

## DBHDS/Division of Developmental Services

### Virginia SIS® Review Form

#### COVID-19 Pandemic Version

SIS® assessments completed during the COVID-19 pandemic and any associated Virginia SIS® Review Forms will be evaluated based on the Virginia Standard Operating Procedures for the SIS® and Review Process COVID-19 Pandemic Version.

Please send a completed and signed copy of this form with a letter detailing the specific ways in which the Virginia Standard Operating Procedures for the administration of the SIS® were not followed to DDS SIS® Review Unit at the address listed below. Information about the Review process is available at [www.dbhds.virginia.gov](http://www.dbhds.virginia.gov) under Getting Help/Waiver Services/Supports Intensity Scale

**Name of individual who receives services:** \_\_\_\_\_

**CSB/BHA/Training Center:** \_\_\_\_\_

**Please check the item(s) that were not followed during the SIS® interview in which you present and participated.**

| <input checked="" type="checkbox"/> Check those items that were NOT followed during the SIS® | <b>Standard Operating Procedures for Conducting a SIS® COVID-19</b>   |
|--|---|
|  | The SIS® Interviewer gathered the information necessary to gain a full picture of the supports needed to support the individual both in the home and in the community.  |
|  | The SIS® Interviewer explained the reason for the SIS®, the assessment process, and the role of respondents prior to starting the interview.  |
|  | The SIS® interview was conducted with at least two primary respondents who are defined as persons who have known the individual well for at least the last 3 months and have observed the individual closely in one or more environments for substantial periods of time. |
|  | At least 2 primary respondents were present for the entire interview.   |
|  | Each question on the SIS® was asked and opportunity for discussion was given during the assessment.   |
|  | Each item on the assessment was described before it was rated.  |
|  | Based upon the information shared by respondents, the SIS® Interviewer made an item rating determination.   |
|  | The final rating of each question was shared with the respondents.  |
|  | The individual's medical and behavioral support needs were discussed in the interview.  |

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Individual Receiving Service

\_\_\_\_\_  
Contact Information: Phone number, mailing address

**Mail this form, letter and any supporting documentation to:**

**DDS SIS® Review Unit  
DBHDS  
PO Box 1797  
Richmond, VA 23218**