

My Life, My Community

Re-designing Supports for Virginians with
Intellectual and Developmental Disabilities

Validation Study: Analysis of Proposed Service Packages
by Residential Option and Assessment Level

June 21 , 2015



7690 SW Mohawk Street, Tualatin, OR 97062

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My Life, My Community!

Re-designing Supports for Virginians with Intellectual and Developmental Disabilities

Project Report

June 21, 2015

Related to Project Task 2.5:

**Validation Study: Analysis of Proposed Service Packages
by Residential Option and Assessment Level**



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All opinions expressed herein are solely those of the authors and do not
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Executive Summary

The Human Services Research Institute is under contract to the Virginia Department of Behavioral Health and Developmental Services (DBHDS) to: (a) evaluate the state’s current service delivery system for individuals with intellectual and developmental disabilities (ID/DD); and (b) make recommendations to move the system to a more person-centered system of support. The effort spans many tasks, including assessment of the individual support needs of service recipients, restructuring the state’s Medicaid strategy regarding Home and Community Based Services (HCBS) waivers, including associated rate reimbursement schedules, and projecting, on balance, the types and amounts of services individuals will use in relation to their assessed support needs.

To complete this last objective, a seven level assessment levels framework was used to describe individual support needs from least to most needs. Subsequently DBHDS staff and project staff considered the needs of individuals in each level and anticipate their service use across six residential living options, including:

- Living Alone
- Living with Family
- Living in a Group Home
- Sponsored Residential
- Supported Living
- “Independent Living” (a new option designed to offer modest support to relatively able individuals).

The result was a series of “service packages” to illustrate, by assessment level and residential option, the type and amounts of services individuals might use. Afterwards, an individualized supports budget for each level is computed from the service packages.

To assess the appropriateness of the service packages, a “validation study” was undertaken in which professionals in the field were assembled to review the records of a sample of individuals chosen across residential settings and their assigned level. The sample, initially totaling 155 individuals, was drawn from the state’s HCBS waiver programs, including the “Intellectual Disability” (ID) and “Developmental Disabilities” (DD) and Day Supports (DS) waivers. Based upon review of these records, the validation teams were asked to make three determinations. Each is shown below along with associated summary conclusions.

1. Determine if each individual reviewed matched the description of the assessment level to which they were assigned.

- The validation team noted a match between the assessment levels individuals were assigned and what the case records suggest for 82.9% of the sample.
- The validation process shows that the assessment framework appropriately categorizes the support needs of most adult service recipients.

2. Determine if the individuals in each level, as a group, tended to share similar support needs.

- The study team found that the members of each assessment level indeed shared a common level of support need.

3. Determine if each individual reviewed would be appropriately supported by the service package to which they would be assigned.

- Relatively high agreement regarding the appropriateness were found in most service packages. High levels of package agreement can be seen in Supported Living (91.7%), Living with Family (84.4%), Group Home (85.7%), and Sponsored Residential (72.7%). Notably, in FY2013 about 81% of service recipients utilized the Group Home and Living with Family options, and these options scored well with the study team. The Living Alone option, used by less than 1% of the service population in FY 2013, fared less favorably (49.2%), though it performed unevenly across levels. This option was rated highly for Level 1, but less favorably for individuals with high support needs.
- DBHDS designed the Independent Living residential option for relatively able individuals. Consistent with this intention, findings illustrate that this option is appropriate for individuals assigned to Level 1, but insufficient for those in Levels 2-7.
- No changes to the service packages associated with most residential options are recommended. Special comment, however, is offered regarding the Independent Living and Living Alone Options.
 - *Independent Living.* No action regarding the particulars of this option is recommended. Still, DBHDS should closely monitor its use, perhaps flagging individuals assigned to Levels 2-7 who choose this option and undertake a special review of the request.
 - *Living Alone.* DBHDS may reconsider the service packages associated with this living option. It may elect, as with the Independent Living option, to offer a mix of services most suitable to relatively able individuals (e.g., Levels 1 and 2). If it were to do so, however, the package for those in Level 2 would need to be enriched.

To contrast, if DBHDS opts to offer this option to be suitable across all levels, packages for levels 2-7 will need to be enhanced by increasing the number of support hours available and/or altering the mix of services. In this regard this issue may also be addressed by increasing the service allotments in the Living Alone option to match that provided in the Living with Family option.

Introduction

The Human Services Research Institute is under contract to the Virginia Department of Behavioral Health and Developmental Services (DBHDS) to: (a) evaluate the state’s current service delivery system for individuals with intellectual and developmental disabilities (ID/DD); and (b) make recommendations to move the system to a more person-focused/needs-based system of care. The effort spans many tasks, including assessment of the individual support needs of service recipients, restructuring the state’s Medicaid strategy regarding Home and Community Based Services (HCBS) waivers¹, including associated rate reimbursement schedules, and projecting, on balance, what services and amounts of services individuals will use in relation to their assessed support needs.

To complete this last objective, a seven level assessment levels framework was used to describe individual support needs from least to most needs. Subsequently DBHDS staff and project staff worked together to consider the needs of individuals in each level and anticipate their service use across six living options, including:

¹ Section 1915(c) of the Social Security Act permits a state to obtain federal financial participation for the cost of furnishing Home and Community Based Services (HCBS) to Medicaid-eligible individuals who require the level of care furnished in a Medicaid-reimbursable institutional setting. HCBS waivers for people with ID/DD typically include the provision of case management/service coordination, residential services, day supports (facility-based habilitation programs), employment supports, personal care/personal assistance, respite, transportation and clinical services. Presently, DBHDS operates three HCBS waivers, referred to as the Intellectual Disability (ID), Developmental Disability (DD) and day supports waivers respectively. DBHDS is working toward amending these waivers to: (a) blend together its response to people with ID or DD so that waivers will not serve one or the other population, (b) establish a tiered waiver approach whereby one will offer a comprehensive service array including licensed residential living options (e.g., group home), a second offering an equivalent array though no licensed residential services, and a third (“Building Independence”) offering modest amounts of support to relatively able individuals. This study was undertaken as DBHDS pursued approval of these amendments. As such, the study makes no particular reference to the present waiver configuration or its proposed amended status. The study instead focuses on the service packages related to particular service packages regardless of HCBS waiver, with the presumption that packages per option will be consistent across waivers.

- Living Alone
- Living with Family
- Living in a Group Home
- Sponsored Residential
- Supported Living
- “Independent Living” (a new option designed to offer modest support to relatively able individuals.)

The result was a series of “service packages” to illustrate, by assessment level and residential option, the types and amounts of services individuals might use. Afterwards, an individualized budget amount for each level may be computed from the service packages.

To assess the acceptability of the service packages, a “validation study” was undertaken during the week of January 26, 2015 whereby selected service professionals in the field were assembled to review the records of a sample of individuals chosen across residential settings and their assigned level. Based upon review of these records, the teams were asked to make three determinations.

1. Determine if each individual reviewed matched the description of the assessment level to which they were assigned.
2. Determine if the individuals in each level, as a group, tended to share similar support needs.
3. Determine if each individual reviewed would be appropriately and appropriately supported by the service package to which they would be assigned.

This report contains the findings of this study. What follows is: (a) a description of the methods applied to conduct the study, (b) study findings, and (c) discussion of the findings, including recommendations.

Methods Applied

In advance of the validation study DBHDS staff agreed upon a seven level assessment framework for categorizing the relative support needs of service recipients. A sample of service recipients was assessed using the Supports Intensity Scale[®], and when appropriate a series of Supplemental Questions related to medical or behavioral challenges. Subsequently, DBHDS staff developed a series of service packages to reflect anticipated service use by level and residential option.

With such information the validation study was completed in four steps: (a) a sample was drawn to be representative of individuals populating each assessment level and within each residential living option, (b) information tied to each selected individual was compiled, (c) professionals familiar with service practices for people with IDD were selected, and (d) these professionals were convened and participated in a systematic study process. In this section, summary information is presented regarding the measures used to assess support need and the assessment framework as well as the four study steps.

Supports Needs Assessment

Supports needs are assessed using the Supports Intensity Scale. There are two versions of the SIS. The “Child SIS” (SIS-C) is for children aged 5 to 15 years. The “Adult-SIS” (SIS-A) is for individuals aged 16 to 72 years old. The SIS-A was created by researchers working with the American Association on Intellectual and Developmental Disabilities (AAIDD). It has been in use since 2004 and is a reliable and accurate tool for measuring the supports needs of individuals with I/DD. The sections of the SIS are described in the accompanying graphic.

In addition to the SIS questions, several jurisdictions including Virginia use supplemental questions to further enrich and inform the planning process for individuals. The Supplemental Questions adopted by DBHDS consist of 21 questions, separated into five subgroups (with five questions in the first four subgroups). Each set of questions seeks to

Supports Intensity Scale

There are three sections.

Section 1 Support Needs Index:

Documents support needs in terms of how often the support is needed, how long it takes to provide the support each time, and what type of assistance is needed. Six sub-sections include:

- A. Home Living Activities
- B. Community Living Activities
- C. Lifelong Learning Activities
- D. Employment Activities
- E. Health and Safety Activities
- F. Social Activities

Section 2 Supplemental Protection and Advocacy Scale:

Examines the types of activities the individual performs to protect and advocate for him or herself.

Section 3 Exceptional Medical and Behavioral Needs:

Documents extra support needed to deal with particular medical and behavioral conditions, above and beyond the regular daily supports covered in Section 1. Two sub-sections address these domains:

- A. Medical Supports Needed
- B. Behavioral Supports Needed

See: <http://aaid.org/sis>

identify individuals with high needs that require extensive supervision and care within a specific risk area. The groups include individuals who:

- Require exceptionally high levels of staff support to address medical needs.
- Have been convicted of a crime and are a community safety risk.
- Have not been convicted of a crime, but still demonstrate a community safety risk.
- Display self-injurious behavior which seriously threatens their own health and safety.
- Individuals who display a risk of falling.

“Yes” responses to these items trigger eligibility for individual case review or “verification” of the extraordinary challenges suggested by the response.

In 2014, DBHDS retained AAIDD to administer the SIS to a sample of service recipients from the ID, DD, and Day Supports waivers. Currently, DBHDS has hired a third-party contractor, Ascend Management Innovations, to administer the SIS interviews. Adults are scheduled to receive a SIS interview every three years and children every two years.

Seven Level Assessment Framework

Assessment results are used to assign individuals assessed using the Adult SIS to one of seven levels, labeled 1 through 7, related to their support needs. In particular, the assessment framework is based on the results of Section One; Parts A, B and E and Section 3, Parts A and 3 of the SIS, and if applicable, the results of the supplemental question verification process. These levels are not associated with AAIDD or the SIS developers, but were developed by DBHDS and its consultants. Level 1 represents those with the least support needs while Levels 6 and 7 represent individuals with the highest need for support.

The seven levels are summarized below. Appendix A provides more detailed description of the levels.

Level 1: Adults in this level have low support needs, and may need some support for medical and behavioral challenges. They can manage many aspects of their lives independently or with little assistance.

Level 2: Individuals in this level need more support than those in Level 1, but their support needs are minimal to moderate in a number of life areas. Adults in this level have moderate support needs and may need some support for medical and behavioral challenges.

Level 3: Adults in this level have low to moderate support needs and may need some medical support as in Levels 1 and 2. They also have an increased, though not extraordinary, support need due to behavioral challenges compared to Levels 1 and 2.

Level 4: Adults in this level have moderate to high support needs and may need some medical support. They often need some physical assistance with life

activities on a daily basis, or 1:1 support. They may have behavioral support needs, but these needs are not extraordinary.

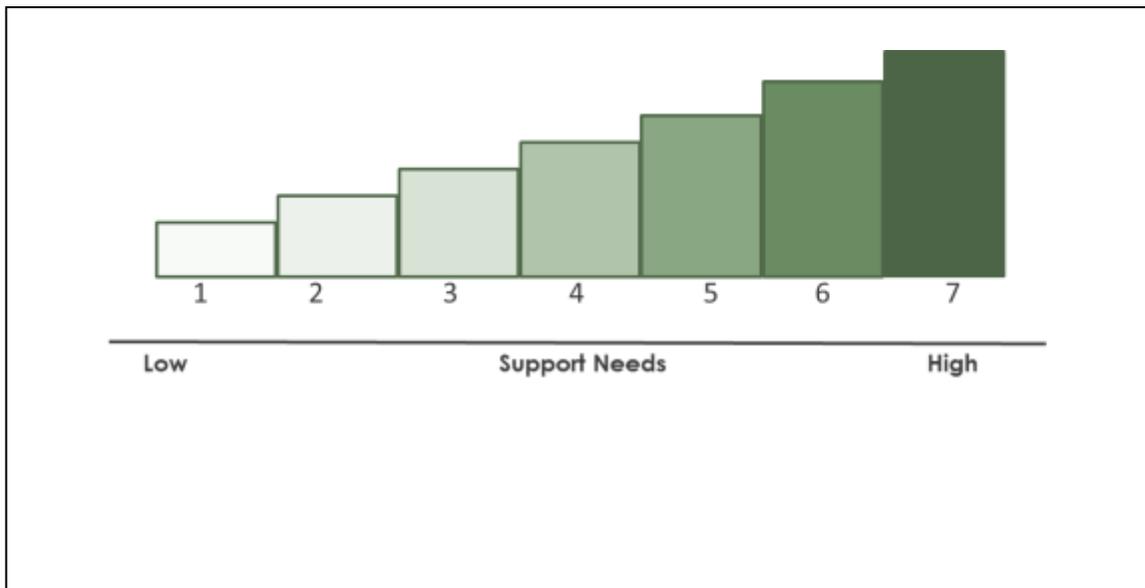
Level 5: Adults in this level have high to maximum support needs. They need help with life activities, typically 1:1 support, requiring hands on support and oversight throughout the day. They may have behavioral support needs, but these needs are not extraordinary.

Level 6: Adults in this level have extraordinary need for medical support. Individuals in this level may have behavioral support needs, but these needs are not extraordinary. Adults in this level need greatly enhanced 1:1 supports due to their medical needs.

Level 7: All adults in this level have extraordinary behavioral challenges, regardless of their support need to complete daily activities or for medical conditions. Adults in this level need greatly enhanced 1:1 supports due to their behavioral challenges

Figure 1 below illustrates these levels. Levels 1, 2, 4 and 5 include individuals from less to more need, but Levels 3, 6 and 7 include individuals with modest behavioral challenges (3), complex medical needs (6) and extraordinary behavioral challenges (7).

Figure 1 Level Framework



Service Packages

Project staff assisted DBHDS to develop service packages by level and residential service option in early 2014. For each residential option staff considered by assessment level the services they would likely utilize as well as the amount (i.e., days per year or hours per week). Table 1 illustrates the services considered by residential option. Appendix B shows the service packages that were composed by DBHDS.

Note that an individual may need other services not accounted for here, such as clinical therapies (e.g., language, physical), assistive technology or housing modifications. These are considered on a per person basis and are not presumed across all individuals in any particular assessment level.

Table 1 Services Considered by Residential Option

Service	Group Home	Sponsored Placement	Supported Living	Living alone	Living with Family	Independent Living
Residential						
Group home	✓					
Sponsored residential		✓				
Supported living			✓			
In-home residential				✓	✓	✓
In-home and Personal Support						
Personal care, respite, Companion services				✓	✓	✓
Day Supports						
Group Day	✓	✓	✓	✓	✓	✓
Community Access	✓	✓	✓	✓	✓	✓
Community engagement	✓	✓	✓	✓	✓	✓
Individual supported employment	✓	✓	✓	✓	✓	✓
Group supported employment	✓	✓	✓	✓	✓	✓
Supported employment wraparound	✓	✓	✓	✓	✓	✓

The Validation Study Sample

The validation study is based on review of records of a sample of DBHDS service recipients and included people that populate each of the levels. For Virginia, 155 individuals were initially selected for the validation study sample. To be included, individuals had to have a full year of expenditure data in FY 2013. Further, while the sampling plan took into account the need for enough records in each level and living setting from which to draw a comparison between other members of the same level (and is not proportional to the population of individuals receiving services), the sample includes more cases from the most populated levels:

- Five living settings were represented in the sample for individuals utilizing the ID waiver: Group Homes, Sponsored Residential, Supported Living, living with a parent or a relative, and living alone.
- Two living setting were represented in the sample for individuals utilizing the DD waiver: living with a parent or relative and living alone
- Of the records reviewed of those living with a parent or a relative, a sample was taken from both the ID and DD waiver, and also included individuals under 21 years of age.

Prior to the validation process, staff from DBHDS requested records from the appropriate Community Service Board for individuals on the ID and DS waiver, and compiled the records internally for individuals on the DD waiver. Of the 155 records requested, 137 records were received. Eight of these records were deemed incomplete to review due to lack of information in the case file or data issues that were identified. Table 2 shows the sample size and the number of cases that were included and excluded from the review and analysis. In total, 129 records were reviewed.

Table 2 Sample Size

	Number of Records	Percent of Records
Included in Analysis	129	83.2%
Excluded from Analysis	26	16.8%
Total	155	100.0%

The sample was designed to include a relatively similar number of individuals in each level. As noted in the Level Description chart in Appendix A, Level 1 represents those with the lowest support needs which increase with each of the following levels. Levels 6 and 7 are meant to represent those individuals with the highest levels of support needs.

The tables below show the characteristics of the sample including the number of individuals, primary diagnosis, place of residence, and historical service use.

- Table 3 shows how many individuals were chosen for the sample and how many people were excluded by level.
- Table 4 describes the diagnoses of individuals in the sample. The categories are not mutually exclusive. Overall, the majority of individuals in the sample had an intellectual disability (77.7%). About one-fourth of individuals in the sample had a developmental disability (23.1%) and/or an autism diagnosis (23.1%).
- Table 5 below shows the breakdown of where individuals lived. The majority of people included in the validation process live with family (43.4%). Of note, reviewers were not able to determine the place of residence for 4 individuals (3.1%) by reviewing their case records.

- Table 6 shows the services received by individuals in the validation sample. Of the 130 individuals in the validation sample, nearly half (49.6%) utilized day supports. Supported employment was not utilized to the same extent, with 8 individuals (6.2%) utilizing individualized supported employment and 6 individuals (4.7%) utilizing group supported employment. Beyond supported employment, the lowest utilization among the validation sample was for companion services (5.4%).

Table 3 Sample by Assessment Level

	Overall		Excluded from Analysis		Included in Analyses	
	Number of Individuals	Percent of Individuals	Number of Individuals	Percent of Individuals	Number of Individuals	Percent of Individuals
Level 1	25	16.1%	4	15.4%	21	16.3%
Level 2	25	16.1%	3	11.5%	22	17.1%
Level 3	15	9.7%	2	7.7%	13	10.1%
Level 4	25	16.7%	2	7.7%	23	17.8%
Level 5	15	9.7%	2	7.7%	13	10.1%
Level 6	25	16.7%	4	15.4%	21	16.3%
Level 7	25	16.7%	9	34.6%	16	12.4%
Total	155	100.0%	26	100.0%	129	100.0%

Table 4 Individuals in the Sample by Primary Diagnosis

	Number of Individuals	Percent of Individuals
Developmental Disability	30	23.3%
Intellectual Disability	100	77.5%
Autism	29	22.5%
Overall	129	100.0%

Table 5 Individuals in the Sample by Living Setting

	Number of Individuals	Percent of Individuals
Supported Living	10	7.8%
Sponsored residential	13	10.1%
Group Home	32	24.8%
Lives with Family	56	43.4%
Lives Alone	14	10.9%
Residential Unknown	4	3.1%
Total	129	100.0%

Table 6 Service Utilization of Individuals in the Sample

Service Type	Number Utilizing Service	Percent of Individuals
Day Support	64	49.6%
Individual Supported Employment	8	6.2%
Group Supported Employment	6	4.7%
In-home Residential	33	25.6%
Group Home	29	22.5%
Sponsored Residential	15	11.6%
Supported Living	11	8.5%
Personal Care	36	27.9%
Companion	7	5.4%
Respite	36	27.9%
Overall	129	100.0%

Validation Study Team

DBHDS identified 21 service professionals representing a range of knowledge and experience in the field to participate in the study. Team members had expertise in case management, service provision, employment services, crisis services and quality assurance. Several team members had experience with the Supplemental Question Verification Process and SIS administration. The team consisted of six individuals from CSBs as well as state staff from DBHDS.

The full team was divided into five-sub-teams consisting of four to five members. A sixth group completed a supplemental review of records that were received late. HSRI

consultants served as Team Participants as needed. Additionally, a supplemental team reviewed the Supported Living Service Package on cases that had already been completely reviewed for their level assignment.

Each team reviewed between 23 and 27 individual records with the exception of the supplemental review team (Team 6). Table 7 shows the breakout of the sample by team. Each team was given enough cases from specific levels so that a qualitative analysis could be conducted. This approach allowed the team to become familiar with a specific level or levels and, at the end of the process, make a determination of whether the individuals in each level generally shared similar support needs.

Table 7 Breakout of the Sample by Teams and Assessment Level

	Team 1		Team 2		Team 3		Team 4		Team 5		Team 6	
	# of Ind	Percent	# of Ind	Percent								
Level 1	10	37.0%	8	34.8%	0	0.0%	2	8.0%	0	0.0%	1	16.7%
Level 2	0	0.0%	0	0.0%	11	45.8%	8	32.0%	0	0.0%	3	50.0%
Level 3	4	14.8%	0	0.0%	0	0.0%	0	0.0%	9	37.5%	0	0.0%
Level 4	0	0.0%	11	47.8%	0	0.0%	11	44.0%	0	0.0%	1	16.7%
Level 5	4	14.8%	0	0.0%	0	0.0%	0	0.0%	9	0.0%	0	0.0%
Level 6	3	11.1%	4	17.4%	8	33.0%	0	0.0%	6	37.5%	0	0.0%
Level 7	6	22.2%	0	0.0%	5	20.8%	4	16.0%	0	25.0%	1	16.7%
Total	27	100.0%	23	100.0%	24	100.0%	25	100.0%	24	100.0%	6	100.0%

Validation Process

The validation process was completed in three steps, including: (a) compilation of required information for review, (b) initial review of materials undertaken by individual team members who were assigned particular records to review, and (c) team review of the information.

- Information Reviewed by the Study Team.** The assembled teams reviewed service records for the individuals in the sample. These records included the individual’s level assignment, Person-Centered Plan, any psychological and medical reports, progress notes for residential and day services, and a review of services and supports (historical and current or projected). Not all records included all documents and as noted above, records that did not include enough information for review were excluded from the process.

- **Initial review of individual team members.** One team member was assigned to be a lead reviewer for each individual file. The lead reviewer closely read the file and the pertinent information and presented the case to the validation team. The team then discussed the record and completed the Validation Template for each record.
- **Team review.** The validation review was completed over four days from January 26, 2015 through January 29, 2015. The five validation teams met, reviewed the case files and completed the appropriate forms for each person whose record was reviewed. This section details the review process.

The review process was guided by the Validation Template and Level Grouping Form. The forms are attached as Appendix C. The teams completed a Validation Template for each person whose record was reviewed.

The form begins with demographic information and information about each person's diagnoses and living setting. To examine the substantive issues, the template first addresses whether the records in the person's case file align with the level description to which they would be assigned (see Appendix A for the level descriptions). The validation teams were next asked whether the service package that an individual would receive based upon their level and living setting would be sufficient to meet their needs. In some cases, teams were asked to review more than one service package per individual. Additional information was gathered when the team felt that a person's level or service package did not match the support needs.

After the validation team considered each person's records on an individual basis, the teams were asked to evaluate whether the level groupings held together. To determine this, the teams considered the individuals according to their level groupings—and excluded individuals who the team felt had support needs that did not meet the level description. The purpose of this second step was to ensure that individuals in each level grouping had needs that were similar to one another. It is important to note that diagnosis and amount of services currently received may differ, so the teams were asked to focus on support needs only.

Results of the Validation Study

The Validation Study Team was asked to consider the information it was provided and make three determinations:

1. Determine if each individual reviewed matched the description of the assessment level to which they were assigned.
2. Determine if the individuals in each level, as a group, tended to share similar support needs.
3. Determine if each individual reviewed would be appropriately supported by the service package to which they would be assigned.

What follows are finding resulting from their work.

Do individuals match with the levels they were assigned?

Teams reviewed individuals' record to determine whether the individual's level assignment and the description provided in the file matched. In 107 of these cases (82.9%), the teams agreed or strongly agreed that the individual's support needs were in alignment with the level description. Table 8 shows the total number of individuals whose needs matched the description of the level.

Table 8 Individuals Whose Needs Matched the Description of the Level

	Number of Individuals	Percent of Individuals
Strongly Agree	31	24.0%
Agree	76	58.9%
Disagree	20	15.5%
Strongly Disagree	2	1.6%
Total	129	100.0%

The teams were asked to elaborate why they either disagreed or strongly disagreed in the 23 cases where it was determined the individual did not match the level description. Using the qualitative descriptions on the Validation Form, a determination was made whether the team felt the person's needs were higher or lower than those indicated in the level description.

Table 9, below, shows the results. In 11 of the 22 cases (8.5% of all cases) the teams felt that individuals were assigned to a higher level than appropriate (i.e., their need was 'overstated') and in 11 cases (8.5% of all cases) the teams felt that individuals were assigned to a lower level than appropriate (i.e., their need was 'understated'). Overall,

the teams found the level to which individuals were assigned were equal to or greater than their needs, as evidenced in the case file, in 91.4% of all cases.

Table 9 Individuals Whose Needs Did Not Match Level Description

	Number of Individuals	Percent of Individuals
Appropriate	107	82.9%
Understates Need	11	8.5%
Overstates Need	11	8.5%
Total	129	100.0%

Table 10 shows the individuals whose needs matched the description by level. The teams agreed with the description 100% of the time for Levels 1, 5 and 6. The teams agreed with the level description over 80% of the time for Level 2. The teams agreed less often with the level description in Levels 3 (76.9%), 4 (60.9%) and 7 (62.5%).

Table 10 Individuals whose Needs Matched the Description by Level

	Number of Individuals in Level	Number of Individuals Whose Description Matches	Percent Whose Description Matches
Level 1	21	21	100.0%
Level 2	22	18	81.8%
Level 3	13	10	76.9%
Level 4	23	14	60.9%
Level 5	13	13	100.0%
Level 6	21	21	100.0%
Level 7	16	10	62.5%
Total	129	107	82.9%

Additional analysis was completed to ensure those with high behavioral or medical needs were appropriately accounted for in the level assignment process. The Validation Template used for the review process asked teams to identify the extent to which each individual required support for behavioral challenges and medical issues, regardless of level assignment. The options included the following:

- No need or very little
- Significant or great need
- Some or modest need
- Extraordinary need

Table 11 displays the number of individuals with high and low behavioral support needs and the frequency with which the teams believed the support needs of the individual, based on their record, matched the level description. The teams determined that 43

individuals had significant to extraordinary behavioral challenges. Of the individuals with significant to extraordinary behavioral need, the teams agreed that the individuals matched their assigned level description in 35 of 43 cases (81.4%). This is marginally lower than the match rate of 83.7% for individuals with lower behavioral support need.

Table 11 Individuals Whose Needs Matched the Description by Behavioral Need

	Number of Individuals	Number of Individuals Whose Description Matches	Percent Whose Description Matches
No Need to Modest Need	86	72	83.7%
Significant to Extraordinary Need	43	35	81.4%
Overall	129	107	82.9%

As with behavioral support need, the validation teams evaluated the degree of medical need on the same scale of no need to extraordinary, regardless of level assignment (Table 12). Teams found a high level of agreement for individuals identified as having significant or extraordinary medical needs (88.9%).

Table 12 Individuals Whose Needs Matched the Description by Medical Need

	Number of Individuals	Number of Individuals Whose Description Matches	Percent Whose Description Matches
No Need to Modest Need	84	67	79.8%
Significant to Extraordinary Need	45	40	88.9%
Overall	129	107	82.9%

Do individuals in each level, as a group, share similar support needs?

At the conclusion of the exercise, the teams were asked whether the individuals in each level had similar support needs. To do this, each of the teams separated the files they had reviewed by level. For the levels where the team reviewed five or more cases, the teams made a determination, by level, whether the individuals in each level had similar degrees of support needs. The teams considered only those individuals who they determined met the level description. The teams determined that the individuals in each level generally shared similar support needs.

Would individuals in each level be appropriately supported by the service package to which they would be assigned?

After determining whether a person's support needs met the level description, teams evaluated whether each person's support needs would be met. Teams examined the array of services specific to the service recipient's living setting. Six service packages were reviewed:

- Living Alone
- Living with Family
- Living in a Group Home
- Sponsored Residential
- Supported Living
- "Independent Living"

To ensure that the teams reviewed a sufficient number of cases for individuals in non-24/7 living settings while keeping the overall number of records to review at a manageable level:

- For individuals who currently live in the home of a family member, live independently, or in a supported living environment teams reviewed up to four potential service packages: Independent Living, Living Alone, Living with Family and Supported Living.
- For individuals living in a group home setting or a sponsored residential setting, teams reviewed only the one relevant service package. The service packages for each living setting can be found in Appendix B.

These guidelines result in a greater number of service packages per person being reviewed than the number of people in the sample. For the level review, 129 individuals were reviewed. For the service package review, a given individual may have up to three different service packages reviewed depending on their living situation. In the tables that follow, the number of packages reviewed is 244, given that some individuals had more than one package that was considered.

Finally, we note that, with regard to the Independent Living residential option, DBHDS purposely designed service packages within this option to meet the needs of relatively able individuals, such as those assigned to Level 1. Packages for people in Levels 2-7 were not deemed sufficient by DBHDS staff from the outset. It may be possible for individuals in Levels 2-7 to utilize this option, but this circumstance would be considered on a person-by-person basis to assure the health and well-being of the individual. As a result, it was anticipated that the validation study teams would identify the Independent Living packages as insufficient for Levels 2-7.

What follows is presentation of a series of tables to illustrate how the service packages fared with the validation teams. Table 13 below shows the breakout of 244 service packages that were reviewed across the sample of 129 people whether the teams found the packages to be appropriate. The highest service package agreement can be seen in Supported Living (91.7% agreed that the package would be appropriate), Group Home

(85.7% agreed that the package would be appropriate) and Living with Family (84.4% agreed that the package would be appropriate). As noted, the Independent Living, service packages, as anticipated, scored an overall 23.4% agreement across all levels. The Living Alone service packages had a low level of agreement at 49.2%. Table 18 provides greater focus on this option.

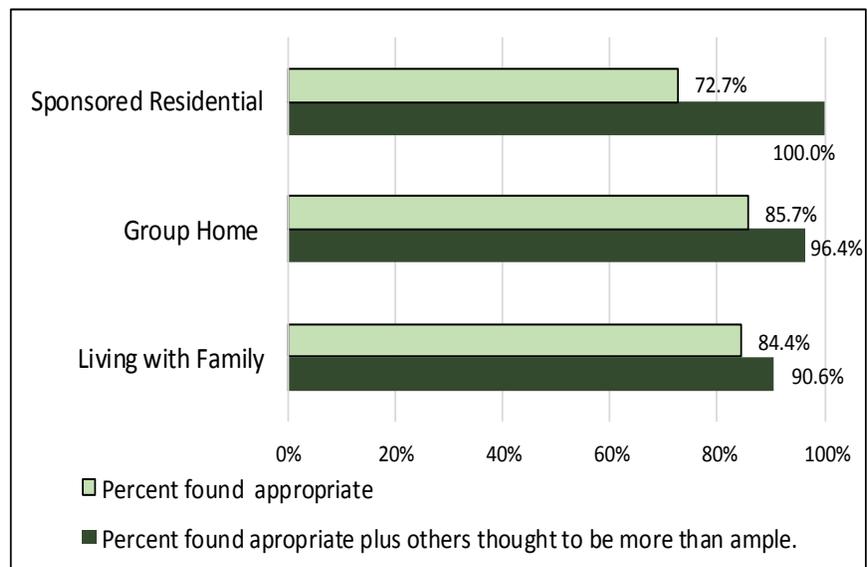
Table 13 Service Packages Deemed Appropriate by Residential Option

Residential Setting	Number of Packages Reviewed	Number Found to be Appropriate	Percent Found to be Appropriate
Living Alone	65	32	49.2%
Living with Family	64	54	84.4%
Group Home	28	24	85.7%
Sponsored Residential	11	8	72.7%
Supported Living	12	11	91.7%

Note: The Independent Living service package was excluded from the table.

As noted earlier, if a team determined that they did not agree that a given service package was appropriate, they were asked to provide an explanation as to whether the package was “too little” (not enough services provided) or “too much” (the package would overserve the individual). Figure 2 illustrates service package agreement with the addition of instances where the reviewers disagreed

Figure 2 Service Packages Found Appropriate by Three Residential Options



because they concluded that package provided too much service. When viewed this way, this changes the level of agreement from 72.7% to 100.0% for Sponsored Residential, from 85.7% to 96.4% in Group Home and from 84.4% to 90.6% for individuals Living with Family. For these three service packages it is important to note

that while an individual may have access to “too rich” of a service package, they are not required to utilize all of the services available.

Table 14 shows whether reviewers agreed that service package was appropriate by level assignment. As displayed below, the highest levels of service package agreement were Levels 1 and 2 at 84.4% and 74.2% respectively, with Level 5 scoring the lowest percent (61.1%).

Table 14 Packages Deemed Appropriate by Individual Assessment Level

	Number of Packages Reviewed	Number Found to be Appropriate	Percent Found to be Appropriate
Level 1	32	27	84.4%
Level 2	31	23	74.2%
Level 3	17	12	70.6%
Level 4	35	25	71.4%
Level 5	18	11	61.1%
Level 6	28	19	67.9%
Level 7	19	12	63.2%
Note: The Independent Living service package was excluded from the table.			

Tables 15 and 16 show the results of additional analyses undertaken to ensure that those with high behavioral or medical needs were accounted for when considering the associated service packages, regardless of level assignment. This analysis is also based on team’s assessment of behavioral or medical needs from individuals’ case files. Again, those associated with the Independent Living option were excluded from the analysis.

The team determined that individuals had significant or great to extraordinary behavioral need in 55 instances. Table 14 shows that of these 55 cases, 67.3% of the service packages were appropriate to meet the person’s needs. Teams felt that of the 125 instances where the individuals had no need to modest need, 73.6% of the service packages appropriately met the needs of the individual.

Table 16 shows results of an examination of service packages in relationship to determined levels of medical need. In 129 instances (71.7%) the teams concluded that the service packages were appropriate to meet the person’s needs. Teams concluded as well that of the 116 instances where the individuals had no need to modest need, 74.1% of the service packages appropriately met the needs of the individual.

Table 15 Number of Packages Deemed Appropriate by Behavioral Need

	Number of Instances	Number with Appropriate Service Packages	Percent with Appropriate Service Packages
No Need to Modest Need	125	92	73.6%
Significant to Extraordinary Need	55	37	67.3%
Overall	180	129	71.7%
Note: The Independent Living service package was excluded from the table.			

Table 16 Number of Packages Deemed Appropriate by Medical Need

	Number of Instances	Number with Appropriate Service Packages	Percent with Appropriate Service Packages
No Need to Modest Need	116	86	74.1%
Significant to Extraordinary Need	64	43	67.2%
Overall	180	129	71.7%
Note: The Independent Living service package was excluded from the table.			

As explained above, DBHDS anticipated that the Independent Living option would not fare well with the study team for assessment Levels 2-7. In addition, Table 13 shows that the packages associated with the Living Alone option troubled the study team. Tables 17-21 focus on these two residential options.

Table 17 focuses on the Independent Living option and shows that 23.4% agreed that this service package would meet the needs of an individual across all assessment levels. For Level 1, however, 11 of the 14 (78.6) instances reviewed were deemed appropriate. Given the DBHDS policy intention regarding this option, it appears that the study team’s conclusions affirm that this option is suited for individuals assigned to Level 1, but not for Levels 2-7.

Table 17 Number of Packages Deemed Appropriate by Level in the Independent Living Option

	Instances Reviewed	Number of Instances Deemed Appropriate	Percent of Instances Deemed Appropriate
Level 1	14	11	78.6%
Level 2	13	3	23.1%
Level 3	5	1	20.0%
Level 4	15	0	0.0%
Level 5	5	0	0.0%
Level 6	9	0	0.0%
Level 7	3	0	0.0%
Overall	64	15	23.4%

Table 18 focuses on the Living Alone option by assessment level, illustrating the adequacy that the reviewers found for that package. For Level 1, reviewers found that in 12 out of 15 cases (80.0%) the service package would be appropriate. For the higher levels, the package was deemed appropriate at a lower frequency. The levels with the lowest overall agreement that the living alone service package were appropriate was for Level 5 at 0.0% and Level 7 at 0.0%.

Table 18 Number of Packages Deemed Appropriate by Level in the Living Alone Option

	Instances Reviewed	Number of Instances Deemed Appropriate	Percent of Instances Deemed Appropriate
Level 1	15	12	80.0%
Level 2	13	6	46.2%
Level 3	5	1	20.0%
Level 4	15	11	73.3%
Level 5	5	0	0.0%
Level 6	9	2	22.2%
Level 7	3	0	0.0%
Overall	65	32	49.2%

As explained earlier, the Independent Living option was excluded from several analyses. In addition, the analyses undertaken suggest that the Living Alone option generally did

not fare well with the study team. Given these circumstances we undertook further analyses of the findings to provide further insight into how the packages fared overall among the study teams if these two residential options were excluded from analyses. These analyses include 115 review opportunities.

Table 19 focuses on medical need. In the 42 instances where the teams determined that individuals had significant or great to extraordinary medical need, 88.1% of the service packages reviewed were appropriate to meet the person’s needs. Teams felt that of the 73 instances where the individuals had no need to modest need, 82.2% of the service packages appropriately met the needs of the individuals.

Table 20 focuses on behavioral need. In the 40 instances where the teams determined that individuals had significant or great to extraordinary behavioral need, 80.0% of the service packages reviewed were appropriate to meet the person’s needs. Teams felt that of the 75 cases where the individuals had no need to modest need, 86.7% of the service packages appropriately met the needs of the individuals.

Table 21 illustrates that when the Independent Living and Living Alone options are excluded, in 84.3% of instances reviewed the study teams concluded that the service packages were appropriate for the living setting and level. The levels with the highest overall agreement that the service packages were appropriate was for Level 2 at 94.4% and Level 3 at 91.7%.

**Table 19 Number of Packages Deemed Adequate Related to Medical Need
(Excluding the Independent Living and Living Alone Options)**

	Instances Reviewed	Number of Instances Deemed Appropriate	Percent of Instances Deemed Appropriate
No Need to Modest Medical Need	73	60	82.2%
Significant to Extraordinary Medical Need	42	37	88.1%
Overall	115	97	84.3%
Note: The Independent Living and Living Alone service packages were excluded from the table.			

Table 20 Number of Packages Deemed Adequate Related to Behavioral Need (Excluding the Independent Living and Living Alone Options)

	Instances Reviewed	Number of Instances Deemed Appropriate	Percent of Instances Deemed Appropriate
No Need to Modest Behavioral Need	75	65	86.7%
Significant to Extraordinary Behavioral Need	40	32	80.0%
Overall	115	97	84.5%
Note: The Independent Living and Living Alone service packages were excluded from the table.			

Table 19 Number of Packages Deemed Adequate Overall (Excluding the Independent Living and Living Alone Options)

	Instances Reviewed	Number of Instances Deemed Appropriate	Percent of Instances Deemed Appropriate
Level 1	17	15	88.2%
Level 2	18	17	94.4%
Level 3	12	11	91.7%
Level 4	20	14	70.0%
Level 5	13	11	84.6%
Level 6	19	17	89.5%
Level 7	16	12	75.0%
Overall	115	98	84.3%
Note: The Independent Living and Living Alone service packages were excluded from the table.			

Discussion and Recommendations

A validation study team was asked to review the information it was provided regarding 129 individuals and reach conclusions over how well the proposed supports budget models worked regarding the assessment level framework and the service packages associated with each of seven assessment levels and six residential options. In advance of the study, we anticipated that the team would not agree 100% of the time with level assignments and service package configurations. This is so for at least these reasons:

- Regarding assessment level assignments, individual records are useful for getting a good sense of the person and his/her needs, but the records vary in their comprehensiveness and should not be considered an infallible anchor point. When team members disagree with a level assignment, it does not necessarily mean that the error rests with inaccurate assessment or faulty level assignment. Instead, the difficulty could rest with misperceptions of the individual suggested by the case records that result from the varying types of information contained within that record due to participation in different services or on different waivers. Still, comparing findings and assignments with individual records provides an intriguing point of comparison, and good agreement between the level assignment and record review is encouraging.
- Adding to the potential error embedded within joint use of case review and assessment, the DBHDS team that established the service packages and study team may have varying frames of reference for viewing the packages. The DBHDS team that established the initial service packages included numerous practice experts, but deliberated with an eye on establishing practical packages within known overall agency budget confines. To contrast, the validation study team did not necessarily deliberate with such factors in mind and may have favored richer service packages generally as a result.

Given study findings, HSRI concludes the following pertaining to the level framework and service packages.

Regarding the Seven Level Assessment Framework

Validation Study Findings. The validation process suggests that the assessment framework will appropriately categorize the support needs of adults in the service system. As illustrated in Table 10, in 82.9% of instances, the model accurately describes the support needs of individuals, without overstating or understating the needs of those in the sample. In fact, for Levels 1, 5 and 6 the teams found a match between level assignment and what the individual records suggest in 100% of the instances reviewed, with Level 2 at 81.8%. Further, when considering the individuals for whom the teams believed that the level descriptions overstated the needs, this rises to 91.4% of those reviewed.

Regarding Level 4 (60.9%) particularly, HSRI conducted a review of the comments indicating why team members found the level descriptions inappropriate. There were nine instances in which the team concluded that the level assignment did not match what case records would suggest. In four of these instances, the teams felt the person had support needs that exceeded those suggested by the Level 4 description. The comments included a note that the person sometimes needed 1:1 support, but that the level description did not indicate this. In the other five instances, the teams concluded that the individuals' support needs were less than suggested by the level description.

Both Level 3 and Level 7 have been designed to support individuals with behavioral challenges. This validation analysis specifically considered individuals who had behavioral and medical support needs. The teams felt that the level descriptions were appropriate in 76.9% and 62.5% of cases, respectively. This shows that the agreement with the level assignments for people with behavioral challenges is generally good. Behavior, however, is difficult to assess overall because: (a) the topic covers a great range of actions (e.g., arguing, fighting, self-injury, running away), (b) behaviors vary in their frequency and intensity, and so embedding uncertainty into how observers might view individual actions over time, and (c) individual records may contain historical information to suggest a reputation that is not consistent with how the person behaves presently. As a result, it is not surprising to find lower levels of agreement for behavioral categories.

Validation Study Conclusion. These findings show a strong, and so acceptable, relationship between assessment findings and evidence found within individual records. Put plainly, the proposed level assessment framework appropriately differentiates the support needs of individuals. Further, the study team found that the members of each assessment level indeed shared a common level of support need.

Validation Study Recommendation. No changes to the assessment level framework are recommended. HSRI recommends, however, editing the wording of the level description to include language that indicates that a person in Level 4 or higher may require 1:1 support to complete some activities or tasks.

Regarding Service Packages

Validation Study Findings. Setting aside the Independent Living option, Table 13 shows that in three of five living options, the study team found the service packages to be appropriate overall 84% of the time or more. The Sponsored Residential option fared less favorably (8 of 11 instances totaling 73%), but still generally acceptable.

The Living Alone option fared least favorably (49.2%), but its performance by level is worth noting. Table 18 shows that it performs well for Levels 1 (80%) and Level 4 (73%), but not well at all for levels in which individuals have high support needs

(levels 5, 6 and 7) or some behavioral need (Level 3). Notably, it performs modestly well for Level 2 (46%).

Regarding the Independent Living residential option, as explained earlier, DBHDS purposely designed this option for relatively able individuals. Consistent with this intention, findings generated by the validation team illustrate that this option is appropriate for individuals assigned to Level 1, but insufficient for those in Levels 2-7 (See Table 17).

Finally, the service packages and validation study must be considered within the context of service use across the service population. While six living options were considered, some options are used more frequently than others. For instance, for 5,868 adults² receiving services through the Intellectual Disability and Day Supports waivers,³ use of these five options was as follows:

Group Home	3,255	55.47%
Sponsored Residential	908	15.47%
Supported Living/Apartment	148	2.52%
Lives Alone	50	0.85%
<u>With Unpaid Caregivers</u>	<u>1,507</u>	<u>25.68%</u>
	5,868	100%

As shown, the most used options are group homes and unpaid caregivers (most likely family) at 55.47% and 25.68% respectively (totaling 81% together) with others used far less frequently. While it is important to assure that service packages across all options are appropriate, it is instructive to consider the packages in this context. In fact, as Table 13 shows, the living options that fared best with the validation teams were group home and living with family (unpaid caregivers) at 84.4% and group homes at 85.7%.

During the development of the service packages, decisions were made about the appropriate amount and type of support for individuals in each living setting. In some instances, the assumed hours available for day services in the service packages plateau at the higher levels or, in some cases, decrease. During the debriefing session following the record review, some team members expressed concern over these service packages than had fewer assumed hours available to people with higher support needs and the ultimate impact of people's budgets. Going forward, as DBHDS makes changes to the service packages, the state should bear in mind the proposed rate schedule for these services to ensure that the budgets available to people in the highest levels are not lower than for those in the lower levels.

² Adults with a full-year of services and who did not receive both congregate residential and in-home services during the year.

³ Regarding the Developmental Disabilities waiver, 298 people received full year of services in FY2013, but residential placement data were not available.

Validation Study Conclusion. Generally, the service packages, with the exception of the Living Alone option, fared well with the study team. We note, however, that the Living Alone option serves less than 1% of the population, and does well for Level 1. Overall, across all options, packages for Level 1 seemed strongest to the teams, suggesting that packages for other levels across options be monitored. Admittedly, the Independent Living option was not suitable for individuals in Levels 2-7, but this was anticipated and is interpreted as a positive finding.

Validation Study Recommendation. No changes to the service packages associated with most residential options are recommended. Special comment, however, is offered regarding the Independent Living and Living Alone Options.

- Independent Living. DBHDS envisions this option and its related service package being able to accommodate the individuals with the lowest levels of support need in the service system (i.e., Level 1). The individuals accessing this service package would most likely be living alone, and benefit from some personal care and habilitative services. DBHDS also envisions that individuals in this level would be working competitive jobs in the community with little to no support. Yet DBHDS has not expressly excluded individuals from levels 2-7 from accessing this service package, provided the service package, perhaps coupled with other sources of support, is able to ensure the health, safety, and welfare of the service recipient. While no action regarding the particulars of this option is recommended, DBHDS should closely monitor its use, perhaps flagging individuals assigned to levels 2-7 who choose this option and undertake a special review of the request.
- Living Alone. The study teams were most concerned with this option. Two implications are apparent. First, as a matter of policy, owing to associated costs of service, DBHDS may set the packages for this option by level so that they are not sufficient on their own to support those with high support needs. If DHBDS decides otherwise, then the packages require adjustment. Second, notably, the validation team concluded that the package for Level 2 was generally insufficient. DBHDS will likely need to revisit this package regardless of its decision for other levels.

If DBHDS seeks to adjust the packages across levels, it may do so by altering the number of hours available to individuals or the mix of services. In addition, we note that when compared to the service package available to individuals living with family, the services in this service package are less robust. During the debriefing session, several individuals noted that this seemed counterintuitive and felt that individuals who lived alone would need more support than those living with family. As a result, this issue may be addressed by increasing the service allotments in the Living Alone option to match that provided in the Living at Home option.

Study Limitations

In the review of the appropriateness of the levels, the validation teams noted in some instances that the documentation was insufficient for the team to agree that the person had the level of support indicated in the level description. This observation highlights the difficulty in conducting studies like these. Put plainly, the information available is not uniformly comprehensive across all records. This is not surprising, given the great number of people receiving services over time across three distinct HCBS waivers and varying residential options, with each waiver requiring varying records or documentation.

Further, as experienced in service practice as validation team members may be, they did not know the people being reviewed personally. The process required that they rely on the records and assessment information they were provided to reach their conclusions. As a result, some amount of uncertainty is embedded in the process and it is highly unlikely then that the teams would agree uniformly on all matters. Some amount of disagreement is a natural output of the process. Keeping this in consideration, these findings are generally favorable.

Next Steps

Effective means for establishing individualized supports budgets for DBHDS adult service recipients must reliably anticipate service need and use for these individuals. We recognize, however, that no preconceived model will be appropriate for all individuals. After all, some individuals, for any number of reasons, will fall outside the parameters of the model. Indeed, findings here suggest that some amount of disagreement can be anticipated regarding what constitutes a reasonable service response for any particular individual. As a result, as DBDHS already plans, a robust “exceptions review” process for identifying and addressing the needs of such individuals whose needs may fall outside the parameters of typical service packages is required.

Particular to this study, DBHDS should plan on the following next steps:

1. Consider the findings in relation to potential action for adjusting selected service packages. In particular, attention should be given to the Living Alone residential option.
2. The cost impacts related to any adjustments must be calculated, with these effects, in turn, requiring additional adjustments.
3. A “person and family friendly” report to document this study and any adjustments DBHDS makes to the packages should be compiled and disseminated.
4. A public comment period related to the service packages should be undertaken to solicit feedback. Based on the public comment, DBHDS may make further revisions to the packages, yielding finalized packages by residential option.

Once step 4 is completed, DBHDS will be positioned to implement the supports budget models, given completion of other associated tasks.

Appendix A:
Virginia Level Descriptions

Virginia Level Descriptions

- 1** Adults in this level have low support needs, and may need some support for medical and behavioral challenges. They can manage many aspects of their lives independently or with little assistance.

Someone in this level may need supports with clothing care, preparing meals, and dressing. Often support needed involves some monitoring or prompting instead of partial to full physical support. They may need intermittent help participating in leisure activities, gaining and maintaining employment, visiting family and friends, or assistance with shopping. They usually can ambulate or need minimal help moving about with the proper equipment, but need help with health practices, such as maintaining a nutritious diet and taking medications.

- 2** Individuals in this level need more support than those in Level 1, but their support needs are minimal to moderate in a number of life areas. Adults in this level have moderate support needs and may need some support for medical and behavioral challenges.

An individual in this level may need some assistance preparing and eating meals. They might need monitoring or prompting with daily dressing, and daily assistance with housekeeping and laundry. They may need support getting from place to place, gaining and maintaining employment, accessing public services or interacting with community members. In this level, they most likely will need partial physical assistance taking medications, avoiding health and safety concerns and maintaining a healthy diet.

- 3** Adults in this level have low to moderate support needs and may need some medical support as in Levels 1 and 2. They also have an increased, though not extraordinary, support need due to behavioral challenges compared to Levels 1 and 2.

Individuals at this level would otherwise be assigned to Levels 1 or 2, except for their moderate behavioral challenges. These individual's behavioral support needs lie outside of overall living activity supports. Though these needs are not extraordinary, they likely require increased monitoring or intervention to address behavioral challenges such as prevention of outbursts, self-harm and/or wandering.

- 4** Adults in this level have moderate to high support needs and may need some medical support. They often need some physical assistance with life activities on a daily basis. They may have behavioral support needs, but these needs are not extraordinary.

In this level, an individual will most likely need daily assistance preparing food, eating meals, dressing, and bathing. This will most likely include partial to full physical assistance for some supports including gaining and maintaining employment, accessing the community, visiting friends and family members, or participating in preferred community activities. They may also have behavioral support needs that lie outside of overall living activity supports. Though these needs are not extraordinary, they likely require increased monitoring or intervention to prevent or address behavioral challenges such as prevention of outbursts, self-harm and/or wandering. They will most likely need at least partial physical assistance obtaining health care.

5 Adults in this level have high to maximum support needs. They need help with life activities typically requiring hands on support and oversight throughout the day. They may have behavioral support needs, but these needs are not extraordinary.

Support needs will likely include partial to full physical assistance with eating and preparation of meals, dressing, and all household activities. An individual in this level may have difficulty ambulating, and therefore needs full physical help accessing the community. To maintain health and safety, an individual in this level will likely need full support in meal planning, maintaining physical health and taking medications. Support for medical issues may also be required.

6 Adults in this level have extraordinary need for medical support. Individuals in this level may have behavioral support needs, but these needs are not extraordinary. Adults in this level need greatly enhanced supports due to their medical needs.

Regardless of the support needed to complete life activities, individuals in this level have extraordinary support needs due to their medical conditions. This may involve assistance with respiration, feeding assistance, or other exceptional medical care. They likely need partial to full physical assistance with eating and preparation of meals, dressing, and all household activities. An individual in this level may have difficulty ambulating, and therefore needs full physical help accessing the community. In order to maintain health and safety, an individual in this level will likely need full support in meal planning, maintaining physical health and taking medications.

7 All adults in this level have extraordinary behavioral challenges, regardless of their support need to complete daily activities or for medical conditions. Adults in this level need greatly enhanced supports due to their behavioral challenges.

Regardless of the support needed to complete life activities, an individual in this level has behavioral support needs that are exceptional and require a great amount of assistance. They may have varying support needs in daily living activities but can require full physical assistance to prevent harm to themselves or others. Support needs in this domain include prevention of pica, sexually aggressive behavior, wandering and tantrums, or other forms of self-harm. Given the behavioral challenges experienced by people in this level, employment supports will need to be highly specialized.

Appendix B:
Virginia Service Packages

Group Home

Services		Levels						
		1	2	3	4	5	6	7
Residential	Group Home (Congregate Residential)	365	365	365	365	365	365	365
Personal Care	Personal Care (Hrs/wk)	0	0	0	0	0	0	0
Total								
Day Services	Total Day Support (Hrs/Wk)	12	18	20	20	20	25	25
	Group Day (In Center)	10	15	10	10	10	15	15
	Community Access (1:1)	0	0	2	2	5	5	5
	Community Engagement	2	3	8	8	5	5	5
	Hours Working/Wk (With or without paid support)	15	12	10	10	10	5	5
	Total Employment Support (Hrs/Wk)	7	10	10	10	10	5	5
	Individual Supported Employment	2	1	0.5	0.5	0.5	0.5	0.5
	Group Supported Employment	5 at 1:2-4	5 at 1:2-4	5 at 1:2	5 at 1:2	5 at 1:2	0	0
	Supported Employment Wraparound	0	4	4.5	4.5	4.5	4.5	4.5
Total (Hrs/Wk)		19	28	30	30	30	30	30

Sponsored Residential

Services		Levels						
		1	2	3	4	5	6	7
Residential	Sponsored Residential	365	365	365	365	365	365	365
Total		365						
Day Services	Total Day Support (Hrs/Wk)	12	18	20	20	10	15	15
	Group Day (In Center)	10	15	10	10	7	10	10
	Community Access (1:1)	0	0	2	2	0	0	0
	Community Engagement	2	3	8	8	3	5	5
	Hours Working/Wk (With or without paid support)	15	12	10	10	10	5	5
	Total Employment Support (Hrs/Wk)	7	10	10	10	10	5	5
	Individual Supported Employment	2	1	0.5	0.5	0.5	0	0
	Group Supported Employment	5	5	5	5	5	5	5
	Supported Employment Wraparound	0	4	4.5	4.5	4.5	0	0
Total (Hrs/Wk)		19	28	30	30	20	20	20

Supported Living

Services		Levels						
		1	2	3	4	5	6	7
Residential	Supported Living	365	365	365	365	365	365	365
Total		365	365	365	365	365	365	365
Day Services	Total Day Support (Hrs/Wk)	0	0	10	15	15	20	20
	Group Day (In Center)	0	0	10	10	10	10	10
	Community Access (1:1)	0	0	0	2	2	5	5
	Community Engagement	0	0	0	3	3	5	5
	Hours Working/Wk (With or without paid support)	25	30	15	10	10	5	5
	Total Employment Support (Hrs/Wk)	17	25	15	10	10	5	5
	Individual Supported Employment	2	1	0.5	0.5	0.5	0.5	0.5
	Group Supported Employment	15 at 1:2-4	20 at 1:2-4	10 at 1:2	5 at 1:2	5 at 1:2	0	0
	Supported Employment Wraparound	0	4	4.5	4.5	4.5	4.5	4.5
Total (Hrs/Wk)		17	25	25	25	25	25	25

Living with Family

Services		Levels						
		1	2	3	4	5	6	7
Residential	In-Home Residential (Hrs/day)	1	3	3	4	4	6	6
Personal Care	Personal Care (Hrs/wk)	14	14	28	28	28	40	40
Total (Hrs/Day)		3	5	7	8	8	11.71	11.71
Day Services	Total Day Support (Hrs/Wk)	12	18	20	20	20	5	5
	Group Day (In Center)	10	15	10	10	10	0	0
	Community Access (1:1)	0	0	2	2	5	5	5
	Community Engagement	2	5	8	8	5	0	0
	Hours Working/Wk (With or without paid support)	15	12	10	10	10	5	5
	Total Employment Support (Hrs/Wk)	7	10	10	10	10	5	5
	Individual Supported Employment	2	1	0.5	0.5	0.5	0	0
	Group Supported Employment	5 at 1:2-4	5 at 1:2-4	5 at 1:2	5 at 1:2	5 at 1:2	5 at 1:2	5 at 1:2
	Supported Employment Wraparound	0	4	4.5	4.5	4.5	0	0
Total (Hrs/Wk)		19	28	30	30	30	10	10

Living Alone¹

Services		Levels						
		1	2	3	4	5	6	7
Residential	In-Home Residential (Hrs/day)	2	4	4	5	5	6	6
Personal Care	Personal Care (Hrs/wk)	7	14	28	28	28	35	35
Total		3	6	8	9	9	11	11
Day Services	Total Day Support (Hrs/Wk)	5	12	12	15	15	15	15
	Group Day (In Center)	0	8	8	10	10	10	10
	Community Access (1:1)	5	2	2	2	2	2	2
	Community Engagement	0	2	2	3	3	3	3
	Hours Working/Wk (With or without paid support)	15	12	10	10	10	5	5
	Total Employment Support (Hrs/Wk)	7	10	10	10	10	5	5
	Individual Supported Employment	2	1	0.5	0.5	0.5	0.5	0.5
	Group Supported Employment	5 at 1:2-4	5 at 1:2-4	5 at 1:2	5 at 1:2	5 at 1:2	0	0
	Supported Employment Wraparound	0	4	4.5	4.5	4.5	4.5	4.5
Total (Hrs/Wk)		12	22	22	25	25	20	20

¹ Shared Living Service May Be Added to this Package

Building Independence

Services		Levels						
		1	2	3	4	5	6	7
Residential	In-Home Residential	1	2	2	2	2	2	2
Personal Care	Personal Care (Hrs/Day)	1	1	1	1	1	1	1
Total (Hrs/Day)		2	3	3	3	3	3	3
Day Services	Total Day Support (Hrs/Wk)	5	12	12	15	15	15	15
	Group Day (In Center)	0	8	8	10	10	10	10
	Community Access (1:1)	5	2	2	2	2	2	2
	Community Engagement	0	2	2	3	3	3	3
	Hours Working/Week (With or without paid support)	15	12	10	10	10	5	5
	Total Employment Support (Hrs/Wk)	7	10	10	10	10	5	5
	Individual Supported Employment	2	1	0.5	0.5	0.5	0.5	0.5
	Group Supported Employment	5 at 1:2-4	5 at 1:2-4	5 at 1:2	5 at 1:2	5 at 1:2	0	0
	Supported Employment Wraparound	0	4	4.5	4.5	4.5	4.5	4.5
Total (Hrs/Wk)		12	22	22	25	25	20	20

Appendix C:
Validation Template and
Level Grouping Form

Virginia Support Level Validation Template

Lead Reviewer: _____ Date: _____

Other Reviewers: _____

Section 1: Individual Background (Lead Reviewer completes this section)

1. Name: _____ 3. Birth Date: _____

2. Medicaid ID: _____ 4. SIS ID: _____

5. Present place of residence:

- Congregate Residential
 - Supported Living
 - Sponsored Placement
 - Group Home
- In-Home Residential
 - Living with Family
 - Living Alone
- Unknown

If unable to review a record,
indicate reason below:

6. What conditions qualify the individual for waiver services (check all that apply)

- Intellectual Disability
- Autism
- Developmental Disability

7. What other diagnoses apply?

- Mental health challenges
- Complex medical needs requiring nursing care
- Substance abuse
- Other:
- Extraordinary behavioral challenges

LEAD REVIEWER STOP HERE. Sections 2 & 3 will be completed as a team.

Section 2: Support Level Assignment (Lead Reviewer leads team discussion)

Review the file to become familiar with the person’s current supports and level of need. Begin by answering questions about the person’s level of support need. Read the level description below and determine whether the person has the same level of support need. Consider the following as the team comes to consensus:

8. Excluding any support needed for behavioral challenges and medical needs, how much support does this person need to complete:

	No Need Very Little	Some or Modest	Significant	Extraordinary
Personal and home living activities (e.g., eating, bathing, dressing, going to the toilet, preparing food, preparing meals, household chores, getting around inside the home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Living (e.g., visiting friends, shopping, recreating, getting from place to place)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and safety (e.g., taking medications, avoiding hazards, maintaining physical health, eating well, mobility, getting proper health care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Consider specifically any challenging behavior noted about this person (e.g., breaks things, hits others or himself, eats inappropriate things, fighting, stealing, non-compliance, self-injury and others). Rate the level of support this person needs due to behavioral challenges:

- | | |
|---|--|
| <input type="checkbox"/> No need or very little | <input type="checkbox"/> Some or modest need |
| <input type="checkbox"/> Significant need | <input type="checkbox"/> Extraordinary need |

10. Consider the medical needs noted about this person (e.g., care or oversight provided during the day or certified medical staff or nurses due to medical conditions). Rate the level of support this person needs due to these medical conditions.

- | | |
|---|--|
| <input type="checkbox"/> No need or very little | <input type="checkbox"/> Some or modest need |
| <input type="checkbox"/> Significant need | <input type="checkbox"/> Extraordinary need |

This person has been assigned to Level (circle):

1 **2** **3** **4** **5** **6** **7**

11. Does this person have the support needs indicated in the assigned level description? (circle):

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

12. If Question 11 is answered with a score of 1 or 2, does the description over state or understate the person’s need. Refer to specific facts and documents in the record.

- Understates need
- Overstates need

Section 3: Service Considerations (Lead Reviewer leads team discussion)

Based on information provided in the file, begin by indicating which services the individual receives, and the amount. Read the service package description for the level to which the person is assigned. After reviewing service data provided in the file and reading the service package description, judge the adequacy of the support to be received, including the natural supports available to the individual. As the team deliberates, consider the following services:

13. Is the person currently receiving these services?

Service	Does the person receive this service?
Day Support	<input type="checkbox"/>
Individual Supported Employment	<input type="checkbox"/>
Group Supported Employment	<input type="checkbox"/>
In-home Residential	<input type="checkbox"/>
Group Home	<input type="checkbox"/>
Sponsored Placement	<input type="checkbox"/>
Supported Living	<input type="checkbox"/>
Personal Care	<input type="checkbox"/>
Companion Care	<input type="checkbox"/>
Respite	<input type="checkbox"/>

Service Package	Reviewed
Building Independence	<input type="checkbox"/>
Group Home	<input type="checkbox"/>
Living Alone	<input type="checkbox"/>
Living with Family	<input type="checkbox"/>
Sponsored Residential	<input type="checkbox"/>
Supported Living	<input type="checkbox"/>

14. The amount of support (hours) available in _____ service package meet the needs of the individual:

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

15. If Question 14 is answered with a score of 1 or 2, does the service package provide too much service or too little service?

- Too much service
- Too little service

16. If Question 14 is answered with a score of 1 or 2, describe why the service package does not meet the needs of the individual. Specify which service or services is not appropriate.

17. The amount of support (hours) available in _____ service package meet the needs of the individual:

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

18. If Question 17 is answered with a score of 1 or 2, does the service package provide too much service or too little service?

- Too much service
- Too little service

19. If Question 17 is answered with a score of 1 or 2, describe why the service package does not meet the needs of the individual. Specify which service or services is not appropriate.

20. The amount of support (hours) available in _____ service package meet the needs of the individual:

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

21. If Question 20 is answered with a score of 1 or 2, does the service package provide too much service or too little service?

Too much service

Too little service

22. If Question 20 is answered with a score of 1 or 2, describe why the service package does not meet the needs of the individual. Specify which service or services is not appropriate.

23. Other comments or observations.

STOP HERE until all individual records are reviewed

Step 2: Virginia Support Level Grouping Validation Template

Lead Reviewer: _____ Date: _____
Other Reviewers: _____

Section 1: Support Level Grouping

Level (circle):

1 2 3 4 5 6 7

The Lead Reviewer will gather files and completed Support Level Validation Forms according to Support Level. Review each file in the grouping that the team **matches** the level description based on the validation team’s finding in Part 1 to determine whether the individuals in each group, generally, share similar levels of support need. If the team identifies individuals who do not appear to “fit” in the group, the lead reviewer will flag those individuals for further review in Section 2.

1. Do the individuals in this level generally share similar levels of support need?

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

2. If Question 1 is answered with a score of 1 or 2, describe why the team feels this grouping does not have similar levels of support need.

3. Did the team identify any individuals whose level of support need (hours) was **different** than the other individuals in that group? (If yes, complete Section 2)

Yes

No

Section 2: Outliers

Only complete this section if the answer to Question 2 is **Yes**. Below, list the name of any individual the team feels has a different level of support need than the others in the group. Indicate whether the individual's support needs are higher or lower than the rest of the group. Describe why the team reached this conclusion, including specific facts and supporting documents in the file.

Name: _____

Are the individual's needs higher or lower than the rest in the group?

Higher

Lower

Describe why the team reached this conclusion, including specific facts and supporting documents in the file.

Name: _____

Are the individual's needs higher or lower than the rest in the group?

Higher

Lower

Describe why the team reached this conclusion, including specific facts and supporting documents in the file.

Name: _____

Are the individual's needs higher or lower than the rest in the group?

Higher

Lower

Describe why the team reached this conclusion, including specific facts and supporting documents in the file.
