

Use of the SIS in evaluation of costs of services for persons with disabilities: experience in the USA

International Conference on:

Using the Supports Intensity Scale System at the
Administrative and Managerial Level

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HUMAN
SERVICES
RESEARCH
INSTITUTE

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Today's Topics...

- The national context and trends affecting service delivery
- Focus on developing more equitable and individually tailored resource allocation models
- The strategic planning process we use
- The Supports Intensity Scale (SIS) and how it is being used
- Case studies and analysis from various states
- Your questions



1. The National Context and Trends

Budget Stress

- Gas prices rise
- Unemployment rate moves to 6%
- Economy falters
- States face revenue shortfalls



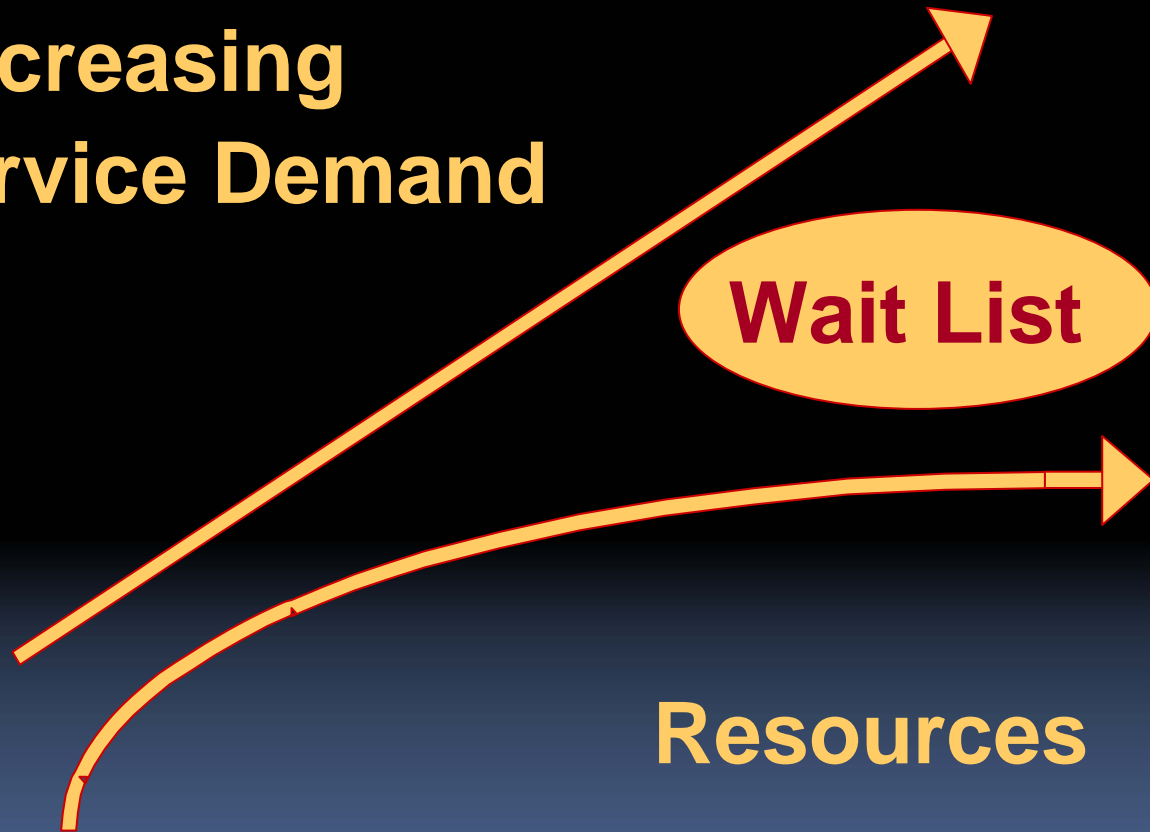
Service Demand Is Going Up!

- Demand for publicly-funded developmental disabilities services is growing nationwide
- It is increasing at a rate greater than population growth alone
- This increase in service demand is driven by:
 - People living longer ... or surviving trauma
 - Aging baby boomers
- Turnover among individuals receiving services is reduced so that there is less capacity to absorb new demand
- There is a growing number of individuals who live in households with primary caregivers who are themselves aging



States Face a Big Problem...

**Increasing
Service Demand**



Wait List

Resources

Reliance on Legacy Systems...

It's A Living Museum ...

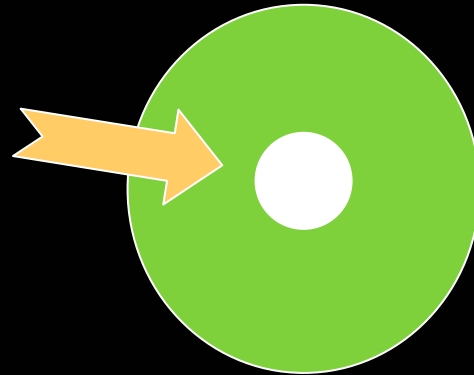
Can this be efficient?



1956... 1962... 1972 ... 1976...1983... 1987.. .1992... 1997.. 2000... 2003...2008

What To Do???

We can't stay on
this spot



We need to rethink what
we do – affirm our
values but resolutely
search for “value”

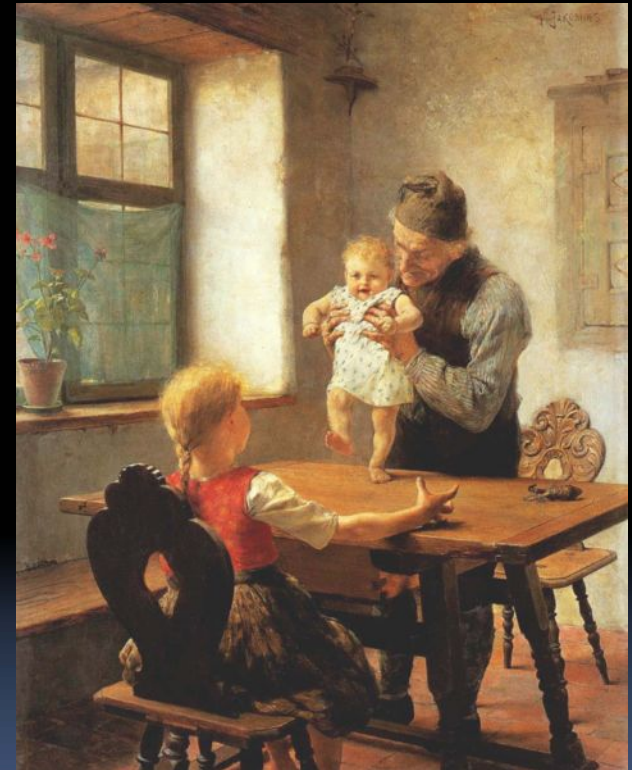
We Must Make Our Service Systems More Efficient



- Reform our person-centered system architecture
- Disinvest from low value/high cost services
- **Utilize National Medicaid (HCBS Waiver) Money Efficiently!**
- New business models... Open markets
- “Non-traditional” providers/direct purchase of supports

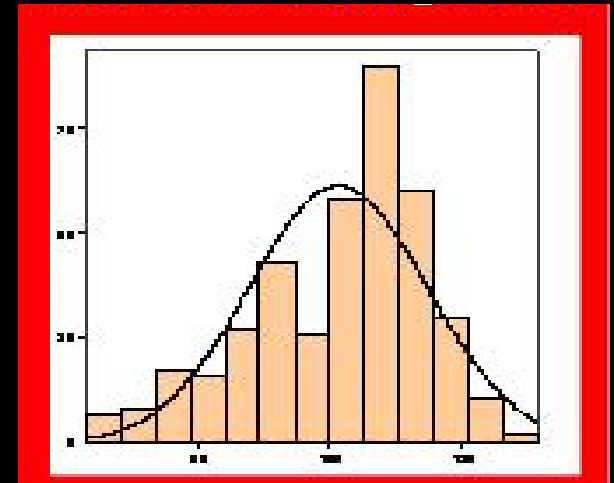
We've Already Taken Some First Steps

- Fewer than 40,000 in institutions; 10 states with no institutions
- Residential options are getting smaller
- States are investing in less expensive ways of funding community services
- States are investing in “in-home supports”
- **States are looking at how to allocate resources to individuals**



Working To Get Personal Allocations Right

- Do we really know what it costs to serve a person?
- Why are some people allocated more than others, even though they have similar needs?
- Is the way we allocate funds fair? Is it based on support needs?
- Is this efficient?
- Several states are working to assess needs systematically and allocate accordingly



**Person-Centered
Budget Allocations**

**Adjusted Service
Reimbursement
Rates**

Focus on Developing Resource Allocation Models



SIX Assumptions:

1. Individual people have needs.
2. Individuals with greater needs should have access to more resources.
3. No two people have the same needs, supports and priorities.
4. Individuals and their teams know best.
5. People should choose providers.
6. It is possible to make it happen.

Overview of the Strategic Planning Process

Developing Individual Budgets In Relation to Service Payment Rates

① Prepare

Set Policy Goals



Engage Stakeholders



Choose Assessment Measure

② Collect Data

Collect Information on Individuals



Compile the Collected Information

③ Set Levels & IBAs

Assign Individuals to Assessment Levels



Set Individual Budget Allocations in Relation to Rates

④ Implement

Review Findings in Relation to Policy Goals



Consider Implementation Issues

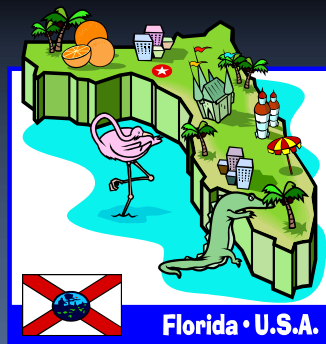


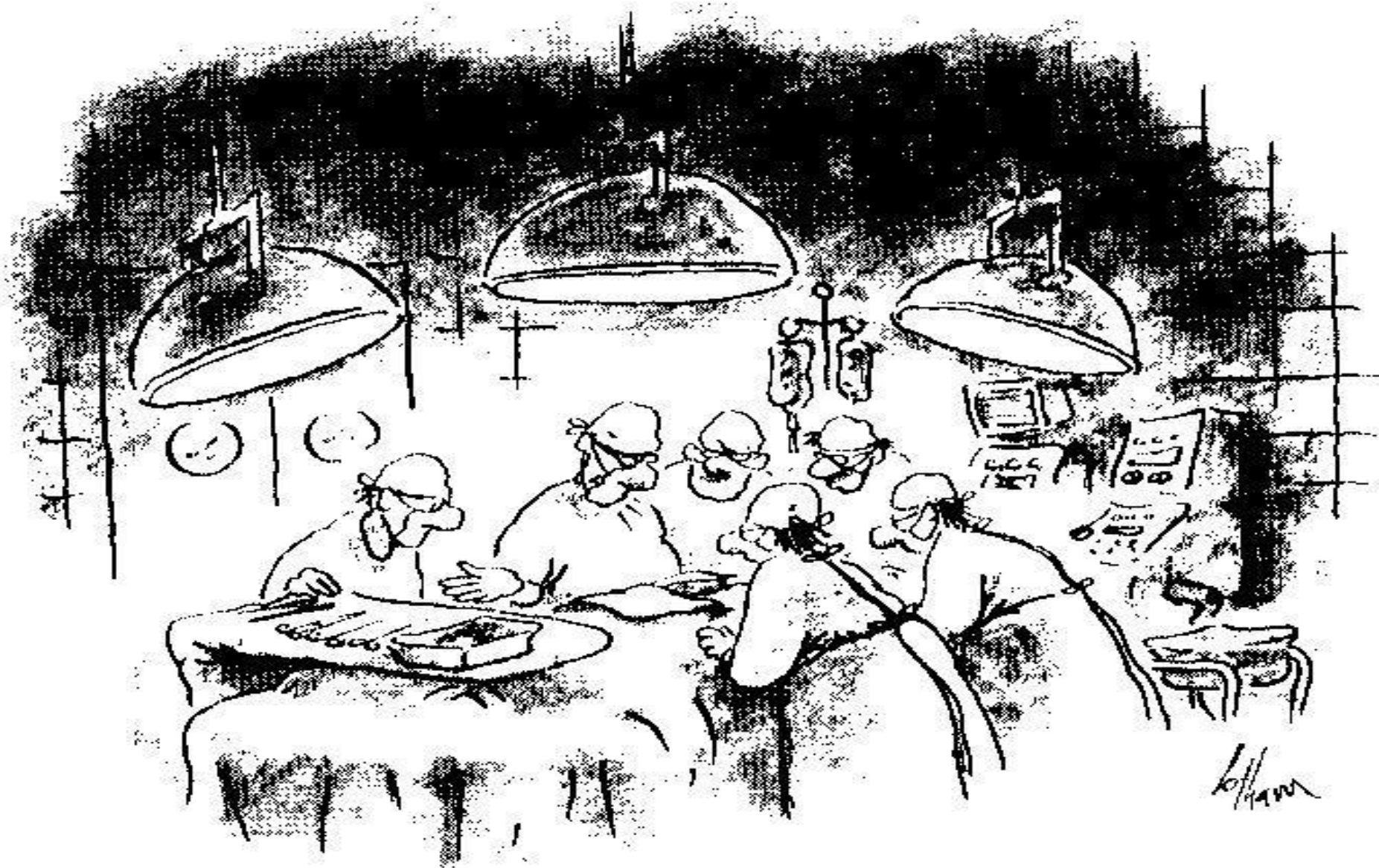
Plan for Implementation



Implement New Practices

Some of the states HSRI is working with...



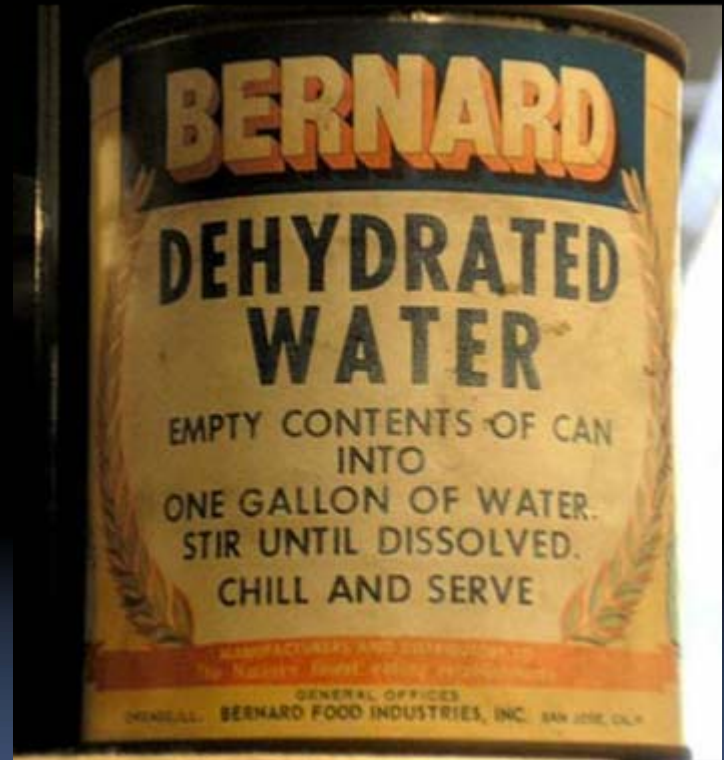


"Let's just start cutting and see what happens."

The ETERNAL QUESTION:

How do we deliver
what we have to
the people who
need it most?

Robert T. Clabby, II
Oregon



“It’s impossible to individualize service until you’ve individualized the funding.”

Russ Pittsley



Step 1. Prepare



Potential Policy Goals

- Fairness, equitability, explicability
- Matching resources and individual needs
- Ability to handle exceptional support needs
- In a time of limited resources - focus on those with greatest need
- Spending money more efficiently to make it go farther, and serve more people.

Step 1. Prepare

Stakeholder Involvement

A stakeholder group should be formed:

- To help advise the process
- To assure that people know what the process is finding and what decisions are being made.

The stakeholder group should meet regularly and be composed of **self-advocates**, parents, providers, and others.



Step 1. Prepare

Choose an Assessment Tool

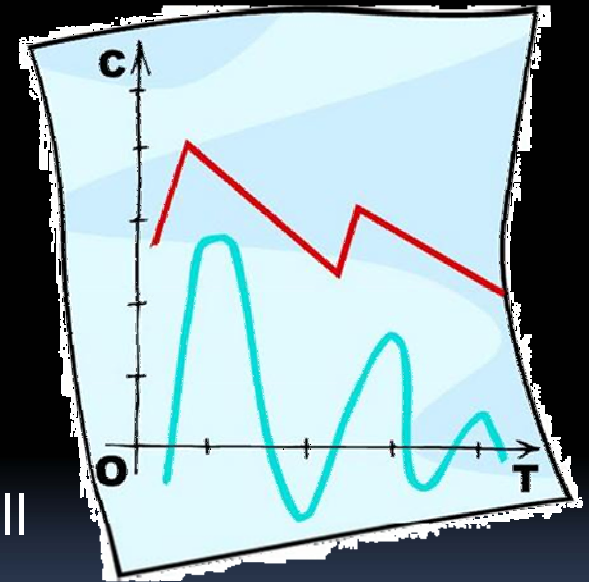
- Assessment tools provide information about support needs
- States use various tools to tie funding to support needs
- Each tool has its advantages and disadvantages



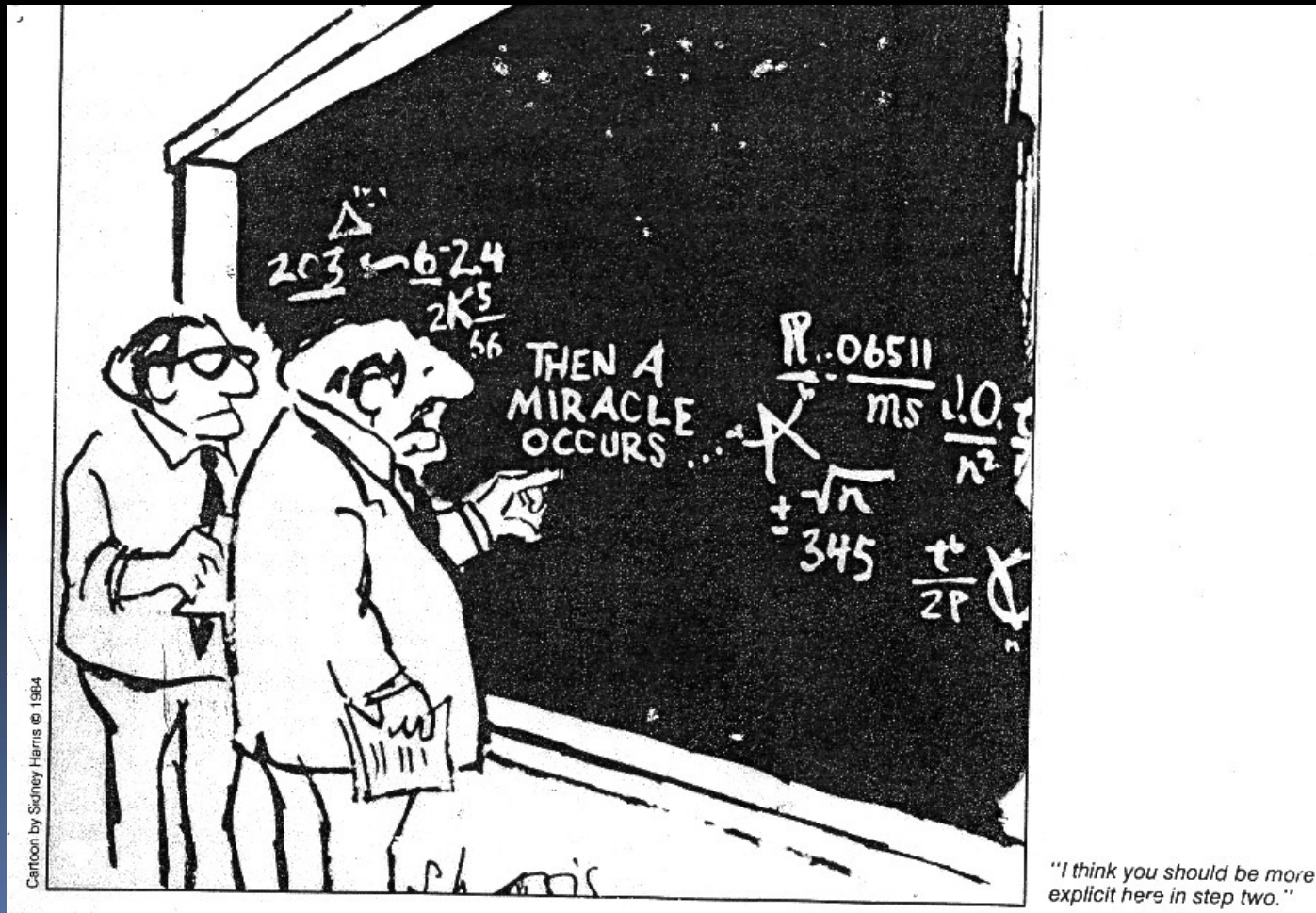
Step 2. Collect & Compile Information

Data Data Data

- A good database is invaluable...
- Many factors explain variance
- All the predictors work together as a team
- The techniques are often powerful enough to be able to overcome minor error and work well
- Allocations and plans are based on the “FOUR Ps”... **Personal, portable, prioritized, predictable**



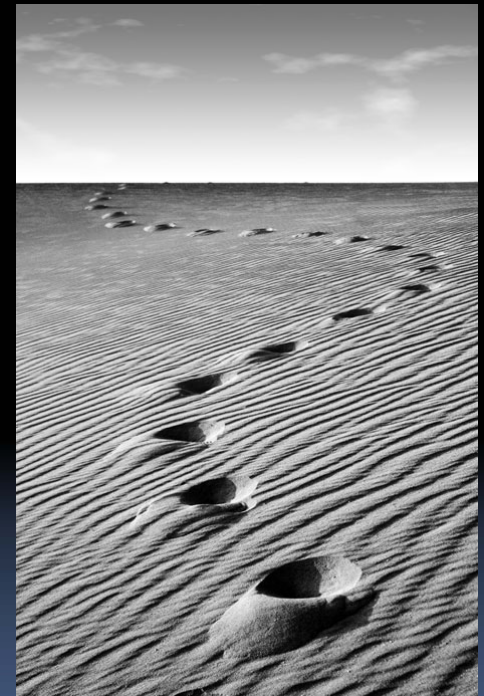
Step 3. Setting Individual Budget Allocations and Adjusting Rates



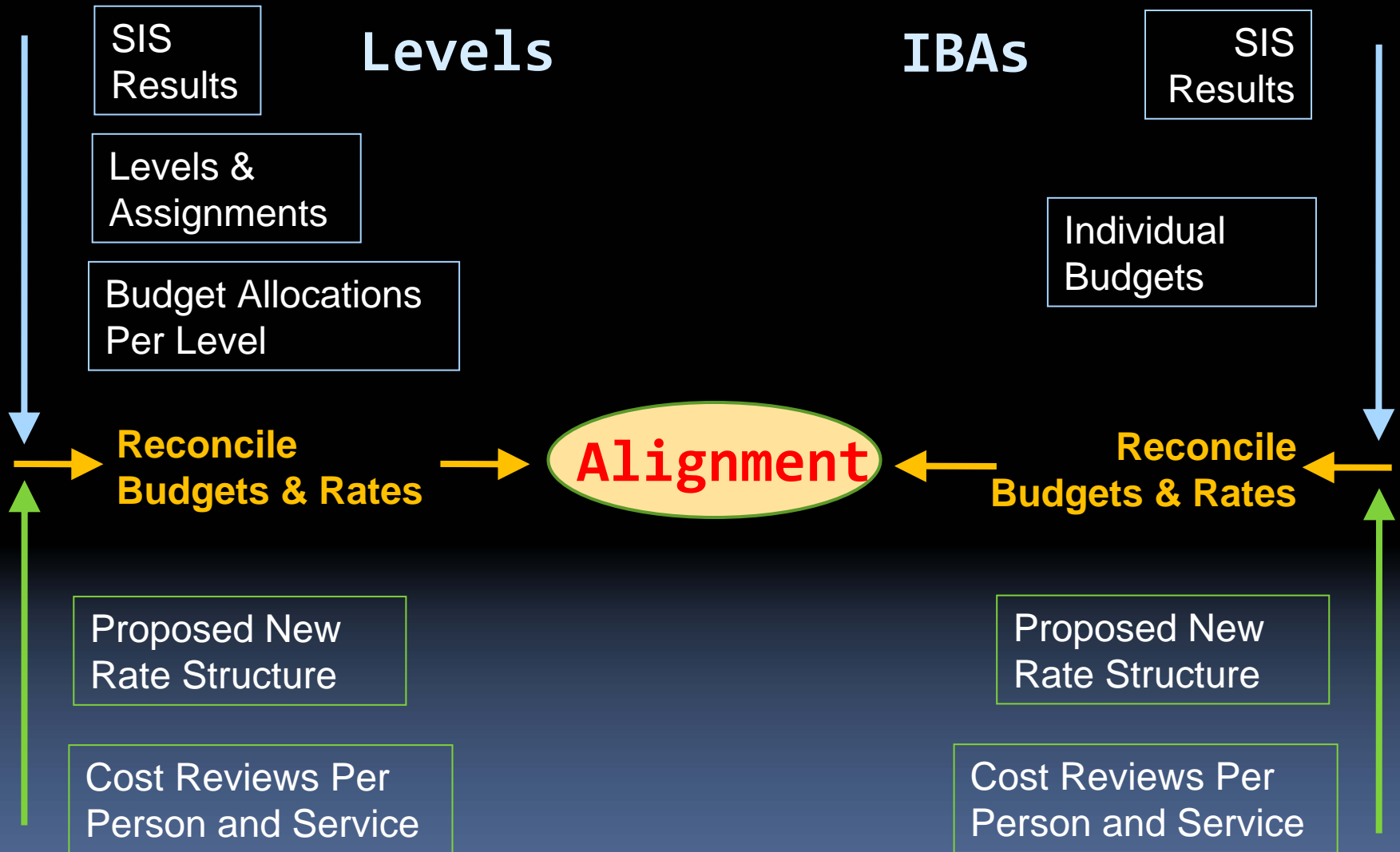
Step 3. Setting Individual Budget Allocations/Adjusting Rates

Several steps in the process

- Determine what variables correlate highest with expenditures;
- Given analysis of support needs and the support they receive ...
 - Individuals are assigned to an **"Assessment Level"**
- OR --
- Individuals are given their own unique **"Individual Budget Allocation;"**
- A "best fit model" is built to align individuals and their needs with budget allocations;
- These findings are reconciled with the rates associated with payments to service providers.



Step 3. Setting Individual Budget Allocations/Adjusting Rates



Step 3. Setting Individual Budget Allocations/Adjusting Rates

The HSRI approach to assigning individuals to Assessment Levels:

- Identify people with similar characteristics.
- Group these individuals based on resource consumption patterns.
- Develop levels in ways to assure:
 - Face validity
 - A logical progression from least to most needs
- Check the progression in the number of people per category... ideally the most people populate the levels indicating less need.
- Account for all those assessed
- Establish separation between levels (hours and/or costs)



We are looking for a “Best Fit Solution”

Step 3. Setting Individual Budget Allocations/Adjusting Rates

The HSRI approach to setting Individual Budget Allocations

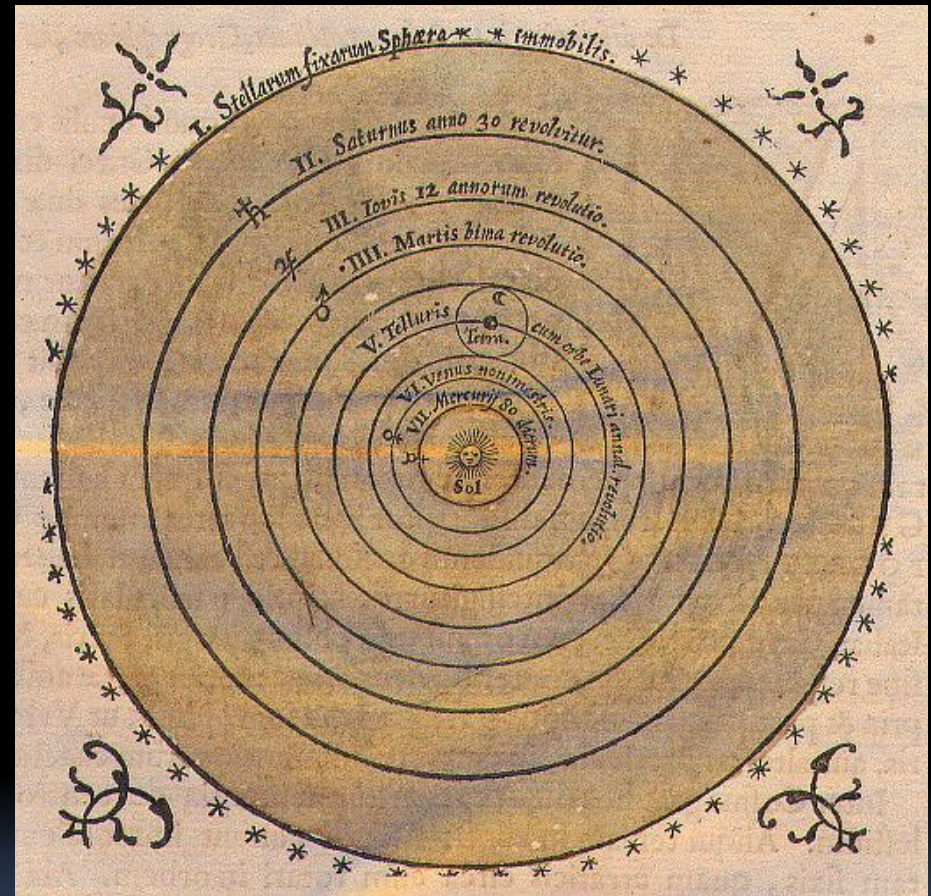
- Spread people out based on their support needs and resource consumption patterns.
- Each person will have his or her own unique personal budget or level.
- In observing the spread their should be:
 - Face validity
 - A logical progression from least to most needs
- Account for all those assessed.



Step 4. Implementation

Before a new model is implemented..
Several steps must be completed..

- The findings and proposed models must be considered in relation to initial policy goals.
- Impacts on individuals, service providers and the system must be considered.
- An “exceptions protocol” must be developed.
- Potential dislocation in the system must be considered.
- Needs for improved infrastructure must be considered.
- A detailed implementation plan must be compiled, and then enacted.

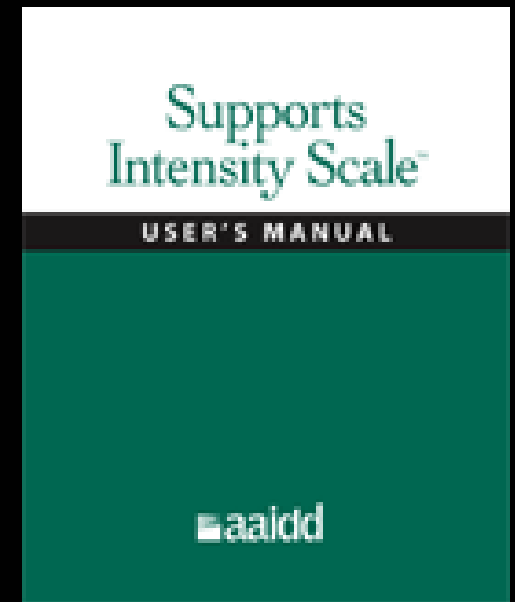


Early models have simple rules but revolutionary concepts

HSRI is designing the financial architecture for state DD/ID service systems



The Supports Intensity Scale (SIS) and how it is being used



What is the SIS?

- Developed and released by AAIDD (AAMR) in 2004
- Originally designed to support person-centered planning, not funding
- Only adult version available – child version is under development
- Currently 14 states and 14 countries using SIS
- Perceived as strength-based... based on support needs
- Must be purchased/licensed from AAIDD

Supports Intensity Scale

- Administration: Interview the person and others who know the person. Requires solid interviewing skills
- Measures general support needs of an individual producing a number of scores
- Includes basic support need areas like:
 - A. Home Living Activities,
 - B. Community Living Activities, and
 - E. Health and Safety Activities
 - SIS ABE – refers to the sum of the scores for these 3 areas that have been found useful in helping resource allocation
- Identifies Medical and Behavior problems which are also significant cost predictors



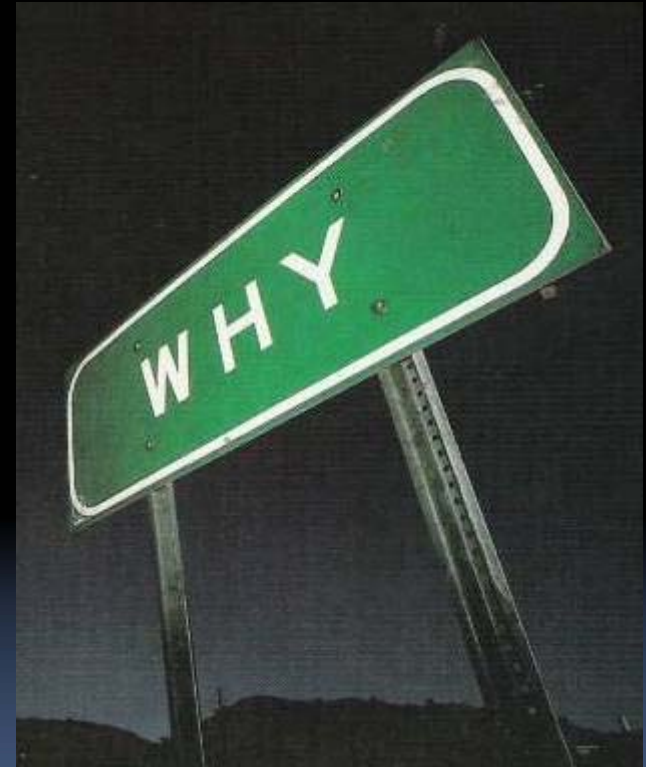
The image shows a form titled "Supports Intensity Scale Interview and Profile Form" with the subtitle "Adult Version (ages 18 and up)". The form is divided into several sections for data entry:

- PERSONAL INFORMATION:** Includes fields for Name, Address, City/State/Zip, Phone, and Date of Birth.
- DEMOGRAPHIC INFORMATION:** Includes fields for Age, Gender, and Marital Status.
- PROFESSOR INFORMATION:** Includes fields for Name, Address, and Phone.
- PROFESSOR INFORMATION:** Includes fields for Name, Address, and Phone.
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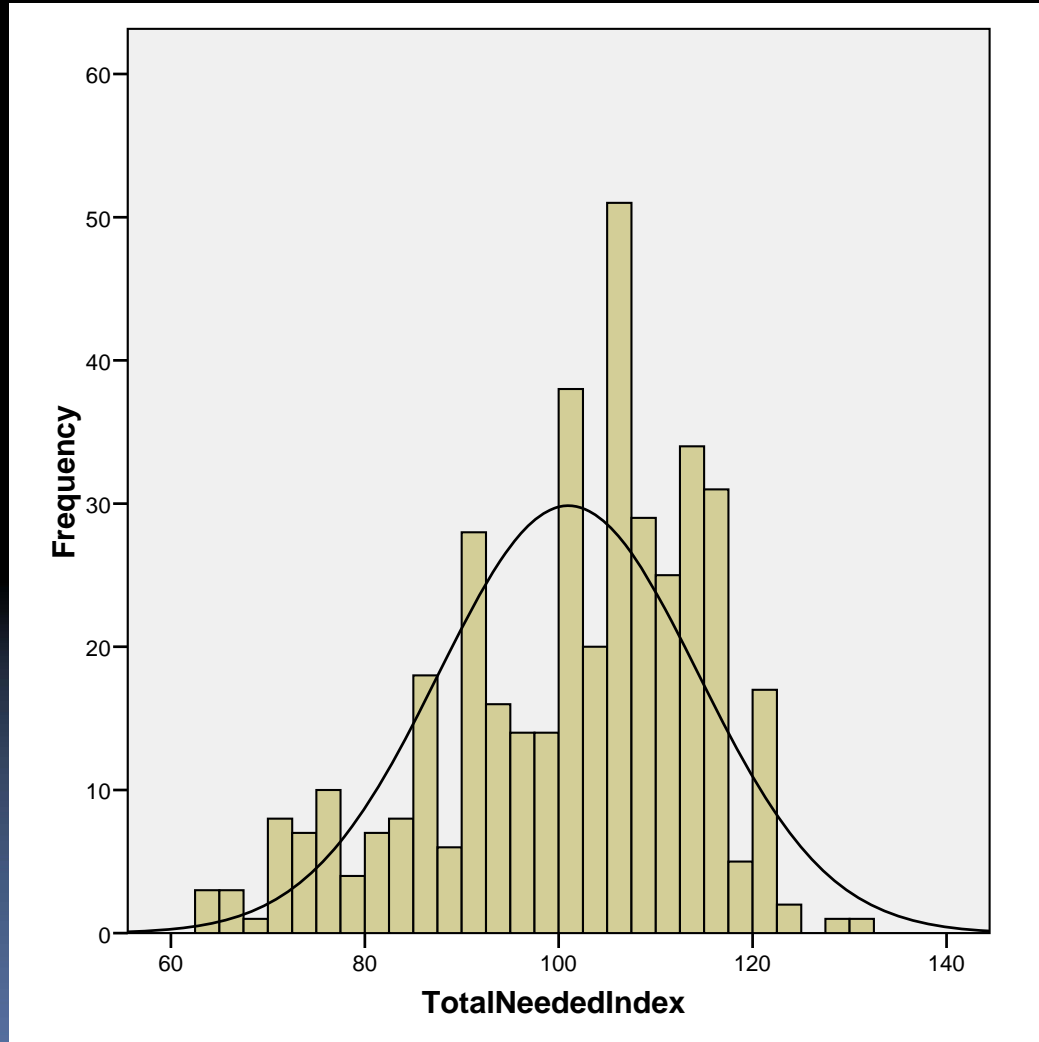
At the bottom of the form, there is a section for "Additional Information" and a list of names and titles associated with the form, including "AAMR" (American Association on Mental Retardation).

Why do states pick the Supports Intensity Scale?

- National norms – buying the bell shaped curve
- Writing service plans with individuals, families, and providers
- Captures support needs, and so, some of the natural supports used by individuals
- Considers both behavioral and medical challenges
- Has potential for helping to shape individual budgets and/or reimbursement levels



“Buying the Bell Shaped Curve”

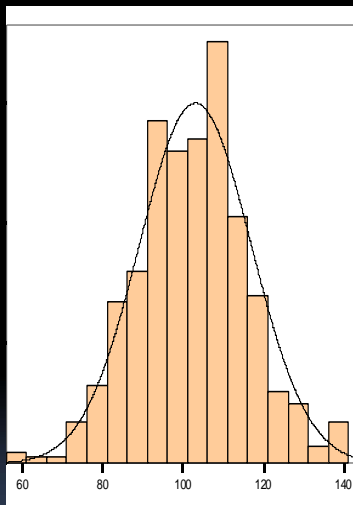


State SIS Comprehensive Adult Waiver Results

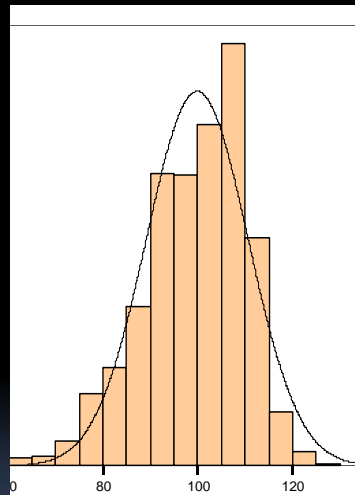
State	People	Total Support Needs Index Score (Range 38-143)	Medical Support Needs (Range 0-32)	Behavioral Support Needs (Range 0-26)
SIS Norms	1,306	100.00	2.47	4.99
OR	401	101.00	3.27	4.98
NE	288	100.42	3.23	4.81
CO	3,631	99.88	2.83	6.13
VA	521	101.74	2.43	4.77
GA	5,140	98.18	1.95	3.80

SIS Results from Four States - Similar Shapes -

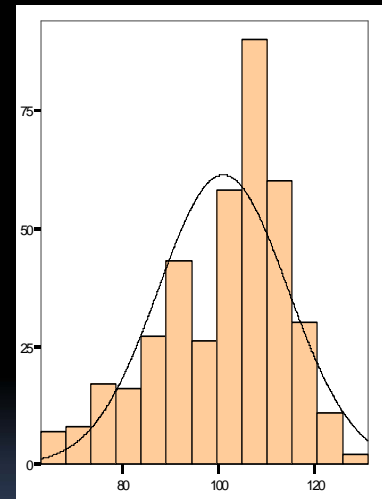
Colorado



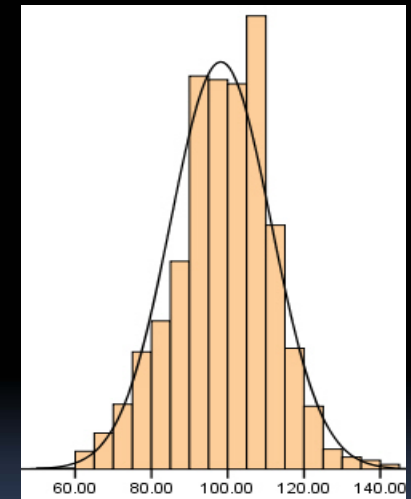
Oregon



Georgia



Virginia



SIS Support Needs Index Scores

Case Studies -- Working with States

Georgia

Colorado

Oregon

Virginia

Louisiana

If I am only for myself,
who is for me?

And if I am only for
myself, what am I?

And if not now, when?

Rabbi Hillel



Georgia SIStem October 2008

- Uses SIS results to provide individual budgets for 10,027 individuals on the state's new comprehensive and support waivers.
- This individual budget model explains over 75% of the variance and is phased in over 5 years to reduce impacts.



Colorado and Oregon

Colorado
Level Model



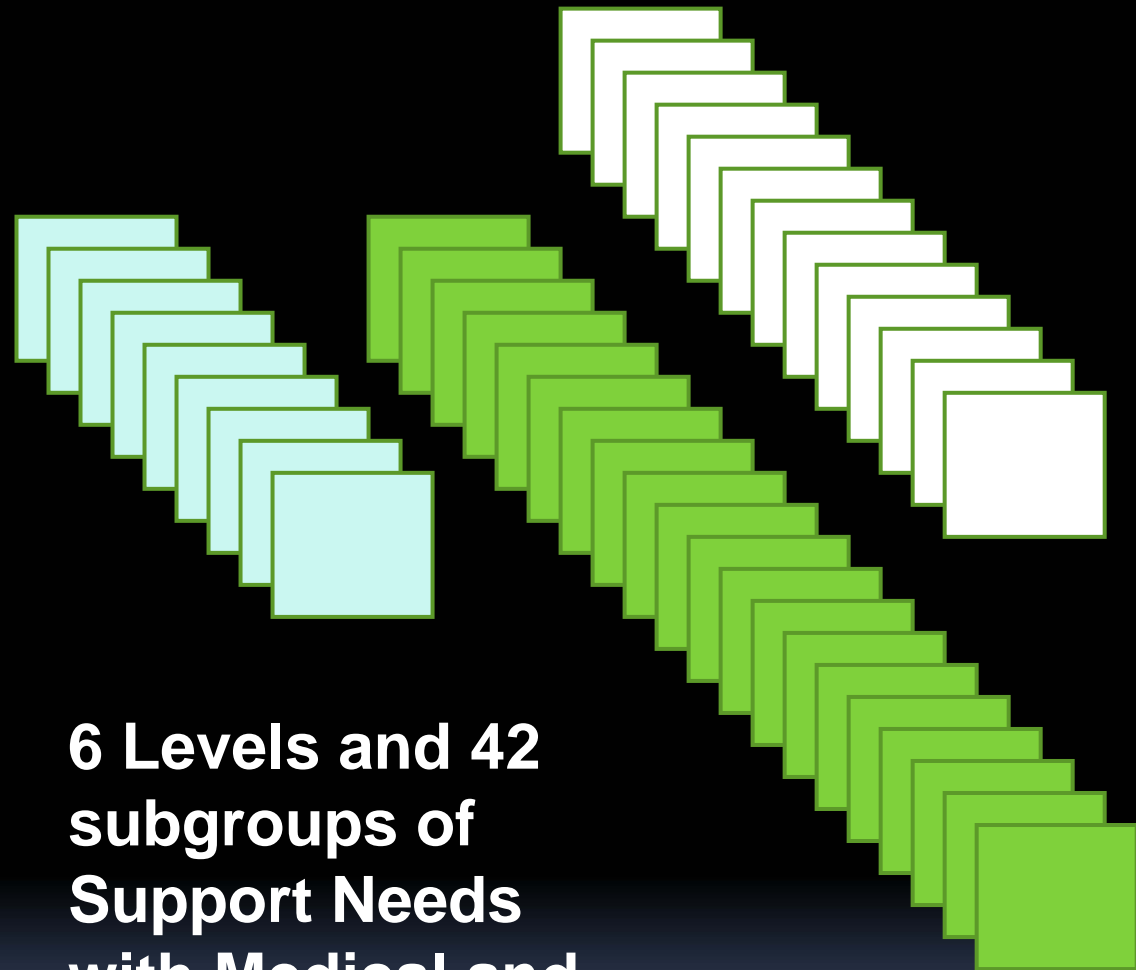
Fits Individual SIS
results from
Oregon



In Colorado

Support Needs In Six Levels structured by 4 main groups of Section 1 ABE Results

Community Safety Risk Two Levels



6 Levels and 42 subgroups of Support Needs with Medical and Behavioral

For Colorado 6 Levels of Funding Were Used

- 6 levels of funding were identified to better match individual support needs with funding based on:
 - 4 groups of SIS general adaptive scores
 - 42 subgroups of SIS Medical, SIS Behavioral and SIS adaptive scores (ABE) and a community safety risk factor
- In the community, as the levels increase from 1 to 6 the overall support needs of the individuals increase as do dollars



We Used the Solution in Colorado to support Oregon

CO's 6 Levels Offered a Better Fit Solution



- We thought that a SIS configuration used in Colorado may offer a better fit solution.
- Work involving the CO was completed using “full population SIS results” (n=3,631)
- The SIS configuration applied there uses six levels composed of 42 detailed subgroups.
- We tested for differences between the OR sample and CO full population. We found that the two are comparable.
- Applying it to the Oregon sample provides opportunity for “fine tuning” assignments to levels

6

Six Assessment Levels

Levels Adult Residential	People in Sample	Type of Need
1	70	Milder Support Needs
2	49	Moderate Support Needs
3	51	Severe Support Needs (SN)
4	30	Severe SN with Moderate Behavior & Medical
5	63	Severe SN with More Serious Behavior & Moderate Medical with Community Safety 30%
6	56	Severe SN Extraordinary Medical and Behavioral with Community Safety 50%

6 Levels for Adult Residential Services

Levels	ABE	Medical Problems	Behavioral Problems	Risk	DD50 Staff Direct Hours
1	24	1	2	0	6
2	29	2	4	0	7
3	32	3	5	0	7
4	34	4	6	0	10
5	34	5	6	30%	12
6	35	7	9	50%	12

6 Levels Offers a Better Fit Solution because of...

- Adding another level improves managing of the “spread” in the sample pertaining to the relationship between assessed needs and dollars or service hours.
- Separation between levels in dollars and service hours is improved.
- Exceptional care and cost cases are better accounted for.
- Overall, it allows for improved assignment to levels for individuals, and improved ability to assign budget allocations.



Exceptional Care & Cost Red Flags



Oregon Predictors of Exceptional Care and cost Membership include:

- 2 Questions from the SIS pertaining to physical disability (on Feeding Assistance / Tube Feeding and Skin Care)
- 2 Questions from the ReBAR Supplemental Questions pertaining to behavior (on Type of Behavioral Support and Safety)

These questions can be used to help identify individuals with exceptional needs and costs.

Virginia and Louisiana

Virginia System
Model Level
Prototype



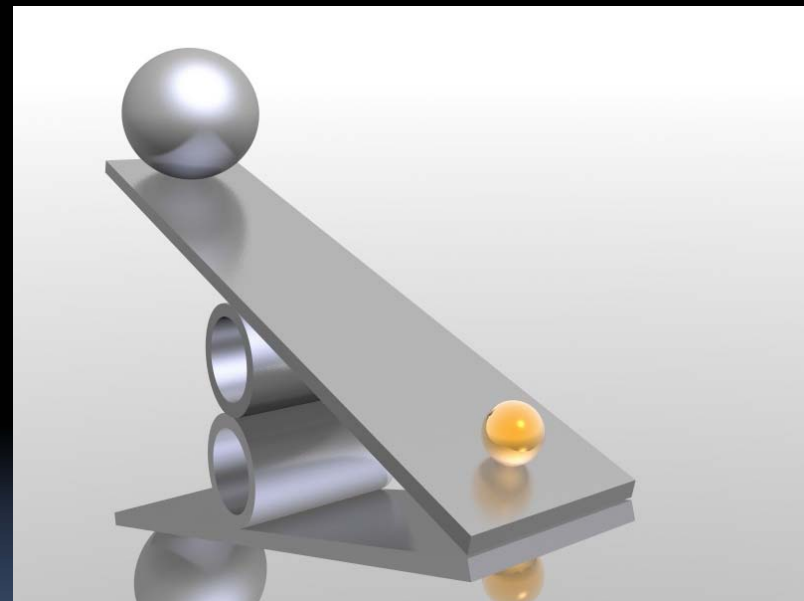
Fits Individual SIS
results from
Louisiana



6 Levels of Funding First Used in Virginia

6 levels of funding were identified to better match individual support needs with funding based on:

- 6 levels of SIS Medical, SIS Behavioral and SIS adaptive scores (ABE)
- In the community, as the levels increase from 1 to 6 the overall support needs of the individuals increase as do dollars



The 6 Virginia System Levels

- Level 1:** Individuals with below-average support needs
- Level 2:** Individuals with average support needs
- Level 3:** Individuals with above-average support needs
- Level 4:** Individuals with low-average to slightly above average support needs but high behavioral needs
- Level 5:** Individuals with extraordinary medical support needs
- Level 6:** Individuals with extraordinary behavioral support needs

LA Objectives - Draft Model

2 models:

- Living with family
- Independent living

Living Arrangement (Family or Independent Living)	
	Base Rate (Units/\$)
SIS Level	± Units/\$
Age	± Units/\$
Natural Supports	± Units/\$
Day Activities	- Units/\$
Recommended Budget Allocation	Units/\$

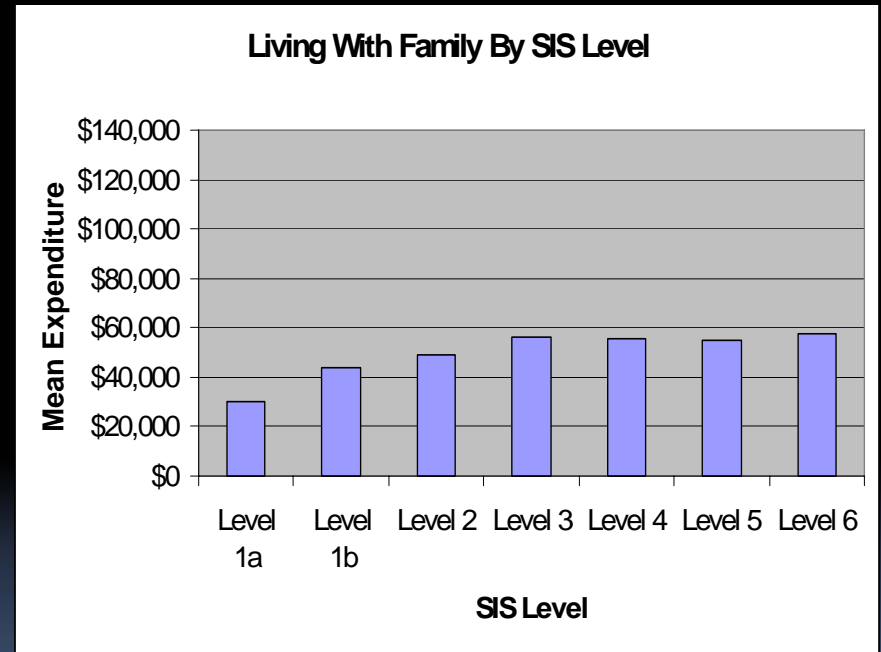
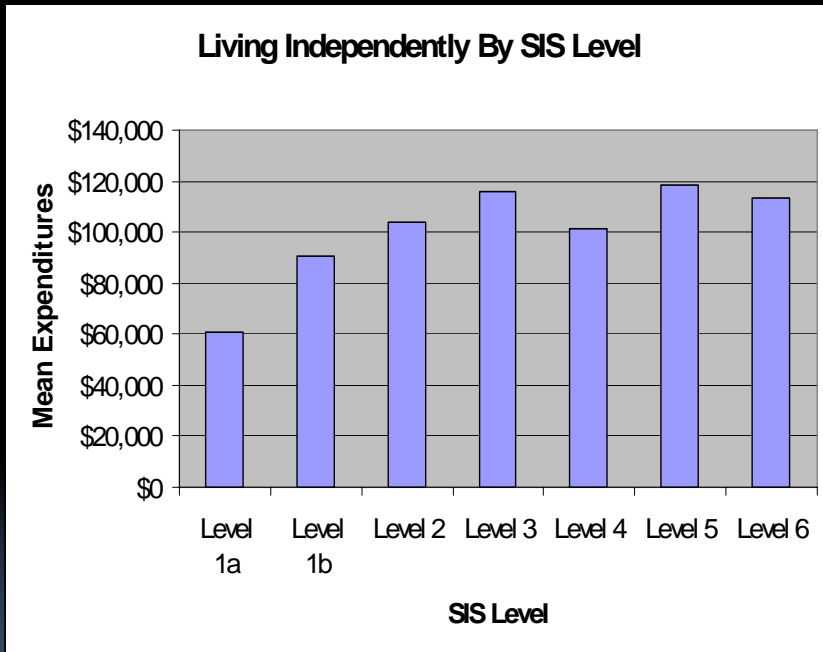
LA Objectives - Draft Model

Produces a guideline amount to set the basis for planning

- Not all of the recommended amount has to be used
- If more units/\$ are required, additional authorization can be sought for individuals with special circumstances



LA Data Results: Analysis of Living & SIS Level



Overview of the Strategic Planning Process

Developing Individual Budgets In Relation to Service Payment Rates

① Prepare

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Collect Information on Individuals



Compile the Collected Information

③ Set Levels & IBAs

Assign Individuals to Assessment Levels



Set Individual Budget Allocations in Relation to Rates

④ Implement

Review Findings in Relation to Policy Goals



Consider Implementation Issues



Plan for Implementation



Implement New Practices

Any Questions?

Need and Opportunity

A service system for [people with disabilities] and others in need of support will have to be a system in constant change. It has to be continuously developed, if the 'customers' are not to be left behind and to become hostages of an outdated way of doing things."

Alfred Dam (undated)
Denmark

