Virginia DBHDS
SIS-A 2nd Edition Advisory Group

Meeting 6

Details

Date: February 22, 2024

Time: 11:00am

Facilitators: Jami Petner-Arrey, Jodi Franck, Colleen Kidney, Stephen Pawlowski, Jamekia Collins

Advisory Group Attendance: Maureen Kennedy, Sue Shire, Ann Flippin, Catherine Wilson, Ken Haines, Lucy Cantrell, Jessica Swanson, Lauren Zdelar, Kristy Hall, Alice Robinson

Members of the public also attended this meeting.

Agenda

1. Reminders
2. Preliminary General Support Need Levels
3. Preliminary Medical/Behavioral Levels
4. Next steps, Question/Feedback Form, and Survey

Meeting Minutes

1. Reminders
    a. Last meeting, we dug deeply into the proposed support levels and the initial impacts of that, and we didn't have a lot of time to reflect on what we shared.
    b. People are assigned to support levels based on the SIS-A scores along with supplemental questions.
        i. We have discussed this in previous meetings, please see previous meeting notes for details.
    c. The SIS-A is changing to the SIS-A 2nd edition.
        i. We need to make sure the support levels and rate tiers still make sense with these changes.
        ii. DBDHS is using advance questions.
    d. Main project activities have been consulting people, analyzing changes to support levels/rate tiers, and recommending changes to support levels/rate tiers.
        i. We welcome all feedback relating to each of these aspects.
    e. Currently there are 7 support levels and 4 rate tiers.
    f. We had demographic data from a robust population of 17,459 people and 17,178 SIS-A assessments conducted between 1/1/18 and 12/15/23.

        i. We rescored these assessments by applying SIS-A 2nd edition norming to subscale scores.
    g. We proposed a 6-level framework.
        i. Details can be found in minutes from meeting 5.
2. Preliminary General Support Need Levels
    a. Using 4 general support needs levels.
    b. Using all subsections of section 2 (support needs index) of the SIS-A 2nd edition.
    c. Developing Medical and Behavioral support levels separately because they are scored differently.
    d. Key Takeaways
        i. Using all subsections of section 2 (support needs index) of the SIS-A 2nd edition.
        ii. Most people will remain in the same or comparable support level.
        iii. The impact of proposed changes so far impact people similarly (across waiver type, disability type, and age).
    e. Discussion
        i. Comments
            1. Appreciates hearing where we've gotten to and where we're going.
            2. Looking forward to hearing more about medical and behavioral supports.
            3. Much easier to understand.
        ii. Questions
            1. Are you able to appeal a SIS score?
            2. More information is in the FAQ. Reassessment can be requested.
3. Preliminary Medical/Behavioral Levels
    a. Medical and behavioral levels are reserved for people with highest medical and behavioral support needs.
    b. Currently two different ways people can be assigned:
        i. Having high scores in section 1A or 1B of the SIS for most but not all items
        ii. Certain responses to supplemental questions confirmed by document verification committee.
    c. The new levels may be called M and B rather than levels 6 and 7.
    d. Medical Advance Questions
        i. The questions used to collect data on the new medical SIS-A 2nd Edition questions.
            1. We were able to use all the assessments available for the general support need levels, but for these levels we were only able to use those who answered the advance questions.
            2. This was 2,151 people.
            3. 854 people reported having at least some support needs related to one or more of the new medical questions.
    e. Behavioral Advance Questions

i. 2,155 people had responses to the behavioral advance question.
ii. 399 people reported having at least some support needs related to the new behavioral question.

f. Data used in this analysis.
    i. We used the same data from the same time period as we used for the general support need levels, though the sample is smaller due to fewer people having responded to the advance questions.
g. Considerations
    i. These frameworks are preliminary- more analysis as well as record review may lead to adjustments.
    ii. Analysis for tiers has not been conducted yet and may result in changes in how support levels are matched to rate tiers while will be completed once we finalize support levels.
h. Proposed Behavioral Criteria
    i. 399 of 2,155 people had a “1” or “2” indicating need in newly identified area.
    ii. Our proposal is to keep the behavioral criteria the same.
        1. Even though there is an additional question being asked, meaning there is an additional 2 points that may be counted towards the score, we recommend the same criteria.
        2. This will allow more people to score into the high behavioral support level.
i. Proposed Medical Criteria
    i. 854 of 2,151 had a “1” or “2” indicating need in newly identified area.
    ii. Our proposal is to adjust the medical criteria score higher, but also allow for calculating score by using all of the items in the SIS Section 1A Medical.
    iii. People will have 9 more questions that will be used to calculate their medical level score than are used today. This will allow more people to score into the medical level.
    iv. Of the 183 people with the advance questions in current level 6, 83% will still be in the high medical level.
j. Verification Into Medical Level
    i. We checked on who will flag for verification, which means the individuals who may have a medical need but didn’t score directly into the medical level.
    ii. With the current criteria, 15% of the total population would be flagged for verification and would go to the document review committee who would determine if they needed to be in the high medical level.
    iii. This is comparable to the percent of people who are flagged for verification today, though verification criteria may change.

k. Proposed 6-level framework.
    i. 74% of people would stay in the same or a comparable support level.
    ii. 8% of people who answered the advance questions will decrease in level.
    iii. 18% of people who answered the advance questions will increase in level.
l. Support level distributions comparing current/proposed model- advance questions for people who have answered the advance questions.
    i. This does not include people who are in the medical level due to verification, so this is something we will need to consider.

Current Support Levels

Proposed 6-Level Framework

m. Discussion
    i. What about individuals that have similar medical and behavioral needs? How does the system decide how to assign them?
        1. If someone has both high medical and behavioral needs, they would be assigned to Level B, but the impact would be that if they have any additional support needs beyond what they are assigned, those needs would be met outside of the framework.
        2. Once they're in the highest tier, they're in the highest tier for reimbursement purposes.
    ii. At a later time once the rates are discussed, will the monetary impact be looked at for an organization if support levels go down for a large number of individuals they are serving?
        1. Yes, in our analysis we will be looking at the impacts at the system level, provider level, and the individual level. We will look at all financial impacts.
    iii. My only question is related to the process of interviewing as it relates to scoring. Currently, our experience is that the interviewers actively attempt to score people as being MORE independent than they are being reported by the support team which then places them in a lower level/tier. We have grave concerns about interviewer reliability and validity.
        1. The SIS assessors go through a rigorous process to ensure reliable and valid assessments. Please reach out about specific concerns, but overall, the assessors are highly trained.
        2. If anyone has a concern about a specific SIS, put it in writing: the time, date, interviewer's name, and send via encrypted email to

the regional support services. You may also reach out to DBHDS if your concern is not addressed (SIS@dbhds.virginia.gov).

4. Next steps, Question/Feedback Form, and Survey
    a. Questions and Answers
        i. Will there be a reassessment phase to use the new tool for those not coming due or will the new tool just be used as ones come due?
            1. This is in our FAQ.
            2. We will continue with our reassessment protocol as it is, and once we move to SIS-A 2nd Edition it will be moved to every individual's due date. It will take up to 4 years for everyone to receive a reassessment. Reassessment requests must still have a qualifying reason.
        ii. I'm curious about the processes used by the "Document Verification Committee". Residential providers often have documents like hospital discharge records or hospice documents that Support Coordinators may not have, for example. Will there be allowances for copies of documents to be brought to the assessment for the assessor to submit after the SIS is completed?
            1. Effective 2/1, we have began allowing anything within the person-centered plan to be brought into the SIS assessment. It must be printed on paper, computers are still not allowed. This can be nursing protocols, Individual Support Plans, current behavior support needs, anything within the person-centered plan. What cannot be brought in is the last SIS. The former SIS may contain information that is up to 4 years old, and we need to capture a current picture of the individual.
            2. We do not spend a lot of time looking through the Individual Support Plan and person-centered plan, it is meant to be a reference tool to help provide information.
        iii. When considering tier changes and budgeting for staffing needs, is the impact of pending raises to minimum wage being taken into account? My understanding is the current rate model will not be sustainable if minimum wage is federally raised to $15/hour.
            1. Please look at previous meeting notes on the Virginia Regulatory Town Hall website and the FAQ.
            2. These links are always in the invite for the meeting.
    b. We will be able to propose new support levels and new criteria for the support levels.
    c. We will review reimbursement rates.
    d. We will have another round of informational meetings coming soon.
    e. We will test our proposal with a record review and may make adjustments.
    f. We will finalize this model following the record review.
    g. Upcoming Outreach/Informational Sessions
        i. Service Recipients & Families 4/10 from 6-8pm

1. https://us06web.zoom.us/j/85131509447

ii. Support Coordinators 4/4 from 3-5pm

1. https://us06web.zoom.us/j/85131509447

iii. Providers 4/9 from 1-3pm

1. https://us06web.zoom.us/j/85131509447

h. Timeline

i. Anything in grey is completed.

i. Adjournment