



Request for Support Level Review

Member Information		
Last Name:	First Name:	M.I.:
Medicaid ID#:	SSN:	Date of Birth:

Supports Intensity Scale (SIS) Assessment Information		
Date of most recent SIS Assessment:		
Risk Values: <input type="checkbox"/> Extreme Safety Risk to Self <input type="checkbox"/> Public Safety Risk: Convicted <input type="checkbox"/> Public Safety Risk: Not Convicted		
Algorithm Support Level:	Requested Support Level:	Review Type:

Individual Services and Support Information:	
Residential Setting: <input type="checkbox"/> Host Home <input type="checkbox"/> Group Home <input type="checkbox"/> 3-bed PCA <input type="checkbox"/> Own Home <input type="checkbox"/> Family Home	
HCBS Waiver:	Certification Dates:
Residential Service Agency:	Day Habilitation Agency:
Other HCBS Supports & Services:	
Unpaid Supports or Services:	
Summary of Current HCBS Utilization. If authorized services are underutilized, please explain:	

Name of individual, legal guardian, authorized representative, or family member that reviewed this information (This information will be used for the decision letter, which is addressed to the individual or their guardian)		
Name:	Relationship:	
Mailing Address:	Phone:	

Case Management Information	
Case Management Agency:	
Contact Name:	Date Submitted
Email:	Phone:

Answer ALL the following questions to demonstrate how the situation meets the criteria for Support Level Review.

NOTE: Answers that extend beyond the size of the space provided will not appear in print form.

- 1. Summary of why the individual's current Support Level is inadequate and/or not meeting his/her needs. This summary must clearly explain how the circumstances and needs were not properly captured by the SIS assessment and Support Level determination process. Explain any significant life changes, such as medical/ medication, living situation, change in supports.**

2. What has been done to meet the individuals support needs? What supports have been put in place and what resources have been utilized? Why have these attempts been unsuccessful?

3. Provide any additional assessment or supporting information which demonstrates the need for an increased Support Level. If submitting supporting documents, explain the relevance of each attached document in this section.

4. Explain any discrepancies among the ULTC 100.2, Service Plan, SIS Assessment, and other supplemental information. If the SIS Assessment does not reflect the individual needs, explain why a SIS Reassessment is not being pursued?

5. If approved, how will the additional funds be utilized?

Please send completed form with any additional documentation to sis_sl@state.co.us