



INFORMATIONAL MEMO

Title: Supports Intensity Scale (SIS) Complaint Process Overview	Topic: Case Management
Audience: Case Management Agencies	Sub-Topic: SIS Assessment
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Purpose and Audience:

The purpose of this Informational Memo is to provide information to Case Management Agencies (CMAs), Support Intensity Scale (SIS) Assessors, Members, and their Legally Authorized Representatives, if applicable, regarding SIS Assessment complaints, disputes, and appeals.

Information:

Background

The SIS is an assessment used by the Department of Health Care Policy and Financing (HCPF) to determine a Member's Support Level when enrolled in the Home and Community-Based Services (HCBS) Developmental Disabilities (DD) and Supported Living Services (SLS) waiver programs. The Support Level is determined using select domains of the SIS Assessment.

SIS Complaint Process

The full SIS complaint process is outlined in 10 CCR 2505-10 §8.612.2 and includes:

- Complaint submission timelines for the Member and/or their Legally Authorized Representative, if applicable,
- How the Member and/or their Legally Authorized Representative, if applicable, can file a complaint with the CMA,
- The CMA's responsibility in SIS Reassessment requests in response to a complaint,
- The CMA's complaint response timelines,
- How and when the Member, and/or their Legally Authorized Representative, if applicable, can escalate the complaint to HCPF, and
- HCPF's complaint response timeline.

Examples of complaints include, but are not limited to:

- Complainant thinks that the assessor did not administer the SIS correctly.
- Respondents did not provide accurate or complete information.
- The right people were not invited to participate in the SIS Assessment.

Current regulation states that complaints shall be submitted up to 30 business days from the SIS interview date. **Effective Dec. 1, 2024, complaints shall be submitted within 30 calendar days of the Member's receipt of the SIS Family Friendly Report.** This will allow the Member and/or Legally Authorized Representative, if applicable, time to review the SIS report prior to submitting a complaint related to the administration of the SIS Assessment.

A SIS complaint may not be filed by Providers or Advocates directly.

Case Managers shall document all SIS complaints in the Care and Case Management system including the date and details surrounding the complaint, and upload any documents submitted associated with the complaint, e.g., a written complaint.

Currently, SIS complaints must be documented on the CMA Quarterly Complaint Log and Complaint Trend Analysis form at the time in which they are reported as required by the CMA contract. As of Dec. 1, 2024, the log has been modified to more clearly identify the SIS Assessment complaints in greater detail. This will improve HCPF's oversight of SIS Assessment complaint trends across the state.

The CMA must make an effort to resolve the complaint and respond within 10 business days.

The SIS Information and Disclosure Document, which is sent to Members by the CMA prior to the Member's SIS Assessment, can also be referred to for an explanation of the SIS complaint process.

Members and/or Legally Authorized Representative, if applicable, can also submit their SIS complaints via the Information provided through this form will be directed to the appropriate HCPF staff for resolution and coordination with the corresponding CMA. This will ensure that the complaint is reviewed quickly to determine the appropriate action(s) for a timely resolution of the grievance.

Support Level Review (SLR) Disputes

The results of the SLR panel for Members in HCBS-DD are conclusive as the Support Level only affects Provider Agency rates and not the Member's spending or unit limits as outlined in §8.612.4.D.1.

If a Member in HCBS-SLS and/or Legally Authorized Representative, if applicable, disagrees with the SLR panel's decision, they may submit a request for their dispute to be reviewed by the HCPF Executive Director's designee by emailing hcpf_hcbs_casemanagement@state.co.us. This shall be submitted within 15 business days of receipt of the decision as indicated in the SLR Panel Decision Letter and outlined in §8.612.4.D.2.

If Members in HCBS-DD or HCBS-SLS and their Member Identified Team (as defined in §8.7200.B.23) feel they have additional or new information to provide, a new updated request can be submitted. Requests shall be Member-specific, detailed, clearly outline why additional funds are necessary, and how these funds will be utilized to maintain the health and safety of the Member.

A Support Level Review Dispute may not be submitted by providers or advocates directly.

Formal Appeals Process for HCBS-SLS SIS/Support Levels

If a Member's Support Level decrease causes a reduction, decrease, or denial of services, the CMA shall provide a Notice of Action (NOA) as outlined in 10 CCR 2505-10 8.7202.R. The Member and/or Legally Authorized Representative, if applicable, have the right to file an appeal as outlined in §8.057 and indicated in the NOA.

SIS Reassessments

For Members where the SIS Reassessment results in a decreased Support Level, HCPF will restore the Support Level to the previous higher Algorithm Support Level. HCPF encourages Members and their Member Identified Teams to pursue the SLR process over the SIS Reassessment process, in planning for the June 30, 2025,

decommissioning of the SIS Assessment. The existing SLR process will be maintained as is after July 1, 2025.

SIS Family Friendly Report

Case Managers shall briefly review the SIS Family Friendly Report with the Member and Member Identified Team at the Continued Stay Review (CSR) Person-Centered Support Planning meeting (10 CCR 2505-10 8.612.1.F.1). This will ensure that any major changes in the Member's support needs are addressed by submitting a SIS Reassessment Request or an SLR Request when appropriate.

- Please refer to the *SIS and SLR TA Meeting - May 2023* [presentation](#) and/or [recording](#) for additional guidance.

Recording of SIS Interviews

Members and/or Legally Authorized Representative, if applicable, may choose to audio or video record their SIS Interview of their own accord for future use if they deem it necessary and have permission from all respondents. Recording assistance may be provided by a respondent or advocate, if needed, and if authorized by the Member and/or Legally Authorized Representative, if applicable, audio/video recordings are not the responsibility of the CMA or SIS Assessor.

Attachment(s):

None

Links:

[Health First Colorado and Child Health Plan Plus Grievance Form](#)

[LTSS Case Management Forms and Tools - SIS](#)

[SIS and SLR TA Meeting - May 2023 Presentation](#)

[SIS and SLR TA Meeting - May 2023 Recording](#)

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