

Virginia DBHDS SIS-A 2nd Edition Advisory Group

Meeting 2

Details

Date: October 23, 2023

Time: 3:00 pm

Facilitators: Jami Petner-Arrey, Jodi Franck, Jamekia Collins

Advisory Group Attendance: Maureen Kennedy, Valor Foy Jones, Amanda Morrill, Angela Adkins, Lauren Zdelar, Lisa Turner, Susan Shires, Catherine Wilson, Ken Haines, Lucy Cantrell, Ann Flipin, Robin Weisman, Jason Perkins,

Members of the public also attended this meeting.

Agenda

1. DBHDS Background
2. Supports Intensity Scale® – Adult Version
3. Looking at National Data and Rates
4. Next Steps

Meeting Minutes

1. DBHDS Background
 - a. Background of Support Level/Rate Tiers
 - b. In 2013, HSRI and our partners, Burns & Associates, were contracted to work with VA DBHDS to develop support levels and rate tiers for people using waiver services on all three waivers
 - c. We developed a support level model that relies on results from the Supports Intensity Scale® (SIS®), supplemental questions, and a document review verification process (for some people) to assign each person to a support level
 - d. For some services Support Levels are associated with a rate tiers. Support levels are not used for individual budgets.
 - e. DBHDS Selected the SIS to:
 - Make sure that rates are matched to people's support needs
 - Allow for fair and equitable rates across the state
 - Have more meaningful information about support needs for person centered planning

- Ensure that support levels and rate tiers match what is in the person's plan (documented medical, behavioral, and other supports)
- Use data for analysis

2. Supports Intensity Scale-Adult Version

- Use the Supports Intensity Scale® (SIS) Adult (SIS-A) or Child (SIS-C)
- Each person over 16 takes a SIS-A assessment, and some children under 16 take a SIS-C assessment
- SIS-A measures support needed for home living, community living, lifelong learning, employment, health and safety, social activities, protection & advocacy, medical needs, and behavioral needs.
- SIS-C measures support needed for home living, community & neighborhood, school participation, school learning, health & safety, social activities, and advocacy, medical needs, and behavioral needs.
- SIS scores are used to assign everyone who takes a SIS assessment a support level
- What makes an assessment "good"?
 - Its developed for measuring support levels
 - It has sound psychometric properties, such as validity and reliability
 - Assessors participate in rigorous training
 - Comprehensive and accurate data can be collected
 - It is sustainable to use the assessment over time
 - Includes necessary content
 - Person centered, strengths based, respectful of diverse cultures, quantitative, scorable, summable
 - Quality of development and testing
 - Demonstrated use for the purpose
 - Technological infrastructure available
 - Ongoing testing, use, reputation
 - Stakeholder approval
 - Feasibility of use
- Benefits of using the SIS
 - The SIS has strong psychometric properties and has demonstrated strong validity and reliability. Validity was tested in 2004, 2015, and 2023. This year it was normed using over 150,000 assessments of culturally diverse people with IDD
 - The SIS is strengths-based and does not rely on disability diagnosis for determining need. The SIS focuses on the person's support needs
 - The SIS includes a rigorous training protocol
 - SISOnline compiles accurate SIS information for use and analysis
 - Use of the SIS has been documented in peer reviewed journals around the world

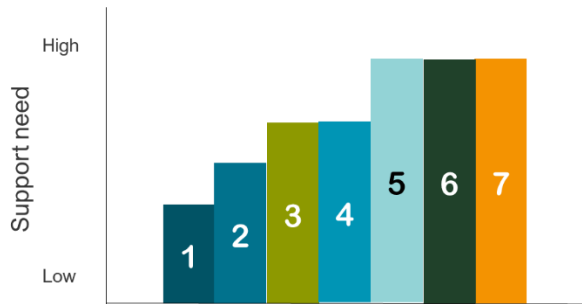
- The SIS has also been translated into numerous languages
- h. We asked meeting participants if they have any suggestions for improving the overall process of using, or participating in, the SIS assessment, and they responded:
 - Reliability issues - easy for the assessors to interpret questions differently, due to the level of detail /variables per question.
 - Reduce restrictions/limitations on families requesting re-evaluation
 - Some of the questions do not to be asked each time
 - Ask if they feel that they have been given adequate time
- i. We asked meeting participants if they had any specific questions we should ask people who use services and their families about this process, and they responded:
 - Do they understand how the outcome will affect them.
 - What if we feel that the assessment doesn't adequately describe our person, especially for medical and behavioral issues?
 - Did they know what to expect going into the SIS?
 - Are participants satisfied with the process?
 - Did you feel the evaluator was receptive to your responses? Did you feel pressured to change or modify your answers by the evaluator?
 - The lack of an appeal process doesn't seem fair
 - Do they think the process capture an appropriate profile of the individual?
 - Do you feel this evaluation accurately captures the needs of the individual with the waiver?
- j. Meeting participant questions answered
 - Is the SNI a good comparative data?
 - Yes the Support Needs Index, the score for the SIS assessment can be used to compare people's needs across a variety of factors.
 - What other assessments are similar to the SIS?
 - There are many assessments that are similar to the SIS including other nationally used instruments and state specific assessments.

3. Looking at National Data and Rates

- a. DBHDS is going to continue to use the SIS and will have to update the support level/rate tier model
- b. The SIS-A is changing, the changes are called the SIS-A 2nd Edition
 - There are changes to demographic section
 - There are 6 new medical questions and adjustments to others
 - There is 1 new behavioral question
 - The scoring is different (standard scores)
 - Some sections and subsections have been renamed
 - Some of the questions have been reworded

- These changes require us to update the current support levels/rate tiers.
- The SIS-A 2nd Edition will not be used until this project is complete, and the framework is updated.

c. Current 7 Levels



d. Key Considerations for New Framework

- What is the most appropriate number of levels for a general support needs framework?
- Which subsections of the SIS should be used?
- What scores best create levels that include individuals who are similar to one another and different from individuals in other levels?

e. Framework Requirements

- Statistical fit
- Groups are different from one another
- Individuals assigned to groups from low to high need
- Needs align with what is known about the population
- Allows for criteria using sum scores

f. Possible frameworks:

○ 6 Level Framework

1	Low general support need, no extraordinary medical or behavioral needs
2	Moderate general support need, no extraordinary medical or behavioral needs
3	High general support need, no extraordinary medical or behavioral needs
4	Very high general support need, no extraordinary medical or behavioral needs
5	Extraordinary medical support need
6	Extraordinary behavioral support need

○ 5 Level Framework








A	Low general support need, no extraordinary medical or behavioral needs
B	Moderate general support need, no extraordinary medical or behavioral needs
C	High general support need, no extraordinary medical or behavioral needs
D	Extraordinary medical support need
E	Extraordinary behavioral support need

g. Steps for Updating the Support Levels/Rate Tiers

- Determined initial SIS-A support levels using national SIS-A dataset

- Use sample DBHDS data to repeat analyses and confirm SIS-A analysis
- Confirm criteria for DBHDS using analysis and any additional criteria
- Adapt/develop criteria for medical and behavioral changes
- Consider any changes to Supplemental Questions in the model
- Conduct record review
- Plan to evaluate framework in future

h. Support Levels are matched to Rate Tiers

Reimbursement Tier 1		Mild Support Needs Individuals have some need for support, including little to no support need for medical and behavioral challenges. They can manage many aspects of their lives independently or with little assistance.
Reimbursement Tier 2		Moderate Support Needs Individuals have modest or moderate support needs, but little to no need for medical and behavioral supports. They need more support than those in Level 1, but may have minimal needs in some life areas.
Reimbursement Tier 3		Mild/Moderate Support Needs with Some Behavioral Support Needs Individuals have little to moderate support needs as in Levels 1 and 2. They also have an increased, but not significant, support needed due to behavioral challenges.
		Moderate to High Support Needs Individuals have moderate to high need for support. They may have behavioral support needs that are not significant but range from none to above average.
Reimbursement Tier 4		Maximum Support Needs Individuals have high to maximum personal care and/or medical support needs. They may have behavioral support needs that are not significant but range from none to above average.
		Intensive Medical Support Needs Individuals have intensive need for medical support but also may have similar support needs to individuals in Level 5. They may have some need for support due to behavior that is not significant.
		Intensive Behavioral Support Needs Individuals have intensive behavioral challenges, regardless of their support needs to complete daily activities or for medical conditions. These adults typically need significantly enhanced supports due to behavior.

- i. Potential Tiered Rate Changes
- j. DBHDS is not evaluating rate model cost assumptions, however, after initial work is complete on the development of the support levels, the potential need for other changes to the rate tiers will be evaluated
- k. DBHDS is evaluating how rate tiers align to support levels (e.g., there may be fewer support levels, but the same number of tiers)C
- l. DBHDS may evaluate changes to the staffing assumptions in the rate models
 - For example, if the number of individuals in Tier 1 were to increase, that would suggest higher average needs in this group (because individuals formerly in a higher tier are now in Tier 1), necessitating more staffing
 - Or, if the number of individuals in Tier 4 were to increase, that would suggest lower average needs in this group (because individuals formerly in a lower tier are now in Tier 4), reducing staffing needs
- m. Following the development of the support levels, we may determine that there are no changes needed to the existing reimbursement rates

- n. We asked meeting participants if there were any specific considerations we should be making for the reimbursement rates as we move forward in this project, and they responded:
 - Re-evaluate provider to individual ratios for individuals in higher tiers- reduce reliance on customized rate process for those with high support needs.
 - I don't know how you can look at these considerations without looking at the financial.
 - There are cost implications in the new assessment?
 - The bullets concerning "Changes to the staffing assumptions in rate models" doesn't make any sense. SIS-A 2nd Edition is an update to SIS-A, which was prompted, in part, to more accurately assess support needs for persons with autism. Those support needs were often underassessed by SIS-A, so I would expect SIS-A2 to correct that. An increase in the number of persons moving up in Tier is going to be a function of the inadequacies of SIS-A as it pertains to autism.
- o. We asked meeting participants whether there were specific questions we should ask providers about the reimbursement rates or related to other aspects of our project, and they responded:
 - How important is the reimbursement rate to them? Does it affect what individuals they take into their programs? Could be yes or no.
 - Are current rates adequate to support the individual's identified level of need?
- p. Meeting participant questions answered:
 - What about those with both exceptional behavioral and medical?
 - In the current support levels, people with both exceptional behavioral and medical needs are elevated to the highest (behavioral) support level.
 - Are you incorporating best practices from other states to make Virginia a best practice? Is Virginia's data set significantly different than other states? Why not use best practice?
 - We have reviewed budget methodology development across the US and are incorporating best practices for developing the budget methodology.

4. Next Steps

- a. Upcoming Outreach
- b. We have 3 meetings coming up for Service Recipients & Families', Support Coordinators, and Providers
 - Service Recipients & Families
November 16th, 2023
2:00-3:45ET

<https://us06web.zoom.us/j/86798659737>

- Support Coordinators
November 16th, 2023
10:00-11:45ET

<https://us06web.zoom.us/j/88919982957>

- Providers
November 15th, 2023
11:00-12:45ET

<https://us06web.zoom.us/j/84440901176>

5. Questions to be addressed at next meeting

- a. Is the national association, American Association on Intellectual and Developmental Disability, a non-profit / not-for-profit?
- b. What methodology was used to validate the SIS, especially the last validation done this year?