



My Support Profile

Confidential Interview and Profile Results for the Supports Intensity Scale (SIS®)

Person Being Assessed:

Last Name: Peplerson
First Name: Suzie
Middle Name:
Gender: Female
Language: English
Address: 1234 Hearts Court
City: Flint
State: MI
Zip Code: 48504
Phone: (555) 555-5555
Date of Birth: 01/01/1986
Age: 29

Assessment Data:

Interview Date: 3/24/2015
Medicaid Id: 0000000000000002

Interviewer Data:

Interviewer: Hannah DiMatteo
Agency: Genesee Health System
Address: 725 Mason st.
City: Flint
State: MI
Zip Code: 48503
Position: Manager, I/DD Supports Assessment
Phone: (810) 424-6086
Email: hdimatteo@genhs.org

What Prompted Interview: Regularly scheduled assessment

Information for the SIS ratings was provided by the following respondents:

Name	Relationship	Language Spoken
Mother Teresa	Parent/Legal Guardian	
Mary Halpsalot	Service Coordinator or case manager	

Services provided by:

Name	Relationship	Phone
GHS ADULT CASE MANAGEMENT		

Name of person who entered this information: Hannah DiMatteo

Introduction to the SIS Report:

The supports intensity scale (SIS) profile information is designed to assist in the service planning process for the individual, their parents, family members, and service providers. The profile information outlines the type and intensity of support the individual would benefit from to participate and be successful in his or her community. The SIS profile report is best applied in combination with person-centered planning to achieve the desired outcome in creating individual goals.

❖ **RATING KEY FOR SECTION 1**

This describes the rating for **Type of Support, Frequency and Daily Support time** for each of the six areas discussed in your SIS profile

<i>Type of Support</i>	<i>Frequency</i>	<i>Daily Support Time</i>
<p>What help do you need to do the (item) on your own or by yourself</p> <p>If engaged in the activity over the next several months, what would the nature of the support look like?</p> <p>Which support type dominates the support provided?</p>	<p>How often would (name) need support doing (item) if they were going to be doing this activity over the next several months?</p>	<p>If engaged in the activity over the next several months, in a typical <u>24-hour</u> day, how much total, <u>cumulative</u> time would be needed to provide support?</p>
<p>0 = None No support needed at any time</p> <p>1 = Monitoring Checking in & observing Asking questions to prompt but not telling the person the step</p> <p>2 = Verbal/Gesture Prompting Giving a verbal direction Giving a gestural direction Visual prompts Modeling</p> <p>3 = Partial Physical Assistance Some steps need to be done for the person Some, but not all, steps require hand over hand Some steps require speaking for the person</p> <p>4 = Full Physical Support All, or nearly all, steps need to be done for the person All speaking needs to be done for the person</p>	<p>0 = None or Less Than Monthly (Up to 11 Times a Year)</p> <p>1 = At Least Once a Month, But Not Once a Week</p> <p>2 = At Least Once a Week, But Not Once a Day (Up to 6 Days a Week)</p> <p>3 = At Least Once a Day, But Not Once an Hour (At Least 7 Days a Week)</p> <p>4 = Hourly or More Frequently (24 Hours a Day)</p>	<p>0 = None</p> <p>1 = Less Than 30 Minutes</p> <p>2 = 30 Minutes to Less Than 2 Hours</p> <p>3 = 2 Hours to Less Than 4 Hours</p> <p>4 = 4 Hours or More</p>

❖ SECTION 1 RATINGS FOR EACH ITEM

Section 1: Support Needs Ratings**Activity Subscale and Score Results**

Part A - Home Living Activities				
Item	Type of Support	Frequency	Daily Support Time	Total Score
3. Preparing food	4 - Full Physical Support	3 - At Least Once a Day, But Not Once an Hour	2 - 30 Minutes to Less Than 2 Hours	9
2. Taking care of clothes (includes laundering)	4 - Full Physical Support	2 - At Least Once a Week, But Not Once a Day	1 - Less Than 30 Minutes	7
5. House keeping and cleaning	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	1 - Less Than 30 Minutes	7
6. Dressing	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	1 - Less Than 30 Minutes	7
7. Bathing and taking care of personal hygiene and grooming needs	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	1 - Less Than 30 Minutes	7
8. Operating home appliances	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	1 - Less Than 30 Minutes	7
1. Using the toilet	1 - Monitoring	3 - At Least Once a Day, But Not Once an Hour	1 - Less Than 30 Minutes	5
4. Eating food	1 - Monitoring	3 - At Least Once a Day, But Not Once an Hour	1 - Less Than 30 Minutes	5

Part B - Community Living Activities				
Item	Type of Support	Frequency	Daily Support Time	Total Score
1. Getting from place to place throughout the community (transportation)	4 - Full Physical Support	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	8
6. Shopping and purchasing goods and services	4 - Full Physical Support	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	8
2. Participating in recreation/leisure activities in the community settings	3 - Partial Physical Assistance	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	7
4. Going to visit friends and family	3 - Partial Physical Assistance	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	7
5. Participating in preferred activities (church, volunteer, etc.)	3 - Partial Physical Assistance	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	7
7. Interacting with community members	4 - Full Physical Support	2 - At Least Once a Week, But Not Once a Day	1 - Less Than 30 Minutes	7
3. Using public services in the community	4 - Full Physical Support	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	6
8. Accessing public buildings and settings	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	6

Part C - Lifelong Learning Activities				
Item	Type of Support	Frequency	Daily Support Time	Total Score
3. Learning and using problem solving strategies	4 - Full Physical Support	3 - At Least Once a Day, But Not Once an Hour	4 - 4 Hours or More	11
6. Learning functional academics (reading signs, counting change)	4 - Full Physical Support	3 - At Least Once a Day, But Not Once an Hour	4 - 4 Hours or More	11
7. Learning health and physical skills	4 - Full Physical Support	3 - At Least Once a Day, But Not Once an Hour	4 - 4 Hours or More	11
8. Learning self-determination skills	4 - Full Physical Support	3 - At Least Once a Day, But Not Once an Hour	4 - 4 Hours or More	11
9. Learning self-management strategies	4 - Full Physical Support	3 - At Least Once a Day, But Not Once an Hour	4 - 4 Hours or More	11
1. Interacting with others in learning activities	4 - Full Physical Support	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	8
4. Using technology for learning	4 - Full Physical Support	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	8
5. Accessing training/educational settings	4 - Full Physical Support	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	8
2. Participating in training/educational decisions	4 - Full Physical Support	0 - None or Less Than Monthly	2 - 30 Minutes to Less Than 2 Hours	6

Part D - Employment Activities				
Item	Type of Support	Frequency	Daily Support Time	Total Score
2. Learning and using specific job skills	4 - Full Physical Support	3 - At Least Once a Day, But Not Once an Hour	4 - 4 Hours or More	11
3. Interacting with co-workers	4 - Full Physical Support	2 - At Least Once a Week, But Not Once a Day	4 - 4 Hours or More	10
5. Completing work related tasks with acceptable speed	4 - Full Physical Support	2 - At Least Once a Week, But Not Once a Day	4 - 4 Hours or More	10
6. Completing work related tasks with acceptable quality	4 - Full Physical Support	2 - At Least Once a Week, But Not Once a Day	4 - 4 Hours or More	10
1. Accessing/receiving job/task accommodations	4 - Full Physical Support	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	8
4. Interacting with supervisors and coaches	4 - Full Physical Support	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	8
7. Changing job assignments	4 - Full Physical Support	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	8
8. Seeking information and assistance from an employer	4 - Full Physical Support	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	6

Part E - Health and Safety Activities				
Item	Type of Support	Frequency	Daily Support Time	Total Score
5. Learning how to access emergency services	4 - Full Physical Support	3 - At Least Once a Day, But Not Once an Hour	4 - 4 Hours or More	11
6. Maintaining a nutritious diet	4 - Full Physical Support	3 - At Least Once a Day, But Not Once an Hour	2 - 30 Minutes to Less Than 2 Hours	9
8. Maintaining emotional well-being	4 - Full Physical Support	3 - At Least Once a Day, But Not Once an Hour	2 - 30 Minutes to Less Than 2 Hours	9
1. Taking medications	4 - Full Physical Support	3 - At Least Once a Day, But Not Once an Hour	1 - Less Than 30 Minutes	8
2. Avoiding health and safety hazards	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	1 - Less Than 30 Minutes	7
3. Obtaining health care services	4 - Full Physical Support	0 - None or Less Than Monthly	2 - 30 Minutes to Less Than 2 Hours	6
4. Ambulating and moving about	0 - None	0 - None or Less Than Monthly	0 - None	0
7. Maintaining physical health and fitness	0 - None	0 - None or Less Than Monthly	0 - None	0

Part F - Social Activities				
Item	Type of Support	Frequency	Daily Support Time	Total Score
5. Communicating with others about personal needs services	4 - Full Physical Support	3 - At Least Once a Day, But Not Once an Hour	2 - 30 Minutes to Less Than 2 Hours	9
6. Using appropriate social skills	4 - Full Physical Support	3 - At Least Once a Day, But Not Once an Hour	2 - 30 Minutes to Less Than 2 Hours	9
7. Engaging in loving and intimate relationships	4 - Full Physical Support	3 - At Least Once a Day, But Not Once an Hour	2 - 30 Minutes to Less Than 2 Hours	9
1. Socializing within the household	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	2 - 30 Minutes to Less Than 2 Hours	8
2. Participating in recreation/leisure activities with others	4 - Full Physical Support	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	8
3. Socializing outside the household	3 - Partial Physical Assistance	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	7
4. Making and keeping friends	3 - Partial Physical Assistance	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	7
8. Engaging in volunteer work	4 - Full Physical Support	1 - At Least Once a Month, But Not Once a Week	2 - 30 Minutes to Less Than 2 Hours	7

❖ SUPPORT NEEDS PROFILE - GRAPH

The graph provides a visual presentation of the six life activity areas from section 1.

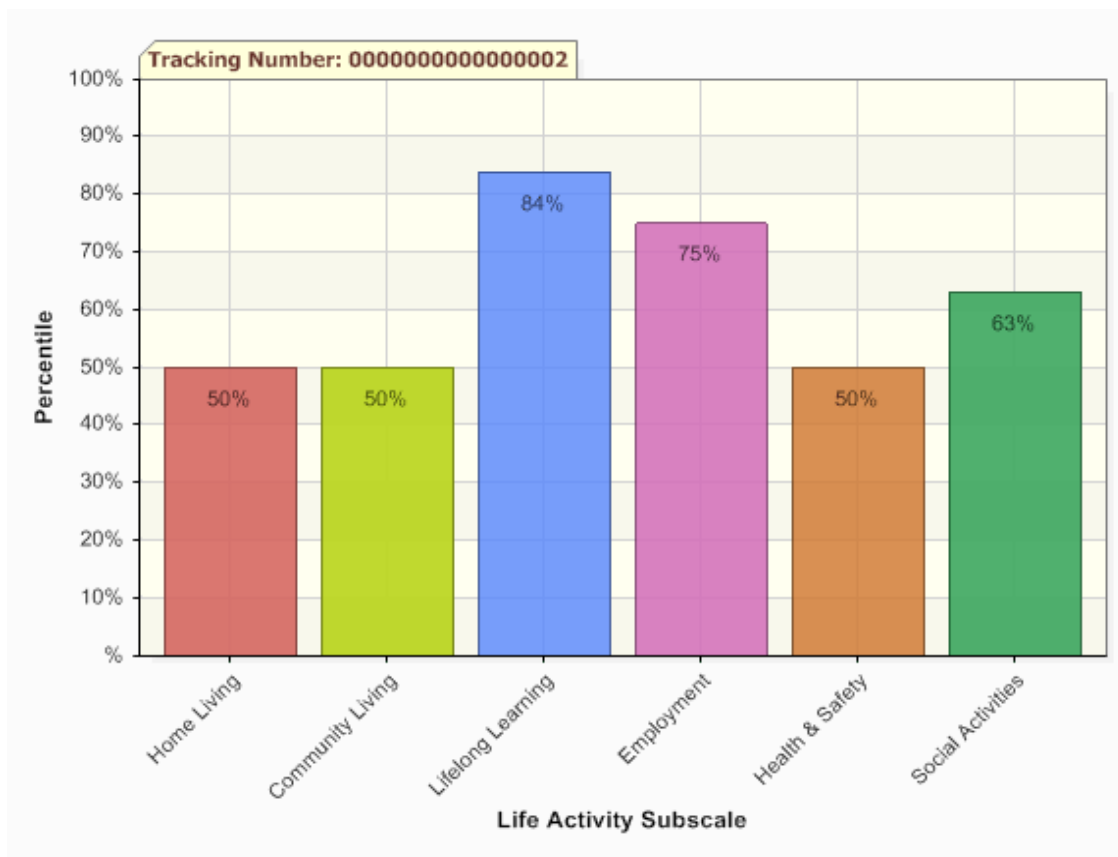
The graph reflects the pattern and intensity of the individual's level of support. The intent of the graph is to provide an easy means to prioritize the life activity areas in consideration of setting goals and developing the Individual Support Plan.

Support Needs Profile

Activity Subscale Percentile Results

Activities Subscale Total Score to Percentile by Area	Total	Percentile
A. Home Living	54	50%
B. Community Living	56	50%
C. Lifelong Learning	85	84%
D. Employment	71	75%
E. Health and Safety	50	50%
F. Social	64	63%

SIS Support Needs Index: 107



The support needs profile reflects the pattern and intensity of the individual's support. The information provided in sections 1, 2, and 3, can be beneficial in the development of the individual's support plan.

❖ SECTION 2 SUPPLEMENTAL PROTECTION AND ADVOCACY SCALE

Protection and Advocacy is rated from highest to lowest according to the amount of support the individual would benefit from.

The Protection and Advocacy Scale outlines the four top items an individual may want to explore when developing a support plan.

Section 2: Supplemental Protection and Advocacy Scale

Part P - Supplemental Protection and Advocacy Scale				
Item	Type of Support	Frequency	Daily Support Time	Total Score
3. Protecting self from exploitation	4 - Full Physical Support	4 - Hourly or More Frequently	4 - 4 Hours or More	12
1. Advocating for self	4 - Full Physical Support	3 - At Least Once a Day, But Not Once an Hour	2 - 30 Minutes to Less Than 2 Hours	9
2. Managing money for personal finances activities with others	4 - Full Physical Support	3 - At Least Once a Day, But Not Once an Hour	2 - 30 Minutes to Less Than 2 Hours	9
7. Making choices and decisions	4 - Full Physical Support	3 - At Least Once a Day, But Not Once an Hour	2 - 30 Minutes to Less Than 2 Hours	9
5. Belonging to and participating in self-advocacy/support organizations	4 - Full Physical Support	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	8
8. Advocating for others	4 - Full Physical Support	3 - At Least Once a Day, But Not Once an Hour	1 - Less Than 30 Minutes	8
4. Exercising legal responsibilities	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	1 - Less Than 30 Minutes	7
6. Obtaining legal services	4 - Full Physical Support	0 - None or Less Than Monthly	2 - 30 Minutes to Less Than 2 Hours	6

❖ RATING KEY FOR SECTION 3

Type of Support		
0 = No Support Needed	1 = Some Support Needed	2 = Extensive Support Needed
No support needed because the medical condition or behavior is not an issue, or no support is needed to manage the medical condition or behavior.	Support is needed to address the medical condition and/or behavior. People who support must be cognizant continuously of the condition to assure the individual's health and safety. For example: Checking in and observing Monitoring and providing occasional assistance Minimal physical/hands on contribution Support is episodic and/or requires minimal devoted support time	Extensive support is needed to address the medical condition and/or behavior. For example: Significant physical/hands on contribution Support is intense and/or requires significant support time

❖ SECTION 3 EXCEPTIONAL MEDICAL AND BEHAVIORAL SUPPORT NEEDS

Any rating of 2 in this area indicates an exceptional need with Medical conditions and/or Behaviors.

It should be noted that a high total score in section 3 clearly identifies additional support that is required for living safely in the community. The information from section 3 is considered separately from section 1.

Each item under Exceptional Medical and Behavioral is listed and presented from highest to lowest level of support.

Exceptional Medical and Behavioral key items are outlined and may be helpful in the development of the individual's support plan.

Section 3: Exceptional Medical and Behavioral Support Needs

Part A - Exceptional Medical Support Needs		
Item	Support Needed	Comments
1. Inhalation or oxygen therapy	0 - No Support Needed	
2. Postural drainage	0 - No Support Needed	
3. Chest PT	0 - No Support Needed	
4. Suctioning	0 - No Support Needed	
5. Oral stimulation or jaw positioning	0 - No Support Needed	
6. Tube feeding (e.g., nasogastric)	0 - No Support Needed	
7. Parental feeding (e.g., IV)	0 - No Support Needed	
8. Turning or positioning	0 - No Support Needed	
9. Dressing of open wound(s)	0 - No Support Needed	
10. Protection from infectious diseases due to immune system impairment	0 - No Support Needed	
11. Seizure management	0 - No Support Needed	
12. Dialysis	0 - No Support Needed	
13. Ostomy care	0 - No Support Needed	
14. Lifting and/or transferring	0 - No Support Needed	
15. Therapy services	0 - No Support Needed	
	0 - No Support Needed	
Total Score	0	
General Comments		

Part B - Exceptional Behavioral Support Needs		
Item	Support Needed	Comments
1. Prevention of assaults or injuries to other	1 - Some Support Needed	Redirection when she is upset and noticing cues.
4. Prevention of self-injury	1 - Some Support Needed	May hit herself when upset or bite her lip needing redirection.
8. Prevention of non-aggressive but inappropriate behavior	1 - Some Support Needed	May touch others inappropriately not sure of intention.
9. Prevention of tantrums or emotional outbursts	1 - Some Support Needed	Suzie will scream very high pitched for long periods, rock herself back and forth, twirl.
10. Prevention of wandering	1 - Some Support Needed	Suzie may wander outside the home if others are not monitoring.
2. Prevention of property destruction (e.g., fire setting, breaking furniture)	0 - No Support Needed	
3. Prevention of stealing	0 - No Support Needed	
5. Prevention of pica (ingestion of inedible substances)	0 - No Support Needed	
6. Prevention of suicide attempts	0 - No Support Needed	
7. Prevention of sexual aggression	0 - No Support Needed	
11. Prevention of substance abuse	0 - No Support Needed	
12. Maintenance of mental health treatments	0 - No Support Needed	
13. Prevention of other serious behavior problem(s):	0 - No Support Needed	
Total Score	5	
General Comments		

Most Important To the Individual

Sect 1, Part A Item 5	House keeping and cleaning	3	1	3
Notes:	Suzie likes to be included in the daily routine around the house. Caregivers like for her to have as much independence to learn chores as possible.			
Sect 1, Part B Item 4	Going to visit friends and family	2	2	3
Notes:	Suzie loves to visit with others. She loves visits from her nieces, aunts and cousins. They take her out for walks, to festivals or just to talk and she is very happy.			
Sect 1, Part C Item 6	Learning functional academics (reading signs, counting change)	3	4	4
Notes:	Suzie loves the one on one attention that learning brings. She learns best with games. She misses that interaction since aging out of the school system.			
Sect 1, Part F Item 3	Socializing outside the household	2	2	3
Notes:	Suzie loves to interact with others but only in small groups. She loves when others take the time to sing to her, play patty cake other clapping games with her and talk with her about things around her. Suzie likes to identify things in the room, colors others are wearing, etc.			
Sect 1, Part F Item 5	Communicating with others about personal needs services	3	2	4
Notes:	Others must know Suzie well to understand what she needs. Often times it is difficult to pinpoint why she is upset. Suzie will go attempt to get immediate needs or go in the kitchen to let you know she is hungry. Difficulty communicating needs is a strong point of frustration for her. It is important to her to have people with her that understand her needs when she is not able to communicate what is bothering her.			

Most Important For the Individual

Sect 1, Part A Item 5	House keeping and cleaning	3	1	3
Notes:	Suzie likes to be included in the daily routine around the house. Caregivers like for her to have as much independence to learn chores as possible.			
Sect 1, Part A Item 7	Bathing and taking care of personal hygiene and grooming needs	3	1	3
Notes:	Mother working with Suzie on independence in these areas.			
Sect 1, Part C Item 2	Participating in training/educational decisions	0	2	4
Notes:	After aging out of school Suzie went to a day program but had difficulty adjusting to the large group sizes . It is important for someone who knows her well to choose the best setting for her and help her ease into it.			
Sect 1, Part C Item 9	Learning self-management strategies	3	4	4
Notes:	Suzie has a hard time practicing coping strategies. Suzie becomes upset or frustrated without warning and may hit others, run out into the street, scream very loudly, etc. Supports will take her out of the environment and talk with her one on one. She could benefit from learning strategies she can repeat on her own.			
Sect 1, Part E Item 6	Maintaining a nutritious diet	3	2	4
Notes:	Suzie intermittently struggles with keeping weight on. Some days she will overeat but some periods she refuses to eat at all. Her doctor has prescribed high calorie drinks that she likes pretty well. Family supports may struggle with understanding and carrying through on a healthy diet for Suzie.			
Sect 1, Part F Item 7	Engaging in loving and intimate relationships	3	2	4
Notes:	Suzie is extremely friendly, very pretty and trusting. She likes to sit close to others, close to their face, hold hands or touch their legs. Supports must be very cautious to ensure Suzie is not taken advantage of.			

How Information from My Support Profile Can Be Used in Supports Planning Approaches

Everyone benefits from supports that allow them to take part in everyday life activities and maintain a healthy lifestyle. *The Supports Intensity Scale* (SIS) assesses a person's pattern and intensity of support needs across life activities and exceptional medical and behavioral support need areas. The attached 'My Support Profile' summarizes information from the SIS that can be used in planning supports for individuals based on their support needs and the individuals' goals and interests.

Planning supports for individuals requires the collective wisdom of a Support Team that is made up of the individual receiving the services and supports, his/her parents or family members, a case manager or supports coordinator, direct support staff who work with the individual, and one or more professionals depending on the individual's support needs. The purpose of this attachment to the 'My Support Profile' is to provide answers to six questions asked frequently by the individual and his/her support team members as collectively they engage in the development, implementation, and monitoring of the individual's support planning.

1. How do we determine what is important to the individual and what is important for the individual?

- Identifying support needs that are **important to the individual** is based on the individual's goals, desires, and preferences.
- Identifying support needs that are **important for the individual** is based on:
 - higher support need scores from the 'My Support Profile' in the most relevant life activity areas
 - needed supports in health and safety
 - interventions prescribed by a professional.

2. How do we focus on the whole person and the individual's quality of life?

- The concept of quality of life reflects a holistic approach to an individual and includes areas that are valued by all persons.
- Eight core quality of life areas reflect this holistic approach:
 - Personal Development - Self-determination - Interpersonal Relations
 - Social Inclusion - Rights - Emotional Well-being
 - Physical Well-being - Material Well-being
- These eight quality of life areas can be used to develop an ISP.

3. What are the responsibilities of support team members?

- Determine **what is important to and for** the individual
- Identify specific support strategies to address the individual's personal goals and assessed support needs
- Specify a specific support objective for each support strategy and indicate who is responsible for implementing each support strategy
- Implement and monitor the Individual Supports Plan

4. What supports can we use to enhance the individual's well-being?

- Natural sources (e.g. family, friends, and community resources)
- Technology-based (e.g. assistive technology, information technology, smart technology, and prosthetics)
- Environment-based (e.g. environmental accommodation)
- Staff directed (e.g. incentives, skills/knowledge, and positive behavior supports)
- Professional services (e.g. medical, psychological, therapeutic services)

5. How does information obtained from the SIS relate to professional recommendations?

- Professional recommendations such as those from a doctor focus on lessening the impact of the individual's disability-related condition.
- SIS information focuses on the supports an individual needs in order to be more successful in everyday life activities.
- Both types of information need to be a part of planning supports for individuals.

6. How do we know if the supports provided have an effect on the individual?

- Informally, people will see an increased involvement of the individual in everyday life activity areas and an improvement in exceptional medical and behavioral support need areas.
- Formally, people will see enhanced personal quality of life-related outcomes on one or more quality of life areas.