

**RHODE ISLAND BHDDH
TIER
SERVICE
PACKAGE
HANDBOOK**

REVISED AUGUST 19, 2014

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**RHODE ISLAND DEPARTMENT OF BEHAVIORAL HEALTHCARE,
DEVELOPMENTAL DISABILITIES AND HOSPITALS
POLICY AND PROCEDURES**

TITLE: Administration of the SIS		POLICY NO: SIS-1
RESPONSIBILITY: BHDDH/SIS Unit	DATE APPROVED: Active 6/12 DATE REVISED:	PAGE(s): Forms S101, S105

PURPOSE:

To develop a policy for the administration of the Supports Intensity Scale (SIS) and who participates in the SIS interview. To develop procedures for how SIS interviews are conducted.

POLICY:

Effective July 1, 2011, Participants served by the BHDDH Division of Developmental Disabilities (DDD) will be administered an assessment using the SIS in the following circumstances:

1. During the initial period of assessments, the individual has been receiving services from BHDDH and their name has been selected for an initial assessment;
2. The individual has been deemed waiver eligible and is initiating developmental disability services for the first time;
3. The individual has been presented to BHDDH as being in need of emergency services;
4. The individual has been receiving services from BHDDH but has met the criteria for administration of a new SIS due to a Major Life Change (refer to Policy SIS-6); or
5. Three years have passed since administration of the prior SIS for the individual.

The SIS assessment is completed in the form of an interview by a Rhode Island certified SIS Interviewer. The tool used to complete the assessment is the Supports Intensity Scale version currently in use by Rhode Island's BHDDH and the supplemental questions to the SIS developed by BHDDH. The interview is pre-arranged with the individual receiving (or will be receiving) services and other stakeholders who know the person well and the supports that they need.

The following guidelines are in place related to the participants in the SIS interview:

1. The individual receiving services is always the first choice of respondents. The individual should always be invited and should be present for as much of the interview as possible. Should the individual act as a respondent, they should meet the respondent criteria listed below.
2. The SIS is administered with two or more respondents who know the person well. This may include a parent, sibling, spouse/significant other, other family members, friend, neighbor, roommate, employer, direct support professional staff, Support Coordinator, or other provider staff who know the person well.
3. At no time should the SIS take place with just the individual and the Support Coordinator. At least one other respondent is needed.
4. Respondents must have known the person being assessed for three or more months.
5. Respondents must have had recent opportunities to observe the person in one or more environments for at least several hours per setting.
6. Respondents must understand and be able to speak to the sorts of supports a person needs to be successful in current and potential situations.

7. Respondents must be open to thinking with and about the individual being assessed in potentially new ways.

PROCEDURES:

Procedure Related to Conducting the SIS Interview

1. The SIS interview is conducted in accordance with the guidelines specified in the *Supports Intensity Scale Users Manual* and training provided by AAIDD's SIS Trainers to the BHDDH SIS Assessors Unit.
2. In general, a SIS interview will be:
 - a. One to three hours in duration;
 - b. Conducted in a group setting at a location agreeable to all participants; and
 - c. Completed in one session.
3. It is acceptable for the SIS Interviewer to make phone calls to obtain additional information for a SIS assessment after the interview has concluded, but the SIS interview should never be completed in its entirety via telephone.
4. The SIS Interviewer will use professional judgment in determining whether a SIS interview should be cancelled or terminated mid-session. Some of the reasons for cancellation or termination include:
 - a. A key responder who was identified to participate is not in attendance;
 - b. There are not a minimum of two respondents (other than the Support Coordinator) in attendance; and
 - c. The location set for the interview is deemed to not be conducive for conducting the interview.
5. At the conclusion of the interview, the SIS Interviewer notifies respondents that the individual and/or their guardian will be notified of their resource tier level at a minimum of 90 days prior to their anniversary of receiving services in Rhode Island's waiver program. For new waiver participants, the participant will be notified within 45 days of the date of the SIS interview.
6. The SIS Interviewer will complete their portion and sign the Attestation at Conclusion of the SIS Interview. The respondents for the interview will be asked to sign the attestation that the provisions listed in the attestation were fulfilled. (Refer to Form S101) If an individual, family member or legal guardian who participated as a respondent in the interview refuses to sign the attestation, the SIS Interviewer notifies the respondent(s) of their right to request for a review based on the SIS Interview protocol (refer to Form SIS-105 in Policy SIS-5: Request for Review Based on the SIS Interview Protocol). The individuals have five (5) business days after the SIS interview to request such a review.

Form S101
Attestation at Conclusion of the SIS Interview

The following attestation shall be completed at the end of the SIS Interview (or the cancellation of an interview) and signed by the SIS Interviewer and all Respondents.

Name of Individual Being Assessed: _____

Attestation by SIS Interviewer

If the SIS interview was cancelled:

The SIS Interview was cancelled because....

____ Parents/guardians were not informed of the interview prior to it happening.

____ Parents/guardians were informed of the interview, indicated their interest to participate, but failed to show up for the interview. Other respondents did not want to continue the interview.

____ Other _____

If the SIS interview was conducted:

The SIS Interviewer initials next to all that apply....

____ Parents/guardians were informed of the interview prior to it happening.

____ If the parents/guardians were informed but chose not to participate, there is documentation of their refusal to participate in the client file.

____ Parents/guardians were informed of the interview, indicated their interest to participate, but failed to show up for the interview. Other respondents were asked if it was okay to proceed without parents/guardians and all respondents agreed to proceed.

____ At least two individuals who know the individual (one can be the person being interviewed) were present throughout the SIS interview.

____ All respondents agreed that everyone who should be participating was present.

____ Other: _____

Signature of SIS Interviewer: _____

Date (mm/dd/yy): _____

Name of Individual Being Assessed: _____

Attestation by SIS Interview Respondents

If the SIS interview was conducted:

We, the Respondents, attest to the following on _____, 20____:
(month) (day) (year)

- The interview was conducted face-to-face.
- At least two respondents were present for the entire time of the interview.
- Each question in the interview was explained to us prior to it being scored.
- Each question was asked and explained during the interview.
- The final score of each question was shared with us or the SIS Interviewer said the final score for the question was pending follow-up information to be collected.

Signature of Respondent:

Relationship to Individual Assessed:

#1 _____

#2 _____

#3 _____

#4 _____

#5 _____

#6 _____

#7 _____

#8 _____

Form S105
Individual, Family Member or Legal Guardian Request for Review
Based on the SIS Interview Protocol

Name of Individual SIS Interview was conducted on: _____

Individual Name requesting review: _____

Relationship to Individual SIS Interview was conducted on: _____

Date of SIS Interview: _____

Date of Request for this Review: _____

The following items are the basis for my Request for Review (check all that apply):

- Parents/guardians were not informed of the interview prior to it happening.
- Parents/guardians were informed of the interview, indicated their interest to participate, but failed to show up for the interview. The SIS Interview continued based on the consensus of the group convened.
- At least two individuals who know the individual were not present throughout the SIS interview.
- The interview was not conducted face-to-face.
- Questions in the interview were not explained to us prior to being scored.
- Questions were not asked or discussed during the interview.
- The final score of each question was not shared with respondents.

Reschedule SIS

SIS Denied

Reason Denied:

Comments: _____

Reviewer of request (print)

Signature of Reviewer

Submit this form by mail no later than five (5) business days from the date of the SIS interview to:

SIS Supervisor
BHDDH Simpson Hall 3rd Floor
Fiscal Unit
6 Harrington Road Cranston, RI 02920

**RHODE ISLAND DEPARTMENT OF BEHAVIORAL HEALTH,
DEVELOPMENTAL DISABILITIES AND HOSPITALS
POLICY AND PROCEDURES**

TITLE: Post SIS Interview Follow-up		POLICY NO: SIS-2
RESPONSIBILITY: IRC, SIS Committee	DATE APPROVED: DATE REVISED: 12/31/12	PAGE(s): Forms S102, S103, S104

PURPOSE:

To identify policies and procedures for completing documentation and verification prior to a final Supports Intensity Scale (SIS) score being converted into a SIS level.

POLICY:

At the conclusion of a SIS interview, the SIS Interviewer shall ensure that all questions to the SIS have been scored. On some occasions, specific questions may not be given a final score because the SIS Interviewer must conduct follow-up communication or review documentation that will support the final score for the SIS question. This is especially true for responses to the Rhode Island SIS Supplemental Questions. The SIS Interviewer will have up to 21 calendar days after the SIS interview has been conducted to collect, review and consider all follow-up communication and documentation used to finalize SIS scores.

Within five (5) business days after the SIS interview has been conducted, any supervisory review that is required will be completed. Once the supervisory review is completed, the final SIS scores must be entered into SIS Online. Participants are notified of their SIS Level and their service package at a minimum of 90 days prior to their anniversary of receiving services in Rhode Island's waiver program. For new waiver participants, the participant will be notified within 45 days of the date of the SIS interview. The SIS Interviewer ensures that all electronic or paper documentation associated with the SIS assessment is retained in **the Participant's SIS file. The SIS file will be located in the SIS Unit Supervisor's office.**

PROCEDURES:

1. At the conclusion of the SIS interview, the SIS Interviewer reviews the scores to determine if either:
 - a. Additional information (written or verbal) is required to score a standard SIS question
 - b. Additional written documentation is required to score a Rhode Island SIS Supplemental Question

2. If all SIS questions can be scored without further review required, the SIS Interviewer shall upload the information into SIS Online. If there are questions in Step 1 that need further review, the SIS Interviewer shall communicate with the individual's Support Coordinator or family member/ legal guardian to identify the information needed to determine the final score. **All attempts shall be made to resolve any questions at the interview. The Department requests that the medical record, ISP and /or behavioral or medical plans are present at SIS interview. If questions are not able to be resolved at the interview, the process contained in Form S102 shall be followed.**

Triggering the Verification Process

Within each of the Supplemental Question Risk Areas (e.g., medical risk, psychiatric risk, etc.), there are three (3) “yes” or “no” questions regarding the extensiveness, intensity, frequency and/or documentation of the individual’s risk and two (2) open-ended questions further exploring the frequency of supports needed and the imminent consequences if supports are not received.

The verification process will be triggered if either of the two (2) following criteria are met:

- a. Affirmative responses to the questions.
 - b. **The individual is a convicted sexual offender and/or arsonist. Verification is initiated here for all convicted sexual offenders, convicted arsonists and/or documented fire starters to assure the individual has appropriate supports to address the community risk.**
3. **The person or persons responding to the information request have five (5) business days from the date of the request to furnish the information requested to the BHDDH SIS Interviewer. If the documentation is not provided in a timely manner, then the individual remains at the lower SIS score and resource allocation level until verification materials are provided.**
 4. The SIS Interviewer has five (5) business days from the receipt of the additional information or twenty-one (21) calendar days from the date of the SIS interview, whichever is later, to review the documentation and to make a determination of the final SIS score for the relevant Supplemental Question(s). During the verification process the Department may request additional verification materials.
 5. The SIS Interviewer remits the *Verification of Supplemental Question Scoring Sheet* (refer to Form S103) signed by them to a designated BHDDH SIS Committee member for a second review. **The SIS Committee member will usually be the supervisor of the unit. The Administrator of Developmental Disabilities Unit, designee or SIS Committee member can be part of the process for the second review.**
 6. The BHDDH SIS Committee member **or individual described in #5 of this policy** reviews the Verification of Supplemental Question Scoring Sheet and verification documents provided, as needed, to support a second review.
 7. The BHDDH SIS Committee member, **or individual described in #5 of this policy**, confers with the SIS Interviewer, as needed, to establish consensus on the scoring for the relevant Supplemental Question(s). When concurrence is reached, the BHDDH SIS Committee member, **or individual described in #5 of this policy**, also signs the Verification of Supplemental Question Scoring Sheet.
 8. Within 35 calendar days of the SIS interview, the final SIS scores are entered into SIS Online.
 9. The SIS Interviewer completes the *Checklist of Participant’s SIS Assessment Documents* and retains a hard copy in the individual’s SIS file at BHDDH. (Refer to Form S104)
 10. New participants and/or their guardian are notified of their service package and resource allocation level within forty five (45) days of the date of the SIS interview.

Form S102
Request for Information to Verify Scores to Supplemental Questions

[Month] [Day], 20__

To: [Support Coordinator, Family Member or Medical Practitioner Name]

From: [SIS Interviewer], Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals
[SIS Interviewer phone number]
[SIS Interviewer email address]

Re: SIS Assessment for [Name of Individual]: _____

The SIS Assessment recently completed for the individual above yielded responses to the Rhode Island SIS Supplemental Questions that require further verification. Please review the list below. The responses that require additional verification have an X next to the response. Below each Supplemental Question, you will see an X next to the information that BHDDH is requesting from you to complete our verification.

Please submit the information requested to my attention no later than seven (7) days from receipt of this letter. Failure to provide the requested documentation will delay the final scoring for this individual's SIS and the determination of their resource allocation.

Supplemental Question Regarding Severe Medical Risk

“Yes” responses that trigger additional review:

_____ The individual requires frequent eyes-on and/or hands-on staff involvement to address critical health and medical needs

_____ The individual's severe medical risk currently requires direct 24 hour professional

_____ The individual has medical care plans in place that are documented within the ISP process

Supplemental information requested:

_____ Medical tool suggested

_____ Nursing assessment (not older than 1 year)

_____ Nursing Care Plan (not older than 1 year) verifying risks

_____ Protocols, if available, signed by a nurse

Supplemental Question Regarding Severe Psychiatric Risk

“Yes” responses that trigger additional review:

_____ The individual requires frequent hands-on staff involvement to address critical psychiatric needs

_____ The individual's severe psychiatric risk currently requires direct 24 hour professional care

_____ The individual has psychiatric care plans in place that are documented within the ISP process

Supplemental information requested:

- Psychiatric assessment (not older than 1 year)
- Nursing Care Plan (not older than 1 year) verifying risks
- Current Behavior Support Plan or Safety Plan
- Behavior Tracking data summarized monthly or quarterly for the past year verifying risks
- Staffing schedules/documentation from the last month to verify at least 8 hours/day of 1:1 exclusive focus staffing residentially

Supplemental Question Regarding Community Safety Risk

“Yes” responses that trigger additional review:

- The individual requires frequent hands-on staff involvement to address critical community safety risks
- The individual’s severe community safety risk currently requires direct 24 hour professional care
- The individual has behavioral/psychiatric care plans in place that are documented within the ISP process
- The individual’s severe community safety risk to others requires a specially controlled home environment, direct supervision in the home and/or direct supervision in the community
- The individual has documented restrictions in place related to these issues within the ISP process
- The individual has been found guilty of a crime related to these risks through the criminal justice system

Supplemental information requested:

- Court documents verifying risks of assaults, arson, and/or sexual aggression
- Current Behavior Support Plan or Safety Plan
- Behavior Tracking data summarized monthly or quarterly for the past year verifying risks
- Staffing schedules/documentation from the last month to verify at least 8 hours/day of 1:1 exclusive focus staffing residentially

Supplemental Question Regarding Severe Risk of Injury to Self

“Yes” responses that trigger additional review:

- The individual requires frequent hands-on staff involvement to address critical community safety risks
- The individual’s severe community safety risk currently requires direct 24 hour professional
- The individual engages in self-directed destructiveness related to self-injury, PICA and/or suicide attempts with the attempt to harm self?
- The individual’s severe risk of injury to self requires direct supervision at any/all times of day
- The individual poses a significant flight risk requiring controlled home environment, direct supervision in the home, and/or direct supervision in the community
- The individual has prevention and intervention plans in place that are documented within the ISP

Supplemental information requested:

- Current Behavior Support Plan or Safety Plan
- Behavior Tracking data summarized monthly or quarterly for the past year verifying risks
- Staffing schedules/documentation from the last month to verify at least 8 hours/day of 1:1 exclusive focus staffing residentially

Supplemental Question Regarding Visual/Hearing Impairment Risk

“Yes” responses that trigger additional review:

- The individual requires frequent hands-on staff involvement to address community mobility and/or communication with unfamiliar people
- The individual’s vision or hearing loss requires access to direct 24 hour assistance and other professional care
- The individual has support and intervention plans in place that are documented within the ISP process

Supplemental information requested:

- Medical assessment
- Current support plans or protocols verifying risks
- Staffing schedules/documentation from the last month to verify at least 8 hours/day of 1:1 exclusive focus staffing residentially

Form S103
Verification of Supplemental Questions

SIS Assessment for: _____

This form is to be completed only after all information has been provided to BHDDH.

SIS Interviewer

BHDDH requested additional information for the individual named above to verify the responses to the following Rhode Island SIS Supplemental Questions (check all that apply):

- _____ SQ1 Severe Medical Risk
- _____ SQ2 Severe Psychiatric Risk
- _____ SQ3 Severe Community Safety Risk
- _____ SQ4 Severe Risk of Injury to Self
- _____ SQ5 Vision/Hearing Impairment Risk

Information was requested from the following agency or individual:

Source #1 _____

Source #2 _____

Based upon my review of the information provided, I have made the following determination (check one):

- _____ Documentation given substantiates the SIS service package
- _____ Documentation given does not substantiate the SIS service package necessitating review.

SIS Interviewer

Date

Second Review

I have reviewed the documentation provided to me by the SIS interviewer. Based upon my review, I have made the following determination (check one):

- _____ I concur with the SIS Interviewer's determination.
- _____ I do not concur with the SIS Interviewer's determination. We have discussed this case and have come to a mutually agreed upon decision.

SIS Committee Member

Date

Form S104
Checklist of Participant's SIS Assessment Documents

This form serves as the face sheet for the SIS Assessment file retained on each individual assessed.

The following documents are retained in the Individual's SIS Assessment file (check all that apply):

_____ Face sheet of SIS scheduling appointment

_____ Attestation at Conclusion of SIS Interview

_____ Copy of SIS Assessment tool

_____ Request for Information to Verify Scores to Supplemental Questions

_____ Verification of Supplemental Question Scoring Sheet

_____ Letter to Individual Indicating SIS Level and Resource Allocation

_____ Individual or Family/Guardian Request for Review: SIS Interview Protocol

_____ Request for Review Based on Major Life Change

_____ Request for Review Based on Emergency Situation or Need for Extraordinary Supports

Memorandum

To: Division of Developmental Disabilities SIS assessors

From: David McMahon, Associate Director, Division of Developmental Disabilities

Re: Employment First Initiative

Date: August 19, 2014

BHDDH adopted an Employment First Policy in 2013 to address the employment goals of the individuals served across the divisions. The idea of employment as a means to enhance the lives of individuals with disabilities is not a new concept; the Department has led this work in Rhode Island through our Supported Employment Program certification for the community mental health centers and through the Office of Homelessness' Continuum of Care. The Department is re-enforcing our philosophy through the Division of Developmental Disabilities in several ways. First, all social case workers, including the SIS Assessors, have been trained on the Employment First Policy, the Consent Decree and the incentives available through federal and state government for individuals who are employed. Second, the Individual Service Plan (ISP) includes integrated, community-based employment goals for all individuals in the system. The employment goals are person-centered and represent the individual's strengths, interests and abilities. Finally, the Department is collaborating with the Center for Excellence and Advocacy, community education, outreach and advocacy groups as well as out State partners to create transparent communications, programs and policies and employment opportunities, through partnerships with the business community that will advance employment goals.

Often you, as the SIS Assessors, are one of the first face-to-face contacts individuals and families have with the Department and it is the intention of this directive to ensure that you are aware, informed and communicating the Department's Employment First policy. Employment is a fundamental value and aspiration in American culture. All people, including those with disabilities, gain many benefits from having a job. People are healthier, safer and happiest with meaningful work. They have relationships with co-workers, fewer health issues, and an increased sense of wellbeing. They report a greater sense of accomplishment, increasing their feelings of competence and self-worth, and contribute to the economy. Many people with disabilities live at or below the poverty level, and earning income from paying jobs helps supplement their resources and improves the quality of their lives.

Historically, the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals has provided state funds to support sheltered and supported employment services offered by licensed provider agencies for adults with developmental disabilities. The goal of the Employment First initiative is to further promote and emphasize integrated community-based

employment and meaningful integrated day programs that build vocational skills and community connection as a priority for all individuals with developmental disabilities.

Integrated community-based employment means:

- regular or customized employment in the workforce;
- on the payroll of an employer;
- at minimum or prevailing wages;
- with benefits;
- where integration and interaction with coworkers without disabilities and customers is assured;
- an individual job (i.e., not a group or enclave setting);
- Employment takes place in a work place in the community, where the majority of individuals do not have disabilities, and which provides opportunities to interact with non-disabled individuals to the same extent that individuals employed in comparable positions would interact;
- and/or the person is self-employed. Self-employment is defined as earning income directly from one's own business, profession, or trade; and not as an employee of a business owned by someone else.

Through implementation of this Policy not working shall be the exception and through a strategic communications approach, of which you are apart, the Department will move forward the work set forth in the Employment First Policy and improve the quality of life for the individuals served by our system.

Policy Statement

The Department is committed to helping adults with developmental disabilities achieve self-sufficiency through work readiness, work force development and job creation. It is the assumption of this Department, that all individuals, even those with the most severe disabilities, can work in an integrated setting and receive supports and services needed to do so. In order to achieve the intent outlined in the framework of this Employment First Policy, employment opportunities in fully integrated work settings shall be the first and priority option explored in the service planning for working age adults with developmental disabilities in Rhode Island. While all options are important and valued, integrated employment is more valued than non-employment, segregated employment, facility-based employment, or day habilitation in terms of employment outcomes for individuals with developmental disabilities. For those who successfully achieve the goal of employment in an integrated setting, future service planning must focus on maintaining employment as well as the consideration of additional career or advancement opportunities. For those not yet achieving employment, annual service planning shall include and reflect employment opportunities as the first and priority service option explored.

Key Procedures and Principles:

Implementation of this policy shall be based on the following procedures and principles:

- Employment services shall be specifically addressed in the annual Individualized Service Plan;
- Employment services shall be considered and provided using person-centered planning concepts, based on informed choice, and consistent with the philosophy of self-determination;
- Minimum or competitive wages and benefits shall be the goal of integrated employment;
- All natural as well as paid supports shall be considered in individualized service planning; and
- Employment supports will be provided outside of the individual's living environment unless necessary for a self-employment plan or for the individual's medical or safety needs.

Signature of SIS Assessor

Date

**RHODE ISLAND DEPARTMENT OF BEHAVIORAL HEALTH,
DEVELOPMENTAL DISABILITIES AND HOSPITALS
POLICY AND PROCEDURES**

TITLE: Quality Assurance of SIS Interviewers		POLICY NO: SIS-3
RESPONSIBILITY: BHDDH	DATE APPROVED: Active 6/12 DATE REVISED:	PAGE(S):

PURPOSE:

To identify the qualifications of the SIS Interviewers and the quality assurance protocols put in place pertaining to the Supports Intensity Scale (SIS) Interview process.

POLICY:

The SIS is administered by a Certified SIS Interviewer. The person administering the SIS has obtained a 'Pass' score from the American Association on Intellectual and Developmental Disabilities (AAIDD) which means that the SIS Interviewer:

1. Completed training by an AAIDD-certified trainer,
2. Has been trained on the Rhode Island SIS Supplemental Questions,
3. Meets AAIDD Interviewer Reliability Review, and
4. Knows how to request and verify information from respondents.

On an ongoing basis, SIS Interviewers are subject to peer review pertaining to the scoring of Rhode Island's SIS Supplemental Questions. Before final "Yes" scores are assigned to Rhode Island's SIS Supplemental Questions, supporting documentation must be reviewed to substantiate this score. After the SIS Interviewer conducts her/his review, a second review is completed by a member of the BHDDH SIS Committee. This procedure is outlined in Policy SIS-2: Post SIS Interview Follow-up. Additional quality controls are also enumerated in Policy SIS-2 pertaining to the documentation required to be retained from an individual's SIS interview (refer to Form S104 in Policy SIS-2).

PROCEDURE:

Potential SIS Interviewers will receive the following step by step training:

1. A new staff person will observe a SIS being completed by a reliable interviewer.
2. A new staff person will participate in classroom training that includes SIS overview and purpose, rating definitions, protocol training, administering Rhode Island's SIS Supplemental Questions, interviewer techniques, setting the scene, intent, and decision making.
3. A new staff person will be undergo a period of coaching. An assigned coach performs the following functions:
 - a. Completes interviews with the new staff person
 - b. Real time training opportunities, which includes stopping interviews when there are issues and helping new staff walk through processes
 - c. If coaching/mentoring identifies problem, time is scheduled with an AAIDD SIS Master Trainer to supplement training
 - d. There is a debriefing after each test SIS interview

4. A new staff person performs practice SIS interviews until she/he is ready for Interviewer Reliability Rating.
 - a. When a new staff appears ready to be tested, then an Interviewer Reliability Rating is scheduled with an AAIDD Master Trainer.
 - b. If problems arise during the Interviewer Reliability Rating, the coach intervenes and the interview continues.
5. An AAIDD Master Trainer must complete all Interviewer Reliability Ratings. In order to pass, the SIS Interviewer must obtain a score of 89% or higher on agreements and a total of 19 or more on the strength and/or satisfaction ratings of the 23 interviewer technique items of the AAIDD SIS Reliability Procedures.
6. A Provisional Pass may be obtained if the interviewer receives a score of 89% on agreements and at least 11 and less than 19 on strength and/or satisfactory ratings out of the 23 Interviewer Technique items.
 - a. If an interviewer receives a Provisional Pass, she/he has many of the skills to be successful. However, there are issues of concern. She/he may not yet conduct a SIS Interview alone that is used for SIS Level or resource allocation assignment.
 - b. The new SIS Interviewer must conduct at least two SIS interviews supervised by an AAIDD SIS Master Trainer. In addition, they should observe highly competent SIS Interviewers in action.
7. Those individuals who do not pass need additional training and coaching. The new staff person must participate in more SIS training and will be provided multiple opportunities for coaching and mentoring. Before achieving a Pass score, the new staff person must repeat the Interviewer Reliability Ratings outlined in Step 5.
8. SIS Assessors are given and have signed agreement to the Employment First Directive dated August 19, 2014.

**RHODE ISLAND DEPARTMENT OF BEHAVIORAL HEALTHCARE,
DEVELOPMENTAL DISABILITIES AND HOSPITALS
POLICY AND PROCEDURES**

TITLE: Service Tier Policy/Assigning Resource Allocation		POLICY NO: SIS-4
RESPONSIBILITY: BHDDH/DD Fiscal	DATE APPROVED: revised 11/28/12 DATE REVISED:	PAGE(s):

PURPOSE:

To develop a policy to convert an existing service package to a new Supports Intensity Scale (SIS) Informed Service Tier

POLICY: Starting January 1, 2013 BHDDH will assign service tiers based on the results of an individual SIS assessment. Each participant will be notified of his or her assigned service tier 90 days prior to the anniversary date of his or her Interim Individual Support Plan (IISP).

Procedures:

- I. When the participant has no change in his or her residential status and no change in their tier:**
 - The participant and provider will be notified of the SIS Service Tier 90 days prior to the anniversary date
 - An IISP/ISP and PO is to be submitted 45 days prior the anniversary date

- II. When the participant has no change in his or her residential status and an increase in their tier:**
 - The participant and provider will be notified of the change in SIS Service Package 90 days prior to the participant's anniversary date
 - An IISP/ISP and PO is to be submitted 45 days prior the anniversary date
 - All participants identified as needing specialized medical or behavioral services will be required to submit specialized treatment plans with the ISP and PO

- III. When the participant has no change in his or her residential status and a decrease in their tier:**
 - The participant and provider will be notified of the change in SIS Service Package 90 days prior to the participant's anniversary date
 - An IISP/ISP and PO is to be submitted 45 days prior the anniversary date

- IV. Miscellaneous:**
 - If a new IISP/ISP and PO is not submitted 45 days prior to their anniversary date, the Department will cease funding effective the anniversary date. Only Administrative approval by the Department Director or designee can override this procedure.
 - Refusal to participate in a SIS will result in termination of funding.

**RHODE ISLAND DEPARTMENT OF BEHAVIORAL HEALTH,
DEVELOPMENTAL DISABILITIES AND HOSPITALS
POLICY AND PROCEDURES**

TITLE: Request for Review Based on the SIS Interview Protocol		POLICY NO: SIS-5
RESPONSIBILITY: BHDDH	DATE APPROVED: DATE REVISED: 12/31/12	PAGE(s): Form(s):S-105, Attachment A- Opportunities for Reconsideration

PURPOSE:

To identify the method in which individuals, their family, or legal guardian may request a case review if any of the Supports Intensity Scale (SIS) Interview Protocols did not occur.

POLICY:

The SIS Interviewer has been certified by the American Association on Intellectual and Developmental Disabilities (AAIDD) to conduct SIS interviews and to score SIS assessments. The BHDDH only uses AAIDD-certified SIS Interviewers in determining SIS levels for eligible participants in BHDDH programs.

Procedures:

- Before the SIS interview begins, the SIS Interviewer determines if all individuals scheduled to participate as respondents are in attendance. If yes, the interview commences. If no, the SIS Interviewer decides to either cancel the interview or to obtain consensus from the respondents in attendance to continue.
- **Participants, or their designee, can request a review for a SIS under one of the following items listed in Form S105. The contact persons to make this request are the SIS Supervisor at (401) 462-3421. The SIS Supervisor will complete Form S105 based on either a formal written request to the Department or a phone contact requesting a review.**
- **After the completion of the form, a determination will be made on the request for Review. Requests if denied will be given a written notice of denial. If approved for another SIS, a SIS will be scheduled. Completed Form S105s will be located in the SIS file maintained by the SIS supervisor.**
- **If it is established in the review process that the administration of the SIS was not adhered to, then a new SIS may be scheduled within 30 days. See Attachment A Opportunities for Reconsideration in the SIS Process”, which outlines the SIS review process.**
- **Policy SIS-8 The Appeals Process Related to SIS Administration, SIS Level Assignment or resource allocation, further defines the appeals process.**

Form S105
Individual, Family Member or Legal Guardian Request for Review
Based on the SIS Interview Protocol

Name of Individual SIS Interview was conducted on: _____

Individual Name requesting review: _____

Relationship to Individual SIS Interview was conducted on: _____

Date of SIS Interview: _____

Date of Request for this Review: _____

The following items are the basis for my Request for Review (check all that apply):

- Parents/guardians were not informed of the interview prior to it happening.
- Parents/guardians were informed of the interview, indicated their interest to participate, but failed to show up for the interview. The SIS Interview continued based on the consensus of the group convened.
- At least two individuals who know the individual were not present throughout the SIS interview.
- The interview was not conducted face-to-face.
- Questions in the interview were not explained to us prior to being scored.
- Questions were not asked or discussed during the interview.
- The final score of each question was not shared with respondents.
- Other: _____

Reschedule SIS

SIS Denied

Reason Denied:

Comments: _____

Reviewer of request (print)

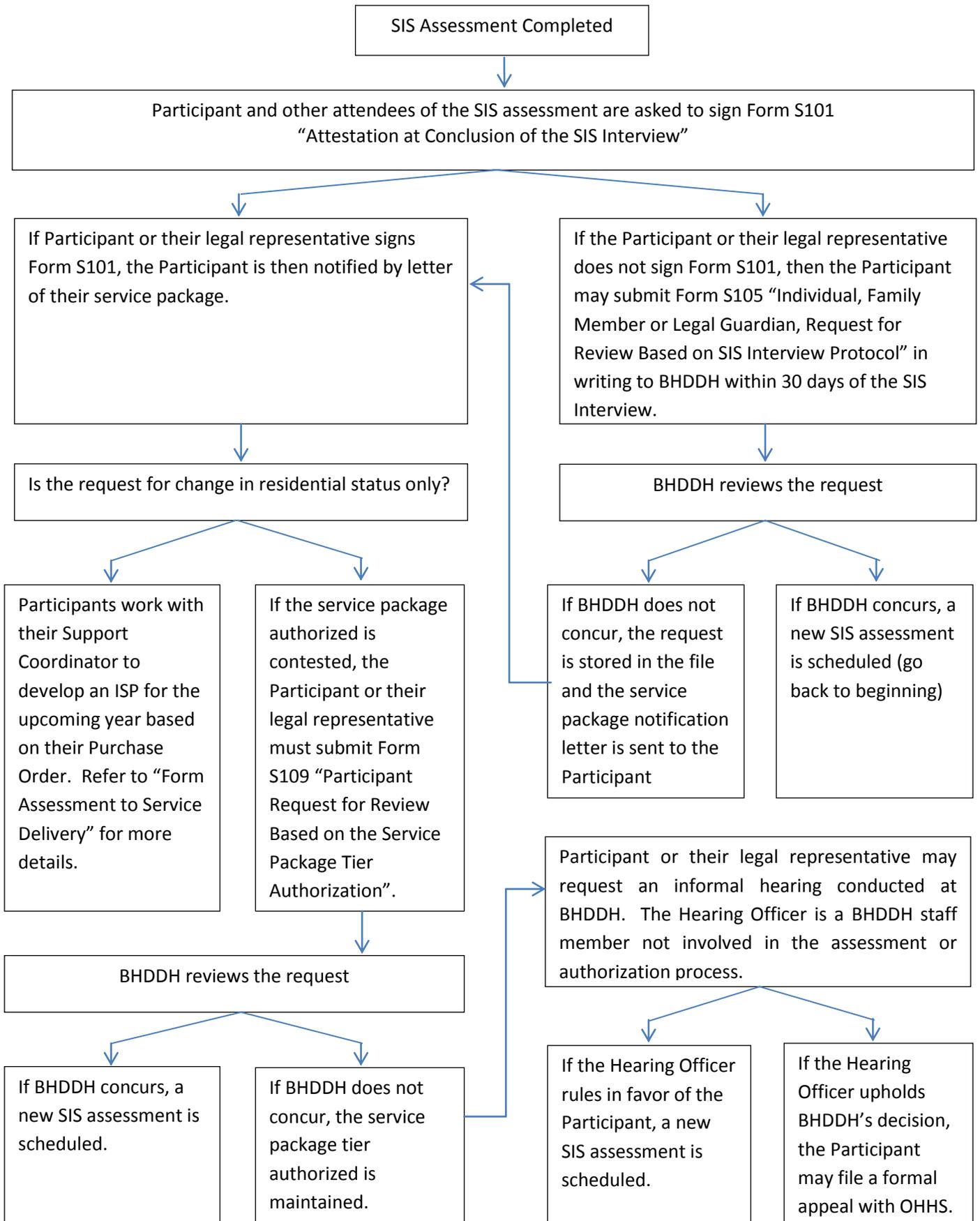
Signature of Reviewer

Submit this form by mail no later than five (5) business days from the date of the SIS interview to:

SIS Supervisor
BHDDH Simpson Hall 3rd Floor
Fiscal Unit
6 Harrington Road
Cranston, RI 02920

Attachment A

Opportunities for Reconsideration in the SIS Process



**RHODE ISLAND DEPARTMENT OF BEHAVIORAL HEALTH,
DEVELOPMENTAL DISABILITIES AND HOSPITALS
POLICY AND PROCEDURES**

TITLE: Request for Review Based on a Major Life Change		POLICY NO: SIS-6
RESPONSIBILITY: IRC, SIS Committee	DATE APPROVED: 02/xx/12 DATE REVISED:	PAGE(s): Forms S106, S107

PURPOSE:

To identify the criteria and process for requesting a case review due to a Major Life Change.

POLICY:

As defined in Section 1.45 of The Rules and Regulations for Licensing Agencies Providing Service to Adults with Developmental Disabilities, “*Major Life Changes*” means a change in the health and/or safety of an individual that merits examination of the types of supports that may be needed by a Participant. A major life change may trigger the need to conduct a new full or partial SIS assessment prior to the usual three (3)-year cycle that each Participant is assessed. Major life changes shall include but are not limited to:

1. An emergency/crisis in the Participant’s living situation;
2. Risk of losing living situation;
3. Risk of life threatening incidents;
4. Repeated incidents relating to the Participant or other Participants’ health and safety;
5. A new diagnosis of mid-stage organic brain syndromes;
6. A new diagnosis of serious mental health condition; or
7. Development of new co-morbid conditions.

Participants in BHDDH’s DD program shall be assessed using the Supports Intensity Scale (SIS) once every three (3) years. Prior to the three (3)-year anniversary, a Major Life Change may occur that will necessitate conducting a new SIS to more accurately measure the supports that the individual needs due to the Major Life Change.

There may be situations defined as a Major Life Change that may require a request for a review of the Participant’s resource allocation level that does not require a new SIS. For example, a Participant has been living at home with family and has been supported by his/her family. The Major Life Change is an emergency or crisis in the Participant’s living situation (e.g. natural support caregiver dies). The support needs for the Participant has not changed, but the source for these supports will change. If the Participant was assigned, for example, SIS Tier C with a resource allocation for family supports, the Major Life Change may require the Participant to move to SIS Tier C with a resource allocation for community residence supports.

If a Major Life Change has been identified, it is the responsibility of the agency authorized to deliver support coordination to submit a *Request for Review Based on a Major Life Change* (refer to Form S106) to the attention of the BHDDH SIS Supervisor.

The BHDDH SIS Committee, comprised of three (3) Department staff members shall be responsible for reviewing, prioritizing and approving and/or disapproving all Requests for Review Based on a Major Life Change. The SIS Committee shall meet weekly to review all requests and shall meet to review specific cases on an as needed basis depending on the urgency of the request.

After the SIS Committee reaches a decision, the SIS Committee shall send out a *SIS Committee Review Letter for Request Based on Major Life Change* (refer to Form S107) within five (5) business days to the agency contact person who made the initial request.

PROCEDURE:

1. A Request for Review Based on a Major Life Change, **through Form S106**, is submitted to BHDDH by an agency that provides support coordination to the individual.
2. The designated member of the BHDDH Fiscal Office at Simpson Hall logs in the Request for Review and determines whether such a request is an emergency.
 - a. **If the case is deemed an emergency, a member of the BHDDH SIS Committee shall contact the agency to acknowledge receipt of the Request for Review, provides an estimated timeframe for review, and identifies if additional information is required for the review.**
 - b. **If the case is not deemed an emergency, a member of the BHDDH SIS Committee assigns the case to the next regularly scheduled meeting of the BHDDH SIS Committee. Once placed on the agenda, the SIS Committee members shall contact the agency to inform them of the date when the case shall be reviewed by the SIS Committee. Upon initial review of the case, the SIS Committee member shall immediately request additional information if necessary.**
3. For all Form S106 received, the SIS Committee considers both the reason for the Request for Review and the supporting documentation provided with the request.
4. After reviewing the case, the SIS Committee shall make one (1) of the following recommendations:
 - a. The case indicates a permanent Major Life Change and the need for a new SIS to be administered. Refer to Policy SIS-1 Step 3 for administration of a new SIS.
 - b. The case indicates a permanent Major Life Change but a new SIS is not required. Rather, a resource allocation for a new residential status within the same tier or a specific allocation of services that are outside the parameters of the participant's residential service tier package but within the Participant's SIS level are recommended.
 - c. The case indicates a temporary Major Life Change that does not necessitate a new SIS but does require time-limited extraordinary supports above the person's SIS level.
 - d. The case does not show substantial proof of the Major Life Change as indicated on the Request for Review. A new SIS is not administered and there is no change in the Participant's resource allocation.
 - e. The SIS Committee cannot make a conclusion due to insufficient information. The agency will be asked to provide additional information to complete the review.
5. **The SIS Committee's decision shall first be immediately communicated to the agency verbally and/or by email. The SIS committee shall formally communicate with the agency by issuing a SIS Committee Review Letter. The SIS Committee Review Letter shall be sent to the agency requesting the review within five (5) business days of the final decision by the SIS Committee.**

Form S106
Request for Review Based on a Major Life Change

Name of Individual Receiving Services: _____

Agency Name: _____

Your Name: _____ Phone Number: _____

The agency named above is requesting that the BHDDH SIS Committee review the case for the individual named above due to the following Major Life Change (check all that apply):

- ___ An emergency/crisis in the Participant's living situation
- ___ Risk of losing living situation
- ___ Risk of life threatening incidents
- ___ Repeated incidents relating to the Participant or other Participants' health and safety
- ___ A new diagnosis of mid-stage organic brain syndromes
- ___ A new diagnosis of serious mental health condition
- ___ Development of new co-morbid conditions

Provide a description of the specific issue(s) that meet the criteria above.

Specify the documentation you have submitted with this request to substantiate the Major Life Change:

- ___ Medical assessment (not more than 90 days old)
- ___ Nursing Care Plan (not more than 90 days old)
- ___ Psychiatric assessment (not more than 90 days old)
- ___ Current Behavior Support Plan or Safety Plan
- ___ Staffing schedules/documentation from the last month
- ___ Other (specify) _____

Signature of Contact Person

Date

Submit this form by mail to:
BHDDH Simpson Hall 3rd Floor Fiscal Office 6 Harrington Road, Cranston, RI 02920

Form S107
SIS Committee Review Letter for Request Based on Major Life Change

[Date]

Dear [Contact Person of Agency Making Request]:

The BHDDH SIS Committee has reviewed your Request for Review Based on Major Life Change for _____ (Participant) dated _____ (date of request).

Based on your request and the information provided to us, and using section 1.45 of the Rules and Regulations for Licensing Agencies Providing Service to Adults with Developmental Disabilities as guidance, the Committee has made the following decision based on your request:

___ **The case indicates a permanent Major Life Change where a new SIS assessment is warranted.**

Please contact the BHDDH SIS Schedule at (401) 462 3421 to schedule the assessment.

Specifically, the Major Life Change was proven to be the following:

- ___ An emergency/crisis in the Participant's living situation
- ___ Risk of losing living situation
- ___ Risk of life threatening incidents
- ___ Repeated incidents relating to the Participant or other Participants' health and safety
- ___ A new diagnosis of mid-stage organic brain syndromes
- ___ A new diagnosis of serious mental health condition
- ___ Development of new co-morbid conditions

___ **The case indicates a permanent Major Life Change where a new SIS assessment is not warranted.** Instead, BHDDH has authorized a permanent change in the annual resource allocation for the Participant within the same SIS level from _____ to _____.

___ **The case indicates a temporary Major Life Change where a new SIS assessment is not warranted.** Instead, BHDDH has authorized extraordinary supports for the individual on a short term basis. The total extraordinary supports are equal to _____ and cover the period from _____ to _____. An authorization change will be sent to HP to cover this period. The following limitations are given with this authorization for extraordinary supports: _____

___ **The case requires additional information to substantiate a Major Life Change.** Please contact , BHDDH SIS Supervisor, at 462-2341, for details about the additional information required.

___ **The case does not indicate a Major Life Change** as substantiated by the documentation presented in any of the areas noted in section 1.45 of the Rules and Regulations for Licensing Agencies Providing Service to Adults with Developmental Disabilities.

Respectfully Submitted,

Tier Review Committee

Please be advised that although we cannot grant a hearing over the Reduction in your Funding Authorization, you may have the right to a hearing if your agency or provider proposes any changes to your Service Plan as a result of this reduction that would significantly impact your health and safety. Under those circumstances such a request for an appeal should be made in writing to the Executive Office of Health and Human Services, Appeals Office, 600 New London Avenue, Cranston, RI 02920.

Pursuant to Section 25.01 of the Rules and Regulations Governing the Practices and procedures before the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals, the hearing process shall proceed in accordance with hearing policies and procedures of the Executive Office of Health and Human Services.

**RHODE ISLAND DEPARTMENT OF BEHAVIORAL HEALTH,
DEVELOPMENTAL DISABILITIES AND HOSPITALS
POLICY AND PROCEDURES**

TITLE: Funding for Extraordinary Supports		POLICY NO: SIS-7
RESPONSIBILITY: IRC, SIS Committee	DATE APPROVED: DATE REVISED: 12/30/12	PAGE(s): Form S108, Attachment B

PURPOSE:

To define extraordinary supports and to identify the process for funding extraordinary supports.

POLICY:

Rhode Island’s resource allocations will be based on assigning individuals with similar needs into tiers based on their scores on the Supports Intensity Scale (SIS):

The mapping of participants to SIS levels is based on participants within Rhode Island’s DD waiver. In other states where the SIS has been used to assign individuals to a SIS level for resource allocation purposes, it has been found that a small percentage of participants have extra support needs that are beyond their assigned service package. As such, some individuals may be eligible to access a customized resource allocation modifier based on their own extraordinary support needs rather than a pre-set resource allocation that is assigned to their SIS service package. BHDDH may decide to grant extraordinary supports for any SIS Service Tier.

The assignment of a service package modifier in addition to the SIS service package is considered permanent until the next SIS assessment is completed. There are some situations where an individual may need extraordinary supports for a short time-period due to a Major Life Change. The funding for short-term extraordinary supports is addressed in Policy SIS-6: *Request for Review Based on a Major Life Change*.

In Rhode Island, individuals are temporarily assigned an L9 modifier to their SIS service package and/or Tier of their SIS assessment if their specific and individualized service needs fall outside the parameters of the SIS service package to which they are assigned. Additionally, the responses to Rhode Island BHDDH’s Supplemental Questions can help inform the assignment of a L9 modifier. When individuals receive a service package modifier their support needs are compared to the service package in the applicable SIS Tier. For individuals currently enrolled in BHDDH’s program, the SIS Interviewer will access information from the individual’s agency support coordinator to verify the responses to the Rhode Island SIS Supplemental Questions in the same manner as other individuals who trigger Yes answers to the supplemental questions are reviewed. (Refer to Form S102 in Policy SIS-2). The SIS Interviewer conducts the verification to the responses to SIS Supplemental Questions (refer to Form S103 in Policy SIS-2). The SIS Interviewer then remits her/his verification and documentation to the BHDDH SIS Committee.

The service package in SIS Tier applicable to the individual serves as the baseline service package to be authorized. The SIS Committee conducts a gap analysis to determine what additional supports are required for the individual that are not already covered in the applicable SIS Tier service package. Guidelines that may be used by the SIS Committee are included in Attachment B. For individuals new to BHDDH’s program, the SIS Committee will strive to access information from third parties that may assist in performing the gap analysis (e.g., behavioral or medical professionals, schools, family members, the Medicaid acute care program). In some cases, the BHDDH may use an external medical or behavioral professional to assist in identifying the service needs for the individual when other sources are unavailable.

Once the additional supports above the applicable Tier are identified, the services required to provide these supports are priced out by the SIS Committee using BHDDH's current fee-for-service rates in order to develop a proposed resource allocation for approval by the BHDDH Director.

1. If the individual has extraordinary medical support needs, the resource allocation for the individual is developed by summing the resource allocation for the applicable SIS Tier and the gap services identified that are not covered by the individual's health insurance and/or applicable tier.
2. If the individual has extraordinary behavioral support needs, the resource allocation for the individual is developed by summing the resource allocation for the applicable SIS Tier and the gap services identified that are not covered in the applicable SIS Tier
3. If the individual has extraordinary medical and/or behavioral support needs, the resource allocation for the individual is developed by averaging the resource allocation for SIS Tiers D and/or E and adding to it the gap services identified that are not covered in SIS Tiers D and/or E .

After the SIS Committee has developed a proposed person-specific resource allocation for the individual identified as SIS Service Package Modifier, it is presented to the BHDDH Director for approval. Every individual with a service package modifier shall have their resource allocation prior approved each year by the BHDDH Director before it is implemented.

PROCEDURE:

1. The SIS Interviewer identifies that the individual being assessed has triggered responses to Rhode Island SIS Supplemental Questions that require verification. The SIS Interviewer initiates the verification of the responses to the Supplemental Questions as outlined in Policy SIS-2: Post SIS Interview Follow-up.
2. The SIS supervisor performs the Second Review of Form S103 to verify the responses to the Supplemental Questions. At the same time, the SIS scores are reviewed to determine if the individual meets the criteria for a SIS Service Package modifier..
3. If the criteria for SIS Service Package Modifier are met, then the case is put on the agenda for review at an upcoming SIS Committee meeting. The SIS Committee member who performed the Second Review of the Supplemental Questions determines if more information is needed for the SIS Committee's review. The SIS Committee member may contact the agency support coordinator, behavioral or medical professionals, schools, family members, or the Medicaid acute care program to obtain supplemental information.
4. At the SIS Committee meeting, the Committee reviews all documentation available to them and use the Funding for Extraordinary Supports Guideline (refer to Attachment 1) to assist in their review.
5. The SIS Committee shall complete Form S108, *Justification for Funding Extraordinary Supports* that are required for the individual.
6. The SIS Committee can base upon the calculated proposed necessary increase in the allocation for the individual recommend the administration of a new SIS.
7. The individual is notified of their resource allocation as approved by BHDDH.

8. If the individual, family member or legal guardian is not satisfied with BHDDH's decision in the matter, they are given options to file an appeal as outlined in Policy SIS-8.

SIS-7: History of Policy and Procedure Revisions and Reviews:

Action	Date	Summary of Changes
Created	04/2013	

Approved by the Tier Review Committee at its meeting held on _____.

Signature: _____ Date _____
[Name]
On behalf of the Tier Review Committee

Signature: _____ Date _____
Craig S. Stenning
Director, BHDDH

Form S108
Justification for Funding Extraordinary Supports within a SIS Tier

Verification of Documentation:

_____ Form S102, *Request for Information to Verify Scores to Supplemental Questions*, included in packet review for SIS Committee

_____ Form S103, *Verification of Supplemental Question Scoring Sheet*, completed by SIS Interviewer

Identification of Gap Services:

The following services are required in excess of SIS Tier _____:

<u>Service</u>	<u>Units Above SIS Tier</u>	<u>Annual Budget</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Proposed Resource Allocation for Extraordinary Supports:

Standard SIS Tier Resource Allocation (specify SIS Tier _____) _____

Gap Services Resource Allocation _____

Total Resource Allocation _____

 On Behalf of Tier Review Committee

 Date

Approval by BHDDH Director _____ **Yes as Proposed**

_____ **Yes with Changes Shown**

 BHDDH Director

 Date

Attachment B

Guidelines for Reviewing Cases that Require Specialized Funding in SIS (Extraordinary Supports)

Documentation

Documentation in addition to what was already collected for verification of answers to the Supplemental Questions that may be considered in the review includes, but is not limited to, the following:

- The Individual Services Plan
- Documentation of other approaches or supports that have been attempted
- Written statements from a physician or psychologist explaining why, without extraordinary supports, the person's life or health is in imminent jeopardy
- Information and a summary of incident reports specific to the type of condition or injury
- Written statements from a physician or medical professional explaining the changes in this person's situation that results in the caregiver and other supports no longer meeting this person's needs
- Written statements from a professional in the medical field or mental health field which explains why the caregiver can no longer provide care
- Evidence that other community services are not available
- Written statements from law enforcement which supports specific incidents
- Names of other agencies/parties involved and dates of contact, assistance, or involvement

Review Process

The following items, as appropriate, will be considered by the SIS Committee in making a determination of an individual's Extraordinary Supports resource allocation.

I. Behavioral Support Needs

- Identify/describe behaviors requiring 1:1 staffing (Documentation to be reviewed: Current Functional Assessment/Behavior Support Plan; behavior tracking data; current staffing schedule)
- Frequency, Intensity & duration of behavior(s)
 - Frequency of behavior incidents requiring 1:1 staff intervention (must be supported by data)
 - Intensity
 - (a) What is the typical (average) intensity of the behaviors?
 - (b) What is the most extreme?
 - (c) Has serious injury occurred to individual or others resulting from the behavior(s)?
- Duration
 - Are there identifiable precursors to the behavior?
 - Does the Behavior Support Plan call for increased staff monitoring following the precursor that requires exclusive focus?
 - Does the Behavior Support Plan include physical interventions? (What is the typical or average duration?)
 - What is the average staff time utilized for monitoring and interventions? (must be supported by documentation.)
- Is the above information consistent with the current Behavior Support Plan? If not, is the Behavior Support Plan being revised?
- Review the current staffing at the site, excluding staff assigned to provide 1:1 support to other individuals in the home. Is there sufficient shared staff to respond to behaviors identified above? Are there periods of the day where staffing is sufficient?

II. Community Safety/Legal Issues

- If adjudicated, review the actual order (court order, terms of release, psychiatric security review requirements)
 - Does the order specify a minimum staff-to-consumer ratio? (Is there a specification for when the individual is “in the community” that is different than “in the home”?)
 - Does order require a specific minimum distance for supervision (line-of-sight, arms length)?
- If not adjudicated, are risks to community documented?
- If the community safety issue is sexual aggression, has a Psychosexual Assessment been completed? If so, does it indicate the individual’s behavior is “predatory” or “opportunistic”?
- Does a significant risk of elopement exist that cannot be adequately mitigated by alarms?

III. Medical Needs

- What specific condition(s)/support needs necessitate a high level of staff attention to assure health & safety? (Documentation: Nursing Assessment, Nursing Care Plan, protocols, etc.)
- What specific supports require 1:1 staffing? What is the frequency (per day) and duration that these supports are required?
Example: Support: _____ frequency ____/day x duration _____hrs
- What specific supports require two or more staff? Frequency?
Example: Support: _____ frequency ____/day x duration _____hrs
- What specific tasks require nursing staff? (Do NOT include tasks which may be delegated.)
Example: Nursing task: _____ frequency ____/day x duration _____hrs
- What nursing tasks are delegated? How frequently are the delegated tasks performed?
Example: Nursing task: _____ frequency: weekly or less/daily/multiple times daily/as needed
- Is the individual transitioning or returning to the residential program with new, serious health/medical issues that require additional monitoring?

IV. Staffing

A staffing schedule may be required. If a staffing schedule is submitted, staffs who are assigned to provide 1:1 support to another individual should be identified and not considered as available to provide assistance with supports.

- Based on the information in the preceding section(s), determine the number of hours of “exclusive focus” required to safely support the individual.
- If more than 1 staff is required for supports described above, are other staff scheduled during the hours that the supports are required? Do NOT include staff who are assigned to be 1:1 for another individual in the home.
- If staff hours required in Section III Medical Needs require shift nursing as part of the staff schedule, is there information describing why the nursing tasks will not be delegated?
- RN hours for delegation:
 - If nursing tasks are required to be performed multiple times daily or on an “as needed” basis, allow up to 5 hours per month of RN consultation.
 - If nursing tasks are required on a daily basis, allow up to 2.5 hours per month.
 - If all nursing tasks are required on a weekly less frequent basis, allow 1 hour per month.

**RHODE ISLAND DEPARTMENT OF BEHAVIORAL HEALTH,
DEVELOPMENTAL DISABILITIES AND HOSPITALS
POLICY AND PROCEDURES**

TITLE: Appeals Process Related to SIS Administration, SIS Level Assignment or Resource Allocation		POLICY NO: SIS-8
RESPONSIBILITY: IRC	DATE APPROVED: DATE REVISED: 12/31/12	PAGE(s): Attachment A

PURPOSE:

To articulate the options available to individuals, their families or legal guardians related to the administration of the Supports Intensity Scale (SIS) tool, the assignment to a SIS level or the resource allocation assigned to the individual.

POLICY:

In accordance with Section 25.01 of The Rules and Regulations for Licensing Agencies Providing Service to Adults with Developmental Disabilities, “any person who has a developmental disability, or his/her advocate, has a right to appeal an action or inaction of the Department related to eligibility, SIS, ISP approval, funding or any other matter which may arise under these regulations in accordance with the provisions of the *Rules and Regulations Governing the Practices and Procedures Before the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals.*”

The BHDDH makes every effort to resolve complaints brought forth by individuals or their advocates prior to an appeal being filed. In some cases, individuals or their advocates must utilize the informal complaint process before an appeal will be considered.

SIS Administration

As per BHDDH Policy SIS-5: Request for Review Based on the SIS Interview Protocol, if the individual receiving supports, their family member and/or legal guardian believe that the SIS Interview process was not followed as it was explained to them, they may submit a *Individual, Family Member or Legal Guardian Request for Review Based on the SIS Interview Protocol* (Form S105). Policy SIS-5 outlines the BHDDH’s procedure to address these requests prior to any appeal being filed.

If the individual, family member or legal guardian is not satisfied with BHDDH’s decision in the matter, they have the option to appeal as per Section 25.1 of The Rules and Regulations for Licensing Agencies Providing Service to Adults with Developmental Disabilities.

SIS Level Assignment

The assignment of an individual to a SIS level is based on the following criteria:

1. The responses given by respondents in the SIS interview
2. As needed, additional documentation collected by the SIS Interviewer to validate the responses to the Rhode Island SIS Supplemental Questions
3. As needed, a verification by the SIS Interviewer and a Second Review by a member of the SIS Committee pertaining to the scores assigned to the SIS Supplemental Questions
4. A standardized algorithm applied to all participants that is based on the results of a stratified sample of 1,000 individuals currently receiving services from Rhode Island BHDDH with varying levels of need who were assessed by the same set of AAIDD-certified SIS interviewers from September 2011 – March 2012

Once the SIS level is assigned to an individual, the assignment is final for three years until the SIS is re-administered to the individual with one exception. A request may be made for consideration to re-administer the SIS prior to the three year anniversary which may yield a new SIS level. This procedure is described in Policy SIS-6: Request for Review Based on a Major Life Change.

If the individual, family member or legal guardian is not satisfied with BHDDH's decision in the matter, they have the option to appeal as per Section 25.1 of The Rules and Regulations for Licensing Agencies Providing Service to Adults with Developmental Disabilities.

Resource Allocation

The assignment of an individual to a resource allocation is based on the following criteria:

1. The SIS level assignment
2. The residential placement of the individual—community residence, shared living, lives independently, or lives with family
3. The Level of Care Descriptions assigned to each SIS level that were reviewed by a Clinical Validation team in June 2012. As part of its directive, the Clinical Validation Team:
 - a. Analyzed the level of supports needed for a sample of individuals among the first 1,000 individuals that were assessed with the SIS who are currently receiving services from Rhode Island BHDDH to determine if the supports needed for these individuals matched the level of care descriptions assigned to the SIS level; and
 - b. Compared individuals within the study population to ensure that the support needs of individuals in the same SIS level are similar.

Resource allocations are only changed if an individual is determined to have experienced a Major Life Change and the individual requests and is approved for a new resource allocation as per Policy SIS-6: Request for Review Based on a Major Life Change; or if as per approval from Form S109.

If the individual, family member or legal guardian is not satisfied with BHDDH's decision in the matter, they have the option to appeal as per Section 25.1 of The Rules and Regulations for Licensing Agencies Providing Service to Adults with Developmental Disabilities. **Attachment A also provides the Opportunities for Reconsideration in the SIS Process**

**RHODE ISLAND DEPARTMENT OF BEHAVIORAL HEALTH,
DEVELOPMENTAL DISABILITIES AND HOSPITALS
POLICY AND PROCEDURES**

TITLE: Participant Request for Reconsideration		POLICY NO: SIS-9
RESPONSIBILITY: Service Tier Package Review Committee	DATE APPROVED: DATE REVISED:	PAGE(s): Forms S109

PURPOSE:

To identify the criteria and process for requesting a case review of the assigned Service Tier Package Authorization.

POLICY:

As defined in Section 1.80 of The Rules and Regulations for Licensing Agencies Providing Service to Adults with Developmental Disabilities.

The BHDDH Service Tier Review Committee will be comprised of the BHDDH SIS Supervisor and/or designee, a member of the Social Services Department, a DD Administrator and a representative from DD Fiscal will be responsible for reviewing, prioritizing and approving or disapproving all Requests for Tier Review. The Service Tier Review Committee will meet monthly to review all requests and will meet to review specific cases on an as needed basis depending on the urgency of the request.

PROCEDURE:

A Request for Review of the Service Tier Package, **through form 109**, is submitted to BHDDH by a Participant or by a DDO that provides support coordination to the individual.

1. The designated member(s) of the BHDDH Service Tier Package Review Committee logs in the Request for Review.
2. The designated member(s) of the BHDDH Service Tier Package Review Committee assigns the case to the next regularly scheduled meeting of the BHDDH Service Tier Package Review Committee. All requests will be reviewed within 30 days.
3. As part of the review process, the following information will be reviewed: the Participant's SIS and supplemental questions, all submitted documentation included in the requests, a fiscal review consisting of a copy of the SIS notification letter, current authorization for services and expenditures for the past year.

After reviewing the case, the Committee makes one of the following determinations:

- If there was an error on the original SIS notification letter a new letter will be sent to the Participant and DDO, if applicable.
- Based on the review the Committee does not concur with the request and the Service Tier Package is maintained.
- The Committee concurs with the request and an increase for supplemental funding is approved based on the documentation submitted.

- In the extraordinary circumstance the Committee may determine a new SIS assessment is indicated, such assessment will be scheduled in the next 30 days.

Form S109
Participant Request for Consideration
Based on the Service Tier Package Authorization

Name of Participant: _____

Name of Person Completing Form: _____

Your Relationship to Participant: _____

Date of Notification Letter of Service Tier Package Authorized: _____

Today's Date: _____

Residential Status Authorized:

Please Choose One Below

Living With Family

Residential Services

Independent Living

Shared Living

The following items are the basis for my Request for Reconsideration of the Service Tier Package authorized. Check all that apply. Write an explanation beside each item checked to indicate why you think that the Service Tier Package authorized is not sufficient to meet your needs.

_____ Community-Based Supports

_____ Day Activities

_____ Residential Services

Please provide documentation needed to support your assertion that your service delivery needs exceed the assumptions in your assigned tier package.

Current ISP

Progress Notes
Medical, Psych., PT, OT,
Language, etc Consultation
Nursing Notes

Current Supports Summary (for each service)
Behavioral/Medical Plan
(Including diagnosis)

Other

Detailed Listing of Current staffing Pattern(s)

Participant Signature

Date

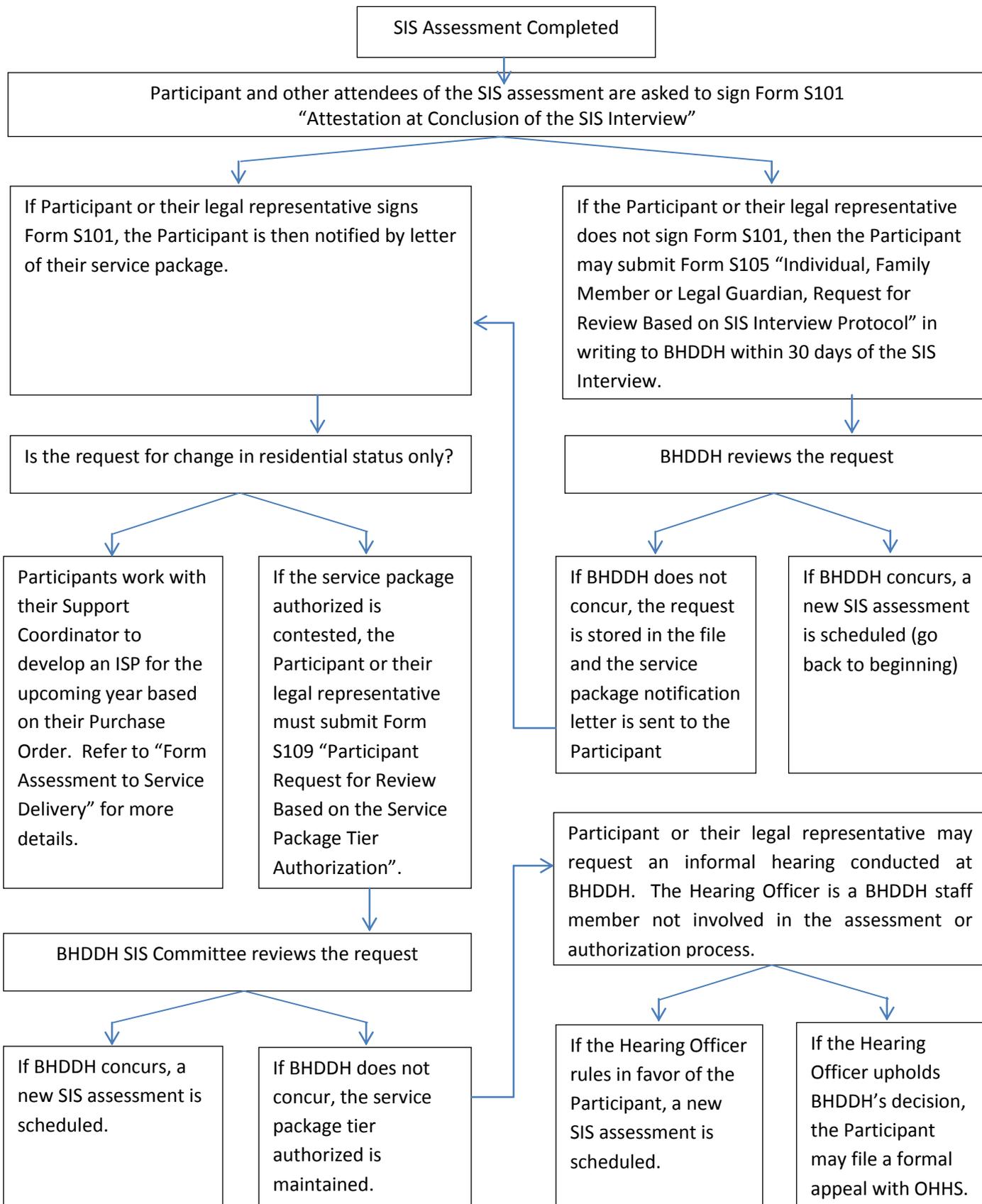
Signature of person completing form

Date

Submit this form by mail no later than 30 calendar days from the date of the SIS notification letter to:
BHDDDH - Fiscal Office, 3rd Floor Simpson Hall, 6 Harrington Road, Cranston RI 02920

Attachment A

Opportunities for Reconsideration in the SIS Process



Form S110

SIS Committee Review Letter for Request based on Tier Package Review

Date: _____

Dear _____ (Contact Person of Agency Making Request)

The BHDDH SIS Committee has reviewed your S109 request submitted on _____
for a Tier Package review based on your recent SIS dated _____

Based on your request and the information provided to us, the Committee has made the
Following decision based on your request:

_____ The submitted documentation does not support a change in Tier Package, therefore
the
_____ assigned Tier Package remains unchanged.

_____ Based on the information you have submitted, the services you have requested will
be added to your Tier Package.

_____ Based on the information submitted, your Tier Package will be _____ .

_____ It has been determined that a new SIS should be conducted to re-evaluate the
frequency and intensity of the supports you need.

Respectfully submitted,

Tier Review Committee

Please be advised that although we cannot grant a hearing over the Reduction in your Funding Authorization, you may have the right to a hearing if your agency or provider proposes any changes to your Service Plan as a result of this reduction that would significantly impact your health and safety. Under those circumstances such a request for an appeal should be made in writing to the Executive Office of Health and Human Services, Appeals Office, 600 New London Avenue, Cranston, RI 02920.

Pursuant to Section 25.01 of the Rules and Regulations Governing the Practices and procedures before the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals, the hearing process shall proceed in accordance with hearing policies and procedures of the Rhode Island Executive Office of Health and Human Services.