

Virginia DBHDS SIS-A 2nd Edition Advisory Group

Meeting 3

Details

Date: November 30, 2023

Time: 11:00am

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

Advisory Group Attendance: Maureen Kennedy, Sue Shire, Angela Adkins, Amanda Morrill, Ann Flippin, Jessica Swanson, Kristy Hall, Catherine Wilson, Alice Robinson, Ken Haines, Jason Perkins, Lauren Zelder, Lucy Cantrell

Members of the public also attended this meeting.

Agenda

1. Informational Meetings
2. SIS Advance Questions
3. Medical and Behavioral Levels
4. Next Steps

Meeting Minutes

1. Informational Meeting Updates
 - a. This month HSRI and our partners, Burns & Associates held informational meetings with:
 - Service Recipients & Families on November 16th, 2023, from 2:00-3:45ET
 - There were about 20 participants
 - Support Coordinators on November 16th, 2023, from 10:00-11:45ET
 - There were about 61 participants
 - Providers on November 15th, 2023, from 11:00-12:45ET
 - There were about 63 participants
 - We received, and answered, several questions
 - Videos will be posted to DBHDS's YouTube:
<https://www.youtube.com/c/VirginiaDBHDS>

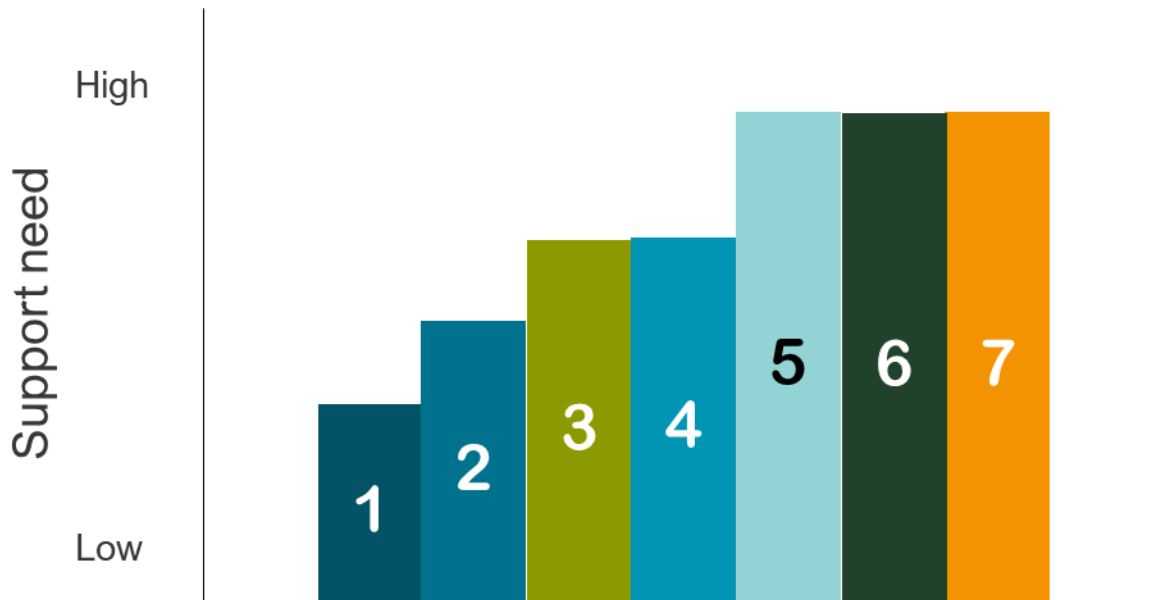
- b. In informational meetings, we asked: What is working well with the support levels and rate tiers?
 - Equitably support different needs
 - Allow people to receive services that match their needs
 - 3rd party interviewers are unbiased
 - Captures lower support needs and behavioral supports needs well
 - Helps with financial planning
- c. In informational meetings, we asked: What what challenges are there with the current support levels and rate tiers?
 - Concerns about consistency
 - Reassessment process can be difficult, providers may seek reassessment if they believe higher tier is needed
 - Timeliness of tier changes can be difficult
 - Staffing issues are challenging (number of staff, finding available services, paying for services when tiered services are not available)
 - Sometimes tiers don't match needs, providers may be unlikely to serve
 - Customized rate process is complex
- d. In informational meetings, we asked: What would make the support levels or rate tiers work better?
 - More services using tiers
 - Secondary review of assessments
 - Consistency among assessors
 - Want more transparency on how tiers are determined and need more education about tiers
- e. We asked meeting participants: Is there anything that you want to comment on or want to add to these responses?
 - How do behavioral and medical issues affect the score?
 - I think the re-assessment question-goes to possible responder communication not conveying information or the assessor not interpreting the concerns as significantly as they should be
 - People contributing to the assessment are encouraged to compare the individual being rated someone who is "normal" this implies the individuals being assessed are not normal.

2. SIS and Advance Questions

a. Supports Intensity Scale

- Supports Intensity Scale® (SIS) Adult (SIS-A) is developed by the American Association on Intellectual and Developmental Disability (AAIDD)
- SIS-A measures support needed for:
 - 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)
- 1A: Exceptional Medical Support Needs (19 current items)
- 1B: Exceptional Behavioral Needs (13 current items)
- Current Use of the SIS
 - SIS scores are used to assign everyone who takes a SIS assessment a support level, along with the supplemental questions, and document review verification for some people
 - Currently, people are assigned to support levels using sections:
 - a. 2A. Home Living Activities
 - b. 2B. Community Living Activities
 - c. 2E. Health and Safety Activities (future 2C)
 - d. 1A: Exceptional Medical Support Needs (25 future items)
 - e. 1B: Exceptional Behavioral Support Needs (14 future items)
 - In the future, DBHDS may continue to use these sections, may use additional sections, or may use Supports Needs Index (SNI) – a score of all seven subsections of section 2 of the SIS
- The SIS-A 2nd Edition
 - DBHDS is using advance questions, rather than switching to the SIS-A 2nd Edition now
 - a. There are 6 medical advance questions
 - b. There is 1 behavioral advance questions
 - c. DBHDS has collected over 1,500 advance questions
 - d. Advance questions will support HSRI to update the support level framework
- Current 7 Levels



○ Level Descriptions

- 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 **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.
- 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.
- 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 not to above average.
- 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.
- 6 **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.

3. Medical and Behavioral Levels

a. Medical and Behavioral Levels

- 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
 - Having answers to supplemental questions confirmed by the document verification committee
- Medical and behavioral levels are reserved for people with the highest medical and behavioral support needs

- People in reimbursement tier 4 are assigned to the highest general support needs level, medical level, or behavioral level
- b. We asked meeting participants: How do you feel providing people multiple ways to get into medical and behavioral levels?
 - Yes to more than one path
 - What about using standardized behavior measures?
 - I don't know how the algorithm works but I think as much clarity as is needed to get adequate support for individuals with extreme behaviors and medical needs is necessary.
 - I think this is a good idea, but am worried about timeline. How long would the secondary review take, and would people have access to waiver services through that review process?
 - If things change within the 4 years there should be an easier way to update SIS
 - I think that providing two separate paths is appropriate
 - Having a more defined and consistently applied time frame on assessing those needs to ensure they're accurately reflected Do you have any additional ideas about how to make sure that people with medical and behavioral needs are identified?
- c. Supplemental Questions
 - There are 4 different supplemental questions
 - 1 question for medical that is used to identify people for the medical level
 - 2 questions for community safety risk that are used to identify people for the behavioral level
 - 1 question for risk of injury to self that is used to identify people for the behavioral level
 - Supplemental questions relate to SIS items
- d. Medical Support Level Description
 - Level 6-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.
- e. We asked meeting participants: What words or phrases would you use to describe the needs of people in the medical level?
 - Critical
 - Fragile
 - At risk
 - Constant monitoring
 - Fall risk

- Skin breakdown
 - Acute
 - Chronic
 - Complex
 - intense
- f. Behavioral Support Level Description
- Level 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.
 - Level 7- 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.
- g. We asked meeting participants: What words or phrases would you use to describe the needs of people in the behavioral level?
- Risk
 - Isolation due to behavior
 - Elopement
 - Property destruction
 - Resulting in hospital
 - Ongoing crisis
 - Risk to others
 - High risk
 - Episodic
 - Violent
 - Suicidal
 - Destructive
- h. We asked meeting participants: What do you think of having a separate level for people who have lower general support needs, but similar behavioral support needs?
- Relevant to many young adults
 - If the behavioral needs end in harm to the individual or others or property then they should be recognized. But if not medical or police are involved - I don't think the supports need to be separate.
 - Does separate level mean a lower level?
 - I see this level applying to many, so yes
 - Leave Level 3
 - It's an important category

- Having a separate level for behavioral needs would be significant! We have many people with very basic support needs but their behaviors are extremely challenging
- Good idea because it is more difficult and more costly to support people with challenging behaviors
- Yes, it would be helpful to break it up
- i. Supplemental Questions-Medical
 - The medical supplemental question asks about supports identified in the SIS that relate to significant medical needs such as as inhalation or oxygen therapy, suctioning, protection from infectious diseases, and so forth, as well as medical support needs not addressed in the SIS. The medical supplemental question asks about:
 - Medical plans in place
 - Professional supervision required
 - Amount of support required
- j. Regarding Medical supplemental questions we asked meeting participants:
 - Are there specific examples or questions that are important to include?
 - Examples should include presentation measures to help prevent or mitigate medical decline.
 - Level of support need"
 - How challenging it is to access care and supervision needed due to their location, transport, etc
 - Any medical procedure that is above "first aid" level. Could be blood sugar, peg tube, or other regular protocols (blood pressure), changing bandages.
 - A response such as an increase in professional supervision or medical support
 - specifying medical vs non medical level of supports needed is very important
 - Amount of time staff (non medical) spend providing the support to get at whether extraordinary or not.
 - If they cannot identify changes for themselves.
 - The frequency and duration of support
 - Specialized equipment or training needed
 - Is the medical condition short term, long term, progressive decline"
 - Eligible for skilled nursing
 - Non-medical or medical staff have to provide the support
 - Should there be any changes to the questions to make sure they identify who has needs?

- Non-medical or medical staff have to provide the support
 - What types of answers would indicate that a person might need extraordinary support?
- k. Supplemental Questions-Community Safety Risk
 - The community safety risk supplemental questions ask about supports identified in the SIS that relate to significant safety needs such as fire setting or arson, sexual aggression, assault, and so forth, as well as safety support needs not addressed in the SIS. The community safety risk supplemental questions ask about:
 - Whether the person has been convicted of a crime or has ongoing legal obligations
 - Whether the actions raise to the level of potential criminal activity
 - Direct supervision or modifications to the home
 - Amount of support required
- l. Regarding community safety risk supplemental question we asked meeting participants:
 - Are there specific examples or questions that are important to include?
 - Opening vehicle doors when vehicle in motion; bolting/running into traffic
 - Could the individual be left alone for any amount of time without harming themselves or property? (ex: without a caregiver within 10 ft.)
 - Is care team regularly concerned about major injury or death to person due to community safety concerns?
 - Frequent leaving without support, not following through medical or psychiatric orders
 - What other areas of risk exist within the community for this individual? If this individual was in the community what supports would be necessary to prevent criminal activity or potential arrest?
 - Level of interventions that are needed to be in place to keep them safe, ex environmental modifications
 - Can they be left alone? If not, what could happen? Is there history that would put them at risk if left alone in the community?
 - Would criminal history prevent them from accessing support or services?
 - Are there additional supports or services needed that are not available under the waiver to address this need?
 - What types of answers would indicate that a person might need extraordinary support?

- A response that includes having to go to Human Rights to put some things in place that may violate their rights but keep them safe
- m. Supplemental Questions-Risk of Injury to Self
- The risk of injury to self supplemental question asks about supports identified in the SIS that relate to significant safety needs such as self-injury or suicide attempts, as well as safety support needs not addressed in the SIS. The risk of injury to self supplemental questions asks about:
 - Whether the person requires supervision
 - Prevention an intervention plans
 - Amount of support required
- n. Regarding risk to self supplemental question, we asked meeting participants:
- Are there specific examples or questions that are important to include?
 - Experiencing more individuals with serious substance abuse challenges. This would be helpful to specify in this section as a support need
 - Requiring protective equipment or blocking, requiring environmental modifications to prevent self injury, caregivers being injured trying to prevent SIB
 - Assess individual's awareness of what could be harmful to them. Do they have any understanding of what is safe vs. potentially harmful to them?
 - BSP history questions, do they have one and why
 - Requiring 911 intervention
 - This needs to include preventative measures to help prevent self injury not just active self injury.
 - Number of previous suicide attempts, hospitalizations, have there had to be safety restrictions in the past, BSP, etc
 - Do they need supervision when sleeping? (Will they wake up and do unexpected actions that will harm them inadvertently or specifically?)
 - Trauma
 - What types of answers would indicate that a person might need extraordinary support?
 - Extraordinary need would need to be determined from level and amount of intervention needed.
 - Again, if the intervention or support needed has to be approved by Human Rights. That would indicate high needs

- o. We asked meeting participants, are there any areas of support missing that we should be asking supplemental questions about? If so, what areas are missing?
 - o Substance abuse
 - o Trauma history, how many “placements” over the years?
 - o Do persons needs make it very hard or impossible to hire and retain qualified support staff?
 - o More around general cognitive ability.
 - o Could they cover any other area of the individuals life that impacts support needs/ability to receive support need more support?/etc.?
 - o Mental Health Concerns
 - o Individual preferences that may not be available to them.
 - o Have it more aligned with the questions on the RAT
 - o Substance abuse
 - o Psychiatric hospitalization/needs"
 - o Social isolation
 - o Family involvement
 - o A communication section
 - o Mental health and impact of decision making
 - o Communication needs

4. Next Steps

- a. 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)
- b. 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 or scan for the form.