


# **SUPPORTS INTENSITY SCALE- ADULT™**


## An SC Overview

**Presented by:**  
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Welcome to the Supports Intensity Scale Adult: An SC Overview. My name is Devon Speelman and I'm the SIS Project Manager for the Office of Developmental Programs.

TOPICS



Why is a Needs Assessment Required

What is the SIS-A & PA Supplement

Who gets an assessment and how often?

How is the SIS used in PA

Your Role as an SC


What if there is a discrepancy

Resources and Reminders

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By the end of this presentation, you will have general knowledge on why a needs assessment is required. What is the SIS-A and PA supplement? Who gets an assessment and how often? How the SIS is used in Pennsylvania? Your role as a Supports Coordinator. What to do if there is a discrepancy. And some additional resources and reminders.



## Why is a Needs Assessment Required?

- CMS requires that any state that provides waiver and Targeted Support Management services must have a standardized needs assessment in place to assure that necessary supports and services are consistently and appropriately delivered.
- July 28, 2008 - ODP adopted the Supports Intensity Scale and the PA Supplement as the standardized needs assessment for individuals receiving waiver services ([ODP Bulletin 00-08-11](#))
- March 1, 2022 – ODP extended the use of the SIS-A and PA Supplement to individuals 14 & up, enrolled in Targeted Support Management Services (TSM) ([ODP Bulletin - 00-22-01](#))

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The Center for Medicaid and Medicare Services, also known as CMS, requires that any state that provides waiver and Targeted Support Management services must have a standardized needs assessment in place to assure that necessary supports and services are consistently and appropriately delivered. On July 28, 2008, ODP adopted the Supports Intensity Scale and the PA Supplement as a standardized needs assessment for individuals receiving waiver services. On March 1st, 2022, ODP extended the use of the SIS-A and PA Supplement for individuals 14 and older who are enrolled in Targeted Support Management services, also known as TSM.

## What is the SIS-A?



***The Supports Intensity Scale - Adult Version,  
® 2nd Edition (SIS-A, 2<sup>nd</sup> Ed.) is a standardized assessment that  
measures the pattern and intensity of supports adults 16 years  
and older with intellectual and developmental disabilities  
require to be successful in adult community life.  
Its purpose is to assess support needs fairly using a uniform  
procedure.***

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The Supports Intensity Scale Adult version is a standardized assessment that measures the pattern and intensity of supports. Adults 16 years and older with intellectual and developmental disabilities require to be successful in adult community life. Its purpose is to assess support needs fairly using a uniform procedure. With permission from AAIDD, ODP has elected to utilize the SIS-A for individuals ages 14 and older.

Author and Publisher of SIS-A

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 **aaidd** American Association  
on Intellectual and  
Developmental Disabilities

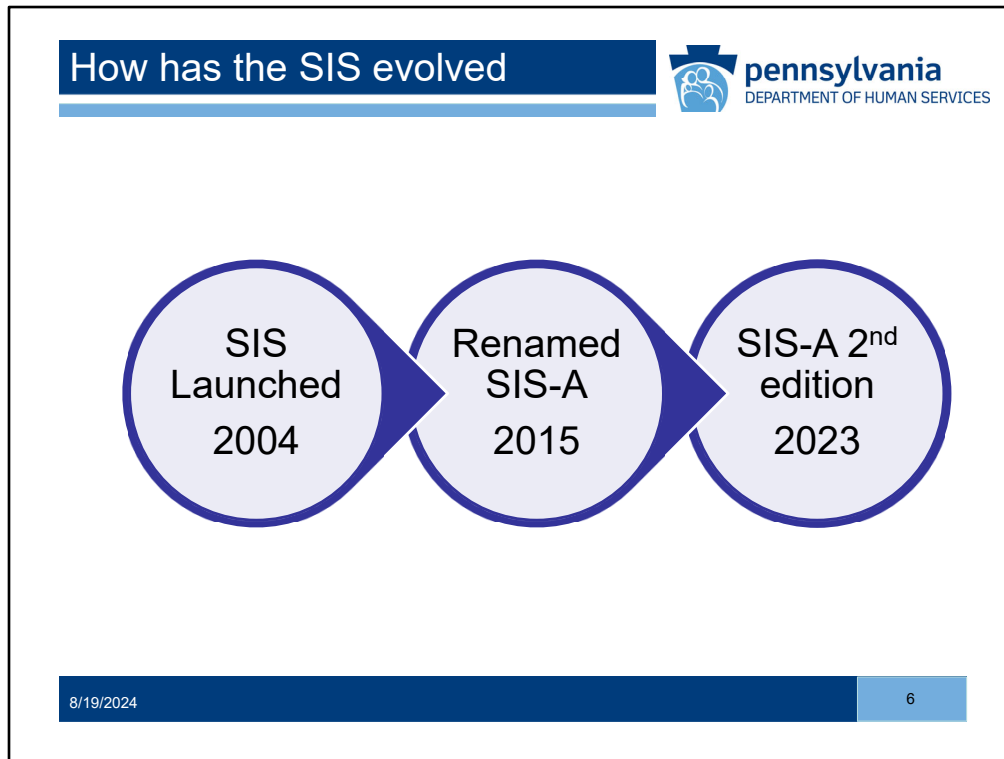
**Mission**

AAIDD promotes progressive policies, sound research, effective practices, and universal human rights for people with intellectual and developmental disabilities.

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The American Association on Intellectual and Developmental Disabilities, also known as AAIDD, is the author and publisher of the SIS-A, a AAIDD is the oldest, largest, and most influential membership organization concerned with intellectual and developmental disabilities. Their mission is to promote progressive policies, sound research, effective practices, and universal human rights for people with intellectual and developmental disabilities.



First launched in 2004, the assessment tool was developed over a five-year period and normed with a culturally diverse group of 1300 people with IDD ages 16 to 72. Norming is the process of collecting a representative sample of a target population support needs, determining the range and average support needs of the sample, and creating a way to compare a single person's support needs against those of the sample. In 2015, they rebranded the assessment naming it the Supports Intensity Scale - Adult to differentiate the assessment from the newly created children's version, which was launched in 2016. In January of 2023, AAIDD released a second edition of the SIS-A, which included updated norms, expanding the sample from 1300 to over 150,000, as well as several enhancements.

SIS-A

SECTION 1

Exceptional Medical & Behavioral Support Needs

Behavior	Support Need	Notes
Prevention of emotional outbursts	No Support (0)	
Prevention of assaults or injuries to others	No Support (0)	
Prevention of property destruction (e.g., fire setting, breaking furniture)	No Support (0)	
Prevention of stealing	Some Support (1)	
Prevention of self-injury	No Support (0)	
Prevention of self-neglect	No Support (0)	
Prevention of suicide attempts	No Support (0)	
Prevention of possession of radioactive substances	No Support (0)	
Prevention of substance use but inappropriate sexual behavior (e.g., exposure in public, exhibitionism, inappropriate touching, groping, talk, or activity)	No Support (0)	
Prevention of sexual aggression	No Support (0)	
Prevention of substance abuse	No Support (0)	
Prevention of wandering	Some Support (1)	
Maintenance of mental health (SMC treatments (e.g., prevent disruption in MH care)	No Support (0)	
Prevention of other serious behavior problems). Please specify	No Support (0)	
TOTAL	2	

SECTION 2

Home Living Activities

Type of Support	Frequency of Support	Daily Support Time	
1. Bathing and taking care of personal hygiene and grooming needs	Verbal/Oral Prompting (2)	Weekly (2)	(30 minutes to less than 2 hours (2)
2. Dressing	Verbal/Oral Prompting (2)	Weekly (2)	(30 minutes to less than 2 hours (2)
3. Using the toilet	Verbal/Oral Prompting (2)	Weekly (2)	(30 minutes to less than 2 hours (2)
4. Preparing food	Verbal/Oral Prompting (2)	Weekly (2)	(30 minutes to less than 2 hours (2)
5. Eating food	Verbal/Oral Prompting (2)	Weekly (2)	(30 minutes to less than 2 hours (2)
6. Taking care of clothes, including laundering	Verbal/Oral Prompting (2)	Weekly (2)	(30 minutes to less than 2 hours (2)
7. Housekeeping and cleaning	Verbal/Oral Prompting (2)	Weekly (2)	(30 minutes to less than 2 hours (2)
8. Operating home appliances/electronics	Verbal/Oral Prompting (2)	Weekly (2)	(30 minutes to less than 2 hours (2)


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The SIS-A is comprised of two sections. The first section is Exceptional Medical and Behavioral Supports, and the second section is the Support Needs for Life Long Activities. Next, we'll go over these two sections.

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Section1



Exceptional Medical / Behavioral Support Needs

Exceptional Medical

1. Focuses on current supports – not historical

2. Does not factor in anticipatory (“what if”) supports

3. Rated on the support provided, not the severity of the condition

Exceptional Behavioral

1. Focuses on current supports – not historical

2. Does not factor in anticipatory (“what if”) supports


3. Rated on preventative measures, not the severity of the behavior

4. Considers needs based on risks associated with maladaptive behaviors

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Section 1 looks at specific exceptional medical and behavioral support needs. Exceptional supports are those supports that are above and beyond what would be typically needed. These are extraordinary supports. Section 1 is the only section of the assessment that focuses on current supports. It does not rate for historic or anticipatory concerns for which no current extraordinary supports are required. The term current generally takes into consideration the support the person has needed over the past six months and what could be reasonably expected over the next six months. The exceptional behavioral section does consider needs based on risks associated with maladaptive behaviors.






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Supports Intensity Scale-Adult Version, 2nd Ed. (AGES 16-84) SIS-A

**Respondent Guide**



**Section 1: Exceptional Medical and Behavioral Support Needs**

RATING KEY

**0 = No Support Needed**  
*(condition or behavior is not an issue, or no exceptional support is needed to manage the medical condition or behavior)*

**1 = Some Support Needed**  
*(continuously aware, monitoring, episodic active support, may not need in all environments)*

**2 = Extensive Support Needed**  
*(intense, active support occurs frequently, may need active supports in all environments, active support takes significant time)*

Section 1A: Exceptional Medical Support Needs (24 Items)

- Respiratory Care (4 Items)
- Feeding Assistance (4 Items)
- Skin Care (2 Items)
- Other Exceptional Medical Care (14 Items)


Section 1B: Exceptional Behavioral Support Needs (14 Items)

- Externally Directed Behavior (4 Items)
- Self-Directed Behavior (4 Items)
- Sexual Behavior (2 Items)
- Other (4 Items)

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Ratings in this section are based upon active support needs and any preventative measures that may be currently in place that are extraordinary. Section 1A is your Exceptional Medical Support Needs. There's 24 items: Respiratory Care, Feeding Assistance, Skin Care, and Other Exceptional Medical Care. Section 1B is your Exceptional Behavioral Support Needs, and there are 14 items in this section. They're broken down into Externally Directed Behavior, Self-Directed Behavior, Sexual Behavior, and four items under Other. To read these items, we use a key of zero - No Support Needed, one - Some Support Needed, this is continuously aware. Monitoring. Episodic active supports may not be needed in all environments and two - Extensive Support Needs. This is intense. Active support occurs frequently. May need active supports in all environments. Active support takes a significant amount of time.

Section 2



## Support Needs for Life-Long Activities

Home Living

Community Living

Health and safety

Life Long Learning

Work

Social

Advocacy

**Respondents will identify the following for every question:**


1. Support Type
2. Frequency
3. Daily Support

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Section 2 is the Support Needs for Life-Long Activities. This section documents support needs across seven life domains Home Living, Community Living, Health and Safety, Life Long Learning, Work, Social, and Advocacy. The assessor will ask the respondents to rate for success, meaning what supports are needed to successfully engage the individual in participation. Respondents will rate each item by identifying the support type, the frequency, and the daily support time needed for the individual to participate to their fullest extent.

Support Needs for Lifelong Activities



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Supports Intensity Scale-Adult Version, 2nd Ed. (ages 16-64)

SIS-A

1. This scale should be completed without regard to the services or supports currently provided or available.
2. Scores should reflect the supports that would be necessary for this person to be successful.
3. If an individual uses assistive technology, the person should be rated with said technology in place.
4. Complete ALL items, even if the person is not currently performing a listed activity.

Section 2: Support Needs for Life Activities

Section 2A: Home Living Activities (8 Items)

Section 2B: Community Living Activities (8 Items)

Section 2C: Health and Safety Activities (8 Items)

Section 2D: Lifelong Learning Activities (9 Items)

Section 2E: Work Activities (8 Items)

Section 2F: Social Activities (8 Items)


Section 2G: Advocacy Activities (8 Items)

TYPE OF SUPPORT	FREQUENCY	DAILY SUPPORT TIME
<b>WHAT EXTRAORDINARY SUPPORT WOULD BE NEEDED FOR SUCCESS IN THE ACTIVITY?</b>  0 = none 1 = monitoring (reminders) 2 = verbal/gestural prompting (coaching) 3 = partial physical assistance (doing some) 4 = full physical assistance (doing for required)	<b>HOW OFTEN WOULD EXTRAORDINARY SUPPORT BE NEEDED FOR SUCCESS IN THE ACTIVITY?</b>  0 = none or less than monthly 1 = monthly 2 = weekly (up to 6 days a week) 3 = daily (at least 7 days a week) 4 = hourly or more frequently	<b>HOW MUCH TOTAL EXTRAORDINARY SUPPORT TIME WOULD BE NEEDED FOR SUCCESS IN THE ACTIVITY?</b>  0 = none 1 = less than 30 minutes 2 = 30 minutes to less than 2 hours 3 = 2 hours to less than 4 hours 4 = 4 hours or more


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This slide provides an example of what the reading key looks like for Section 2 lifelong activities. This skill should be completed without regard to services or supports currently provided or available. Scores should reflect the support that would be necessary for the person to be successful. If an individual uses assistive technology, the person should be rated with the technology in place. You must complete all items even if the person is not currently performing a listed activity. Each activity in this section is given a rating for the type, frequency, and daily support time needed. When identifying the type of support, we are considering what extraordinary support would be needed for success in this activity. A zero is no support. A one would be monitoring and reminders. A two is verbal gestural, prompting, coaching. A three would be partial physical assistance. And a four would be full physical support, doing what is required for the person. Frequency is how often would extraordinary support be needed for success in the activity? A zero is none or less than monthly. A one is monthly. Two equals weekly up to six days a week. A three would be daily, or at least seven days a week. And a four is hourly or more frequently. Daily support time is how much total extraordinary support time would be needed for success in the activity. A zero is none. One - less than 30 minutes. Two - 30 minutes to less than 2 hours. Three - 2 hours to less than 4 hours. And four is 4 hours or more.

# The PA PLUS



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**Pennsylvania Plus (PA Plus)**  
Additional Planning Information

<b>SB Tracking #</b>	<b>Date Completed:</b>	<b>Respondent*</b>
<b>First Name:</b>		1. _____
<b>Last Name:</b>		2. _____
<b>Interviewer*</b>		3. _____

\* See Supports Intensity Scale™ user sheet for complete demographic information.

1. How much support does the person need for mobility? (Circle one)

☐ None  
☐ Assistive Technology (Wheelchair, walker, braces or cane)  
☐ Occasional personal support  
☐ Extensive personal support (All or some)

1.A. Does the person have Assistive Technology in place for mobility? (Circle one)

☐ Yes (Please specify) \_\_\_\_\_  
☐ No, but the person might benefit from Assistive Technology (Please specify) \_\_\_\_\_  
☐ Need for Assistive Technology is documented, but is not yet in place or is not used (Please specify) \_\_\_\_\_  
☐ No Assistive Technology Needed

**Comment:** \_\_\_\_\_

2. How much support does the person need to transfer? (e.g., from bed to chair, etc.) (Circle one)

☐ None  
☐ Assistive Technology/Modifications  
☐ Occasional personal support (On occasion when the person needs to transfer)  
☐ Extensive personal support (Every time the person needs to transfer)

2.A. Does the person have Assistive Technology in place for transferring? (Circle one)

☐ Yes (Please specify) \_\_\_\_\_  
☐ No, but the person might benefit from Assistive Technology (Please specify) \_\_\_\_\_  
☐ Need for Assistive Technology is documented, but is not yet in place or is not used (Please specify) \_\_\_\_\_  
☐ No Assistive Technology Needed

**Comment:** \_\_\_\_\_

3. How much support does the person need with regard to vision? (Circle one)

☐ None  
☐ Corrective lenses or surgery  
☐ Requires large print and/or other modifications even with corrective lenses  
☐ Requires personal support to participate in activities requiring vision

**Comment:** \_\_\_\_\_

4. How much support does the person need with regard to hearing? (Circle one)

☐ None  
☐ Hearing aid, cochlear implant or other similar device  
☐ Requires additional modifications in addition to hearing aid or similar device  
☐ Requires personal support to participate in activities requiring hearing

**Comment:** \_\_\_\_\_

5. How much support does the person need to communicate effectively with a variety of people in a variety of settings? (Circle one)


☐ None  
☐ Requires extra time to communicate  
☐ Requires some assistance from familiar persons or technology to communicate  
☐ Requires familiar persons or technology to communicate at all times

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ODP requires two additional supplements be included with the SIS-A assessment. First is the PA Plus. It is completed at the beginning of the assessment and consists of ten questions that give a general overview of support needs in areas such as mobility and transferring vision and hearing, communication, safety awareness, physical and mental health status, and telephone support. The PA plus also looks at assistive technology and adaptive equipment that may be in place to increase an individual's overall independence and quality of life.

PA Supplement



PA Supplemental Needs/Risk Assessment

Individual's Name: \_\_\_\_\_

Indicate a "yes" or "no" for each of the items below. Complete all items. Items "1" and "4" require some narratives, days and hours of support needed.

Additional Supports/Risk Assessment		YES	NO
<b>Health Risks</b> <i>Triggered by questions 1A-1, 15 with a "1" or a "2"</i>			
1. The individual requires exceptionally high levels of staff support to address severe medical risks related to: phlebotomy or oxygen therapy; postural drainage; chest PT; suctioning; oral stimulation and/or jaw positioning; tube feeding; parenteral feeding; skin care; turning or positioning; skin care; dressing of open wounds; protection from infectious diseases due to immune system impairment; seizure management; dialysis; colostomy care; medically-related lifting and/or transferring; therapy services; supervision; allergies; diabetes; and/or other critical medical supports?			
a. The individual requires frequent hands-on staff involvement to address critical health and medical needs?			
b. The individual's severe medical risk currently requires direct 24-hour professional on-site (licensed nurse) supervision?			
c. Individual's IIP has medical care plans, in place, that are documented within the IIP process?			
d. In Section 1A, Medical Supports Needed, it is determined that extensive support is needed to manage the individual's medical risk. How many days per week and approximately how many hours per day is the extensive support required? # of days per week: _____ # hours per day: _____			
e. Description of the incident (i.e. within the next 30 to 60 days) consequences if no support is provided to address the individual's severe medical risk provided. If yes, add description in notes section or in SIS notes.			
f. List specific SIS Section 1A items marked "2"			
<b>Severe Community Safety Risk</b> <i>Triggered by questions 1B-2, 3 or 5 with a "1" or a "2"</i>			
2. The individual is currently a severe community safety risk to others related to actual or attempted assault and/or injury to others, property destruction due to fire setting and/or arson, and/or sexual aggression and has been convicted of a crime related to these risks?			
a. The individual has been found guilty of a crime related to these risks, through the criminal justice system?			
b. The individual is currently posing a severe safety risk to others, requires a specially controlled home environment, direct supervision at home, and/or direct supervision in the community?			
c. The individual has documented restrictions in place related to these risks, through a legal requirement or order?			
d. In Section 1B, Behavioral Supports Needed, it was determined that extensive support is needed to manage the individual's community safety risk. How many days per week and approximately how many hours per day is the extensive support required? # of days per week: _____ # hours per day: _____			
e. Description of the incident (i.e. within the next 30 to 60 days) consequences if no support is provided to address the individual's severe community safety risk provided. If yes, add description in notes section or in SIS notes.			
3. The individual is currently a severe community safety risk to others related to actual or attempted assault and/or injury to others, property destruction due to fire setting and/or arson, and/or sexual aggression and has not been convicted of a crime related to these risks?			
a. Individual has not been found guilty of a crime related to these risks, but displays the same severe community safety risk as a person found guilty through the criminal justice system?			
b. The individual is currently posing a severe safety risk to others, requires a specially controlled home environment, direct supervision at home, and/or direct supervision in the community?			
c. The individual has documented restrictions in place related to these risks, within the IIP process?			
d. In Section 1B, Behavioral Supports Needed, it was determined that extensive support is needed to manage the individual's community safety risk. How many days per week and approximately how many hours per day is the extensive support required? # of days per week: _____ # hours per day: _____			
e. Description of the incident (i.e. within the next 30 to 60 days) consequences if no support is provided to address the individual's severe community safety risk provided. If yes, add description in notes section or in SIS notes.			
<b>Severe Risk of Injury To Self</b> <i>"4" is triggered by questions 1B-5, 6 or 7 with a "1" or a "2"</i>			
4. The individual displays self-directed destructiveness related to self-injury, PICU, and/or suicide attempts which seriously threaten their own health and/or safety?			
a. The individual engages in self-directed destructiveness related to self-injury, PICU, and/or suicide attempts, with the intent to harm self?			
b. The individual is aware of and/or planning to engage in self-harm, direct supervision during all waking hours?			
c. The individual has prevention and intervention plans, in place, that are documented within the IIP process?			
d. In Section 1B, Behavioral Supports Needed, it was determined that extensive support is needed to manage the individual's risk of injury to self. How many days per week and approximately how many hours per day is the extensive support required? # of days per week: _____ # hours per day: _____			
e. Description of the incident (i.e. within the next 30 to 60 days) consequences if no support is provided to address the individual's severe risk of injury to self provided. If yes, add description in notes section or in SIS notes.			
f. Individual displays a risk of falling, as demonstrated by an unsteady gait, active seizures, documented history of falling, or other issues that affect falling. Describe specifics and frequency of falls in past 12 months.			

Notes (continue on back as needed) \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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- Developed by HSRI as a supplement to be used with the Exceptional Medical and Behavioral sections of the SIS-A
- Also known as the "Oregon Supplemental"
- Used to determine exceptional needs based on serious/imminent risk
- Items 1-4 are considered for individuals with severe medical or community safety risks
- Risk of falling is asked in all assessments

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SIS-A Vendor & Assessor





<u>VENDOR</u>	<u>ASSESSOR</u>
<ul style="list-style-type: none"><li>➤ Conflict Free</li><li>➤ Coordinate the scheduling of assessments</li><li>➤ Provide a scheduling portal</li></ul>	<ul style="list-style-type: none"><li>➤ Facilitate the Assessment</li><li>➤ Describe each item in detail</li><li>➤ Explain how to use the rating keys</li><li>➤ Obtain Group consensus</li><li>➤ Finalize the Assessment</li></ul>

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To ensure that the assessment is independent and conflict free. ODP contracts with an independent vendor to administer the SIS-A and PA supplement. It is the vendor's responsibility to coordinate the scheduling of the assessments through their identified scheduling portal. As an SC, you will work with your supervisor to gain access to the vendor scheduling portal and receive instructions on how to use it. Assessors work for the independent vendor to administer assessments. The assessor's role is to facilitate the assessment by reading each question, providing feedback as needed, explaining the rating keys, and collaborating with respondents to reach group consensus when selecting ratings. In cases where consensus cannot be reached, the assessor is ultimately responsible for determining the final rating based on the information provided, and AAIDD quality standards.

# Understanding the SIS Report



**Family-Friendly Report (SIS-A)**  
Confidential Interview and Profile Results for the Supports Intensity Scale Adult Version™ - SIS-A™

**Person Being Assessed:**

Last: \_\_\_\_\_  
First: \_\_\_\_\_  
Middle: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Province: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
D.O.B. (mm/dd/yyyy): \_\_\_\_\_  
Age: \_\_\_\_\_  
Tracking Number: \_\_\_\_\_  
DOB: \_\_\_\_\_  
MCI: \_\_\_\_\_  
SSN: \_\_\_\_\_

**Assessment Data:**

Interview Date (mm/dd/yyyy): \_\_\_\_\_  
SIP Begin Date: \_\_\_\_\_  
SIS ID: \_\_\_\_\_  
Reason for Assessment: \_\_\_\_\_

**Interviewer Data:**

Interviewer: \_\_\_\_\_  
Position: \_\_\_\_\_  
Agency/Allegation: \_\_\_\_\_  
Interviewer Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

**Support Providers:** Essential supports for this individual are being provided by the following:

Name	Relationship	Phone	Ext.
------	--------------	-------	------

**Respondent Data:** Information for the SIS settings was provided by the following respondents:

First Name	Last Name	Relationship	Agency Email	Language
------------	-----------	--------------	--------------	----------

**Person who entered this information:**

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_

**Language Notes:** \_\_\_\_\_ English: \_\_\_\_\_

**Other Person(s) Information:**

**SIS-A Summary Report**  
Supports Intensity Scale - Adult Version® 2nd Ed.

**Report Sample:**  
Tracking #: \_\_\_\_\_  
Residence: \_\_\_\_\_  
Interview Date: \_\_\_\_\_  
DOB: \_\_\_\_\_

**Support Needs Summary**

**Supports Snapshot**

Home Living

100%

Community Living

30%

Health & Safety

100%

Lifelong Learning

100%

Work

30%

Social

30%

Advocacy

30%

**Key Supports**

**Matters to Me (Important To Me)**

Shopping and purchasing goods and services, Dining to visit friends and family, Taking medications, Making and keeping friends

**Other Priority Supports (Important For Me)**

Dining to visit friends and family, Taking medications, Avoiding health and safety hazards, Communicating with others about personal needs

**Exceptional Medical Support Needs**

Severe Chronic management, Diabetes management

**Exceptional Behavioral Support Needs**


Prevention of eluding, Prevention of wandering

When reviewing SIS reports, you may notice two different versions. Assessments completed before January 2024 are formatted using the SIS Family Friendly Report, while assessments completed after January 2024 will be formatted using the SIS Summary Report. Both contain the same information, but the SIS Summary Report was purposefully designed to be more person centered and easier to understand. For the purposes of this presentation, we will be focusing on the SIS Summary Report.

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SIS-A Summary Report



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**SIS-A Summary Report**  
 Supports Intensity Scale - Adult Version® 2nd Ed.  
 SIS ID:


Report Sample  
 Tracking #:  
 Residence:


Interview Date:  
 DOB:


Support Needs Summary


Supports Snapshot


  
**Home Living**





  
**Community Living**





  
**Health & Safety**





  
**Lifelong Learning**





  
**Work**



  
**Social**



  
**Advocacy**



Key Supports

♥ **Matters to Me (important To Me)**  
 Shopping and purchasing goods and services, going to visit friends and family, eating, recreation, making and keeping friends

! **Other Priority Supports (important For Me)**  
 Doing up and down and home, taking medication, keeping track of bills, contributing with others about particular needs

+ **Exceptional Medical Support Needs**  
 Seizure Disorder management, Diabetes management

🗨 **Exceptional Behavioral Support Needs**  
 Prevention of stealing, Prevention of wandering

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The SIS-A Summary Report offers an overview of an individual's support needs, followed by the SIS-A interview results. At the top of the report you will notice General identifying information, the SIS ID, and interview date. We then have the Supports Snapshot – which provides an overall percentile for every subscale in section 2. Key supports that are items identified as important to the individual and important for the individual. These items are noted throughout the assessment using a heart or an exclamation point. As an SC you can use these items to help the team focus in on things to consider for planning and to ensure you are creating a person centered ISP. Lastly, any identified Exceptional medical or behavioral supports are listed. Remember this page is just a snapshot. The following pages in the report will provide much more detail.

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## Understanding the SIS Report



### Exceptional Medical & Behavioral Support Needs

Medical Condition	Support Need	Notes
Inhalation or oxygen therapy	No Support (0)	
Postural drainage	No Support (0)	
Chest PT	No Support (0)	
Suctioning	No Support (0)	
Oral Stimulation or jaw positioning	No Support (0)	
Dysphagia (swallowing difficulties)	No Support (0)	
Tube feeding (e.g., nasogastric)	No Support (0)	
Parenteral feeding (e.g., IV)	No Support (0)	
Turning or positioning	No Support (0)	
Dressing of open wound(s)	No Support (0)	
Protection from infectious diseases due to immune system impairment	No Support (0)	
Seizure Disorder management	Some Support (1)	
Dialysis management	No Support (0)	
Ostomy and Catheter care	No Support (0)	
Gastrointestinal health management	No Support (0)	

### Support Needs for Life Activities


#### Home Living Activities

Type of Support	Frequency of Support	Daily Support Time
<b>1. Bathing and taking care of personal hygiene and grooming needs</b>		
Verbal/Cueing/Prompting (2)	Weekly (2)	30 minutes to less than 2 hours (2)
Notes:		
<b>2. Dressing</b>		
Verbal/Cueing/Prompting (2)	Weekly (2)	30 minutes to less than 2 hours (2)
Notes:		
<b>3. Using the toilet</b>		
Verbal/Cueing/Prompting (2)	Weekly (2)	30 minutes to less than 2 hours (2)
Notes:		
<b>4. Preparing food</b>		
Verbal/Cueing/Prompting (2)	Weekly (2)	30 minutes to less than 2 hours (2)
Notes:		
<b>5. Eating Food</b>		
Verbal/Cueing/Prompting (2)	Weekly (2)	30 minutes to less than 2 hours (2)
Notes:		
<b>6. Taking care of clothes, including laundering</b>		
Verbal/Cueing/Prompting (2)	Weekly (2)	30 minutes to less than 2 hours (2)
Notes:		
<b>7. Housekeeping and cleaning</b>		
Verbal/Cueing/Prompting (2)	Weekly (2)	30 minutes to less than 2 hours (2)
Notes:		
<b>8. Operating home appliances/electronics</b>		
Verbal/Cueing/Prompting (2)	Weekly (2)	30 minutes to less than 2 hours (2)
Notes:		

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The Exceptional Medical and Behavioral Support Needs lists the items that scored a one, some support needed or two exceptional support needed, as well as any relevant notes. The Support Needs for Life Activities includes every item rating and notes for the seven life domains.

## Understanding the Summary Report



### Support Needs Profile - Graph

The graph provides a visual presentation of the seven life activity areas from Section 2.

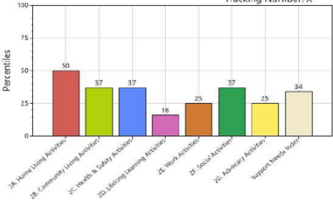
The graph reflects the pattern and intensity of the individual's level of support. The intent of the graph is to provide an easy means to prioritize the life activity areas in consideration of setting goals and developing the individual's Support Plan.

Activities Subscale	Total Raw Score	Standard Score	Percentile	Confidence Interval (95%)
2A. Home Living Activities	48	10	50	9-11
2B. Community Living Activities	48	9	37	9-10
2C. Health & Safety Activities	48	9	37	9-10
2D. Lifelong Learning Activities	54	7	18	6-8
2E. Work Activities	48	8	25	7-9
2F. Social Activities	48	9	37	9-10
2G. Advocacy Activities	48	8	25	7-9
Total	342	60		

SIS-A Support Needs Index: 34  
Percentile: 34

#### Individual's Support Needs

Tracking Number: X



Activity Subscale	Percentile
2A. Home Living Activities	50
2B. Community Living Activities	37
2C. Health & Safety Activities	37
2D. Lifelong Learning Activities	18
2E. Work Activities	25
2F. Social Activities	37
2G. Advocacy Activities	25
Support Needs Index	34

### Interview Details

Person Being Assessed:

Last: \_\_\_\_\_  
First: \_\_\_\_\_  
Middle: \_\_\_\_\_  
Language Spoken at Home: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Province: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
D.O.B. (mm/dd/yyyy): \_\_\_\_\_  
Age: \_\_\_\_\_  
Tracking Number: \_\_\_\_\_  
GOSD: \_\_\_\_\_  
Client ID: \_\_\_\_\_  
Medical Number: \_\_\_\_\_  
SSN: \_\_\_\_\_

Assessment Date: \_\_\_\_\_  
Interview Date (mm/dd/yyyy): \_\_\_\_\_  
ISP Begin Date: \_\_\_\_\_  
SIS ID: \_\_\_\_\_  
Reason for Assessment: \_\_\_\_\_

Interviewer: \_\_\_\_\_  
Position: \_\_\_\_\_  
Agency/Institution: \_\_\_\_\_  
Interviewer Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Ext: \_\_\_\_\_

Support Providers: Essential supports for this individual are being provided by the following

Name	Relationship	Phone	Ext.

Respondent Info: Information for the SIS ratings was provided by the following respondents

First Name	Last Name	Relationship	Agency	Email	Language

Person who entered this information:


First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

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The support needs profile provides the final scores and a graph to view an individual's support needs for every Section 2 subscale. The final part of the report is the interview details page. This page provides demographic information for the individual who received the assessment, support providers, respondent information, the assessor's name, the assessment date, and any additional pertinent information.

SIS-A

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Who and When?

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Now that you have some basic knowledge on what the SIS-A is and how to read the summary report, we will focus our attention on who gets an assessment and how often are they completed.

## Who gets a SIS-A?




Individuals ages 14 and up who are enrolled in:

- Target Support Management Services (TSM)
- Person Family Directed Services Waiver (P/FDS)
- Community Living Waiver
- Consolidated Waiver


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Any individual ages 14 and older who is enrolled in Targeted Support Management Services (TSM), Person Family Directed Services, Waiver (P/FDS), Community Living Waiver or the Consolidated Waiver must receive a SIS assessment.




## How often are assessments completed and should the SC attend?



**First Assessment** – Individuals ages 14 and up, upon enrollment.  
\* SC attendance is mandatory



**Regular Assessment** – The SIS-A is routinely completed once every five years from date of the last SIS-A Assessment.  
\* SC Attendance is not mandatory but strongly encouraged by ODP.




**Expedited Request** - major change in an individual's life that has a lasting impact on their support needs that is anticipated to last more than six months and causes his or her SIS-A and PA Supplement results to be no longer current.  
\* SC attendance is mandatory

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ODP has identified three categories of assessments. First Assessments are completed upon waiver enrollment or within 60 days of a Targeted Support Management provider's acceptance. SC participation is required for all first assessments. The SC's presence not only provides comfort to the individual and their family, but it also allows the SC to learn more about the individual and gather information useful in developing the Individual Support Plan. Regular Assessments are completed every five years from the date of the previous assessment. SCs are strongly encouraged to attend Regular Assessments, but it is not required if two valid respondents are already present. We will discuss what a valid respondent is on the next slide. Finally, we have Expedited Requests. If an individual experiences a significant life change that has a long-term impact on their support needs and is expected to last more than six months, rendering their SIS-A no longer current, they will be eligible for an expedited assessment. SC Attendance is mandatory at all Expedited Requests.

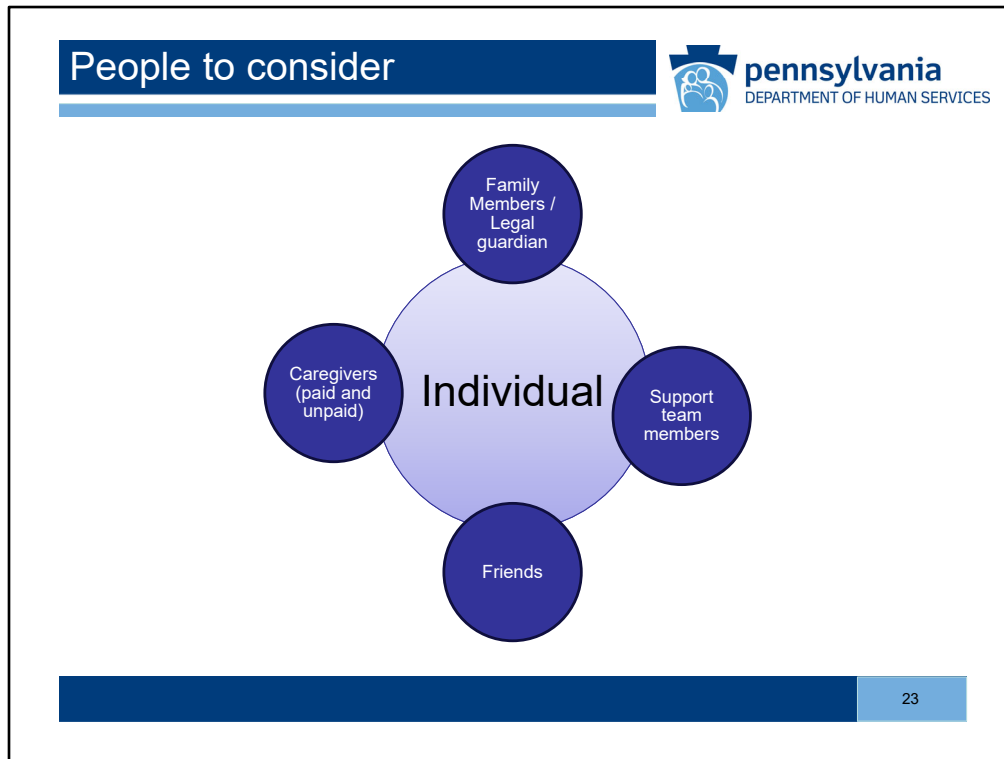
## Who should participate?



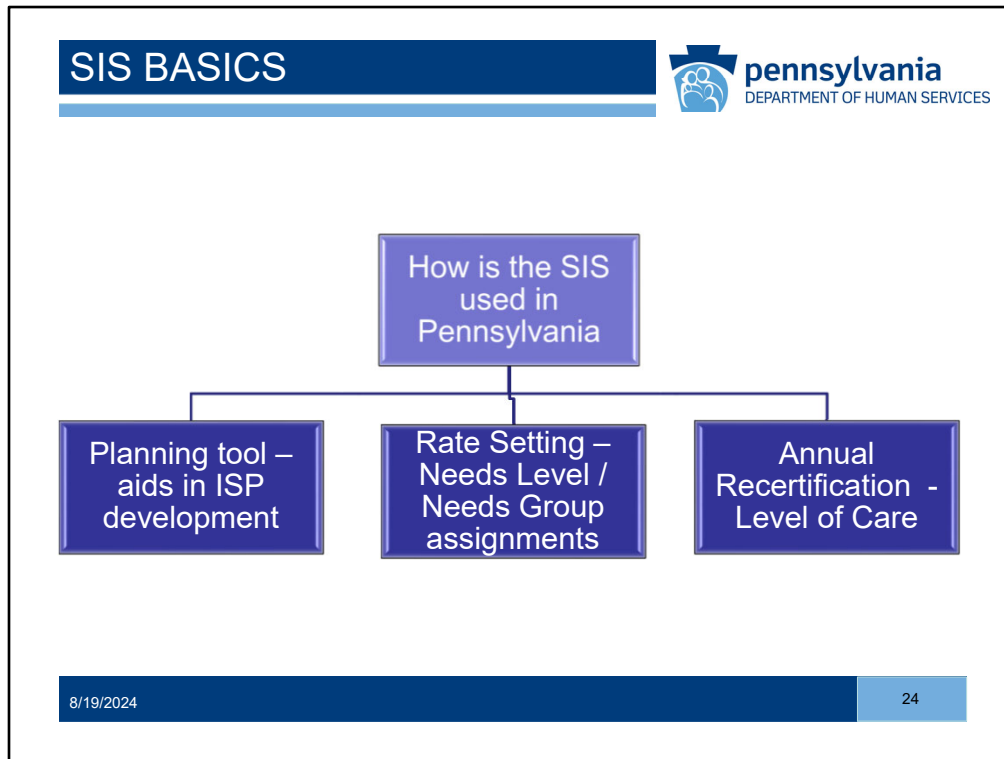
Respondent	Observer
<b>AAIDD Respondent Criteria</b> <ul style="list-style-type: none"><li>At least two participants who:<ul style="list-style-type: none"><li>Have known the individual for at least 3 months</li><li>Must be able to address support needs across a variety of everyday life settings</li><li><u>MUST</u> be present for the duration of the Assessment</li></ul></li></ul> <p><i>*If the individual is receiving residential services, a representative must attend the entire meeting.</i></p>	<b>“Observer”</b> <ul style="list-style-type: none"><li>Those who do not meet the qualification of a respondent are considered "observers" and are welcome to participate in the assessment.</li></ul>

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Although anyone involved in the person's life is welcome to participate, AAIDD has specific criteria that needs to be met in order for the assessment to take place. Per AAIDD, there must be at least two participants who meet respondent criteria. By definition, this means the participant must have known the individual for at least three months and be able to speak knowledgeably about the individual's support needs across a variety of everyday life settings. And the two people who meet respondent criteria are present throughout the duration of the meeting. People who attend but do not meet respondent criteria are considered observers and are welcome to participate in the assessment. If the individual is receiving residential services, a representative from that provider must attend the entire meeting.

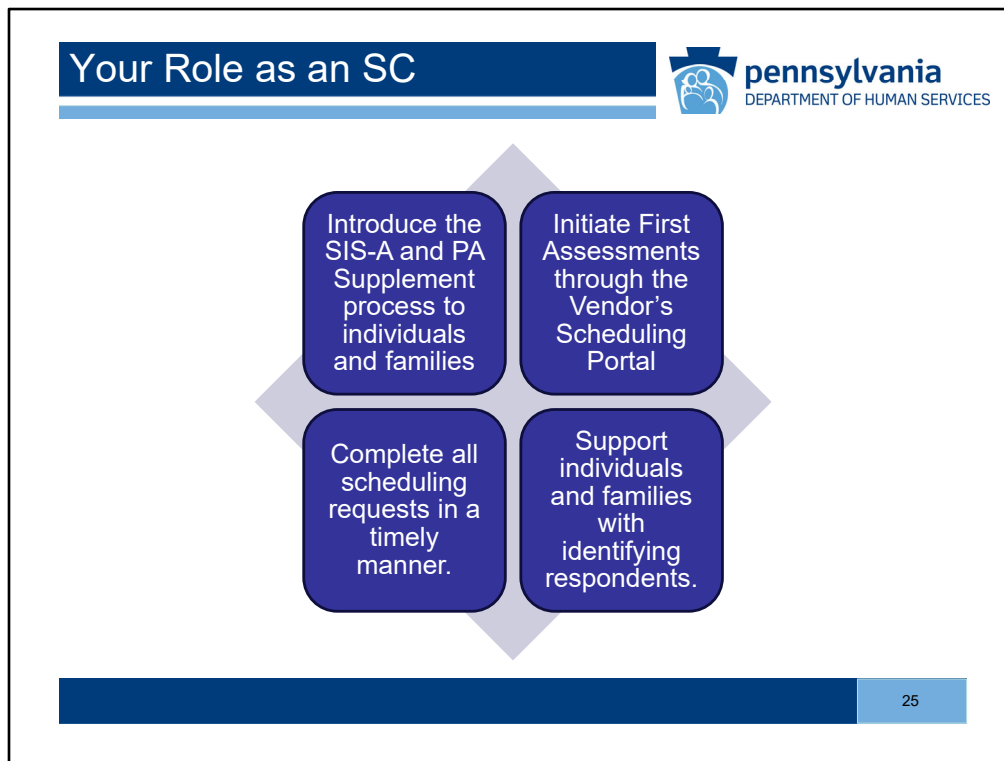


As the SC, you will take a lead in identifying respondents for SIS-A assessments. When considering who to include, you should begin with the individual. Individual participation in the assessment is valuable, but it is not a requirement. It is up to the individual whether or not they wish to participate in the assessment and should be given choice on who to invite to the assessment. In the event that the individual declines attending, the assessor must still meet with the individual prior to the assessment or within five business days after it's been completed. Other people you may want to consider are family members, legal guardians, support team members, friends, and caregivers. Remember, if residential services are in place, a representative of that agency must be present during the assessment.

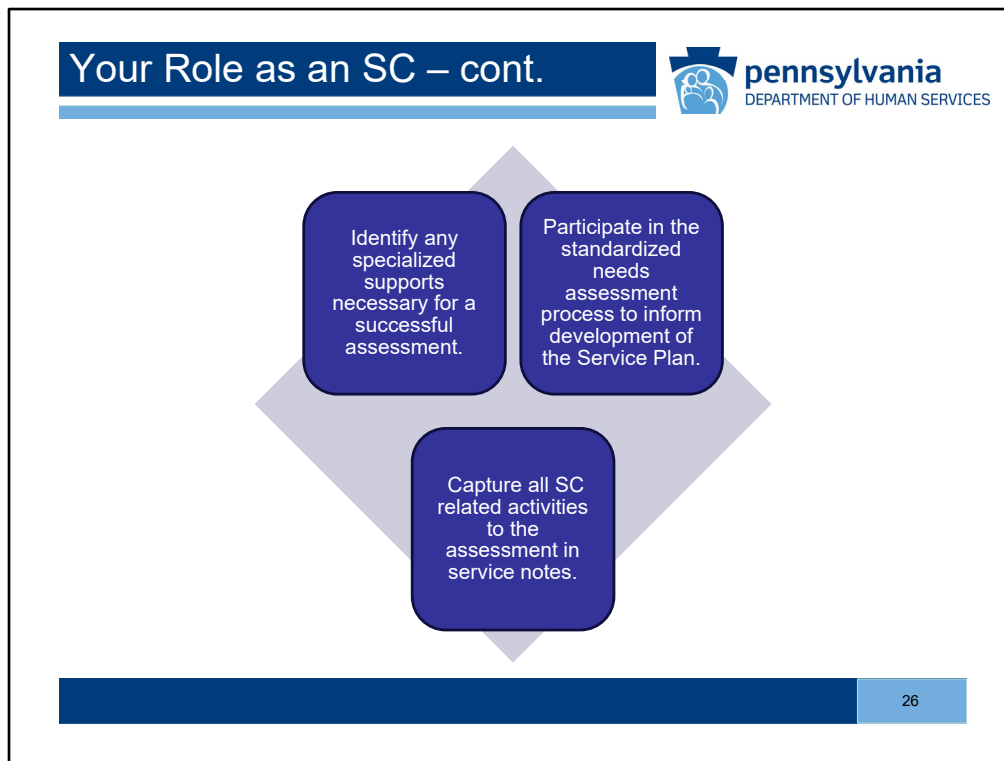


The SIS-A is used in Pennsylvania in a variety of ways. First and foremost, it is a planning tool to aid in ISP development and identifying person centered supports. Secondly, we use it for rate setting. A provider's rate for Residential Habilitation services is based on an acuity of the individual served and the SIS-A is used to determine an individual's acuity. ODP generates Needs Level/ Needs Group assignments based on the SIS scores and supplemental questions that are asked during the SIS-A assessment. And finally, it is used to inform the Level of Care re-evaluation tool completed annually by Administrative Entities.

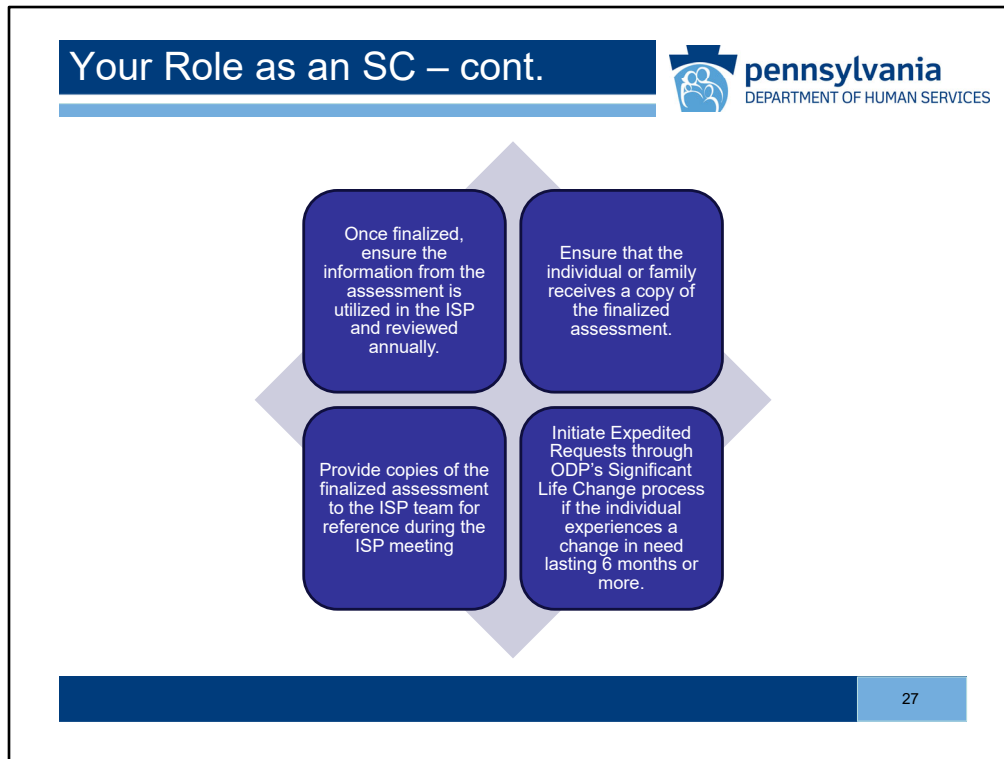




As the SC, it is your responsibility to introduce the SIS-A and PA Supplement process to individuals and families and familiarize them with the process. You'll initiate first assessments through the vendor's scheduling portal. You will complete all scheduling requests from the vendor in a timely manner and you'll support individuals and families with identifying respondents.




When filling out scheduling requests in the vendor's portal, you will identify any specialized supports necessary for a successful assessment. That could be language supports, ASL supports, or any situational sensitivities. You will participate in the standardized needs assessment process to inform development of the service plan, and you will capture all SC related activities to the assessment in your service notes.

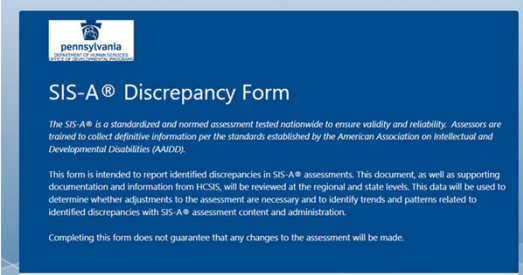


Once the assessment is finalized, it's the SC's responsibility to ensure the information from the assessment is utilized in the ISP and reviewed annually at the ISP meeting. Ensure that the individual and family receives a copy of the finalized assessment. Provide copies of the finalized assessment to the ISP team for reference during the ISP meeting and to initiate Expedited Requests through ODP's Significant Life Change process, if the individual experiences a change in need lasting six or more months.

### Discrepancies



The SIS-A is not appealable, but a Discrepancy Review Request Form can be submitted.



<https://forms.office.com/g/6zB1Ep3X0N>

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Results from the SIS-A do not equate to service denial, suspension, termination, or reduction. Therefore, it is not appealable through ODP's Bureau of Hearing and Appeals. However, in the event that there is a major discrepancy, ODP has created a SIS-A Discrepancy Review process. Requests can be submitted by anyone on the individual support team and can be found on MyODP's website or by utilizing the link on this slide.

REGIONAL SIS LEADS



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Each region of Pennsylvania has an assigned ODP Regional SIS Lead for all questions and concerns. Central Region SIS Lead is Randall Evertts. Northeast Regional SIS Lead is Kristy Daynorowicz. Southeast Regional SIS Lead is Nathifa Castro. And the Western Regional SIS Lead is Jared Roser. region has an assigned ODP Regional SIS Lead for all questions and concerns.

**SIS-A Resources**

**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**MY ODP SIS LANDING PAGE**

**Learning Resource Center** **START**

Welcome

Supports Intensity Scale - Adult Version® (SIS-A)®

<https://home.myodp.org/resources/sis-a/>

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ODP has created a SIS-A landing page to provide convenient access to SIS-A related materials, as well as access to AAIDD's Learning Resource Center. The MyODP SIS-A landing page can be accessed at the link highlighted on this slide.

### My ODP SIS-A Landing Page



<https://home.myodp.org/resources/sis-a/>




- SIS-A Webinars
- Respondent Guides
- SIS-A User Manual
- SIS related ODP announcements
- Tip Sheets
- AAIDD – Learning Resource Center

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On this page you will find SIS-A webinars that have been previously recorded, Respondent Guides, the SIS-A User Manual, SIS related ODP Announcements, Tip Sheets, and a link to AAIDD's Learning Resource Center.

**Important SIS-A Announcements**



<https://home.myodp.org/resources/sis-a/>

**SC Participation and scheduling guidance**

[ODP Announcement 23-014](#)

- SC participation in the SIS-A
- Guidance on In-person and Virtual Assessments

**SIS-A Discrepancy Form**

[ODP Announcement 24-028](#)

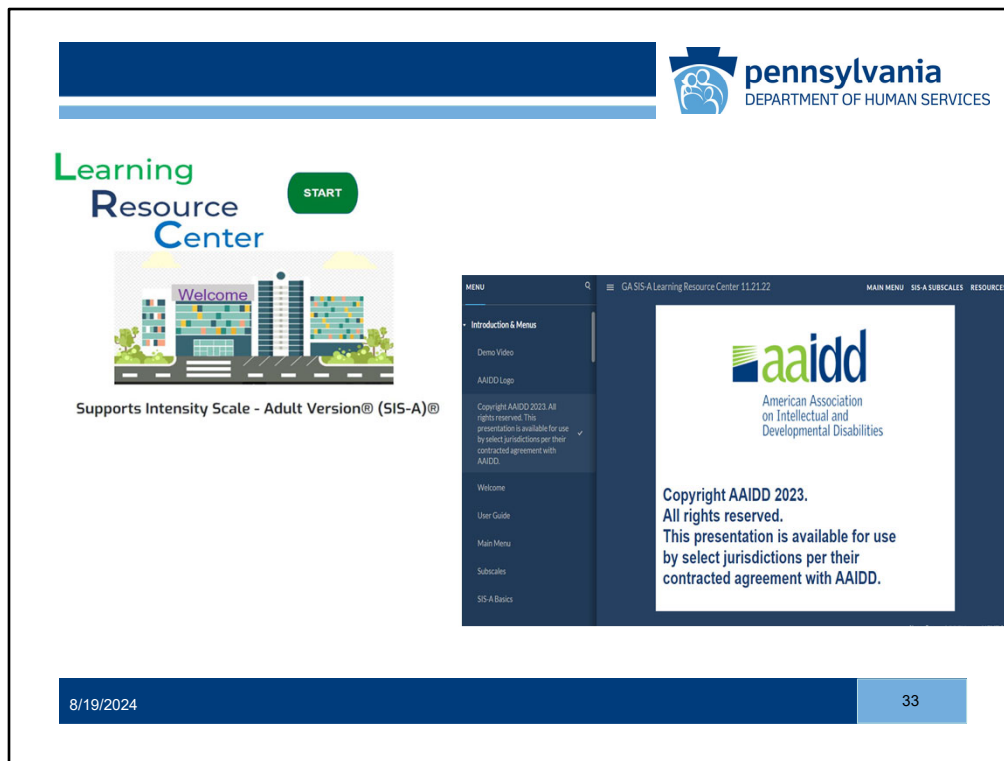
- Directions on how to submit a Discrepancy Review Form.

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Two important announcements found on the SIS-A landing page that I'd like to call your attention to are the ODP Announcement 23-014, SC Participation and Scheduling Guidance and ODP Announcement 24-028, SIS-A Discrepancy Form. Announcement 23-014 outlines SC participation in the SIS-A as well as guidance on in-person and virtual assessments. ODP's Announcement 24-028 explains our SIS-A Discrepancy Review form. Please take a moment after this presentation to review these two announcements.





From the SIS-A landing page. You have access to AAIDD's Learning Resource Center. The Learning Resource Center is a collection of SIS-A materials and informational videos developed by AAIDD. This information is accessible to all stakeholders in Pennsylvania and can be a valuable resource to direct individuals and family members to. As we Near the end of this training, I'd like to point out a few things to remember.

### Things to Remember



SIS-A is a CMS requirement. Participation should be prioritized, with all efforts made to minimize cancellations. ODP closely monitors the scheduling and completion of assessments and has requested our vendor to report any issues that cause delays.

Video **MUST** be on for all assessments scheduled using a virtual platform. Calling into an assessment by phone is only acceptable when arrangements are made due to an out-of-town family member.



At least two (2) valid respondents must be in attendance and are required to participate for the duration of the assessment (in-person and virtual assessments).

The SIS-A is not appealable. It is the support team's responsibility to ensure that the respondents are people who know the individual best and are aware of their current support needs.

SC participation and all activities related to the SIS assessment is billable for both waiver and TSM individuals.

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## Thank you!

Additional information on the SIS-A and PA Supplement can be found at:  
<https://home.myodp.org/resources/sis-a/>

**Presented by:**  
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We have reached the end of our training Supports Intensity Scale -Adult: An SC Overview. If you have any additional questions, please feel free to contact me or your regional SIS Lead. Thank you.