MSHN
Mid-State Health Network

POLICIES AND PROCEDURE MANUAL

Chapter:	**Service Delivery**		
Title:	**Support Intensity Scale Procedure**		
Policy: ☐ **Procedure:** ☒ **Page:** 1 of 5	**Review Cycle:** Biennial **Author:** Chief Behavioral Health Officer and Chief Financial Officer	**Adopted Date: 04.2015** **Review Date:** 11.1.2022	**Related Policies:** Support Intensity Scale Policy

Purpose

The Support Intensity Scale (SIS) procedure provides guidance to individual Community Mental Health Service Programs (CMHSPs) within the Mid-State Health Network (MSHN) affiliation when planning, scheduling, and using SIS assessments.

Procedure

The clinical contact, or their designee, at each CMHSP shall be responsible to complete the following tasks:

1. After receiving a list of potential appointment dates and times from the SIS Assessor, the clinical contact or designee will begin the process of setting up eligible SIS assessments. The clinical contact may be the SIS Assessor, depending on the system established for scheduling. That process includes:
    a. Each agency needs to have a process to determine which individuals receiving services gets a valid SIS Assessment during each upcoming three years.
    b. Using the prioritized list generated by the CMHSP, the clinical contact or designee will contact Case Managers/Supports Coordinators and offer the available appointments. If this is an intake, the Case Manager/Supports Coordinator should still attend even though they will not be a valid respondent. See the definition of valid respondent below.
    c. Although completing the SIS is a Michigan Department of Health and Human Services (MDHHS) contractual requirement of the Prepaid Inpatient Health Plan (PIHP), there is no affiliation policy for using the information on the SIS for resource allocation or eligibility for services. Participation in SIS is voluntary for the beneficiary.
    d. PIHPs or their designee shall continue to engage, at least annually, individuals who did not participate (or declined) in the SIS assessment, to increase their understanding of the benefits of the process and how results will be used. The SIS is an essential part of service planning and should be used for this purpose.
    e. The designated staff will contact the person receiving services, guardians, and other support team members to set up a location for the SIS with valid respondents at the time and date the SIS assessor indicted they will be available. Notes that the SIS may also be completed via telehealth, but this must be the choice of the individual/guardian. The telehealth shall follow all necessary privacy safeguards. Case Managers/Supports Coordinators need to inform all participants that the SIS assessment may last up to three hours.
    f. There must be verification that there will be at least two valid respondents. Valid respondents:
        i. Must be able to accurately respond to all SIS questions and be able to use and understand the rating key;
        ii. Must have known the person assessed well for at least three months;

iii. Must be willing to stay for the entire SIS;
iv. Can be the person assessed, if they can be an accurate reporter and can apply the rating key;
v. Can be the guardian. Although guardians are encouraged to attend, they are not required to attend the SIS.

g. Case Managers/Supports Coordinators are expected to attend the SIS meeting. If they fit the above criteria, they can be a respondent.

2. The SIS Assessment is prior authorized provided the individual meets the eligibility criteria to receive it.
3. Clinical contact or designee needs to review the appointment data and ensure that there is a set time and date that falls within the appointments provided by the SIS Assessor, that there are two valid respondents, and that there is a meeting place that is private and comfortable for the person being assessed.
4. It is recommended best practice for the SIS Assessment to be scheduled 90 days prior to the individual's person-centered planning meeting to ensure incorporation of the results into the plan of service.
5. Each CMHSP's clinical contact or designee will email/fax (in a secure format) the SIS Assessor the following information <u>for each appointment</u> via encrypted email at least two weeks prior to the appointment:
    a. Consumer's Name
    b. Date of Birth
    c. Medicaid Number
    d. CMHSP Case Number
    e. Consumer Address
    f. Consumer Phone Number
    g. Case Manager/Supports Coordinator Name
    h. Case Manager/Supports Coordinator Name Phone Number and email address
    i. Meeting Location Address
    j. Meeting Date and Time
    k. Expected names and number of Respondents
    l. Reason the SIS is being scheduled. Options are Intake, change in support needs, PCP preplanning
6. The coding/billing guidelines for the SIS appointment (Attachment A):
    a. The code used by SIS Assessors is H0031 with an HN/WY modifier for a person with a bachelors deree in Human Services, or HM/WY for a person with four years of equivalent work experience in a related field, and they will be billing the contact as Face to Face or Telehealth.
    b. CLS can be billed concurrently,
    c. Case Managers/Supports Coordinators must document this time as indirect service time; they cannot concurrently bill for the time of the SIS assessment.
7. The clinical contact will follow up with the SIS Assessor after the assessment to facilitate getting the assessment report into the Electronic Medical Record (EMR) for the CMHSP and processing the invoice submitted by the SIS Assessor.
8. The clinical contact or designee is responsible for contacting the SIS Assessor prior to canceling an assessment. Valid reasons for cancellation include:
    a. There is not a minimum of two valid respondents;
    b. The consumer is not available to meet with the assessor for at least part of the assessment meeting;
    c. The location is unsafe or inaccessible due to weather;

   d. If the case manager cannot attend and there are two valid respondents, the assessor will contact the case manager to discuss the situation before cancelling.
9. If the SIS Assessor needs to cancel an appointment, they will notify the clinical contact.

At the beginning of each month, each SIS Assessor will schedule the dates and appointment times they plan to be in their assigned counties for the following month:

1. Provide the clinical contact or designee with those dates and times.
2. When the clinical contact sends the Assessor the information regarding the appointments that have been scheduled, the Assessor will review the information for completeness. The Assessor will contact the clinical contact for any missing information.
3. The SIS Assessor will be in the area at the designated date and time and complete the SIS assessment as scheduled.
4. The SIS Assessor will complete the service activity log information needed to create encounters for the service. This will be turned into the CMHSP where the SIS is held. The CMHSP will be responsible for entering this into their EMR and billing systems.
   a. The code used by SIS Assessors is H0031 with an HW modifier, and they will be billing the contact as Face to Face or Telehealth. CLS can be billed concurrently, but other professionals cannot concurrently bill for the time of the SIS assessment. Case Managers/Supports Coordinators can document this time as indirect service time.
5. Will provide a PDF copy of the assessment to the clinical contact after the assessment is completed.
6. Alternatively, when a SIS assessment is completed or edited, the data will be merged with the CMHSP's EMR system via SIS-A integration. This allows SIS data to be pushed into the system when assessments are completed or modified.
7. If the SIS Assessor needs to cancel an appointment, they will notify the Clinical contact. If the CMHSP needs to cancel, the clinical contact or designee will talk with the Assessor prior to canceling the assessment. Valid reasons for cancellation include:
   a. There is not a minimum of two valid respondents;
   b. The consumer is not available to meet with the assessor for at least part of the assessment meeting;
   c. The location is unsafe or inaccessible due to weather;
   d. If the case manager cannot attend and there are two valid respondents, the assessor will contact the case manager to discuss the situation before cancelling.

Applies to

☒ All Mid-State Health Network Staff
☐ Selected MSHN Staff, as follows:
☒ MSHN CMHSP Participants: ☐ Policy Only ☒ Policy and Procedure
☐ Other: Sub-contract Providers

Definitions

CLS: Community Living Supports
CMHSP: Community Mental Health Service Program
EMR: Electronic Medical Record
MSHN: Prepaid Inpatient Health Plan
MDHHS: Michigan Department of Health and Human Services
PDF: Portable Document File, created using Adobe software
PIHP: Prepaid Inpatient Health Plan
SIS: Supports Intensity Scale

Related Materials:
Attachment A: Reporting and billing of valid SIS Claims

References/Legal Authority

PIHP-MDCH Contract FY2
SIS-A IT Proposal
SIS Implementation Manual, July 2020

Change Log:

Date of Change	Description of Change	Responsible Party
04.2015	New procedure	T. Lewicki, P. Keyes,
02.2017	Annual review	UM & Waiver Director
01.2018	Annual review	UM & Waiver Director
02.2019	Annual Review	Chief Behavioral Health Officer
08.2020	Annual Review	Chief Behavioral Health Officer
07.2022	Biennial Review	Chief Behavioral Health Officer

Attachment A

Supports Intensity Scale Assessment Services BILLING OF AND PAYMENT OF VALID CLAIMS

The Supports Intensity Scale (SIS®) is a strength-based, comprehensive assessment tool that measures an individual's support needs in personal, work-related and social activities in order to identify and describe the types and intensity of the supports an individual requires. The SIS® includes background information on health, medical conditions, activities of daily living and cognitive, social and emotional skills. The SIS® is designed to be part of person-centered planning processes that help all individuals identify their unique preferences, skills and life goals.

Billing Code	Modifier	Type of Service	Rate	Unit
H0031	WY along with HN or HM	Supports Intensity Scale Face-to-Face Assessment	$350.00	Encounter

BILLING OF AND PAYMENT OF VALID CLAIMS

Billings for services listed in Attachment A shall occur on a monthly basis, on forms mutually agreed to between the parties, within 30 days after the end of the month in which the activity/service occurred and shall be billed at the provider's agreed rate of service Billings shall include the service activity log information necessary for the Purchaser to verify services have been provided, and enter the information into their respective client record, enabling them to submit encounter data claims to MDHHS for services rendered.

The amount charged may change from time to time, as rates are adjusted by the Provider(s). The Provider(s) shall give all purchasers of their services thirty (30) days advance notice of any rate change.

<u>The above amount includes the following expense:</u>

- Mileage
- Direct Wage
- Other Direct Expense such as equipment, supplies, and test materials
- Indirect Overhead such as building expense, support staff, etc.
- Administration