

Virginia DBHDS

SIS-A 2nd Edition Informational Meetings

People Receiving Services and Families, Support Coordinators, & Providers Combined Meeting Minutes

Details

- Provider Meeting: November 15, 2023 11:00-12:45ET
- Support Coordinator Meeting: November 16, 2023 10:00-11:45ET
- Recipients and Family Meeting: November 16, 2023 2:00-3:45ET

Facilitators:

Jami Petner-Arrey, Colleen Kidney, and Stephen Pawlowski

Agenda

1. Welcome and introductions to project team
2. Overview of current support levels/tiered rates
3. Changes to the SIS-A
4. Overview of project
5. Q&A from questions submitted previously
6. Feedback from attendees on what is working well and what changes should be considered
7. Next steps and survey
8. Adjournment

Meeting Minutes

1. Welcome and Introductions

- 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 has worked with states on the redesign of health care delivery and payment systems.
 - *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 we will:

- DBHDS wants to collaborate with people who are interested in this project!
- Discuss the current support level/tier model for specific DBHDS services and a project that is working to update that model. Today's meeting is intended to provide background information about the project and to get feedback
- The Human Services Research Institute (HSRI) and our partner HMA-Burns are supporting DBHDS in this project

2. Overview of Current Support Levels/Tiered Rates

Background of Support Level/Rate Tiers

- 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
- For services with tiered rates, support levels are used to determine the tier
- Support levels are not used for individual budgets or service limits

DBHDS Selected the SIS to:

- Make sure that rates for shared services are matched to people's support needs
- Allow for fair and equitable rates across the state
- Have more meaningful information about support needs for person centered planning
- Ensure that support levels and rate tiers match what is in the person's plan (documented medical, behavioral, and other supports)
- Use data for analysis

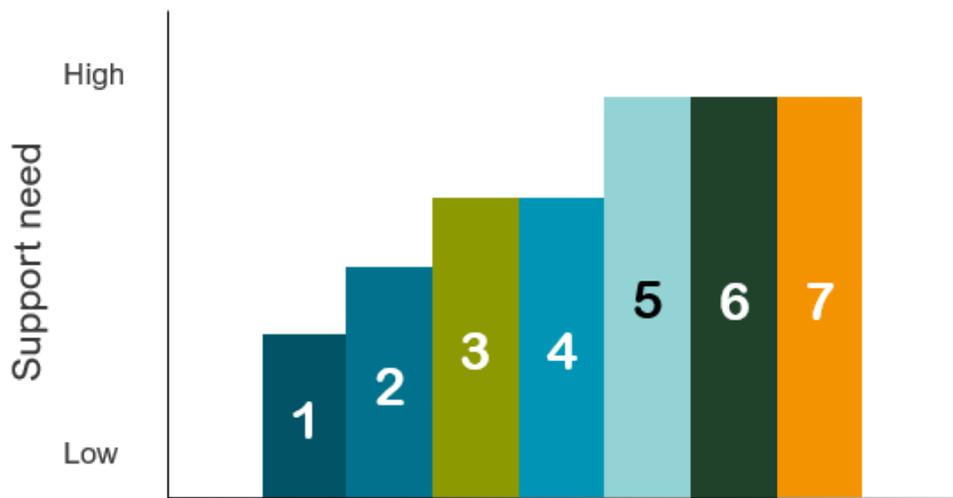
Getting a Support Level

- 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, employment, health and safety, social activities, and protection 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)
- SQs ask about severe medical and safety risks, and risks of self-injury
- SQs are used to indicate that someone may have extraordinary needs that are verified later
- 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

Getting a Rate Tier

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.



a.

The following services have tiered rates:

- Community engagement
- Group day support
- Group home
- Independent living
- Sponsored residential support
- Supported living residential

Getting Services

- People may find out what their support level is from their support coordinator
- People engage in their person-centered planning process
- People can choose the services that they would like in their plan. If they select tiered services, their providers will be paid the tier that matches their support level
- Providers can apply for a customized rate for people whose needs outweigh the resources available within the rate structure, if the person meets certain eligibility requirements

3. Changes to the SIS-A

The SIS-A® 2nd Edition

- DBHDS is going to continue to use the SIS
- The SIS-A is changing, the changes are called the SIS-A 2nd Edition

- There are changes to demographic section
- There are 6 new medical questions and adjustments to others
- There is 1 new behavioral question
- The scoring is different (standard scores)
- Some sections and subsections have been renamed
- Some of the questions have been reworded
- These changes require us to update the current support levels/rate tiers
- The SIS-A 2nd Edition will not be used until this project is complete, and the framework is updated

What's Changing?

- Instead of switching to the SIS-A 2nd Edition right away, DBHDS is using advanced questions
- The advanced questions are the new questions in the medical and behavioral sections if the SIS-A 2nd Edition that have been added to the SIS-A assessment
- The advanced questions will allow DBHDS to collect data on how people answer the advanced questions before DBHDS changes to the SIS-A 2nd Edition

4. Overview of Project

Consult People

Convene an advisory group

- We've met twice
- We will meet 6 more times throughout the course of this project, monthly through early next year
- We have interviewed several key informants from DBDHS and Department of Medical Assistance Services (DMAS)
- Host virtual engagement sessions with:
 - People using services and their families
 - Support coordinators
 - Providers

Analyze Changes to the Support Levels/Rate Tiers

- Review supplemental questions and verification process

- Analyze the new SIS scoring and the advanced questions
- Propose any needed changes to the support levels
- Analyze the rate tiers
- Propose any needed changes to the rate tiers
- Test out the proposed changes with a record review

Potential Changes to the Support Levels

- Based on initial analysis to date HSRI may recommend changes to
- Which sections of the SIS are used
- The number of support levels
- The scores that are used to assign support levels
- When this model is implemented, some people will stay in the same support levels while others will change support levels

Potential Rate Tier Changes

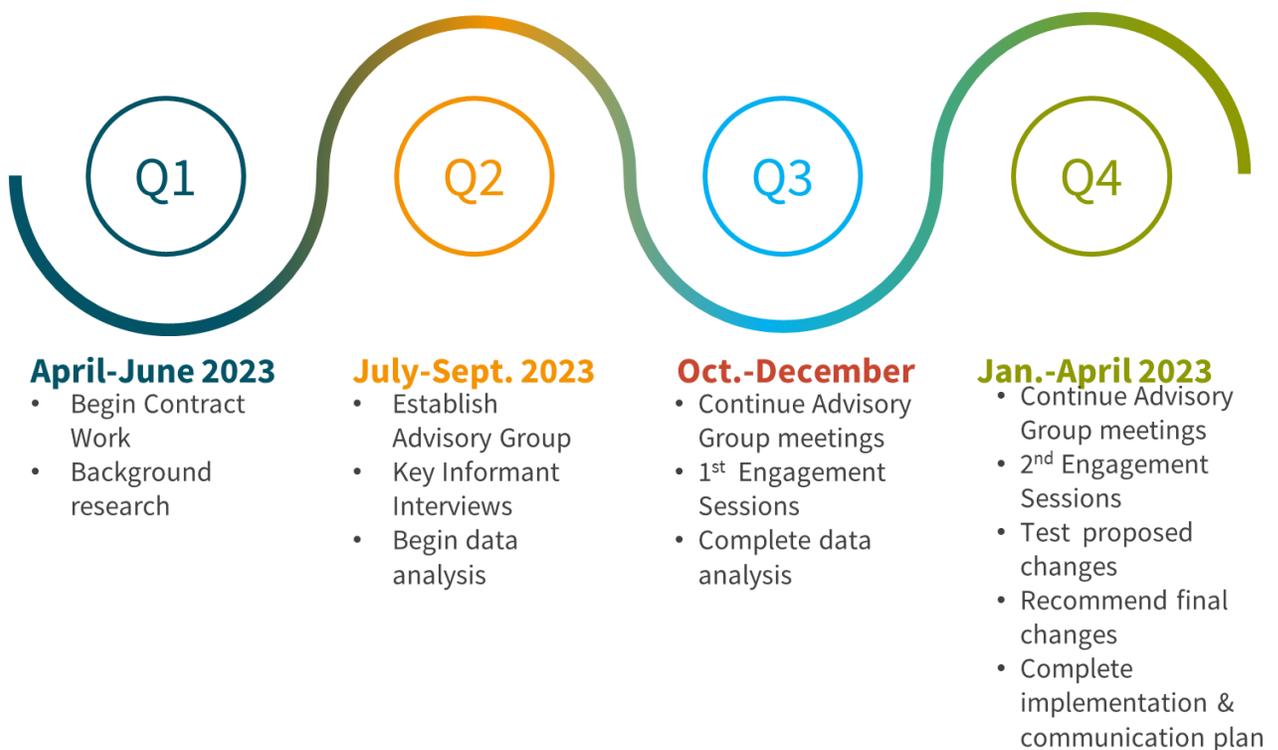
- DBHDS is *not* evaluating rate model cost assumptions
- However, after initial work is complete on the development of the support levels, the potential need for other changes to the rate tiers will be evaluated
- How rate tiers align to support levels (e.g., there may be fewer support levels, but the same number of tiers)
- Changes to the staffing assumptions in the rate models
- For example, if the number of individuals in Tier 1 were to increase, that would suggest higher average needs in this group (because individuals formerly in a higher tier are now in Tier 1), necessitating more staffing
- Or, if the number of individuals in Tier 4 were to increase, that would suggest lower average needs in this group (because individuals formerly in a lower tier are now in Tier 4), overall reduced staffing needs
- Following the development of the support levels, we may determine that there are no changes needed to the existing reimbursement rates
- After developing potential changes to support levels, the impact on funded staffing levels (and total payments) across the system will be evaluated

- For example, if there is a shift to lower tiers, funded staffing levels (and overall payments) would be reduced if the rate model assumptions are not revised (opposite result could also be true)
- After developing potential changes to support levels, the impact on funded staffing levels (and total payments) across the system will be evaluated

Recommend Changes to Support Level/Rate Tiers

- Propose final recommendations
- Develop a transition plan
- Develop a communication plan to help support the implementation

Timeline



5. Q&A

- What is the reason the SIS is being reviewed revised at this time? What transpired or is the cause for the review for changes in the SIS?
 - *AIDD revised items and re-normed with a large population of people. The second edition of the SIS-A was released in January 2023 and includes updated norms as well as several enhancements.*
- What is the process to have a individuals SIS reevaluated before the four-year time span?

- *There are 2 exception processes the first is the SIS standard operating procedure (SOP) review request. Which is available to the individual, family, or guardian who attended the SIS. The 2nd is the SIS reassessment request is available when there have been significant and sustained changes to an individual's support needs for a period of at least 6 months. Information for both is available on DBHDS's website. As far as not hearing back about a review submission, you can reach out for confirmation. DBHDS reviews requests received routinely.*
- In my experience there needs to be a different type of scoring for people we have coming out of the state hospital who have receives a slot. The questions related to their abilities isn't accurate because the state hospital does not allow them to participate in things such as cleaning, meal prep, medications, etc. These things are completed by paid staff and does not accurately reflect their true skills.
 - *SIS is supposed to measure the individuals ability/capacity to perform the activities and can be deteremined based on how the person completes other activities. Therefore, it still reflects needs. AAIDD training for assessors addresses this.*
- Why is level 5 group included in Tier 4 with same pay rate when this group isn't anywhere near Medically or Behavior Complex as level 6 Or 7 is.
 - *The reason for the higher number of levels than tiers is to describe individuals needs more specifically. However, when it comes to looking at staffing needs, those in the same tier have pretty comparable staffing needs, and individuals in levels 5, 6, and 7 have similar staffing needs. Tiers look at staffing needs, levels describe needs of individuals.*
- Most of the times things change in the individuals life, and their health can easily deteriorate from one year to another. We serve individuals with physical and behavioral needs support that don't match the individual's tiers, some of them still in tier 2 when they had to be support under a higher tier needs. Requesting a revision of their SIS is a dream, it never happened, and we provide with the service the individuals actually need to keep them safe and healthy, regardless the SIS evaluation, SIS used to be every 3 years and then it changed to 4 years, unfair decision for the individuals and their providers. SIS should be conducted at least every year, or no more than every 2 years to be more realistic .
 - *Recommendation from AAIDD is every three to five years but states decide on their own timelines. SIS re-assessment request process*

may be appropriate if you feel that it is needed. It was changed due to feedback that they were being done too often.

- Pay needs to go to 365 days a year being that 365 days for the majority of us is being provided. 344 days getting paid what happens when the person never goes home or get supported elsewhere and 365 days are being provided. We take a loss for that.
 - *This concept may be often misunderstood Providers cost don't necessarily change if person goes home for the weekend or is otherwise not in service. To account for these absences and make sure that providers have sufficient funds to deliver the service, we considered how to fund providers adequately for the full year. The provider is given an inflated fee for 344 days that is actually equal to the pay for 365 days. This means that when a person is absent, the provider is still being paid for those absences. We have heard from providers that they are in favor of this model that prevents them from experiencing lost payments during absences.*
- SIS, need to be done every two years due to changes. It is very hard to get a new SIS to address medical or behaviors changes and when behaviors or medical changes nine times out of 10 the expense to care for that person increases It is very important due to the expense to accommodate changes every two years or when needed. It should not be a fight to get somebody re-sis due to their changes.
 - *There are 2 exception processes. The first is the SIS standard operating procedure (SOP) review request. Which is available to the individual, family, or guardian who attended the SIS. The 2nd is the SIS reassessment request that is available when there have been significant and sustained changes to an individual's support needs for a period of at least 6 months. Information for both is available on DBHDS's website.*
- I've tried to get an appeal for one of my residents who was not properly rated. It is obvious that he has declined greatly. I was never contacted, and it's been since last Fall. I didn't know what to do.-
 - *DBHDS reviews requests received routinely. You can reach out directly to Maureen Kennedy for confirmation.*
- When/where will this recording be accessible following this webinar?
 - *DBHDS is requesting to post the recording on its YouTube channel*
- SIS reassessment requests often do not get timely responses, missed/lost, or acknowledgments of receipt.-

- *SIS reassessment requests are reviewed every two weeks, please reach out to ensure that the request has been received.*
- I have worked in the field for over 30 years and see an aging population. This aging population experiences natural decline and the current four-year review guideline does not work well for these individuals. It does not seem like the best way to address this is requesting a SIS reassessment. Could not a different frequency be approved for elderly individuals, much as children have a more frequent schedule for assessment?
 - *A change in the frequency would require a change in regulation. For right now, we have the SIS reassessment request procedure to make sure that the PCP matches the support needs and that the proper services can be provided. If documentation matches the decline, it should be approved.*
- The person administering the SIS needs to understand the meaning of "important to" and "important for" and be able to adequately explain them to the team.
 - *The assessor asks all members of the team these questions. SIS team members include people who know the person well. The SIS trainers receive training on how to ask all of the questions in the instrument.*
- how does one join the advisory group?
 - *The advisory group members were selected through an open call, and there are no current openings. Advisory group meetings are open to the public and there are many opportunities for everyone to participate, whether they are advisory group members or not. You can look for upcoming dates on the DMAS townhall website, you can also sign up to attend at https://docs.google.com/forms/d/e/1FAIpQLSc21y4XpMleJZ9AGWtPuiR8c1PeZr5r-luU8raVtq3JYmwsug/viewform?usp=sf_link*
- when the SIS 2nd edition is implemented will all current SISs be redone?
 - *They will be done on their regular rotation, not all at once. This will take approximately 4 years to get everyone on the new SIS 2nd edition*
- What kind of training do the people who conduct the SIS go through?
 - *Assessors participate in rigorous training for about 2 weeks through AAIDD. They are required to do practice assessments. AAIDD then certifies the as an approved assessor. Quarterly meetings with*

vendors and AAIDD and DBHDS are used to discuss any concerns or trends

- A general question - are augmentative and alternative communication (AAC) users permitted to use their devices/methods during the SIS?
 - Yes
- What is the cost of a SIS?
 - The cost of a SIS assessment is approximately \$600 per assessment.

6. Feedback

What is working well with the support levels and rate tiers?

- So far, the levels equitably support the needs of the individuals and services provided
- Continue to use subcontractors as interviewers as they seem to be unbiased
- Support levels are working good
- When accurate, it seems to capture behavioral supports well for the tiers
- Helps with financial planning
- It works well for the person with low to moderate needs. The rates seem to be relatively correct to have staff to support them. Not so much for the moderate to higher needs.

What challenges are there with the current support levels and rate tiers?

- There seems to be a lack of consistency
- Timeliness of tier change notifications and how state then adjudicates claims already submitted as to which tier level the claim is reimbursed at with tier change occurs during a billing cycle
- For the rate tiers to be adequate for group homes, the individual needs to have a day program. When there is no day program available, the rate does not adequately support the staffing necessary.
- Staffing , when they have to serve someone under tier 2 and is total care we need two staff to support the individual and they need to be paid at least \$17 an hour
- At times the identified support level or tier does not accurately represent the behavioral needs of the individual. Then there is a challenge to get the levels and tier reassessed.
- Addressing the individual's need change with the support coordinator and getting a request sent for reassessment. This has been a problem to get a reassessment completed
- Seems to miss the intensity of hygiene/personal care supports. Maybe incontinence could be under the medical section. The tests include constipation.

- Why is it so difficult to request re-evaluation of the tiers when individuals health and behavioral change?
- Agree that getting reassessments is challenging. Sometimes it can feel that interviewer is forcing team to rate certain ways that may skew the score.
- Customer rate requires at least 800 pages and a lot of information to be approved in the meantime we have to serve the individual in their real needs
- Providers may limit who they accept if it doesn't have a higher rate tier doesn't support what they deem needed to fund them
- Lack of clarity and transparency on how these level and tiers are determined and calculate
- Once tiers are assigned providers are upset about tiers levels not being as high as expected and asking for the assessments based on that
- Consideration of expanding services eligibility for tier level funding individuals getting non tiered level services because needs are so great but can't find supports except CDPA
- Lack of advance preparation to participate in the SIS process
- There is a general lack of understanding among staff about the SIS
- Support staff often have no prior education about the process

What would make the support levels or rate tiers work better?

- Consider ability to challenge overall SIS interviewer review the scoring completed by first interviewer to look at potential issues with inter rate reliability
- Consistency among assessors
- More communication to providers that support coordinators are not the only source of information that determines the assignment of tier levels
- Improve transparency of how they are calculated
- Concur with comment about coordinator not being responsible for deciding scores and staffing levels