



Human Services  
Research Institute

## MEMORANDUM

Support Needs Assessment Tool Recommendation – December 2016

Prepared for Idaho Department of Health and Welfare

Presented by: Project Director- John Agosta ([jagosta@hsri.org](mailto:jagosta@hsri.org)),

Project Manager- Alena Vazquez ([avazquez@hsri.org](mailto:avazquez@hsri.org)), and

Research Associate- Colleen Kidney ([ckidney@hsri.org](mailto:ckidney@hsri.org))

Human Services Research Institute (HSRI) was retained by the Idaho Department of Health and Welfare to provide assistance in designing and implementing a means for assigning personal supports budgets to adults with intellectual and developmental disabilities (IDD) receiving Medicaid Home and Community Based Services (HCBS). One important aspect of a personal supports budget framework is the support needs assessment. A support needs assessment allows the state to understand the service recipient's needs in order to appropriately assign a budget that meets those needs while accounting for additional considerations such as age and type of residence. Therefore, identifying an appropriate and acceptable support needs assessment may be considered a first step toward determining a supports budget.

Along with the implementation of a new supports budget framework, the state of Idaho is discontinuing use of its current means for assessing the support needs of service recipients. DHW is in the process of looking for a new assessment tool which can accurately, consistently, and defensibly assess the support needs of adults with intellectual and developmental disabilities. To this end, HSRI led a Support Needs Assessment Tool Work Group (Work Group) through a formal process to determine which assessment tool they would be recommending to DHW. The purpose of this memorandum is to provide DHW with information about the Work Group process and resulting assessment tool recommendation.

### BACKGROUND

Prior to the facilitated meeting of the Work Group, HSRI provided DHW feedback on their current assessment methodology. Within the resulting report, *Review of Current Support Needs Instruments of Individuals with Intellectual and Developmental Disabilities in Idaho*, HSRI provided a set of criteria by which to judge an assessment being considered for use in assigning personal supports budgets. DHW, with the assistance of many members of the Work Group, then identified assessment criteria of particular importance to stakeholders.

DHW provided HSRI with the list of assessment criteria identified as being of importance to stakeholders, which HSRI then incorporated into the list of originally formulated criteria. DHW and HSRI then identified the three assessments which come closest to meeting all of Idaho's specific needs for a support needs assessment used to inform personal supports budgets. The assessments under consideration are:

- Supports Intensity Scale (SIS; [www.siswebsite.org](http://www.siswebsite.org))
- Inventory for Client and Agency Planning (ICAP; [www.riverpub.com/products/icap](http://www.riverpub.com/products/icap))
- interRAI (<http://interrai.org/>)

HSRI prepared for the facilitated work group meeting by gathering relevant information for each assessment tool, including: copies of the tools themselves, scholarly articles regarding each of the tools, materials from and communication with the tools’ publishers, and from direct contact with states who have used the tool for supports budgeting. Information was then shared with the Work Group to support them in making informed judgements of each assessment tool. The following sections describe the Work Group’s process for preparing their recommendation to DHW, the recommendation itself, and further considerations needed by DHW.

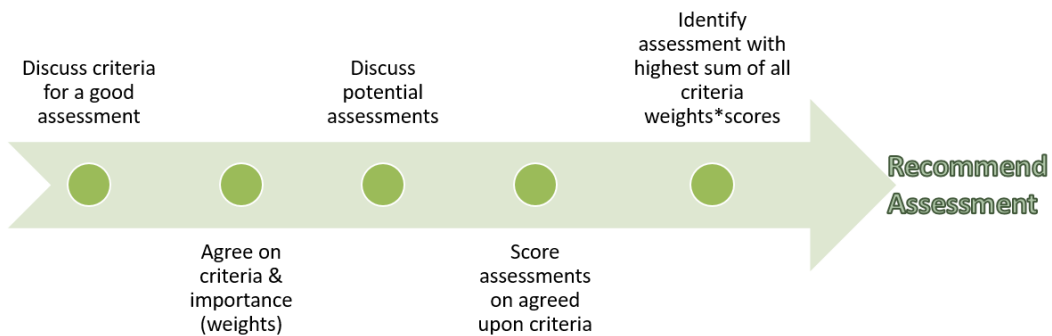
### WORK GROUP PROCESS

Eighteen individuals gathered to recommend an assessment tool to DHW on November 2, 2016. Representatives from Children’s Developmental Disability Services, Adult Developmental Disability Services, Office of Medicaid, Office of Attorney General, Liberty Health, the ACLU, Disability Rights Idaho (DHI), and the DD council were present. The day-long facilitated session was separated into two tasks:

1. Review and weighting of each assessment tool criteria
2. Determining scores for each of the assessment tools by each criterion established and defined in task 1.

To complete these tasks, the Work Group followed the five-step process displayed in Figure 1.

**Figure 1.** ASSESSMENT TOOL RECOMMENDATION WORK GROUP PROCESS



First, HSRI presented and described the assessment tool criteria. The group then discussed and agreed upon the inclusion and importance of each criterion, and assigned numerical weights to each. HSRI presented information on each of the assessment tools still under consideration by DHW (SIS, ICAP, and interRAI).

The Work Group then divided into three sub-groups to score all three of the assessments on each of the agreed upon criteria. The Work Group reconvened, reviewed the scoring decisions of each of the sub-groups and through discussion agreed upon a score for each assessment on each criterion. Finalized

criterion scores were multiplied by each finalized weight to calculate a sum of all weighted scores, determining the final scores for each of the assessments. The highest scoring assessment is the recommended assessment from the Work Group to DHW, described at the end of this memorandum. The specific tasks are described below, followed by the results of the Work Group and information about the recommended assessment tool.

## ASSESSMENT TOOL CRITERIA

HSRI has assisted multiple jurisdictions with selecting the best assessment tool for each jurisdiction's specific needs. Through these experiences, HSRI has developed and continues to refine a list of criteria for supports needs assessments being used in the development of personal supports budgets. In addition to the criteria that applies to all jurisdictions, HSRI worked with DHW to determine criteria specifically important to Idaho's current needs. HSRI provided, and defined, each criteria to the Work Group. Figure 2 below provides a summary of the assessment tool criteria.

**Figure 2.** SUMMARY OF ASSESSMENT TOOL CRITERIA



The assessment criteria (n = 37) fall into three overarching topical areas: instrument properties, instrument utilization, and Idaho-specific criteria. Instrument properties focuses on the assessment tool itself—what types of items are included, whether it has good psychometric properties, how easy the items and flow are to understand, and how respectful it is of service recipients. Instrument utilization focuses on how the assessment tool is actually used—what it can measure, what (if any) capabilities exist for technological infrastructure, what services are available for tool testing and training, and whether the whole assessment process is respectful of the service recipients. As mentioned above, the Idaho-specific criteria are those aimed at Idaho's current needs including the need achieve successful implementation quickly.

Each topical area, and included criterion were discussed at length by the Work Group. Work Group members requested further clarification regarding some definitions and noted things of particular interest which fell under existing criteria. After HSRI initially described the assessment tool criteria, the Work Group determined that none of the listed criteria should be omitted as each was relevant to

Idaho’s assessment needs. The Work Group then discussed the need for additional criteria, but decided all suggestions fell within the current criteria list. The criteria list was then finalized. See Appendix A for the final criteria list.

Next the Work Group discussed the need for weighting the assessment tool criteria. Not all of the criteria are equally important for a successful program in Idaho. When applying a numerical score to the assessments still under consideration, the score should include the importance of each criteria as a weight. The Work Group discussed the relative importance of each of the criteria and determined the appropriate weight for each criterion. The scale for assigning weights to assessment criteria—displayed in Figure 3—ranged from 0 “Not important at all and should not impact tool selection” to 5 “Extremely important and should have a large impact on selection” as well as a 10 to identify a “Deal Maker.” The group determined that some criteria were “deal breakers/deal makers,” where the scoring should make it very difficult for an assessment to be chosen without meeting such criteria.

**Figure 3.** SCALE FOR ASSIGNING WEIGHTS TO ASSESSMENT CRITERIA



The group determined the weights for the criteria through an open discussion process. Group members often began by proposing a weight for a given criterion with other members of the group then stating why that weight did or did not align with their thinking. One criterion was weighted “0” (will not require a difficult transition period) as the Work Group felt that a difficult transition period was inevitable no matter the tool selected and therefore should not be considered. Four criteria were weighted “10,” making them deal makers. The deal makers identified were (1) assessing medical support needs, (2) assessing behavioral support needs, (3) the ability to use the assessment tool for budget allocation, and (4) having a transparent scoring and level process. Most other criteria were weighted as “5” or “4,” as Work Group members found most criteria to be extremely important or very important for a tool being used to develop Idaho’s new supports budget methodology. All final criterion weights are provided in Appendix A.

## ASSESSMENT TOOL SCORING

The second task the Work Group completed involved scoring each of the assessment tools (SIS, ICAP, and interRAI) on the assessment criteria. First, HSRI presented information on each of the assessment tools. HSRI supplied the Work Group with written documents that described each assessment tool and

provided copies of each of the assessments for review. In order to promote active engagement of all members of the Work Group, the group separated into three smaller groups (Team A, Team B, and Team C) to discuss each assessment tool and assign scores for each of the criterion. An HSRI team member was available to each team during the small group scoring process to facilitate and answer any questions. Teams talked through their rationale for scoring, took notes on their scoring, and indicated their scores for each criterion. The scale for scoring each criterion—displayed in Figure 4—ranged from 0 “Does not meet criterion” to 3 “Completely meets criterion.”

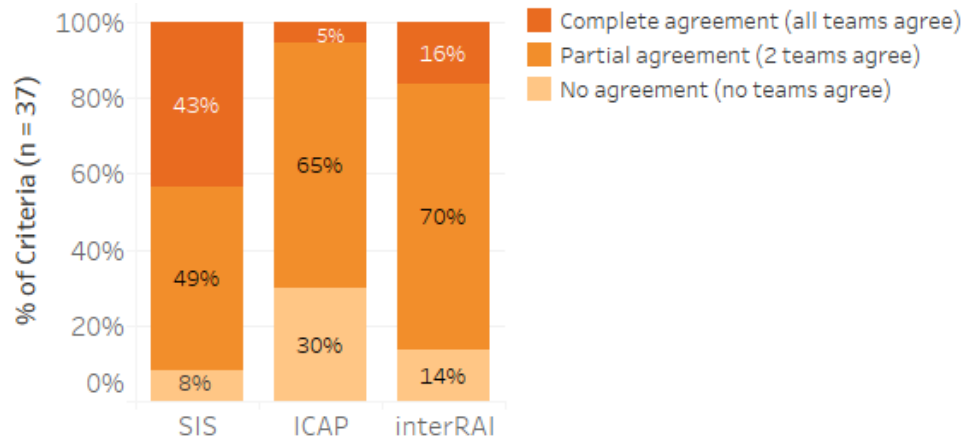
**Figure 4.** SCALE FOR SCORING EACH ASSESSMENT ON ASSESSMENT CRITERIA

<p><b>0</b> = Does not meet criterion  <b>1</b> = Somewhat meets criterion  <b>2</b> = Mostly meets criterion  <b>3</b> = Completely meets criterion</p>
--

Next, the teams convened as the larger group to compare and discuss scoring among the teams. The Work Group assigned final scores to each of the criteria after coming to consensus about scores as a group. Appendices B, C, and D provide the individual team scores and final scores for the SIS, ICAP, and InterRAI respectively. Note that Team A did not score the criterion “will not require a difficult transition period” for any assessment since the weight of that criterion was “0,” making any score automatically “0.” Also note that Team C is missing scores for the majority of the criteria for the ICAP. This team found it too difficult to score the ICAP due to extremely low scores on deal maker criteria, and a belief by at least two team members that a recommendation for the ICAP could not be provided to DHW because the tool did not satisfy their own minimal requirements. The team agreed to participate in the overall Work Group discussion of the ICAP to determine final scores on the criteria, but did not fully complete team scores for that assessment tool.

Overall, the Work Group had good agreement among the three teams when scoring the three tools by the 37 criteria. Figure 5 displays the percent agreement between the teams. The teams partially agreed (2 out of the 3 teams agreed on a given score) or completely agreed (all 3 teams gave the same score) on 92% of the criteria for the SIS, 70% of the criteria for the ICAP, and 86% of the criteria for the InterRAI. Note that agreement is less for the ICAP due to only eight criteria being scored by all three teams, thereby making complete agreement impossible for the majority of ICAP criteria.

**Figure 5.** AGREEMENT BETWEEN TEAMS ON CRITERIA FOR THE SIS, ICAP, AND INTERRAI



When all teams agreed on a score, or two teams agreed on a score and the third team was only one point away from the majority, the Work Group agreed to use the common score as a final score without group discussion. The caveat was made that group discussion could occur if any Work Group member felt it warranted, however, in no circumstances was that necessary. After discussing criteria scored differently among teams as a full group, substantial differences among groups were commonly due to different interpretations of criteria. The group did not heavily debate any of the criteria where there were disagreements and the Work Group came to final scores for all criteria after short discussions about each criterion where team scores varied.

Once the Work Group decided on the final scores for each assessment, by criterion, HSRI calculated overall scores for each of the assessments. HSRI calculated the final score by first multiplying the criteria score by its accompanying criteria weight. The sum of all weighted criteria, for each assessment, was then calculated. The weights, raw scores, weighted scores, and assessment tool totals are displayed in Appendix E. The final scores for each of the three assessment tools under consideration are displayed in Figure 6.

**Figure 6.** FINAL ASSESSMENT TOOL SCORES

SIS	461
ICAP	280
interRAI	345

The highest possible score for an assessment was 552, due to the weights decided upon by the Work Group in Task 1. The SIS received the highest score of 461, followed by the interRAI with a score of 345, and the ICAP with a score of 280. If considering the scoring as a percentage of the total possible score, the SIS received an 84%, the interRAI received a 63%, and the ICAP received a 51%.

## ASSESSMENT RECOMMENDATION AND FURTHER CONSIDERATIONS

After completing the assessment recommendation process described in detail above, the Work Group recommends the SIS for DHW's supports budget assessment. No single assessment completely fulfills the assessment criteria defined by the Work Group. By examining the final scores, possible shortcomings of each assessment are evident.

The ICAP, which scored the lowest of the three assessments, fails to meet the criteria of assessing medical and behavioral support needs at all, which the Work Group determined to be deal maker criteria (weights of "10"). Further, the ICAP falls much shorter than the other two assessments in areas of "respectfulness" (both of the instrument and of the process) and support from the instrument developers.

The interRAI matches or exceeds the scores of the SIS on criteria regarding instrument properties, except when considering the ease of use of the instrument—items and scoring seemed somewhat confusing and non-intuitive to the Work Group. However, the interRAI most notably falls behind the SIS on its technological infrastructure and ongoing services, as well as the deal maker criteria of transparent scoring and level process. There are low scores on these criteria because the use of the interRAI with an IDD population has yet to be successfully implemented and its use as a supports budget tool is unknown.

While the Work Group acknowledges that the SIS provides a valid means for assessing support needs, the Group identified that that the SIS fell short of expectations on some criteria. The SIS scored "0" on one criteria (feasible for annual assessment) and "1" on a handful of criteria that pose challenges in assessing support need. However, there are a number of potential solutions that may address these noted challenges. The low-scoring criteria that uniquely affect the SIS are displayed in Figure 7, along with potential corrective actions.

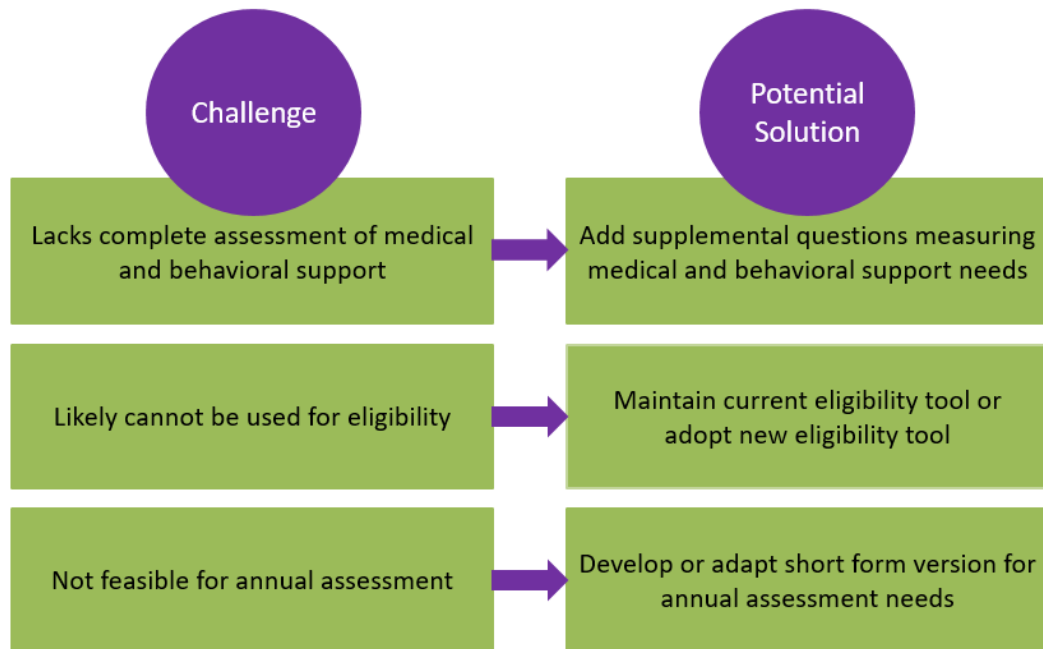
First, the Work Group noted that the SIS does not contain a wide-ranging or complete inventory of medical or behavioral support needs, and the items available do not adequately address the actual time per day that support is anticipated to address medical and/or behavioral needs. Other jurisdictions that use the SIS for supports budgets address this issue by supplementing the SIS with additional measures of medical and behavioral needs. For example, many jurisdictions utilize supplemental questions developed by HSRI that specify whether a person requires extraordinary support due to a medical or behavioral diagnosis or condition, and how many hours per day/week that extraordinary support is required. Idaho may choose to adopt these supplemental questions or seek different measures that will accurately measure the number of hours of support needed to address medical and behavioral needs.

Second, the Work Group determined that the SIS cannot easily be used annually for determining program eligibility, particularly given current rule and statute requirements in Idaho. This is reflected in two low-scoring criteria: (1) "can be used for eligibility" and (2) "limited need for statutory changes." The need for statutory/rule changes is inevitable for any tool selected due to the SIB-R being referenced by name in applicable rule, thereby minimizing concern that the SIS did not meet this criterion. The Work Group concluded that switching to a better assessment tool is more important than the time and

effort necessary to change statute and rule. Similarly, the Work Group determined that a defensible assessment tool and supports budget methodology is more important than having an assessment tool that can also function as an eligibility tool, but may be sub-par in other respects. While at least one state (Washington) has used the SIS as an eligibility tool, the specific needs of Idaho may limit its use for this purpose. Therefore, DHW should consider obtaining more information from Washington about its use of the SIS as an eligibility measure to determine if such use is feasible in Idaho. Idaho should also consider looking for other potential measures of eligibility.

Lastly, because a SIS interview may take 2-4 hours, some Work Group members worried that the SIS is too time intensive, burdensome, and expensive for annual independent assessment, a requirement of the 1915(c) waiver, which covers the majority of developmental disability program services. However, a full assessment may not be necessary for determining ongoing eligibility for 1915(c). An annual review which identifies whether there has been a major change in the person’s need or circumstance may meet the requirement. HSRI recommends DHW conduct additional analysis to determine whether an annual desk review of the SIS may meet this requirement.

**Figure 7.** CHALLENGES AND POTENTIAL SOLUTIONS IF THE SIS WAS ADAPTED BY DHW



In addition to addressing the challenges put forward by implementation of the SIS, DHW is encouraged to consider cost in its decision. The Work Group did not consider cost in its assessment tool criteria, as cost estimates were unavailable for consideration. While the fees owed to the assessment tool owner (e.g., paper forms of assessment tools and accompanying manuals) are somewhat available, most costs stem from additional services, technology, and products necessary for successful implementation of an assessment tool for use in developing supports budgets. Figure 8 displays the cost considerations.



**Figure 8.** COST CONSIDERATIONS FOR AN ASSESSMENT TOOL

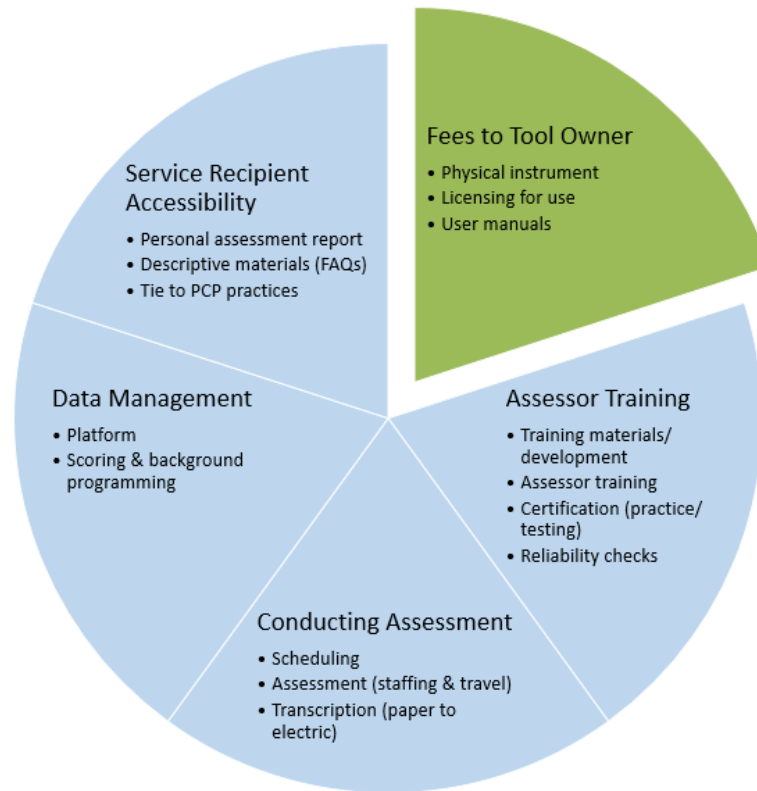


Figure 8 shows the cost of an assessment tool as separated into five distinct categories. The first category, as previously discussed, includes the fees to the tool owner such as the assessment tool itself, licensing for use, and user manuals. This category can be estimated after exploring the website of the chosen assessment and contacting the assessment tool developers.

The cost of Assessor training must also be considered, and AAIDD is known to offer a variety of SIS training models. Conducting assessments also have associated costs, including the costs of scheduling, conducting interviews, travel, and transcribing scores. The development and maintenance of a data management system must also be considered, including the cost of developing and maintaining a platform for entering data, scoring the assessment, and ongoing security and validity checking. Lastly, the accessibility of the assessment tool for service recipients and their families should be considered in the cost, including the development of reports for individuals to receive their assessment information, accompanying materials to assist people in understanding the assessment and its results, and linking the information the assessment provides to person-centered planning practices.

## CONCLUSION

The Assessment Selection Work Group closely examined the three assessments under consideration by DHW. Through a day-long team process the Work Group concluded that the SIS is the best assessment tool for Idaho's current needs. Therefore, the Work Group recommends use of the SIS. HSRI has supplied additional recommendations for overcoming noted shortcomings of the SIS, as well as points of cost consideration DHW should investigate further.

## APPENDIX A. LIST OF ASSESSMENT CRITERIA AND FINAL ASSIGNED WEIGHTS

<b>Instrument Properties</b>	<b>FINAL WEIGHT</b>
<b>Background information and content areas</b>	
Background information	5
ADLs	5
IADLs	5
Cognition/Memory	5
Medical conditions/diagnoses	5
Challenging behavior	5
<b>Medical and behavioral support needs</b>	
Assesses medical support needs	10
Assesses behavioral support needs	10
<b>Psychometric properties and standardization</b>	
Documented validity	5
Documented reliability	5
Standardized/normed	5
<b>Ease of use</b>	
Logical and understandable	5
Consistent response options	5
<b>Instrument is respectful of service recipients</b>	
Strengths-based and focused on support needed	5
Respectful of diversity and culture	3
Person-centered	4
<b>Instrument Utilization</b>	
<b>Assessment tool uses</b>	
Can be used for eligibility	4
Is used somewhere for eligibility	2
Can be used for budget allocation	10
Is used somewhere for budget allocation	4
Can be used for person-centered planning	4
<b>Technological infrastructure</b>	
Acceptable electronic database vendor identified	5
Aggregation of scores useful for measuring support need	5
Database platform readily available	5
Automated and transparent scoring	5
Ability to create reports	5
<b>Services available</b>	
Ongoing testing and research	3
Support and training	5
Certification and/or training of assessors	5
<b>Process is respectful of service recipients</b>	
Respectful of diversity and culture	5
Service recipient leads responses	5
Not burdensome	4
Transparent scoring and level process	10
<b>Idaho-Specific Criteria</b>	
Limited need for statutory changes	2
Can be implemented within 2-year timeframe	5
Will not require a difficult transition period	0
Feasible for annual assessment	4

## APPENDIX B. TEAM SCORES AND FINAL SCORES FOR SIS

<b>Instrument Properties</b>	<b>Team A</b>	<b>Team B</b>	<b>Team C</b>	<b>FINAL SCORE</b>
<b>Background information and content areas</b>				
Background information	3	2	2	2
ADLs	2	3	3	3
IADLs	3	3	3	3
Cognition/Memory	1	2	1	1
Medical conditions/diagnoses	1	3	1	1
Challenging behavior	1	3	3	2
<b>Medical and behavioral support needs</b>				
Assesses medical support needs	1	3	3	2
Assesses behavioral support needs	1	3	3	2
<b>Psychometric properties and standardization</b>				
Documented validity	3	3	3	3
Documented reliability	3	3	3	3
Standardized/normed	3	3	3	3
<b>Ease of use</b>				
Logical and understandable	2	3	3	3
Consistent response options	3	3	3	3
<b>Instrument is respectful of service recipients</b>				
Strengths-based and focused on support needed	3	3	3	3
Respectful of diversity and culture	2	2	3	2
Person-centered	3	3	2	3
<b>Instrument Utilization</b>				
<b>Assessment tool uses</b>				
Can be used for eligibility	1	1	1	1
Is used somewhere for eligibility	0	3	3	3
Can be used for budget allocation	3	3	3	3
Is used somewhere for budget allocation	3	3	3	3
Can be used for person-centered planning	3	3	2	3
<b>Technological infrastructure</b>				
Acceptable electronic database vendor identified	3	2	3	3
Aggregation of scores useful for measuring support need	3	3	3	3
Database platform readily available	3	2	3	3
Automated and transparent scoring	3	2	3	3
Ability to create reports	3	3	3	3
<b>Services available</b>				
Ongoing testing and research	3	3	3	3
Support and training	3	3	3	3
Certification and/or training of assessors	3	3	3	3
<b>Process is respectful of service recipients</b>				
Respectful of diversity and culture	2	2	2	2
Service recipient leads responses	3	3	2	3
Not burdensome	2	1	3	2
Transparent scoring and level process	3	3	3	3
<b>Idaho-Specific Criteria</b>				
Limited need for statutory changes	2	0	2	1
Can be implemented within 2-year timeframe	2	1	3	2
Will not require a difficult transition period	-	1	3	-
Feasible for annual assessment	2	0	0	0

## APPENDIX C. TEAM SCORES AND FINAL SCORES FOR ICAP

<b>Instrument Properties</b>	<b>Team A</b>	<b>Team B</b>	<b>Team C</b>	<b>FINAL SCORE</b>
<b>Background information and content areas</b>				
Background information	1	2	2	2
ADLs	2	2	2	2
IADLs	2	2	2	2
Cognition/Memory	0	1	2	1
Medical conditions/diagnoses	1	3	1	1
Challenging behavior	2	3	3	3
<b>Medical and behavioral support needs</b>				
Assesses medical support needs	0	1	0	0
Assesses behavioral support needs	0	1	0	0
<b>Psychometric properties and standardization</b>				
Documented validity	3	3		3
Documented reliability	3	3		3
Standardized/normed	2	1		1
<b>Ease of use</b>				
Logical and understandable	1	3		2
Consistent response options	1	3		2
<b>Instrument is respectful of service recipients</b>				
Strengths-based and focused on support needed	0	1		0
Respectful of diversity and culture	0	0		0
Person-centered	0	0		0
<b>Instrument Utilization</b>				
<b>Assessment tool uses</b>				
Can be used for eligibility	2	3		3
Is used somewhere for eligibility	3	3		3
Can be used for budget allocation	3	3		3
Is used somewhere for budget allocation	3	3		3
Can be used for person-centered planning	1	1		1
<b>Technological infrastructure</b>				
Acceptable electronic database vendor identified	3	3		3
Aggregation of scores useful for measuring support need	3	3		3
Database platform readily available	3	2		2
Automated and transparent scoring	3	1		1
Ability to create reports	3	2		2
<b>Services available</b>				
Ongoing testing and research	0	0		0
Support and training	0	0		0
Certification and/or training of assessors	0	0		0
<b>Process is respectful of service recipients</b>				
Respectful of diversity and culture	0	0		0
Service recipient leads responses	0	0		0
Not burdensome	2	3		2
Transparent scoring and level process	1	1		1
<b>Idaho-Specific Criteria</b>				
Limited need for statutory changes	3	3		3
Can be implemented within 2-year timeframe	3	3		3
Will not require a difficult transition period	0	0		0
Feasible for annual assessment	2	3		3

## APPENDIX D. TEAM SCORES AND FINAL SCORES FOR INTERRAI

<b>Instrument Properties</b>	<b>Team A</b>	<b>Team B</b>	<b>Team C</b>	<b>FINAL SCORE</b>
<b>Background information and content areas</b>				
Background information	3	3	3	3
ADLs	3	3	2	3
IADLs	3	3	2	3
Cognition/Memory	3	3	2	3
Medical conditions/diagnoses	3	3	2	3
Challenging behavior	3	3	2	3
<b>Medical and behavioral support needs</b>				
Assesses medical support needs	2	2	1	2
Assesses behavioral support needs	2	2	1	2
<b>Psychometric properties and standardization</b>				
Documented validity	3	3	3	3
Documented reliability	3	3	3	3
Standardized/normed	3	3	2	3
<b>Ease of use</b>				
Logical and understandable	2	1	1	1
Consistent response options	2	1	1	1
<b>Instrument is respectful of service recipients</b>				
Strengths-based and focused on support needed	3	2	2	2
Respectful of diversity and culture	2	2	2	2
Person-centered	3	3	1	2
<b>Instrument Utilization</b>				
<b>Assessment tool uses</b>				
Can be used for eligibility	1	2	2	2
Is used somewhere for eligibility	0	0	0	0
Can be used for budget allocation	3	2	1	2
Is used somewhere for budget allocation	0	1	0	0
Can be used for person-centered planning	3	2	1	2
<b>Technological infrastructure</b>				
Acceptable electronic database vendor identified	1	1	2	1
Aggregation of scores useful for measuring support need	1	3	1	1
Database platform readily available	1	1	1	1
Automated and transparent scoring	1	1	0	1
Ability to create reports	1	2	0	1
<b>Services available</b>				
Ongoing testing and research	2	3	2	2
Support and training	2	1	2	2
Certification and/or training of assessors	2	1	2	2
<b>Process is respectful of service recipients</b>				
Respectful of diversity and culture	3	2	2	2
Service recipient leads responses	3	3	1	2
Not burdensome	2	0	1	1
Transparent scoring and level process	2	1	1	1
<b>Idaho-Specific Criteria</b>				
Limited need for statutory changes	2	0	2	1
Can be implemented within 2-year timeframe	1	0	1	1
Will not require a difficult transition period	-	0	1	-
Feasible for annual assessment	2	2	1	2

APPENDIX E. FINAL SCORING OF SIS, ICAP, AND INTERRAI

Instrument Properties	WEIGHT	SIS		ICAP		INTERRAI	
		raw score	weighted	raw score	weighted	raw score	weighted
<b>Background information and content areas</b>							
Background information	5	2	10	2	10	3	15
ADLs	5	3	15	2	10	3	15
IADLs	5	3	15	2	10	3	15
Cognition/Memory	5	1	5	1	5	3	15
Medical conditions/diagnoses	5	1	5	1	5	3	15
Challenging behavior	5	2	10	3	15	3	15
<b>Medical and behavioral support needs</b>							
Assesses medical support needs	10	2	20	0	0	2	20
Assesses behavioral support needs	10	2	20	0	0	2	20
<b>Psychometric properties and standardization</b>							
Documented validity	5	3	15	3	15	3	15
Documented reliability	5	3	15	3	15	3	15
Standardized/normed	5	3	15	1	5	3	15
<b>Ease of use</b>							
Logical and understandable	5	3	15	2	10	1	5
Consistent response options	5	3	15	2	10	1	5
<b>Instrument is respectful of service recipients</b>							
Strengths-based and focused on support needed	5	3	15	0	0	2	10
Respectful of diversity and culture	3	2	6	0	0	2	6
Person-centered	4	3	12	0	0	2	8
<b>Instrument Utilization</b>							
<b>Assessment tool uses</b>							
Can be used for eligibility	4	1	4	3	12	2	8
Is used somewhere for eligibility	2	3	6	3	6	0	0
Can be used for budget allocation	10	3	30	3	30	2	20
Is used somewhere for budget allocation	4	3	12	3	12	0	0
Can be used for person-centered planning	4	3	12	1	4	2	8
<b>Technological infrastructure</b>							
Acceptable electronic database vendor identified	5	3	15	3	15	1	5
Aggregation of scores useful for measuring support need	5	3	15	3	15	1	5
Database platform readily available	5	3	15	2	10	1	5
Automated and transparent scoring	5	3	15	1	5	1	5
Ability to create reports	5	3	15	2	10	1	5
<b>Services available</b>							
Ongoing testing and research	3	3	9	0	0	2	6
Support and training	5	3	15	0	0	2	10
Certification and/or training of assessors	5	3	15	0	0	2	10
<b>Process is respectful of service recipients</b>							
Respectful of diversity and culture	5	2	10	0	0	2	10
Service recipient leads responses	5	3	15	0	0	2	10
Not burdensome	4	2	8	2	8	1	4
Transparent scoring and level process	10	3	30	1	10	1	10
<b>Idaho-Specific Criteria</b>							
Limited need for statutory changes	2	1	2	3	6	1	2
Can be implemented within 2-year timeframe	5	2	10	3	15	1	5
Feasible for annual assessment	4	0	0	3	12	2	8
<b>TOTAL</b>			<b>461</b>		<b>280</b>		<b>345</b>