My Life, My Community!

Re-designing Supports for Virginians with Intellectual and Developmental Disabilities

Project Report

November 5, 2013

Project Task 1.5:

Findings and Recommendations Pertaining to a Review of the Administration of the Supports Intensity Scale in Virginia

HSRI Human Services Research Institute

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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 (I/DD); (b) make recommendations to move the system to a more person-focused/needs-based system of care; and (c) in conjunction with that evaluation, review the existing rates paid to service providers and the current method of allocating resources to support individuals receiving services.

One task in the first phase of this project requires an evaluation of the current administration of the Supports Intensity Scale® (SIS) in Virginia. The purpose of this task is to review present assessment practices and determine what might be done to improve the assessment process for the resource allocation purposes. We recognize that DBHDS has invested significant effort in utilizing the SIS as part of a person-centered planning process. Evaluation of the use of the SIS for that particular purpose, however, is beyond the scope of this task. The following provides a description of the: (a) methods applied to conduct the analyses, including a list of best practice standards that were developed for this task, (b) findings resulting from our review of practices in Virginia, and (c) concluding remarks, including recommendations for improvement.

Methods

Background on the Supports Intensity Scale

The SIS was developed by the American Association on Intellectual and Developmental Disabilities (AAIDD) over a five year period and published in 2004. This tool assesses the support needs of individuals with I/DD in their daily lives, illustrating the type and scope of supports that are needed for the individual to achieve tasks associated with community living. The SIS was normed using a nationwide sample of 1,306 adults with I/DD who were 18 years of age or older living in 33 states. There are three sections embedded in the tool:

Section 1 Support Needs Scale: This section documents the general support needs of individuals, 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 (ranging from monitoring to full physical assistance). Six sub-sections address the major areas in which support is typically needed:

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

Section 2 Supplemental Protection and Advocacy Scale: This section examines the types of activities the individual performs to protect and advocate for him or herself. As in Section 1, each activity is rated in terms of frequency, time, and type of support.

Section 3 Exceptional Medical and Behavioral Needs: This section 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:

Part A: Medical Supports Needed   Part B: Behavioral Supports Needed

Use of the Supports Intensity Scale in Virginia

The Virginia DBHDS began administering the Supports Intensity Scale in 2006 to a non-representative sample of the service population as part of a pilot project[1] (see Appendix A). In 2009, the Department expanded SIS assessments to the full population of individuals with intellectual disabilities served through the Intellectual Disabilities Home and Community-Based Supports Waiver and those residing in Training Centers. Adults are scheduled to receive a SIS interview every three years and children every two years.

In addition to the SIS, a series of supplemental questions are used to help assure that individuals with extensive medical and/or behavioral needs are identified (see Appendix B). When a supplemental question or questions are triggered for an individual, the SIS interviewer asks an additional series of questions. The questions that may be asked cover the following areas:

Question 1: Severe medical risk
Question 2: Severe community safety risk for people with related legal conviction
Question 3: Severe community safety risk for people with no related legal conviction
Question 4: Severe risk of harm to self
Question 5: Risk of falling

The first four supplemental questions are not asked of all individuals but are triggered by responses to particular questions in the SIS Medical and Behavioral Subscales. Question 5 is asked of everyone each year. The Section 4 Supplemental Questions are reviewed annually by the team and any significant changes may trigger a new full SIS completion.

Review of SIS Assessment Practices in Virginia

To conduct a review of assessment practices in Virginia, the project team identified 19 best practice standards for administration of the SIS assessment. Standards were developed according to each of the following domains:

- Interviewer training,

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[1] Fortune, J., Kimmich, M. & Chiri, G., (2008) *The Virginia system for resource allocation: Equitably serving people with developmental disabilities on the comprehensive HCBS waiver*. Tualatin OR: Human Services Research Institute

- Interviewer Reliability Qualifications Review (IRQR) mechanisms to ensure accurate data collection across interviewers,

- Data management, storage, and reporting,

- Verification of supplemental question responses,

- Policies for reassessment, and

- Scheduling of assessments.

The standards associated with each of these domains were developed based on review of SIS materials developed by AAIDD, review of practices currently implemented in other states using the SIS for resource allocation, and experience the project team has from implementing similar processes in other jurisdictions using the SIS for resource allocation and fiscal/operational planning. Examples of these jurisdictions include Colorado, Louisiana, Maine, New Mexico, Oregon, North Carolina and Rhode Island.

After the standards were developed, current DBHDS policies and procedures for administering the SIS were contrasted against the standards. Information was gathered from the following sources to develop the standards and describe practices in Virginia.

SIS information and training materials developed by AAIDD
- Thompson, J. R., Bryant, B., Campbell, E. M., Craig, E. M., Hughes, C., Rotholz, D. A., … Wehmeyer, M. (2004a). *Supports Intensity Scale (SIS)*. Washington, DC: American Association on Mental Retardation.

- Thompson, J. R., Bryant, B., Campbell, E. M., Craig, E. M., Hughes, C., Rotholz, D. A., … Wehmeyer, M. (2004b). *The Supports Intensity Scale (SIS): Users manual*. Washington, DC: American Association on Mental Retardation.

- American Association on Intellectual and Developmental Disabilities. (2008). *Supports Intensity Scale Information* [PDF file]. Retrieved September 27, 2013 from http://www.dbhds.virginia.gov/ODS-SIS.htm.

- American Association on Intellectual and Developmental Disabilities. (2013). *Role of the SIS Interviewer* [PowerPoint slides]. Retrieved October 15, 2013 from http://www.dbhds.virginia.gov/ODS-SIS.htm

- American Association on Intellectual and Developmental Disabilities. *SIS® Family Report Sample* [PDF file]. Retrieved September 27, 2013 from http://www.dbhds.virginia.gov/ODS-SIS.htm.

- American Association on Intellectual and Developmental Disabilities. *Sample SIS® Report* [PDF file]. Retrieved September 27, 2013 from http://www.dbhds.virginia.gov/ODS-SIS.htm.

Information regarding SISOnline

- American Association on Intellectual and Developmental Disabilities, & AJ Boggs & Company (2013). *Getting Started with SISOnline and Venture*.

Policies, procedures and other materials related to SIS Administration in Virginia

- Commonwealth of Virginia. Department of Mental Health, Mental Retardation, and Substance Abuse Services. (n.d.). *Tools of Transformation. Supports Intensity Scale™* [PowerPoint slides]. Retrieved September 27, 2013 from http://www.dbhds.virginia.gov/ODS-SIS.htm.

- Commonwealth of Virginia. Department of Behavioral Health and Developmental Services. Office of Developmental Services. (2009, March 23). *American Association on Intellectual and Developmental Disabilities Inter-rater Reliability Testing Procedures Adapted for Virginia.*

- Commonwealth of Virginia. Department of Behavioral Health and Developmental Services. Office of Developmental Services. (2009, April 9). *Orientation to the Virginia Project*. *The Supports Intensity Scale and Person-Centered Planning for Providers of MR/ID Waiver Services and ICFs/MR* [PowerPoint slides]. Retrieved September 27, 2013 from http://www.dbhds.virginia.gov/ODS-SIS.htm.

- Commonwealth of Virginia. Department of Behavioral Health and Developmental Services. Office of Developmental Services. (2010, January). Section 4-Supplemental Needs/Risk Assessment Form. Retrieved September 27, 2013 from http://www.dbhds.virginia.gov/ODS-SIS.htm.

- Commonwealth of Virginia. Department of Behavioral Health and Developmental Services. Office of Developmental Services. (2010, August 18). Section 4-Supplemental Needs/Risk Assessment Instructions. Retrieved September 27, 2013 from http://www.dbhds.virginia.gov/ODS-SIS.htm.

- Commonwealth of Virginia. Department of Behavioral Health and Developmental Services. Office of Developmental Services. (2012, October 19). Individual, Provider, or Family Checklist for SIS[®] Appeals. Retrieved September 27, 2013 from http://www.dbhds.virginia.gov/ODS-SIS.htm.

- Commonwealth of Virginia. Department of Behavioral Health and Developmental Services. Office of Developmental Services. (2013, August 19). SIS[®] Appeals Process. Retrieved September 27, 2013 from http://www.dbhds.virginia.gov/ODS-SIS.htm.

Interviews with key informants

- Cheri Stierer – DBHDS, Community Support Consultant-IDD, SIS Coordinator
- Michelle Guziewicz – DBHDS, Community Resource Consultant

SIS assessment data on Virginia respondents

- Virginia SISOnline [Data file]. (AAIDD, 2005)

Table 1 below shows the 6 primary domains along with a total of 19 standards across all domains.

Table 1: Best Practice Standards for SIS Administration by Domain

SIS Interviewer Role and Training
1. Interviewers are free of conflict (i.e., without a vested interest in the outcome) and are able to conduct an objective assessment.
2. Interviewers are qualified to conduct a SIS interview (i.e., endorsed by AAIDD or deemed competent by another qualified trainer).
3. Where a Train the Trainer model is applied, the local qualified or Advanced SIS Interviewers are trained, endorsed and recognized by an AAIDD Advanced Interviewer or by individuals likewise qualified to train and recognize interviewers.
Interviewer Reliability Qualifications Review
4. Interviewers satisfy Interviewer Reliability Qualifications Review (pass with an 80% or higher).
5. After the initial qualification, interviewers pass a reliability evaluation at least once per year.
Data Management, Storage and Reporting
6. Electronic or physical means for storing SIS results are in place to ensure confidentiality and physical security of the data as well as retrieval of the results.
7. 2013 HIPPA standards and other applicable laws are met regarding safeguarding the confidentiality and the physical security of personal assessment information.
8. SIS results are distributed to the individual, his/her guardian, and case manager.
Verification of Supplemental Question Responses
9. Interviewers receive training to ask and record responses to the supplemental questions.
10. Results of the supplemental question responses are verified through review of the individual's current written records.
11. Results of the verification are recorded and stored securely in a manner compliant with 2013 HIPPA standards.
Policies for Reassessment
12. Means for requesting a reassessment are in place if warranted by a change in the individual's condition..
13. Participants are provided information regarding who to notify if they have concerns over how the SIS interview was conducted.
Scheduling of SIS Assessments
14. Schedulers are knowledgeable of SIS format/purposes and can answer questions.
15. In years when the SIS is administered, schedulers arrange interviews at least two weeks ahead of the individual's Individual Service Plan (ISP) meeting.
16. Schedulers provide information about the SIS interview to the individual and others (e.g., guardian) as appropriate in advance of the interview.

17. Schedulers provide language interpreters when needed and assure that other accommodations are made available as necessary.
18. Schedulers send reminders, and manage cancellations and rescheduling.
19. Schedulers record the status of interviews, including rescheduling and tracking completed assessments against a master schedule.

Findings

Table 2 provides a summary view of the standards and our findings, including an indication whether current practices meet or do not meet the standards. In some cases, a rating determination was not possible given the information available. The table also offers a brief description of the observations and findings. The following presents a full discussion of the findings for each standard within each domain.

DOMAIN: SIS Interviewer Role and Training

A resource allocation model based on completed SIS assessments depends first and foremost on the presence of trained and qualified SIS interviewers. These individuals are essential to assure that SIS assessment results accurately capture an individual's need for support. As a result, SIS interviewers must have received appropriate training by individuals endorsed to conduct such training and able to identify that the training was successfully completed. Often interviewers are trained and endorsed directly by trainers under contract to AAIDD. Others, however, with proper credentials may also train interviewers.

There are three standards that compose this domain.

1. Interviewers are free of conflict (i.e., without a vested interest in the outcome) and are able to conduct an objective assessment.

2. Interviewers are qualified to conduct a SIS interview (i.e., endorsed by AAIDD or deemed competent by another qualified trainer).

3. Where a Train the Trainer model is applied, the local qualified or Advanced SIS Interviewers are trained, endorsed and recognized by an AAIDD Advanced Interviewer or by individuals likewise qualified to train and recognize interviewers.

To illustrate how these standards might best be met, Table 3 provides documentation of practices in Oregon and contrasts these practices with those in Virginia. AAIDD considers Oregon a "model state" regarding training and quality management of SIS interviewers.

As illustrated, key features of Oregon's approach include: (a) a small cadre of dedicated, well trained interviewers, (b) training provided by qualified trainers that involves three stages and takes several months to complete, and (c) systematic testing for inter-observer reliability conducted by individuals qualified to conduct such testing.

As indicated by the table, there are two key differences in the approach used in each state:

- Since 2006, Oregon completed a total of approximately 140 training days with AAIDD, as compared to Virginia, which has completed 5 training days with AAIDD since 2005.

- The Virginia training involves an extended orientation model over the course of two days. Whereas, Oregon utilizes a process that includes individual study and practice as well as guided practice with AAIDD staff over the course of several months as well as ongoing technical assistance and quality oversight.

Table 2: Best Practice Standards for SIS Administration Summary

Domains and Best Practice Standards	Met	Un-determined	Not Met	Observations and Conclusions
SIS Interviewer Role and Training				
1. Interviewers are free of conflict (i.e., without a vested interest in the outcome) and are able to conduct an objective assessment.			✓	Case Managers/Support Coordinators conduct SIS interviews with individuals on their case load, which poses a conflict.
2. Interviewers are qualified to conduct a SIS interview (i.e., endorsed by AAIDD or deemed competent by another qualified trainer).			✓	Two state staff have been endorsed by AAIDD to conduct SIS interviews. All others currently administering the SIS in Virginia have not received the necessary endorsement to conduct interviews.
3. Where a Train the Trainer model is applied, the local qualified or Advanced SIS Interviewers are trained, endorsed and recognized by an AAIDD Advanced Interviewer or by individuals likewise qualified to train and recognize interviewers.		✓		A traditional Train the Trainer model is not applied in Virginia. Instead, one state staff orients all potential SIS interviewers and teaches SIS Administrators at the CSBs on how to check for Interviewer reliability using Virginia's protocol.
Interviewer Reliability Qualifications Review (IRQR)				
4. Interviewers satisfy Interviewer Reliability Qualifications Review (pass with an 80% or higher).			✓	IRQRs (previously called IRR) are not performed by individuals qualified to do so.
5. Post initial qualification, interviewers pass a reliability evaluation at least once per year.			✓	IRQRs (previously called IRR) are not performed by individuals qualified to do so.

Domains and Best Practice Standards	Met	Un-determined	Not Met	Observations and Conclusions
Data Management, Storage and Reporting				
6. Electronic or physical means for storing SIS results are in place to ensure confidentiality and physical security of the data as well as retrieval of the results.	✓			DBHDS utilizes SISOnline for SIS data storage.
7. 2013 HIPPA standards and other applicable laws are met regarding safeguarding the confidentiality and the physical security of personal assessment information.	✓			HIPPA standards and other laws to protect confidential information are met through the use of SISOnline.
8. SIS results are distributed to the individual, his/her guardian, and case manager.	✓			Individuals, family members and case managers receive the full SIS report. Service providers may receive the family friendly report for their purposes.
Verification of Supplemental Question Responses				
9. Interviewers receive training to ask and record responses to the supplemental questions.		✓		VA staff provide instruction to SIS Interviewers on SQs. HSRI was unable to determine the effectiveness of the training.
10. Results of the supplemental question responses are verified through review of the individual's current written records.			✓	No policies or procedures are in place to verify the results to the supplemental questions.
11. Results of the verification are recorded and stored securely in a manner compliant with 2013 HIPPA standards.			✓	The results of the supplemental questions are not verified or recorded.
Policies for Reassessment				
12. Means for requesting a reassessment are in place if warranted by a change in the individual's condition.	✓			A statewide appeal policy regarding SIS reassessments has been developed.

Domains and Best Practice Standards	Met	Un-determined	Not Met	Observations and Conclusions
13. Participants are provided information regarding who to notify if they have concerns over how the SIS interview was conducted.		✓		Interviewers have been instructed about the appeal policy, however it is difficult to assess if all individuals receive this information and practices may vary between CSBs.
Scheduling of SIS Assessments				
14. Schedulers are knowledgeable of SIS format/purposes and can answer questions.	✓			Case Managers/Support Coordinators schedule interviews and are knowledgeable about the SIS.
15. In years when the SIS is administered, schedulers arrange interviews at least two weeks ahead of the individual's Individual Service Plan (ISP) meeting.	✓			In years the SIS is administered, interviews are scheduled 45-60 days prior to ISP meeting.
16. Schedulers provide information about the SIS interview to the individual and others (e.g., guardian) as appropriate in advance of the interview.		✓		Difficult to assess the consistency with which individuals receive information about the SIS interview and may vary between CSBs.
17. Schedulers provide language interpreters when needed and assure that other accommodations are made available as necessary.		✓		Difficult to assess the consistency with which individuals are asked about or receive accommodations and may vary between CSBs.
18. Schedulers send reminders, and manage cancellations and rescheduling.		✓		Difficult to assess processes for reminders, cancellations and rescheduling of interviews and may vary between CSBs.
19. Schedulers record the status of interviews, including rescheduling and tracking completed assessments against a master schedule.			✓	No statewide master schedule is utilized.

Current Status in Virginia

The Virginia DBHDS began administering the Supports Intensity Scale to service recipients in 2006. The current staffing structure of SIS administration and training includes two staff members at the state level who are recognized by AAIDD as trained interviewers and endorsed for providing orientations on the SIS. Their part-time duties regarding SIS coordination and management are in addition to other job duties required of their positions. One of these staff, the SIS Coordinator, currently provides orientation for all SIS interviewers across the state. To date this includes 633 SIS interviewers.

Table 3: Practices in Oregon and Virginia Regarding SIS Interviewer Role and Training

	Oregon		Virginia	
Start Date	Began piloting the SIS in 2006 and expanded to all individuals receiving comprehensive services in 2007.		Began piloting the SIS in 2006 and expanded to full population enrolled in the ID waiver and Training Centers in 2009.	
Purpose	For informing allocation of resources.		For individual service planning.	
SIS Management Structure	Two Advanced Interviewers have received additional AAIDD training to supervise and provide quality assurance support to the rest of the SIS unit. Two other managers oversee the SIS unit and interviewers overall.		Two state staff have part-time responsibilities related to SIS coordination and management, including the SIS Coordinator who currently provides orientation for all SIS interviewers across the state. SIS Administrators at the CSBs are responsible for management and oversight of local SIS administration.	
SIS Interviewers	Individuals are hired by the DD Agency as part of a dedicated unit of approximately 8 SIS interviewers who conduct SIS interviewers around the state.		Case Managers/Support Coordinators conduct SIS interviews with individuals on their case loads.	
SIS Interviewer Training	All SIS Interviewers are trained by AAIDD.		Two state SIS staff have been trained and recognized by AAIDD as SIS interviewers and to conduct orientations. One of these staff, the SIS Coordinator, instructs all other SIS interviewers in the state.	
Stage 1 Orientation	**Duration**	**Description**	**Duration**	**Description**
	3 days - all new trainees	Provided onsite by AAIDD trainers. Basic orientation to the SIS in which the SIS domains are studied and individuals become familiar with all three sections of the	2 days - total in 2005	SIS Coordinator attended AAIDD's first SIS interviewer training in 2005.

	Duration	Description	Duration	Description
		SIS, its measures, and administration of the tool.	2 days - all new trainees	Since then, all Virginia SIS instruction provided by SIS Coordinator. Includes basic orientation and training on how to administer the SIS.
Stage 2 Guided Practice	**Duration**	**Description**	**Duration**	**Description**
	1 month per new group of trainees	Trainees spent 1 month practicing interviews and studying the SIS.	N/A	The current training structure in Virginia does not include comparable Stage 2 activities. All training occurs in the 2 days referenced above.
	1 day per trainee	Guided practice with AAIDD Trainers		
	1 month per new group of trainees	Trainees spent another month practicing interviews.		
Stage 3 IRQR	**Duration**	**Description**	**Duration**	**Description**
	½ day per trainee	AAIDD trainer performed IRQR. If the interviewer passes the IRQR with 8 out of 9 agreement, then they are recognized by AAIDD as a trained SIS interviewer.	1 ½ day – total for 2 state staff	AAIDD trainer observed IRQR processes and met with the 2 state SIS staff.
			1 interview/ CM/SC	SIS Administrator at the CSB performs IRQR.
Quality Oversight	**Duration**	**Description**	**Duration**	**Description**
	20 days per year	AAIDD trainer performs annual IRQRs with every SIS interviewer by random case assignments. Also provides ½ day training to address particular issues identified by SIS interviewers.	2 ½ days – total for 2 state staff	AAIDD performed IRQR with the two state SIS staff and observed portion of new SIS interviewer orientation.
			1 hour per interviewer	SIS Coordinator and/or SIS Administrators at the CSBs conduct desk reviews of SIS interviewers. The desk review is guided by a document that describes common errors.

Further, each one of the Community Service Boards (CSB) has at least one SIS Administrator (between 40-60 statewide) who received orientation in Virginia to conduct the SIS as described earlier, and is also responsible for oversight of SIS administration at the CSB level. SIS Administrators are often supervisors of the Case Managers/Support Coordinators and may conduct some number of SIS interviews if necessary. Case Managers/Support Coordinators are administering the SIS to individuals on their case load. Over the past year, there were approximately 500 Case Managers/Support Coordinators conducting SIS interviews. It is difficult to ascertain the exact number of individuals conducting SIS interviews at any given time due to the rate of staff turnover in Case Manager/Support Coordinator positions.

In addition to providing orientation to all prospective SIS interviewers, the SIS Coordinator also instructs the SIS Administrators at the CSBs on the Interviewer Reliability and Quality Review (IRQR) process. This individual has not been trained or endorsed by AAIDD to provide the full training for SIS interviewers nor have they received the required training to conduct or train others on the IRQR process.

Conclusion

Current practices for training and endorsing SIS interviewers is not consistent with the standards associated with this domain. Interviewers may be receiving training, but not from individuals endorsed to conduct such training, raising questions about the reliability and accuracy of the data collected. In addition, the great number of SIS interviewers across the state may be amplifying whatever difficulties these circumstances present by adding to potential variance in how the SIS is administered.

Case Managers/Support Coordinators administering the SIS to individuals on their case loads poses a potential conflict as individuals in this position are also responsible for assisting in the development of individual plans of care and oversight of support services.

DOMAIN: Interviewer Reliability Qualifications Review

The SIS relies on SIS interview training with the essential Interviewer Reliability Qualifications Review (IRQR) process to demonstrate good psychometric reliability.[23] Therefore, as described earlier, after an individual receives initial training on how to conduct a SIS interview, they must also pass an inter-observer reliability test. Inter-observer reliability refers to the degree to which different raters/observers give consistent estimates of the same phenomenon[4]. For the purposes of the SIS, this process involves the interviewer conducting a SIS interview with an Advanced Interviewer present who has received additional training and is qualified to perform IRQRs. There are several components to the review and at the end of the process the

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[2] Thompson, J. R., Tassé, M. J., & McLaughlin, C. A. (2008). Interrater reliability of the Supports Intensity Scale (SIS). *American Journal on Mental Retardation, 113*(3), 231-237.

[3] Fortune, J., Agosta, J., & Bershadsky, J. (2011). *2011 Validity and reliability results regarding the SIS*. Retrieved from www.hsri.org/files/uploads/publications/SIS_Reliability_and_Validity_2011.pdf

[4] http://www.socialresearchmethods.net/kb/reltypes.php

interviewer receives a score. The interviewer must achieve an 8 out of 9 agreement or above on each domain to be considered qualified to conduct SIS interviews.

To keep up one's competency level, and knowing that some interviewers juggle multiple priorities, AAIDD recommends interviewers complete at least one SIS interview a month. In this way, at least 12 SIS assessments are completed between annual IRQRs. Of course, there is a better probability for increased proficiency levels with interviewers if they have the opportunity to complete more than one SIS a month. Administering more than one SIS assessment a month offers more exposure to varying support needs (low to intense).

Another level of inter-rater reliability testing can be done after a group of interviewers have each completed at least 35 SIS interviews. Interviewers can be compared for consistency in scoring.

There are two standards that compose this domain.

4. Interviewers satisfy Interviewer Reliability Qualifications Review (IRQR) (pass with an 80%or higher).

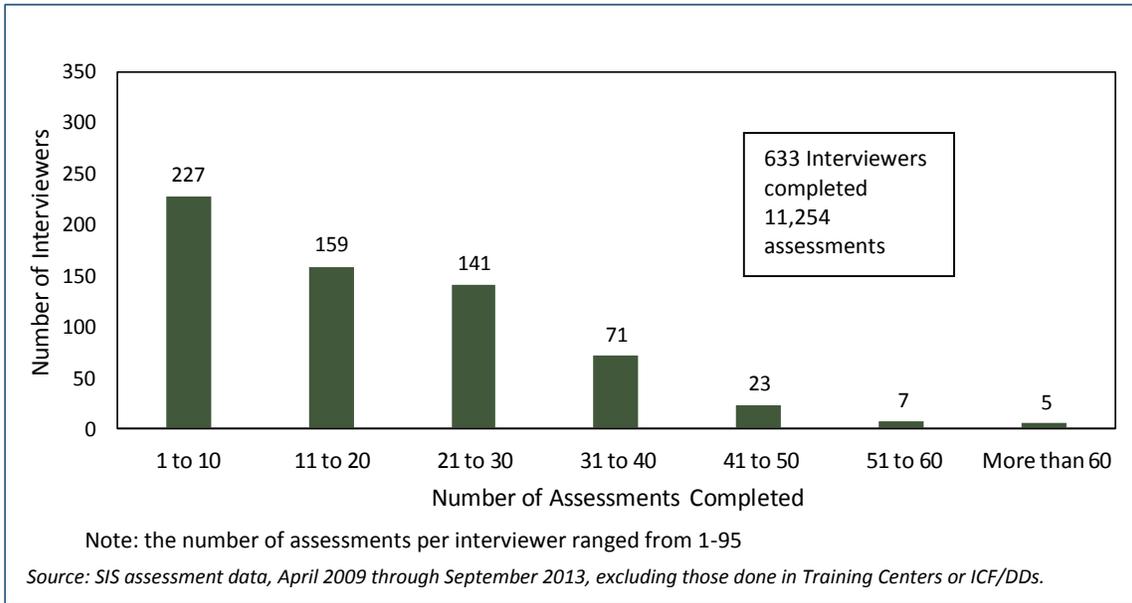5. After the initial qualification, interviewers pass a reliability evaluation at least once per year.

Current Status

Currently, Virginia has no Advanced Interviewers who are qualified by AAIDD or any other qualified individual to perform IRQRs. Instead, the state SIS Coordinator instructs the SIS Administrators at the CSBs on how to conduct IRQRs with Case Managers/Support Coordinators who are conducting SIS interviews (see Appendix C). Because much of the oversight of the SIS administration exists within each CSB, it is difficult to assess the regularity and consistency with which IRQRs are being performed with those who are conducting SIS interviews. SIS Administrators do perform a desk review of SIS interviews which may have some value for quality review but is not the formal mentoring face-to-face IRQR process that AAIDD relies on in its SIS training.

In addition, we considered a review of SIS results by interviewer to assess the variance between interviewers. Generally, if each participating interviewer conducts numerous (at least 35) interviews, we would expect little difference between the average scores generated by each interviewer. Significant differences between interviewers may be explained by contrasts in the types of people interviewed, but may also signal that certain interviewers are inexplicably scoring SIS items differently than others. In Virginia, however, we could not conduct such a review because interviewers typically conducted few assessments.
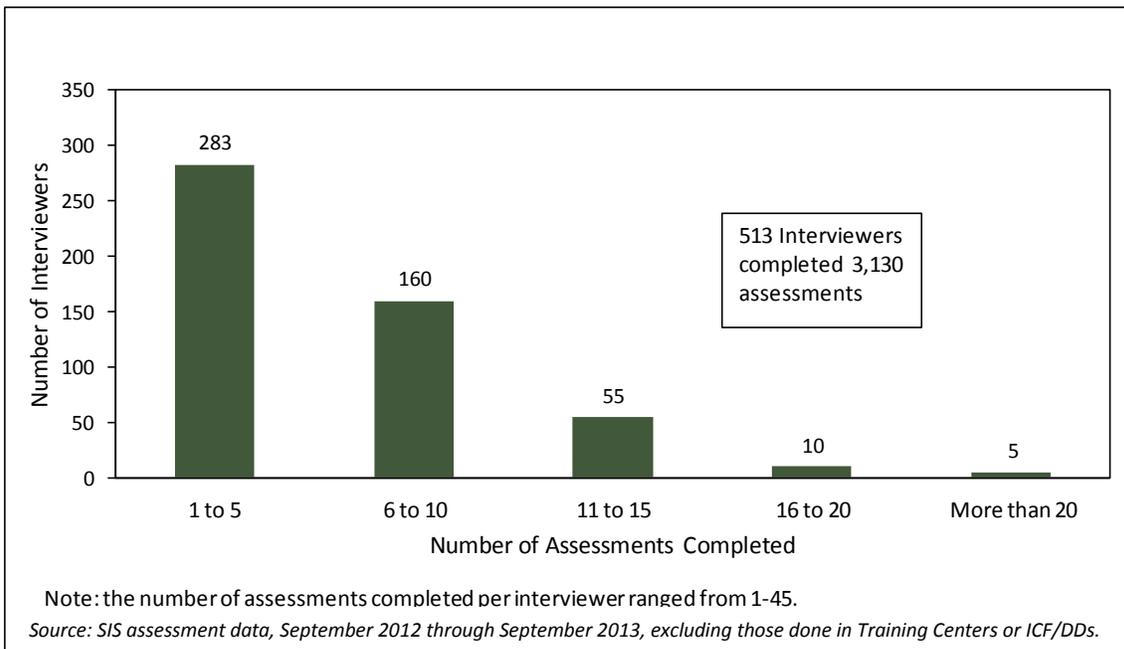
Chart 1 illustrates the number of interviewers by the number of assessments each has completed since Virginia began administering the SIS in 2006. As shown, 227 of the 633 (35%) interviewers completed 1-10 interviews and 386 of 633 (61%) interviewers conducted 20 or fewer.

Chart 1: Number of Interviewers by Number of Assessments, All Years

Note: the number of assessments per interviewer ranged from 1-95

Source: SIS assessment data, April 2009 through September 2013, excluding those done in Training Centers or ICF/DDs.

Focusing on the past year, Chart 2 illustrates the number of interviewers by the number of assessments from September 2012 to September 2013. As mentioned, interviewers generally conducted few assessments over the past year. In this period, 386 of 513 (75%) completed 20 or fewer interviews

Chart 2: Number of Interviewers by the Number of Assessments, One Year

Note: the number of assessments completed per interviewer ranged from 1-45.

Source: SIS assessment data, September 2012 through September 2013, excluding those done in Training Centers or ICF/DDs.

Conclusion

Current practices for conducting and passing the IRQR process at the beginning of initial training or at annual intervals are not consistent with the standards in this domain. Interviewers may be receiving a version of a quality review, however not from individuals endorsed to conduct formal IRQRs, which brings into question the reliability and accuracy of the IRQRs. The desk review process that has been implemented in Virginia is an important gesture toward quality management, but is most likely not conducted consistently across the state and is not a replacement for a face-to-face IRQR mentoring process that AAIDD recommends.

Further, due to the hundreds of individuals conducting SIS interviews, a significant number of them have not conducted the minimum number of interviews to be able to conduct an additional inter-rater reliability review.

DOMAIN: Data Management, Storage and Reporting

It is critical that SIS data are collected and stored in a manner that protects personal assessment information and complies with 2013 HIPPA standards and other applicable laws. The data should be stored in such a way that necessary analyses can be conducted. Individuals and their guardian and/or family members should have access to their SIS results in a way that is accessible to them. They should receive some version of their SIS report and assistance with understanding the results when applicable.

There are three standards that compose this domain.

6. Electronic or physical means for storing SIS results are in place to ensure confidentiality and physical security of the data as well as retrieval of the results.

7. 2013 HIPPA standards and other applicable laws are met regarding safeguarding the confidentiality and the physical security of personal assessment information.

8. SIS results are distributed to the individual, their guardian, and case manager.

Current Status

DBHD currently utilizes SISOnline for all SIS data warehousing. SISOnline complies with current HIPPA standards for confidential information protection. The system includes daily information back-up practices, recovery plans, dual fire walls, encryption protocols, and SSL certificates to ensure no breach of the system security; as well as measures to ensure the physical security of the system[5]. Each SIS interviewer is issued a discrete interviewer number, enter all SIS results into SISOnline, and most use the Venture software on laptop computers.

The long version of the SIS results report is distributed to the individual, their guardian, Case Manager/Support Coordinator, and other respondents who attended the SIS

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[5] American Association on Intellectual and Developmental Disabilities. (2008). *Supports Intensity Scale Information* [PDF file]. Retrieved September 27, 2013 from http://www.dbhds.virginia.gov/ODS-SIS.htm.

interview within five business days of completing the SIS. This version of the SIS report contains the "important to" and "important for" information, which is used to help inform their individual plans of care.

During the last year, family friendly SIS reports were shared with service providers as this version seemed more pertinent to their purposes than the long version.

Conclusion

DBHDS currently meets the standards within this domain for protecting the security of the SIS data by utilizing SISOnline.

DBHDS currently meets the standard for providing the results to the individuals assessed and other necessary parties.

DOMAIN: Verification of Supplemental Questions

The SIS Interviewer may be prompted to ask one or more supplemental questions for some individuals with significant medical or behavioral needs based on their scores for particular questions in Sections 3A and 3B of the SIS. Supplemental questions are asked in addition to the SIS and require specific training, beyond what may be provided during the regular SIS interviewer training, to ensure that the questions are asked and recorded appropriately. HSRI has developed training on administering and recording the supplemental questions.

Responses to the supplemental questions must be verified after the SIS interview to identify individuals who have exceptional need. This process typically involves a thorough review of the individual's current written record and/or securing additional documentation of the related behavioral or medical conditions identified by the supplemental questions.

There are three standards that compose this domain.

9. Interviewers receive training to ask and record responses to the supplemental questions.

10. Results of the supplemental question responses are verified through a review of the individual's current written records.

11. Results of the verification are recorded and stored securely in a manner compliant with 2013 HIPPA standards.

Current Status

The supplemental questions used in Virginia (Part IV of the Virginia SIS) include the four supplemental questions originally formed during work completed in Oregon from 2010 and a question regarding risk of falling that was added in Virginia[6]. We note that other than the

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[6] Commonwealth of Virginia. Department of Behavioral Health and Developmental Services. Office of Developmental Services. (2010, January). Section 4-Supplemental Needs/Risk Assessment Form. Retrieved September 27, 2013 from http://www.dbhds.virginia.gov/ODS-SIS.htm.

added question on risk of falling, these questions are the most current iterations and are used in other states.

Training for the supplemental questions is done during the regular SIS interview training provided by the state SIS Coordinator. This training includes an explanation of the five questions and how they are scored.

In the years that the full SIS is not administered, the responses to the supplemental questions are reviewed annually during the ISP process to ensure that significant medical or behavioral needs are being met (see Appendix D).

Currently, no standard procedures have been developed for verifying an individual's medical or behavioral support needs identified by the supplemental questions.

HSRI has not provided training on conducting or verifying the supplemental questions in Virginia.

Conclusion

DBHDS may not meet the best practice standards on administering the supplemental questions. Interviewers receive training on how to ask and record the supplemental questions, but we are uncertain of the training's effectiveness.

DBHDS does not meet the standards for verifying the supplemental questions results as no verification process in place.

DOMAIN: Policies for Reassessment

An individual, or their representative, may request a SIS reassessment outside of the three year reassessment cycle for any number of reasons. Therefore, policies and procedures must be in place specifying the circumstances under which a SIS reassessment will be conducted. Individuals and their representatives should have ready access to these policies and be notified of who they should contact if they have concerns over how their SIS interview was administered.

There are two standards that compose this domain.

12. Means for requesting a reassessment are in place if warranted by a change in the individual's condition.

13. Participants are provided information regarding who to notify if they have concerns over how the SIS interview was conducted.

Current Status

DBHDS does have an appeal policy in place regarding when a SIS reassessment will be conducted (see Appendix E). It has been established for a year and posted on the DBHDS web site. The policy relates to two primary circumstances for warranting a SIS reassessment: (a) if SIS operating procedures were not followed appropriately and; (b) if the individual has experienced a permanent change in condition. If a reassessment is

deemed necessary, the policy states, "If the new SIS score has a variance over the old SIS by 10% the new results will be used."[7] We could not find guidance on how a 10% difference would be calculated.

While these policies are in place, it is difficult to assess the degree to which they are consistently followed. The SIS Administrators are responsible for managing requests for reassessments and the SIS Coordinator is involved when issues cannot be resolved locally. According to the SIS Coordinator, no one has escalated the appeals process beyond the CSB level. Based on a review of data available on SISOnline through September 2013, it seems that more than 750 and up to 1,600 individuals have been reassessed. We cannot determine what number of these reassessments occurred as part of the planned three year assessment cycle or by decisions made at the request of the respondent outside of the three year cycle. To understand the number of reassessments requested across the state requires inquiry at each of the CSBs, an action that was beyond the scope of this study.

Conclusion

Virginia has long offered SIS reassessments and does have SIS operating procedures that appear to be routinely followed. It is difficult, however, to assess the number of reassessments requested versus those actually performed. Thus far no one has engaged in the current appeal process. The policy states that in cases where a 10% variance is achieved, the old results will be replaced with the new results. However, there is no guidance on how the 10% would be calculated.

DOMAIN: Scheduling of SIS Assessments

Scheduling a SIS interview involves making sure that the individual and other essential respondents are able to attend the interview.

There are six standards that compose this domain.

14. Schedulers are knowledgeable of SIS format/purposes and can answer questions.

15. In years when the SIS is administered, schedulers arrange interviews at least two weeks ahead of the individual's Individual Service Plan (ISP) meeting.

16. Schedulers provide information about the SIS interview to the individual and others (e.g., guardian) as appropriate in advance of the interview.

17. Schedulers provide language interpreters when needed and assure that other accommodations are made available as necessary.

18. Schedulers send reminders, and manage cancellations and rescheduling.

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[7] Commonwealth of Virginia. Department of Behavioral Health and Developmental Services. Office of Developmental Services. (2013, August 19). SIS® Appeals Process. Retrieved September 27, 2013 from http://www.dbhds.virginia.gov/ODS-SIS.htm.

19. Schedulers record the status of interviews, including rescheduling and tracking completed assessments against a master schedule.

Current Status

The Case Manager/Support Coordinator who conducts the interview is currently responsible for scheduling the interview and contacting all the necessary parties. These individuals are knowledgeable about the SIS and can answer questions about the process. The Case Manager/Support Coordinator is also responsible for scheduling and organizing tasks for individuals, including ISP meetings. The interviews are scheduled 45 to 60 days before ISP meetings. These meeting dates are determined by the date the individual became eligible for service funding. Individuals receive their SIS interviews on a regular basis. Case Managers and Support Coordinators have considerable experience with arranging meeting accommodations and interpreter requests through arranging the individual care plan meetings. The average interview has two to three respondents. The interview schedules are kept within the CSBs and no master state schedule exists. There are no standard forms for scheduling and one CSB has tried the SIS calendar for scheduling interviews.

Conclusion

Overall, SIS interviews may be scheduled successfully, however for the purposes of this analysis, we could not assess the status of scheduling practices that may be in operation at each CSB. There are no common forms, techniques, or shared schedules statewide. The state does not have a master schedule for planning interviews and that notes completed interviews when the interviews are entered into SISOnline.

Concluding Remarks

Summary Observations

At least 15 states other than Virginia use or are considering use of the Supports Intensity Scale to help establish individualized budget allocations for service recipients.   SIS administration varies across these jurisdictions. Most essential however, is that for resource allocation purposes, SIS interview results must be conflict free, accurate, and reliable. This means that those conducting the interview must: not have a vested interest in the outcome, be trained and endorsed for conducting interviews, and have their performance continually monitored and corrected as needed. In addition, other practices must be established to assure the validity and integrity of the SIS interviews and results such as: the security and confidentiality of the assessments, that

States Using or Considering Using the SIS for Allocating Resources	
Colorado	North Carolina
Louisiana	Oregon
Maine	Pennsylvania
Maryland	Rhode Island
Missouri	Tennessee
New Hampshire	Utah
New Mexico	Washington
North Dakota	

the results are shared properly and in advance of service planning meetings, or that uniform means are used to manage complaints about an interview or calls for a reassessment.

After reviewing Virginia's assessment practices, we conclude that:

- Interviewers are not appropriately endorsed to conduct SIS interviews, nor is their performance monitored and improved as needed to assure satisfactory inter-observer reliability.

- Interviewers receive training to ask the supplemental questions, although we cannot measure the training's effectiveness.

- Responses to the supplemental questions are not verified.

- The large number of interviewers and the small number of assessments that each interviewer completes annually compounds difficulties for training them properly, and for assuring a uniform, accurate and reliable interview process. Likewise, a widely decentralized structure for managing the assessments, involving CSB staff, establishes challenging circumstances for assuring uniform supervisory practices and adherence to protocol (e.g., for approving SIS re-assessments).

- The practice of Case Managers/Support Coordinators conducting the assessments may inadvertently introduce scoring biases and conflicts of interest that confound efforts to establish impartial individualized budget allocations.

- Data resulting from the interviews is being appropriately stored and disseminated to those interviewed.

- Scheduling and following through with interviews does not appear to be an issue, but the efficacy of certain elements of the scheduling process could not be determined.

Recommendations

Given these observations, we offer the following eight recommendations. DBHDS should:

1. **Suspend SIS assessments immediately and disregard completed assessments for resource allocation purposes**. We understand that DBHDS and local CSBs have applied significant resources to conducting SIS assessments. Additionally, the Department of Justice Settlement makes references to using SIS results to guide the allocation of resources (See box). Yet the present SIS interview effort for resource allocation is not adequate. Further, by continuing present practices DBHDS may add to the statewide discontent with the SIS and its administration. Suspending SIS assessments will provide DBHDS the opportunity to reconstruct the means for conducting interviews and build confidence among stakeholders for the process.

   Further, because of the difficulties described earlier, DBHDS cannot confidently utilize existing SIS data for constructing models to establish individualized budget allocations. There is no method of determining how accurate or reliable these data are and in

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Three References to the SIS in the DOJ Settlement Agreement

Regarding Case Management (page 39-40 of 53): Within 12 months of the effective day of this agreement, the individual's case manager shall meet with the individual face-to-face at least every 30 days, and at least one such visit every two months must be in the individual's place of residence for the individual who:

> (b) Has more intensive behavioral or medical needs as identified by the Supports Intensity Scale ("SIS") Category representing the highest level of risk to the individuals;

Regarding Licensing (page 40 of 53): Within 12 months of the effective day of this agreement, the Commonwealth shall have and implement a process to conduct more frequent licensure inspections of community providers serving individuals under this agreement

> (b) Providers who serve individuals with intensive medical and behavioral needs as defined by the SIS category representing the highest level of risk to individuals; including:

Regarding Community Resource Consultants and Regional Support Teams (page 27 of 53):   The Commonwealth shall utilize Community Resource Consultant (CRC) positions located in each Region to provide oversight and guidance to CSBs and community providers, and serve as a liaison between the CSB case managers and DBHDS Central Office. The CRCs shall provide on-site, electronic, written, and telephonic technical assistance to CSB case managers and private providers regarding person centered planning, the Supports Intensity Scale, and requirements of case management and HCBS Waivers. The CRC shall also provide ongoing technical assistance to CSBs and community providers during an individual's placement. The CRC's shall be a member of the Regional Support Team in the appropriate Region.

United States v. Commonwealth of Virginia and Peggy Wood et al., Civil Action No:3:12cv059JAG (2012)

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addition, the public is expressing concern over the completed interviews. As a result, using the existing SIS data to construct resource allocation models will embed unknown error into the models while further fueling the public's doubt over of the SIS results and eventually for whatever resource allocation models that may be generated.

When establishing means to allocate resources based at least in part on an objective assessment of needs, DBHDS must be able to describe these assessments as being free of conflict, accurate and reliable. Our review of how the SIS is presently administered in Virginia, however, illustrates the difficulty DBHDS has with satisfying these requirements.

Certainly, some number of SIS interviews undoubtedly yielded accurate results. Moreover, we recognize that aggregated and averaged scale scores in Virginia appear to be similar to those in other states, suggesting that the Virginia scores are all together acceptable. The trouble is that given the inadequate process we cannot know which scores are accurate and which are not. And whatever scoring error the current process generates may push scores up or down without any particular tendency, leaving aggregated average scores to appear much like those in other jurisdictions.

Adding to these findings are those generated from other project activities, including comments concerning the SIS volunteered by stakeholders across the state during public forums and individual interviews with identified key informants. While no systematic inquiry was undertaken, the comments offered suggest that there is already widespread concern over the SIS and how it is administered.

2. **Establish a dedicated and conflict free statewide SIS Interview Team**. This team may be composed of state staff (e.g., Oregon, Rhode Island) or managed by an independent third party entity (e.g., New Mexico, North Carolina, Pennsylvania). The size of the team will be determined by the number of interviews that must be completed monthly divided by an estimate of the number each interviewer will complete monthly. Generally, a dedicated full-time interviewer can complete 30-40 interviews per month, depending on scheduling efficiencies (e.g., travel time, cancellations, length of interviews). A team of 10 interviewers may complete 300 interviews a month or more.

   Related to this recommendation, DBHDS should also:

   - Establish a management structure at the state level for oversight of all matters related to SIS implementation.

   - Assure that the team is trained and endorsed to conduct interviews by individuals themselves endorsed to conduct such training. In essence, DBHDS must ensure that every SIS interviewer receives an IRQR as part of their initial training and annually thereafter, and satisfies IRQR standards with an 80% or higher rating.

   - Assure that SIS interviewers are trained to ask and record responses to the supplemental questions.

   The advantages of utilizing a dedicated unit of SIS interviewers with management and oversight at the state level include greater consistency with SIS administration, increased control of training and IRQR processes, and the ability to perform inter-rater reliability tests. It also eliminates the inherent conflict of interest possible when Case Managers/ Support Coordinators conduct SIS interviews for people they support.

3. **Due to demands of the larger system redesign initiative, establish a stratified random sample and timeline for completing new SIS assessments.** Recognizing a need to establish means for allocating resources based on assessments of support need, new SIS data must be collected quickly and systematically. To do so we recommend that DBHDS work with HSRI to construct the parameters of a stratified sample, select a sample and proceed with interviewing those in the sample as soon as possible. It is anticipated that this sample will include service recipients in the three HCBS waivers (i.e., intellectual disabilities, developmental disabilities, day services), but may also necessarily include others in the Training Centers, nursing homes or other HCBS waivers at the discretion of DBHDS.

   Readying a Virginia based SIS Interview Team to conduct these interviews, however, may take too long. DBHDS should retain an independent third party that can bring

qualified interviewers to Virginia to conduct needed interviews. Once the Virginia team is ready, this temporary team can be phased out.

4. **Develop and implement state level policies and procedures to verify the support needs indicated through responses the supplemental questions.** Regardless of who completes the SIS interviews, a process for flagging responses to the supplemental questions should be established, verifying the presence or absence of extraordinary support needs, and recording the results of the verification process. DBHDS should also assure that an appropriate state-level staff structure is established for managing the verification processes.

5. **Continue using SISOnline for data collection and storage of SIS assessment results.** DBHDS should continue current practices for using SISOnline for storing SIS results and assure that service recipients and other pertinent parties continue to receive a copy of their SIS results in an accessible format and in advance of service planning meetings.

6. **Update existing policies and procedures related to SIS reassessments**. DBHDS already has policies for managing requests for SIS reassessments. These policies and associated practices should be reconsidered and altered as needed to fit with new means of conducting SIS interviews. Other jurisdictions route requests to dedicated staff who rule on requests given established criteria for reassessments and individual circumstances. In addition, DBHDS should track and monitor requests for reassessments, decisions made regarding these requests and the outcomes of any new assessment.

7. **Update the scheduling process for interviews**. When DBHDS adopts a new structure for administering the SIS, the scheduling process will necessarily need to change. Consistent procedures should be applied statewide regarding scheduling of SIS interviews and designated staff will need to be assigned the role of scheduling SIS interviews.

8. **Implement means to communicate to stakeholders the changes made by DBHDS to assure that the SIS interview process is conflict free, accurate and reliable**. These actions may be folded into the larger communication effort concerning the overall system redesign effort. At the least, however, DBHDS will need to: (a) inform stakeholders that it has reviewed current SIS interview practices, determined that they need correction, and has taken steps to correct the process, (b) disseminate information about the SIS, the redesigned interview process and timeline, and (c) how the information generated will be used.

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Appendices

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**APPENDIX A: Tools for Transformation.
Supports Intensity Scale™PowerPoint Slides**

SUPPORTS INTENSITY SCALE™

A system that incorporates the norm-referenced reliability of the SIS into the person-centered practices process developed by the PCP Leadership Team

Supports Intensity Scale™

If Person-Centered Practices are the Values that drive our system, then the Supports Intensity Scale™ is the Anchor that will keep them in place

SIS: What is it?

- Developed By AAIDD as a standardized assessment that measures the pattern and intensity of supports needed by persons with DD to be successful

- The only currently available assessment instrument that measures the *frequency* and *level* of support needs rather than deficits

SISOnline™

- Web-based; reports generated real-time

- Can use laptops to administer

- Reports saved in Word/PDF

- Data downloaded in XML to CSB databases

SIS Pilot Sites

- Loudoun CSB

- Region 10 CSB

- Fairfax CSB

- Goochland/
   Powhatan CSB

- Piedmont CSB

- Valley CSB

- Virginia Beach CSB

- MP/NN CSB

- Arlington CSB

- Cumberland
   Mountain CSB

- PW CSB

- Central Virginia
   Training Center

- Wall Residences

DMHMRSAS
Commonwealth of Virginia Department of
**Mental Health, Mental Retardation
and Substance Abuse Services**

PCP	**SIS™**
• Year 1 *	• Year 1 *
• Year 2 *	
• Year 3 *	
• Year 4 *	• Year 4 *
• Year 5 *	
• Year 6 *	
• Year 7 *	• Year 7 *

PCP/SIS Package

- Not an add-on to current requirements

- Replaces current assessments for Licensure, QMR, and Waivers

- Reworks current ISP formats and processes to be person-centered

- Exchange of time: more up front to avoid crises later

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APPENDIX B: Section 4 – Supplemental Needs/Risk Assessment Form

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Section 4. Supplemental Needs/Risk Assessment   Individual's Name:

Indicate a "yes" or "no" for each of the items below. Complete <u>ALL</u> items. Items "d' and "e" require some narratives, days and hours of support needed.

Section 4: Additional Supports/Risk Assessment	YES	NO
Health Risks		
1 *The Individual requires exceptionally high levels of staff support to address severe medical risks related to inhalation or oxygen therapy; postural drainage; chest PT, suctioning; oral stimulation and/or jaw positioning; tube feeding; parenteral feeding; skin care turning or positioning; skin care dressing of open wounds; protection from infectious diseases due to immune system impairment; seizure management; dialysis; ostomy care; medically-related lifting and/or transferring; therapy services, and/or other critical medical supports?*		
a. The Individual requires frequent hands-on staff involvement to address critical health and medical needs?		
b. The Individual's severe medical risk currently requires direct 24-hour professional onsite (licensed nurse) supervision?		
c. Individual's ISP has medical care plans, in place, that are documented within the ISP process?		
d. In Section 3A, Medical Supports Needed, it is determined that extensive support is needed to manage the Individual's medical risk. How many days per week and approximately how many hours per day is the extensive support required? **# of days per week = ____, # hours per day = ___**		
e. Description of the imminent (i.e. **within the next 30 to 60 days**) consequences if no support is provided to address the Individual's severe medical risk provided. **If yes, add description in notes section or in SIS online.**		
f. List specific SIS Section 3A items marked "2":		
Severe Community Safety Risk		
2 *The Individual is currently a severe community safety risk to others related to actual or attempted assault and/or injury to others; property destruction due to fire setting and/or arson; and/or sexual aggression and has been **convicted** of a crime related to these risks?*		
a. The Individual has been found guilty of a crime, related to these risks, through the criminal justice system?		
b. The Individual's severe community safety risk to others requires a specially controlled home environment, direct supervision at home, and/or direct supervision in the community?		
c. The Individual has documented restrictions in place, related to these risks, through a legal requirement or order?		
d. In Section 3B, Behavioral Supports Needed, it was determined that extensive support is needed to manage the Individual's community safety risk. How many days per week and approximately how many hours per day is the extensive support required?**# of days per week =____, # hours per day = ____**		
e. Description of the imminent **(i.e. within the next 30 to 60 days)** consequences <u>if no support</u> is provided to address the Individual's severe community safety risk provided. **If yes, add description in notes section or in SIS online.**		
3 *The Individual is currently a severe community safety risk to others related to actual or attempted assault and/or injury to others; property destruction due to fire setting and/or arson; and/or sexual aggression and has **not been convicted** of a crime related to these risks?*		
a. Individual has **not** been found guilty of a crime related to these risks, but displays the same severe community safety risk as a person found guilty through the criminal justice system?		
b. The Individual's severe community safety risk to others requires a specially controlled home environment, direct supervision at home, and/or direct supervision in the community?		
c. The Individual has documented restrictions in place related to these risks, within the ISP Process?		
d. In Section 3B, Behavioral Supports Needed, it was determined that extensive support is needed to manage the Individual's community safety risk. How many days per week and approximately how many hours per day is the extensive support required? **# of days per week =____, # hours per day =____**		
e. Description of the imminent **(i.e. within the next 30 to 60 days)** consequences <u>if no support</u> is provided to address the Individual's severe community safety risk provided. **If yes, add description in notes section or in SIS online.**		
Severe Risk or Injury To Self		
4 *The Individual displays self-directed destructiveness related to self-injury; pica; and/or suicide attempts which seriously threatens their own health and/or safety?*		
a. The Individual engages in self-directed destructiveness related to self-injury, PICA, and/or suicide attempts, with the intent to harm self?		
b. The Individual's severe risk of injury to self currently requires direct supervision during all waking hours?		
c. The Individual has prevention and intervention plans, in place, that are documented within the ISP process?		
d. In Section 3B, Behavioral Supports Needed, it was determined that extensive support is needed to manage the Individual's risk of injury to self. How many days per week and approximately how many hours per day is the extensive support required? **# of days per week = ____, # hours per day = ____**		
e. Description of the imminent **(i.e. within the next 30 to 60 days)** consequences if no support is provided to address the Individual's severe risk of injury to self provided. **If yes, add description in notes section or in SIS online.**		
5 1. Individual displays a risk of falling, as demonstrated by an unsteady gait, active seizures, documented history of falling, or other issue that effects falling. Describe specifics and frequency of falls in the past 12 months. _____		

Notes for Section 4 (continue on back as needed): _____
_____Name:_____ Signature:_____Date:_____   rev 1/10

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APPENDIX C: AAIDD Inter-rater Reliability Testing Procedures
Adapted for Virginia

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<h1 align="center">American Association on Intellectual and Developmental Disabilities
Inter-rater Reliability Testing Procedures
Adapted for Virginia</h1>

Reliability refers to consistency in the administration of the Supports Intensity Scale™ (SIS). The designers of the SIS intended the tool to be administered and scored in a specific manner. To say that a person is reliable means that the results they obtain are consistent with the results obtained by the SIS authors.

Once reliability is established, trained interviewers administering the tool will obtain comparable results (plus or minus an acceptable error rate). Establishing and ongoing monitoring of the inter-rater reliability of each interviewer becomes essential to the overall interview process. The more people trained to administer the SIS, the more important clear strategies for assessing the inter-rater reliability of those individuals becomes. This is especially true in situations where multiple people are needed to assess large numbers of individuals (large service providers or states). Only in this way, can the integrity of the data be assured.

Inter-rater Reliability (IRR) testing is conducted by an approved VA Administrator or Master Trainer. This person is often referred to as a Master Trainer or Administrator who fully understands the intent of each SIS item and how it is scored. On-going monitoring is highly recommended.

Steps to establishing SIS Inter-rater reliability

1. Prior to conducting IRR, the Trainer meets with the Interviewer to answer any questions about the SIS interview and/or scoring processes the trainee may have. During this session, the SIS interview may be modeled or the Interviewer may complete an interview while openly discussing the process with the approved AAIDD Trainer. The Interview Scoring Summary sheet is also reviewed to refresh the Interviewer on the components of the interview process that will be scored. The goal is to ensure the confidence and competency of the Interviewers prior to the reliability review.

2. An interview is scheduled and the Trainer observes the Interviewer conducting and scoring the SIS. Coaching or interference from the Trainer is not permitted. Three (3) to four (4) hours are devoted to the interview to ensure ample time for the trainee to complete the interview and scoring processes.

   Completing the SIS Score Sheet Summary: The Interviewer and Trainer complete the scoring process independently. The Trainer determines the trainees IRR by comparing the trainee's sub-scores to his/her own. The Trainer completes the VA Inter-Rater Reliability Testing Score Sheet Summary. This form is used in conjunction with the VA IRR SIS Interview Summary sheet. Each area of the SIS is reviewed with four main considerations, including:

   a. **SS – Setting the scene.** This area indicates how well the Interviewer creates a mind set for the SIS respondents. In the "Expanded Item Descriptions (2008) is an explanation of the section just before the first question and this is the explanation that should be given to the interviewees. The interviewer uses terminology that "places" the person in the area of interest, e.g. "think about work" to introduce employment items or "I want to talk with you about your home, the things you do in your home where you may need some support."

   Setting the Scene Scoring – Setting the scene is scored by rating the Interviewer using a "+" or "-" in the appropriate box on the VA Inter-Rater Reliability Score Sheet Summary.

- "**+**" denotes sections of the SIS where the Interviewer provided an acceptable description for setting the scene or mindset of the sub-scale.

- "**-**" denotes either no or unacceptable description for setting the scene or mindset.

Using the SIS Interview and Profile Form, the Trainer notes examples of how the Interviewer sets the scene and shares these examples during the IRR wrap-up discussion. (Mark a "-S" on the top of the page when Setting the Scene was incomplete or not presented at all)

NOTE: Setting the Scene is not included in determining the Interviewers overall IRR. Rather, this information is shared with the Interviewer in the spirit of personal interview quality improvement strategies.

b. **INT – Intent.** The Interviewer clearly understands and articulates the intent of each item (stresses the verb of each item) and provides a comprehensive description of the item. The trainee fully explains each item including the use of examples that relate directly to the person.

- Intent Scoring - Intent is scored by placing a "-" and the number incorrect in the appropriate box on the Inter-Rater Reliability Testing Score Sheet Summary. "**-#**" denotes either no, incomplete or unacceptable description demonstrating his/her understanding of the intent of the sub-scale item.

- Record a minus '-' and the number of marked "-I's", for the total of the activity descriptions. For example for section 1A, place "-2" in INT box (next to 1A) if there were 2 minus "I's"

Using the SIS Interview and Profile Form, the Trainer notes examples of how the Interviewer explains the intent of items and shares examples during the IRR wrap-up discussion. (Mark a "-I" on left side in front of the item number for lacking info)

NOTE: Intent is not included in determining the Interviewers overall IRR. As above, this information is shared with the Interviewer trainee in the spirit of personal interview quality improvement strategies.

c. **DEC-M – Decision Making.** The interviewer demonstrates the ability to pull all interview information together and to determine an appropriate rating.

Decision Making – The decision making ratings relate directly to the marking of the agreement column. During the interview observation, the Trainer uses the SIS Interview and Profile Form to document his/her findings during the interview. A circle is used for each item rating to indicate agreement with the trainee's rating. Agreement means that the Interviewer asked about the support needs in such a way to accurately determine Type of Support, Frequency and Daily Support Time (or No, Some or Extensive Supports for Section 3). A hash mark or \ is used to indicate the item in disagreement on the Profile Form.

Decision Making Scoring - The Trainer uses a "+" is used to denote agreement with the decision making and rating process of the trainee. A "-" denotes disagreements with the trainee's decision

making process (Use -1, -2, -3, etc. to indicate the total number of disagreements for the sub-scale DEC-M blank).

    d. **Agreement -** The Interviewer is considered reliable at the sub-scale (for each one) level if 3 or fewer disagreements are noted.

        Agreement Scoring – 3 or fewer disagreements are noted with a "+". Four (4) or more are noted with a "-" in the AGT column.

3. Inter-rater reliability is determined by comparing the total raw score of each SIS subscale and by completing the summary section of the IRR Score Sheet Summary.

    In the SIS, there are 10 areas of possible agreements (Section 1; A – F, Section 2; Supplemental Protection and Advocacy Scale and Section 3; Exceptional Medical and Behavioral Support needs and VA Risk Section 4. If the interviewer's score is equal to the VA Trainer's score on 10 out of 10 sub-scores, then the reliability is 1.0; reliability is .90 if agreement is 9 out of 10; .80 if agreements is 8 out of 10; .70 if agreement is 7 out of 10; .60 if agreement is 6 out of 10, etc.

4. Interviewers are considered reliable at .80 or higher (This means the participant must be in agreement with the VA Trainer in 8 out of the 10 sub-scales).

5. Inter-rater reliability reviews are completed to ensure the maintenance of interview skills and competencies across the various interview characteristics. The initial review occurs at the end of the first quarter after training, and annually after the first year. If the person needs more training then the IRR is conducted after another quarter and as needed depending on the training needs and experiences of the Interviewer.

6. The Trainer Comments section is completed to highlight strengths and quality improvement and any retraining recommendations.

7. The Trainer reviews all information with the Interviewer in an IRR review meeting. A copy of the completed VA IRR Score Sheet Summary form is shared with the Interviewer.

8. The summary information is then entered into the SIS Online™ as a record of the IRR.

9. **Interviewer Reliability Scoring**

- *To complete the Interview Summary section on the Interviewer Reliability Review Summary Form*:

    ▪ Enter the total number from the Strength, Satisfactory and Needs Improvement columns on the lines provided.
    ▪ Add the Strength and Satisfactory scores and enter that number on the line provided. Divide that number by 14 and place the resulting score after the = sign. For example, 12 out of 14 would = .86 rounded to the 2nd decimal.

- *To complete the IRR Score Sheet:*

    ▪ Add the number of "+" s from the AGT column and enter that number of the line provided.

- Divide the number of "+" agreements by 10, round to two decimal points and enter the result on the line provided.
- Determine whether the Interviewer will receive a PASS, or a NO PASS (see directions below) and check the appropriate item.

10. **Comments Section**

Enter comments about the Interviewer's strengths, needs for improvement and recommended training in the Reviewer Comments box. Use the back of the form if additional space is needed. These comments are shared with the Interviewer.

11. **Passing Interviewer Reliability**

There are two options for the outcome of the Interviewer Reliability process; Pass, Provisional Pass or No Pass. Each is defined below:

- *Pass:*

  - An Interviewer scores a .80 or higher (8 out of 10 opportunities) on agreements and;
  - An Interviewer obtains a total of 11 strength and/or satisfactory ratings out of the 14 Interviewer Components of interviewing techniques.

- *No Pass:*

  - An Interviewer scores less than .80 (less than 8 out of 10 opportunities) on agreements and/or;
  - An Interviewer obtains 10 or fewer strength and/or satisfactory ratings out of the 14 Interviewer Components of techniques.

Receiving a Pass indicates that an interviewer has the skills necessary to gather reliable SIS data. If an Interviewer fails to pass the IRR re-training MUST occur and another IRR completed after the training. If the Interviewer fails IRR twice, the Master Trainer/Administrator must contact Cheri Stierer (804-786-0803) to discuss a plan of action. The Trainer's completed SIS Interview and Profile Form, enters a summary into SIS Online and IRR Score are kept in the Administrator's office for compilation and IRR tracking

12. **Annual Interrater Reliability Checks**

Each interviewer must have at least ONE IRR annually based on the date of the first IRR. The administrators will have access to the list they have completed. The CSB overall Administrator will have access to the entire CSB's IRR records online.

PLEASE CONTACT CHERI STIERER @ (804) 786-0803 FOR ANY QUESTIONS OR CLARIFICATIONS.

APPENDIX D: Section 4 – Supplemental Needs/Risk Assessment Instructions

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Section 4-Supplemental Needs/Risk Assessment Instructions

1. Severe Medical Risk High Level:

Refer to Section 3A-Medical Supports Needed, under Respiratory Care, Feeding Assistance, Skin Care, and Other Exceptional Medical Care. Severe Medical Risk is identified by a "2"rating for any of the specific risks mentioned in any of the specific risks mentioned in Supplemental Risk Section 4, Question 1.

   a. The Individual requires frequent and lengthy hands-on staff involvement to address critical health and medical needs. This means that medically-related treatments; transfers; lifts, and positioning; and/or direct monitoring, routinely require extensive 1:1and/or 2:1 staff support to perform and complete. Examples include lengthy periods of wound care, complicated, manual/mechanical transfers, the need for frequent 2-person repositioning at night, and administering other critical medical treatments.

   b. The severity of the Individual's medical risk currently requires direct professional care on a 24-hour basis. Direct professional care is defined here as RN supervised care which is delivered by an RN, LPN, or delegated/trained staff.

   c. The Individual has medical care plans in place related to these specific support needs, that are documented within the ISP process, such as the Essential Information, Shared Planning, Plan for Supports, crisis support plan, health protocols, health care plan, nursing plan or other assessments. It is not expected that these documents be brought to the SIS meeting, but that they be made available, if requested, for later review.

2. Severe Community Safety Risk-Convicted

Refer to Section 3B-Behavioral Supports Needed, under Externally Directed Destructiveness and Sexual. Severe Community Safety Risk to Others is indicated by a "2" rating for any of the specific risks mentioned in Supplemental Risk Section 4, Question 2.

   a. The Individual has ever been found guilty through the criminal justice system, including but not limited to the Psychiatric Security Review Board, of a criminal action involving actual or attempted assault and/or injury to others; property destruction due to fire setting and/or sexual aggression.

   b. The severity of the Individual's community safety risk to others currently requires a specially controlled environment that limits the individual's ability to leave the home setting without direct supervision; and/or requires direct supervision during all waking hours within the home setting. Direct supervision is defined here as exclusive 1:1 staffing dedicated to this individual and/or the constant availability of staff whose primary responsibility is to provide an immediate physical intervention, as needed. The conviction may be several years old; however, the support needs are current.

c. The Individual has documented restrictions in place, related to these risks, through parole, probation, visitation or proximity restrictions, court order, or other legal requirements. These restrictions are addressed within the Individual's ISP process, in documentation such as the Essential Information, Shared Planning, Plan for Supports, Positive Behavioral Support Plan, crisis support plan, psychosocial/sexual evaluation, post prison supervision conditions, ~~and/or~~ probation conditions, or other assessments. It is not expected that these documents be brought to the SIS interview, but that they be made available, if requested, for later review.

3. Severe Community Safety Risk- Not Convicted

Refer to Section 3B-Behavioral Supports Needed, under Externally Directed Destructiveness and Sexual. Severe Community Safety Risk to Others in indicated by a "2" Rating for any of the specific risks mentioned in Supplemental Risk Section 4, Question 2.

a. Although never convicted the individual displays the same severe community safety risk to others as individuals who have been found guilty through the criminal justice system, including but not limited to the Psychiatric Security Review Board, of a criminal action involving actual or attempted assault and/or injury to others; property destruction due to fire setting and/or arson; and/or sexual aggression.

b. The Severity of the Individual/s community safety risk to others currently requires a specially controlled environment that limits the individual's ability to leave the home setting without direct supervision; and/or requires direct supervision during all waking hours within the home setting. Direct supervision is defined here as exclusive 1:1 staffing dedicated to this Individual and/or the constant availability of staff whose primary responsibility is to provide an immediate physical intervention, as needed.

c. The Individual has documented restrictions in place, related to these risks. These restrictions are addressed within the Individual's ISP process, in documentation such as the Essential Information, Shared Planning, Plan for Supports, Positive Behavioral Support Plan, crisis support plan, psychosocial/sexual evaluation, or other assessments. It is not expected that these documents be brought to the SIS Interview, but that they be made available, if requested, for later review.

4. Severe Risk Or Injury to Self

Refer to Section 3B-Behavioral Supports needed, under Self-Directed Destructiveness, Severe Risk of Injury to Self is indicated by a "2"rating for any of the specific risks mentioned in Supplemental Risk Section 4, Question 4.

    a. The Individual engages in self-directed destructiveness related to self-injury, PICA, and/or suicide attempts, with the intent or effect of creating a serious danger to their own health and/or safety. Examples of self directed destructiveness include head banging, eye gouging, severe skin picking, and cutting, ingestion of inedible substances and/or fluids, and suicide attempts.

    b. The severity of the Individual's risk of injury to self currently requires direct supervision during all waking hours within and/or outside of the home setting. Direct supervision is defined here as exclusive 1:1 staffing dedicated to this individual and/or the constant availability of staff whose primary responsibility is to provide an immediate physical intervention, as needed.

    c. The Individual has prevention and intervention plans, in place, that are documented within the ISP process, such as the Essential Information, Shared Planning, Plan for Supports, Positive Behavioral Support Plan, crisis support plan, psychosocial/sexual evaluation, health protocols, health care plan, nursing plan, or other assessments. It is not expected that these documents be brought to the SIS Interview, but that they be made available, if requested, for later review.

5. Risk of Falling – answer "yes" or "no". If yes then describe specifically the frequency in the past 12 months and nature of the falls.

Note: All four sections of the Supports Intensity Scale (SIS) are administered with individuals in the ID/MR and DS Waivers every three years, but Section 4, the Supplemental Needs/Risk Assessment must be completed annually. For years in which a SIS is not administered, the following instructions apply:

1. Obtain a separate copy of the 1/2010 version of the Supplemental Needs/Risk Assessment which can be found at *www.dbhds.virginia.gov/ODS-SIS.htm*
2. Complete items 1-4 d and 5 by referring to a SIS Booklet. Without marking the booklet, determine from questions in Section 3 A/B (Medical and Behavioral) whether the individual has extensive needs, and record the frequency and amount of support required.
3. Assure documentation of what these needs would be on the Risk Assessment form and use additional pages as needed. (most likely the current information may be recorded in the Essential Information or in the Profile of the PC ISP).
4. Complete Risk Assessment Section 4 hard copy and distribute to all DS and ID Waiver Providers.

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APPENDIX E: SIS® Appeals Process

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What is the Supports Intensity Scale® (SIS)?

The Supports Intensity Scale® (SIS) is a standardized and norm-referenced assessment which was developed in 2004 by the American Association on Intellectual and Developmental Disabilities (AAIDD). This assessment has been tested nationwide to ensure validity and reliability. More information can be found on the AAIDD web site: www.aaidd.org.

The Supports Intensity Scale® (SIS) is a support needs assessment which gathers information through a face-to-face interview with the individual and other people who work with the individual or see them on a daily basis and know the individual well. The people who answer interview questions are called "Respondents." A trained Interviewer collects information from respondents or the individual on the many areas in community living. The interview questions focus on the supports an individual needs if they were to do these activities. A copy of the long form report is sent to providers/families/individuals within 5 business days of completion. Documentation should be kept on when the information was sent to which providers in case of an appeal.

Who Conducts the SIS® in Virginia and how often?

The Centers for Medicare and Medicaid Services (CMS), a federal government agency, require that a consistent method be used for all individuals across the state to assess the need for services in Home and Community Based Services (HCBS) for Persons with Developmental Disabilities. The Community Services Boards/Behavioral Health Authorities Support Coordination/Case Management Services is responsible for completing an Adult SIS assessment for every individual within 60 days of entering the Waiver and every 3 years thereafter. The Children's SIS is completed every 2 years and is exempt from the IRR and Appeal process until the normed version is produced by AAIDD. If the individual is moving from a TC, a complete SIS will have already been done and it is a team decision as to whether a new one needs to be completed within the 60 time frame. An Interviewer must receive 2 days of training and demonstrate the he or she can independently conduct an interview correctly.

The Support Coordinator/Case Manager is responsible for informing the individual, the individual's guardian, people who work with the individual and family members, as appropriate, of the need to schedule the interview. The Support Coordinator must assure that at least two respondents from those who have worked with the individual regularly for at least 3 months, and/or individuals who know the individual and frequently observe them in different environments. These environments may include home, work, school, and out in the community. The individual being assessed should be encouraged and supported to attend and may also serve as a respondent.

What are the responsibilities of a respondent?

A respondent is charged with providing guidance to the individual being assessed in an effort to present honest and accurate information to the SIS Interviewer so that a clear picture of the individual's support needs are fully captured. The questions are based on the assumption that the person, if doing the activity, needs a certain type and level of support to be successful should the individual engages in the activities discussed.

What if there are concerns about how the SIS® was conducted?

The Supports Intensity Scale (SIS) may be appealed by the individual, the provider, his/her representative, or her/his family if they feel that the standard operating procedures were not followed. A SIS score is not appealable.

In order to appeal the SIS, the family or individual, or provider must submit in writing to the State SIS Coordinator in the Office of Developmental Services how the SIS Standard Operating Procedures were not followed (see attached procedures and checklist) and how attempts to work with Support Coordinator and the Developmental Services Director of the Community Services Board (CSB)/Behavioral Health Authority (BHA) or Training Center (TC) have failed. The support coordination CSB/BHA/TC may give the family the necessary paperwork to begin this process. The paperwork will also be available on the Office of Developmental Services website. (See page 6, attached)

Process for Appealing the SIS Related To Standard Operating Procedures Being Followed

1. All SIS appeals will follow the Administrative Review Process in regards to time frames, written responses to appeal, appeal process steps. Individuals, providers or family members have 30 business days from the date of the SIS to appeal or the date they received the SIS which should be substantiated by a fax date and time.
2. A letter and Standard Operating Procedures checklist must be submitted to the CSB/BHA/TC Developmental Services Director whose Interviewer administered the SIS. The CSB/BHA/TC has 10 business days to respond to the appeal in writing.
3. If not satisfied, a letter, review of process to date, and Standard Operating Procedures checklist (See page 6) must be submitted to the VA State SIS Coordinator in the Office of Developmental Services, (1220 Bank Street, Richmond, Virginia 23219) requesting an appeal.
4. The State SIS Coordinator who is a state Master Trainer will review the request with the Regional Review committee to include an additional SIS Master Trainer. A final decision will be rendered within 30 business days.
5. All SIS Appeals will be tracked by the State SIS Coordinator.
6. If the appeal is justified, a new SIS will be completed by a designated Interviewer at the CSB/BHA/TC within 60 days.
7. The new results will be entered into the online system. The appeal will be denied if there is no evidence that standard operating procedures were not followed.

Standard Operating Procedures for the SIS

1. The SIS is administered by a VA trained SIS Interviewer as outlined in the SIS Protocol. Only the Virginia version of the SIS will be utilized. Requirements of a VA trained SIS Interviewer:
   a. The person administering the SIS is a trained support coordinator/case manager with a minimum of 3 months experience working with individuals with developmental disabilities; has attended SIS training with a VA certified SIS Master Trainer and knows how to request and verify information from respondents.
   b. *Master Trainers* have attended SIS Interviewer Training, the Administrator Training, and the VA Master Trainer Training. The state *Master Trainer* provides reliability training to agency staff designated as a *SIS Administrator*, who has attended the AAIDD SIS Training. Once SIS Interviewers achieve an inter-rater reliability (IRR) of 80% or better on the SIS, they become an approved *SIS Interviewer.*
   c. Within the first quarter and every year there after each Support Coordinator or Training Center staff conducting solo interviews, a *Master Trainer or SIS Administrator* interviews with the trainee and conducts inter-rater reliability (IRR). The Support Coordinator or Training Center staff person receives feedback on interview techniques and scoring. Once the support coordinator or hospital staff person receives a score of 80% or better he/she is certified to independently conduct SIS interviews.

2. The SIS Interviewer discusses with the individual being interviewed who he/she wants to participate in the SIS interview. The following guidelines are in place related to respondents:
   a. The SIS is administered with 2 or more respondents who know the individual well, in a group setting. Respondents must have known the individual at least 3 months and have had recent opportunities to observe the individual in one or more environments for substantial periods of time.
   b. The individuals providing support services and the individual are always the first choice of respondents. People who may know the individual well and understand his/her support needs may be part of interview and include: Parent, siblings, spouse, other family members, friend, neighbor, roommate, employer, Direct Support Professional staff, and other provider staff who know individual well.
   c. If the SC knows the individual well, they may count as one of the respondents. Note- At no time should the SIS take place with just the Individual and the SC, at least one other respondent is required.

3. All questions must be asked and be answered in the interview process.

4. Answers to the questions are based on the support needs that the individual would need if they were to engage successfully in each activity whether or not the supports are being currently provided.

5. The scores for each question are discussed and agreed to by the individuals present. An overall consensus is reached for each question by the respondents.

6. If the rater cannot score a question and needs additional information from another respondent, the rater should discuss this with the group.
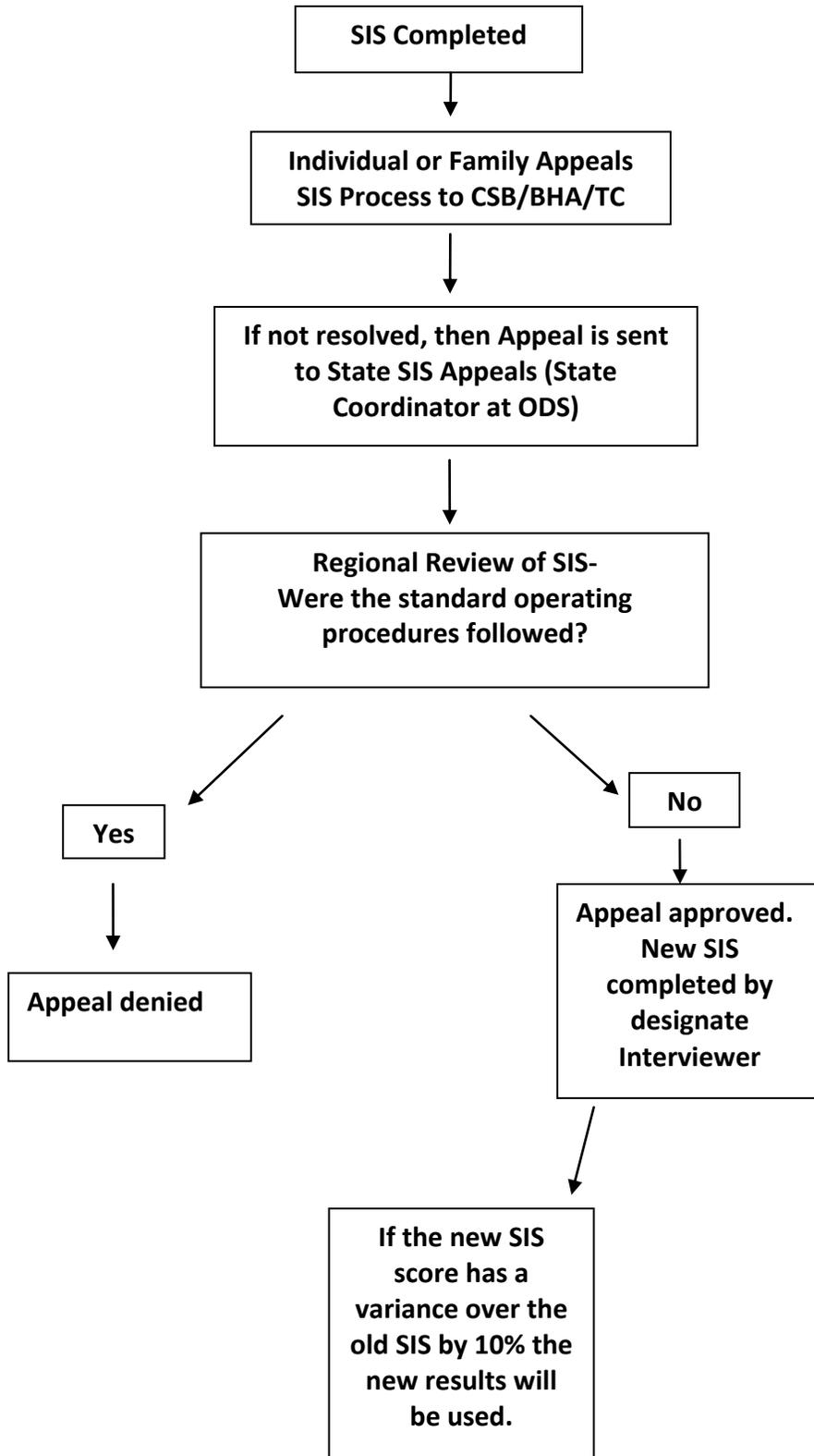
7. Individuals who have Exceptional medical or behavioral needs are identified in Section 3A and 3B of the SIS. The Risk Section 4 is completed and based on the scores for the Exceptional Medical and Behavioral sections. The SIS administrator reviews the SIS scores to ensure the needs were addressed.

8. A SIS process form (See page 7) must be checked by the Interviewer and signed by everyone prior to leaving the meeting after the SIS is completed.

Virginia SIS Interview Guidelines

These guidelines have been developed to assist Interviewers and the focus person in having the most beneficial time to review support needs for the planning meeting. Please ensure staff has access to these guidelines prior to the SIS Interview.

1. What respondents can bring to the interview
   - An open mind and empty hands…….
   - No copies of booklets
   - No copies of old SIS's
   - No copies of SIS expanded clarifications
   - No other assessments like the LOF, ICAP, etc

2. There is to be no video or audio recording of the meeting

3. Cell phones, Blackberries, Droids and the like should be turned off. If respondents are waiting for an emergency call, they should ask for a break to check their messages.

4. The Essential Information and Profile will be available to any interviewer who is not familiar with the individual being interviewed.

5. The SIS Interviewer will determine the score if there are differing views from different program areas.

6. The Respondent Acknowledgement of Completion of SIS**®** form should be signed by everyone at the interview immediately following the session.

7. The Interviewer must enter the results into SISOnline and send the hard copy of the report to individuals, providers and family members as appropriate within 5 working days.

SIS Appeals Process Flow Chart

SIS Completed

Individual or Family Appeals SIS Process to CSB/BHA/TC

If not resolved, then Appeal is sent to State SIS Appeals (State Coordinator at ODS)

Regional Review of SIS- Were the standard operating procedures followed?

Yes

No

Appeal denied

Appeal approved. New SIS completed by designate Interviewer

If the new SIS score has a variance over the old SIS by 10% the new results will be used.

Please send this checklist and a letter requesting an appeal to the Va State SIS Coordinator in the Office of Developmental Services at the address listed below. Attach documentation of communication with the Interviewer and CSB about issues. Mail to:

SIS Appeals
Office of Developmental Services
1220 Bank Street
Richmond, Va 23219

Individual, Provider, or Family Checklist for SIS® Appeals

Name of individual who receives services:_____ **CSB/TC:** _____
Please check the item(s) that were <u>not</u> followed during the SIS interview in which you participated.

✔️	**Standard Operating Procedures for Conducting a SIS**
	Were at least two individuals present that know the support needs of the individual being rated? Appropriate individuals for a SIS interview consist of: The individual being rated who can communicate verbally or through some other communication device, parents, siblings, other family members, friends, neighbors, roommates, employer, Direct Support Professionals, spouse or any other individual who knows the individual well and sees them at least weekly in several environments. Note- if the support coordinator knows the individual well, they can count as one respondent.
	Did the rater explain each question prior to scoring it?
	Was each question asked and discussed in the interview?
	Were the final scores on each question discussed with everyone present?
	A SIS interview will last 90 to 120 minutes and should be done face to face. Was the SIS interview completed face to face? Note- phone calls might be necessary to get additional information for a SIS, or with a support staff unexpectedly called to the service area, but the SIS should never be completed in its entirety via telephone.
	Was the SIS interview held prior to the ISP meeting? For new Waiver individuals in the first 60 days or prior to starting the Waiver.
	If exceptional medical or behavioral needs were present, were these needs discussed and documented during the interview (If appropriate)?

_____   _____
Name/ Relationship to Individual Receiving Service   Date

_____

Contact Information
> **NOTE: The SIS appeal process is available on the Office of Developmental Services web page at www.dbhds.virginia.gov.**

Respondent Acknowledgement of Completion of SIS® Process
To be completed at the end of the SIS Interview

Name of Individual who Receives Services: _____

Interviewer's Name _____ **CSB/TC**_____ **Date:** _____

☑	Standard Operating Procedures for Conducting a SIS
	At least two individuals present that know the support needs of the individual being rated and work with the person daily, or knows the individual well and sees them at least weekly in several environments. (Includes Support Coordinator)
	The rater explained each question prior to scoring it.
	Each question asked and discussed in the interview.
	The final scores on each question were discussed with everyone present.
	A SIS interview will last 90 to 120 minutes and should be done face to face. The SIS interview was completed face to face. Note- phone calls might be necessary to get additional information for a SIS, or with a support staff unexpectedly called to the service area, but the SIS should never be completed in its entirety via telephone.
	The SIS interview was held prior to the ISP meeting? For new Waiver individuals in the first 60 days or prior to starting the Waiver.
	If exceptional medical or behavioral needs were present, these needs were discussed and documented during the interview (If appropriate)?

Name/Agency of Respondents present at the Interview: Signature: Contact Phone:

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

NOTE: The SIS appeal process is available on the Office of Developmental Services web page at *www.dbhds.virginia.gov*.