Person-Centered Measurement

Uses of Assessment Data to Inform Services for Individuals with Intellectual and Developmental Disabilities

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# What is this report about?

The Supports Intensity Scale (SIS®) is a standardized assessment tool required by the Michigan Department of Health and Human Services (MDHHS) for all Medicaid-eligible persons 18 and older who have intellectual or developmental disabilities (IDD) and who are currently receiving case management or supports coordination or respite-only services through the public behavioral health system. Use of the tool began in July of 2014, with the intent that all eligible individuals will receive an initial SIS assessment by September 30th, 2017.

In anticipation of the completion of this initial implementation phase, MDHHS sought feedback from people receiving services and supports, their family members, advocates, Prepaid Inpatient Health Plan (PIHP) employees, Community Mental Health (CMH) agencies and service providers regarding individuals’ experience with the SIS® assessment as well as current and potential uses of the data from the tool.

This document is intended to accomplish two objectives:

* Provide a summary of feedback from individuals who participated in the survey and/or focus groups.
* Provide guidance regarding potential uses of the data from the SIS® assessment tool by stakeholders in multiple roles throughout Michigan's behavioral health system.

# Who contributed to the report?

The guidance and thinking presented here is the result of substantial input from across the behavioral health system. Contributions were made in the following ways...

## Focus Groups

A series of focus groups were scheduled throughout the state for individuals with intellectual and/or developmental disabilities, their family members, and their Supports Coordinators/Case Managers. The purpose of these focus groups was to understand people's current use of data from the SIS® and to understand how information gathered during the assessment might be used to inform the Person-Centered Planning process, ensuring that individuals receive supports and services according to their needs. Four focus groups were offered at locations throughout the state (*in Detroit, Petoskey, Kalamazoo, and Mount Pleasant*) to reach a broad audience while minimizing travel time for attendees.

Participants in the Winter 2017 Self Determination Conference were also engaged in a focus group session and their responses are included here as well.

A total of **x** people attended these focus groups (). While people from multiple roles and areas across the system were in attendance, there was unfortunately a relatively low turn-out for individuals served and their family members. This is especially unfortunate, since the focus groups were intended to be the primary way of gathering personal feedback from persons served and their families, in lieu of the more formal survey.

## Survey

[A survey](https://www.surveymonkey.com/r/Preview/?sm=O_2BNG1KDfFzgrTWySDftS7l01lFo5CEw11Po46B_2FKYGej_2FudfAYH_2BPr0I3SK4VNAg) was developed using *Survey Monkey* and sent by MDHHS staff via e-mail to each of the following groups on February 1, 2017:

* Advocates and Advocacy Organizations
* Habilitation Support Waiver Leads
* SIS® Assessors and Quality Leads
* CEOs of CMHSP agencies (*for distribution to IDD staff*)

A reminder e-mail was distributed on March 14, 2017 in advance of the closing of the survey on March 17, 2017.

The survey gathered feedback from users in various roles regarding their experience with the tool and its implementation in Michigan as well as their current and potential future uses of the SIS® assessment data.[[1]](#footnote-26).

345 people responded to the survey from 127 locations across the state of Michigan. When asked which role best described their involvement in services for individuals with intellectual and developmental disabilities in Michigan, the respondents identified as follows:

By far, the largest role represented in the responses is Supports Coordinator (n = 222), followed by directors of programs for IDD (n = 68) and SIS assessors (n = 28). All other roles had fewer than 10 responses.

Since Supports Coordinators are a crucial part of helping to translate an individual's assessed needs into a dialogue to inform person-centered planning and eventually authorizations for services, it is encouraging to have such a strong response in this area.

## MDHHS Review

The contents of this report have also been reviewed by key staff members within MDHHS, including:

* List
* Staff
* Members
* Here

# Uses of the Data

## Summary of Uses

**Most common current uses**

The chart below shows the number of respondents who indicated that they were already using the SIS assessment results to inform their work in a given area (i.e. they responded *"Currently using in my role"* to the specific item).

Responses indicate that the most common use of SIS® data is to inform the individual plan of service (IPOS) and related tasks. This is not surprising, given the large number of responses from Supports Coordinators

**Current uses of data by role**

What percentage of respondents in each role is currently performing each use? In the visual below, a darker blue means that a higher percent of respondents indicated they were currently using SIS data for a particular purpose.

**If people are not using the data, why not?**

Knowing how respondents are already using the data is helpful, yet it may reflect only a few of the full range of potential uses for this data. The chart below shows the proportion of respondents who indicated that a particular use of the data would be relevant for their role.

Indeed, it is likely that many potential uses were not even listed in the survey responses. As with any resource, people will use data for ingenious and unpredictable purposes. For this reason, it is important that there be principles to guide the use of this data across the system.

## Use in Person-Centered Planning

### Specific Use Cases

Since person-centered planning is central to the entire system of services and supports, it may help to identify several distinct uses for assessment data within the person-centered planning process.

Assessment data might be used in the following ways to support person-centered planning:

* Recommend individual needs to inform an individualized plan of service (IPOS)
* Identify potential goals and objectives for inclusion in the IPOS
* Identify potential referrals for additional assessments or relevant services
* Help guide safety planning by identifying areas of risk
* Design an individualized menu of services to support an individual to live in the community
* Identify individual strengths for inclusion in the IPOS
* Provide guidance regarding supports which may provide alternatives to guardianship

### Current and Potential Usage

The chart below shows the number of respondents who indicated that the data from the assessment could be relevant for them in their current roles (i.e. they responded either *"Currently using in my role"* or *"Could be useful in my role"* to the specific item).

### Considerations

A number of considerations were identified by focus group attendees during their dialogue. These themes are summarized below.

#### Integration into Process

While this data may have potential, that potential remains untapped if it is not transformed into information and integrated into the actual PCP process for individuals receiving services. Feedback from focus groups consistently stressed two things:

* That this integration was crucial, and held one of the greatest areas of potential for use of the data.
* That this integration was far from being the standard of practice in current person-centered planning.

The excerpted feedback below attests to this:

*"It has aspects that can improve the PCP process. On the state level, we [as advocates] wanted to focus more on improving PCP process. Instead of just saying we have in law that PCP is how we drive services, if there could be a merging [of assessment data into a more consistent PCP process] that could be a beautiful thing."*

*"SIS doesn’t come up in person-centered planning. We’re not told as supports coordinators that we need to integrate it into the process... Only when you start talking about authorizations does the SIS come up."*

*"We sat down for 90 minutes with a CM to make that connection. She’s the only one... that uses the SIS and aligns it with PCP. She’s tried to show new CM’s, and they’re like... well there’s just a lot that they have to do."*

For this integration to become a reality, several related logistical issues will need to be resolved:

1. Consistent Integration into PCP Process
2. Consistent Integration into EMR Workflow supporting PCP Process
3. Scheduling of Assessments to Align with PCP
4. Consistent Training of Facilitators
5. Guidance Regarding Use of Data in 2nd and 3rd Year after Initial Assessment

#### Benefits of Use

A number of distinct benefits were identified related to the use of assessment data in the person-centered planning process:

* Insight into individual needs and strengths for all treatment team members
* The assessment was felt to be well aligned with the content of other assessments, and to provide support for these
* The consistent identification of health and safety needs
* In addition to relatively stable needs, the assessment also allows for a focus on more dynamic needs which may change over time (e.g. behavioral needs)
* Overcoming preconceptions of family members

Feedback from respondents included the following:

*"It took 7 times of hearing my client say the same thing, the assessor acknowledged it, and then it clicked for me that it was a necessary goal. [I had spent] 13 years of working with that person without having that realization."*

*"We’re having the SIS and all this stuff is coming out about what she can do. By the time we have the PCP, the sister and consumer was able to come in and realize... if she has aspirations to do her own thing, she’s going towards that."*

*"A person who lives with their parent currently, being able to say 'It’s not that I can’t cook, it’s that you don’t allow me to do things.' ...Not what’s happening right now, but what could happen."*

#### Caveats for Use

In addition to the benefits noted above, several important cautions were communicated by respondents:

* Mismatch between identified needs and personal preference

## Use in Managing a Provider Network

### Specific Use Cases

Tailoring services to the needs of an individual is a hallmark of person-centered planning, but there is an additional level of complexity required to support the evolution of provider networks adapted to meet the precise needs of the populations they serve. Assessment data from the SIS® has been identified as having potential applications in the following areas related to provider network management:

* Inform the development of provider network service offerings.
* Evaluate provider network adequacy relative to the specific needs of the population in a given area.
* Identify locations to make services available for individuals within an accessible distance from their homes.
* Forecast needs for services not yet available.
* Provide consistent guidance to service providers related to the scope, duration and intensity of services authorized by the IPOS.

### Current and Potential Usage

The chart below shows the number of respondents who indicated that the data from the assessment could be relevant for them in their current roles (i.e. they responded either *"Currently using in my role"* or *"Could be useful in my role"* to the specific item).

### Considerations

## Use in Assuring Access and Equity

Of all the potential uses of data from the SIS® assessment, this was one of the most commonly endorsed during focus group forums.

### Specific Use Cases

### Current and Potential Usage

### Considerations

## Use in Understanding Population Needs

### Specific Use Cases

### Current and Potential Usage

### Considerations

## Use in Advocacy

### Specific Use Cases

### Current and Potential Usage

# using a stacked bar chart with one bar for specific use and stacked by role, intended or potential uses by role

### Considerations

## Inappropriate Uses

# What issues impact use of the data?

While data is stored in databases and defined in specifications, the *meaning* of the data is influenced by any number of issues which include perceptions of those collecting, analyzing and disseminating the data, and how the data is explained.

## Messaging related to use of the SIS

It is worth noting that, during the focus groups, respondents did not draw a clear line between the official messaging provided by MDHHS and the informal messaging communicated within their own organizations or teams. The issues with messaging noted here reflect individual perceptions rather than a comprehensive review of formal guidance to date.[[2]](#footnote-56)

### Lack of clarity around how data will be used

### Fear of use to decrease access to services

### Mandate

Lack of clarity in how to integrate into PCP process during initial rollout Lack of clarity around requirement of SIS Miscellaneous Communication with families could be improved Informing Service Availability MDHHS training available Perception of assessment as indicating lack of trust in supports coordinators Usefulness in service planning Process for requesting an updated assessment Usefulness to develop goals Recognition of limits Equity

## Facilitation of SIS assessment

Our focus here is on the process of the assessment only to the extent that it impacts the interpretation of the resulting dataset. We are not evaluating the content of training about how the tool should be implemented but summarizing feedback from stakeholders about how they have experienced it.

## Format of the SIS tool

## Completeness of data

# Guiding principles

While there are some basic ethical principles guiding the use of this data for any purpose, one of the guiding principles of the questions we asked was that uses of the data should be defined by role. For instance, while we may not want a supports coordinator using SIS data by itself to determine medical necessity for services at the individual level, it may be entirely appropriate for a provider network manager to use the same data to explore whether there are enough services in a given area to meet the needs of the entire population served. The *role* which is using the data matters.

Skepticism

1. The list of potential uses of the data which were included as response options in the survey questions were originally identified by practitioners in the field and subsequently reviewed by MDHHS [↑](#footnote-ref-26)
2. For instance, people acknowledged that multiple resources had been made available during the initial roll-out of the assessment. One respondent noted that: *"The Department had trainers around the area, so there were presentations...there were quite a few of those"* Nevertheless, a number of individuals were not aware of these resources and therefore noted a lack of clarity in messaging. [↑](#footnote-ref-56)