#### **Interview Details**

espondent Data - Inforn First Name	Last Name	Relationship	Agency Email	La	anguage
		Relationship	Agency Email	La	anguage
	nation for the SIS ra	tings was provided b	by the following respondents		
upport Providers - Ess Name		nis individual are bei onship	ng provided by the following Phone	Ext.	
Client Id: Medicaid Number: SSN:					
Tracking Number: GUID:			Interviewer Address: Phone:	1220 Bank St. Richmond, VA 232 (804) 317-1652	219 Ext.:
Phone: D.O.B. (mm/dd/yyyy): Age on interview date	01/01/1966	;	Position: Agency/Affiliation:	DBHDS	
Address:	000 Sis Dr. Richmond,	VA, 00000	Interviewer Data: Interviewer:	SIS Interviewer	
	F		SIS ID: Reason for Assessment:	1810846	
Middle: Gender:	SIS Report		ISP Begin Date:	12/01/2024	
Last: First: Middle: Gender:	Sample		Interview Date (mm/dd/yyyy):	10/01/2024	

#### The Supports Intensity Scale® (SIS®) and Person-Centered Plan (PCP) in Virginia

The purpose of this document is to explain the relationship between the Supports Intensity Scale (SIS), the person-centered planning process, the person-centered plan (otherwise known as the Individual Support Plan or ISP), and the support needs levels and reimbursement tiers for the Virginia Developmental Disabilities (DD) waivers. Person-centered planning focuses on the individual's needs and preferences, empowering and supporting individuals to define the direction of their own lives. It promotes self-determination, community inclusion, and control over one's life. The SIS suite of tools includes the SIS-A (2015) and SIS-A, 2nd Edition (2023) for individuals aged 16 years and older, and the Supports Intensity Scale-Children's Version™ (SIS-C<sup>™</sup>2016) for individuals aged 5-15 years who utilize a tiered DD waiver service. In Virginia, the SIS is used as the comprehensive assessment tool required by the Centers for Medicare and Medicaid Services for persons receiving DD waiver funding. Information learned through the SIS contributes to person-centered planning in terms of identifying what is important to and for people. The individual, family, and the team should consider the results of the entire SIS assessment as planning proceeds.

1. To provide complete and accurate information about the person's support needs, the SIS assesses a person's pattern and intensity of support needs in the following areas (Table 1):

SIS-C	SIS-A	SIS-A, 2nd Edition*	
Secti	on 1: Exceptional Medical and	Behavioral Support Needs	
Section	on 1A: Exceptional Medical Supp	ort Needs	
Section	on 1B: Exceptional Behavioral St	upport Needs	
Section 2: Supports Nee	ds Index Scale	Section 2: Support Needs for Life Activities	
A: Home life Activities	A: Home Living A	ctivities	
B: Community & Neighborhood Activities	B: Community Living Activities		
C: School Participation	C: Lifelong Learning Activities	C: Health and Safety Activities	
D: School Learning Activities	D: Employment Activities	D: Lifelong Learning Activities	
E: Health & Safety Activities	E: Health & Safety Activities	E: Work Activities	
F: Social Activities	F: Social Activities		
G: Advocacy Activities	Section 3: Protection & Advocacy	G: Advocacy Activities	

2. SIS assessment ratings should reflect a person's support needs for successfully participating in each activity; a lack of providers or opportunities to participate is not considered a barrier when determining ratings. Responses should reflect the essential supports outlined in the PCP, and the SIS can reveal additional support needs to be included. It's critical to recognize that individuals with DD benefits from the support that enables participation in everyday activities and the support we all need to maintain a healthy lifestyle.

3. The individual's dreams, desired outcomes, and definition of a good life are an essential part of determining their support needs. These can be communicated by the individual in their preferred way or shared by others who know the individual well.

4. The support coordinator provides a copy of the SIS Family Friendly Report (SIS-C/SIS-A) or the SIS-A, 2nd Edition Summary Report (SIS-A, 2nd Ed.) to the person, family, and guardian (if applicable) within 8-15 days of completion. Provider(s) assigned via the Department of Behavioral Health and Developmental Services (DBHDS) Waiver Management System (WaMS) can access copies via WaMS.

#### The Supports Intensity Scale® (SIS®) and Person-Centered Plan (PCP) in Virginia

5. The DBHDS uses a mathematical algorithm, the scores from the SIS, and a verification process to assign the appropriate support needs level and one of four corresponding reimbursement tiers as a result of each SIS assessment.

A. The result is called the support needs level and reimbursement tier. The support needs level describes the type of support the individual needs. The reimbursement tier is the amount a DD Waiver service provider is reimbursed for services provided to an individual with a specific identified support needs level based on approved service authorizations. **Neither support needs level nor reimbursement tier determines service eligibility.** 

B. SIS-A and SIS-C (Table 2) have seven support needs levels. Support needs levels one through five are for general support needs; levels six and seven are for intensive support needs (medical and behavioral).

Tier	Support Level	Support Level Descriptions		
1	1	Mild Support Needs -no support need for medical and behavioral challenges		
2	2	Moderate Support Needs -little to no need for medical and behavioral supports		
3	3	Mild/Moderate Supports Needs with Some Behavioral Support Needs -behavior support needs are not significant		
	4	Moderate to High Support Needs -behavioral support needs		
	5	Maximum Support Needs -high to maximum personal care and/or medical support needs		
4	6	Intensive Medical Support Needs -intensive need for medical support		
	7	Intensive Behavioral Support Needs -significantly enhanced supports due to behavior		

Table 2: SIS-C & SIS-A support level/reimbursement tier
---------------------------------------------------------

C. SIS-A 2nd Ed. (Table 3) has six levels of support: four general support needs levels and two exceptional support needs levels (medical and behavioral).

Table 3: SIS-A, 2nd Edition support level/reimbursement tier

Tier	Support Level	Support Level Descriptions
1	1	Low general support need, no exceptional medical or behavioral needs
2	2	Moderate general support need, no exceptional medical or behavioral needs
3	- 3	High general support need, no exceptional medical or behavioral needs
	4	Very high general support needs, no exceptional medical or behavioral needs
	м	Exceptional medical support need
	В	Exceptional behavioral support need

D. The reimbursement tier sets the rate at which the Department of Medical Assistance Services (DMAS) reimburses the DD waiver provider for the service provided. Not all services are tiered. Tiered services include group home residential, sponsored residential, group day support, community engagement, supported living residential, and independent living residential (18 years old and above). Percentile:

#### **Support Needs Profile - Graph**

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

1

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 lifeactivity areas in consideration of setting goals and developing the Individual Support Plan.

Activities Subscale	Total Raw Score	Standard Score	Percentile
2A. Home Living Activities	0	1	0
2B. Community Living Activities	0	1	0
2C. Health & Safety Activities	0	1	0
2D. Lifelong Learning Activities	0	1	0
2E. Work Activities	0	1	0
2F. Social Activities	0	1	0
2G. Advocacy Activities	0	1	0
Total:	0	7	
SIS-A Support Needs Index: 1	9		

Individual's	<b>Support Needs</b>	
inuiviuuai 5	Support Neeus	



#### SIS-A 2nd Ed. Summary Report

Supports Intensity Scale - Adult Version® 2nd Ed. SIS ID: 1810846

SIS Report Sample Tracking #: Residence: Richmond, VA

Interview: 10/01/2024 DOB: 01/01/1966

#### **Support Needs Summary**



#### **Understanding the SIS-A Summary Report**

This report lists all the ratings and results for the Supports Intensity Scale-Adult Version, 2nd Edition (SIS-A®, 2nd Ed.) interview. The information provided below will help to understand the numerical parts of the report.

#### Section 1: Exceptional Medical and Behavioral Supports

Medical and Behavioral Supports scores show the total points received for each subscale.

#### **Rating Key**

- 0 = No Support Needed.
- 1 = Some Support Needed [i.e., providing monitoring and/or occasional assistance].
- 2 = Extensive Support Needed [i.e., providing regular assistance to manage the medical condition or behavior].

#### Section 2: Support Needs for Life Activities

#### Rating Key

Type of support	Frequency of support	Daily support time
<ul> <li>What kind of support should be provided?</li> <li>0 = None.</li> <li>1 = Monitoring.</li> <li>2 = Verbal/gestural prompting.</li> <li>3 = Partial physical assistance.</li> <li>4 = Full physical assistance.</li> </ul>	How frequently is support needed for this activity? 0 = None or less than monthly. 1 = Monthly. 2 = Weekly. 3 = Daily. 4 = Hourly or more frequently.	On a typical day when support in this area is needed, how much time should be devoted? 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.

Total Raw Scores are the total number of points received in each subscale of Section 2. Raw scores are changed into "standard scores."

Standard Scores provide a consistent system for comparing raw scores from one person to another. They can range from 1-20. As compared to the group of people with intellectual and developmental disabilities whose scores normed Section 2 (norm group),

- \* A standard score of 10 is average and indicates that the individual needs an average amount of support in that area.
- \* Standard scores above 10 are generally higher than average.
- \* Standard scores below 10 are considered lower than average.

The Percentile shows the percentage of the norm group scores are at or below a given standard score. For example, a score at the 37th percentile shows that the individual's score is the same as or higher than the scores of 37% of the norm group and 63% of the norm group had a higher score.

The Confidence Interval relates to the assessment's accuracy and not to the individual's support needs.

The Support Needs Index (SNI) shows an overall summary score. An SNI of 100 is average and indicates average support needs. Scores above and below 100 show higher and lower than average support needs.

#### Graph

The bar graph provides a visual picture of the individual's standard scores and percentiles. The higher the bar, the greater the support needs.

# **Exceptional Medical & Behavioral Support Needs**

Medical Condition	Support Need	Notes
1. Inhalation or oxygen therapy	No Support (0)	
2. Postural drainage	No Support (0)	
3. Chest PT	No Support (0)	
4. Suctioning	No Support (0)	
5. Oral Stimulation or jaw positioning	No Support (0)	
6. Dysphagia (swallowing difficulties)	No Support (0)	
7. Tube feeding (e.g., nasogastric)	No Support (0)	
8. Parenteral feeding (e.g., IV)	No Support (0)	
9. Turning or positioning	No Support (0)	
10. Dressing of open wound(s)	No Support (0)	
11. Protection from infectious diseases due to immune system impairment	No Support (0)	
12. Seizure Disorder management	No Support (0)	
13. Dialysis management	No Support (0)	
14. Ostomy and Catheter care	No Support (0)	
15. Gastrointestinal health management	No Support (0)	
16. Incontinence management	No Support (0)	
17. Lifting and/or transferring	No Support (0)	
18. Hypertension or Hypotension management	No Support (0)	
19. Allergies management	No Support (0)	
20. Diabetes management	No Support (0)	
21. Chronic Pain management	No Support (0)	
22. Arthritis management	No Support (0)	
23. Conditions requiring specialized oral care management	No Support (0)	
24. Management of other serious medical conditions-specify:	No Support (0)	
TOTAL		

0

## **Exceptional Medical & Behavioral Support Needs**

Behavior	Support Need	Notes
1. Prevention of emotional outbursts	No Support (0)	
2. Prevention of assaults or injuries to others	No Support (0)	
3. Prevention of property destruction (e.g., fire setting, breaking furniture)	No Support (0)	
4. Prevention of stealing	No Support (0)	
5. Prevention of self-injury	No Support (0)	
6. Prevention of self-neglect	No Support (0)	
7. Prevention of suicide attempts	No Support (0)	
8. Prevention of pica (ingestion of inedible substances)	No Support (0)	
9. Prevention of nonaggressive but inappropriate sexual behavior (e.g., exposes self in public, exhibitionism, inappropriate touching, gesturing, talk, or advances)	No Support (0)	
10. Prevention of sexual aggression	No Support (0)	
11. Prevention of substance abuse	No Support (0)	
12. Prevention of wandering	No Support (0)	
13. Maintenance of mental health (MH) treatments (e.g., prevent disruption in MH care)	No Support (0)	
14. Prevention of other serious behavior problem(s). Please specify:	No Support (0)	
TOTAL		



# Home Living Activities

Type of Support	Frequency of Support	Daily Support Time			
Bathing and taking care of personal hygiene and grooming needs           None (0)         None or less than monthly (0)         None (0)		None (0)			
Notes:					
Notes.					
2. Dressing					
None (0)	None or less than monthly (0)	None (0)			
Notes:	1				
3. Using the toilet					
None (0)	None or less than monthly (0)	None (0)			
Notes:					
4. Preparing food					
None (0)	None or less than monthly (0)	None (0)			
Notes:					
5. Eating Food					
None (0)	None or less than monthly (0)	None (0)			
Notes:					
6. Taking care of clothes, including launderin					
None (0)	None or less than monthly (0)	None (0)			
Notes:					
7					
7. Housekeeping and cleaning None (0)	None or less than monthly (0)	None (0)			
Notes:					
NULES.					
8. Operating home appliances/electronics					
None (0)	None or less than monthly (0)	None (0)			
None (0)					
Notes:					



## Community Living Activities

Type of Support	Frequency of Support	Daily Support Time			
1. Getting from place to place throughout the community (transportation)					
None (0)	None or less than monthly (0)	None (0)			
Notes:					
2. Participating in recreation/leisure activitie		1			
None (0)	None or less than monthly (0)	None (0)			
Notes:					
3. Participating in preferred community activ					
None (0)	None or less than monthly (0)	None (0)			
Notes:					
4. Accessing public buildings and settings					
None (0)	None or less than monthly (0)	None (0)			
Notes:					
5. Using public services in the community					
None (0)	None or less than monthly (0)	None (0)			
Notes:					
6. Shopping and purchasing goods and serv		1			
None (0)	None or less than monthly (0)	None (0)			
Notes:					
7. Interacting with community members	1	1			
None (0)	None or less than monthly (0)	None (0)			
Notes:					
8. Going to visit friends and family	None or loss than mostly (0)	None (0)			
None (0)	None or less than monthly (0)	None (0)			
Notes:					



# Health & Safety Activities

Type of Support	Frequency of Support	Daily Support Time
1. Taking medications		
None (0)	None or less than monthly (0)	None (0)
Notes:		
2. Ambulating and moving abou	t	
None (0)	None or less than monthly (0)	None (0)
Notes:		
3. Avoiding health and safety ha	azards	
None (0)	None or less than monthly (0)	None (0)
Notes:		
4. Obtaining health care service		
None (0)	None or less than monthly (0)	None (0)
Notes:		
5. Learning how to access emer		
None (0)	None or less than monthly (0)	None (0)
Notes:		
6. Maintaining a nutritious diet		
None (0)	None or less than monthly (0)	None (0)
Notes:		
7. Maintaining physical health a	nd fitness	
None (0)	None or less than monthly (0)	None (0)
Notes:		
8. Maintaining emotional well-be	eing	
None (0)	None or less than monthly (0)	None (0)
Notes:		



## Lifelong Learning Activities

Type of Support	Frequency of Support	Daily Support Time
1. Learning and using problem-so	olving strategies	
None (0)	None or less than monthly (0)	None (0)
Notes:		
2 Learning functional academics	(reading signs, counting change, etc.)	
None (0)	None or less than monthly (0)	None (0)
Notes:		
	4	
3. Learning health and physical e None (0)	None or less than monthly (0)	None (0)
Notes:		
4. Learning self-determination sk	ills	
None (0)	None or less than monthly (0)	None (0)
Notes:		
5. Learning self-management stra	Itegies	
None (0)	None or less than monthly (0)	None (0)
Notes:		
6. Participating in training/educat	ional decisions	
None (0)	None or less than monthly (0)	None (0)
Notes:		
7. Accessing training/educational None (0)	None or less than monthly (0)	None (0)
Notes:		
Noles.		
8. Interacting with others in learn	ing activities	
None (0)	None or less than monthly (0)	None (0)
Notes:		
9. Using technology for learning		
None (0)	None or less than monthly (0)	None (0)

Notes:



Type of Support	Frequency of Support	Daily Support Time	
1. Learning and using specific jo	b skills		
None (0)	None or less than monthly (0)	None (0)	
Notes:			
2. Completing work-related tasks	s with acceptable speed		
None (0)	None or less than monthly (0)	None (0)	
Notes:			
3. Completing work-related tasks	s with acceptable quality		
None (0)	None or less than monthly (0)	None (0)	
Notes:	· · · · · · · · · · · · · · · · · · ·		
4. Changing job assignments			
None (0)	None or less than monthly (0)	None (0)	
Notes:			
5. Interacting with coworkers			
None (0)	None or less than monthly (0)	None (0)	
Notes:			
6. Interacting with supervisors/co None (0)	None or less than monthly (0)	None (0)	
Notes:			
7. Accessing/receiving job/task a			
None (0)	None or less than monthly (0)	None (0)	
Notes:			
8. Seeking information and assis	stance from an employer		
None (0)	None or less than monthly (0)	None (0)	
Notes:			



Type of Support	Frequency of Support	Daily Support Time
1. Using appropriate social skills		
None (0)	None or less than monthly (0)	None (0)
Notes:		
2. Participating in recreation/leisure activities		
None (0)	None or less than monthly (0)	None (0)
Notes:		
3. Socializing outside the household	None or less than monthly (0)	None (0)
None (0)	None or less than monthly (0)	None (0)
Notes:		
4. Making and keeping friends		
None (0)	None or less than monthly (0)	None (0)
Notes:		
5. Engaging in loving and intimate relationshi	ps	
None (0)	None or less than monthly (0)	None (0)
Notes:		
6. Socializing within the household		
None (0)	None or less than monthly (0)	None (0)
Notes:		
7 Communicating with others about service	Incode	
7. Communicating with others about persona None (0)	None or less than monthly (0)	None (0)
Notes:		(2)
8. Engaging in volunteer work		
None (0)	None or less than monthly (0)	None (0)
Notes:		



Type of Support	Frequency of Support	Daily Support Time	
1. Making choices and decisions			
None (0)	None or less than monthly (0)	None (0)	
Notes:			
2. Advocating for self			
None (0)	None or less than monthly (0)	None (0)	
Notes:			
3. Managing money and personal financ	~		
None (0)	None or less than monthly (0)	None (0)	
Notes:			
4. Protecting self from exploitation			
None (0)	None or less than monthly (0)	None (0)	
Notes:			
5. Exercising legal/civic responsibilities			
None (0)	None or less than monthly (0)	None (0)	
Notes:			
6. Belonging to and participating in self-	advocacy/sunnort organizations		
None (0)	None or less than monthly (0)	None (0)	
Notes:			
7. Obtaining legal services			
None (0)	None or less than monthly (0)	None (0)	
Notes:			
8. Advocating for others			
None (0)	None or less than monthly (0)	None (0)	
Notes:			