

# ND DEPARTMENT OF HEALTH AND HUMAN SERVICES - DD SECTION

## SIS-A® 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 – **Adult Version (SIS-A®)** 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-A® 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-A® 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-A® 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-A® measures habilitative support needs in the following areas:

- Section 1 Exceptional **Medical and Behavioral** Needs
  - A. Exceptional **Medical** Support Needs\*
  - B. Exceptional **Behavioral** Support Needs\*

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

- Section 2 Support Needs for Life Activities
  - A. Home Living Activities\*
  - B. Community Living Activities\*
  - C. Health and Safety Activities\*
  - D. Lifelong Learning Activities
  - E. Work Activities\*\*
  - F. Social Activities
  - G. Advocacy Activities

\* 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-A® Scores for Rate Methodology

There are two different variations of scores utilized from the SIS-A® 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 Medical and Behavioral Needs

Subsections

- A. Exceptional Medical and
- B. Exceptional Behavioral

Section 2 Support Needs for Life Activities

Subsections

- A. Home Living Activities
- B. Community Living Activities
- C. Health and Safety Activities
- E. Work Activities

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 Medical and Behavioral Needs

Subsections

- A. Exceptional Medical and
- B. Exceptional Behavioral

Section 2 Support Needs for Life Activities

Subsections

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

- A. Home Living Activities
- B. Community Living Activities
- C. Health & Safety Activities

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-A® 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.

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

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-A® 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

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

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-A® 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-A® 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-A® and ICAP assessment to provide support need information.**

SIS-A® 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.

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

**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 responders 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 provider Program Coordinator (strongly encouraged as they are typically familiar with all of the person's support needs and service plan development)**
- 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.*

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

### **Respondent preparation to participate in the assessment**

Providers are responsible to educate/inform responders, and other employees as necessary, on the SIS-A® 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-A® interview lasts between 1.5 to 3 hours and a typical ICAP interview lasts between 30 minutes to 90 minutes.

### **Resources to share with the person, legal decision maker, and responders**

[SIS-A, 2nd Edition \(2023\) \(youtube.com\)](#)

[sis-a-2nd-ed-respondent-handbook-10-23.pdf \(aaid.org\)](#)

### **Provider Checklist**

The individual's service provider will complete the SIS-A® 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-A® 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-A® and ICAP Assessment Provider Checklist:*

<https://www.nd.gov/eforms/Doc/sfn01802.pdf>

### **SIS-A® 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.

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

- 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-A® 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-A® assessment results on SIS-A® 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-A® 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.**



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

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-A® assessment:*

*The SIS-A® 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-A® assessment will be the date of the individual's 16<sup>th</sup> birthday.*

If the individual and/or legal decision maker requests the **SIS-A® Summary Report** the DDPM will send this version along with the instructions explaining the report\*. The report can be found within the individual's SIS-A® 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-A® 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-A® 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-A®/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

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

- 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-A®/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-A® and 1 year for ICAP), and
  - Individual has qualified responders available to participate in the assessment.

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

- If an individual is residing in an institution and already has an active assessment, an Out of Sequence Assessment may be requested if the individual has a major life changing event as defined by the criteria. Refer to the section below, "Out of Sequence Assessments for Major Life Changing Events".

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-A® 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.

*An out of sequence request may be made for those residing in an institution if they are actively pursuing community placement, determined eligible for DD Program Management, has qualified responders available to participate in the assessment and the team feels they meet the criteria for an out of sequence assessment.*

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);

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

- 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;

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

- Medication lists;
- QDDP monitoring;
- Staffing schedules/documentation;
- Any other information and data related to the request.

If the submitted SFN 1839 form is not completed in its entirety, the Out of Sequence will be determined incomplete, and a notice will be sent back to the provider for the required information. The provider will have 10 business days from the date of the notification to submit the completed Out of Sequence form to the DD Section. If the completed form is not submitted within the 10 business days, the Out of Sequence request will be considered denied. If the need is still present, a new request will need to be submitted.

### 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: dhsddreq@nd.gov.**

The request will be reviewed by the DD Section where an approval or denial decision will be made within 15 business days of receipt if the request contains the needed information to make a determination. If the documentation to support the request is not submitted, the Out of Sequence request will be denied. The DD Section will notify the provider, the DDPA, DDPM, the client, and/or legal decision maker of the decision within 5 business days including the reason for the approval, denial, or incompleteness. 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 based on N.D. Administrative Code 75-04-06-07. 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

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

considered a voluntary termination. The DDPM will terminate the service on the day the current assessment expires.

### Appendixes

- I. How to Locate SIS-A® and ICAP Scores
- II. Reading the SIS-A® Assessment Summary Report
- III. SIS-A® and ICAP Letter Creation

### APPENDIX How to Locate SIS-A® and ICAP Scores

#### How to find the SIS-A® 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

**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.								

- 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
- Once you select the appropriate individual and completion date, you will be able to see the support needs profile and access a PDF version of the SIS Assessment Summary Report:

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

### How to find the ICAP scores-Provider Dashboard (only accessible by DHHS staff)

- Login to Therap
- Find the 'Individual Demographics' module on the web page



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

**Individual Search**

Individual

Oversight ID

Social Security Number

Medicaid Number

Medicare Number

Form ID

Birth Date From

To

Admission Date From

To

Status

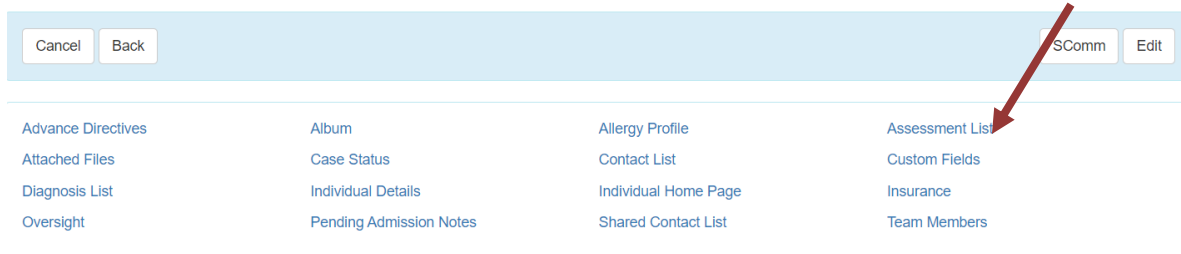
Individual ID Type

Individual ID Number

Case Status

Linked Providers

- 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"



- 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-A® and ICAP Assessment Policy

APPENDIX

Reading the SIS-A® Assessment **Summary Report**

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

Support Needs Summary












Provides a visual bar graph snapshot of the seven life activity areas from the Support Needs for Life Activities. The taller the bar, the higher the level of need based on the assessment results. Additionally provides an overview of the Key Supports that are important to and important for the person; listing of Exceptional Medical Support Needs; and listing of Exceptional Behavioral Support Needs.

**SIS-A Summary Report**  
Supports Intensity Scale - Adult Version® 2nd Ed.  
SIS ID:

Report Sample  
Tracking #:  
Residence:

Interview Date:  
DOB:

### Support Needs Summary

Supports Snapshot	Key Supports
 <b>Home Living</b> 50%	 <b>Matters to Me (Important To Me)</b> Shopping and purchasing goods and services, Going to visit friends and family, Taking medications, Making and keeping friends
 <b>Community Living</b> 37%	 <b>Other Priority Supports (Important For Me)</b> Going to visit friends and family, Taking medications, Avoiding health and safety hazards, Communicating with others about personal needs
 <b>Health &amp; Safety</b> 37%	 <b>Exceptional Medical Support Needs</b> Seizure Disorder management, Diabetes management
 <b>Lifelong Learning</b> 10%	 <b>Exceptional Behavioral Support Needs</b> Prevention of stealing, Prevention of wandering
 <b>Work</b> 20%	
 <b>Social</b> 37%	
 <b>Advocacy</b> 20%	

Date printed: Page 1



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

## Primary Supports

Lists the supports that are important to and important for the person, providing information pertaining to the activity, how to help, how often, and how much time.

### Primary Supports



- Matters to Me (Important To Me)



- Other Priority Supports (Important For Me)

#### Supports that are a Priority and Matter to Me

Activity		How to Help	How Often	How Much Time
Eating Food	♥	Monitoring (1) Important to help with eating.	Daily (3)	2 hours to less than 4 hours (3)
Participating in recreation/ leisure activities in the community	!	Verbal/Gestural Prompting (2) Needs encouragement exercising.	Monthly (1)	Less than 30 minutes (1)

## Exceptional Medical and Behavioral Support Needs

Lists the medical or behavior condition that require support needs and any additional notes pertaining to those areas.


### Exceptional Medical & Behavioral Support Needs

Medical Condition	Support Need	Notes
Inhalation or oxygen therapy	Some Support (1)	
Chest PT	Some Support (1)	
Dysphagia (swallowing difficulties)	Extensive Support (2)	Need help with food well chopped.
Tube feeding (e.g., nasogastric)	Some Support (1)	

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

## Support Needs for Life Activities

Shows the seven (7) Life Activities that addresses corresponding activities that measure the type of support, frequency, and daily support time.

<b>Support Needs for Life Activities</b>		
 <b>Home Living Activities</b>		
Type of Support	Frequency of Support	Daily Support Time
<b>1. Bathing and taking care of personal hygiene and grooming needs</b>		
Verbal/Gestural Prompting (2)	Weekly (2)	2 hours to less than 4 hours (3)
Notes:		
<b>2. Dressing</b>		
Verbal/Gestural Prompting (2)	Daily (3)	30 minutes to less than 2 hours (2)
Notes:		
<b>3. Using the toilet</b>		
Partial Physical Assistance (3)	Weekly (2)	2 hours to less than 4 hours (3)
Notes:		

## Support Needs Profile Graph

Provides a visual presentation of the seven life activities. The BAR Graph represents percentiles in the seven 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 for each of the seven activities.
- 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).

## Interview Details

Consists of demographic information; interview information; agency information; and respondent information.

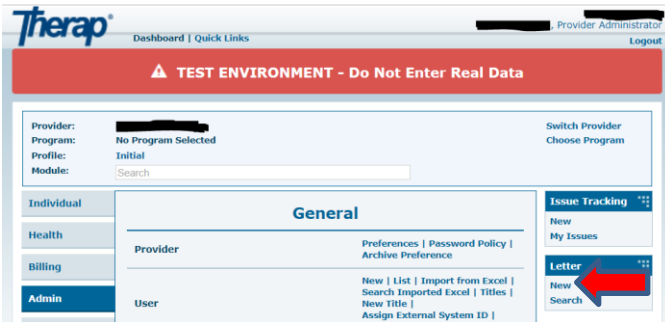
# ND DEPARTMENT OF HEALTH AND HUMAN SERVICES - DD SECTION SIS-A® and ICAP Assessment Policy

## Appendix

### SIS-A® and ICAP Letter Creation

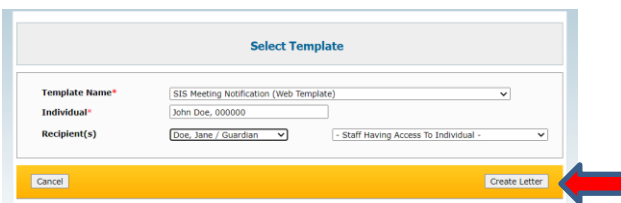
The following tutorial will highlight the correct way to use the SIS and ICAP Letter Template that has been uploaded to Provider accounts. If there are any questions, please reach out to the ND Help Desk at: [dhsassisthelp@nd.gov](mailto:dhsassisthelp@nd.gov)  
[Access to the Letter Module needs to be 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.

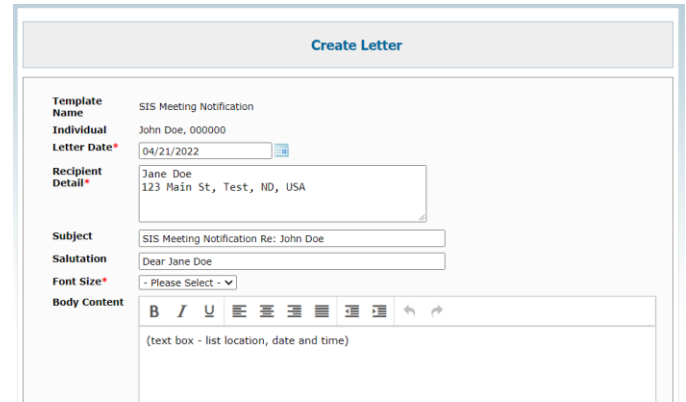
From the drop-down menus, Select the SIS Meeting Notification or ICAP, depending on which letter is being created, and then fill in the Individual field as well as any possible Recipients.



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.

# ND DEPARTMENT OF HEALTH AND HUMAN SERVICES - DD SECTION

## SIS-A® and ICAP Assessment Policy

**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.

The screenshot shows a rich text editor for the 'Closing' section with a toolbar containing bold, italic, underline, and list options. The text area contains pre-populated content: '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,'. Below this is a 'Signature' field with a dropdown menu showing '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.

The screenshot shows the 'Enclosures' section with a warning: 'The total size of all attachments cannot exceed 10 MB'. There are 'Add File' and 'Scan File' buttons. Below are 'CC' and 'CC Other' fields, with a 'Select' button for the CC field. A 'Copy Letter For CC' checkbox is also present. At the bottom are 'Cancel' and 'Save' buttons.

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.

The screenshot shows a 'Show Letter' view. At the top, it says 'Created By: [redacted] Provider Administrator on 04/21/2022 10:46 AM' and 'Status: Draft'. The letter content includes the date 'April 21, 2022', recipient 'Jane Doe, 123 Main St, Test, ND, USA', and subject 'SIS Meeting Notification Re: John Doe'. The body text is identical to the pre-populated content in the editor. At the bottom, there is a 'Print Letter' button and a 'Mark As Sent' button highlighted with a red arrow. Other buttons include 'Back', 'Edit', and '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:

The screenshot shows the 'Provider Dashboard' with a sidebar menu on the left containing 'Individual', 'Health', 'Billing', and 'Admin'. The 'Admin' menu item is highlighted. The main content area shows 'Program: No Program Selected', 'Profile: Initial', and 'Module: Search'. On the right, there is an 'Issue Tracking' section with 'New My Issues' and 'Letter' options. A red arrow points to the 'Letter' option.

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

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

Letter Search

Form ID

Individual

Recipient

Sent By

Create Date From

To

Sent Date From

To

Status

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).

Letter Search

Filter

15 Records

Form ID	Individual	Recipient	Sent By	Create Date	Sent Date	Status	Template Type
LETTER-CHIND-L6P45D4ZWMULG	Doe, John	Jane Doe 123 Main St, Test, ND, USA	Provider Administrator	04/21/2022	04/21/2022	Sent	Web Template
LETTER-CHIND-L6P45D4ZTMULL	Doe, John	Jane Doe		04/21/2022		Draft	Web Template

Showing 1 to 2 of 2 entries

Previous **1** Next

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.

**Show Letter**

Form ID: LETTER-CHIND-L6P45D4ZWMULG

Created By: Provider Administrator on 04/21/2022 10:46 AM

Last Updated By: Provider Administrator on 04/21/2022 01:02 PM

Sent By: Provider Administrator on 04/21/2022 01:02 PM

Status: Sent

April 21, 2022

Jane Doe  
123 Main St, Test, ND, USA