

# SUPPORTS INTENSITY SCALE

## Overview of Requirements and Processes

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# AGENDA

- DEFINITIONS / TERMS
- REGULATIONS
- SIS REASSESSMENT PROCESS
- SUPPORT LEVEL REVIEW PROCESS

# Our Mission

**Improving** health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**

# DEFINITIONS/ TERMS

- **10 CCR 2505-10 8.500.1**  
DEFINITIONS;  
HOME AND COMMUNITY BASED SERVICES  
FOR THE DEVELOPMENTALLY DISABLED  
(HCBS-DD) WAIVER
- **10 CCR 2505-10 8.500.90**  
DEFINITIONS;  
SUPPORTED LIVING SERVICES WAIVER  
(HCBS-SLS)
- **10 CCR 2505-10 8.600.4**  
DEFINITIONS;  
SERVICES FOR INDIVIDUALS WITH  
INTELLECTUAL AND DEVELOPMENTAL  
DISABILITIES

# SUPPORTS INTENSITY SCALE (SIS)

- Standardized assessment tool published in 2004 by the American Association on Intellectual and Developmental Disabilities (AAIDD)
- Gathers information from a semi-structured interview of respondents who know the person well
- Designed to identify and measure the practical support requirements of adults with developmental disabilities

10 CCR 2505-10 8.600.4, 10 CCR 2505-10 8.500.1, and 10 CCR 2505-10 8.500.90

# SIS INTERVIEWER

- An individual formally trained in the administration and implementation of the Supports Intensity Scale by a Department approved trainer using the Department approved curriculum
- SIS Interviewers must maintain a standard for conducting SIS assessments as measured through periodic interviewer reliability reviews

10 CCR 2505-10 8.600.4

# ALGORITHM

- A formula that establishes a set of rules that precisely defines a sequence of operations
- Algorithm is used to assign individuals one of six support levels
  - Home and Community Based Services for Persons with Developmental Disabilities (HCBS-DD)
  - Home and Community Based Services-Supported Living Services (HCBS-SLS)

10 CCR 2505-10 8.600.4

# SUPPORT LEVEL

- A numeric value determined using an algorithm that places clients into groups with other clients who have similar overall support needs

10 CCR 2505-10 8.600.4



# SERVICE PLAN AUTHORIZATION LIMIT (SPAL)

- Annual upper payment limit of total funds available to purchase services to meet the ongoing needs of an individual enrolled in HCBS-SLS
- A specific limit is assigned to each of the six support levels in HCBS-SLS
- Determined by the Department based on the annual appropriation for HCBS-SLS, the number of individuals with each Support Level, and projected utilization
- Services identified that are not subject to the SPAL:
  - 10 CCR 2505-10 8.500.102.B
    - Non-medical transportation
    - Vision services
    - Home accessibility adaptations
    - Dental services
    - Assistive technology
    - Vehicle modifications
  - 10 CCR 2505-10 8.500.102.G
    - CDASS Health Maintenance Activities

10 CCR 2505-10 8.600.4

# EXTREME SAFETY RISK TO SELF

- A factor, in addition to specific SIS scores, considered in the calculation of an individual's support level
- This factor shall be identified when an individual:
  1. Displays self-destructiveness related to self-injury, suicide attempts or other similar behaviors that seriously threaten the individual's safety

## AND

2. Has a rights suspension in accordance with section 8.604.3 or has a court order that imposes line of sight supervision unless the individual is in a controlled environment that limits the ability to harm himself or herself

10 CCR 2505-10 8.600.4

# PUBLIC SAFETY RISK: CONVICTED

- A factor, in addition to specific SIS scores, considered in the calculation of an individual's support level
- This factor shall be identified when an individual has:
  1. Been found guilty through the criminal justice system for a criminal action involving harm to another person or arson and who continues to pose a current risk of repeating a similar serious action

## AND

2. A rights suspension in accordance with section 8.604.3 or through parole or probation, or a court order that imposes line of sight supervision unless the individual is in a controlled environment that limits his or her ability to engage in the behaviors that pose a risk or to leave the controlled environment unsupervised

10 CCR 2505-10 8.600.4

# PUBLIC SAFETY RISK: NOT CONVICTED

- A factor, in addition to specific SIS scores, considered in the calculation of an individual's support level
- This factor shall be identified when an individual has:
  1. Not been found guilty through the criminal justice system, but who poses a current and serious risk of committing actions involving harm to another person or arson

## AND

2. A rights suspension in accordance with section 8.604.3 or through parole or probation, or a court order that imposes line of sight supervision unless the individual is in a controlled environment that limits his or her ability to engage in the behaviors that pose a risk or to leave the controlled environment unsupervised

10 CCR 2505-10 8.600.4

# SUPPORTS INTENSITY SCALE ASSESSMENT AND SUPPORT LEVELS

10 CCR 2505-10 8.612

# SUPPORTS INTENSITY SCALE (SIS) ASSESSMENT

- Conducted at time of enrollment
- Specific scores from the assessment and other factors determine Support Levels
- Required for participation in:
  - HCBS-SLS - determines Service Plan Authorization Limit (SPAL) and some rates
  - HCBS-DD - determines rate of reimbursement for the provider(s)

## NOTE:

Those refusing to have a SIS assessment shall not be enrolled in HCBS-SLS or HCBS-DD

10 CCR 2505-10 8.612

# SUPPORT LEVELS

Using a standardized algorithm, people are assigned one of six Support Levels

Support Level One indicates minimal need for supports and Support Level Six indicates significantly higher need for supports

Formulas for the algorithm can be found in 10 CCR 2505-10 8.612.3.C

Support Levels determined when scores meet all criteria of a Support Level Subgroup

Support Level Subgroups reflect variations of the intensity of the individual's basic support, medical support and behavioral support needs

10 CCR 2505-10 8.612

# SUPPORT LEVELS





# SUPPORT LEVELS: ALGORITHM

Algorithm factors:

Standard scores from the SIS assessment, Section 2, Parts:

- A (Home Living Activities)
- B (Community Living Activities)
- E (Health and Safety Activities)

Scores from the SIS assessment, Sections 1A and 1B:

- Exceptional medical support needs
- Exceptional behavioral support needs

**AND** ...

10 CCR 2505-10 8.612

# SUPPORT LEVELS: SAFETY RISK

Support Levels for safety risks are calculated with those risk factors as follows:

In HCBS-SLS:

Public Safety Risk-Convicted

In HCBS-DD:

Public Safety Risk-Convicted

Public Safety Risk-Not Convicted

Extreme Safety Risk to Self

10 CCR 2505-10 8.612

# SUPPORT LEVELS: SAFETY RISK

The Case Management Agency, working with the Interdisciplinary Team, determines if the person meets the definition of Public Safety Risk or Extreme Safety Risk to Self:

Decision made by a case management supervisor who shall document:

That the person meets definition in the Department required data system

The rationale supporting the decision in the person's record

And:

Review at least annually, or when significant changes occur, to assure the person continues to meet the definition

## NOTE:

When a person no longer meets the definition, the status must be changed in the Department-required data system and his or her Support Level must be re-calculated

10 CCR 2505-10 8.612

# SUPPORT LEVELS

What do Support Levels determine?

- HCBS-SLS:
  - Service Plan Authorization Limit (SPAL)
  - Standardized reimbursement rates for individual waiver services
- HCBS-DD:
  - Rate of reimbursement for provider(s) of:
    - Day habilitation services
    - Residential habilitation services
- Rates 7/2019 - 6/2020:  
<https://www.colorado.gov/pacific/sites/default/files/DD%20SLS%20CES%20JULY%202019-2020%20Rate%20Schedules%20v1.3.pdf>

10 CCR 2505-10 8.612

# SUPPORT LEVEL 7

Requested through the Support Level Review process

Requested rate identified by IDT

Rate authorized by the Department

Recipients of HCBS-DD services from Regional Centers:

Support Level 7

Reimbursement rate is a standard rate

Case manager notifies Department when people transition to/from Regional Center

Upon transition from Regional Center, calculated Support Level implemented



# SIS REASSESSMENT OR SUPPORT LEVEL REVIEW?



# SIS REASSESSMENT

The current SIS Assessment is not an accurate reflection of the person's support needs

There may be different reasons why this occurs

For example:

- The ongoing support needs are more significant or less significant than those captured in the SIS Assessment
- The SIS Assessment was not completed accurately

# SUPPORT LEVEL REVIEW

The current SIS Assessment is an accurate reflection of the person's support needs; however, there are additional support needs that are not captured in the SIS Assessment

For example:

- There is a temporary need for additional support to assure the health and safety of the person are maintained
- The needs are so significant that the calculated Support Level does not meet the person's support needs sufficiently

# SIS REASSESSMENT

After initial SIS assessment another shall only be completed when approved by the Department through the following process:

CMA submits request to the Department in Department-prescribed format

Department provides written decision 15 business days after request was received

If the complainant disagrees with the decision, a request for review may be submitted to the Department within 15 business days of receiving the decision

The Department provides a written decision within 15 business days

**NOTE:**  
The Department decision constitutes the final agency decision and is subject to judicial review pursuant to section 24-4-106, C.R.S.

10 CCR 2505-10 8.612



# SIS REASSESSMENT

Upon receipt of a request for SIS Reassessment, the Department reviews whether:

There is a change in the person's life circumstances or condition affecting the amount of services and supports needed to remain safe

There is reason to believe that the results of the most recent SIS assessment do not accurately reflect the person's current support needs

The Department deems it necessary to complete a new assessment in order to ensure its accuracy

10 CCR 2505-10 8.612

# SUPPORT LEVEL REVIEW

A request may be made to the Department for a review of the person's assigned Support Level

The request may be made by the person, legal guardian, authorized representative, family member, or CMA, as appropriate

The CMA shall provide the information required by the Department when requesting the Support Level review.

Prior to submitting the request to the Department, the CMA shall provide an opportunity for the person, legal guardian, authorized representative, or family member, as appropriate, to review and provide additional information

10 CCR 2505-10 8.612

# SUPPORT LEVEL REVIEW

The Department utilizes a panel to examine Support Level review requests

The review panel:

Is comprised of a minimum of three members designated by the Department

Examines significant factors not included in the Support Level calculation, that are causing substantially higher support needs

When appropriate, assigns a Support Level that is a closer representation of overall support needs

Department provides written decision within 15 business days after review panel meets

NOTE:

Support Level assignments shall be re-examined by the review panel annually or as determined by the Department, unless the review panel determines the condition necessitating a higher Support Level is unlikely to improve

10 CCR 2505-10 8.612

# SUPPORT LEVEL REVIEW

If a person disagrees with the review panel's decision and is enrolled in:

**HCBS-DD** - the results of the panel review are conclusive

**HCBS-SLS** - may request a review by the Executive Director or his/her designee, within 15 business days after receipt of the decision

The Executive Director or his/her designee shall review the request and provide a written decision within 15 business days

Decision shall constitute the final agency decision and is subject to judicial review pursuant to section 24-4-106, C.R.S.

## NOTE:

Person shall be notified, pursuant to 10 CCR 2505-10 8.057.2.A, when a service is terminated, reduced, or denied

10 CCR 2505-10 8.612



**QUESTIONS**

# CONTACT

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# Thank You!