

# SIS A™ and Level of Care Framework

Vermont Department of Disabilities, Aging, and  
Independent Living and Public Consulting Group (PCG)

Developmental Disabilities Services Division

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# PCG Project Team



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- Raleigh, NC
- 13+ years in public sector
- 10+ years monitoring and managing process and procedures for Medicaid State Agencies



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- Denver, CO
- 19+ years with HCBS programs
- Managed case management activities statewide for more than 60,000 people, including SIS assessments

# Independent Assessment of Need

- Vermont is using the Supports Intensity Scale - Adult™ assessment (SIS-A™).
  - It is a standardized tool. This means everyone gets asked the same questions the same way. It also means there is one rating scale that everyone uses.
- Centers for Medicare and Medicaid Services (CMS) gives us money for services.
  - It is part of the federal government. They have rules we have to follow.
  - CMS says that states have to use an independently administered assessment tool. This is to avoid conflict of interest in case management. This means the people or agencies who do assessments can't deliver the services.
  - This is why the state hired Public Consulting Group (PCG) to do the assessments. The people from PCG who do the assessments are Assessors.
- The state chose the SIS A™ because it's standardized.
  - This means assessors do the assessment the same way.
  - It also means people's needs get measured the same way, no matter where they get services. Which means things will be fair for everyone when planning the services they need.

# Independent Assessment of Need

- The SIS-A™ is an assessment that:
  - Looks at the support a person needs to do everyday activities.
  - Uses a strengths-based approach. This means it looks at what support someone needs to do something, not what they cannot do.
  - Looks at support needs the same way for everyone. Everyone taking the SIS-A answers the same questions, using the same ratings.
  - The SIS A™ is not a test. It is an assessment to see what supports someone needs.

# SIS-A Referral Process

- DAIL gave provider agencies a total list of individuals with monthly and yearly number of individuals that must have an assessment.
- The provider agency completes the secure, online referral form for each individual.
- The referral form asks for information about the individual, contacts, and other information to help with scheduling.
- After the provider agency submits the online referral form, PCG is notified of the referral and will contact the Person to be Contacted listed on the referral form within 24 hours of receiving the referral (usually this is a service coordinator, case manager or guardian).

# How Are Assessments Scheduled?

- Once PCG receives the referral form from the provider agency, the PCG Scheduling team contacts the *Person to Be Contacted* identified on the Referral Form. The telephone number that PCG calls from is **1-623-277-5999**.
- To call PCG back to schedule the SIS-A, use this number: **1-833-930-3543**
- In addition to the Individual, there must be **at least 2 additional respondents** participating in the assessment
  - Respondents must have known the individual for at least 3 months
- The respondent team receives a confirmation e-mail of the assessment date, time and location, along with additional information about the SIS-A. If the assessment is conducted virtually, the invitation will be updated with the Zoom/Microsoft Teams meeting link.

# What Does the SIS-A™ Ask About?

The Supports Intensity Scale- Adults™ (SIS-A™) has 2 sections.

## Section 1: Exceptional Medical and Behavioral Supports

- Asks about supports for medical and behavioral needs.
- Section 1A asks about medical support needs.
- Section 1B asks about behavioral support needs.

## Section 2: Support Needs Index

- This section asks about supports needed to do everyday activities.

See a sample of the SIS A™ assessment here: [https://ddsd.vermont.gov/sites/ddsd/files/documents/SIS-A%20Second%20Edition%20sample\\_0.pdf](https://ddsd.vermont.gov/sites/ddsd/files/documents/SIS-A%20Second%20Edition%20sample_0.pdf)

# Section 1: Exceptional Medical and Behavioral Supports

Asks about supports for medical and behavioral needs.

## 1A. Exceptional Medical

- This section asks about medical support needs. It also asks how much support the person needs. The amount of support can be none, some, or extensive. Extensive means a lot of support.
- There are 24 questions about medical support needs.
- There is a place to talk about medical conditions that are not asked about in the 23 questions.

## 1B. Behavioral Support

- This section asks about all behavioral support needs. It also asks about how much support the person needs. The amount of support can be none, some, or extensive. Extensive means a lot of support.
- There are 14 questions about behavioral support needs.
- There is a place to talk about behavioral conditions that are not asked about in the 13 questions.



# Rating Key for Section 1

## RATING KEY

**0 = No Exceptional Support Needed**

*(condition or behavior is not an issue, or no extraordinary support is needed to manage the medical condition or behavior)*

**1 = Some Exceptional Support Needed**

*(continuously aware, vigilant, monitoring, checking in, episodic active support, may not need in all environments)*

**2 = Extensive Exceptional Support Needed**

*(intense, hands on support occurs frequently, may need active supports in all environments, active support takes significant time and energy)*

# Scoring for Section 1A- Medical (edited to fit the page)

Medical Condition	Support Need	Notes
Inhalation or oxygen therapy	Some Support (1)	Juniper utilizes a CPAP for sleep apnea. Every night she requires the tank filled and the cannula mask secured. During the night, supporters check that the hose and cannula are not tangled and adjust as needed. Support will clean the machine, cannula, tube and filter daily and replace monthly. Support orders all supplies every 3 months.
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)	Some Support (1)	Juniper has a skin condition on her leg that requires a cleaning and care regimen 3 x day. Her legs are washed with a prescribed cleaning solution, dried thoroughly, a medicated cream applied and wrapped with a special dressing. Support must monitor the legs and report any leakage to her physician. If there is leakage, the regimen must be repeated.

Medical Condition	Support Need	Notes
Arthritis management	No Support (0)	
Conditions requiring specialized oral care management	No Support (0)	
Management of other serious medical conditions- specify:	No Support (0)	
<b>TOTAL</b>	<b>4</b>	

# Scoring for Section 1B- Behavioral (edited to fit the page)

Behavior	Support Need	Notes
Prevention of emotional outbursts	Some Support (1)	Juniper has difficulty expressing her emotions and instead, keeps a lot bottled up inside. This leads to outbursts, meltdowns, and long episodes of crying on a weekly basis. Every day, support offers yoga, mindfulness activities and encourages Juniper to talk about her emotions. Juniper stated it is important to her to have trusted people to help her stay regulated.
Prevention of assaults or injuries to others	No Support (0)	Juniper has never acted on her threats to harm others. This usually occurs monthly, often during an outburst.
Prevention of property destruction (e.g., fire setting, breaking furniture)	Some Support (1)	A couple times a month, during emotional outbursts, Juniper may throw objects (cellphone, TV remote) that are close by. Support needs to clear people from the room and maintain a safe distance while following her behavior support plan to make sure she is safe. Juniper will often communicate when she is done by asking for her medication. Support may offer music, yoga, and other relaxation tools to Juniper.
Prevention of wandering	Some Support (1)	Support must monitor Juniper when in the community with a group. She has a tendency to walk away, and support must go look for her. Therefore, it is best to redirect her when she navigates away from the group. Her support team is not concerned with her talking to or going with strangers.
Maintenance of mental health (MH) treatments (e.g., prevent disruption in MH care)	No Support (0)	
Prevention of other serious behavior problem(s). Please specify:	No Support (0)	
<b>TOTAL</b>	<b>5</b>	

# Section 2: Support Needs Index

This section asks about supports needed for everyday activities.

- There are 7 sections.
- There are 57 questions total.
- It has a different rating key than section 1.

## ***The Support Needs Index has 7 sections:***

- **Home Living Activities** (Bathing, dressing, making food, housekeeping)
- **Community Living Activities** (shopping, visiting friends, doing things in the community)
- **Lifelong Learning Activities** (learning new things, using technology)
- **Work Activities** (learning job skills, using your skills, working with other people)
- **Health and Safety Activities** (taking care of your health, taking medications)
- **Social Activities** (friendships, being social, doing activities with others)
- **Advocacy Activities** (speaking up for yourself and others, managing money, staying safe)

# Rating Key for Section 2

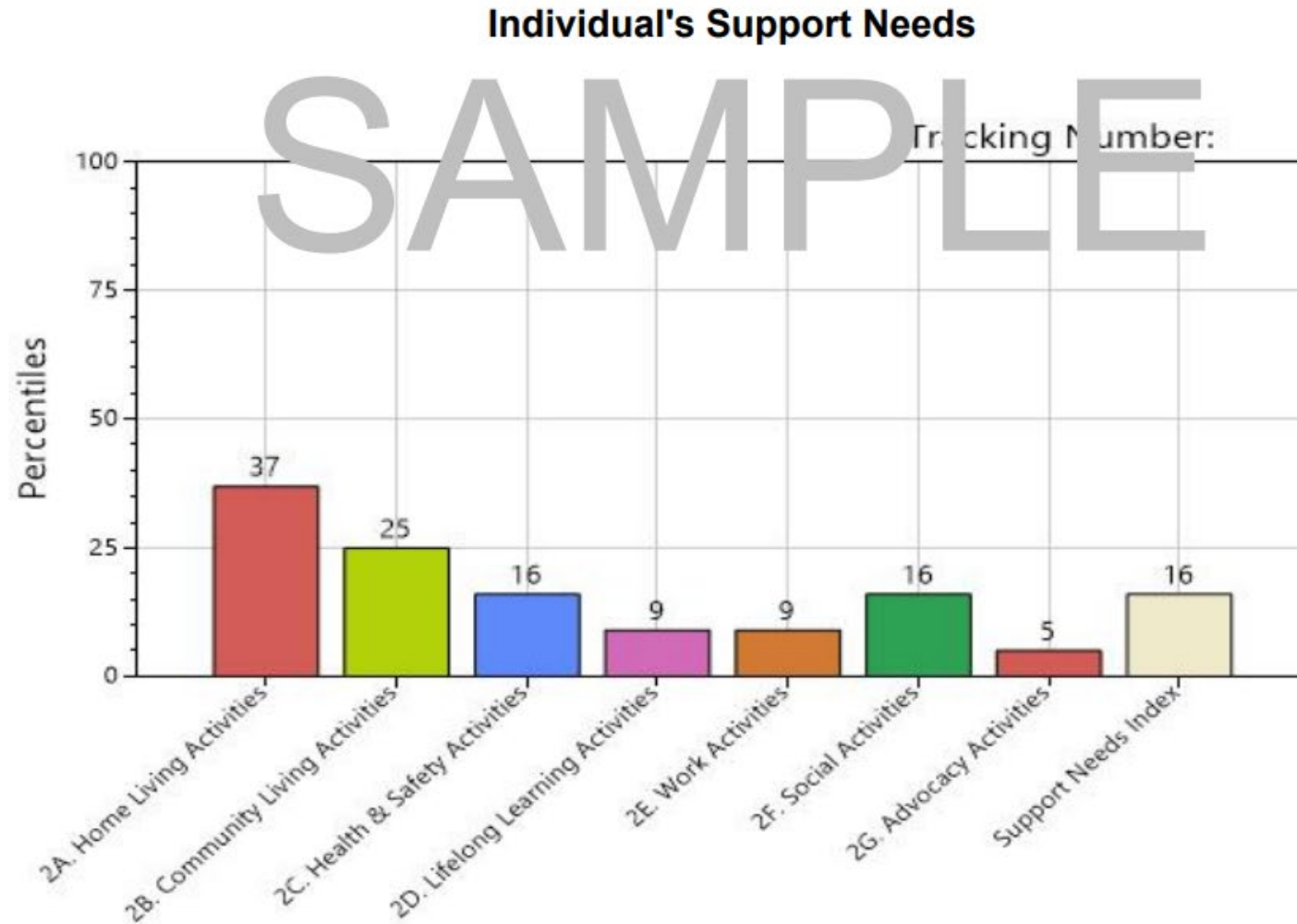
## Section 2 Support Life Activities

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

# Scoring- Section 2 Support Needs Index

<b>Activities Subscale</b>	<b>Total Raw Score</b>	<b>Standard Score</b>	<b>Percentile</b>	<b>Confidence Interval (95%)</b>
2A. Home Living Activities	42	9	37	8-10
2B. Community Living Activities	43	8	25	7-9
2C. Health & Safety Activities	40	7	16	6-8
2D. Lifelong Learning Activities	48	6	9	5-7
2E. Work Activities	40	6	9	5-7
2F. Social Activities	38	7	16	6-8
2G. Advocacy Activities	36	5	5	4-6
<b>Total:</b>	<b>287</b>	<b>48</b>		
<b>SIS-A Support Needs Index:</b>	<b>85</b>			
<b>Percentile:</b>	<b>16</b>			

# Scoring- Section 2 Graph



# What Do I Do With the Results?

You can use the SIS A assessment in ISA planning, or:

- to make a crisis plan,
- communication plan,
- behavior support plans,
- or any other person-centered planning activity.

How could we use a SIS A™ score in the future?

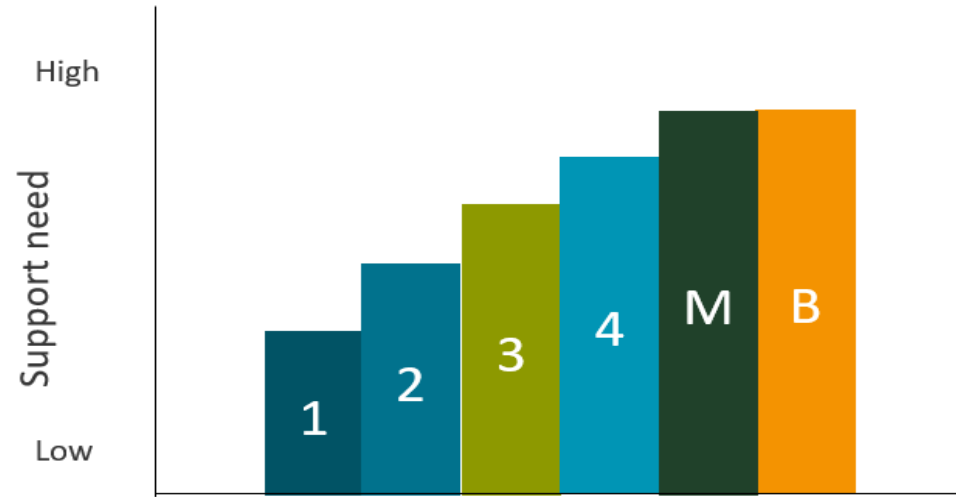
Take the scores from the Medical, Behavioral, and Support Needs Index and apply it to the 6 Levels of Support.

What's the 6-level of support framework?...

- Made from the SIS A sample of 500 assessments.
- It also has SIS A 2<sup>nd</sup> edition assessments.
- These assessments showed us that there are 6 different levels of support needed in VT.



# 6 Levels of Support Framework



1 Low general support need, no extraordinary medical or behavioral needs

2 Moderate general support need, no extraordinary medical or behavioral needs

3 High general support need, no extraordinary medical or behavioral needs

4 Very high general support need, no extraordinary medical or behavioral needs

M Extraordinary medical support need

B Extraordinary behavioral support need

# Levels of Support with SNI Scores

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## 6-LEVEL FRAMEWORK CRITERIA\*

Level 1- Low General Support Needs	Up to 71
Level 2- Moderate General Support Needs	72 – 88
Level 3- High General Support Needs	89 – 106
Level 4- Very High General Support Needs	107 and higher
Level M- High Medical Needs	7+ on the Medical Section
Level B- High Behavioral Needs	11+ on the Behavioral Section

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SNI Score 85

No Extraordinary  
Medical or  
Behavioral  
Support Needs

Level 2-  
Moderate Level  
of Support

Activities Subscale	Total Raw Score	Standard Score	Percentile	Confidence Interval (95%)
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<b>TOTAL</b>	<b>5</b>	

# Will My Services or Budget Change?

DAIL is drafting a payment model that might connect the SIS-A scores and level of support to a budget. This change is very stressful. People worry about their services and budget.

- DDSD is not trying to reduce budgets. Funding for the DS HCBS program was not cut.
- The goal is that many consumer budgets would remain the same. Some budgets may get bigger if the person's needs are higher. Some budgets could be less if a person's needs are lower.
- DDSD will have an exceptions process. This will be a way to ask for more funding if it doesn't meet the person's need.
- DDSD will add more context about the person and their support needs into the person-centered planning process. Context is more information about who a person is and the environment they live in. This information will also help DDSD know if someone might need more services or funding.
- People will always have the right to appeal a decision they don't agree with.

# What Comes Next?

Centers for Medicare and Medicaid Services (CMS) Rules:

- Everyone must have an assessment to receive Home and Community Based Services (HCBS).
- The people who deliver services can't do the assessments or make the budgets.
- The change to a new payment model will be in 2025.

Everyone who gets HCBS will do a SIS-A assessment once every three years. Your case manager will check in every year to make sure your needs haven't changed.

You can do the assessment more than every three years if there is a big change in your life and you need more supports.

The Developmental Disabilities Services Division (DDSD) and PCG meet with stakeholders every 3-4 months to provide updates. You can also ask questions or give feedback.

# By Mid 2025

- People who get HCBS services will have their first SIS-A assessment by mid 2025.
- Each service provider knows the number of people who need to have an assessment. They have schedules to make sure everyone gets a SIS A assessment.
- Individuals can decide when to take the assessment.
- If you did an assessment during the sample period, you would do another one in 2024 or 2025. The sample period was between July 2021 and September 2022.

# Questions?

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