



My Support Profile

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

Person Being Assessed:

Last Name: Client
First Name: Happy
Middle Name:
Gender: Male
Language:
Address: 22 Long Drive
City: Outthere
State: ME
Zip Code: 04123
Phone: (207) 555-1234
Date of Birth: 11/11/1930
Age: 84

Assessment Data:

Interview Date: 4/3/2013
MaineCare number: 01235678A

Interviewer Data:

Interviewer: Greer Nelson
Agency: DHHS
Address: 41 Anthony Ave
City: Augusta
State: ME
Zip Code: 04330
Position: Interviewer
Phone: (207) 287-7146
Email: Greer.Nelson@maine.gov

What Prompted Interview: First SIS

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

Name	Relationship	Language Spoken
Tony Hawk	Service Coordinator or case manager	English
Clint Barton	Direct Support Staff	English
Natasha Romanoff	Residential Services Manager	English

Services provided by:

Name	Relationship	Phone
Tony Hawk	Case Worker	(207) 287-7100
Clint Barton	DSP	(207) 582-8000
Natasha Romanoff	Res Director	(207) 215-3000

Name of person who entered this information: Greer Nelson

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	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	2 - 30 Minutes to Less Than 2 Hours	8
5. House keeping and cleaning	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	2 - 30 Minutes to Less Than 2 Hours	8
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	2 - 30 Minutes to Less Than 2 Hours	8
2. Taking care of clothes (includes laundering)	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	6
8. Operating home appliances	2 - Verbal/Gesture Prompting	3 - At Least Once a Day, But Not Once an Hour	1 - Less Than 30 Minutes	6
1. Using the toilet	1 - Monitoring	3 - At Least Once a Day, But Not Once an Hour	1 - Less Than 30 Minutes	5
6. Dressing	1 - Monitoring	3 - At Least Once a Day, But Not Once an Hour	1 - Less Than 30 Minutes	5
4. Eating food	0 - None	0 - None or Less Than Monthly	0 - None	0

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)	3 - Partial Physical Assistance	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	7
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
6. Shopping and purchasing goods and services	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	2 - Verbal/Gesture Prompting	3 - At Least Once a Day, But Not Once an Hour	2 - 30 Minutes to Less Than 2 Hours	7
3. Using public services in the community	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	6
8. Accessing public buildings and settings	0 - None	0 - None or Less Than Monthly	0 - None	0

Part C – Lifelong Learning Activities				
Item	Type of Support	Frequency	Daily Support Time	Total Score
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
3. Learning and using problem solving strategies	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	4 - 4 Hours or More	10
8. Learning self-determination skills	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	3 - 2 Hours to Less Than 4 Hours	9
9. Learning self-management strategies	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	3 - 2 Hours to Less Than 4 Hours	9
1. Interacting with others in learning activities	3 - Partial Physical Assistance	2 - At Least Once a Week, But Not Once a Day	3 - 2 Hours to Less Than 4 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
6. Learning functional academics (reading signs, counting change)	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 training/educational decisions	3 - Partial Physical Assistance	0 - None or Less Than Monthly	2 - 30 Minutes to Less Than 2 Hours	5

Part D - Employment Activities				
Item	Type of Support	Frequency	Daily Support Time	Total Score
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
3. Interacting with co-workers	3 - Partial Physical Assistance	2 - At Least Once a Week, But Not Once a Day	4 - 4 Hours or More	9
2. Learning and using specific job skills	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	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. Changing job assignments	4 - Full Physical Support	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	6
1. Accessing/receiving job/task accommodations	4 - Full Physical Support	0 - None or Less Than Monthly	1 - Less Than 30 Minutes	5
8. Seeking information and assistance from an employer	3 - Partial Physical Assistance	0 - None or Less Than Monthly	1 - Less Than 30 Minutes	4

Part E - Health and Safety Activities				
Item	Type of Support	Frequency	Daily Support Time	Total Score
8. Maintaining emotional well-being	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	4 - 4 Hours or More	10
2. Avoiding health and safety hazards	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	3 - 2 Hours to Less Than 4 Hours	9
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
3. Obtaining health care 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
1. Taking medications	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	1 - Less Than 30 Minutes	7
4. Ambulating and moving about	2 - Verbal/Gesture Prompting	3 - At Least Once a Day, But Not Once an Hour	2 - 30 Minutes to Less Than 2 Hours	7
5. Learning how to access emergency services	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	1 - Less Than 30 Minutes	7
7. Maintaining physical health and fitness	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 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	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	3 - 2 Hours to Less Than 4 Hours	9
7. Engaging in loving and intimate relationships	4 - Full Physical Support	2 - At Least Once a Week, But Not Once a Day	3 - 2 Hours to Less Than 4 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	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	3 - Partial Physical Assistance	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	7
3. Socializing outside the household	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	6
4. Making and keeping friends	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	6

❖ SUPPORT NEEDS PROFILE - GRAPH

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

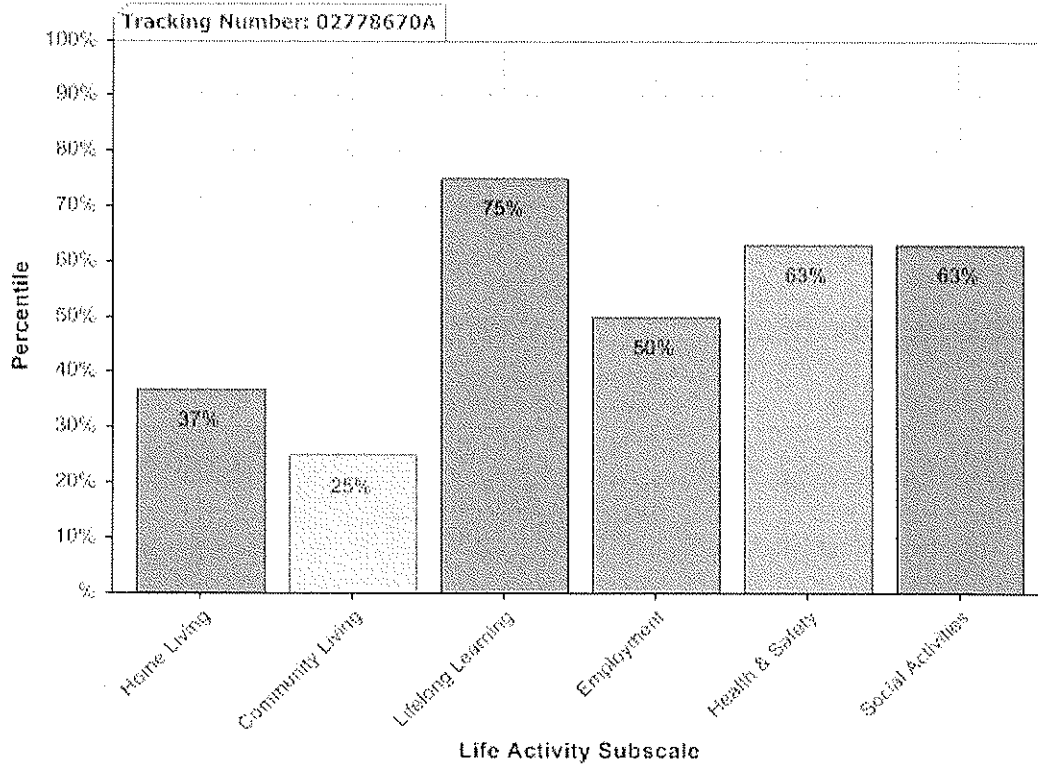
The graph reflects the pattern and intensity of the individual's level of support. The intent of the graph is to provide an easy means to prioritize the life activity areas in consideration of setting goals and developing the Individual Support Plan.

Support Needs Profile

Activity Subscale Percentile Results

Activities Subscale Total Score to Percentile by Area	Total	Percentile
A. Home Living	46	37%
B. Community Living	48	25%
C. Lifelong Learning	76	75%
D. Employment	59	50%
E. Health and Safety	63	63%
F. Social	61	63%

SIS Support Needs Index: 101



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	3 - Partial Physical Assistance	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	7
2. Managing money for personal finances activities with others	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	1 - Less Than 30 Minutes	7
4. Exercising legal responsibilities	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. Making choices and decisions	4 - Full Physical Support	1 - At Least Once a Month, But Not Once a Week	2 - 30 Minutes to Less Than 2 Hours	7
6. Obtaining legal services	4 - Full Physical Support	0 - None or Less Than Monthly	2 - 30 Minutes to Less Than 2 Hours	6
8. Advocating for others	3 - Partial Physical Assistance	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	5
5. Belonging to and participating in self-advocacy/support organizations	0 - None	0 - None or Less Than Monthly	0 - None	0

❖ 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	
Total Score	0	
General Comments		

Part B - Exceptional Behavioral Support Needs

Item	Support Needed	Comments
7. Prevention of sexual aggression	1 - Some Support Needed	Client does have a diagnosis of pedophilia. Client requires ongoing monitoring in order to prevent victimizing children.
8. Prevention of non-aggressive but inappropriate behavior	1 - Some Support Needed	Client requires monitoring, modeling behavior and at times interventions to redirect and intervene in situations to prevent inappropriate behaviors.
9. Prevention of tantrums or emotional outbursts	1 - Some Support Needed	Client requires intervention from support in order to assist with emotional outbursts.
10. Prevention of wandering	1 - Some Support Needed	Client does require support in order to prevent wandering/elopement. Last occurrence was approximately one week ago.
11. Prevention of substance abuse	1 - Some Support Needed	Client does participate in AA activities and requires monitoring from support staff.
1. Prevention of assaults or injuries to other	0 - No Support Needed	
2. Prevention of property destruction (e.g., fire setting, breaking furniture)	0 - No Support Needed	
3. Prevention of stealing	0 - No Support Needed	
4. Prevention of self-injury	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	
12. Maintenance of mental health treatments	0 - No Support Needed	Client is prescribed psychotropic medications. Client does refuse to take medications, last occurrence of refusal was approximately two years ago. Client currently takes medications willingly.
	0 - No Support Needed	
Total Score	5	
General Comments		

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.