

Virginia DBHDS SIS-A[®] 2nd Edition Advisory Group

Frequently Asked Questions

Background

Since 2015, DBHDS has used the Supports Intensity Scale[®] (SIS)[®] assessment to determine rates for specific services. The SIS assessment is changing and DBHDS has a project to update this model. DBHDS wants to hear from people receiving services and other interested people. DBHDS is working with an advisory group to support this project. The public is welcome to listen in on this advisory group meeting. What follows are answers to frequently asked questions that the project team has received through the advisory group meeting, as well as informational meetings held about this project.

If you have questions or comments that you would like to see addressed in future advisory group meetings, this FAQ, or through other avenues, please submit them using the feedback form here:

https://docs.google.com/forms/d/e/1FAIpQLSc21y4XpMleJZ9AGWtPuiR8c1PeZr5r-luU8raVtq3JYmwsug/viewform?usp=sf_link or by using the QR code below.



Frequently Asked Questions

Questions about the Supports Intensity Scale

Q: What is the Supports Intensity Scale (SIS)?

A: The SIS is a standardized needs assessment designed to measure the pattern and intensity of supports needed by people with intellectual and developmental disabilities (IDD) to be successful in community settings. The SIS was developed by the American Association on Intellectual and Development Disabilities (AAIDD). There are two versions currently being used in Virginia, the SIS-Adult (SIS-A) and SIS-Child (SIS-C) versions. The SIS is a needs assessment, which means that rather than focusing on diagnosis or deficits, it focuses on the support that someone needs.

Hundreds of thousands of SIS assessments have been conducted across the country and internationally. This SIS was normed (creating the standard scores the DBHDS uses to assign individual to levels) based on these assessments of people with disabilities, Research has shown that the SIS is valid and reliable. With strong documented psychometric properties (see for example :

https://www.aaidd.org/docs/default-source/sis-docs/evidence-for-the-reliabilityandvalidity-of-the-sis.pdf?sfvrsn=7ed3021_0).

Q: Why is DBHDS using the SIS?

A: The SIS is used in many states for a variety of purposes, including demonstrating eligibility for services, informing the person-centered planning process, assigning individuals to tiers, , and setting individual supports budgets. DBHDS selected the SIS to:

- Provide meaningful information about peoples' support needs for person-centered planning (PCP) such as identifying daily living activities that the person can complete independently
- Assign people to a rate tier for shared services according to their support needs so that providers are paid adequately for the intensity of supports that they deliver
- Use data for analysis

Q: Why is the SIS is being reviewed at this time?

A: Recently, AAIDD, the developers of the SIS updated the assessment. These updates include changes to the norming tables for certain sections of the SIS (which impact the standard scores used to assign support levels) and additional questions in the medical and behavioral section. . After reviewing the impact these changes on support levels, DBHDS determined a need to review and update the support levels and rate tiers.

Q: What changes were made to the SIS assessment?

A: In 2023, AAIDD released the SIS-A 2nd Edition with updates including:

- Changes to demographic section
- Addition of 6 new medical questions and adjustments to others
- Addition of 1 new behavioral question
- Changes to the standard scores due to renorming on a much larger sample of assessments than originally normed
- Renaming some sections and subsections
- Rewording some questions for clarity

For more information about these changes, please go here: https://www.aaid.org/docs/default-source/sis-docs/sis-fags.pdf?sfvrsn=9eda3f21_8. You can also find a video here: <https://www.youtube.com/watch?v=L292mU7tV3I> and here: <https://www.youtube.com/watch?v=gv2c-4k0lwc>.

Q: When will DBHDS use the SIS-A 2nd Edition?

AAIDD is allowing states to transition from SIS-A to SIS-A 2nd Edition by December 31, 2024 DBHDS is awaiting the outcome of this study before moving forward.

Q: What information is provided to people participating in a SIS assessment?

A: When someone is participating in a SIS assessment, DBHDS, via the SIS Vendors, makes available the following information to prepare the person prior to their SIS assessment. The information may arrive via USPS or email:

Initial mailing includes:

- letter from DBHDS
- letter from the SIS vendor
- Virginia SIS Standard Operating Procedures (SOP)
- The SIS and the PCP

The second mailing includes:

- SIS date/time confirmation letter
- VA SIS Satisfaction Survey AAIDD SIS Interview Information for Respondents link (<https://www.aaid.org/sis/sis-a/sis-a-resources>)

Additional information may also be provided by the SIS vendor including information about the assessment process, who should participate, and how to prepare. Information, to include a copy of the SIS Family Friendly Report, may also be found on the DBHDS website (<https://dbhds.virginia.gov/>).

Q: Is the person required to attend their SIS assessment?

A: The person is always invited to attend their assessment. At a minimum, the assessor must meet the person, preferably at the beginning of the SIS assessment. The person is encouraged to attend their SIS assessment, however, in some cases it may be difficult for the person to participate in the process. In these cases the person does not have to remain in the SIS assessment.

Q: What if the SIS was not administered properly?

A: The person participating in the SIS assessment receives standard operating procedures related to the SIS that outline how the process should be. You can read them here: https://dbhds.virginia.gov/library/human%20rights/provider%20development/4-24%20dds_va%20sis%20appeals%20process%206%2030%2015.pdf. If the SOP is not followed the procedure to request a review of the SIS is outlined in the SIS SOP.

Q: Why is the SIS-A administered every four years?

A: Each state sets its own policy around how often to administer the assessment. AAIDD recommends that the SIS assessment be administered every three to five years since most people's support needs are

stable for at least 3 years. DBDHS currently reassesses every two, three, or four years depending on the person's age.

Q: What is the process for reassessment before the four-year reassessment cycle?

A: When a person experiences a significant and sustained change in support needs for six months or more a request for a SIS reassessment should be submitted outside of the regular SIS assessment cycle (12VAC30-122-200). The person and their support coordinator may fill out a SIS Reassessment Request. The submitted request should explain how needed supports have changed since the most recent SIS and the documentation should support the request found here: <https://dbhds.virginia.gov/wp-content/uploads/2022/12/DBHDS-VA-SIS-Reassessment-Request-8.17.2022.docx>.

Q: How does the SIS measure support needs for behavioral issues when the person is receiving services to that are helping to mitigate behavioral issues?

The SIS assessment directly measures behavior support needs. The questions should be answered accounting for the supports that the person needs to be successful in the activity, including managing their behavior. This may include documented exceptional supports to reduce or mitigate behavioral issues.

Q: How can people who are coming out a state hospital be accurately assessed using the SIS, since their skill may be difficult to assess?

A: The SIS is intended to assess the support needs of a person. When a person is unable to demonstrate that they can complete an activity or has not had opportunities to engage in the activity, the assessor will ask what supports the person would need to be successful in the activity.

More information about the SIS scoring can be found here: <https://www.aaid.org/docs/default-source/sis-docs/sisfrequencyandscoringclarifications.pdf> and a respondent guide can be found here: https://www.aaid.org/docs/default-source/sis-docs/sis-a/sis-a-respondent-handbook-july-2021-final.pdf?sfvrsn=59993e21_2

Q: Is the SIS appropriate for people with developmental disabilities?

A: The recent effort to re-norm the SIS assessment reviewed data collected from over 100,000 people served by 19 different jurisdictions, with a variety of diagnoses. Many people ask about the SIS assessments ability to measure the support needs of people with autism. A recent article explored this issue and determined that the SIS validly measures the support needs of people with autism.

You can purchase this article here:

<https://www.proquest.com/openview/5ef11091b77f2139e6b62db5e39ba1c9/1?pq-origsite=gscholar&cbl=2032023>

Q: Can I delay my SIS assessment until these updates are made?

A: No. Assessments will continue as scheduled.

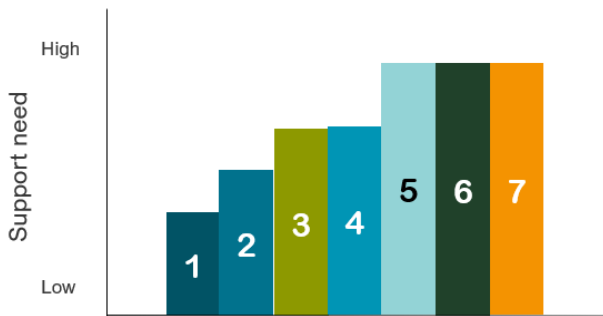
Q: Can I take my SIS assessment as soon as these updates are made?

A: No. Assessments will continue as scheduled. Assessments are expected to be completed within 4 years of the transition to the SIS-A 2nd Edition.

Support Levels

Q: What are the support levels?

A. Support levels are assigned based on information from the SIS assessment and, in some cases, supplemental questions and a document review verification. People who have extraordinary needs are assigned to the highest support levels. The support levels are shown below. Support levels 1, 2, 4, and 5 are for people who have low to high general support needs. Support level 3 is for people who have relatively modest general support needs, and some behavioral support needs. Support level 6 is for people who have extraordinary medical needs and support level 7 is for people who have extraordinary behavioral support needs.



For some shared services (for example, group home and group day services), support levels are matched to rate tiers that pay providers higher amounts for supporting people with greater needs.

Q: What are the support level descriptions?

A: Support level descriptions explain the different types of support needs that people assigned to each of the support levels have. These are shown below.

| | |
|----------|---|
| 1 | Mild Support Needs – Individuals have some need for support, including little to no support need for medical and behavioral challenges. They can manage many aspects of their lives independently or with little assistance. |
| 2 | Moderate Support Needs – Individuals have modest or moderate support needs, but little to no need for medical behavioral supports. They need more support than those in Level 1 but may have minimal needs in some life areas. |
| 3 | Mild/Moderate Support Needs with Some Behavioral Support Needs – Individuals have little to moderate support needs as in Levels 1 and 2. They also have an increased, but not significant, support needed due to behavioral challenges. |
| 4 | Moderate to High Support Needs – Individuals have moderate to high need for support. They may have behavioral support needs that are not significant but range from not to above average. |
| 5 | Maximum Support Needs – Individuals have high to maximum personal care and/or medical support needs. They may have behavioral support needs that are not significant but range from none to above average. |
| 6 | Intensive Medical Support Needs – Individuals have intensive need for medical support but also may have similar support need to individuals in Level 5. They may have some need for support due to behavior that is not significant. |

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Intensive Behavioral Support Needs – Individuals have intensive behavioral challenges, regardless of their support needs to complete daily activities or for medical conditions. These adults typically need significantly enhanced supports due to behavior.

Q: How are behavioral and medical issues accounted for in the support levels?

A: There are two different ways that people may be assigned to the medical and behavioral levels. The first is through their scores on the medical and behavioral sections of the SIS. The second is through document review verification. This occurs based on certain responses to the supplemental questions. Supplemental questions are designed to identify people with potentially extraordinary medical or behavioral support needs.

Q: Can all sections of the SIS be used for support levels?

A: We have conducted analysis on a dataset of nearly 200,000 assessments. This data analysis shows that all sections of the SIS can be used for support levels. Currently the following sections are used to determine support levels.

- 2A. Home Living Activities
- 2B. Community Living Activities
- 2E. Health and Safety Activities
- 1A: Exceptional Medical Support Needs
- 1B: Exceptional Behavioral Support Needs

In the future, DBHDS may continue to use these sections, may use additional sections, or may use the Supports Needs Index (SNI) – a score of all seven subsections of section 2 of the SIS which includes:








- 2A: Home Living Activities (8 items)
- 2B: Community Living Activities (8 items)
- 2C: Lifelong Learning Activities (9 items, future 2D)
- 2D: Employment Activities (8 items, future 2E Work Activities)
- 2E: Health and Safety Activities (8 items, future 2C)
- 2F: Social Activities (8 items)
- 3: Protection and Advocacy Activities (8 items, future 2G Advocacy Activities)

Rate Tiers

Q: What are the rate tiers?

A: The rate tiers are a way to differentiate reimbursement rates for people who receive certain shared services. For the purposes of tiered rates, the seven levels described above are collapsed to four tiers (with levels three and four including individuals with moderate-to-high needs, and levels five, six, and

seven including those with the most significant needs). The support levels and rate tiers are shown below.

| | | |
|----------------------|--|---|
| Reimbursement Tier 1 |  | Mild Support Needs Individuals have some need for support, including little to no support need for medical and behavioral challenges. They can manage many aspects of their lives independently or with little assistance. |
| Reimbursement Tier 2 |  | Moderate Support Needs Individuals have modest or moderate support needs, but little to no need for medical and behavioral supports. They need more support than those in Level 1, but may have minimal needs in some life areas. |
| Reimbursement Tier 3 |  | Mild/Moderate Support Needs with Some Behavioral Support Needs Individuals have little to moderate support needs as in Levels 1 and 2. They also have an increased, but not significant, support needed due to behavioral challenges. |
| |  | Moderate to High Support Needs Individuals have moderate to high need for support. They may have behavioral support needs that are not significant but range from none to above average. |
| Reimbursement Tier 4 |  | Maximum Support Needs Individuals have high to maximum personal care and/or medical support needs. They may have behavioral support needs that are not significant but range from none to above average. |
| |  | Intensive Medical Support Needs Individuals have intensive need for medical support but also may have similar support needs to individuals in Level 5. They may have some need for support due to behavior that is not significant. |
| |  | Intensive Behavioral Support Needs Individuals have intensive behavioral challenges, regardless of their support needs to complete daily activities or for medical conditions. These adults typically need significantly enhanced supports due to behavior. |

Q: What services have rate tiers?

A: The following services have tiered rates:

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

Q: Why are some rates funded at 344 days rather than 365 days?

A: The rates for residential services (Group Home, Sponsored Placement, and Supported Living) are based on a 344-day billing year. This policy was adopted when DBHDS transitioned payments for these services to per diem rates to protect providers against lost revenue due to members' occasional absences. In brief, the rate models calculate the estimated annual (365-day) cost of providing services, rather than dividing by 365, the daily rate is calculated by dividing by 344. The result is that the rates are inflated so that providers are fully compensated for 365 days of service over 344 billing days.

This approach was discussed in greater detail in response to public comments submitted in response to a 2014 rate study, which you can find here:

<https://dbhds.virginia.gov/library/developmental%20services/dds%20waiver%20rate%20models%20public%20comments%20and%20responses%202015%20april%2023.pdf>; see comment 35.

Q: Will these changes require legislative changes, and a related appropriations request?

A: This depends on the actual changes that are recommended following the conclusion of this project.

Questions About the Advisory Group

Q: What is the advisory group?

The advisory group is supporting this project. They attend meetings to:

- Hear about our upcoming plans for this project
- Provide ideas and feedback about this project and what we recommend
- Ask questions
- Review our analysis and recommendations
- Help us make sure that our plans work for people receiving services, their families, advocates, support coordinators, and providers

We will hold eight meetings total, from September 2023 through April 2024 for 90 minutes to two hours per meeting.

Q: Who is part of the advisory group?

A: There are 20 members in the advisory group. There is one self-advocate, four family members, two advocates, four providers, five Community Service Board representatives, two representatives from the Department of Medical Assistance Services (DMAS) and two representatives from DBHDS.

Q: How was the advisory group formed?

A: An open call for advisory group members was shared through DBHDSs' e-mail blasts at the beginning of this project. Members who met specific parameters were randomly selected for participation. There are no current openings for advisory group members.

Q: How can I give feedback about this project?

A: You are welcome to listen in to advisory group meetings they are announced in advance on the Virginia Regulatory Town Hall Website (<https://townhall.virginia.gov/l/meetings.cfm>) These meetings offer opportunities for everyone to provide feedback. You can also submit questions or comments to our feedback form here: https://docs.google.com/forms/d/e/1FAIpQLSc21y4XpMleJZ9AGWtPuiR8c1PeZr5r-luU8raVtq3JYmwsug/viewform?usp=sf_link or by using the QR code above.