment was chosen.

Who conducts the SIS and when will it be done?

The Community Centered Board (CCB), as the Case Management Agency (CMA), is responsible for completing a SIS assessment for every person before enrollment in the HCBS-DD or HCBS-SLS waiver. A certified SIS interviewer conducts the SIS assessment. An interviewer must receive special training and demonstrate that he or she can independently conduct an interview correctly before being allowed to conduct one.

Every person must have a SIS assessment completed prior to enrollment into the HCBS-DD or HCBS-SLS waiver. The CMA is responsible for informing the person, the person's guardian, authorized representative, and family member, as appropriate, of the need to schedule a SIS interview. The CMA must make sure that at least two respondents who know the person well are present at the SIS interview.

Who can be a respondent and who should attend the SIS assessment?

A respondent must have known the person for at least three months and have direct knowledge of the person's skills and abilities. The respondent also needs to have had recent opportunities to observe the person in one or more places such as home, work and

out in the community. A respondent can be a parent, relative, guardian, direct support staff, work supervisor, or any other person who works or lives with the person being assessed. The person being assessed should be encouraged and supported to attend and may also serve as a respondent.

What are the responsibilities of a respondent?

A respondent is charged with providing guidance to the person being assessed in an effort to present honest and accurate information to the SIS interviewer so that a clear picture of the person's support needs is fully captured by the SIS assessment.

What if there are concerns about how the SIS was conducted?

If the person being assessed or his or her representative is concerned about how the SIS was conducted, he or she can file a complaint about the concerns. Examples of concerns are: the person thinks the interviewer did not administer the SIS correctly, the respondents did not provide accurate information, or the right people were not invited to the SIS interview. The person being assessed can file a complaint by contacting the case manager. The person being assessed will receive a copy of the SIS Complaint Process with this Disclosure Form.

What is a Support Level and what if there are concerns about the Support Level?

The Support Level is a numeric value determined using an algorithm that places clients into groups with other clients who have similar overall support needs. The Support Level is used to determine which standardized rate will be reimbursed for services to the person. In addition, the Support Level also determines the Service Plan Authorization Limit (SPAL) in the HCBS-SLS waiver. The SPAL sets the upper payment limit of total funds available to purchase services to meet the person's needs.

A Support Level Review may be requested. There may be occurrences when the SIS assessment and other factors all appear to be accurate, yet the Support Level assigned to the person by the algorithm is viewed by the Interdisciplinary Team (IDT) as incorrect. The Support Level Review Process is designed to address these concerns. Panels of experts including staff from the Division for Developmental Disabilities and from CMAs are established to conduct these reviews. You will receive a copy of the Support Level Review Process with this Disclosure Form.

My signature indicates that I received a copy of this Information and Disclosure Form and copies of the SIS Complaint Process and Support Level Review Process.

Person	_____
Guardian	_____
Authorized Representative	_____
Family Member	_____
Other (indicate relationship)	_____
Date	_____

**Division for Developmental Disabilities
Support Intensity Scale Complaint Process**

This process provides specific directions on how to file and ask for resolution to a complaint related to the Supports Intensity Scale (SIS) assessment.

1. The Case Management Agency (CMA) shall provide a copy of this SIS complaint process to the client, guardian, authorized representative and family member, as appropriate, prior to the SIS assessment.
2. The client, the client's guardian, authorized representative and family member, as appropriate, may file a complaint regarding the SIS assessment either verbally or in writing by contacting the case manager.
3. Complaints shall be filed within thirty (30) calendar days of when the SIS assessment is conducted.
4. If a complaint is filed verbally, the case manager shall document the time, date, and details of the complaint in the client's record in the Department required data system.
5. The CMA shall make efforts to resolve the complaint and shall provide the complainant with a written response within ten (10) business days. The written response shall include information on how to file the complaint with the Division for Developmental Disabilities (DDD) if the complainant is not satisfied with the resolution. If the complaint entails a request for a new SIS assessment, please follow the procedure as described in *Process for Approval to Conduct Another SIS Assessment* (DAL#DD2010-6: June 17, 2010).
6. A summary of the response to the complaint shall be documented by the case manager in the client's record on the Department required data system.
7. If the complainant is not satisfied with the CMA resolution, the complainant may file the complaint with the DDD within fifteen (15) business days of receipt of the CMA's response.
8. The DDD will provide a written response to the complainant within fifteen (15) business days after receiving the complaint.

**Division for Developmental Disabilities
Support Level Review Process**

The Support Level Review Process is to review situations where it is believed that the client was not placed into the appropriate Support Level.

1. The Case Management Agency (CMA) shall provide a copy of this Support Level Review Process to the client, the client's guardian, authorized representative and family member, as appropriate, prior to the Supports Intensity Scale (SIS) assessment and the calculation of the client's Support Level.
2. The client, guardian, authorized representative and family member, as appropriate, may request a review of the client's Support Level when they believe that the client was not placed in the correct level. The request may be made either verbally or in writing by contacting the case manager.
3. The CMA shall complete the request form and gather the information as required by the Division for Developmental Disabilities (DDD). The CMA shall provide the client, guardian, authorized representative and family member, as appropriate, with the opportunity to review the information and to add any additional information that they believe is relevant.
4. The DDD will convene a Support Level Review Panel monthly or as needed. The Review Panel will be composed of at least three members with extensive knowledge and experience with the SIS assessment, Support Levels, case management, and Home and Community Based Services (HCBS) Waivers.
5. The Review Panel will examine all of the information submitted by the CMA and will seek to identify any significant support needs that cause the client to have substantially higher support needs than other clients in the same Support Level.
6. If the Review Panel finds that the client has substantially higher support needs than other clients in the same Support Level, then the Review Panel may assign the client to the Support Level that more closely represents his or her overall support needs.
7. The change to the higher Support Level is not necessarily permanent and shall be re-examined as determined by the Review Panel.

Attachment C

8. The DDD will provide the CMA, the client, guardian, authorized representative and family member, as appropriate, with a written decision within fifteen (15) business days. The decision of the Review Panel is final for all clients enrolled in the Home and Community Based Services for clients with Developmental Disabilities (HCBS-DD) waiver.
9. If the client is enrolled in the HCBS-Supported Living Services (SLS) waiver and the client, guardian, authorized representative or family member, as appropriate, is not satisfied with the decision, he or she may request a review by the Executive Director of the Department of Human Services, or his or her designee within fifteen (15) business days.
10. The Department will provide a written response to the complainant within fifteen (15) business days and this response shall be the final agency decision.