

# Using Standardized Functional Assessments to inform Person-Centered Planning



## **INTELLECTUAL/DEVELOPMENTAL DISABILITIES AND THE SUPPORTS INTENSITY SCALE(SIS)**

Presented to Program Committee of the ACCMHS Board  
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# Objectives



- To explain how we use the Supports Intensity Scale (SIS) to assist in the person centered planning process(PCP).
- To describe the process we will use to establish service array guidelines for appropriate levels of supports.
- To aid in providing consistent levels of supports across the arrays across the Lakeshore Regional Entity's CMHSPs and to assist with allocating resources in an equitable manner at system, agency, and individual levels.

# The SIS®<sup>®</sup>, Service Array Guidelines, and the PCP



- The LRE utilizes standardized functional assessments such as the SIS® and the authorization decision guidelines to support and inform the person-centered planning process.
- The SIS® assists with informing the needs and strengths of individuals, however the final service delivery will be based on an individual's unique circumstances and directed by the PCP.
- The results of the SIS® and the service array guidelines will be used as part of the person centered planning process to develop goals as well as assist with long term strategic planning and resource allocation.
- Finally, the goal of the SIS® is to protect service delivery for people with intellectual and/or developmental disabilities, while also providing our service system with the necessary guidance to assess, measure, and determine recommended services that support the Person-Centered Plan.

# Service Array Guidelines



- The LRE has developed service array guidelines for specific services that correlate to the needs of individuals based upon the results of the standardized functional assessments such as the SIS® .
- The service array range will be identified at the time of the psychosocial assessment and/or review of the standardized functional assessment. This information will inform the PCP Process, where the needs of the individual and the appropriate service array will be further refined including optimizing natural and community supports.

# Service Array Development



- A random sample was used for array development.
- The Lakeshore Regional Entity (LRE) developed 7 service arrays for the adult IDD population.
- Service arrays were developed using information from the Supports Intensity Scale (SIS®) in an effort to group individuals together who likely have similar support needs.
- Extraordinary medical and behavioral support needs as well as supports in the areas of Home Living, Community Living, and Health & Safety are used to assess support needs across service arrays. The absence of the support would result in extreme emotional or physical harm.
- Service Array descriptions were developed to provide a narrative of the level and type of support typically needed for individuals within each service array.

# Example: Array 1a



- Mild Support Needs, no to few Behavioral or Medical indicators. Or someone who has not had a SIS completed.

Sum of Parts A,B and E	Medical Needs	Behavioral Needs
0-20	0-5	0-5

- Authorization maximum for Community Based Services
  - Living in licensed home or has a daily per diem CLS rate (H0043)
    - ✦ 0 hours of combined weekly support
  - Living in unlicensed home (with family, housemates, etc.)
    - ✦ 0-10 hours of combined weekly support

## Assessment and Service Arrays to inform the Person-Centered Planning Process



- During the PCP meeting:
  - The SC/CSM engages a group discussion regarding a person's identified needs and collectively develops achievable goals and objectives.
  - Exploration of community resources and natural supports available to the person are considered first. Identified needs that are not met by the natural and community support system may be eligible for CMHSP service coverage in accordance with the LRE service array, as Medicaid is the provider of last resort
  - If after all sources are exhausted and the unmet needs fall outside of the service array range, the primary clinician will follow the exception process.

# Exception Request Process



- The LRE recognizes that the needs of the individuals and families served are unique and not all needs can be met by the amount, scope, duration, and type of services as identified in the service arrays. Therefore, the LRE has developed an exception request review procedure outlined below to ensure that individuals have access to all medically necessary services in the amount, scope, duration needed to reasonably achieve the goals in their Individual Plan of Service (IPOS).

# Exception Request Process cont.



- Should an individual request services that fall outside the recommended service array ranges, an exception request will be submitted to the identified CMHSP reviewer, in writing, which specifies extenuating circumstances (e.g. risk to the person's supports system, health, personal safety, and preservation of current living situation) and the additional amount/scope and duration requested.
- The identified CMHSP reviewer shall be an individual who was not involved in the initial service recommendation.
- The CMHSP reviewer will examine available resources, the IPOS, the level of natural supports, and other pertinent information and determine if the exception will be approved

# How will this impact the services I receive?



- Standardized functional assessments, such as the SIS® and the authorization decision guidelines will support and inform the person-centered planning process.
- Will allow for standardization of the processes throughout the state and region and foster fair and consistent distribution of resources.

# What does the SIS/LRE Service Arrays Do?



- Focuses on the support needs of an individual rather than his/her deficits.
- It evaluates the pattern and intensity of needed supports in six life domain activities that are common to everyone regardless of disability.
- It is used as part of Person Centered Planning to develop goals as well as assist with long term strategic planning and resource allocation.
- Instills confidence that the assessment and Individual Plan of Service developed through the Person Centered Planning process will promote services and supports consistent with individual need.

# What doesn't the SIS/LRE Service Arrays do?



- Does not determine the Person Centered Plan
- Does not definitively determine services based on array.
- Does not negate clinical judgment.
- Does not replace the Person Centered Preplanning tool but rather is used in conjunction with it.
- Is not to be used as a mechanism to balance the CMH budgets.

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Questions?