



PROPOSED RULE MAKING

CR-102 (June 2024)
(Implements RCW 34.05.320)
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FILED

DATE: September 16, 2024

TIME: 10:03 AM

WSR 24-19-062

Agency: Department of Social and Health Services, Developmental Disabilities Administration (DDA)

Original Notice

Supplemental Notice to WSR _____

Continuance of WSR _____

Preproposal Statement of Inquiry was filed as WSR 24-07-054 ; or

Expedited Rule Making--Proposed notice was filed as WSR _____; or

Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1); or

Proposal is exempt under RCW _____.

Title of rule and other identifying information: (describe subject) WAC 388-828-4060, What subscales are contained in the support needs scale?, 388-828-4200, What activities are assessed in the home living activities subscale of the support needs scale?, 388-828-4240, What activities are assessed in the lifelong learning activities subscale of the support needs scale?, 388-828-4260, What activities are assessed in the work activities subscale of the support needs scale?, 388-828-4280, What activities are assessed in the health and safety activities subscale of the support needs scale?, 388-828-4320, What activities are assessed in the advocacy activities subscale?, 388-828-4380, What exceptional behavioral support activities are evaluated to assess your behavioral support needs?, 388-828-4400, How does DDA determine if you meet the eligibility requirements for ICF/IID level-of-care if you are age sixteen or older?, 388-828-4440, How does DDA determine your SIS support needs index percentile ranking?, 388-828-5460, How does DDA determine your ADL support needs score if you are age sixteen or older?, 388-828-5800, How does DDA determine your interpersonal support needs score if you are age sixteen or older?, 388-828-5900, How does DDA determine your mobility acuity level if you are age sixteen or older?, 388-828-8060, How does DDA determine which health and welfare needs must be addressed in your person-centered service plan if you are age sixteen or older?, 388-828-9255, How does DDA determine your employment acuity score for completing tasks with acceptable speed?, 388-828-9260, How does DDA determine your employment acuity score for completing tasks with acceptable quality?, 388-828-9560, How does the residential algorithm determine your daily support needs score?, 388-828-9580, How does the residential algorithm determine your mid-frequency support needs score?, 388-828-9660, How does the residential algorithm calculate your daily critical support time?, 388-828-9670, How does the residential algorithm calculate your mid-frequency critical support time?, 388-828-9680, How does the residential algorithm determine your weekly critical support time?, and other related rules as may be required

Hearing location(s):

Date:	Time:	Location: (be specific)	Comment:
November 5, 2024	10:00 a.m.	Virtually via Teams or Call in	Hearings are held virtually, see the DSHS website at https://www.dshs.wa.gov/sesa/rpau/proposed-rules-and-public-hearings for the most current information.

Date of intended adoption: No earlier than November 6, 2024 (Note: This is **NOT** the effective date)

Submit written comments to:

Name DSHS Rules Coordinator
Address PO Box 45850, Olympia WA 98504
Email DSHSRPAURulesCoordinator@dshs.wa.gov
Fax 360-664-6185
Other
Beginning (date and time) noon on September 18, 2024
By (date and time) 5:00 p.m. on November 5, 2024

Assistance for persons with disabilities:

Contact Shelley Tencza, Rules Consultant
Phone 360-664-6036
Fax 360-664-6185
TTY 711 Relay Service
Email shelley.tencza@dshs.wa.gov
Other
By (date) 5:00 p.m. on October 21, 2024

Purpose of the proposal and its anticipated effects, including any changes in existing rules: DDA is planning to amend sections in chapter 388-828 WAC (the Supports Intensity Scale (SIS-A) portions of the DDA assessment) to align with updates the American Association of Intellectual and Developmental Disabilities (AAIDD) has made to its SIS-A assessment tool, Second Edition. Aligning with AAIDD's Second Edition will not impact the algorithm.

Reasons supporting proposal: See purpose

Statutory authority for adoption: RCW 71A.12.030

Statute being implemented: RCW 71A.16.050

Is rule necessary because of a:

Federal Law?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Federal Court Decision?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
State Court Decision?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If yes, CITATION:

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters: None

Name of proponent: (person or organization)
Type of proponent: Private. Public. Governmental.

Name of agency personnel responsible for:

	Name	Office Location	Phone
Drafting	Chantelle Diaz	P.O. Box 45310, Olympia, WA 98504-5310	360-790-4732
Implementation	Amanda Beller	P.O. Box 45310, Olympia, WA 98504-5310	360-742-9492
Enforcement	Amanda Beller	P.O. Box 45310, Olympia, WA 98504-5310	360-742-9492

Is a school district fiscal impact statement required under [RCW 28A.305.135](#)? Yes No

If yes, insert statement here:

The public may obtain a copy of the school district fiscal impact statement by contacting:

- Name
- Address
- Phone
- Fax
- TTY
- Email
- Other

Is a cost-benefit analysis required under [RCW 34.05.328](#)?

Yes: A preliminary cost-benefit analysis may be obtained by contacting:

- Name
- Address
- Phone
- Fax
- TTY
- Email
- Other

No: Please explain: These rules relate only to client medical or financial eligibility, which is exempt from preparation of a CBA under RCW 34.05.328(5)(b)(vii).

Regulatory Fairness Act and Small Business Economic Impact Statement
Note: The [Governor's Office for Regulatory Innovation and Assistance \(ORIA\)](#) provides support in completing this part.

(1) Identification of exemptions:
This rule proposal, or portions of the proposal, **may be exempt** from requirements of the Regulatory Fairness Act (see [chapter 19.85 RCW](#)). For additional information on exemptions, consult the [exemption guide published by ORIA](#). Please check the box for any applicable exemption(s):

This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.061](#) because this rule making is being adopted solely to conform and/or comply with federal statute or regulations. Please cite the specific federal statute or regulation this rule is being adopted to conform or comply with, and describe the consequences to the state if the rule is not adopted.
Citation and description:

This rule proposal, or portions of the proposal, is exempt because the agency has completed the pilot rule process defined by [RCW 34.05.313](#) before filing the notice of this proposed rule.

This rule proposal, or portions of the proposal, is exempt under the provisions of [RCW 15.65.570\(2\)](#) because it was adopted by a referendum.

- This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.025\(3\)](#). Check all that apply:
- | | |
|---|---|
| <input type="checkbox"/> RCW 34.05.310 (4)(b)
(Internal government operations) | <input type="checkbox"/> RCW 34.05.310 (4)(e)
(Dictated by statute) |
| <input type="checkbox"/> RCW 34.05.310 (4)(c)
(Incorporation by reference) | <input type="checkbox"/> RCW 34.05.310 (4)(f)
(Set or adjust fees) |
| <input type="checkbox"/> RCW 34.05.310 (4)(d)
(Correct or clarify language) | <input type="checkbox"/> RCW 34.05.310 (4)(g)
(i) Relating to agency hearings; or (ii) process requirements for applying to an agency for a license or permit) |

This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.025\(4\)](#). (Does not affect small businesses).

This rule proposal, or portions of the proposal, is exempt under RCW _____.

Explanation of how the above exemption(s) applies to the proposed rule: : ...rules of the department of social and health services relating only to client medical or financial eligibility and rules concerning liability for care of dependents.

(2) Scope of exemptions: *Check one.*

- The rule proposal: Is fully exempt. (*Skip section 3.*) Exemptions identified above apply to all portions of the rule proposal.
- The rule proposal: Is partially exempt. (*Complete section 3.*) The exemptions identified above apply to portions of the rule proposal, but less than the entire rule proposal. Provide details here (consider using [this template from ORIA](#)):
- The rule proposal: Is not exempt. (*Complete section 3.*) No exemptions were identified above.

(3) Small business economic impact statement: *Complete this section if any portion is not exempt.*

If any portion of the proposed rule is **not exempt**, does it impose more-than-minor costs (as defined by RCW 19.85.020(2)) on businesses?

- No Briefly summarize the agency's minor cost analysis and how the agency determined the proposed rule did not impose more-than-minor costs. _____
- Yes Calculations show the rule proposal likely imposes more-than-minor cost to businesses and a small business economic impact statement is required. Insert the required small business economic impact statement here:

The public may obtain a copy of the small business economic impact statement or the detailed cost calculations by contacting:

Name
Address
Phone
Fax
TTY
Email
Other

Date: September 13, 2024	Signature: 
Name: Katherine I. Vasquez	
Title: DSHS Rules Coordinator	

AMENDATORY SECTION (Amending WSR 07-10-029, filed 4/23/07, effective 6/1/07)

WAC 388-828-4060 What subscales are contained in the support needs scale? The support needs scale contains the following subscales:

- (1) Home living activities;
- (2) Community living activities;
- (3) Health and safety activities;
- (4) Lifelong learning activities;
- ~~((4) Employment)~~ (5) Work activities;
- ~~((5) Health and safety activities; and)~~
- (6) Social activities; and
- (7) Advocacy activities.

AMENDATORY SECTION (Amending WSR 19-02-020, filed 12/21/18, effective 2/1/19)

WAC 388-828-4200 What activities are assessed in the home living activities subscale of the support needs scale? The home living activities subscale measures your personal support needs for the following home living activities:

#	Home living activities	Type of support					Frequency of support					Daily support time					Raw score
		0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
A1	((Operating home appliances/electronics)) <u>Bathing and taking care of personal hygiene and grooming needs</u>	0	1	2	3	4	0	1	2	3	((4)) *) —	0	1	2	3	4	
A2	((Bathing and taking care of personal hygiene and grooming needs)) <u>Dressing</u>	0	1	2	3	4	0	1	2	3	((*)) 4	0	1	2	3	4	
A3	Using the toilet	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
A4	((Dressing)) <u>Preparing food</u>	0	1	2	3	4	0	1	2	3	((4)) *) —	0	1	2	3	4	
A5	((Preparing)) <u>Eating food</u>	0	1	2	3	4	0	1	2	3	((*)) 4	0	1	2	3	4	
A6	((Eating food)) <u>Taking care of clothes, including laundering</u>	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
A7	((Taking care of clothes, including laundering)) <u>Housekeeping and cleaning</u>	0	1	2	3	4	0	1	2	3	4	0	1	2	((3)) *) —	((4)) *) —	
A8	((Housekeeping and cleaning)) <u>Operating home appliances/electronics</u>	0	1	2	3	4	0	1	2	3	4	0	1	2	((*)) 3	((*)) 4	
A9	Using currently prescribed equipment or treatment	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	

Total raw score for home living activities:

* = Score is not an option per AAIDD.
Note: Question A9 is a question added by DDA. It is for informational purposes only and is not used to calculate scores or levels for service determination.

AMENDATORY SECTION (Amending WSR 19-02-020, filed 12/21/18, effective 2/1/19)

WAC 388-828-4240 What activities are assessed in the lifelong learning activities subscale of the support needs scale? The lifelong learning activities subscale measures your personal support needs for the following lifelong learning activities:

#	Lifelong learning activities	Type of support					Frequency of support					Daily support time					Raw score
((C1)) D1	Learning and using problem-solving strategies	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
((C2)) D2	Learning functional academics (reading signs, counting change, etc.)	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
((C3)) D3	Learning health and physical education skills	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
((C4)) D4	Learning self-determination skills	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
((C5)) D5	Learning self-management strategies	0	1	2	3	4	0	1	2	3	*	0	1	2	3	4	
((C6)) D6	Participating in training/educational decisions	0	1	2	3	4	0	1	2	3	*	0	1	2	3	*	
((C7)) D7	Accessing training/educational settings	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
((C8)) D8	Interacting with others in learning activities	0	1	2	3	4	0	1	2	3	*	0	1	2	3	4	
((C9)) D9	Using technology for learning	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
Total raw score for lifelong learning activities:																	
* = Score is not an option per AAIDD.																	

AMENDATORY SECTION (Amending WSR 19-02-020, filed 12/21/18, effective 2/1/19)

WAC 388-828-4260 What activities are assessed in the ((employment)) work activities subscale of the support needs scale? The ((employment)) work activities subscale measures your personal support needs for the following ((employment)) work activities:

#	((Employment)) Work activities	Type of support					Frequency of support					Daily support time					Raw score
((D1)) E1	Learning and using specific job skills	0	1	2	3	4	0	1	2	3	*	0	1	2	3	4	
((D2)) E2	((Assessing/receiving job/task accommodations)) Completing work-related tasks with acceptable speed	0	1	2	3	4	0	1	2	3	*	0	1	2	3	4	
((D3)) E3	((Interacting with co-workers)) Completing work-related tasks with acceptable quality	0	1	2	3	4	0	1	2	3	*	0	1	2	3	4	
((D4)) E4	((Interacting with supervisors/coaches)) Changing job assignments	0	1	2	3	4	0	1	2	((3)) *	0	1	2	3	4		

#	((Employment)) Work activities	Type of support					Frequency of support					Daily support time					Raw score
((D5)) E5	((Completing work-related tasks with acceptable speed)) <u>Interacting with co-workers</u>	0	1	2	3	4	0	1	2	3	*	0	1	2	3	4	
((D6)) E6	((Completing work-related tasks with acceptable quality)) <u>Interacting with supervisors/coaches</u>	0	1	2	3	4	0	1	2	3	*	0	1	2	3	4	
((D7)) E7	((Changing job assignments)) <u>Accessing/receiving job/task accommodations</u>	0	1	2	3	4	0	1	2	((*)) 3	*	0	1	2	3	4	
((D8)) E8	Seeking information and assistance from an employer	0	1	2	3	4	0	1	2	3	*	0	1	2	3	4	
Total raw score for employment activities:																	
* = Score is not an option per AAIDD.																	

AMENDATORY SECTION (Amending WSR 19-02-020, filed 12/21/18, effective 2/1/19)

WAC 388-828-4280 What activities are assessed in the health and safety activities subscale of the support needs scale? The health and safety activities subscale measures your personal support needs for the following health and safety activities:

#	Health and safety activities	Type of support					Frequency of support					Daily support time					Raw score
((E1)) C1	Taking medications	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
((E2)) C2	Ambulating and moving about	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
((E3)) C3	Avoiding health and safety hazards	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
((E4)) C4	Obtaining health care services	0	1	2	3	4	0	1	2	3	4	0	1	2	*	*	
((E5)) C5	Learning how to access emergency services	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
((E6)) C6	Maintaining a nutritious diet	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
((E7)) C7	Maintaining physical health and fitness	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
((E8)) C8	Maintaining emotional well-being	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
Total raw score for health and safety activities:																	
* = Score is not an option per AAIDD.																	

AMENDATORY SECTION (Amending WSR 19-02-020, filed 12/21/18, effective 2/1/19)

WAC 388-828-4320 What activities are assessed in the ((supplemental protection and)) advocacy activities subscale? The ((supplemental protection and)) advocacy activities subscale measures your personal support needs for the following ((protection and)) advocacy activities:

#	((Protection and)) <u>Advocacy activities</u>	Type of support					Frequency of support					Daily support time					Raw score
		0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
G1	((Advocating for self)) <u>Making choices and decisions</u>	0	1	2	3	4	0	1	2	3	((*)) 4	0	1	2	3	4	
G2	((Making choices and decisions)) <u>Advocating for self</u>	0	1	2	3	4	0	1	2	3	((4)) *	0	1	2	3	4	
G3	((Protecting self from exploitation)) <u>Managing money and personal finances</u>	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
G4	((Exercising legal/civic responsibilities)) <u>Protecting self from exploitation</u>	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
G5	((Belonging to and participating in self-advocacy/support organizations)) <u>Exercising legal/civic responsibilities</u>	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
G6	((Obtaining legal services)) <u>Belonging to and participating in self-advocacy/support organizations</u>	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
G7	((Managing money and personal finances)) <u>Obtaining legal services</u>	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
G8	Advocating for others	0	1	2	3	4	0	1	2	3	*	0	1	2	3	4	
Total raw score for protection and advocacy activities:																	
* = Score is not an option for AAIDD.																	

AMENDATORY SECTION (Amending WSR 19-02-020, filed 12/21/18, effective 2/1/19)

WAC 388-828-4380 What exceptional behavioral support activities are evaluated to assess your behavioral support needs? The SIS exceptional behavioral support needs scale measures your personal support needs for the following behaviors:

#	Behavioral supports needed	No support needed	Some support Needed	Extensive support needed
1.	Prevention of emotional outbursts	0	1	2
2.	Prevention of assault or injury to others	0	1	2
3.	Prevention of property destruction (e.g., fire setting, breaking furniture)	0	1	2
4.	Prevention of stealing	0	1	2
5.	Prevention of self-injury	0	1	2
6.	<u>Prevention of self-neglect</u>	<u>0</u>	<u>1</u>	<u>2</u>
((6)) 7.	Prevention of suicide attempts	0	1	2
((7)) 8.	Prevention of PICA (ingestion of inedible substances)	0	1	2

#	Behavioral supports needed	No support needed	Some support Needed	Extensive support needed
((8)) 9.	Prevention of nonaggressive but inappropriate behavior (e.g., exposes self in public, exhibitionism, inappropriate touching, ((or)) gesturing, talk, or advances)	0	1	2
((9)) 10.	Prevention of sexual aggression	0	1	2
((10)) 11.	Prevention of substance abuse	0	1	2
((11)) 12.	Prevention of wandering	0	1	2
((12)) 13.	Maintenance of mental health treatments (e.g., prevent disruption of mental health care)	0	1	2
((13)) 14.	Managing attention-seeking behavior*	0	1	2
((14)) 15.	Managing uncooperative behavior*	0	1	2
((15)) 16.	Managing agitated/over reactive behavior*	0	1	2
((16)) 17.	Managing obsessive/repetitive behavior*	0	1	2
((17)) 18.	Prevention of other serious behavior problem(s) - Specify:	0	1	2
Subtotal scores of 1s and 2s:				
Add subtotals scores for 1s and 2s for total exceptional behavioral support needs scores:				
* ((#13-16)) #14-17 are questions added by DDA. They are used as part of the DDA behavior acuity scale and are not used to calculate SIS percentiles.				

AMENDATORY SECTION (Amending WSR 21-19-093, filed 9/17/21, effective 10/18/21)

WAC 388-828-4400 How does DDA determine if you meet the eligibility requirements for ICF/IID level-of-care if you are age ((~~sixteen~~)) 16 or older? If you are age ((~~sixteen~~)) 16 or older, DDA determines you to be eligible for ICF/IID level-of-care from your SIS scores. Eligibility for ICF/IID level-of-care requires that your scores meet at least one of the following:

- (1) You have a percentile rank over nine percent for three or more of the six subscales in the SIS support needs scale;
- (2) You have a percentile rank over ((~~twenty-five percent~~)) 25% for two or more of the six subscales in the SIS support needs scale;
- (3) You have a percentile rank over ((~~fifty percent~~)) 50% in at least one of the six subscales in the SIS support needs scale;
- (4) You have a support score of one or two for any of the questions listed in the SIS exceptional medical support needs scale;
- (5) You have a support score of one or two for at least one of the following items in the SIS exceptional behavior support needs scale:
 - (a) Prevention of assaults or injuries to others;
 - (b) Prevention of property destruction (e.g., fire setting, breaking furniture);
 - (c) Prevention of self-injury;

- (d) Prevention of PICA (ingestion of inedible substances);
- (e) Prevention of suicide attempts;
- (f) Prevention of sexual aggression; or
- (g) Prevention of wandering.

(6) You have a support score of two for any of the questions listed in the SIS exceptional behavior support needs scale; or

(7) You meet or exceed any of the qualifying scores for one or more of the following SIS questions:

Question # of SIS support needs scale	Text of question	Your score for "Type of support" is:	And your score for "Frequency of support" is:
((A2)) <u>A1</u>	Bathing and taking care of personal hygiene and grooming needs	2 or more	4
		3 or more	2
((A3)) <u>A2</u>	((Using the toilet)) <u>Dressing</u>	2 or more	4
		3 or more	2
((A4)) <u>A3</u>	((Dressing)) <u>Using the toilet</u>	2 or more	4
		3 or more	2
((A5)) <u>A4</u>	Preparing food	2 or more	4
		3 or more	2
((A6)) <u>A5</u>	Eating food	2 or more	4
		3 or more	2
((A7)) <u>A6</u>	Taking care of clothes, including laundering	2 or more	2 or more
		3 or more	1
((A8)) <u>A7</u>	Housekeeping and cleaning	2 or more	2 or more
		3 or more	1
B6	Shopping and purchasing goods and services	2 or more	2 or more
		3 or more	1
((C1))	Learning and using problem-solving strategies	2 or more	3 or more
		3 or more	2
C5	Learning self-management strategies	2 or more	3 or more
		3 or more	2))
((E1)) <u>C1</u>	Taking medications	2 or more	4
		3 or more	2
((E2)) <u>C2</u>	Ambulating and moving about	2 or more	4
		3 or more	2
((E3)) <u>C3</u>	Avoiding health and safety hazards	2 or more	3 or more
		3 or more	2
((E6)) <u>C6</u>	Maintaining a nutritious diet	2 or more	2 or more
		3 or more	1
((E8)) <u>C8</u>	Maintaining emotional well-being	2 or more	3 or more
		3 or more	2
D1	Learning and using problem-solving strategies	2 or more	3 or more
		3 or more	2
D5	Learning self-management strategies	2 or more	3 or more
		3 or more	2
F1	Using appropriate social skills	2 or more	3 or more
		3 or more	2
((G7)) <u>G3</u>	Managing money and personal finances	2 or more	2 or more
		3 or more	1

WAC 388-828-4440 How does ((~~DD~~) DDA determine your SIS support needs index percentile ranking? (1) ((~~DD~~) DDA determines your SIS support needs index percentile ranking by adding together the standard scores (WAC 388-828-4420) for the following supports intensity scale assessment subscales:

- (a) Home living activities in WAC 388-828-4200.
- (b) Community living activities in WAC 388-828-4220.
- (c) Health and safety activities in WAC 388-828-4280.
- (d) Lifelong learning activities in WAC 388-828-4240.
- ((~~(d) Employment~~)) (e) Work activities in WAC 388-828-4260.
- ((~~(Health and safety activities in WAC 388-828-4280.~~))
- ((~~f~~)) Social activities in WAC 388-828-4300.

(2) Your standard scores for the above scales are added together to determine the sum of the standard scores.

(3) The ((~~supplemental protection and~~)) advocacy activities scale, and the exceptional medical and behavioral supports scales are not used in determining your support needs index percentile ranking.

(4) The sum of the standard scores is converted to your support needs index percentile ranking using the following table:

If the sum of the standard scores is:	Your support needs index percentile is:
≥91	>99
90	99
89	99
88	99
87	98
86	98
85	97
84	97
83	96
82	95
81	95
80	94
79	93
78	92
77	91
76	89
75	87
74	86
73	84
72	82
71	81
70	77
69	75
68	73
67	70
66	68

If the sum of the standard scores is:	Your support needs index percentile is:
65	65
64	63
63	58
62	55
61	53
60	50
59	47
58	45
57	39
56	37
55	35
54	32
53	30
52	27
51	25
50	23
49	19
48	18
47	16
46	14
45	13
44	13
43	9
42	8
41	7
40	6
39	5
38	5
37	4
36	3
35	3
34	2
33	2
32	1
31	1
30	1
≤29	<1

AMENDATORY SECTION (Amending WSR 19-02-020, filed 12/21/18, effective 2/1/19)

WAC 388-828-5460 How does DDA determine your ADL support needs score if you are age ((~~sixteen~~) 16 or older? (1) If you are age

((~~sixteen~~)) 16 or older, your ADL support needs score is the total adjusted "Type of support" scores from the following SIS questions:

ADL questions from the SIS assessment in WAC 388-828-4200 and 388-828-4280	
Question #	Text of ADL questions:
((A2)) <u>A1</u>	Bathing and taking care of personal hygiene and grooming needs
<u>A2</u>	<u>Dressing</u>
A3	Using the toilet
((A4	Dressing))
((A6)) <u>A5</u>	Eating food
((E1)) <u>C1</u>	Taking medications
((E2)) <u>C2</u>	Ambulating and moving about

(2) If your "Frequency of support" score for a SIS ADL question is zero or one, adjust your "Type of support" score for that question to zero.

(3) If your "Frequency of support" score for a SIS ADL support question is two, three, or four, no adjustment is needed to your "Type of support" score.

Example:

SIS ADL Questions	Text of SIS ADL Questions	If your "Frequency of Support" score is:	And your "Type of Support" score is:	Then your adjusted "Type of Support" score is:
((A2)) <u>A1</u>	Bathing and taking care of personal hygiene and grooming needs	1	2	0
<u>A2</u>	<u>Dressing</u>	<u>3</u>	<u>3</u>	<u>3</u>
A3	Using the toilet	3	3	3
((A4	Dressing	3	3	3))
((A6)) <u>A5</u>	Eating food	1	2	0
((E1)) <u>C1</u>	Taking medications	3	2	2
((E2)) <u>C2</u>	Ambulating and moving about	0	0	0
Your SIS ADL support needs score:				8

AMENDATORY SECTION (Amending WSR 19-02-020, filed 12/21/18, effective 2/1/19)

WAC 388-828-5800 How does DDA determine your interpersonal support needs score if you are age ((~~sixteen~~)) 16 or older? If you are age ((~~sixteen~~)) 16 or older, your interpersonal support needs score is determined by adding your raw scores to the following SIS questions:

Interpersonal support needs questions from the SIS assessment	
Question #	Text of interpersonal support needs questions:
B7	Interacting with community members
((E8)) <u>D8</u>	Interacting with others in learning activities
((D3)) <u>E5</u>	Interacting with co-workers

Interpersonal support needs questions from the SIS assessment	
((D4)) E6	Interacting with supervisors/coaches
((D8)) E8	Seeking information and assistance from an employer
F1	Using appropriate social skills
F3	Socializing outside the household
F6	Socializing within the household
F7	Communicating with others about personal needs

AMENDATORY SECTION (Amending WSR 19-02-020, filed 12/21/18, effective 2/1/19)

WAC 388-828-5900 How does DDA determine your mobility acuity level if you are age ~~((sixteen))~~ 16 or older? If you are age ~~((sixteen))~~ 16 or older, your mobility acuity level is determined by your scores to question ~~((E2))~~ C2 "Ambulating and moving about" in WAC 388-828-4280 using the following table:

If your score for "Frequency of Support" is:	And your score for "Type of Support" is:	Then your Mobility Acuity Level is:	Value
3 or 4	4	High	3
3 or 4	3	Medium	2
If your raw score for question ((E2)) C2 is 5 or more and you do not meet the criteria for a high or medium mobility acuity level		Low	1
If your raw score for question ((E2)) C2 is 4 or less		None	0

AMENDATORY SECTION (Amending WSR 21-19-093, filed 9/17/21, effective 10/18/21)

WAC 388-828-8060 How does DDA determine which health and welfare needs must be addressed in your person-centered service plan if you are age ~~((sixteen))~~ 16 or older? (1) If you are age ~~((sixteen))~~ 16 or older and receiving DDA HCBS waiver services or reside in a state-only residential setting, DDA uses the following table to determine the health and welfare needs that must be addressed in your person-centered service plan:

#	SIS Activity	DDA must address in the PSCP if your Type of Support score is:	Health and Welfare Category
((A1))	Operating home appliances	3 or more))	
((A2)) A1	Bathing and taking care of personal hygiene and grooming needs	3 or more	

#	SIS Activity	DDA must address in the PSCP if your Type of Support score is:	Health and Welfare Category
<u>A2</u>	<u>Dressing</u>	<u>3 or more</u>	Home Living
A3	Using the toilet	3 or more	
((A4))	Dressing	3 or more))	
((A5)) <u>A4</u>	Preparing food	3 or more	
((A6)) <u>A5</u>	Eating food	3 or more	
((A7)) <u>A6</u>	Taking care of clothes, including laundering	3 or more	
((A8)) <u>A7</u>	Housekeeping and cleaning	3 or more	
<u>A8</u>	<u>Operating home appliances</u>	<u>3 or more</u>	
A9	Using currently prescribed equipment or treatment	3 or more	Community Living
B1	Getting from place to place throughout the community (transportation)	2 or more	
B2	Participating in recreation/leisure activities in the community	2 or more	
B4	Accessing public buildings and settings	2 or more	
B5	Using public services in the community	2 or more	
B6	Shopping and purchasing goods and services	2 or more	
B7	Interacting with community members	4	
B8	Going to visit friends and family	4	
<u>C1</u>	<u>Taking medications</u>	<u>2 or more</u>	<u>Health and Safety</u>
<u>C2</u>	<u>Ambulating and moving about</u>	<u>3 or more</u>	
<u>C3</u>	<u>Avoiding health and safety hazards</u>	<u>3 or more</u>	
<u>C4</u>	<u>Obtaining health care services</u>	<u>3 or more</u>	
<u>C6</u>	<u>Maintaining a nutritious diet</u>	<u>3 or more</u>	
<u>C7</u>	<u>Maintaining physical health and fitness</u>	<u>3 or more</u>	
((D3)) <u>E5</u>	Interacting with co-workers	3 or more	
((D4)) <u>E6</u>	Interacting with supervisors and or coaches	3 or more	
((E1))	Taking medications	2 or more	Health and Safety
E2	Ambulating and moving about	3 or more	
E3	Avoiding health and safety hazards	3 or more	
E4	Obtaining health care services	3 or more	
E6	Maintaining a nutritious diet	3 or more	
E7	Maintaining physical health and fitness	3 or more))	
F2	Participating in recreation/leisure activities with others	2 or more	
F4	Making and keeping friends	4	
F6	Socializing within the household	4	
((G2)) <u>G1</u>	Making choices and decisions	2 or more	((Protection and)) <u>Advocacy Activities</u>
G3	((Protecting self from exploitation)) <u>Managing money and personal finances</u>	2 or more	

#	SIS Activity	DDA must address in the PSCP if your Type of Support score is:	Health and Welfare Category
((G7)) G4	((Managing money and personal finances)) Protecting self from exploitation	2 or more	

(2) If you have a support score of one or more for any of the questions in the SIS exceptional medical support needs scale, DDA must address your support need using the medical supports category.

(3) If you have a support score of one or more for any of the questions in the SIS exceptional behavior support needs scale, DDA must address your support need using the behavior supports category.

AMENDATORY SECTION (Amending WSR 21-19-093, filed 9/17/21, effective 10/18/21)

WAC 388-828-9255 How does DDA determine your employment acuity score for completing tasks with acceptable speed? DDA determines your employment acuity score for completing tasks with acceptable speed by using your "type of support" score for question "~~((D5))~~ E2" in WAC 388-828-4260 and multiplying it by 0.06285.

Example: A "type of support" score of 3 (partial physical assistance) is multiplied by 0.06285 resulting in an employment acuity score for completing tasks with acceptable speed of 0.18855.

AMENDATORY SECTION (Amending WSR 21-19-093, filed 9/17/21, effective 10/18/21)

WAC 388-828-9260 How does DDA determine your employment acuity score for completing tasks with acceptable quality? DDA determines your employment acuity score for completing tasks with acceptable quality by using your "type of support" score for question "~~((D6))~~ E3" in WAC 388-828-4260 and multiplying it by 0.05418.

Example: A "type of support" score of 2 (verbal/gestural prompting) is multiplied by 0.05418 resulting in an employment acuity score for completing tasks with acceptable quality of 0.10836.

AMENDATORY SECTION (Amending WSR 19-02-020, filed 12/21/18, effective 2/1/19)

WAC 388-828-9560 How does the residential algorithm determine your daily support needs score? The residential algorithm determines that you have daily support needs if you meet or exceed all of the qualifying scores for one or more of the following activities from the SIS:

Qualifying Scores from Supports Intensity Scale (per WAC 388-828-4200 through 388-828-4320)			
SIS Activity	If your score for type of support is:	And your score for frequency of support is:	And your daily support time is:
((A2)) <u>A1</u> : Bathing and taking care of personal hygiene and grooming needs	2 or more	3 or more	1 or more
<u>A2</u> : Dressing	<u>2 or more</u>	<u>3 or more</u>	<u>1 or more</u>
A3: Using the toilet	2 or more	3 or more	1 or more
((A4: Dressing	2 or more	3 or more	1 or more))
((A6)) <u>A5</u> : Eating food	2 or more	3 or more	1 or more
A9: Using currently prescribed equipment or treatment	2 or more	3 or more	1 or more
((E1)) <u>C1</u> : Taking medication	2 or more	3 or more	1 or more
((E2)) <u>C2</u> : Ambulating and moving about	3 or more	3 or more	1 or more
((E3)) <u>C3</u> : Avoiding health and safety hazards	1 or more	3 or more	1 or more
Or			
Any combination of 3 of the SIS activities listed above (<u>A1</u> , <u>A2</u> , <u>A3</u> , ((A4, A6)) <u>A5</u> , A9, ((E1, E2, E3)) <u>C1</u> , <u>C2</u> , <u>C3</u>)	1 or more	3 or more	1 or more

AMENDATORY SECTION (Amending WSR 19-02-020, filed 12/21/18, effective 2/1/19)

WAC 388-828-9580 How does the residential algorithm determine your mid-frequency support needs score? The residential algorithm determines that you have mid-frequency support needs if you meet one of the following three conditions:

(1) You meet or exceed all of the qualifying scores for one or more of the following activities from the SIS assessment:

Qualifying Scores from Supports Intensity Scale (per WAC 388-828-4200 through 388-828-4320)			
SIS Activity	If your type of support score is:	And your frequency of support score is:	And your daily support time score is:
((A5)) <u>A4</u> : Preparing food	2 or more	2 or more	2 or more
((A8)) <u>A7</u> : Housekeeping and cleaning	3 or more	3 or more	2 or more
B2: Participating in recreational/leisure activities in community settings	3 or more	2 or more	2 or more
B7: Interacting with community members	3 or more	2 or more	2 or more
((G3)) <u>G4</u> : Protecting self from exploitation	2 or more	2 or more	2 or more

(2) Or you meet or exceed all of the qualifying scores for four or more of the following activities from the SIS assessment:

Qualifying Scores from Supports Intensity Scale (per WAC 388-828-4200 through 388-828-4320)				
SIS Activity	If your type of support score is:	And your frequency of support score is:	And your daily support time score is:	Score if you meet or exceed criteria
((A2)) <u>A1</u> : Bathing and taking care of personal hygiene and grooming needs	1 or more	2 or more	1 or more	
<u>A2</u> : Dressing	<u>1 or more</u>	<u>2 or more</u>	<u>1 or more</u>	
A3: Using the toilet	1 or more	2 or more	1 or more	
((A4: Dressing	1 or more	2 or more	1 or more	
((A5)) <u>A4</u> : Preparing food	1 or more	2 or more	1 or more	
((A6)) <u>A5</u> : Eating food	1 or more	2 or more	1 or more	
((A8)) <u>A7</u> : Housekeeping and cleaning	1 or more	2 or more	1 or more	
A9: Using currently prescribed equipment and medications	1 or more	2 or more	1 or more	
B2: Participating in recreational/leisure activities in community settings	1 or more	2 or more	1 or more	
B7: Interacting with community members	1 or more	2 or more	1 or more	
((E1)) <u>C1</u> : Taking medications	1 or more	2 or more	1 or more	
((E2)) <u>C2</u> : Ambulating and moving about	1 or more	2 or more	1 or more	
((E3)) <u>C3</u> : Avoiding health and safety hazards	1 or more	2 or more	1 or more	
((G3)) <u>G4</u> : Protecting self from exploitation	1 or more	2 or more	1 or more	
Total of all questions where criteria is met or exceed =				Sum of scores entered

(3) Or you meet the qualifying scores for the following SIS activities and your total weekly critical support time score exceeds ~~((ten))~~ 10 hours:

Qualifying Scores from Supports Intensity Scale (per WAC 388-828-4200 through 388-828-4320)					
SIS Activity	If your type of support score is:	And your frequency of support score is:	And your daily support time score is:	Your weekly critical support time is:	Enter one time for each qualifying SIS activity
((A7)) <u>A6</u> : Taking care of clothes, including laundering	1 or more	2 or more	0	0	
			1	.25	
			2	1	
			3	3	
			4	5	
B5: Using public services in the community	1 or more	2 or more	0	0	
			1	.25	
			2	1	
			3	3	
			4	5	

Qualifying Scores from Supports Intensity Scale (per WAC 388-828-4200 through 388-828-4320)					
SIS Activity	If your type of support score is:	And your frequency of support score is:	And your daily support time score is:	Your weekly critical support time is:	Enter one time for each qualifying SIS activity
B6: Shopping and purchasing goods and services	1 or more	2 or more	0	0	
			1	.25	
			2	1	
			3	3	
			4	5	
F2: Participating in recreation/leisure activities with others	1 or more	2 or more	0	0	
			1	.25	
			2	1	
			3	3	
			4	5	
F8: Engaging in volunteer work	1 or more	2 or more	0	0	
			1	.25	
			2	1	
			3	3	
			4	5	
((G7)) G3: Managing money and personal finances	1 or more	2 or more	0	0	
			1	.25	
			2	1	
			3	3	
			4	5	
Mid-frequency support needs weekly critical support time total =					Sum of times entered

AMENDATORY SECTION (Amending WSR 19-02-020, filed 12/21/18, effective 2/1/19)

WAC 388-828-9660 How does the residential algorithm calculate your daily critical support time? The residential algorithm uses the following chart to calculate your daily critical support time score:

Qualifying Scores from Supports Intensity Scale
(per WAC 388-828-4200 through 388-828-4320)

SIS Activity:	If your type of support is:	And your frequency of support score is:	And your daily support time score is:	Then your critical task hours =	Enter one time for each SIS activity			
((A2)) A1: Bathing and taking care of personal hygiene and grooming needs	1 or more	0	0 or more	0				
		1	0 or more	0				
		2	0 or more	0				
		3	0	0				
			1	.25				
			2	1				
			3	3				
		4	4	5				
			0	0				
			1	.25				
			2	1				
		A2: Dressing	1 or more	<u>0</u>		<u>0 or more</u>	<u>0</u>	
				<u>1</u>		<u>0 or more</u>	<u>0</u>	
				<u>2</u>		<u>0 or more</u>	<u>0</u>	
				<u>3</u>		<u>0</u>	<u>0</u>	
						<u>1</u>	<u>.25</u>	
<u>2</u>	<u>1</u>							
<u>3</u>	<u>3</u>							
<u>4</u>	<u>4</u>			<u>5</u>				
	<u>0</u>			<u>0</u>				
	<u>1</u>			<u>.25</u>				
	<u>2</u>			<u>1</u>				
A3: Using the toilet	1 or more			0	0 or more	0		
				1	0 or more	0		
				2	0 or more	0		
				3	0	0		
					1	.25		
		2	1					
		3	3					
		4	4	5				
			0	0				
			1	.25				
			2	1				
			3	3				
			4	5				

Qualifying Scores from Supports Intensity Scale
(per WAC 388-828-4200 through 388-828-4320)

SIS Activity:	If your type of support is:	And your frequency of support score is:	And your daily support time score is:	Then your critical task hours =	Enter one time for each SIS activity			
((A4: Dressing	1 or more	0	0 or more	0				
		1	0 or more	0				
		2	0 or more	0				
		3	0	0				
			1	.25				
			2	1				
			3	3				
		4	4	5				
			0	0				
			1	.25				
			2	1				
		((A6)) A5: Eating food	1 or more	0		0 or more	0	
				1		0 or more	0	
				2		0 or more	0	
				3		0	0	
						1	.25	
2	1							
3	3							
4	4			5				
	0			0				
	1			.25				
	2			1				
A9: Using currently prescribed equipment or treatment	1 or more			0	0 or more	0		
				1	0 or more	0		
				2	0 or more	0		
				3	0	0		
					1	.25		
		2	1					
		3	3					
		4	4	5				
			0	0				
			1	.25				
			2	1				
			3	3				
			4	5				

Qualifying Scores from Supports Intensity Scale
(per WAC 388-828-4200 through 388-828-4320)

SIS Activity:	If your type of support is:	And your frequency of support score is:	And your daily support time score is:	Then your critical task hours =	Enter one time for each SIS activity	
((E1)) C1: Taking medications	1 or more	0	0 or more	0		
		1	0 or more	0		
		2	0 or more	0		
		3	0	0		
			1	.25		
			2	1		
			3	3		
		4	4	5		
			0	0		
			1	.25		
			2	1		
			3	3		
			4	5		
			((E2)) C2: Ambulating and moving about	1 or more		0
1	0 or more				0	
2	0 or more	0				
3	0	0				
	1	.25				
	2	1				
	3	3				
4	4	5				
	0	0				
	1	.25				
	2	1				
	3	3				
	4	5				
	((E3)) C3: Avoiding health and safety hazards	1 or more			0	0 or more
			1	0 or more	0	
2			0 or more	0		
3			0	0		
			1	.25		
			2	1		
			3	3		
4			4	5		
			0	0		
			1	.25		
			2	1		
			3	3		
			4	5		
			Daily critical support time score =			

WAC 388-828-9670 How does the residential algorithm calculate your mid-frequency critical support time? The residential algorithm uses the following chart to calculate your mid-frequency critical support time score:

Qualifying Scores from Supports Intensity Scale (per WAC 388-828-4200 through 388-828-4320)								
SIS Activity	If your type of support is:	And your frequency of support score is:	And your daily support time score is:	Then your critical task hours =	Enter one time for each SIS activity			
((A2)) <u>A1</u> : Bathing and taking care of personal hygiene and grooming needs*	1 or more	0	0 or more	0				
		1	0 or more	0				
		2	0	0				
			1	.25				
			2	1				
			3	3				
			4	5				
		3	0 or more	0				
		4	0 or more	0				
		<u>A2</u> : Dressing*	1 or more	<u>0</u>		<u>0 or more</u>	<u>0</u>	
				<u>1</u>		<u>0 or more</u>	<u>0</u>	
				<u>2</u>		<u>0</u>	<u>0</u>	
						<u>1</u>	<u>.25</u>	
						<u>2</u>	<u>1</u>	
<u>3</u>	<u>3</u>							
<u>4</u>	<u>5</u>							
<u>3</u>	<u>0 or more</u>			<u>0</u>				
<u>4</u>	<u>0 or more</u>			<u>0</u>				
A3: Using the toilet	1 or more			0	0 or more	0		
				1	0 or more	0		
				2	0	0		
					1	.25		
					2	1		
		3	3					
		4	5					
		3	0	0				
		4	0	0				
			1	.25				
			2	1				
			3	3				
			4	5				

Qualifying Scores from Supports Intensity Scale
(per WAC 388-828-4200 through 388-828-4320)

SIS Activity	If your type of support is:	And your frequency of support score is:	And your daily support time score is:	Then your critical task hours =	Enter one time for each SIS activity			
((A4) Dressing*	1 or more	0	0 or more	0				
		1	0 or more	0				
		2	0	0				
			1	.25				
			2	1				
			3	3				
		4	5					
		3	0 or more	0				
4	0 or more	0))						
((A5) A4: Preparing food	1 or more	0	0 or more	0				
		1	0 or more	0				
		2	0	0				
			1	.25				
			2	1				
			3	3				
		4	5					
		3	0	0				
			1	.25				
			2	1				
			3	3				
		4	5					
		((A6) A5: Eating food*	1 or more	0		0 or more	0	
				1		0 or more	0	
				2		0	0	
						1	.25	
2	1							
3	3							
4	5							
3	0 or more			0				
4	0 or more	0						
((A8) A7: Housekeeping and cleaning	1 or more	0	0 or more	0				
		1	0 or more	0				
		2	0	0				
			1	.25				
			2	1				
			3	3				
		4	5					
		3	0 or more	0				

**Qualifying Scores from Supports Intensity Scale
(per WAC 388-828-4200 through 388-828-4320)**

SIS Activity	If your type of support is:	And your frequency of support score is:	And your daily support time score is:	Then your critical task hours =	Enter one time for each SIS activity			
		4	0 or more	0				
A9: Using currently prescribed equipment or treatment*	1 or more	0	0 or more	0				
		1	0 or more	0				
			0	0				
			1	.25				
			2	1				
			3	3				
		2	4	5				
			0 or more	0				
			0 or more	0				
			0 or more	0				
B2: Participating in recreation/leisure activities in community	1 or more	0	0 or more	0				
		1	0 or more	0				
			0	0				
			1	.25				
			2	1				
			3	3				
		2	4	5				
			0	0				
			1	.25				
			2	1				
		3	3	3				
			4	5				
			0	0				
			1	.25				
		4	2	1				
			3	3				
			4	5				
			0	0				
		B7: Interacting with community members	1 or more	0		0 or more	0	
				1		0 or more	0	
0	0							
1	.25							
2	1							
3	3							
2	4			5				
	0			0				
	1			.25				
	2			1				
3	3			3				
	4			5				
	0			0				
	1			.25				
4	2			1				
	3			3				
	4	5						
	0	0						

Qualifying Scores from Supports Intensity Scale
(per WAC 388-828-4200 through 388-828-4320)

SIS Activity	If your type of support is:	And your frequency of support score is:	And your daily support time score is:	Then your critical task hours =	Enter one time for each SIS activity
		4	0	0	
			1	.25	
			2	1	
			3	3	
			4	5	
((E1)) C1: Taking medications*	1 or more	0	0 or more	0	
		1	0 or more	0	
		2	0	0	
			1	.25	
			2	1	
			3	3	
		4	5		
		3	0 or more	0	
4	0 or more	0			
((E2)) C2: Ambulating and moving about*	1 or more	0	0 or more	0	
		1	0 or more	0	
		2	0	0	
			1	.25	
			2	1	
			3	3	
		4	5		
		3	0 or more	0	
4	0 or more	0			
((E3)) C3: Avoiding health and safety hazards*	1 or more	0	0 or more	0	
		1	0 or more	0	
		2	0	0	
			1	.25	
			2	1	
			3	3	
		4	5		
		3	0 or more	0	
4	0 or more	0			
((G3)) G4: Protecting self from exploitation	1 or more	0	0 or more	0	
		1	0 or more	0	
		2	0	0	
			1	.25	
			2	1	
			3	3	
		4	5		

Qualifying Scores from Supports Intensity Scale (per WAC 388-828-4200 through 388-828-4320)								
SIS Activity	If your type of support is:	And your frequency of support score is:	And your daily support time score is:	Then your critical task hours =	Enter one time for each SIS activity			
		3	0	0				
			1	.25				
			2	1				
			3	3				
			4	5				
		4	0	0				
			1	.25				
			2	1				
			3	3				
			4	5				
		Mid-frequency critical support time score =					Sum of all times entered	
		*Daily support activities that have less than daily support needs are added into the mid-frequency critical support time score.						

AMENDATORY SECTION (Amending WSR 19-02-020, filed 12/21/18, effective 2/1/19)

WAC 388-828-9680 How does the residential algorithm determine your weekly critical support time? The residential algorithm uses the following chart to calculate your weekly critical support time score:

Qualifying Scores from Supports Intensity Scale (per WAC 388-828-4200 through 388-828-4320)						
SIS Activity	If your type of support is:	And your frequency of support score is:	And your daily support time score is:	Then your critical task hours =	Enter one time for each SIS activity	
((A7)) <u>A6</u> : Taking care of clothes (including laundering)	1 or more	0	0 or more	0		
			1	0 or more		0
				2		0
		1				.25
		2				1
		3	3			
		3	4	5		
			0	0		0
				1		.25
				2		1
		3		3		
		4	4	5		
			0	0		0
				1		.25
				2		1
		3		3		
		4	4	5		

**Qualifying Scores from Supports Intensity Scale
(per WAC 388-828-4200 through 388-828-4320)**

SIS Activity	If your type of support is:	And your frequency of support score is:	And your daily support time score is:	Then your critical task hours =	Enter one time for each SIS activity			
B5: Using public services in the community	1 or more	0	0 or more	0				
		1	0 or more	0				
		2	0	0				
			1	.25				
			2	1				
			3	3				
		3	0	0				
			1	.25				
			2	1				
			3	3				
		4	0	0				
			1	.25				
			2	1				
			3	3				
		B6: Shopping and purchasing goods and services	1 or more	0		0 or more	0	
				1		0 or more	0	
2	0			0				
	1			.25				
	2			1				
	3			3				
3	0			0				
	1			.25				
	2			1				
	3			3				
4	0			0				
	1			.25				
	2			1				
	3			3				
F2: Participating in recreation/leisure activities with others	1 or more			0	0 or more	0		
				1	0 or more	0		
		2	0	0				
			1	.25				
			2	1				
			3	3				
		4	5					

Qualifying Scores from Supports Intensity Scale
(per WAC 388-828-4200 through 388-828-4320)

SIS Activity	If your type of support is:	And your frequency of support score is:	And your daily support time score is:	Then your critical task hours =	Enter one time for each SIS activity	
		3	0	0		
			1	.25		
			2	1		
			3	3		
			4	5		
		4	0	0		
			1	.25		
			2	1		
			3	3		
			4	5		
F8: Engaging in volunteer work	1 or more	0	0 or more	0		
			1	0 or more		0
				0		0
		1		.25		
		2		1		
		2	0	0		
			1	.25		
			2	1		
			3	3		
		3	0	0		
			1	.25		
			2	1		
			3	3		
		4	0	0		
			1	.25		
			2	1		
3	3					
((G7)) G3: Managing money and personal finances	1 or more	0	0 or more	0		
			1	0 or more		0
				0		0
		1		.25		
		2		1		
		2	0	0		
			1	.25		
			2	1		
			3	3		
		3	0	0		
			1	.25		
			2	1		
			3	3		
		4	0	0		
			1	.25		
			2	1		
3	3					

Qualifying Scores from Supports Intensity Scale
(per WAC 388-828-4200 through 388-828-4320)

SIS Activity	If your type of support is:	And your frequency of support score is:	And your daily support time score is:	Then your critical task hours =	Enter one time for each SIS activity
		4	0	0	
			1	.25	
			2	1	
			3	3	
			4	5	
Weekly critical support time score =					Sum of all times entered