Virginia DBHDS
SIS-A 2nd Edition Informational Meetings

People Receiving Services and Families, Support

Details

- Provider Meeting: May 29th 2024 from 11:00am-1:00pm EST
- Support Coordinator Meeting: May 29th 2024 from 1:00pm-3:00pm
- People Reciving Services and Family Meeting: May 31st 2024 from 1:00pm-3:00pm

Facilitators:

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Agenda

1. Welcome and introductions to project team
2. Overview of project
3. Preliminary support levels
4. Preliminary rate tiers
5. Recommendations
6. Q&A
7. Next steps and survey

Meeting Minutes

1. **Welcome and introductions to project team.**
    - Founded in 1976, the Human Services Research Institute (HSRI) is a national non-profit improving the availability and quality of supports for vulnerable populations, including children and adults with disabilities.
        - We believe that all people and their families have the right to live, love, work, play and pursue their life aspirations in their community.
    - Since 2006 HMA–Burns & Associates has worked with states on the redesign of health care delivery and payment systems.
        - Offers consulting services to states, related to Medicaid services.
        - HMA–Burns offers customized, innovative approaches to the financing and delivery of healthcare and human services.
    - Virginia Department of Behavioral Health and Services

    - Mission: A life of possibilities for all Virginians.
    - Vision: Supporting individuals by promoting recovery, self-determination, and wellness in all aspects of life.
- In Today's Meeting:
    - DBHDS wants to collaborate with people who are interested in this project!
    - We will discuss the preliminary support level/tier model for specific DBHDS services and provide updates on our project. We also hope to answer questions and get feedback.
    - The Human Services Research Institute (HSRI) and our partner HMA–Burns are supporting DBHDS in this project.

2. Overview of project

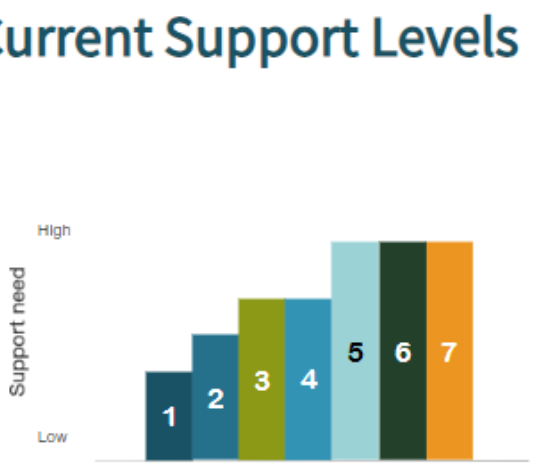
- In 2013, HSRI and our partners, Burns & Associates, were contracted to work with DBHDS to develop support levels and rate tiers for people using waiver services on all three waivers.
- We developed a support level model that relies on results from the Supports Intensity Scale® (SIS®), supplemental questions, and a document review verification process (for some people) to assign each person to a support level.
- There are tiered rates for some services, primarily shared supports, which pay providers higher amounts when they serve people with higher needs to account for the costs of more intensive staffing. Support levels determine the rate tier.
- What do you need to know?
    - DBHDS is going to continue using the SIS assessment for rate tiers.
    - People are assigned to a support level based on Supports Intensity Scale® (SIS-A®) scores, along with the supplemental questions, and document review verification for some people.
    - The SIS is changing. It has been re-normed, along with other changes. These changes are called the SIS-A® 2nd Edition. These changes require us to update the current support level/rate tier model.
    - DBHDS is using advance questions before transitioning to the SIS-A® 2nd Edition.
    - We are planning to recommend changes to the support levels/rate tier model at the end of this project.
- Project Activities
    - Consult people.
        - Advisory group
        - Key informant interviews
        - Engagement sessions
    - Analyze changes to support levels/rate tiers.
        - Review supplemental questions and verification process.
        - Analyze the new SIS scoring and the advance questions.
        - Analyze the rate tiers.

        - Test out the proposed changes with a record review.
    - Recommend changes to support levels/rate tiers.
        - Propose final recommendations.
        - Develop a transition plan.
        - Develop a communication plan to help support the implementation.
- Timeline Updates
    - We are extending the project slightly from ending in April to ending in June.
    - We have rescheduled one advisory group meeting (from March to May)
    - Implementation of the SIS-A® 2nd Edition is tentatively scheduled to begin **October 1, 2024**. After the SIS-A® 2nd Edition is implemented, it will take about four years for everyone to get assessed and receive a new support level and/or rate tier, as applicable. Until October 1, 2024, people will continue to participate in the SIS as scheduled and will not be reassessed until their next assessment is due or they qualify for a reassessment.

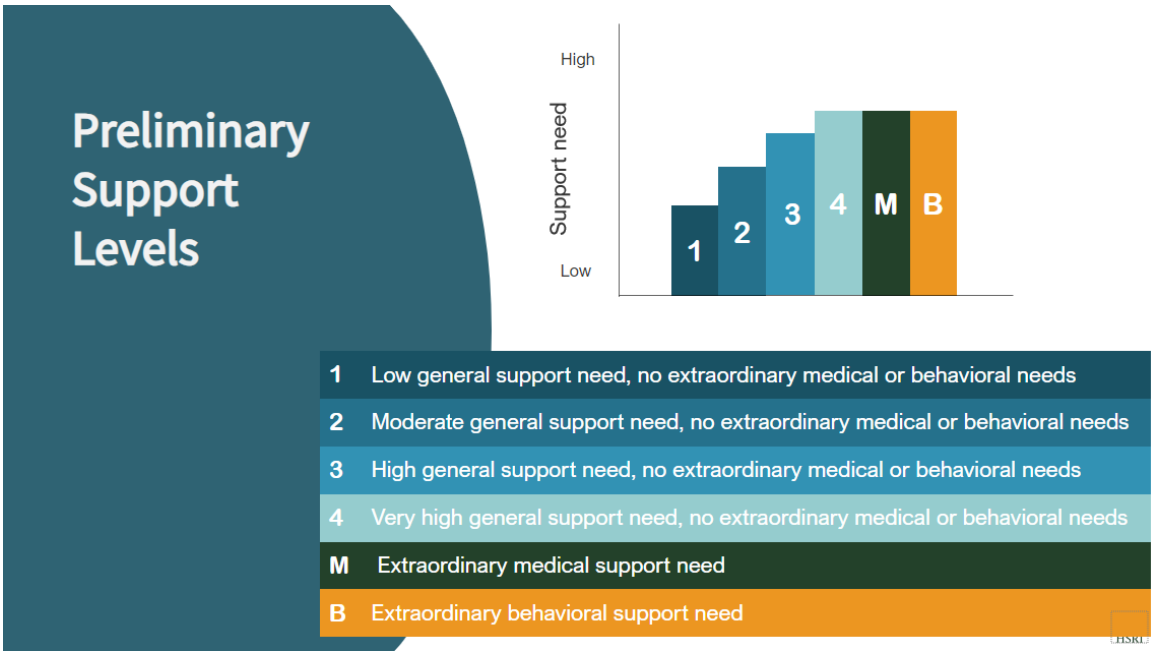
3. Preliminary support levels

- Getting a support level.
    - 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, work, health and safety, social activities, and advocacy.
    - SIS-C measures support needed for home living, community & neighborhood, school participation, school learning, health & safety, social activities, and advocacy.
- Supplemental Questions
    - SQs ask about severe medical and safety risks, and risks of self-injury.
    - SQs are used to indicate that someone may have extraordinary needs.

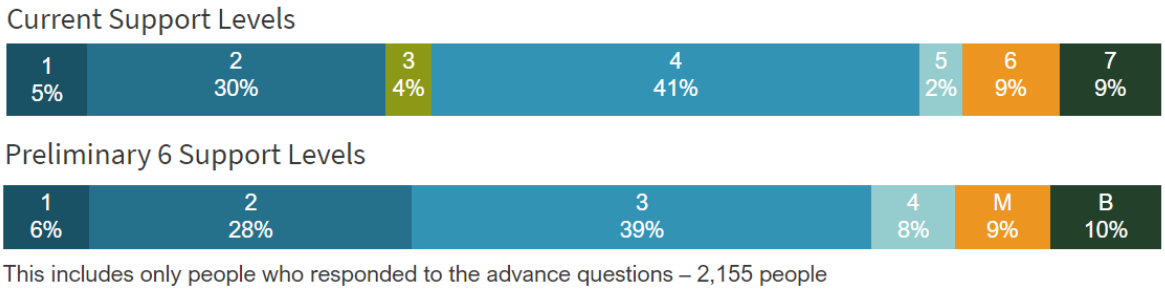
    - SQs indicate whether someone requires document review verification.
- Document Review Verification
    - Verification is a process to confirm what is reported in the SIS assessment including extraordinary medical/behavioral needs that are indicated in supplemental questions.
    - Records and documents are reviewed by a committee that confirms responses to the SQs.
    - People who have extraordinary needs are assigned to the highest support levels, and this is a process that they can be assigned to those levels outside of their score on the SIS-A or SIS-C.
- Current Support Levels



- Data Analysis
    - We had demographic data from17,459 people receiving services from 7/1/21 to 6/30/23.
    - We had 17,178 SIS-A® assessments conducted between 1/1/18 and 12/15/23.
    - We rescored assessments by applying SIS-A® 2 Edition norming to subscale scores.
    - Medical and Behavioral levels were developed separately using data on advance questions:
    - 2,151 people had responses to advance questions, 854 people reported having at least some supports needs related to one or more of the new medical questions.
    - 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.
- Preliminary Support Levels



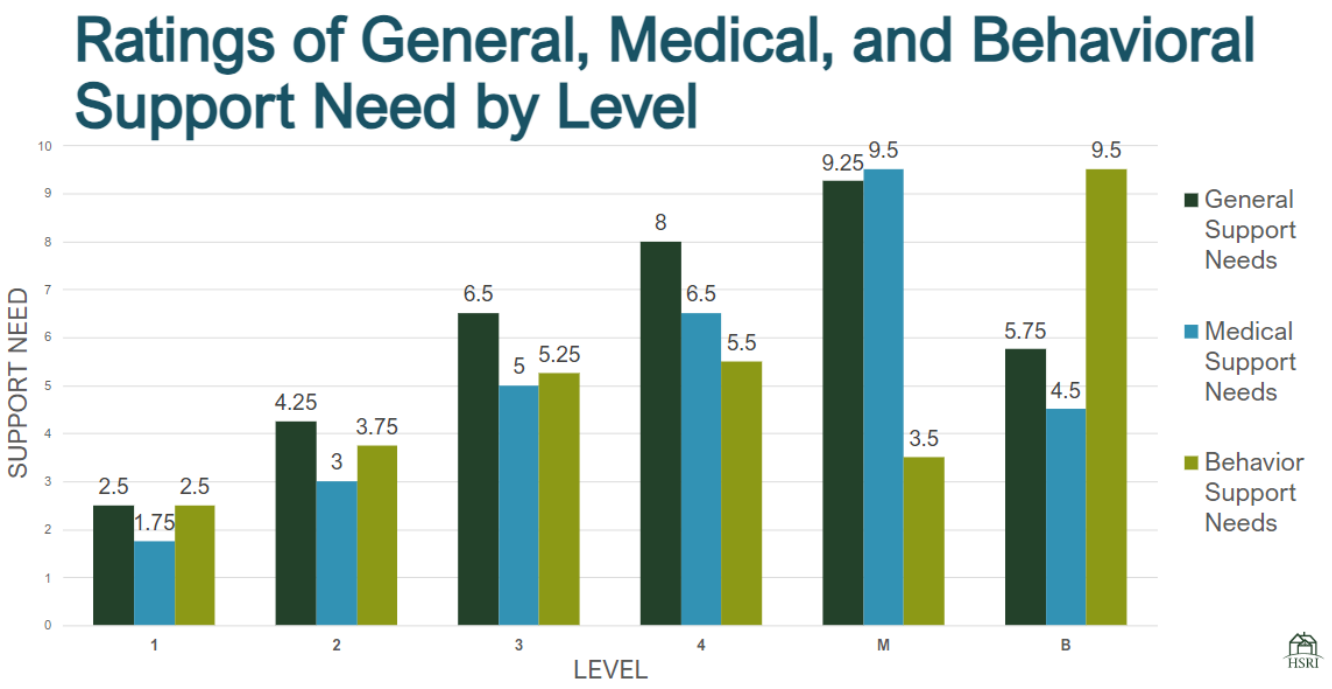
- Support Level Distributions



This includes only people who responded to the advance questions – 2,155 people

- How did we test the support levels to ensure they would serve peoples' needs?
  - We conducted a record review to confirm whether the preliminary model fits the needs of people receiving services.
  - We reviewed records for 127 people who receive services.
  - The people whose records were reviewed included people across living settings and who receive tiered rate services.
  - We met onsite with 19 reviewers who reviewed records before we met in person.
  - We facilitated discussion with small teams about each person's record and answered questions about the support needs of each person.
  - Teams did not know the support levels that each person had been assigned until they had answered initial questions about their support needs.
- What we learned from this process.
  - Overall general support needs increase in support levels 1-4 and the medical level

- The medical level was rated the highest for medical support needs.
- The behavioral level was rated the highest for behavioral support needs.
- No strong indicator for adjusting any further based on record review results, which is good, because it means we found what the data suggested we would find.



- Our Analysis Supports:
  - Using all sections and subsections of the SIS, including the Support Needs Index (SNI).
  - Using 4 General Support Needs levels, with separate medical and behavioral levels, as in the current model.
  - Keeping the behavioral criteria the same, even though one additional question will be included in the score.
  - Adjusting the medical criteria higher and including all items in the SIS Section 1A, which means 9 additional questions are included in the score.
- Key Takeaways from this Proposal
  - Our proposal for general support need levels includes all sections and subsections of the SIS-A® 2nd Edition.
  - Most people will remain in the comparable support level. If this framework was implemented, we expect that:
    - About 74% of people would stay in the comparable support level
    - 8% of people will decrease in support level.
    - 18% of people will increase in support level.

- The proposed changes impact people similarly (across waiver type, disability type, and age).

4. Preliminary rate tiers
   - Getting a rate tier
     - For services with tiered rates, the person's tier is based on their assigned support level
     - The following services have tiered rates:
       - Community engagement
       - Group day support
       - Group home
       - Independent living
       - Sponsored residential support
       - Supported living residential
     - These are all group services, which are the only services that need a rate tier.
     - To ensure those with higher needs have access to services.
   - Current Rate Tiers

Current Rate Tiers

Tier	Level	Description
1	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.
2	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.
3	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.
3	4	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.
4	5	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.
4	6	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.
4	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 enhances supports due to behavior.

HSRI

     - For the purposes of provider rate tiers, we have 4 tiers.
     - Each level within the rate tier has a similar level of need in terms of staffing ratios.
   - Data Analysis
     - We had demographic data from 17,459 people receiving services from 7/1/21 to 6/30/23.

- We had claims data from 17,459 people receiving services from 7/1/21 to 6/30/23 including:
  - Amounts paid for all tiered rate services.
  - Current tier assignments.
  - Current rates.
- We repriced the claims based on the tiered services people are currently using by assigning the support level they would be assigned to under the proposed model.
- We assigned tiers by matching preliminary support levels to preliminary tiers in the same way that they are matched today.
- We analyzed the fiscal impact of preliminary changes.
- We had to determine if there were significant enough changes to the population in each tier to change staffing ratios and rate tiers. We determined that there is not a significant change, so rates will not be changing as a result of this project.

Tier	Support Level	Support Level Descriptions
1	1	Low general support need, no extraordinary medical or behavioral needs
2	2	Moderate general support need, no extraordinary medical or behavioral needs
3	3	High general support need, no extraordinary medical or behavioral needs
4	4	Very high general support need, no extraordinary medical or behavioral needs
4	M	Extraordinary medical support need
4	B	Extraordinary behavioral support need

- As a result of this analysis, we are not proposing any significant changes to how we're translating the levels to rate tiers, either. The highest support levels, (levels 4, M, and B), will continue to be in the highest rate tier. Assigning support levels to rate tiers will be the same as it is today.
- Most people who receive tiered services stay in the same level.
- With the restructuring of the support levels, the large majority of people stay where they are. If there are changes to someone's assignment, it is more likely to be an increase in support level than a decrease.
- Overall spending will increase for the state.

- Key Takeaways
  - Support levels will be matched to the same tier as today.
  - After completing the SIS-A 2nd Edition most people will remain in the same tier as today.

    - Most providers delivering tiered services will experience an increase in total payments, but the impact varies by provider due to how tiers will change for the people that they serve.
    - Once everyone has transitioned to the SIS-A® 2nd Edition, total annual spending on tiered services will increase.

5. Recommendations

- How we formed recommendations:
    - Data analysis
    - Key informant interviews
    - Review of policy/documents
    - Lessons learned from other jurisdictions
    - Feedback from this Advisory Group
    - Feedback from informational meetings
- Our recommendations, transition plan, and communications plan aren't finalized currently. As we finalize, we may add to or alter what we share today.
- Assessment
    - Scheduling Assessments
        - Assess the same approximate number of people per year. There is some variance in how many assessments are done each year. This will be important as many more people will be added to the waiver in the coming years.
    - Assessment Process
        - Convey expectations for people and families to speak up.
        - Encourage people who know the person best to attend.
    - Supplemental Questions
        - Reduce and simplify SQs. We are recommending moving from four supplemental questions to two supplemental questions to ensure that the questions are clear to answer and are getting the right information.
        - Strengthen document review verification.
    - Using the SIS
        - Monitor Risk Assessment Tool (RAT) alignment with SIS. The RAT is an annual assessment, while the SIS is typically administered every 4 years. So, if there are confirmed changes to the support needs that are found during the RAT, a process to request a reassessment may be needed.
        - Integrate SIS into Person-Centered Plan. This is already outlined in regulation, but we want to ensure that the right people have access to this information.
    - System Analysis and Evaluation
        - System Analysis
            - Track system metrics.
            - Track implementation.

            - Use support levels/rate tiers to track specific initiatives or requirements.
        - Evaluation
            - Consider ongoing evaluation.
            - Time evaluation with other efforts.
- Transition
    - Adjust policy, particularly references described in waivers and regulations.
    - Implement support levels and ensure that all systems are updated.
    - Test support levels to ensure that they are accurate.
    - Secure Funding
- Communication
    - Communicating changes
        - General communications outlining changes that are plain language and simple to understand.
        - Ensure that changes to the support level labels are clearly communicated to prevent confusion.
    - Education
        - Provide education to people receiving services and their families, support coordinators, providers, and others.
- Not Recommending Changes To:
    - Current children's support levels.
    - Standard Operating Procedure (SOP) in the SIS.
    - SIS reassessment request process (except to ensure that reassessments are sought when there are confirmed changes documented in the RAT)
    - Customized Rate Process.
    - SIS appeals. We believe all the avenues that are currently available are adequate to address any concerns that may arise around the SIS assessment.

6. Q+A

5/29 Providers

- If you have a person with level 6 and tier 4 right now and have not requested a customized rate, are you still required to provide staff of 1 staff to no more than 2 clients?
    - When we developed the rate model, we assumed at 1:2 ratio, which is the average ratio for people in that level. However, most day programs have a mix of individuals. The rate model is meant to provide an average staffing ratio that may be appropriate but is not an exact requirement for providers.
- Is everyone's current SIS score getting adjusted to the new scoring system until they are reassessed over the next four years?

- No, the scoring will not go into effect until the person takes a SIS-A 2nd Edition, which will be their next regularly scheduled assessment, and it will not start until October 1, 2024, at the earliest.

5/29 Support Coordinators

- I think when talking about social life you should consider the geography such as rural or urban in the SIS assessment.

5/31 People receiving services and family

- Can you explain why there will be an 18% increase in support level?
  - The increase is related to changes to the scoring of the SIS assessment itself as well as changes to the support level criteria made through this project.
- Are the criteria within the assessment changing? Is it possible for the same behaviors/support needs to be assigned a lower level now?
  - The criteria are changing, and it is possible for some people to be assigned a lower support level now. However, most people will be assigned to a higher support level.
- If an individual is reassessed and score under support level M, will the staff ratio need to change?
  - The rate model is meant to provide an average staffing ratio that may be appropriate but is not an exact requirement for providers.
- People with behavioral needs require specialized staff, not just "2-to-1" ratio. I imagine the same for medical need individuals.
  - The rate model is meant to provide an average staffing ratio that may be appropriate but is not an exact requirement for providers. It includes assumptions about staffing ratios and training.
- If an individual requires total care with two staff assistance and is currently rate tier 3, the rate is very low.
- Is everyone's current SIS score getting adjusted to the new scoring system until they are reassessed over the next four years?
  - As is current practice, each person will keep their current support level until their next regularly scheduled assessment. Current assessments will not be rescored.
- Which states have an appeal process for challenging scores?
  - We are not aware of states that have an appeal process related to the scoring of assessment used for rate tier assignments.
- What justified the medical criteria being changed and the behavioral did not need to be adjusted?
  - The impact of the changes to the behavioral section were not as significant, with only one question added to the behavioral section, rather than 6 questions added to the medical questions.
- How many people will be assigned to lower levels?

    - According to our analysis, approximately 8% of people will be assigned to a lower support level then today.
- Do you think that labeling someone with an "M" or a "B" can impact their ability to obtain placement or create some sort of implicit bias when exploring linkage to services? Is it possible to utilize numerical values so that individuals are not labeled based on their type of support needs?
    - We heard from our advisory group members and others that they favored the labels “M” and “B”. If someone perceives that their placement is affected by these labels, they should reach out to DBHDS.
- Are assessors being trained in the new assessment?
    - Yes, all assessors are receiving training in the new assessment.
- I am concerned that only 127 peoples records were extensively reviewed. How many people with Autism were reviewed?
    - In addition to the 17,459 records that we used in our data analysis, we did a qualitative analysis that included records from 127 people. This smaller amount was chosen so that we could engage in an in-depth review of each person’s support needs using a wide variety of records to confirm that the support levels that they would be assigned to matched their needs.

7. Next steps and survey
    - What’s Next?
        - Finalizing recommendations, transition plan, and communication plan
    - If you want to ask a question or share feedback, please use this link: https://docs.google.com/forms/d/e/1FAIpQLSc21y4XpMIeJZ9AGWtPuiR8c1PeZr5r-IuU8raVtq3JYmwsug/viewform?usp=sf_link.
8. Adjournment