ND DEPARTMENT OF HEALTH AND HUMAN SERVICES - DD SECTION
SIS and ICAP Assessment Policy

General Information

An assessment is necessary to determine individualized funding levels for people who are eligible for DD Services and choose one of the following services:

- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) (including individuals residing at Life Skills and Transition Center (LSTC)*,
- Residential Habilitation,
- Independent Habilitation,
- Day Habilitation,
- Prevocational Services,
- Small Group Employment, and/or
- Individual Employment.

Individuals who qualify for the above services are required to complete a Support Intensity Scale (SIS) assessment if 16 or older, or an Inventory for Client and Agency Planning (ICAP) assessment for individuals under 16 years old. Individuals with a SIS assessment will be reassessed at least every 36 months. Individuals with ICAP assessments will be reassessed at least every 12 months.

If an individual and/or legal decision maker chooses a service that requires the SIS or ICAP assessment, the Developmental Disabilities Program Manager (DDPM) will provide information regarding the assessment process and how service delivery and payment will be determined.

All assessments will be completed by a third-party vendor who is awarded a contract via a Request for Proposal (RFP) as directed by procurement policy. There does not need to be a release of information or consent for the assessment as the Department of Health and Human Services (DHHS) has a legal contract with the vendor.

The third-party vendor will receive a list of active individuals from DD. The third-party vendor is required, via contract, to maintain a list with the dates of the most recent assessment for all individuals.

Assessments are required and completed for individuals residing at LSTC in order to have assessment score results available for any admission to a DD Licensed Provider. The assessment will not be used to determine funding levels at LSTC.

Purpose of the Assessments

The SIS is an assessment tool used to measure the type of support, frequency of support, and daily support time resulting in an individual's need of habilitation time per day. Habilitation time includes both direct and in-direct hours. Direct hours may include when the staff are providing prompting or physical assistance. In-direct hours may include when staff are still available in the environment but completing other tasks.

The SIS measures habilitative support needs in the following areas:

- Section 1 Exceptional Needs
    - A. Exceptional Support Needs*
    - B. Exceptional Behavioral Support Needs*

- Section 2 Support Needs Index
  - A. Home living*
  - B. Community living*
  - C. Lifelong learning
  - D. Employment**
  - E. Health and safety*
  - F. Social activities
- Section 3 Supplemental Protection and Advocacy
  - It will also look at how an individual protects and advocates for themselves and any extra support needed for exceptional medical and behavioral needs.

This area is utilized in determining the individual's habilitative hours in ICF/IID, Residential Habilitation, Independent Habilitation, Day Habilitation, Prevocational Services, Small Group Employment Support, and Individual Employment Support

**This area is utilized in determining the individual's habilitative hours in Day Habilitation, Prevocational Services, Small Group Employment Support, and Individual Employment Support*

How to Interpret the SIS Scores for Rate Methodology
There are two different variations of scores utilized from the SIS assessment scores. The multiplier is an established amount determined by the Department. The multiplier calculation represents the number of habilitative hours assigned to each individual.

1. The services of Individual Employment Supports, Small Group Employment Supports, Prevocational Services, and Day Habilitation utilize the following RAW scores:

   Section 1 Exceptional Needs
       Subsections
           A. Exceptional Medical and Section
           B. Exceptional Behavioral

   Section 2 Support Needs Index
       Subsections
           A. Home Living
           B. Community Living
           D. Employment
           E. Health & Safety

2. The services of Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), Residential Habilitation, and Independent Habilitation utilize the following scores for the multiplier:

   Section 1 Exceptional Needs
       Subsections
           A. Exceptional Medical and Section
           B. Exceptional Behavioral

Section 2 Support Needs Index
Subsections
A. Home Living
B. Community Living
E. Health & Safety

The ICAP is utilized for individuals under the age of 16 years who receive ICF/IID, Residential Habilitation, or Independent Habilitation. The ICAP is an assessment tool that measure an individual's adaptive behavior and behavioral support needs, plus additional items that compile diagnostic information (e.g., type(s) of disability, demographic information (e.g., age), functional limitations and needed assistance (e.g., health limitations) and information about services received and recommended changes in services.

- Adaptive behavior is assessed along four dimensions:
  A. Motor skills
  B. Social and Communication Skills
  C. Personal Living Skills
  D. Community Living Skills

- Behavior support needs are assessed along three dimensions:
  A. Self-injury/Stereotyped/Withdrawn
  B. Offensive/Uncooperative
  C. Disruptive/Destructive/Hurts Others

Refer to Appendix How to Locate SIS or ICAP Scores in the web-based program management system

How to interpret the ICAP scores for Rate Methodology
The ICAP Service Score, which ranges from 0 to 100, is indicative of the service intensity required by an individual, considering both adaptive and behavior support needs.   Although not a simple formula, the Service Score is a weighted combination of approximately 70% adaptive behavior and 30% maladaptive behavior. The higher the score the less assistance the person is likely to need. The multiplier is an established amount determined by the Department. The multiplier calculation represents the number of habilitative hours assigned to each individual.

Visit DD's website to utilize the multiplier calculator [Assessment Calculator]

Scheduling the Initial Assessment for New Individuals
DD will notify the third-party vendor when an individual has been authorized for DD services that require an assessment (see above) and is in need of an initial assessment. The third-party vendor will contact the provider to schedule the assessment.

The provider will determine if there are qualified respondents available to complete the assessment. If the individual does have a qualified responder, the third-party vendor will complete the assessment within 45 days of the start date of applicable authorized services. When an individual does not have a qualified responder, the assessment will be completed after

services begin. The assessment must be completed on or after 90 calendar days of entering a service.

The initial assessment will be utilized for reimbursement of services that began prior to the completion of the assessment.

Scheduling Re-Assessments
Individuals with a SIS assessment will be reassessed at a minimum of every 36 months. Individuals with an ICAP assessment will be reassessed at a minimum of every 12 months.

When possible, the assessment will be scheduled two months in advance of the assessment due date. The third-party vendor will contact the provider to schedule the assessment. The provider will ensure there are qualified respondents for the assessment. If a provider has not scheduled an assessment for an individual after three attempts, the third-party vendor will notify the DD Section.

Assessment Cancellations and Rescheduling
Cancellation is requested 48 hours prior to the interview to minimize unnecessary travel. Rescheduling will be considered only for the following issues:
- The individual receiving services will not attend the interview or the Interviewer has not been able to observe him/her in a natural setting prior to the interview; and/or
- The individual is ill or in extreme distress; and/or
- Inclement weather prevents traveling to the interview site; and/or
- Legal decision maker plan to attend but are unable to do because of similar reasons above and do not want the meeting to occur without them.

A scheduling conflict on the part of the DDPM and/or one of the respondents is not sufficient reason for cancelling the interview.   If one of respondents is unable to participate in the interview, the interview may still proceed if there still 2 qualified respondents present.

Emergency cancellation by the individual being served:
The individual or legal decision maker will contact the provider, who will contact the third-party vendor, as soon as possible to determine if the interview can or should be held. The provider will contact the respondents to let them know the decision.

Who Conducts the Assessment Interview
The interview will be conducted by a certified interviewer employed by the vendor designated by the Department who is trained and endorsed to conduct interviews.

Location of Assessment and Notification to Individual, Legal Decision Maker, and DDPM
The provider designee is responsible to work with the individual and/or legal decision maker to find a convenient time and location for the assessment.   The location should be both private and accessible. Location may include the individual's home, provider agency, church, etc. Necessary accommodations will be provided, including an interpreter. If an interpreter is needed for the assessment, the provider will work with their Regional Human Service Center who is responsible to arrange the service.

The provider will schedule the assessment and notify the individual, legal decision maker, qualified respondents, other involved DD service providers, and the third-party vendor with the proposed date and location of the assessment as soon as possible, but no later than ten business days after notification from the third-party vendor.

Written notification using the required template letter must be used to ensure proper notice. Providers must send the corresponding SIS or ICAP Fact Sheet with the notice. A copy of the sent notice will be maintained in the web-based case management system.

See Appendix on how to access the letter templates "Provider SIS Meeting Notification Letter" and "Provider ICAP Meeting Notification Letter".

The provider must also include the SIS and ICAP Fact Sheets with the notice to provide individuals and/or legal decision makers with information on what the assessment is, the purpose, and what to expect.

Links to Fact Sheets:
SIS Fact Sheet
ICAP Fact Sheet

The provider is responsible to contact the individual's DDPM to inform them of the assessment occurring. The DDPM is not required to attend, however if they do attend, they should never be a respondent. The DDPM's primary responsibility during the interview is to observe and be familiar with the information provided. If the DDPM is in attendance and concerned of inaccurate information being provided, the DDPM will consult with third party vendor and qualified respondents during the assessment to address the concerns. It will be the third-party vendors decision on how to interpret the information.

The provider is also responsible to contact other DD providers the individual may be receiving services from to inform them of the assessment occurring. Other involved DD providers must have the opportunity to have a qualified responder be present during the SIS and ICAP assessment to provide support need information.

SIS Assessment:
The individual and/or legal decision maker are not required to attend, and their lack of attendance does not make the assessment invalid. However, their participation is encouraged and if the individual does not attend, the assessor must observe the individual in their natural environment. The reasons for not attending and the efforts to encourage participation must be documented.

ICAP Assessment:
The legal decision maker is not required to attend, and their lack of attendance does not make the assessment invalid, however, their participation is encouraged. The individual is encouraged to attend the assessment for a period of time.

Qualified Responders

A face-to-face interview will be conducted with the responders and the individual/legal decision maker if they choose to attend. The provider is responsible for determining and arranging the qualified respondents. The individual may serve as a qualified responder but must be able to describe their support needs. Phone contact is allowable when an assessor wishes to gather additional information.

- Must be at least two in person respondents present for the entire interview.
- Qualified respondents must be present at the beginning of the interview and remain for the entirety of the interview.
- Respondents in the interview should not change during the course of the interview.
- The provider must ensure that all respondents have worked with and have an understanding of the individual's needs and known the individual for three or more months.
- Preferably, respondents from paid support providers will be the direct support staff and those who interact with the individual frequently and are familiar with most aspects of the individual's life.
- It is important that responders work together and contribute to the assessment as a whole and answer questions considering all the individual's environments rather than only answering questions that may be relevant to a certain area.
- During the assessment interview, respondents must speak to and relay all support needs in detail. This should include information identified in the individual's service plan and risk assessment.

In addition, it would be helpful to have a variety of responders so the assessment can look across all environments. It is expected that the respondents are knowledgeable on the individual's support needs and will provide accurate information based on their perspective and provide justification for support needs.

> *For example, if an individual receives day programming, residential services, and/or spends frequent time with natural supports the qualified respondents may consist of staff from the day, residential, and family members to fully consider the* individual's *support needs across all environments.*
>
> *Additional respondents may include, but are not limited to:*
> *- A guardian, parent, spouse or other family member*
> *- A staff person from the residential program*
> *- A staff person from a day program*
> *- A staff person from an employment/work program*
> *- A staff person from the school system*
>
> ** The individual's DDPM shall not be a respondent.*

Respondent preparation to participate in the assessment

Providers are responsible to educate/inform responders, and other employees as necessary, on the SIS and ICAP assessment purpose, process, and expectations addressed in this policy.

Respondent preparation is not necessary; however, they should come to the interview with knowledge of the individual's abilities and the types of supports the individual needs.

If at any point responders are not understanding any components, process of the assessment, or have questions, they should inquire with the assessor prior to the completion of the assessment.

A typical SIS interview lasts between 1.5 to 3 hours and a typical ICAP interview lasts between 30 minutes to 90 minutes.

Provider Checklist
The individual's service provider will complete the SIS and ICAP Assessment Provider Checklist using SFN 1802 according to their identified responsibilities. The provider will also complete the necessary documentation within the provider checklist. On the day of the interview, the provider will ensure that the provider checklist is given to the third-party vendor who will be conducting the interview. The third-party vendor will keep the provider checklist along with the SIS and ICAP Assessment Protocol Checklist using SFN 1808.

The provider is responsible to provide any third-party vendor requested items to assist with assessment preparation. The information is to be submitted when confirming the assessment date and time, but no later than two days prior to the assessment.

Link to SIS and ICAP Assessment Provider Checklist:
https://www.nd.gov/eforms/Doc/sfn01802.pdf

SIS and ICAP Assessment Protocol Checklist (SFN 1808)
On the day of the interview, the assessor will:
- Welcome and provide introductions of all present.
- Explain the interview, what the assessment measures, and purpose of assessment. The assessor completes the assessment based on collective respondent answers. Final scores on each question do not need to be discussed with everyone present (everyone agreeing to the answer). The interviewer will make a final decision based on collective information from the respondents.
- Explain each respondent's role.
- Explain each section of the assessment. Discuss and document any needs.
- Explain the rating key for each section of the assessment. Each respondent will be provided with a rating key to reference while responding to the assessors' questions.
  - If qualified responders are uncertain about a question, process, rating key, etc. they should ask the assessor for further clarification.
- Explain how interview results will be distributed.
- At the close of the interview, review the interview protocol checklist and ask all respondents to sign the checklist, indicating that the required steps were followed. The vendor will retain the checklist.

Link to SIS and ICAP Assessment Protocol Checklist:
https://www.nd.gov/eforms/Doc/sfn01808.pdf

Third Party Assessor's Professional Judgment

If the third-party assessor determines that certain pre-assessment protocols were not followed or during the interview, the information provided by the respondents does not represent the supports needed by the individual, the third-party assessor can dispose of the interview data and conduct another interview sometime in the future, possibly with new respondents. This decision will be made in conjunction with the third-party assessor supervisor.

This may occur if:

- The skills and support needs reported by respondents are inconsistent with the skills and support needs demonstrated by the individual during the interview or observation, or
- Respondents consistently disagree on the skills and support needs of the individual.

Distribution of the Assessment Results

The third-party vendor will finalize the SIS assessment results on SIS Online, which will allow for an upload to the Departments web-based case management system. When the assessment is uploaded, an alert from the web-based case management system will be sent to the provider and DD to give notification that the assessment results are available. Typically, the finalized assessments will be uploaded in the web-based system within 8 weeks. Contact DD for any identified delays.

DD will complete and mail the Assessment Results Form (ARF) using SFN 1815 along with the SIS/ICAP Assessment Results Cover Letter, to the individual, and/or legal decision maker, and involved service providers within 10 business days of receiving the assessment results. The assessment results form will provide the assessment score hours for the services the individual is currently receiving and for all available services in the event the individual makes any changes to their services* prior to another assessment being completed. The effective start date for the assessment results is 30 calendar days from the date of the notice.

> ***NOTE: If the individual is authorized for Independent Habilitation or Individual Employment Supports and their SIS assessment score hours change, the ISP will need to be updated.***

DD will attach the Assessment Results Form to the individual's OSP. The Assessment Results Form will remain in any future OSP's until a new Assessment Result's Form is completed.

For initial assessment the assessment effective date is the first date the individual began receiving services (ISP service date). For re-assessments, both regularly scheduled for out of sequence, the assessment effective date is 30 calendar days from the date of the Assessment Results Form notification.

> *Notice for individuals residing at LSTC or other institutional settings:*
> *The Assessment Results Form will be completed by the DDPM and sent out within 10 business days prior to the start date of DD Licensed provider services authorized on the ISP. The assessment effective date is the first date the individual began receiving DD Licensed provider services (ISP service date).*

Notice for individuals transitioning from the ICAP to the SIS assessment:
The SIS assessment will be completed prior to the individual turning 16 years old and the ICAP score will continue to be utilized. DD will complete and mail the Assessment Results Form within 10 business days of receiving the assessment results. The effective start date of the SIS assessment will be the date of the individual's 16th birthday.

If the individual and/or legal decision maker requests the family friendly version, the DDPM will send this version along with the instructions explaining the report*. The report can be found within the individual's SIS assessment view page in the report section. The DDPM should follow up with the individual and/or legal decision maker to determine if a team meeting is necessary. If there is no team meeting needed, the DDPM should discuss the assessment results during the next face to face visit or contact to answer any questions or address concerns.

*Refer to Appendix Reading the SIS Assessment Profile-Family Friendly Report

Link to Assessment Results Form https://www.nd.gov/eforms/Doc/sfn01815.pdf

Person-Centered Service Planning Considerations
The SIS information may be used by teams as another tool to identify an individual's strengths, support areas, goals, and learning objectives, along with providing for additional discovery.

Based on the SIS/ICAP results, teams should discuss the individual's support needs to evaluate the supports the person will utilize or wants. This may include but is not limited to:
- Are there natural supports that can be used
- Can the person be alone
- Is there technology or environmental modifications that can be used
- Can supports be shared with others
- Are there tasks that must be 1:1
- What are the person's strengths, skills, and learning opportunities
- Is there educational opportunities
- Are there community supports that can be used
- What is the person's typical weekly schedule, frequency/time of supports, what activities is the person responsible or able to complete, and what are the challenges for the person
- What other alternative strategies could be used to foster independence or are there opportunities that have not been considered yet

Other Requirements
1. Private Pay: Individuals who are private paying for authorized services will not be required to participate in the assessment process. The individual's team will determine the number of staffing hours wanted to meet the individual's needs. The provider will use the rates identified in the rate matrix to determine the rate that the individual will be responsible to pay the provider.
2. Discharge or death prior to completed assessment: If an individual leaves services or passes away prior to there being an assessment completed, a rate will be established

for the provider using a baseline staffing hours. The baseline staffing hours are developed by the Department from the data of individuals who have completed assessments by utilizing the individual's most recent PAR level. The PAR and SIS/ICAP Assessments are separate assessments and have not been cross walked or mapped to determine equivalent elements, therefore the results are not meant to be utilized in determining staffing levels for individuals who currently do not have an assessment completed. It is only meant to allow for a standard payment to be made in cases where it will not be possible to complete an assessment. The Regional offices will need to notify DD to assist in developing the rate.

3. Determining hours prior to a completed assessment: For an individual who enters services without a completed assessment, the team will determine the estimated number of hours the individual may need. The team should use their knowledge of the individual and other individuals with similar disability related supports to determine the estimated service hours. This determination will be discussed at the Admission meeting and revisited at the 30-Day Comprehensive meeting.   The DDPM will document the discussion and the planned staffing hours (FTE not necessarily the authorized service hours) in both of these OSP types. Providers will not be able to submit claims until an assessment is completed and a rate is established.

4. In an effort to provide services in the least restrictive environment, individuals residing in an institution without an active assessment may obtain an assessment if all the following criteria are present:

- Individual has been determined eligible for DD Program Management,
- Individual is actively pursuing community placement with a service that requires an assessment, such as completed active referrals, timely placement projection or other activities that demonstrate transition planning for community placement,
- Individual does not have an active assessment (within the past 3 years for SIS and 1 year for ICAP), and
- Individual has qualified responders available to participate in the assessment.

The individual's DDPM must complete the request using SFN 1419; https://www.nd.gov/eforms/Doc/sfn01419.pdf. The request will be submitted to the DD's Transition and Diversion Coordinator to verify that all conditions have been met, notify the third-party vendor, and to assist with any transition activities. The assessment will not be used to determine funding levels at the institutional setting.

Refer to page one of this policy in reference to individuals residing at the LSTC. All procedures identified in the SIS and ICAP Assessment Policy continue to apply.

Out of Sequence Assessments for Major Life Changing Events
A major life changing event may trigger the need to conduct a review of an individual's situation to determine if it is necessary to conduct a new assessment outside of the usual cycle. A major life changing event 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 an individual.

A decision to initiate a reassessment must show good reason to believe that an individual's support needs have changed and the individual's circumstances are expected to last 6 months or longer; not in anticipation of a potential change that might, or has yet, to occur.
An out of sequence assessment may not be requested if the next in sequence reassessment is due within 90 days. The date of the out of sequence assessment will reset the effective date of the reassessment schedule.

> *Although an individual may experience one of the major life changing events listed below, the team must be able to identify how the individual's behaviors or needs have changed as a result of the life changing event. If there is no change that will last more than 6 months, it will not qualify as a major life changing event.*

Major life changing events may include but are not limited to:

- Repeated incidents relating to the individual's health and safety including life threatening incidents (e.g. falls resulting in injury);
- A new diagnosis of mid-stage organic brain syndromes that pose a significant change to support needs or functioning (e.g. dementia or related condition);
- A new or change in diagnosis of serious mental health condition that pose a significant change to support needs or functioning;
- Development of new co-morbid conditions (the simultaneous presence of two chronic diseases or conditions in an individual) that pose a significant change to support needs or functioning. (e.g. anxiety and depression in Parkinson's disease)
- Significant change in medical health or new condition or diagnosis that pose a significant change to support needs or functioning (e.g. stroke, cancer, ambulatory ability);
- A change in living arrangement, aging caregiver, significant medical or behavioral health event in the life of a caregiver, or significant change in family functioning.

An out of sequence assessment may be initiated by the individual, legal decision maker, or the provider agency serving the individual using SFN 1839. The individual's individual planning team (which includes the individual, legal decision maker, family, provider, & DD Program Manager (DDPM)) must meet to complete the Major Life Changing Event Assessment Request Form.

Link to Out of Sequence for Major Life Changing Event Assessment Request SFN 1839
https://www.nd.gov/eforms/Doc/sfn01839.pdf

Out of Sequence Assessment Documentation Requirements
The information in the form must outline what the major life change is necessitating the request. Information in the form must also outline other attempts at providing supports or alternatives to assist the individual in addressing the need. The person-centered service plan must be reviewed and updated, based on the changes needed regarding the major life changing event. The person centered plan must contain evidence of the change(s) and provide supporting documentation.

In addition to completing the Major Life Changing Event Assessment Request Form, supporting documentation must be provided to justify the out of sequence assessment. If the information is in the web-based case management system, the provider must indicate the location of the information on the form and if it cannot be found, include it with the request. A summary of the information must be included from the timeframe when the major life changing event situation began. Examples may include, but are not limited to:

- Seizure logs;
- Data tracking;
- Medical assessments;
- Nursing care plans;
- Psychiatric assessments;
- Behavior support plans;
- GERs;
- RMAP;
- Person Centered Service Plans;
- Team meeting minutes;
- Medication lists;
- QDDP monitoring;
- Staffing schedules/documentation;
- Any other information and data related to the request.

If the form is not completed and submitted with the required information in its entirety, the out of sequence assessment request will be determined incomplete and sent back to the provider for the required information. The provider will have 15 business days from the date of the notification to submit the required information to the DD Program Administrator (DDPA). If the required information is not submitted within the timeline, the out of sequence assessment request will be considered withdrawn. If the need is still present, a new out of sequence assessment request will need to be submitted.

The Out of Sequence Assessment Checklist must be completed by the provider, DDPA, and DD to track if an Out of Sequence Assessment Request is complete.

Submission of the Out of Sequence Assessments
The Provider CEO will sign the completed Life Changing Event Assessment Request Form. The following Department timelines will be effective when a completely executed out of sequence assessment request and documentations are received. All requests must be typed

and submitted to the DDPA. The DDPA shall consult with the DDPM and make a recommendation of approval or denial to DD within 10 business days.

The Request will be reviewed by DD where an approval or denial decision will be made within 15 business days and the DDPA is notified of the decision. The DDPA will notify the provider, individual and/or legal decision maker of the decision within 5 business days including the reason for the approval or denial. If the request is approved, DD will notify the third party vendor within 5 business days of the need to complete an out of sequence assessment. The third-party assessor will complete the out of sequence assessment within 45 calendar days.

If an out of sequence assessment is denied, it can only be re-submitted if there is new information and documentation for review that wasn't included in the previous request, or if there is a new major life changing event. If an out of sequence assessment is re-submitted there must be discussions among the team members to ensure all are aware of the re-submission and the team has reviewed and discussed with the proposed changes or additional information submitted. If no new information is submitted, the original out of sequence assessment decision will be upheld.

Right to Appeal
Individuals and/or legal decision makers have the right to request a reconsideration and/or file a formal appeal regarding the assessments or denial of out of sequence assessment for a major life changing event. The decision notice contains information on the right to appeal. Provider agencies do not have the right to request a reconsideration or appeal.

Termination of Service and Right to Appeal
If an individual and/or legal decision maker refuses to have an assessment completed or scheduled, and is currently receiving a service that requires the assessment, this will be considered a voluntary termination. The DDPM will terminate the service on the day the current assessment expires.

Appendixes
   I.   How to Locate SIS and ICAP Scores
  II.   Reading the SIS Assessment Profile-Family Friendly Report
 III.   SIS and ICAP Letter Creation

APPENDIX
How to Locate SIS and ICAP Scores

How to find the SIS scores-Provider Dashboard
- Login to Therap
- Select 'Individual' tab on left hand side of web page (DDPM will go to the SIS Module box on the provider home page)
- Select 'Search' by the SIS category
- Once you select 'Search' the following should be what you see:

Dashboard

Search

Individual		clear
SIS Tracking Number		
SIS ID		
Create Date	From To	

Reset Search

SIS Assessment List

Form ID	Individual	SIS ID	SIS Tracking Number	Completed Date	Interview Start	Interview End	Interviewer Name	Last Modified User
No records found.								

Cancel

- Type in the individual's name in the 'Individual' box, and select 'Search'
- If there are multiple lines, select the one with the most recent complete date.
- The scores will be on the first page

SIS ID	SIS Tracking Number	Completed Date	Interview Start	Interview End	Interviewer Name	Last Modified User
530965	147889	01/28/2015	08:00 AM	10:00 AM	Brenda Smith	BSmith
277741	147889	07/17/2012	03:10 PM	04:45 PM	Marcia Bunger	jwilke

- Once you select the appropriate individual the following web page will show:

Support Needs Profile

Activity Subscale Percentile Results

	Total Raw Score	Standard	Percentile
A. Home Living	48	10	50
B. Community Living	56	10	50
C. Lifelong Learning	70	11	63
D. Employment	60	10	50
E. Health and Safety	62	11	63
F. Social	54	10	50

Total Raw Score for A, B and E: 166

SIS Support Needs Index: 102

Exceptional Medical and Behavioral Support Needs

Exceptional Medical Support Needs Total Score: 1

Exceptional Behavioral Support Needs Total Score: 3

Report(s)

Family Friendly Report.pdf

How to find the ICAP scores-Provider Dashboard (only accessible by DHS staff)
- Login to Therap
- Find the 'Individual Demographics' module on the web page

Individual Demographics
Search
Custom Fields
Insurance
Contact List

- Select 'Search'

- Once you select 'Search' the following should be what you see:

Individual Search

Individual	Search 🔍
Oversight ID	
Social Security Number	
Medicaid Number	
Medicare Number	
Form ID	
Birth Date From	MM/DD/YYYY 📅
To	MM/DD/YYYY 📅
Admission Date From	MM/DD/YYYY 📅
To	MM/DD/YYYY 📅
Status	- Please Select - ▾
Individual ID Type	- Please Select - ▾
Individual ID Number	
Case Status	- Please Select - ▾
Linked Providers	- Please Select - ▾

- Type in the individuals name, with the provider code 'DDD-ND', then select "Search".
- Select the person you're looking for.
- Go to the bottom of the Individual Demographic Form and select "Assessment List"

Cancel	Back			SComm	Edit

Advance Directives	Album	Allergy Profile	Assessment List
Attached Files	Case Status	Contact List	Custom Fields
Diagnosis List	Individual Details	Individual Home Page	Insurance
Oversight	Pending Admission Notes	Shared Contact List	Team Members

- Click on this and it will note the assessment type, score, assessment date and the name of the assessor will be shown in the "Comments" section.

Assessment Type ⇕	Assessment Score ⇕	Band/Percentile ⇕	Assessment Date ▾	Attachment ⇕	Comments
ICAP	43		08/21/2017		Assessor: Deb Dusseau

ND DEPARTMENT OF HEALTH AND HUMAN SERVICES - DD SECTION
SIS and ICAP Assessment Policy

APPENDIX

Reading the SIS Assessment Profile-Family Friendly Report
SIS Assessment Sections

Instructions: The Family Friendly Report will be utilized to share and explain the SIS assessment results with the individual and/or legal decision maker. This appendix explains the Family Friendly Report and is included with the report.

Demographic Page

Consists of demographic information including the name of the person being assessed; their gender, language, address, age etc. It also includes the Interview Date, the name of the Interviewer and agency, agency address, and contact information; reason for assessment (e.g. regular scheduled assessment, re-assessment); Names and relationship of the respondents (people that supplied information regarding the person's support needs for the assessment), the name of the DD provider(s) and the name of the person that entered the profile information.

 Rating Key Section 2 and 3

Provides a brief introduction to the SIS report and describes the ratings for Type of Support, Frequency of support and Daily support time for each of the 6 areas in the Support Needs Index and the 8 areas in the Protection and Advocacy Scale. Important Factors about the Rating:

- When rating the type of support, respondents focus on the nature of the extra support (e.g., the assistance that most typically functioning adults would not need) that the person would need to be successful in the activity if they were to engage in the activity on a regular basis over time.
- If the person needs different types of support, respondents should identify which type of support best characterizes, or most dominates, the assistance that is provided.
- When rating the frequency the respondent should focus on how often extra support would be needed. The frequency should not measure how frequently the person currently engages in the activity but how frequently the person would need support if he/she were to engage in the activity.
- Consider the person fully engaged in the activity and determine the extent of assistance that most typical adults would not normally require.
- Daily support time focuses on how much total daily time would be needed during the course of a typical 24-hour day to provide extra supports to enable the person to be successful in the activity. The daily support time is NOT how often or the amount of time required to complete the task but rather the extra time required to support to the person.

- The individual's skill level, use of assistive technology, motivation, health, behavior and safety/vulnerability must all be considered when determining ratings. If an individual uses assistive devices or technology, the person should be rated with that technology in place.
- Ratings should be community referenced. Those related to employment should be based on competitive employment within the community. Transportation should be based on local public/private options. Ratings should not be based on disability-specific services such as recreation, leisure and /or transportation services for individuals. Ratings should be made for each activity without regard to the services or supports currently provided by organizational staff or by other people.
- Ratings should not be altered because an individual relies on natural supports. That is, in instances where a co-worker, neighbor or family member provides extraordinary support to an individual, the person should still be rated as needing extraordinary support.
- All items are to be completed even if the person is not currently performing a listed activity.
- Estimating the support needed in accordance with his/her current status and functioning is critical. Supports are not limited to performance of a task; they also include training.

Support Needs Index

Shows the Support Needs Scale that addresses 49 life activities grouped into six (6) Activity Subscales and Score results. Each part has a number of items or activities related to each subscale listed. After each item the type of support, frequency, and daily support time are scored and then all three scores are added and reflected in the total score column. Items or activities in each part are arranged in hierarchal order by item with highest score to the lowest indicating the item where the person requires the most support in that particular subscale.

- Part A. Home Living
- Part B. Community Living
- Part C. Lifelong learning
- Part D. Employment
- Part E. Health and Safety
- Part F. Social

Supplemental Protection and Advocacy Scale

Includes 8 activities that identify supports needed to speak up for and protect oneself. Similar to the Support Needs Scale, the type of support, frequency, daily support time are scored and then all three scores are added and reflected in the Total score column. Items are arranged in hierarchal order from the highest score to the lowest, with the first item listed being the skill where the individual requires the most support. This section is not used to determine the SIS Support Needs Index but may provide

potentially useful information for developing individual support plans. The support needs include the following:

- advocating for self; and
- managing money and personal finances; and
- protection from exploitation; and
- exercising legal responsibilities; and
- belonging to and participating in self-advocacy/support organization; and
- obtaining legal services; and
- making choices and decisions; and
- advocating for others.

Support Needs Profile-Graph

Provides a visual presentation of the six life activity areas from the Support Needs Index. The Supports Needs Index is calculated from the six subscale domain scores and is an overall summary score. The BAR Graph represents percentiles in the six life categories and allows for comparison of one category against the others. The taller the bar, the higher the level of need based on the assessment results.

- The Total Raw Score (sum of each item) lists the ratings obtained during the SIS interview for each of the six activity subscales.
- Raw scores are converted to a standard score and then computed into a percentage by scientifically established procedures.
- The percentile is compared to a normed group of people with disabilities, showing the percentage of people whose scores are at or below a given raw score. For example, a person with a SIS Support Needs percentile score of 45 indicates that 45% of individuals have less support needs than the person (or that 55% would have greater support needs).

Rating Key Section 1

Rating key for the Exceptional Medical and Behavioral Support Needs. Each item is rated on a 3 point scale (No Support Needed =0, Some Support Needed=1, or Extensive Support Needed=2).

Exceptional Medical and Behavioral Support Needs.

The Medical Support section includes specific support needs such as Respiratory Care, Feeding Assistance, Skin Care, and Other Exceptional Medical Care needs (e.g., protection from infectious diseases, seizure management, lifting and transferring). The Behavioral Support Needs portion includes items such as Externally Directed Destructiveness, Self-directed Destructiveness, Sexual Behaviors and Other (e.g., wandering, substance abuse, and other behaviors that may need extra-ordinary support.

The ratings for the items are summed. The items are listed from highest level to lowest level of support needed for exceptional (not routine) medical challenges. If the total score is larger than 5 and there is at least one item endorsed as "Extensive Support Needed", then "it is highly likely that the individual has greater support needs than others with a similar SIS Support Needs Index score."

How Information from My Support Profile can be used in Support Planning Approaches

Provides general ideas on how information from the person's Support Profile can be used in supports and person-centered planning.

Appendix

SIS and ICAP Letter Creation

The following tutorial will highlight the correct way to use the SIS and ICAP Letter Template that has been uploaded to Provider accounts. If there are any questions, please reach out to the ND Help Desk at: dhsassisthelp@nd.gov
Access to the Letter Module needs to be granted by the Data Admin via the Privileges section in User Profiles.

Logging into the Therap Dashboard, please locate the Letter Menu which can be found on the Right-hand side and click New:
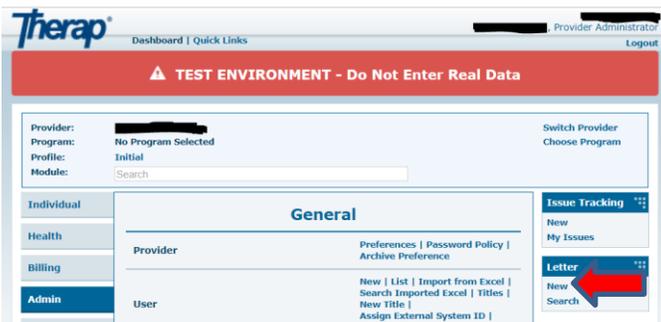
The next screen will be the Select Template screen. For now, the SIS Letter and ICAP will reside here; however, future expansion is possible.

From the drop-down menus, Select the SIS Meeting Notification or ICAP, depending on which letter is being created, and then fill in the Individual field as well as any possible Recipients.
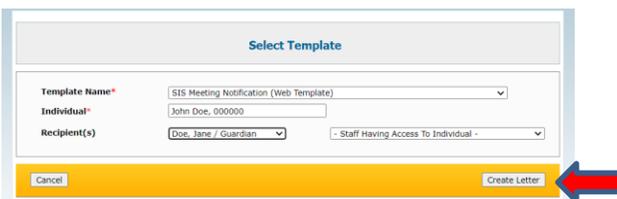
Once the fields are filled in, click on Create Letter.

*The following section will be broken down for better explanation.

On the Create Letter page you will see the following:
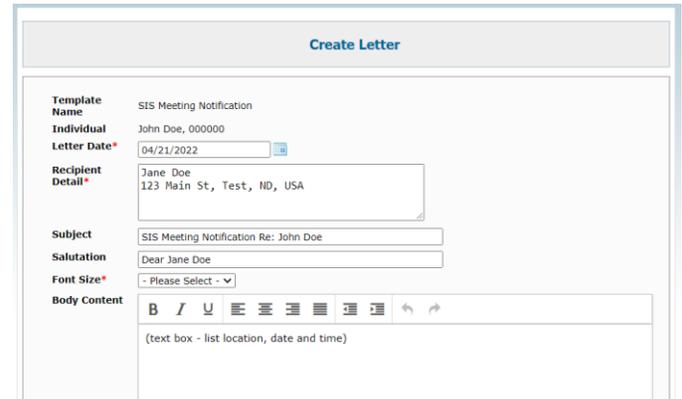
At the top will be the Template Name field which shows we are using the SIS Meeting Notification template.

The next few fields will auto-populate based on the information selected from the previous screen. The Individual, Letter Date, Recipient Detail, Subject, and Salutation should all be pre-filled. These fields, except the Individual, are editable incase extra information needs to be added.

Font size will determine the size of the font for the entire letter. This can be adjusted as needed; however, standard size is normally 12pt.

Following the Font size drop down is the first customizable text box. This will be used to insert the SIS meeting information. Please be sure to fill this information out accurately for the location, date, and time.

Going further down the form, the next box will be the Fixed Content box. This is the standard information that will be included for all SIS letters sent out. This will not be editable.

Fixed Content A meeting has been scheduled to complete the Supports Intensity Scale (SIS) assessment. The SIS is completed every three years or at the time of a significant life changing event. A certified SIS assessor contracted by the State of North Dakota will conduct the assessment.

The SIS assessor will work with you and at least one other person to discuss individual support needs. People who commonly participate in the SIS assessment include those who know the person well such as a guardian, family, friends, and support provider(s).

The meeting usually lasts 1 ½ to 3 hours. The SIS meeting is scheduled to occur at the location, date, and time listed below:

The final two editable boxes are the Closing and Signature boxes. The closing content that pre-populates must remain in the letter; however, the user may add additional information to this section.

*Please note, the Signature box will auto populate with the information of the person who creates the letter.

Closing

Please notify me as soon as possible to inform me if you are planning to attend so I can ensure comfortable accommodations for the meeting. If you would like to attend and the date, time, or location does not work for you, let me know.

Attached is a fact sheet that will provide you information about the SIS, the purpose of the SIS, and what to expect. Please feel free to contact me with any questions.

Sincerely,

Signature

_____, Provider Administrator

At the end of the document, there will be a location where any files can be uploaded that need to be included. This can be found in the Enclosures section. Files can be attached by clicking Add File button.

If another contact needs to be added, please use the Select button in the CC field. Any individuals who are on the client's Contact List will be selectable.

The CC Other field can also be used for anyone who is not linked to the client. Please provide the appropriate email address in this field.

Enclosures

The total size of all attachments cannot exceed 10 MB

Add File   Scan File

CC   Select
CC Other
Copy Letter For CC   ☐

Cancel   Save

Once all the fields have been filled out, do not forget to click Save in the bottom right corner.

The letter below, is an example of what the form will look like that was used in this tutorial.
*Please note, the letter will stay in Draft form until **Mark as Sent** is selected.

Show Letter
Form ID: LETTER-CHIND-L6P45D4ZWMULG
Created By: _____ Provider Administrator on 04/21/2022 10:46 AM
Status: Draft

April 21, 2022

Jane Doe
123 Main St, Test, ND, USA

SIS Meeting Notification Re: John Doe

Dear Jane Doe

A meeting has been scheduled to complete the Supports Intensity Scale (SIS) assessment. The SIS is completed every three years or at the time of a significant life changing event. A certified SIS assessor contracted by the State of North Dakota will conduct the assessment.

The SIS assessor will work with you and at least one other person to discuss individual support needs. People who commonly participate in the SIS assessment include those who know the person well such as a guardian, family, friends, and support provider(s).

The meeting usually lasts 1 ½ to 3 hours. The SIS meeting is scheduled to occur at the location, date, and time listed below:

(text box - list location, date and time)

Please notify me as soon as possible to inform me if you are planning to attend so I can ensure comfortable accommodations for the meeting. If you would like to attend and the date, time, or location does not work for you, let me know.

Attached is a fact sheet that will provide you information about the SIS, the purpose of the SIS, and what to expect. Please feel free to contact me with any questions.

Sincerely,

_____, Provider Administrator

Print Letter

Back   Mark As Sent   Edit   Delete

To search for Letters that were created as well as their status, please follow the instructions below.

From the main Provider Dashboard, navigate to the Letter Module and select Search:

Program:	No Program Selected		Choose Program
Profile:	Initial		
Module:	Search		

Individual		**General**		Issue Tracking
				New
Health	Provider	Preferences	Password Policy	Archive Preference	My Issues
Billing				**Letter**
Admin	User	New	List	Import from Excel	Search Imported Excel	Titles	New Title	Assign External System ID		New
				Search

The next screen will be the Letter Search, from here
type in the client's name and then click Search.

On the search screen, you will see a list of all letters
associated with that client as well as their status (if they
have been sent).

If a particular letter is selected, you will be able to see a
more thorough history of any changes that were made
to the document.