



# Support Need Levels & Tiered Rate Update for Service Providers

June 2025



Human Services Research Institute (HSRI) is a nonprofit, mission-driven organization that works with government agencies and others to improve health and human service systems, enhance the quality of data to guide policy, and engage with the community to effect meaningful systems change.

# HSRI team



Colleen Kidney

Research Associate



Jodi Franck

Data Analyst



Yoshi Kardell

Project Director

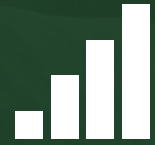


Jamekia Collins

Policy Analyst



# Agenda



Support Need Levels Framework  
Update



Implementation Plan



Reassessment Policy



Q&A






# Changes with the SIS-A 2<sup>nd</sup> Edition and Updated Support Level Framework

Review of the basic updates to the assessment-informed support need level framework

# Summary of SIS-A Version 2 Changes

- The American Association on Intellectual and Developmental Disabilities (AAIDD) made updates to the Supports Intensity Scale-Adult Version© (SIS-A) including:
  - Updated demographic section, added medical items, removed one medical item, added a behavior item, added the “Protection and Advocacy” score to the Support Needs Index (SNI), changed the order and re-worded some items, and re-normed the SNI.
- Re-norming had the biggest impact on the support need levels framework.
  - Norming refers to the process of constructing norms or the typical scores of a group of individuals on an assessment.
- Because the SIS-A was updated and changes to the support need levels framework were necessary, this offered an opportunity to refresh the current framework and streamline the process.

# Why the re-norming is beneficial




Updates original norms based on a sample of about 1,300 people to a much larger and representative sample of over 100,000 HCBS waiver participants

Best practice in assessment science to re-norm after many years of assessment use

More accurate and modernized reference group to understand scores relative to one another

# Why the re-norming change is significant



The old normed scores  
cannot be used with the  
new assessment

Required updates to the  
scores used in the  
support needs framework



# Process to update the support need levels framework

- Conducted a series of analyses over a year and half to update the support need levels.
- Used the re-norming dataset (over 100,000) as well as SIS-A data and advanced questions (the new items in 1A) from DBHDD participants.
- Tested several different models using various methods to understand the impact.
- Reviewed results through an iterative process with DBHDD leadership to arrive at the most suitable updates to the support need levels that considered best practice in applying assessment results as well as program needs.
- Conducted an in-person record review process with a sample of participant records to further examine the support need levels framework.

# Results of analysis

Based on extensive analyses the updated seven-level framework:

- Utilizes the Support Needs Index (SNI) to determine general support need levels instead of just certain subscales from Section 2.
- Uses scoring criteria from Section 1A (including new items) and 1B to capture medical and behavioral support needs.
- Utilizes different supplemental questions to identify exceptional medical and behavioral support needs for the purposes of verification.
- Expands verification to proactively identify those with exceptional medical or behavioral needs and assign them to the appropriate support level through a review process.

# Notable Changes

- Currently, DBHDD uses information from two assessments – the Health Risk Screening Tool (HRST), and the SIS-A to create the support needs framework.
- Moving forward the updated support needs framework will use just one assessment, the SIS-A. The HRST will no longer be used for this purpose.
- Support needs as measured by the HRST and the SIS-A are different – The HRST measures health risk and potential health concerns and the SIS-A measures long-term support needs.
  - The HRST can change frequently due to a number of reasons which may then lead to frequent changes in support level.

(Note: The HRST will continue to be part of the individual's record, but it will not be used as part of determining support levels 1-7).

# Benefits

The new 7-level support needs framework based on scores from the SIS-A has the following benefits:

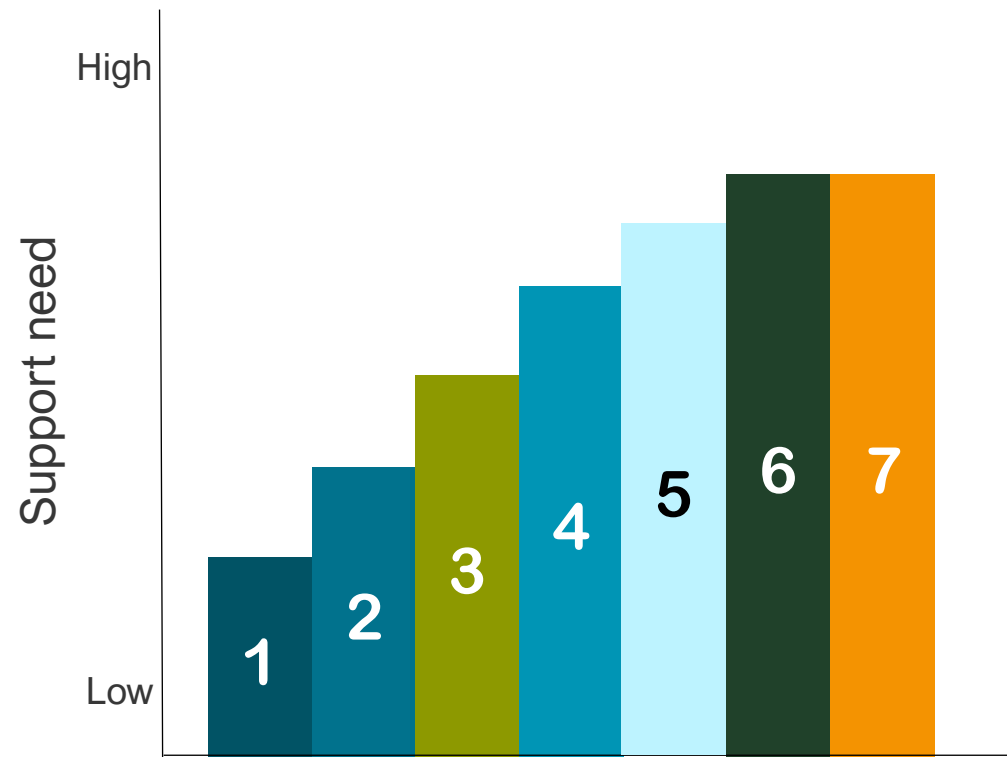
- Benefits from the extensive improvements to the SIS-A assessment tool.
- Uses more sections of the SIS-A assessment including the Support Needs Index (SNI) standard score as well as the additional items in the medical section and behavioral section.
- Increases stability over time and increases accuracy and confidence in support level assignment.
- Decreases the amount of fluctuation in support levels.



# What will remain the same?

- The support needs framework includes 7 levels with similar descriptions.
- The way the support needs framework informs the rate categories for services including group home, host home, respite, and CAG will remain the same.

# 7-level framework



- 1 Low general support need, typical medical and behavioral needs
- 2 Moderate general support need, typical medical and behavioral needs
- 3 Low-moderate general support need, high medical or behavioral needs
- 4 High general support need, typical medical and behavioral needs
- 5 Very high general support need, typical medical and behavioral needs
- 6 Any general support need, extraordinary medical support need
- 7 Any general support need, extraordinary behavioral support need<sup>14</sup>

# 7-Level Framework

	SNI	Medical	Behavioral
1	Up to 86	0 to 4	0 to 4
2	87 – 102	0 to 4	0 to 4
3	Up to 102	5 to 6 or verified	
4	103 – 115	0 to 6	0 to 6
5	116 and higher	0 to 6	0 to 6
6	Any	7 and higher or verified	Any
7	Any	Any	7 and higher or verified

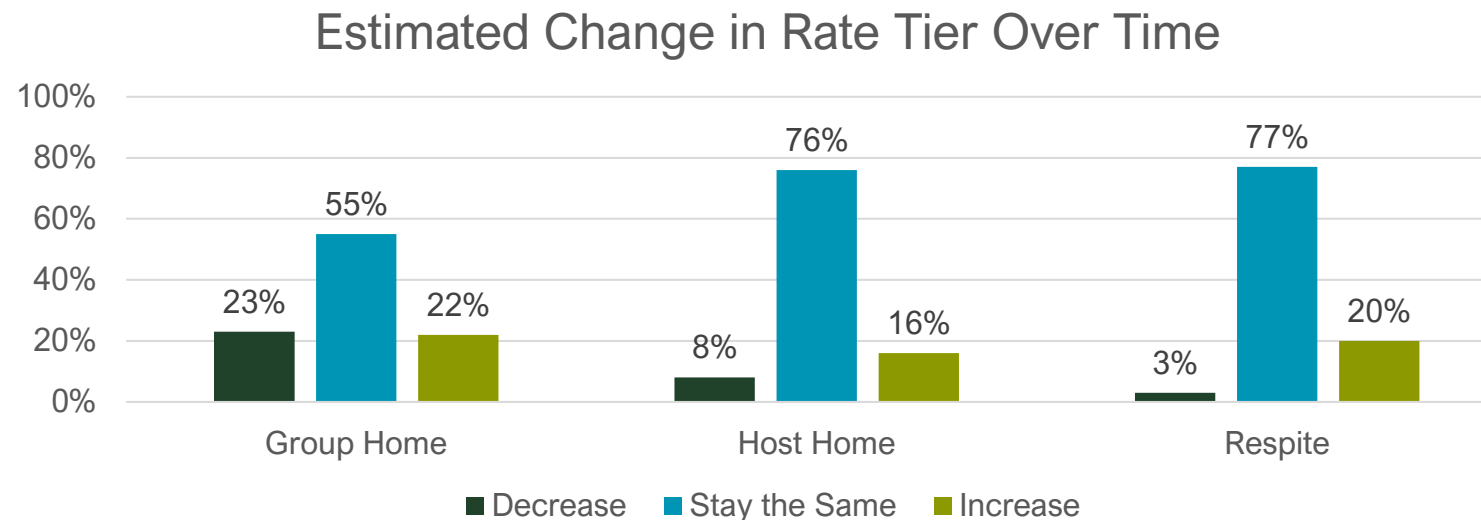
# Rate categories

Level	CAG Rate Category	Group Home Rate Category	Host Home Rate Category	Respite Rate Category
1	Category 1	Category 1	Category 1	Category 1
2	Category 2	Category 2		
3	Category 3	Category 3		
4				
5	Category 4	Category 4	Category 2	Category 2
6				
7				



# Rate tier analysis

- While difficult to predict, we used available data to estimate the impact of the updated support needs framework on rate tier categories as assigned by DBHDD. These estimates:
  - Cannot account for scores a person may have on their new SIS; can only show changes based on the SIS they have today
  - Do not account for verification in the new framework (some may place in a higher tier).





# Implementation Plan

Review the implementation plan to phase-in the new support needs framework

# Implementation Plan

- Starting in July 2025, as a participant requires a new SIS-A assessment according to the reassessment schedule, they will receive the 2<sup>nd</sup> Edition.
- The updated support needs level framework will be applied to the new SIS-A 2<sup>nd</sup> Edition.
- Until a participant receives a new SIS-A, they will continue to use the current model that includes scores from the SIS-A and the HCL score they had as of July 1, 2025.
  - Going forward, the results of HRST updates will no longer impact the participant's support level.

# Implementation Plan

- It is anticipated to take between three to five years for all participants to receive a SIS-A 2<sup>nd</sup> Edition assessment.
- Those who are newly enrolled on or after July 2025, will receive the SIS-A 2<sup>nd</sup> Edition.
- If someone is approved for a reassessment due to a change in condition that impacts their support needs long term they will receive the SIS-A 2<sup>nd</sup> Edition.





# Reassessment Process

Review the SIS-A reassessment policy



# Reassessment and Immediate/Critical Need Processes

- Participants can receive a new SIS-A assessment outside of the typical reassessment cycle if they have a change in condition that is expected to impact their support needs long term. They will receive the SIS-A 2<sup>nd</sup> Edition and the new support needs framework will apply.
- For those participants that have a temporary increase in support needs, they can use the current immediate and critical need policy (02-443) that is approved at the regional level.





# Questions

Please post your questions in the chat

# Comparison of SIS-A and HRST



# Common items between SIS-A & HRST

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• Eating</li><li>• Ambulation</li><li>• Transfer</li><li>• Toileting</li><li>• Self-abuse</li><li>• Aggression</li><li>• Behavior support physical*</li></ul> | <ul style="list-style-type: none"><li>• Gastrointestinal</li><li>• Seizures</li><li>• Skin Integrity</li><li>• Nutrition</li><li>• High-risk treatments*</li></ul> |
|---|--|

\*Behavioral support physical includes interventions that may be reported under items in 1B of the SIS-A.

\*High-risk treatments include interventions or procedures that may be reported under items 1A of the SIS-A.

# Items unique to SIS-A

- Respiratory care (inhalation or oxygen therapy, postural drainage, chest PT)\*
  - Protection from infectious disease due to immune system impairment
  - Dialysis management
  - Hypertension or hypotension management
  - Allergies management
- Chronic pain management
  - Arthritis management
  - Conditions requiring specialized oral care management
  - Prevention of non-aggressive but inappropriate sexual behavior
  - Maintenance of mental health treatments

\*Some of the items reported under respiratory can potentially fall under high-risk treatments on the HRST.

# Items unique to SIS-A (cont.)

- Home living (e.g., taking care of clothes, housekeeping)
  - Community living (e.g., getting around in community, visiting family and friends)
  - Health and safety (e.g., avoiding hazards, maintaining fitness)
  - Lifelong learning (e.g., educational, problem-solving)
- Work activities (e.g., completing work tasks)
  - Social activities (e.g., socializing outside the household)
  - Advocacy activities (e.g., making choices, advocating for self)

# Items unique to the HRST

- Clinical issues affecting daily life
  - Behavior supports chemical
  - Psychotropic medication\*
  - Antiepileptic medication\*
  - Bowel function
  - High-risk treatments
- Injuries
  - Falls
  - Professional healthcare services
  - Emergency room visits
  - Hospital admissions

\*Items related to medications appear to document the risk of potential side-effects of taking these medications, not as a proxy measure for the underlying condition the medication is intending to treat.

