

Virginia DBHDS SIS-A 2nd Edition Advisory Group

Meeting 8

Details

Date: May 16, 2024

Time: 12:00pm

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

Advisory Group Attendance: Maureen Kennedy, Sue Shire, Ann Flippin, Catherine Wilson, Ken Haines, Lucy Cantrell, Jessica Swanson, Kristy Hall, Alice Robinson, Amanda Morrill, Shantel Ball

Members of the public also attended this meeting.

Agenda

1. Welcome and Housekeeping
2. Questions and Answers
3. Recommendations
4. Transition Plan
5. Communications
6. Next steps, Question/Feedback Form, and Survey
7. Adjournment

Meeting Minutes

1. Welcome and Housekeeping
2. Questions and Answers
3. Recommendations
 - a. How we formed recommendations:
 - i. Data analysis
 - ii. Key informant interviews
 - iii. Review of policy/documents
 - iv. Lessons learned from other jurisdictions
 - v. Feedback from this Advisory Group
 - vi. Feedback from informational meetings
 - b. Our recommendations, transition plan, and communications plan aren't finalized currently. As we finalize, we may add to or alter what we share today.
 - c. Implementation of the SIS-A® 2nd Edition is tentatively scheduled to begin October 1, 2024

- i. 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
 - ii. 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.
- d. Preliminary Support Levels
- i. We propose moving from 7 support levels to 6 support levels.
 - ii. We propose using all sections and subsections of the SIS to assign support levels/rate tiers.
 - iii. We propose keeping the crosswalk from support levels and rate tiers the same.
 - iv. This proposal will increase costs for some waiver services.
 - v. Notably in the chart below, support level 3 has been removed.

High

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

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- e. Preliminary Rate Tiers
- We propose cross-walking the rate tiers to the same tiers they are matched to today.
- f. Assessment
- i. Scheduling Assessments
 - 1. 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.
 - ii. Assessment Process
 - 1. Convey expectations for people and families to speak up.
 - 2. Encourage people who know the person best to attend.
 - iii. Supplemental Questions

1. 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.
 2. Strengthen document review verification.
- iv. Using the SIS
 1. 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 is something that comes up in the RAT that would affect their SIS result, we recommend a pathway to receive a SIS reassessment.
 2. Integrate SIS into Person-Centered Plan. This is already outlined, but we want to ensure that the right people have access to this information.
- g. System Analysis and Evaluation
 - i. System Analysis
 1. Track system metrics.
 2. Track implementation.
 3. Use support levels/rate tiers to track specific initiatives or requirements.
 - ii. Evaluation
 1. Consider ongoing evaluation.
 2. Time evaluation with other efforts.
 - h. Not Recommending Changes To:
 - i. Current children's support levels.
 - ii. Standard Operating Procedure (SOP) in the SIS.
 - iii. SIS reassessment request process (except to ensure that reassessments are sought when there are confirmed changes documented in the RAT)
 - iv. Customized Rate Process.
 - v. SIS appeals. We believe all of the avenues that are currently available are adequate to address any concerns that may arise around the SIS assessment.
 - i. What other recommendations do you think we should explore?
 - i. Add an indicator for people who have both high medical and high behavioral needs.
 - ii. I am curious about where the cut off is for extraordinary medical and behavioral support needs - seems to be any needs present qualify for an M or B as this is written, as the other levels say NO needs.
 1. It's not necessarily that people have no medical or behavioral needs, it is that those needs are not extraordinary, and these needs can be met by the supports they are receiving for their general support needs.
 - iii. Did the team benchmark SOPs and appeal processes from other states?

1. We do to some extent track what other jurisdictions are doing and how they are going through processes like appeals and customized rates. We are not aware of another state that has an SOP process like Virginia, and we have shared Virginia's SOP process with other states as a guide. We do track what other states are doing for appeal processes as well. Anything we learn from other states will be used to make final recommendations.

4. Transition Plan

- a. Implementing Proposed Changes
 - i. Implementing Support Levels
 1. Update support levels in all systems.
 2. Integrate support levels/rate tiers.
 - ii. Test Support Levels
 1. Test initially and conduct routine quality checks.
 - iii. Secure Funding
 1. Ensuring that funding is available to implement over 4 years.
- b. Policy
 - i. Administrative Codes
 1. 12VAC30-122-200 and 12VAC30-122-210 need to be updated.
 2. Use Medicaid memo to outline changes.
 - ii. Waivers
 1. References to 7 support levels in Building Independence, Community Living, and Family and Individual Support Waivers will need to be updated.
- c. Are there any other transition issues we should consider?
 - i. None

5. Communications

- a. Communicating Changes
 - i. General communications outlining changes.
 - ii. Plain language and simple.
 - iii. Should outline why, benefits/risks, and provide context.
- b. Changing support levels
 - i. Information explaining support level/tier crosswalk.
- c. Education
 - i. People and Families
 1. Continue education about the support levels/rate tiers.
 2. Set expectations for the SIS.
 3. Clear avenues for communication.
 - ii. CSBs, Providers, DBHDS
 1. Share update in quarterly CSB training.
 2. New provider training, optional ongoing training, and updates.
 3. Dedicated education to workgroups.
- d. Do you have any ideas for communication/education?

- i. Who will be responsible for sending out communications for trainings/updates/etc.?
 - 1. DBHDS in general but is also specific to which type of communication.
- ii. How long does it take for someone to get a SIS assessment?
 - 1. The vendor is allowed 90 days to schedule.
- iii. Depending on who your CBS person is, you may or may not get notified about upcoming trainings. Can you please notify everyone?
 - 1. The best way to sign up for notifications is to get on the DBHDS listserv.

6. Next steps, Question/Feedback Form, and Survey

- a. Upcoming informational meetings
- b. We will be preparing our final recommendations
- c. We will be developing a transition plan
- d. We will be developing a communication plan
- e. Expecting to complete project by June!
- f. Feel free to join us for our upcoming 3rd round of informational meetings.
 - i. Service Recipients & Families
 - 1. Friday May 31st 1:00pm-3:00pm EST
 - ii. Support Coordinators
 - 1. Wednesday May 29th 1:00-3:00pm EST
 - iii. Providers
 - 1. Wednesday May 29th 11:00am-1:00pm EST
 - iv. Same Zoom link for all meetings:
<https://us06web.zoom.us/j/85964725464>
- g. 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.

7. Adjournment