Virginia DBHDS
SIS-A 2nd Edition Advisory Group

Meeting 7

Details

Date: April 16, 2024

Time: 11:00 am

Agenda

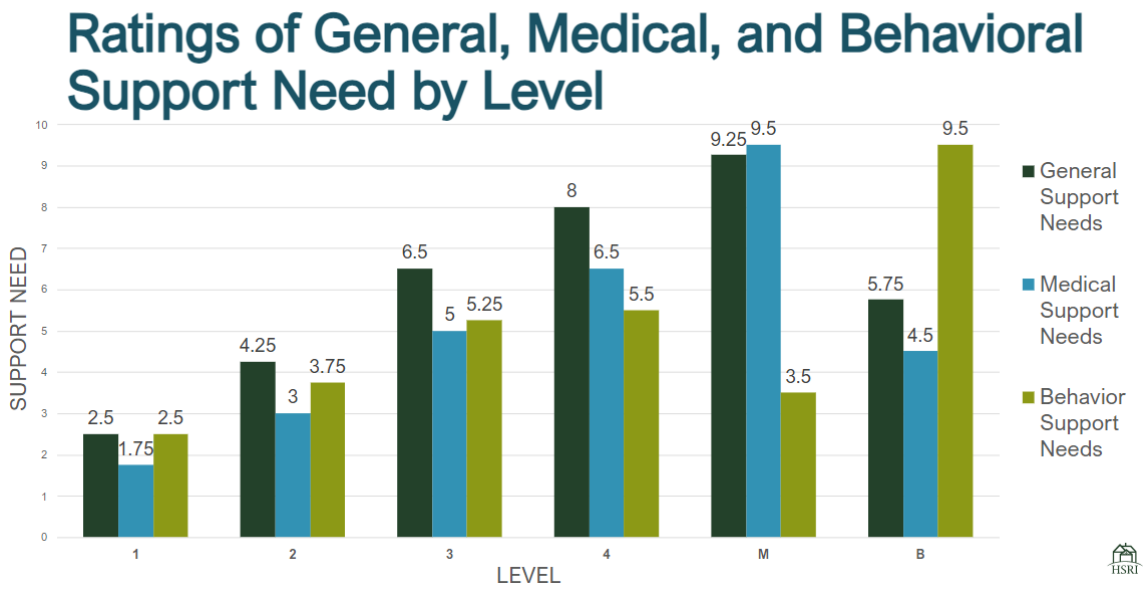
1. Welcome and Housekeeping
2. Questions and Answers
3. Updates
4. Record Review
5. Preliminary Rate Tiers
6. Discussion
7. Next steps: Question/Feedback Form and Survey
8. Adjournment

Meeting Minutes

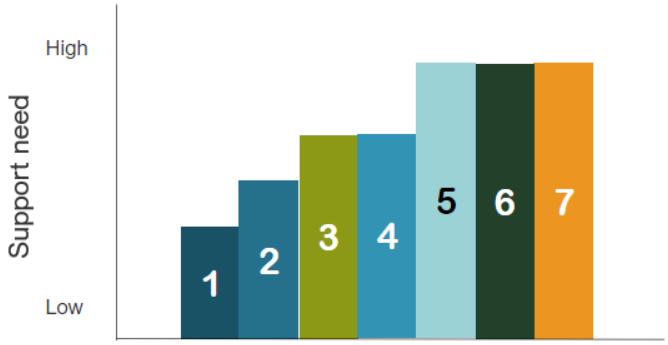
1. Welcome and Housekeeping
2. Questions and Answers
3. Updates
    a. We hosted informational meetings in April and had many people attend to provide updates.
    b. We have extended the timeline for this project to the end of June.
    c. We rescheduled one advisory group meeting from March to May, our final meeting.
    d. Implementation for the SIS-A 2nd Edition is tentatively scheduled for October 1, 2024. It will take about 4 years from that time for every person to receive the new assessment. Until that time, people will continue to receive their SIS assessments on the scheduled timeline.

4. Record Review
    a. The goal of record review is to make sure that the proposed support levels will accurately reflect most people's needs when implemented.
    b. First, we selected a sample of people's records to review for deeper exploration. Then we reviewed in-depth, detailed information about each person to understand their needs. We then classified their needs independently of the support level they were assigned to and analyzed their information.

c. Question: How was the sample chosen?
    i. We chose a well-represented sample in terms of demographics and support levels. We also did some double reviews, so people were reviewed by 2 reviewers to test interrater reliability.
d. There were 19 people reviewing records, and we reviewed 127 records total. Reviewers had access to everything in WAMS, including the person-centered plan, medical and behavioral plans, service authorizations, RET assessments, and any other documents in the file.
e. Reviewers did not know the individual's assigned support level initially. They filled out a form which detailed the individual's needs based on different areas of support needs (home living, community living, health and safety, lifelong learning, work, social, advocacy, exceptional medical support needs, and exceptional behavioral support need). There was then a group coming together to rate the records from low to extensive support needs. HSRI staff led these groups.
f. Then at the end, we looked at what the individual's assigned level would be, and saw if it matched the level we assigned them.
g. Question: Just want to confirm the sample was pulled from those with waivers who had initiated at least one service correct? Were there any additional requirements about length of time that the individual had the waiver to be included in the sample or just that at least service had been initiated?
    i. The sample was generated from people receiving at least one tiered rate service over the past year. We also considered living setting. Next, we assigned everyone in the sample a number and then randomly pulled the sample from that.
h. Do you know what the mix of disability diagnoses is in the sample is?
    i. It was a representative sample.
i. Question: Can you address the small sample size for record review?
    i. The sample size is small for record review because it is meant to be a much deeper, qualitative look at the data. We already did the much larger quantitative analysis of thousands of SIS assessments to create our proposed level framework prior to conducting the record review.
j. How did we review support needs?
    i. We rated each area of support need on a scale of none (no needs in a support area), low, moderate, high, or extensive.
k. We learned that overall, people's general support needs increase in support levels 1-4 and the medical level.
l. The medical level was rated the highest for medical support needs, and the behavioral level was rated the highest for behavioral support needs.
m. No strong indicator for adjusting any further based on record review results.



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



Reimbursement Tier 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.
Reimbursement Tier 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.
Reimbursement Tier 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.
		**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.
Reimbursement Tier 4		**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.
		**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.
		**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.

vi. For the purposes of provider rate tiers, we have 4 tiers.
vii. Each level within the rate tier has a similar level of need in terms of staffing ratios.

b. Data Analysis
   i. We had demographic data from 17,459 people receiving services from 7/1/21 to 6/30/23.
   ii. We had claims data from 17,459 people receiving services from 7/1/21 to 6/30/23 including:
      1. Amounts paid for all tiered rate services.
      2. Current tier assignments.
      3. Current rates.
   iii. We priced them based on what tiered services they were currently using in their current level. Then we took the exact same claims, but we looked at what level people would be assigned to under this new future model.
   iv. We assigned tiers by matching preliminary levels to preliminary tiers in the same way that they are matched today.
   v. We analyzed the fiscal impact of preliminary changes.

vi. 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

vii. 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.
viii. Most people who receive tiered services stay in the same level and tier.
ix. With the restructuring of these levels, the large majority of folks stay where they are. If there are changes to someone's assignment, it is more likely to be an increase in level than a decrease.
x. Overall spending will increase for the state.

c. Key Takeaways
   i. Support levels will be matched to the same tier as today, though people's tiers may change after the complete a new assessment.
   ii. After completing the SIS-A 2nd Edition most people will remain in the same tier as today.
   iii. 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.
   iv. Once everyone has transitioned to the SIS-A® 2nd Edition, total annual spending on tiered services will increase.

6. Discussion
   a. Can you discuss individuals with significant behaviors and medical complexities in more depth? Those individuals likely need a 1:1.
      i. The support level assigned to someone with exceptional behavioral and medical support needs would be support level B (Behavior). Everyone

assigned to support levels 4, M (Medical), and B receives the same rate tier, meaning providers receive the same reimbursement rate.

b. Can you speak to what is happening to people who are currently assigned to support level 3?
    i. HSRI has proposed that DBHDS update the support levels from the current 7-support levels to 6-support levels. Removing the current support level 3 is needed, and the remaining support levels are adjusted to accomplish this recommendation. The framework will include updated support levels 1 – 4, M, and B. The current support level and rate tier will remain until the individual's next SIS due date, at which point their next SIS will determine the next support level and rate tier. Assuming the next SIS happens after the SIS-A 2nd Edition implementation, the next support level received will be from the new support level framework. After SIS-A 2nd Edition implementation, the expectation is that 74% of individuals will receive a comparable support level, 8% will decrease a support level, and 18% will increase a support level.
c. Do you consider this approach "best practice" compared to other states? What are you seeing around the country?
    i. Yes, DBHDS feels this approach is the best practice. There was a very large data set from which to draw. DBHDS does collaborate with other states specifically about SIS, and many states are moving in a similar direction.
d. When will the recording be made public?
    i. DBHDS has posted meeting agendas, slides, and minutes on the VA Town Hall Regulatory website (https://townhall.virginia.gov/l/meetings.cfm). Type SIS-A under Meeting Title Partial Match and submit. All SIS-A meetings will appear.
e. The graph shows that all 3 tier 4 support levels (level 4, M, and B) are equal. Does that mean they are equal in reimbursement?
    i. Yes, it does.
        - support level **4**/tier **4**
        - support level **M** (Medical)/tier **4**
        - support level **B** (Behavioral) /tier **4**

    all three support levels have a rate tier of **4**; all reimburse providers at the same rate (tier 4).

Support Level and Rate Tiers			
SIS-A		SIS-A 2nd Edition	
Level	Tier	Level	Tier
L5	T4	L4	T4
L6	T4	LM (Medical)	T4
L7	T4	LB (Behavioral)	T4

f. Can someone speak to the reason that the SIS score is not appealable?
    i. A SIS rating is not appealable, as ongoing professional training is required to assign an accurate rating. (DBHDS, 4-28-2023)
g. Some have shared they worry about families whose case workers haven't prepared them for the SIS, or the case manager isn't engaged. So, how can we ensure case managers are knowledgeable and ready for the SIS?
    i. DBHDS offers quarterly SIS training for support coordinators and providers.
h. If the best way to contribute is to know the individual, then the direct caregiver/parent score should prevail in a dispute.
    i. Everyone's input is valued. When additional information is needed to arrive at a rating, the SIS assessor will ask follow-up questions to help arrive at the rating. It is up to the SIS assessor to arrive at the final rating.
i. Will there be a follow up after the implementation to see if the predictions panned out?
    i. HSRI is recommending tracking how the implementation is going.
j. Preparation of people with waivers and families has been brought up. What will DBHDS be doing to prepare for the Oct. 1 implementation date?
    i. DBHDS has been preparing for SIS-A 2nd Edition for almost two years. HSRI is preparing to make final recommendations on how best to prepare for final implementation.
k. Can someone summarize the takeaways from the 3 info sessions?
    i. The Virginia Regulatory Town Hall website contains summary notes from the three SIS Information Sessions.
l. Can someone be available for training? Is there an email where people can send questions?
    i. If you have questions about SIS, you can send them to your region's SIS Regional Support Specialist. Questions can also be sent to sis@dbhds.virginia.gov.
    ii. To learn more about the SIS assessment, DBHDS has resources on the DBHDS website, which includes links to the AAIDD Respondent Resources for SIS-A and SIS-C. Also linked on the DBHDS website is an index of peer-reviewed literature with findings relevant to SIS-A technical properties.
    iii. As stated before, DBHDS offers SIS training to support coordinators and providers every quarter.

7. HSRI next steps, Question/Feedback Form, and Survey
    a. preparing our final recommendations
    b. developing a transition plan
    c. developing a communication plan
    d. meet with you all one more time
8. Adjournment