

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

Vermont Supplemental Questions

There are **two types** of assessment needs for supplemental questions:

1. Distinguish between people who possess moderately high and high levels of need in medical and/or behavioral areas. Previous research indicates that the SIS-A may not distinguish between these levels of need in Sections 1A Medical or 1B Behavioral.
2. Assess specific needs that are not captured by the SIS-A that could impact budget, level of support needed, and/or service planning (i.e., sleep, parenting, communication).

Extensive Medical or Behavioral Supports (Sections 1A and 1B)

These supplemental questions will provide a more refined understanding of the support needs of those individuals who receive a score of '2' on items in sections 1A/B of the SIS-A and will be used for budget assignment and/or service planning.

A response of '2' (Extensive Support Needed) for **any** item scored in section 1A or 1B (including support needs listed for "Other-Specify") will trigger the following questions. All questions should be asked for every support need rated as a '2':

1. **Need:**

Section (choose one):

1A (Exceptional Medical Support Need)

1B (Exceptional Behavioral Support Need)

Item Number:

2. What kind of support should be provided to meet this need? (Choose the dominant support that is typically needed)

Monitoring

Verbal/gestural prompting

Partial physical assistance

Full physical assistance

Other (please specify):

3. How frequently is support needed? (Choose one)

None or less than monthly

At least once a month, but not once a week

At least once a week, but not once a day

At least once a day, but not once an hour

Hourly or more frequently

Other (please specify):

4. On a typical day when support is needed, how much time should be devoted? (Choose one)

Less than 30 minutes

30 minutes to less than 2 hours

2 hours to less than 4 hours

4 hours to less than 8 hours

8 hours or more

5. During what time of day is the support needed? (Choose one)

Day hours only

Overnight hours only

Both day and overnight hours

Other (please specify):

6. Provide any additional information needed to fully understand the specific support need(s) including information regarding any health or safety risk to self and/or others.

Note: More information may be requested.

Specific Support Needs Not Captured by the SIS-A

All people will be asked the following questions to assess support needs not captured by the SIS-A. If a respondent has already addressed these questions in an earlier part of the assessment, the supplemental questions will not be asked. For example, if a respondent states they do not have children and are not expecting any, they would not be asked the parenting question.

Parenting:

1. Currently parenting and/or expecting a child? (Choose one) Y/N

2. If yes, do/does one or more of the children (18 years old or younger) currently live in the home? Y/N

3. Are any parenting services currently being provided? Y/N
 - a. If yes, who is providing parenting supports, paid or unpaid?

4. What supports would be helpful?

5. Please provide any additional information needed to fully understand the parenting support needs.

Sleep:

Please answer the questions below with respect to sleep patterns. This includes any problems with sleep, regardless of the cause including; difficulties falling asleep or staying asleep, as well as sleeping too much.

1. **What kind of support should be provided to meet the needs related to sleep patterns?**
(Choose the dominant support that is typically needed)
 - a. Monitoring
 - b. Verbal/gestural prompting
 - c. Partial physical assistance
 - d. Full physical assistance
 - e. Other (please specify):

2. **How frequently is support needed?** (Choose one)

- a. Less than monthly
 - b. At least once a month, but not once a week
 - c. At least once a week, but not once a night
 - d. At least once a night, but not once an hour
 - e. Hourly or more frequently
 - f. Other (please specify):
3. **On a typical night when support is needed, how much time should be devoted?**
(Choose one)
- a. Less than 30 minutes
 - b. 30 minutes to less than 2 hours
 - c. 2 hours to less than 4 hours
 - d. 4 hours to less than 8 hours
4. Provide any additional information needed to fully understand the specific support need(s) including information regarding any health or safety risk to self and/or others.

Communication:

Statement from DAIL and the Vermont Communication Task Force: All persons are competent, can communicate, and must receive the support, training, and technology needed to actively participate in all aspects of life.

1. Are there any supports needed to communicate with familiar and/or unfamiliar people to the greatest extent, such as; making choices, expressing thoughts, feelings, and opinions, and participating in conversations with others? **Yes/No**
2. What supports are needed for the fullest communication possible now and in the future?
(Choose all that apply)
 - Consultation with a Speech Language Pathologist and/or person with communication expertise
 - Ongoing training for communication partners (e.g., direct support professionals, family members, home providers, friends, employers, school staff, respite providers, etc.)
 - Access to communication aids (letter board, etc.), devices (iPad and stand, etc.), programs (communication apps, etc.), or other assistive technology (wheelchair mount, etc.)

- Communication plan
- Consistent access to interpreters, facilitators, etc.
- None
- Other, please describe _____

3. In what environments are the supports needed?

(Choose all that apply)

- Home
- Community (e.g., Shopping, Social Opportunities, Travel, Vacations, Dining Out, Medical Appointments, School, etc.)
- Work site, work related travel and/or functions
- N/A
- Other, please describe: _____

4. Provide any additional information needed to fully understand the specific support need(s) including information regarding any health or safety risk to self and/or others.

Note: More information may be requested.