Supports Intensity Scale® (SIS®) Policy for ISP Planning

Overview of the SIS Assessment Tool

The SIS is an internationally recognized validated assessment tool published by American Association on Intellectual and Developmental Disability (AAIDD) that measures the level of supports for individuals with disabilities to lead typical, independent, quality lives in their home community. The SIS is designed to be used for both adults and children.

The SIS covers general, medical and behavioral areas, including home living, community living, lifelong learning, employment, health and wellness, social activities, protection and advocacy. All of these supports are rated for frequency (how often support is needed), daily support time (how many hours of support is needed) and type of support (verbal, gesturing, physical assistance, etc.). Rather than determining what is wrong or deficient, as conventional assessments do, the SIS helps determine what kind, amount and intensity of supports are needed for someone to succeed in the important areas of his or her life.

In addition, North Carolina adopted four Supplemental Questions (SQs) that are asked based on responses to questions in the medical and/or behavioral section of the SIS. The SQs further identify and define exceptional support needs related to medical conditions, behavioral challenges, and risks the person may pose to his/her community (convicted/non-convicted). It is likely that these items will be marked as important for and/or to the person. Regardless of that distinction, it is important to identify supports related to any of these exceptional support needs in the Individual Support Plan (ISP).

Additional information on the SIS can be found on the AAIDD website- http://www.aaidd.org.

The SIS Assessment in NC Innovations

NC Innovations Wavier beneficiaries are required to have a SIS assessment. The SIS assessment is completed at the time an individual enters the waiver and no less than every 2 years for children and 3 years for adults, or as significant changes occur for the participant to assist the planning team to ensure that, the right amount and intensity of service/support are available for the participant.

The SIS is administered by an AAIDD trained SIS interviewer. Once the SIS is completed, the results are mailed and/or hand-delivered to the beneficiary and/or legally responsible person. The SIS interviewer or Care Coordinator then schedules a time to meet with the beneficiary and his/her family to review the results. After the SIS results are reviewed, the beneficiary and/or legally responsible person formally acknowledges the overview by signing for receipt of the SIS report. It is recommended that others (i.e. service providers; other natural supports) attend the meeting as permitted by the individual/family. Once the results are reviewed, the Individual

Support Plan (ISP) meeting is scheduled. Participants of this meeting will include the beneficiary, his/her family, Care Coordinator, Community Guide, and all providers of services. Others, who the team deems necessary, should also be in attendance.

Using the SIS for Planning

The Individual Support Plan (ISP) is developed through a person centered planning process and is led by the beneficiary and/or legally responsible person to the extent they desire. It focuses on supporting beneficiaries to realize their own vision for their lives. The planning process should identify the beneficiary's unique gifts, skills and capacities, and focuses on listening for what is really important to the person. Although the SIS is used to assess the types and levels of supports a person needs, not all areas of the SIS will be included in the ISP. The beneficiary and/or legally responsible person will prioritize needs that will be developed into long-range outcomes in the ISP. The Care Coordinator documents the long-range outcomes developed by the planning team. Long-range outcomes should be:

- broad in nature
- address life areas
- relate to support needs identified
- address needs gathered in the assessment process

Once the long-range outcomes are identified, providers/Agencies with Choice/Employers of Record agencies along with the planning team are responsible for the development of the short-range goals. The short-range goals help to achieve the long range outcomes. Short-range goals are:

- statements defining where an individual would like to be in his/her life
- based on wants/needs of the individual
- should make sense to support the individual to live a life of their choosing

Beneficiaries will work towards achieving their short-range goals based on the information in the ISP from the SIS and other information gathered in the plan year. Some goals may need to be modified based on progress or lack thereof.

For additional information on ISP development, please refer questions to your care coordinator.