

Division of Developmental Services
Virginia Standard Operating Procedures for the SIS[®] and Review

What is the Supports Intensity Scale[®] (SIS)?

The Supports Intensity Scale is a standardized and norm-referenced assessment developed in 2004 by the American Association on Intellectual and Developmental Disabilities (AAIDD). This assessment has been tested nationwide to ensure validity and reliability. More information can be found on the AAIDD website: www.aaidd.org/sis.

The SIS is an assessment of an individual's support needs at a point in time. The SIS gathers information through an interview with the individual and people who know the individual well, acting as "Respondents."

A "Respondent" is defined as someone who has known the individual well for at least the last 90 days and has observed the individual closely in one or more environments for substantial periods. A Support Coordinator (SC) assigned to the individual in the Waiver Management System (WaMS) for at least 90 days may participate in the individual's SIS interview as a respondent.

A trained Interviewer collects information from respondents and the individual on many aspects of community living. The interview questions focus on the supports an individual would fully participate in the community.

The SC makes a copy of the SIS report available to the family and providers within 15 business days of the SIS interview. The SC and providers maintain a copy of the SIS report in the individual's record. Regulation (12VAC30-122-200) states that information gathered during the SIS should inform the person-centered plan (PCP).

The SIS does not determine eligibility for Developmental Disability (DD) Waiver services. It does not determine the type of DD waiver assigned, the number of available services, or number of hours approved for each service. A completed SIS assessment and, when appropriate, the Virginia Supplemental Questions and Verification Record Review are utilized to calculate the individual's support level, which determines the DD waiver provider reimbursement tier.

Virginia Standard Operating Procedures for the SIS

- 1. An AAIDD-recognized SIS Interviewer administers the SIS.*
- 2. Unless otherwise indicated, the individual is expected to participate as a respondent in the interview. The individual is free to choose their level of participation. However, the SIS Interviewer must meet the individual.*
- 3. Legal guardians must be invited to participate in the SIS interview.*
- 4. Before the interview, the SIS Interviewer will explain the reason for the SIS, the assessment process, the respondents' role, and the Interviewer's role.*
- 5. A SIS interview will not move forward with less than 2 respondents from different areas of the individual's life.*
- 6. Each question on the assessment must be asked and answered, with additional discussion as needed. Once the assessor has arrived at a rating, the assessment will proceed.*
- 7. The respondent's role is to describe the individual's support needs for each item. Respondents provided additional information when follow-up questions were presented.*

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8. *Based upon the information shared and the Interviewer's professional training, the Interviewer will make and share the rating determination for each item as the SIS progresses.*
9. *Sections 1A and 1B of the SIS identify exceptional medical and exceptional behavioral supports. The Virginia SIS Supplemental Questions will be completed as indicated.*
10. *The Interviewer will Document the names of all participants on the "Virginia Standard Operating Procedures Checklist for the SIS Interview."*
11. *Immediately following the SIS, the Interviewer will review the "Virginia Standard Operating Procedures Checklist" with participants and ask for their verbal agreement/disagreement with these items. The Interviewer will note the responses. Respondents will sign confirming participation.*
12. *If a respondent must leave before the interview has ended, the Interviewer will note the time on the Checklist.*
13. *No audio or video recording of the SIS interview is permitted. This prohibition includes the use of security recording devices.*

What if there are concerns about how the SIS was conducted?

The individual, guardian, or family member who participated in the interview may request that DBHDS review whether the Virginia Standard Operating Procedures for administering the SIS were followed.

A SIS rating is not appealable; on-going professional training is required to conduct a SIS interview and to assign accurate SIS ratings. If a SIS standard operating procedure review is desired, the individual, their guardian, or family member who attended the interview shall request review of the SIS Standard Operating Procedures within 30 business days of the date of receipt of the SIS report by submitting a completed and signed copy of the Virginia SIS Review Request form. A letter that details how they believe the Virginia Standard Operating Procedures were not followed should be included in the request.

The Review form and letter shall be mailed to

*SIS Review Unit
DBHDS Division of Developmental Services
PO Box 1797,
Richmond, Virginia 23218-1797*

The Virginia SIS Quality Manager in consultation with the Division of Developmental Services (DDS) Regional Support Manager, the SIS vendor, and the SC will review the issues raised. DDS will issue a decision finding that the Virginia Standard Operating Procedures were either followed or not followed. A final decision will be rendered within 60 business days of the date the Review form is received by DBHDS. Notification to the requestor and SC will be sent within 3 business days of the decision.

If it is found by DDS that the Virginia Standard Operating Procedures for the administration of the SIS were not followed, a new SIS will be requested and scheduled with an AAIDD recognized Interviewer within 60 days of the decision rendered by DDS. If it is found by DDS that the Virginia Standard Operating Procedures were followed, the review will be closed with no further action.

The DDS determination regarding compliance with the Virginia Standard Operating Procedures is final.

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This form is used to report that the interview was not conducted according to Standard Operating Procedures (SOPs). If this is not your intent, do NOT complete the form.


Please send a completed and signed copy of this form with a letter detailing the specific ways in which the Virginia Standard Operating Procedures for the administration of the SIS were not followed to DDS SIS Review Unit at the address listed below.

Name of individual who receives services: _____

CSB/BHA/Training Center: _____

Date of SIS: _____

Please check the item(s) not followed during the SIS.

 Check items NOT followed during the SIS	Standard Operating Procedures for Conducting a SIS (This list is not all inclusive. Refer to pages 1 & 2 for all SOPs.)
	<i>The SIS reflects the needed supports both in the home and in the community.</i>
	<i>During the introduction, the SIS Interviewer explained the reason for the SIS, the assessment process, the role of respondents and the role of the interviewer.</i>
	<i>The SIS interview was conducted with at least two respondents who are defined as persons who have known the individual well for at least the last 90 days and have had recent opportunity to observe the individual in one or more environments for long periods of time.</i> <i>A Support Coordinator (SC) who has been assigned to the individual in the Waiver Management System (WaMS) for at least 90 days may participate in the individual's SIS interview as a qualified respondent.</i>
	<i>At least 2 respondents from different areas of the individual's life were present for the entire interview.</i>
	<i>When necessary, opportunity for discussion was given.</i>
	<i>Items on the assessment were described as necessary.</i>
	<i>Based on information shared by respondents, the Interviewer confirmed the appropriate SIS ratings.</i>
	<i>The final rating of each question was shared with the respondents.</i>
	<i>The SIS exceptional medical and exceptional behavioral questions were discussed in the interview.</i>
	<i>Other (Identify the SOP that was not followed.)</i>

 Print Name

 Signature

 Date

 Relationship to Individual Receiving Service

 Contact Information: Phone number, mailing address

Mail this form and a letter explaining SOP concern to:
 DDS SIS Review Unit
 DBHDS PO Box 1797
 Richmond, VA 23219-1797