Details

Date: January 12, 2024

Time: 3:00pm

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

Advisory Group Attendance: Maureen Kennedy, Sue Shire, Amanda Morrill, Ann Flippin, Kristy Hall, Catherine Wilson, Ken Haines, Jason Perkins, Lucy Cantrell, Jackie McKean, Shantel Ball, Nicole DeStefano

Members of the public also attended this meeting.

Agenda

1. Revisiting Where We Are
2. Preliminary Analysis Findings
3. Discussion
4. Next Steps

Meeting Minutes

1. Revisiting Where We Are
   a. Consult People
      o Advisory Group
      o -Key Informant Interviews
      o -Informational Meetings
   b. Analyze Support Levels/Rate Tiers
      o Review Supplemental Questions and Verification
      o Analyze New SIS Scoring/Advanced Questions
      o Analyze the Rate Tiers
   c. Test Out Proposed Changes with Record Review
   d. Recommend Changes to Support Levels/Rate Tiers
      o We will propose final recommendations in a written report
      o We'll propose a transition plan
      o We'll propose a communications plan

e. We will be finishing up most of the project activities from now until April and will be sharing with the advisory group as well as informational sessions later.

2. Preliminary Analysis Findings

   a. Current Use of the SIS

      o 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.

      o Currently, people are assigned to support levels using sections:

         • 2A. Home Living Activities
         • 2B. Community Living Activities
         • 2E. Health and Safety Activities (future 2C)
         • 1A: Exceptional Medical Support Needs (25 future items)
         • 1B: Exceptional Behavioral Support Needs (14 future items)

   b. Current Medical and Behavioral Levels

      o Medical and behavioral levels are reserved for people with the highest medical and behavioral support needs

      o People can be assigned to medical and behavioral levels in two different ways.

      o 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
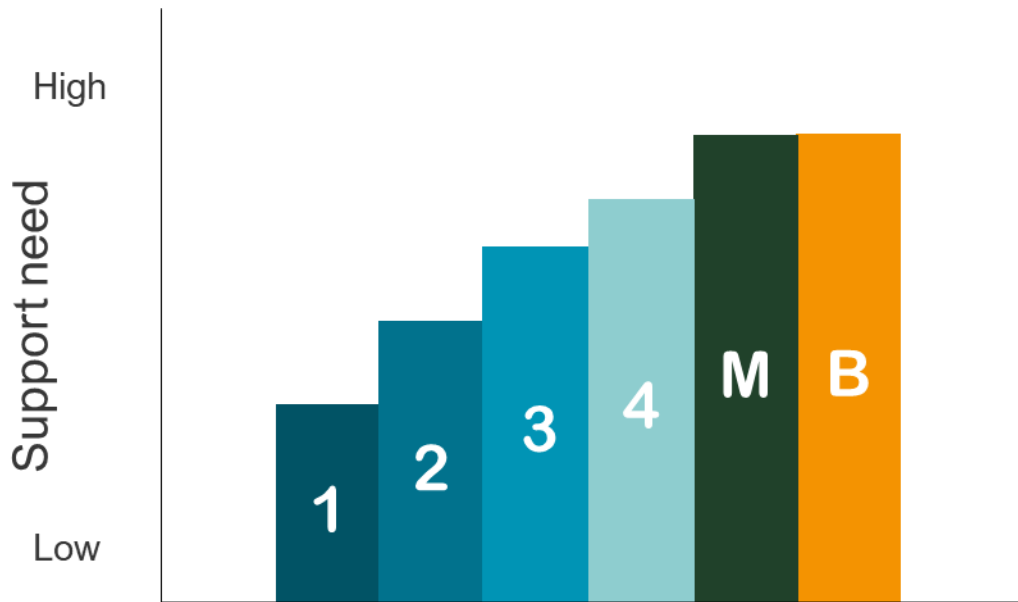
   c. Current Support Levels
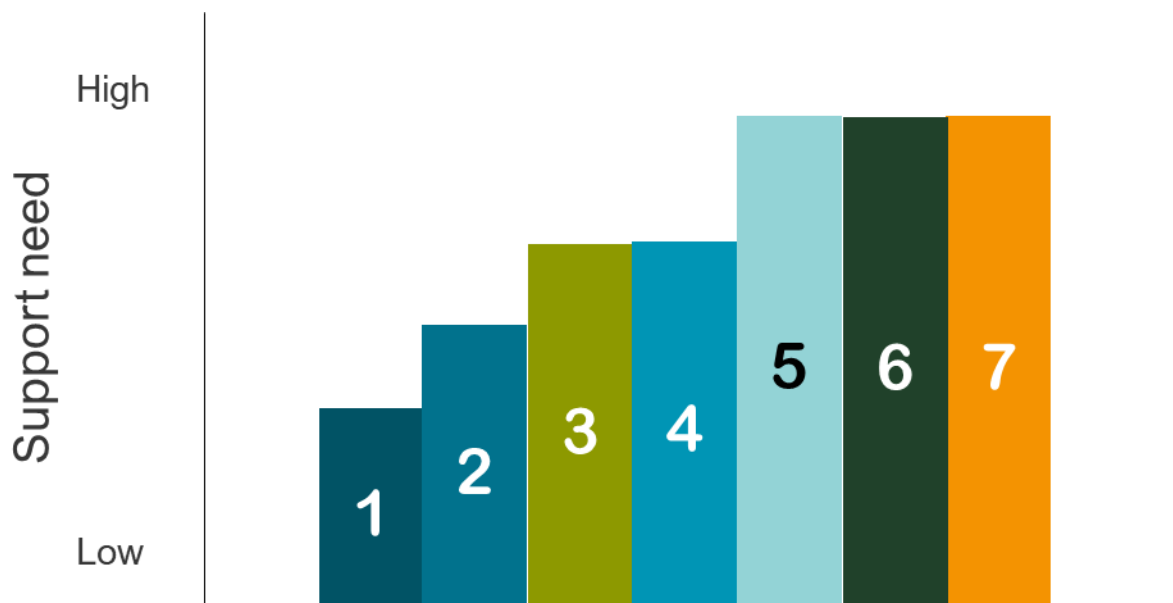
   d. Explore the Changes to SIS-A

- We are exploring how renorming impacts the current model, and where and how people will move if there are no updates made
- 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

e. Information about the Data
  - Demographic data from17,459 people receiving services from DBHDS from 7/1/21 to 6/30/23
  - 17,178 SIS-A assessments conducted with people reciving services from DBHDS 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

f. 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

g. 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

h. 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

- o 399 people reported having at least some supports needs related to the new behavioral question
- o We are completing analysis on behavioral support levels
i. Explore Updates to Framework
    - o We shared information about how we conducted the analysis on the national data set in our 2nd meeting
    - o Today we will report on our analysis of Virginia's data analysis
    - o 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
j. Key Considerations for New Framework Development
    - o What is the most appropriate number of levels for a general support needs framework?
    - o Which subsections of the SIS should be used?
    - o What scores best create levels that include individuals who are similar to one another and different from individuals in other levels?
k. Framework Requirements:
    - o Statistical fit
    - o Groups are different from one another
    - o Individuals assigned to groups from low to high need
    - o Needs align with what is known about the population
    - o Allows for criteria using sum scores
l. Preliminary Support Levels Proposed:
    - o Using 4 general support needs levels, as in the current model
    - o Using all subsections of Section 2 (Supports Needs Index) of the SIS
    - o Using Developing Medical and Behavior Support Levels separately
    - o Note: These are proposed and therefore not final decisions or results
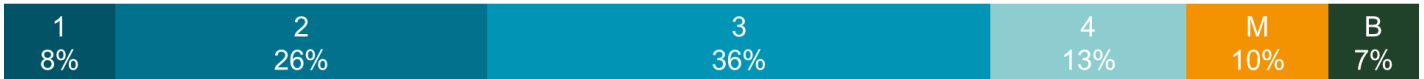m. Proposed Support Level Framework

n. Support Level Distributions
  o Current Support Levels

1 7%	2 30%	3 4%	4 40%	5 4%	6 10%	7 7%

  o Proposed Support Levels

| 1 8%	2 26%	3 36%	4 13%	M 10%	B 7%

  o Note: These are proposed and therefore not final decisions or results
o. Impact by Waiver Type
  o Across waiver type, slightly more people in Community Living will see an increase in level than Building Independence and Family and Individual Supports
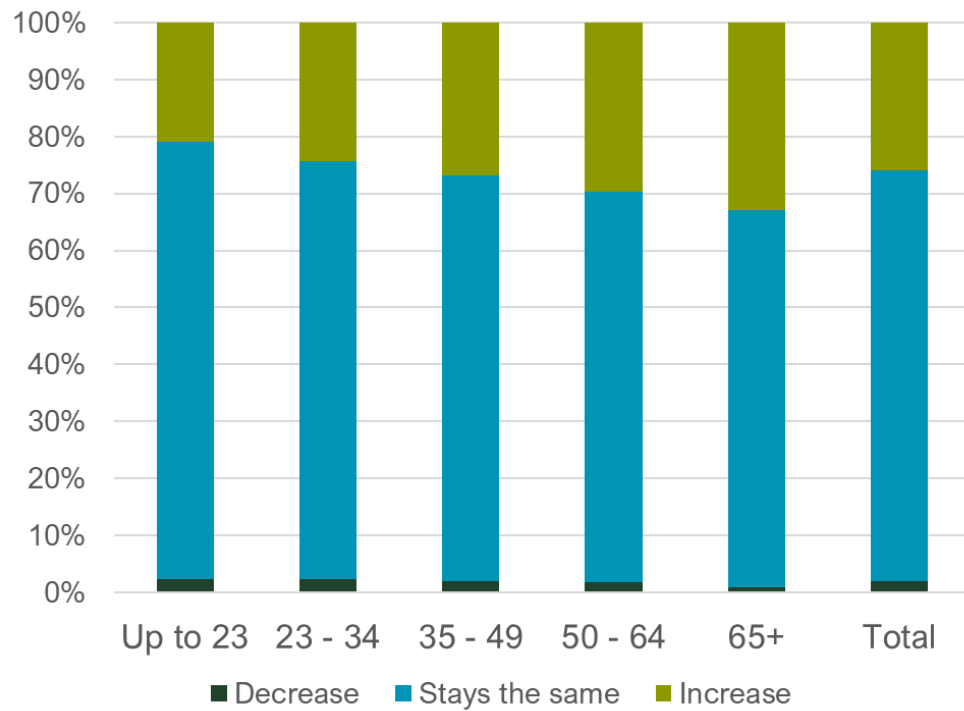 o Note: These are proposed and therefore not final decisions or results

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

Chart legend: ■ Decrease ■ Stays the same ■ Increase
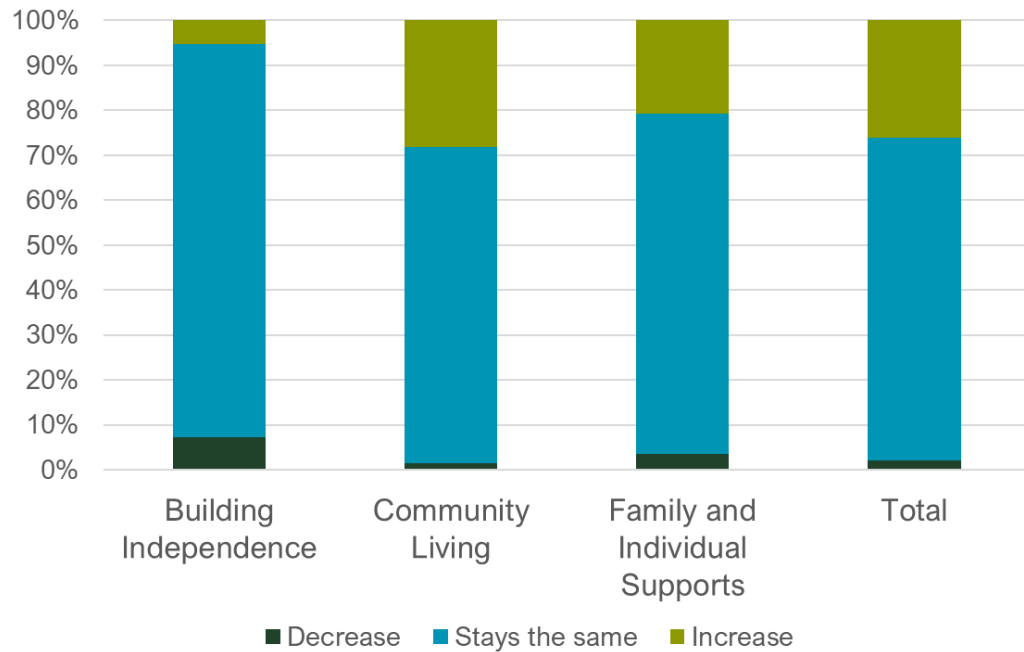
p. Impact by Age
- o Across age groups, similar proportions of people will decrease, stay the same, or increase in level. However, needs seem to increase more as age increases.
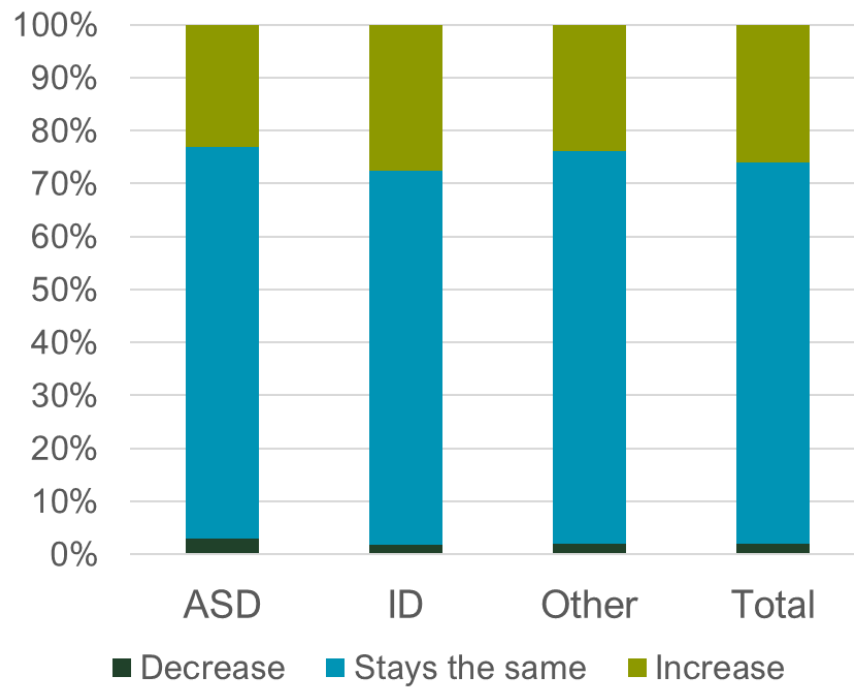- o Note: These are proposed and therefore not final decisions or results

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

q. Impact by Disability Type
   o Some slight differences in the impact of level framework changes may be seen across primary diagnosis as well
   o Note: These are proposed and therefore not final decisions or results

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

Chart showing ASD, ID, Other, Total categories with Decrease, Stays the same, Increase

Decrease ■ **Stays the same** ■ **Increase**

r. Key Takeaways:
   o Our proposal for general support need levels includes all Section 2 (Support Needs Index) and current Section 3 (Protection and Advocacy) questions
   o Most people will remain in the same support level
   o The impact of proposed changes so far impact people similarly
   o Note: These are proposed and therefore not final decisions or results

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

t. After We Complete Analysis:
   o We will be able to propose new support levels and new criteria for the support levels
   o We will review rates for potential changes
   o We will test our proposal with a record review and may make adjustments
   o We will finalize this model after the record review

3. Discussion
   a. What is your preference for labeling the support levels (e.g., numbers, letters, etc.)?

- Numbers since already being used
- Numbers can be a little confusing given we describe autism by level 1 2 3 at the moment.
- Descriptors would be more beneficial
- "Numbers
- They can be neutral and nonlabeling"
- 1,2,3,4, M, B sounds fine but may not capture folks with both M & B needs that don't meet the full criteria
- I like the idea that the M and B are simply that. No gradation in the M and B needs.
- I like the way it is using medical and behavioral. However if an individual has both medical and behavioral, what would that look like as far as the letters and numbers
- Labels-e.g. moderate with no medical support needs
- Maybe use range words. High to extremely high
- "Routine supports required
- Moderate routine support needed
- Substantial routine support needed
- Frequent routine support needed"
- "Perhaps using similar rating language as the vides
- Provides some continuity in definitions of level of support"
- If the levels do not align with current numbering then it may be ideal to think of approaching in a different manner with revised wording/numbering.

b. What would help to improve understanding of the support level framework?
- Some of the information presented was really hard to understand, especially the statistical stuff.
- How current tiers/levels are determined have been a mystery to most. Some know the sections used to complete the formula and having more clarity in how tiers/levels are determined would be helpful
- Have an easy to understand legend for reference
- We need to know more about the document verification process. Different service providers may not have access to documents, such as poor response from community provider medical records departments
- I think that some providers and individuals would like to know how the support level framework will impact what they do and what resources are covered
- Also an informational session for parents
- I agree about informational meetings for families and providers.
- Feedback sessions
- Difference between SI and framework

- More focus on the specifics for each current level and then each proposed level. This comparison would allow a better understanding as to the key areas staying the same and those changing.

4. Questions from Last Meeting:
   a. What are the tiers and descriptions currently?
      - You can find this in the FAQ document behind the presentation materials. You can also review past minutes.
   b. Please ensure that Virginia updates the algorithm they use for the SISA2 that uses ALL the sub scales. I understand your recommendations are to update those Algorithms and we need to ensure this is done.
      - Yes the algorithms will be updated following this project. We discussed the subscales in this presentation.
   c. Related to record review: Will you use these comparisons to generate recommendations around reassessments, if anything relevant is found?
      - As part of this work, we have reviewed relevant processes and may make recommendations to reassessment if warranted.
   d. 2000 seems like is a large enough sample for validation of the new questions - what is DBHDS's rationale for collecting their own data?
      - This data is being collected by SIS Assessors as part of the SIS assessment process, and was an option that AAIDD allowed, so that states did not have to transition immediately, which would have impacted people receiving services. AAIDD allowed this option so as to minimize disruption to people receiving services.
   e. Are you measuring diagnoses within that sample to ensure questions work across DD diagnoses?
      - The sis was reformed on a significant population. We shared information about the impacts of proposed changes today.

5. Next Steps

Q1   Q2   Q3   Q4

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
- 1st Engagement Sessions
- Complete data analysis

Jan.-April 2023

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