

## **Formal Agenda**

### **DBHDS SIS-A 4th Edition Advisory Group**

3:00PM-4:30PM – Friday January 12, 2024

Online Zoom Meeting (see link below)

### **AGENDA**

3:00 Welcome and Housekeeping

3:05 Questions and Answers

3:15 Revisiting Where We Are

3:20 Preliminary Analysis Findings

4:00: Discussion

4:25 Next steps, Question/Feedback Form, and Survey

4:30 Adjournment

### **Zoom Meeting Information**

<https://us06web.zoom.us/j/85150732562>

Or One tap mobile :

+17193594580,,85150732562# US

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Human Services  
Research Institute

# Virginia SIS-A 2nd Edition Advisory Group

January 2024

# Housekeeping

Some of the people in this meeting are advisory group members who will participate in the discussion. Everyone else is welcome to type questions in the chat or send your questions to [SIS@dbhds.virginia.gov](mailto:SIS@dbhds.virginia.gov).

Everyone's participation is voluntary. You do not need to participate in any discussion, polls, or chats.

This meeting is hosted by HSRI and may not reflect the views of Virginia Department of Behavioral Health & Developmental Services (DBHDS).

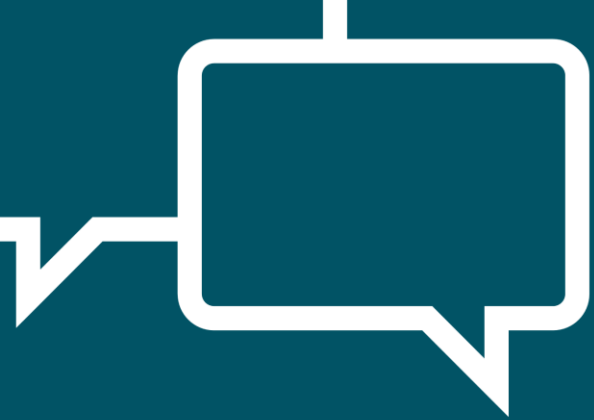
This meeting is being recorded, as a tool for advisory group members to watch later if they had to miss today.

Please mute yourself when you are not talking.

Please allow all advisory group members the opportunity to speak up! Limit comments to about 1 minute.

# Working Collaboratively

- Be solution-focused and provide supportive and constructive feedback. Let's keep focused on the end goal of updating the support levels/rate tiers
- Respect and listen, don't blame
- Assume good intentions
- When sharing verbally, try to keep response brief and wait, so that others have time to speak. If you want to share more, you can always type in the chat, add comments to the form, e-mail, or request a separate meeting to discuss
- This is an interactive meeting! We encourage you to participate!



# Agenda



**Revisiting Where We Are**



**Preliminary Analysis Findings**



**Discussion**



**Next Steps**

# In the Advisory Group:

- You will hear about our upcoming plans for this project
- You will have opportunities to provide ideas and feedback about this project and what we recommend
- You can ask questions
- You will review our analysis and recommendations
- You can help us make sure that our plans work for people receiving services, their families, advocates, support coordinators, and providers

We will meet monthly from September 2023 through April 2024 for 90 minutes to 2 hours per meeting





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Board

Board of Medical Assistance Services

Meeting: SIS-A® 2nd Edition Advisory Group Meeting 4

Electronic Access

Meeting Details

Date / Time 12/19/2023 12:00 pm

Type Electronic Only

Electronic Access Meeting time: 12:00-2:00 Electronic Access: <https://us06web.zoom.us/j/81441194053>

Board Website <http://www.dmas.virginia.gov>

Agenda document  [Meeting Agenda 12/13/2023](#) (1034k)

Minutes document  [Meeting minutes 1/9/2024](#) (458k) FINAL

Disability Friendly? Yes Deaf interpreter available upon request? Yes

Purpose of the meeting

Since 2015, DBHDS has used the Supports Intensity Scale® (SIS)® assessment to determine rates for specific services. The SIS assessment is changing and DBHDS has a project to update this model. DBHDS wants to hear from people receiving services and other interested people. DBHDS is working with an advisory group to support this project. The public is welcome to listen in on this advisory group meeting.

Meeting Scope

Public hearing to receive comment on a proposed stage

General business of the board



HSRI





# Revisiting Where We Are

# Project Activities

1

## Consult people

- Advisory group
- Key informant interviews
- Engagement sessions

2

## Analyze changes to support levels/rate tiers

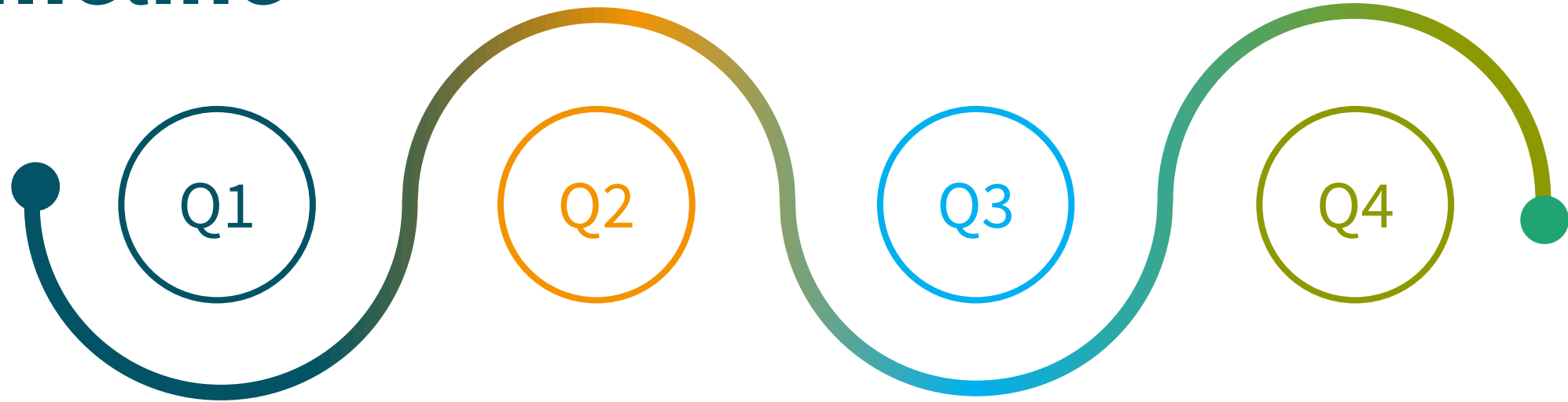
- Review supplemental questions and verification process
- Analyze the new SIS scoring and the advanced questions
- Analyze the rate tiers
- Test out the proposed changes with a record review

3

## Recommend changes to support levels/rate tiers

- Propose final recommendations
- Develop a transition plan
- Develop a communication plan to help support the implementation

# Timeline



## April-June 2023

- Begin Contract Work
- Background research

## July-Sept. 2023

- Establish Advisory Group
- Key Informant Interviews
- Begin data analysis

## Oct.-December

- Continue Advisory Group meetings
- 1<sup>st</sup> Engagement Sessions
- Complete data analysis

## Jan.-April 2023

- Continue Advisory Group meetings
- 2<sup>nd</sup> Engagement Sessions
- Test proposed changes
- Recommend final changes
- Complete implementation & communication plan





# Preliminary Analysis Findings

# Current Use of the SIS

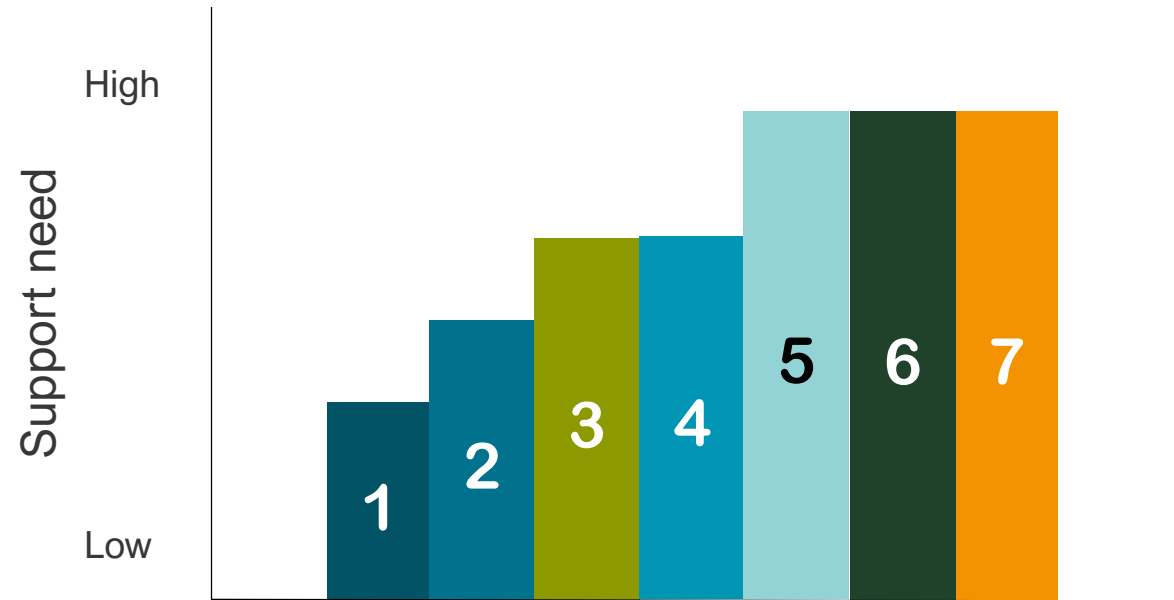
People are assigned to a support level based on SIS scores, along with the supplemental questions, and document review verification for some people. These support levels are matched to rate tiers for shared services.

- Currently, people are assigned to support levels using SIS sections:
  - 2A. Home Living Activities
  - 2B. Community Living Activities
  - 2E. Health and Safety Activities
  - 1A: Exceptional Medical Support Needs
  - 1B: Exceptional Behavioral Support Needs

# Current Medical & Behavioral Levels

- Medical and behavioral levels are reserved for people with the highest medical and behavioral support needs
- People can be assigned to medical and behavioral levels in two different ways.
- People can be assigned to medical and behavioral levels either by
  - Having high scores in section 1A or 1B
  - Certain responses to supplemental questions confirmed by the document verification committee

# Current Support Levels



# Explore the Changes to SIS-A

- We are exploring how re-norming impacts peoples' SIS scores, as well as how it impacts the current support levels and rate tiers
- We are doing this by applying the new scoring to the existing assessments to see how support levels/rate tiers will change
- We are also exploring
  - How many general support need levels there should be
  - What sections of the SIS should be used
  - What the criteria for support levels should be



# Information about the Data

- Demographic data from 17,459 people receiving services from 7/1/21 to 6/30/23
- 17,178 SIS-A assessments conducted between 1/1/18 and 12/15/23
- To prepare data for analysis we:
  - Rescored assessments by applying SIS-A version 2 norming to subscale scores
  - Applied current medical and behavioral criteria

# Changes to General Support Need Levels

- Most people will see changes to their SIS scores for general support needs related to re-norming, even with no changes to their assessment
  - 11% will have the same score
  - 14% will have a lower score
  - 75% will have a higher score
- For those whose scores decrease with re-norming, most (86%) move 1 or 2 points down
- For those whose scores increase with re-norming, most (70%) move up to 4 points up from their current score
- These changes in scoring may impact support level assignments

# Medical Advance Questions

- Advance questions are being used to collect data on the new medical SIS questions
- 2,151 people had responses to advanced questions
- 854 people reported having at least some supports needs related to one or more of the new medical questions
- We are completing analysis on medical support levels

# Behavioral Advance Questions

- Advance questions are being used to collect data on the new behavioral SIS question
- 2,155 people had responses to the behavioral advance question
- 399 people reported having at least some supports needs related to the new behavioral question
- We are completing analysis on behavioral support levels

# Explore Updates to the Framework

- We shared information about how we conducted the analysis on the national data set in our 2<sup>nd</sup> meeting
- Today we will report on our analysis of Virginia's data analysis
- For the analysis that follow:
  - We did not include document review verification results
  - We assumed that people in medical and behavioral support levels would stay the same (until we complete analysis)
  - We have not yet explored rate tiers

# Key Considerations for new Framework Development

1

What is the most appropriate number of levels for a general support needs framework?

2

Which subsections of the SIS should be used?

3

What scores best create levels that include individuals who are similar to one another and different from individuals in other levels?

# 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

| MODEL            | AIC         | BIC         | SABIC       | ENTROPY              | ALCPP                | VLLMR-LRT   |
|------------------|-------------|-------------|-------------|----------------------|----------------------|-------------|
| Better fit if... | small value | small value | small value | high value over 0.80 | high value over 0.80 | significant |
| SNI 8            | 457,644.09  | 458,184.60  | 457,962.15  | 0.86                 | 0.87                 | 1897.29     |
| SNI 7            | 459,549.77  | 460,028.52  | 459,831.49  | 0.87                 | 0.88                 | 2513.78     |
| SNI 6            | 462,079.88  | 462,496.85  | 462,325.24  | 0.86                 | 0.88                 | 2820.05*    |
| SNI 5            | 464,920.18  | 465,275.38  | 465,129.19  | 0.88                 | 0.91                 | 6697.08**   |
| SNI 4            | 471,687.37  | 471,980.80  | 471,860.03  | 0.90                 | 0.93                 | 13032.51**  |
| SNI 3            | 484,871.56  | 485,103.11  | 485,007.77  | 0.90                 | 0.95                 | 27209.48**  |
| SNI 2            | 512,414.80  | 512,584.67  | 512,514.76  | 0.90                 | 0.96                 | 58254.76**  |
| SNI 1            | 571,402.59  | 571,510.70  | 571,466.20  | -                    | -                    | -           |
| ABE 8            | 208,130.43  | 208,392.96  | 208,284.91  | 0.76                 | 0.76                 | 246.86**    |
| ABE 7            | 208,375.63  | 208,607.282 | 208,511.94  | 0.79                 | 0.81                 | 440.98      |
| ABE 6            | 208,819.95  | 209,020.71  | 208,938.09  | 0.79                 | 0.82                 | 943.93**    |
| ABE 5            | 209,780.16  | 209,950.03  | 209,880.12  | 0.80                 | 0.85                 | 2003.86**   |
| ABE 4            | 211,827.55  | 211,966.54  | 211,909.34  | 0.83                 | 0.89                 | 4676.05**   |
| ABE 3            | 216,615.85  | 216,723.95  | 216,723.95  | 0.83                 | 0.91                 | 10019.58**  |
| ABE 2            | 226,885.09  | 226,962.30  | 226,930.53  | 0.79                 | 0.93                 | 17344.76**  |
| ABE 1            | 244,667.88  | 244,714.21  | 244,695.14  | -                    | -                    | -           |

LCA goodness-of-fit indices for all tested models – Virginia (n = 16,675)



# Preliminary Support Levels Proposed



Using 4 general support needs levels, as in the current model



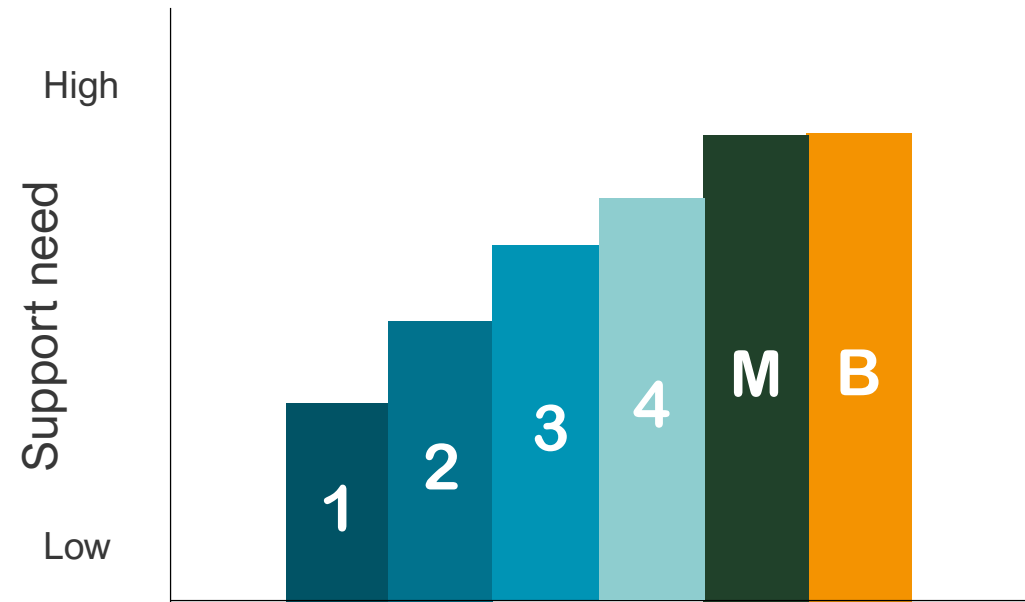
Using all subsections of Section 2 (Supports Needs Index) of the SIS

This analysis supports



Developing Medical and Behavior Support Levels separately

# 6-Level Framework



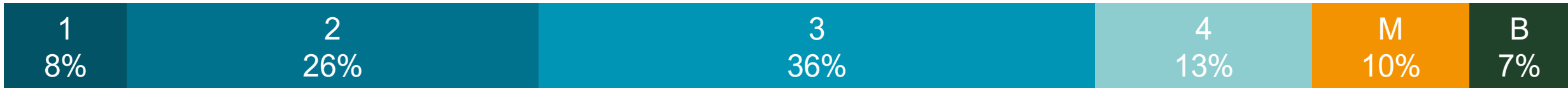
- 1** Low general support need, no extraordinary medical or behavioral needs
- 2** Moderate general support need, no extraordinary medical or behavioral needs
- 3** High general support need, no extraordinary medical or behavioral needs
- 4** Very high general support need, no extraordinary medical or behavioral needs
- M** Extraordinary medical support need
- B** Extraordinary behavioral support need

# Support Level Distributions

## Current Support Levels



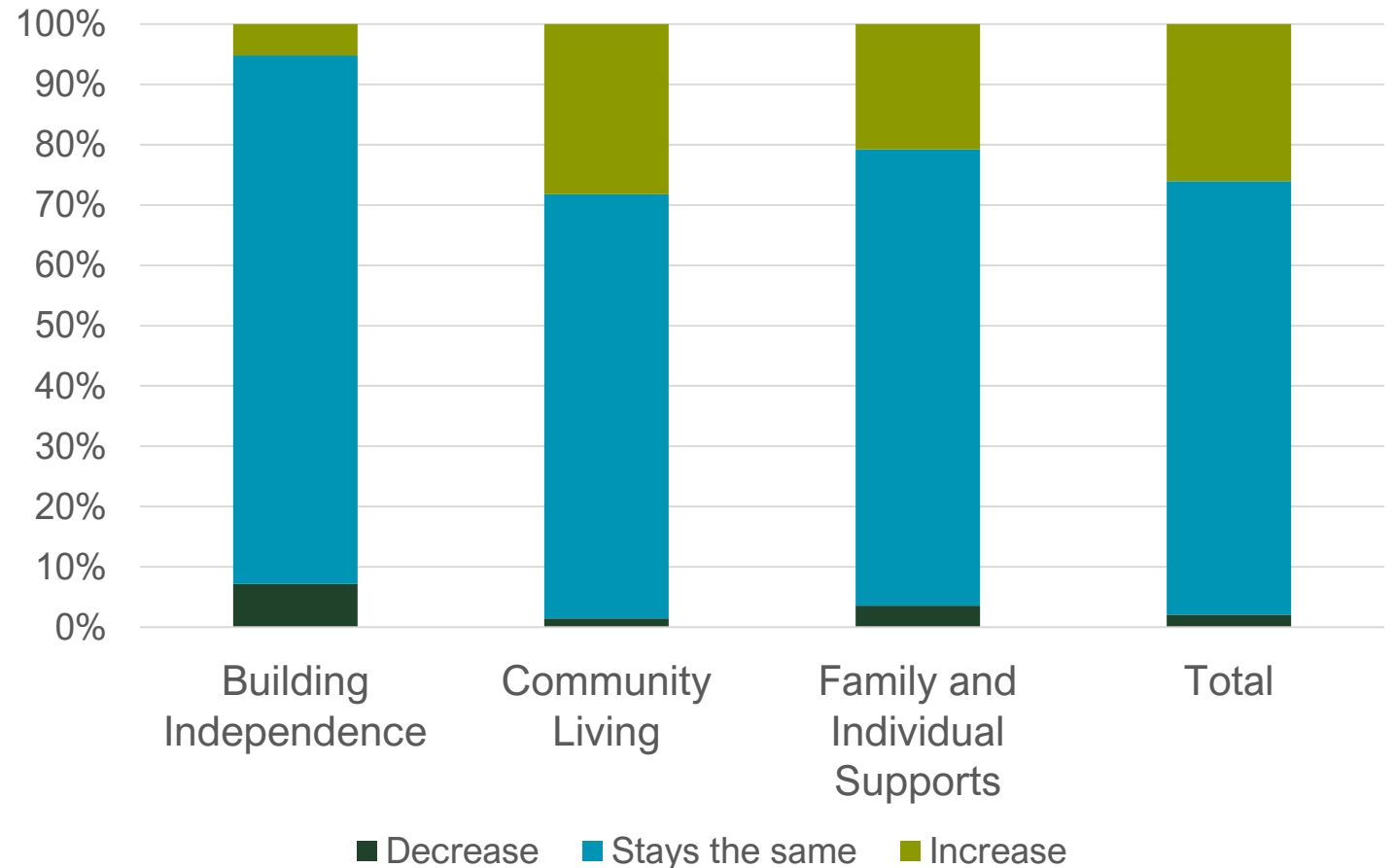
## Proposed Support Levels



# Impact by Waiver Type

Across waiver type, slightly more people in Community Living will see an increase in level than Building Independence and Family and Individual Supports

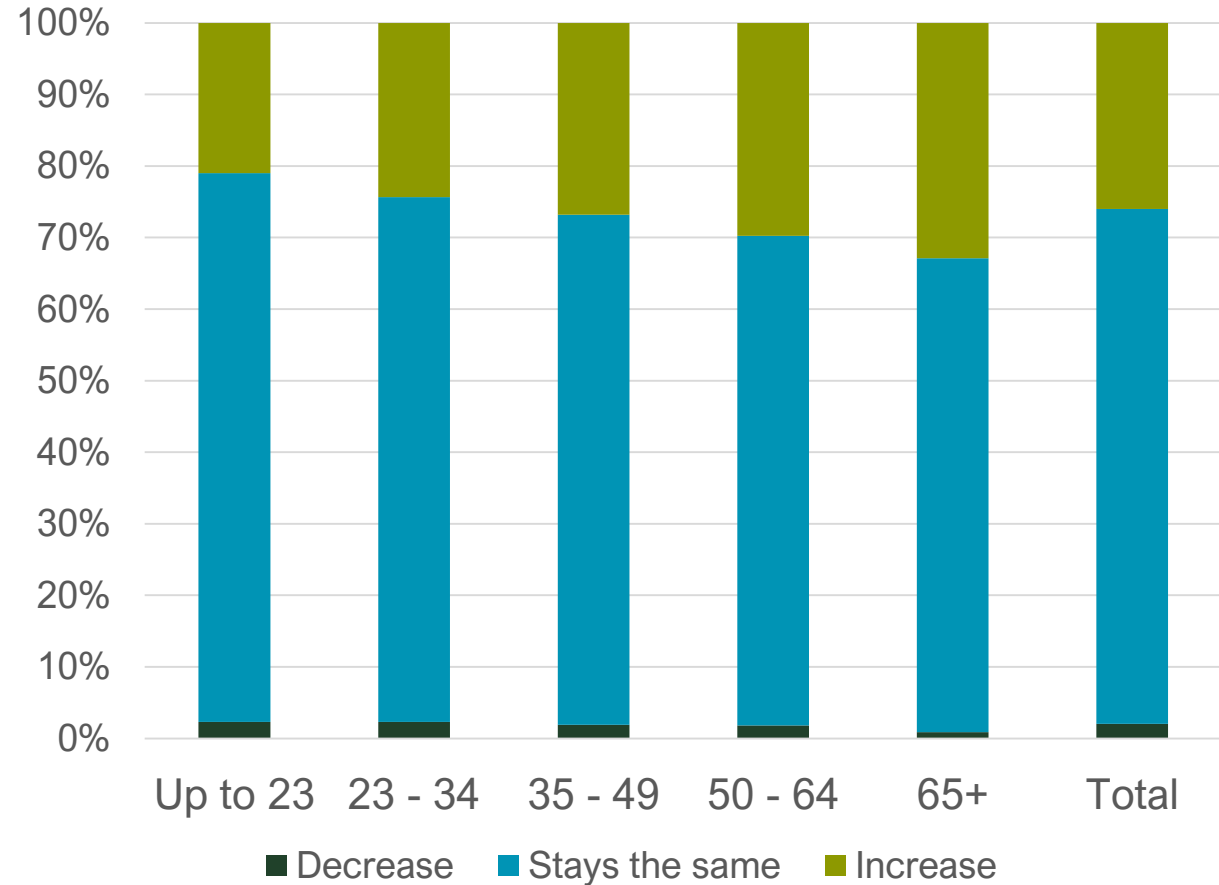
| Waiver                         | n      |
|--------------------------------|--------|
| Building Independence          | 308    |
| Community Living               | 11,980 |
| Family and Individual Supports | 3,752  |
| Total                          | 16,040 |



# Impact by Age

Across age groups, similar proportions of people will decrease, stay the same, or increase in level. However, needs seem to increase more as age increases.

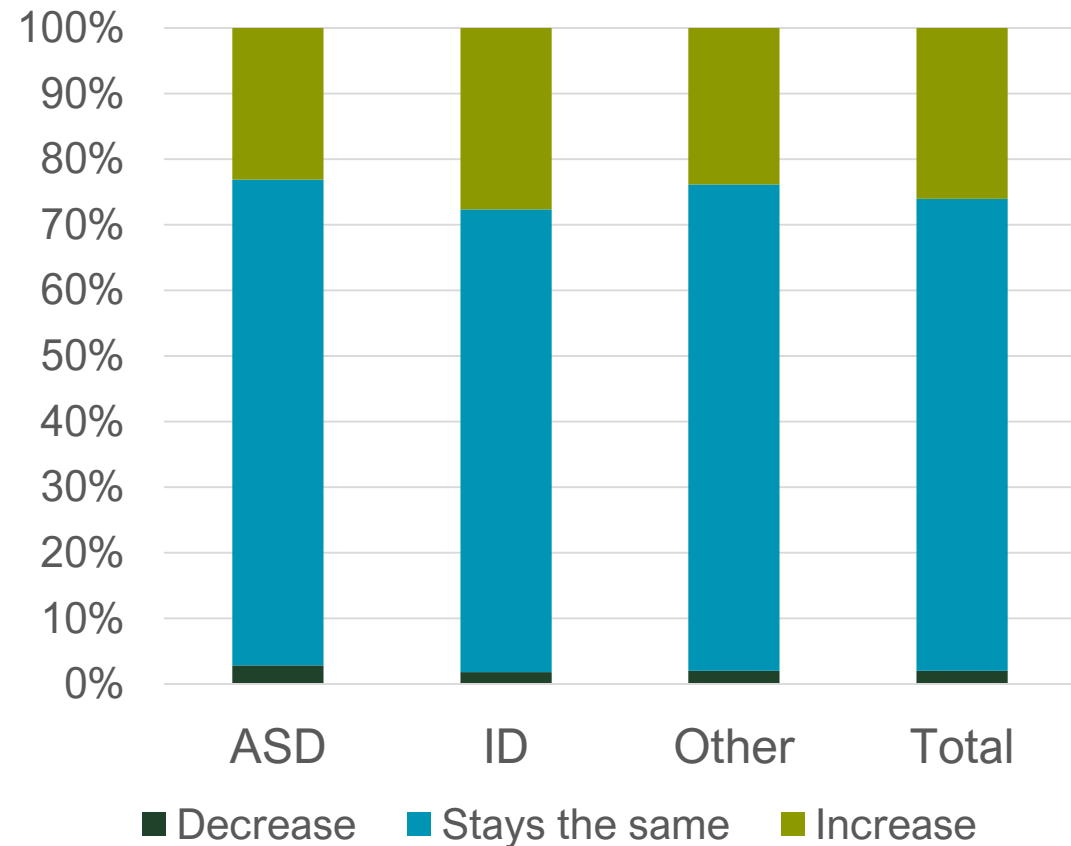
| Age group    | n            |
|--------------|--------------|
| Up to 23     | 661          |
| 23 - 34      | 1,337        |
| 35 - 49      | 1,042        |
| 50 - 64      | 983          |
| 65+          | 442          |
| <b>Total</b> | <b>4,465</b> |



# Impact by Disability Type

Some slight differences in the impact of level framework changes may be seen across primary diagnosis as well

| Primary diagnosis | n      |
|-------------------|--------|
| ASD               | 2,597  |
| ID                | 9,760  |
| Other             | 3,683  |
| Total             | 16,040 |



# Key Takeaways

- Our proposal for general support need levels includes all Section 2 (Support Needs Index) and current Section 3 (Protection and Advocacy) questions
- Most people will remain in the same support level
- The impact of proposed changes so far impact people similarly

# Considerations

- The analysis did not consider the impact of verification on assignment to medical and behavioral levels
- Medical and Behavioral analysis are still underway
- These frameworks are preliminary– more analysis as well as record review may lead to adjustments
- Analysis for tiers has not been conducted yet and may result in changes in how support levels are matched to rate tiers



# After we Complete Analysis

- We will be able to propose new support levels and new criteria for the support levels
- We will review rates for potential changes
- We will test our proposal with a record review and may make adjustments
- We will finalize this model after the record review



# Discussion





# Next Steps

# Timeline



## April-June 2023

- Begin Contract Work
- Background research

## July-Sept. 2023

- Establish Advisory Group
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## Oct.-December

- Continue Advisory Group meetings
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- Test proposed changes
- Recommend final changes
- Complete implementation & communication plan

# What's Next?



- If you're listening in and have used your e-mail for this meeting, we'll add your e-mail to the next meeting invite (optional, of course)
- If you want to ask a question or share feedback, please use this link:  
[https://docs.google.com/forms/d/e/1FAIpQLSc21y4XpMleJZ9AGWtPuiR8c1PeZr5r-luU8raVtq3JYmwsug/viewform?usp=sf\\_link](https://docs.google.com/forms/d/e/1FAIpQLSc21y4XpMleJZ9AGWtPuiR8c1PeZr5r-luU8raVtq3JYmwsug/viewform?usp=sf_link) or scan for the form.



**Questions/Comments**





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# Thank you!

Please use our form for questions/feedback. If you need help related to these meetings reach out Jodi Franck [jfranck@hsri.org](mailto:jfranck@hsri.org)

If you need help from DBHDS, please e-mail [SIS@dbhds.virginia.gov](mailto:SIS@dbhds.virginia.gov)





  
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# Virginia DBHDS SIS-A® 2nd Edition Advisory Group

## Frequently Asked Questions

### Background

Since 2015, DBHDS has used the Supports Intensity Scale® (SIS)® assessment to determine rates for specific services. The SIS assessment is changing and DBHDS has a project to update this model. DBHDS wants to hear from people receiving services and other interested people. DBHDS is working with an advisory group to support this project. The public is welcome to listen in on this advisory group meeting. What follows are answers to frequently asked questions that the project team has received through the advisory group meeting, as well as informational meetings held about this project.

If you have questions or comments that you would like to see addressed in future advisory group meetings, this FAQ, or through other avenues, please submit them using the feedback form here:

[https://docs.google.com/forms/d/e/1FAIpQLSc21y4XpMleJZ9AGWtPuiR8c1PeZr5r-luU8raVtq3JYmwsug/viewform?usp=sf\\_link](https://docs.google.com/forms/d/e/1FAIpQLSc21y4XpMleJZ9AGWtPuiR8c1PeZr5r-luU8raVtq3JYmwsug/viewform?usp=sf_link) or by using the QR code below.



# Frequently Asked Questions

## Questions about the Supports Intensity Scale

### **Q: What is the Supports Intensity Scale (SIS)?**

A: The SIS is a standardized needs assessment designed to measure the pattern and intensity of supports needed by people with intellectual and developmental disabilities (IDD) to be successful in community settings. The SIS was developed by the American Association on Intellectual and Development Disabilities (AAIDD). There are two versions currently being used in Virginia, the SIS-Adult (SIS-A) and SIS-Child (SIS-C) versions. The SIS is a needs assessment, which means that rather than focusing on diagnosis or deficits, it focuses on the support that someone needs.

Hundreds of thousands of SIS assessments have been conducted across the country and internationally. This SIS was normed (creating the standard scores the DBHDS uses to assign individual to levels) based on these assessments of people with disabilities, Research has shown that the SIS is valid and reliable. With strong documented psychometric properties (see for example :

[https://www.aaidd.org/docs/default-source/sis-docs/evidence-for-the-reliabilityandvalidity-of-the-sis.pdf?sfvrsn=7ed3021\\_0](https://www.aaidd.org/docs/default-source/sis-docs/evidence-for-the-reliabilityandvalidity-of-the-sis.pdf?sfvrsn=7ed3021_0)).

### **Q: Why is DBHDS using the SIS?**

A: The SIS is used in many states for a variety of purposes, including demonstrating eligibility for services, informing the person-centered planning process, assigning individuals to tiers, , and setting individual supports budgets. DBHDS selected the SIS to:

- Provide meaningful information about peoples' support needs for person-centered planning (PCP) such as identifying daily living activities that the person can complete independently
- Assign people to a rate tier for shared services according to their support needs so that providers are paid adequately for the intensity of supports that they deliver
- Use data for analysis

### **Q: Why is the SIS is being reviewed at this time?**

A: Recently, AAIDD, the developers of the SIS updated the assessment. These updates include changes to the norming tables for certain sections of the SIS (which impact the standard scores used to assign support levels) and additional questions in the medical and behavioral section. . After reviewing the impact these changes on support levels, DBHDS determined a need to review and update the support levels and rate tiers.

### **Q: What changes were made to the SIS assessment?**

A: In 2023, AAIDD released the SIS-A 2nd Edition with updates including:

- Changes to demographic section
- Addition of 6 new medical questions and adjustments to others
- Addition of 1 new behavioral question
- Changes to the standard scores due to renorming on a much larger sample of assessments than originally normed
- Renaming some sections and subsections
- Rewording some questions for clarity

For more information about these changes, please go here: [https://www.aaid.org/docs/default-source/sis-docs/sis-fags.pdf?sfvrsn=9eda3f21\\_8](https://www.aaid.org/docs/default-source/sis-docs/sis-fags.pdf?sfvrsn=9eda3f21_8). You can also find a video here: <https://www.youtube.com/watch?v=L292mU7tV3I> and here: <https://www.youtube.com/watch?v=gv2c-4k0lwc>.

**Q: When will DBHDS use the SIS-A 2<sup>nd</sup> Edition?**

AAIDD is allowing states to transition from SIS-A to SIS-A 2nd Edition by December 31, 2024 DBHDS is awaiting the outcome of this study before moving forward.

**Q: What information is provided to people participating in a SIS assessment?**

A: When someone is participating in a SIS assessment, DBHDS, via the SIS Vendors, makes available the following information to prepare the person prior to their SIS assessment. The information may arrive via USPS or email:

Initial mailing includes:

- letter from DBHDS
- letter from the SIS vendor
- Virginia SIS Standard Operating Procedures (SOP)
- The SIS and the PCP

The second mailing includes:

- SIS date/time confirmation letter
- VA SIS Satisfaction Survey AAIDD SIS Interview Information for Respondents link (<https://www.aaid.org/sis/sis-a/sis-a-resources>)

Additional information may also be provided by the SIS vendor including information about the assessment process, who should participate, and how to prepare. Information, to include a copy of the SIS Family Friendly Report, may also be found on the DBHDS website (<https://dbhds.virginia.gov/>).

**Q: Is the person required to attend their SIS assessment?**

A: The person is always invited to attend their assessment. At a minimum, the assessor must meet the person, preferably at the beginning of the SIS assessment. The person is encouraged to attend their SIS assessment, however, in some cases it may be difficult for the person to participate in the process. In these cases the person does not have to remain in the SIS assessment.

**Q: What if the SIS was not administered properly?**

A: The person participating in the SIS assessment receives standard operating procedures related to the SIS that outline how the process should be. You can read them here: [https://dbhds.virginia.gov/library/human%20rights/provider%20development/4-24%20dds\\_va%20sis%20appeals%20process%206%2030%2015.pdf](https://dbhds.virginia.gov/library/human%20rights/provider%20development/4-24%20dds_va%20sis%20appeals%20process%206%2030%2015.pdf). If the SOP is not followed the procedure to request a review of the SIS is outlined in the SIS SOP.

**Q: Why is the SIS-A administered every four years?**

A: Each state sets its own policy around how often to administer the assessment. AAIDD recommends that the SIS assessment be administered every three to five years since most people's support needs are

stable for at least 3 years. DBDHS currently reassesses every two, three, or four years depending on the person's age.

**Q: What is the process for reassessment before the four-year reassessment cycle?**

A: When a person experiences a significant and sustained change in support needs for six months or more a request for a SIS reassessment should be submitted outside of the regular SIS assessment cycle (12VAC30-122-200). The person and their support coordinator may fill out a SIS Reassessment Request. The submitted request should explain how needed supports have changed since the most recent SIS and the documentation should support the request found here: <https://dbhds.virginia.gov/wp-content/uploads/2022/12/DBHDS-VA-SIS-Reassessment-Request-8.17.2022.docx>.

**Q: How does the SIS measure support needs for behavioral issues when the person is receiving services to that are helping to mitigate behavioral issues?**

The SIS assessment directly measures behavior support needs. The questions should be answered accounting for the supports that the person needs to be successful in the activity, including managing their behavior. This may include documented exceptional supports to reduce or mitigate behavioral issues.

**Q: How can people who are coming out a state hospital be accurately assessed using the SIS, since their skill may be difficult to assess?**

A: The SIS is intended to assess the support needs of a person. When a person is unable to demonstrate that they can complete an activity or has not had opportunities to engage in the activity, the assessor will ask what supports the person would need to be successful in the activity.

More information about the SIS scoring can be found here: <https://www.aaid.org/docs/default-source/sis-docs/sisfrequencyandscoringclarifications.pdf> and a respondent guide can be found here: [https://www.aaid.org/docs/default-source/sis-docs/sis-a/sis-a-respondent-handbook-july-2021-final.pdf?sfvrsn=59993e21\\_2](https://www.aaid.org/docs/default-source/sis-docs/sis-a/sis-a-respondent-handbook-july-2021-final.pdf?sfvrsn=59993e21_2)

**Q: Is the SIS appropriate for people with developmental disabilities?**

A: The recent effort to re-norm the SIS assessment reviewed data collected from over 100,000 people served by 19 different jurisdictions, with a variety of diagnoses. Many people ask about the SIS assessments ability to measure the support needs of people with autism. A recent article explored this issue and determined that the SIS validly measures the support needs of people with autism.

You can purchase this article here:

<https://www.proquest.com/openview/5ef11091b77f2139e6b62db5e39ba1c9/1?pq-origsite=gscholar&cbl=2032023>

**Q: Can I delay my SIS assessment until these updates are made?**

A: No. Assessments will continue as scheduled.

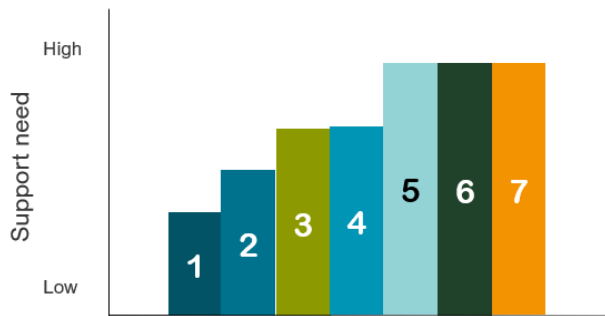
**Q: Can I take my SIS assessment as soon as these updates are made?**

A: No. Assessments will continue as scheduled. Assessments are expected to be completed within 4 years of the transition to the SIS-A 2nd Edition.

## Support Levels

### Q: What are the support levels?

A. Support levels are assigned based on information from the SIS assessment and, in some cases, supplemental questions and a document review verification. People who have extraordinary needs are assigned to the highest support levels. The support levels are shown below. Support levels 1, 2, 4, and 5 are for people who have low to high general support needs. Support level 3 is for people who have relatively modest general support needs, and some behavioral support needs. Support level 6 is for people who have extraordinary medical needs and support level 7 is for people who have extraordinary behavioral support needs.



For some shared services (for example, group home and group day services), support levels are matched to rate tiers that pay providers higher amounts for supporting people with greater needs.

### Q: What are the support level descriptions?

A: Support level descriptions explain the different types of support needs that people assigned to each of the support levels have. These are shown below.

|          |   |
|----------|---|
| <b>1</b> | 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.            |
| <b>2</b> | Moderate Support Needs – Individuals have modest or moderate support needs, but little to no need for medical behavioral supports. They need more support than those in Level 1 but may have minimal needs in some life areas.          |
| <b>3</b> | 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. |
| <b>4</b> | 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 not to above average.   |
| <b>5</b> | 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.                              |
| <b>6</b> | Intensive Medical Support Needs – Individuals have intensive need for medical support but also may have similar support need to individuals in Level 5. They may have some need for support due to behavior that is not significant.    |

# 7

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.

## **Q: How are behavioral and medical issues accounted for in the support levels?**

A: There are two different ways that people may be assigned to the medical and behavioral levels. The first is through their scores on the medical and behavioral sections of the SIS. The second is through document review verification. This occurs based on certain responses to the supplemental questions. Supplemental questions are designed to identify people with potentially extraordinary medical or behavioral support needs.

## **Q: Can all sections of the SIS be used for support levels?**

A: We have conducted analysis on a dataset of nearly 200,000 assessments. This data analysis shows that all sections of the SIS can be used for support levels. Currently the following sections are used to determine support levels.

- 2A. Home Living Activities
- 2B. Community Living Activities
- 2E. Health and Safety Activities
- 1A: Exceptional Medical Support Needs
- 1B: Exceptional Behavioral Support Needs

In the future, DBHDS may continue to use these sections, may use additional sections, or may use the Supports Needs Index (SNI) – a score of all seven subsections of section 2 of the SIS which includes:

- 2A: Home Living Activities (8 items)
- 2B: Community Living Activities (8 items)
- 2C: Lifelong Learning Activities (9 items, future 2D)
- 2D: Employment Activities (8 items, future 2E Work Activities)
- 2E: Health and Safety Activities (8 items, future 2C)
- 2F: Social Activities (8 items)
- 3: Protection and Advocacy Activities (8 items, future 2G Advocacy Activities)








## **Rate Tiers**

### **Q: What are the rate tiers?**

A: The rate tiers are a way to differentiate reimbursement rates for people who receive certain shared services. For the purposes of tiered rates, the seven levels described above are collapsed to four tiers (with levels three and four including individuals with moderate-to-high needs, and levels five, six, and



seven including those with the most significant needs). The support levels and rate tiers are shown below.

|                      |  |   |
|----------------------|--|---|
| Reimbursement Tier 1 |   | <b>Mild Support Needs</b><br>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 |   | <b>Moderate Support Needs</b><br>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 |   | <b>Mild/Moderate Support Needs with Some Behavioral Support Needs</b><br>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.                       |
|                      |   | <b>Moderate to High Support Needs</b><br>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 |   | <b>Maximum Support Needs</b><br>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.  |
|                      |   | <b>Intensive Medical Support Needs</b><br>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.                         |
|                      |  | <b>Intensive Behavioral Support Needs</b><br>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. |

**Q: What services have rate tiers?**

A: The following services have tiered rates:

- Community engagement
- Group day support
- Group home
- Independent living
- Sponsored residential support
- Supported living residential

**Q: Why are some rates funded at 344 days rather than 365 days?**

A: The rates for residential services (Group Home, Sponsored Placement, and Supported Living) are based on a 344-day billing year. This policy was adopted when DBHDS transitioned payments for these services to per diem rates to protect providers against lost revenue due to members' occasional absences. In brief, the rate models calculate the estimated annual (365-day) cost of providing services, rather than dividing by 365, the daily rate is calculated by dividing by 344. The result is that the rates are inflated so that providers are fully compensated for 365 days of service over 344 billing days.

This approach was discussed in greater detail in response to public comments submitted in response to a 2014 rate study, which you can find here:

<https://dbhds.virginia.gov/library/developmental%20services/dds%20waiver%20rate%20models%20public%20comments%20and%20responses%202015%20april%2023.pdf>; see comment 35.

**Q: Will these changes require legislative changes, and a related appropriations request?**

A: This depends on the actual changes that are recommended following the conclusion of this project.

## Questions About the Advisory Group

**Q: What is the advisory group?**

The advisory group is supporting this project. They attend meetings to:

- Hear about our upcoming plans for this project
- Provide ideas and feedback about this project and what we recommend
- Ask questions
- Review our analysis and recommendations
- Help us make sure that our plans work for people receiving services, their families, advocates, support coordinators, and providers

We will hold eight meetings total, from September 2023 through April 2024 for 90 minutes to two hours per meeting.

**Q: Who is part of the advisory group?**

A: There are 20 members in the advisory group. There is one self-advocate, four family members, two advocates, four providers, five Community Service Board representatives, two representatives from the Department of Medical Assistance Services (DMAS) and two representatives from DBHDS.

**Q: How was the advisory group formed?**

A: An open call for advisory group members was shared through DBHDSs' e-mail blasts at the beginning of this project. Members who met specific parameters were randomly selected for participation. There are no current openings for advisory group members.

**Q: How can I give feedback about this project?**

A: You are welcome to listen in to advisory group meetings they are announced in advance on the Virginia Regulatory Town Hall Website (<https://townhall.virginia.gov/l/meetings.cfm>) These meetings offer opportunities for everyone to provide feedback. You can also submit questions or comments to our feedback form here: [https://docs.google.com/forms/d/e/1FAIpQLSc21y4XpMleJZ9AGWtPuiR8c1PeZr5r-luU8raVtq3JYmwsug/viewform?usp=sf\\_link](https://docs.google.com/forms/d/e/1FAIpQLSc21y4XpMleJZ9AGWtPuiR8c1PeZr5r-luU8raVtq3JYmwsug/viewform?usp=sf_link) or by using the QR code above.