

Department of Behavioral Health and Developmental Services  
**Virginia SIS® Reassessment Request Instructions**

This form is used to request a reassessment of the Supports Intensity Scale® (SIS®) for an individual currently enrolled in DD Waiver services. The form is completed by the assigned Community Services Board (CSB) and submitted to the Regional Supports Specialist (RSS).

1. The Support Coordinator (SC) completes the form and selects the appropriate category for reassessment.
  - a. The SC provides a brief description of reason for reassessment.
  - b. The SC reviews the required documentation for reassessment and submits it along with the SIS® Reassessment Request Form. (\*Required documentation for each category may be found on the SIS® Reassessment Request Form dated 11/08/2019).
  - c. The SIS® Point Person at the CSB reviews entire submission to ensure accuracy.
2. The Point Person (or designee) submits the form and required documentation (via secure email) to the RSS.
3. The RSS reviews the full submission to ensure all required documentation is included. If the required documentation is not included in the submission, the request is rejected and the form is return to the CSB for follow up.
4. The RSS submits the completed request to the Community Resource Manager for comprehensive review.
5. Following a comprehensive review of submitted documentation, the request is either:
  - a. **Approved:** The RSS notifies the requesting CSB of the outcome.
    - i. The RSS informs the assigned SIS® vendor of the need for a new SIS®.
    - ii. The assigned SIS® vendor requests respondent information from the SC and proceeds with scheduling the interview.
  - b. **Denied:** The RSS notifies the requesting CSB of the outcome.