Virginia DBHDS
SIS-A 2nd Edition Informational Meetings

People Receiving Services and Families, Support Coordinators, & Providers Combined Meeting Minutes

Details

- Provider Meeting: April 9, 2024 1:00pm-3:00pm ET
- Support Coordinator Meeting: April 4, 2024 3:00pm-5:00pm ET
- Recipients and Family Meeting: April 10, 2024 6:00pm-8:00pm ET

Facilitators:

Jami Petner-Arrey, Jodi Franck, Jamekia Collins, Stephen Pawlowski

Agenda

1. Welcome and introductions to project team
2. Overview of project and updates
3. Preliminary support levels
4. Preliminary reimbursement tiers
5. Q&A
6. Implementation discussion
7. Next steps and survey
8. Adjournment

Meeting Minutes

1. Welcome and introductions to project team.

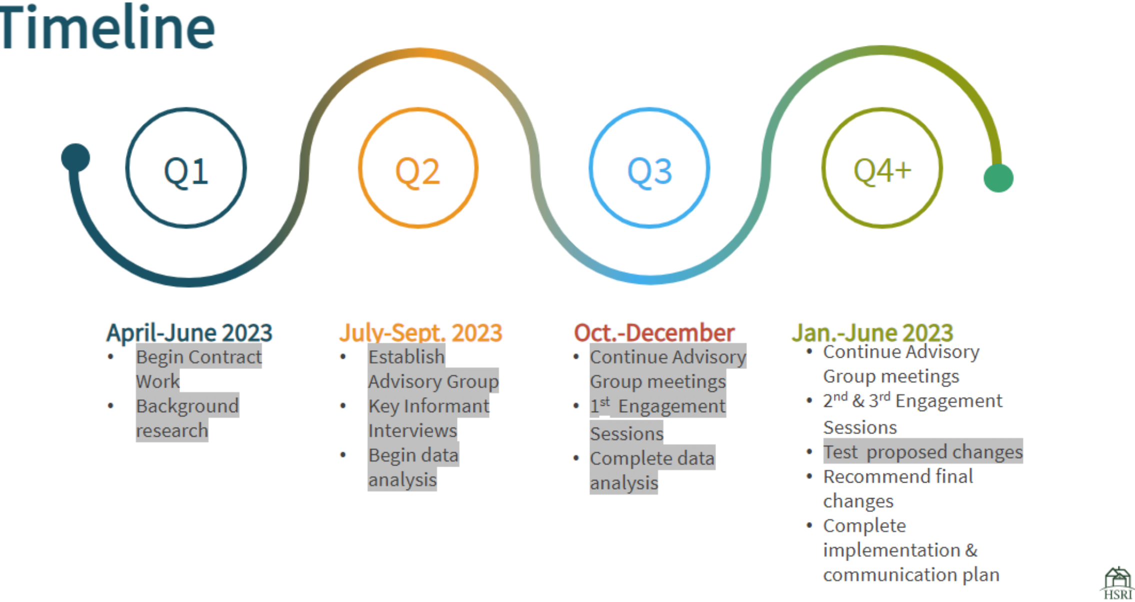
- Founded in 1976, the Human Services Research Institute (HSRI) is a national non-profit improving the availability and quality of supports for vulnerable populations, including children and adults with disabilities.
  - We believe that all people and their families have the right to live, love, work, play and pursue their life aspirations in their community.
- Since 2006 HMA–Burns & Associates has worked with states on the redesign of health care delivery and payment systems.
  - Offers consulting services to states, related to Medicaid services.
  - HMA–Burns offers customized, innovative approaches to the financing and delivery of healthcare and human services.
- Virginia Department of Behavioral Health and Services
  - Mission: A life of possibilities for all Virginians.

    - Vision: Supporting individuals by promoting recovery, self-determination, and wellness in all aspects of life.
- In Today's Meeting we will:
    - The Department of Behavioral Health and Developmental Services (DBHDS) wants to collaborate with people who are interested in this project!
    - Discuss the preliminary support level/tier model for specific DBHDS services and provide updates on our project. We also hope to answer questions and get feedback.
    - The Human Services Research Institute (HSRI) and our partner HMA–Burns are supporting DBHDS in this project.

2. Overview of project and updates

- In 2013, HSRI and our partners, Burns & Associates, were contracted to work with DBHDS to develop support levels and reimbursement tiers for people using waiver services on all three waivers.
- We developed a support level model that relies on results from the Supports Intensity Scale® (SIS®), supplemental questions, and a document review verification process (for some people) to assign each person to a support level.
- There are tiered rates for some services, primarily shared supports, which pay providers higher amounts when they serve people with higher needs to account for the costs of more intensive staffing. Support levels determine the reimbursement tier.
- What do you need to know?
    - DBHDS is going to continue using the SIS assessment for reimbursement tiers.
    - People are assigned to a support level based on Supports Intensity Scale® (SIS-A) scores, along with the supplemental questions, and document review verification for some people.
    - The SIS is changing. It has been re-normed, along with other changes. These changes are called the SIS-A 2nd Edition. These changes require us to update the current support level/reimbursement tier model.
    - DBHDS is using advance questions before transitioning to the SIS-A 2nd Edition.
    - We are planning to recommend changes to the support levels/ reimbursement tier model at the end of this project.
- Project Activities
    - Consult people.
        - Advisory group
        - Key informant interviews
        - Engagement sessions
    - Analyze changes to support levels/reimbursement tiers.
        - Review supplemental questions and verification process.
        - Analyze the new SIS scoring and the advance questions.
        - Analyze the reimbursement tiers.
        - Test out the proposed changes with a record review.
    - Recommend changes to support levels/reimbursement tiers.
        - Propose final recommendations.
        - Develop a transition plan.
        - Develop a communication plan to help support the implementation.

- Timeline Updates
  - We are extending the project slightly from ending in April to ending in June.
  - We have rescheduled one advisory group meeting (from March to May)
  - We will be adding another informational session in May to share the final proposal.
  - Implementation of the SIS-A 2nd Edition is tentatively scheduled to begin **October 1, 2024**. After the SIS-A 2nd Edition is implemented, it will take about four years for everyone to get assessed and receive a new support level and/or reimbursement tier, as applicable. Until October 1, 2024, people will continue to participate in the SIS as scheduled and will not be reassessed until their next assessment is due or they qualify for a reassessment.



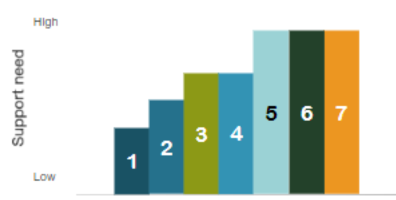
3. Preliminary support levels

- Getting a support level.
  - Supports Intensity Scale® (SIS) Adult (SIS-A®) or Child (SIS-C™)
  - Each person over 16 takes a SIS-A assessment, and some children under 16 take a SIS-C assessment.
  - SIS-A measures support needed for home living, community living, lifelong learning, work, health and safety, social activities, and advocacy.
  - SIS-C measures support needed for home living, community & neighborhood, school participation, school learning, health & safety, social activities, and advocacy.
- Supplemental Questions
  - Used to indicate if someone may have an exceptional need, and it may flag them for a document review verification.
  - Verification is a process to confirm what is reported in the SIS assessment including exceptional medical/behavioral needs that are indicated in supplemental questions.
  - Records and documents are reviewed by a committee that confirms responses to the SQs.

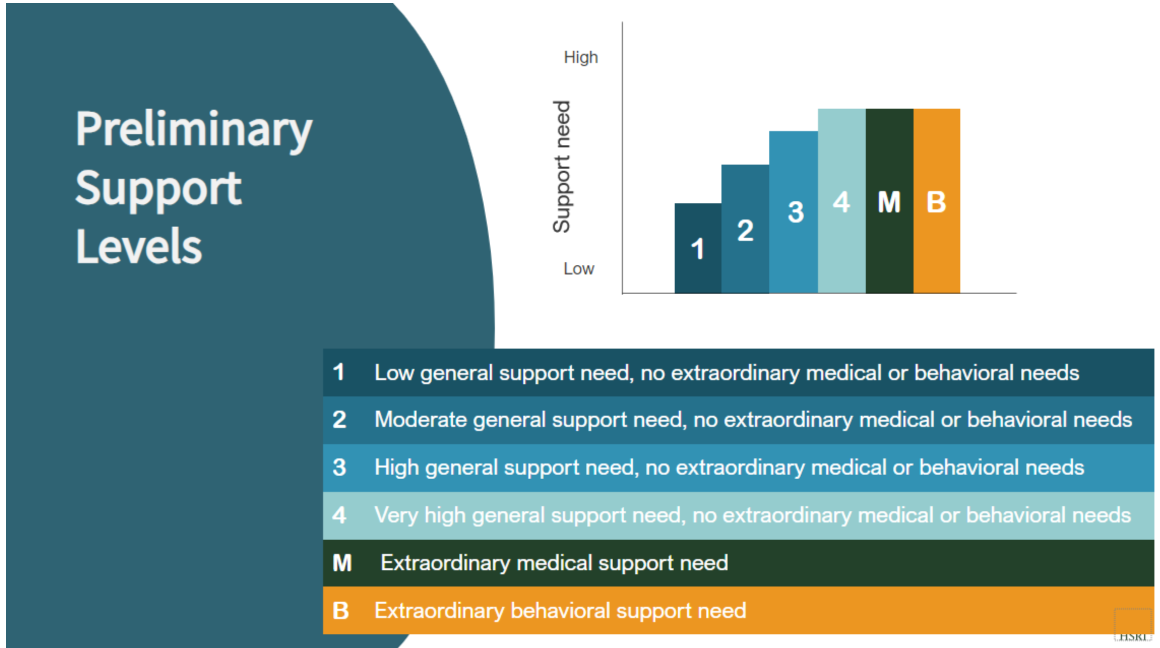
- People who have exceptional needs are assigned to the highest support levels, and this is a process that they can be assigned to those levels outside of their score on the SIS-A or SIS-C.

- Current Support Levels

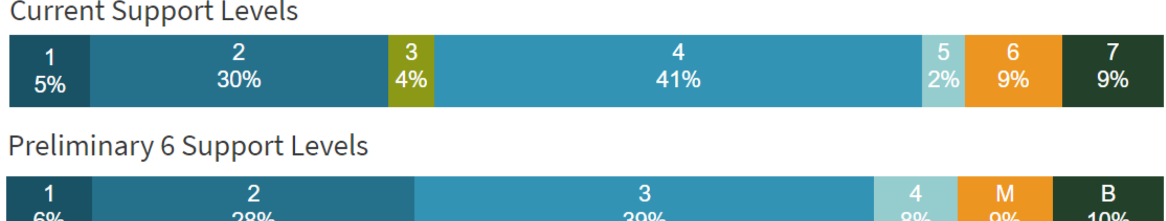
Current Support Levels



- Data Analysis
  - We had demographic data from17,459 people receiving services from 7/1/21 to 6/30/23.
  - We had 17,178 SIS-A assessments conducted between 1/1/18 and 12/15/23.
  - We rescored assessments by applying SIS-A® 2nd Edition norming to subscale scores.
  - Medical and Behavioral levels were developed separately using data on advance questions:
  - 2,151 people had responses to advance questions, 854 people reported having at least some supports needs related to one or more of the new medical questions.
  - 2,155 people had responses to the behavioral advance question, 399 people reported having at least some supports needs related to the new behavioral question.
- Preliminary Support Levels

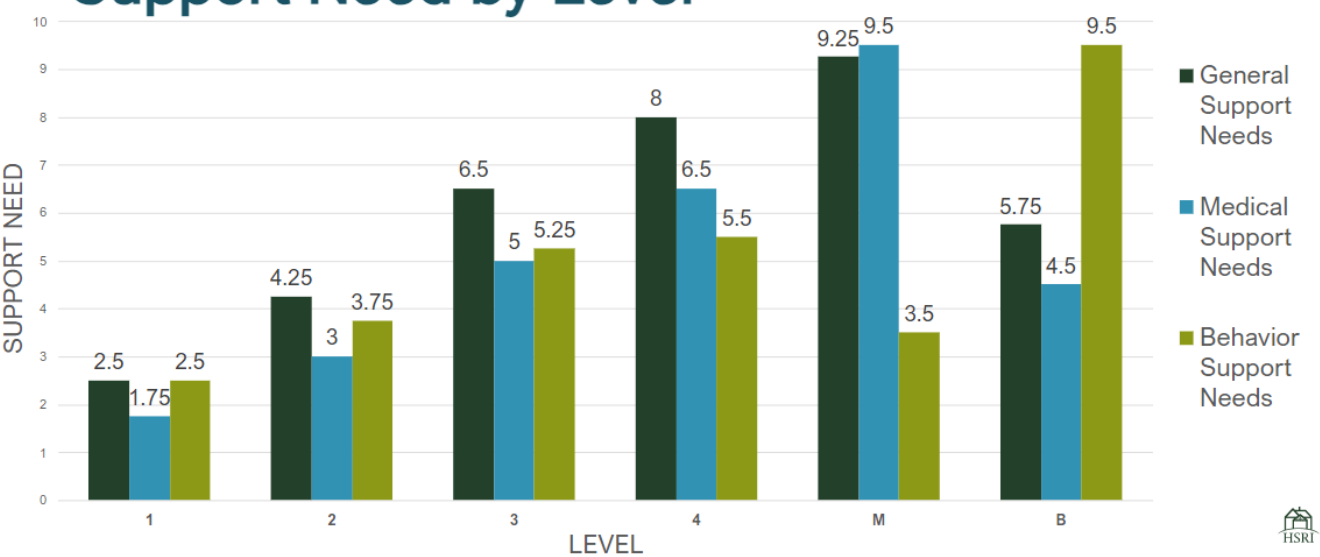


- Support Level Distributions



- How did we test the support levels to ensure they would serve peoples' needs?
    - We conducted a record review to confirm whether the preliminary model fits the needs of people receiving services.
    - We reviewed records for 127 people who receive services.
    - The people whose records were reviewed included people across living settings and who receive tiered rate services.
    - We met onsite with 19 reviewers who reviewed records before we met in person.
    - We facilitated discussion with small teams about each person's record and answered questions about the support needs of each person.
    - Teams did not know the support levels that each person had been assigned until they had answered initial questions about their support needs.
- What we learned from this process.
    - Overall general support needs increase in support levels 1-4 and the medical level
    - The medical level was rated the highest for medical support needs.
    - The behavioral level was rated the highest for behavioral support needs.

- No strong indicator for adjusting any further based on record review results, which is good, because it means we found what the data suggested we would find.



- Our Analysis Supports:
    - Using all sections and subsections of the SIS, including the Support Needs Index (SNI).
    - Using 4 General Support Needs levels, with separate medical and behavioral levels, as in the current model.
    - Keeping the behavioral criteria, the same, even though one additional question will be included in the score.
    - Adjusting the medical criteria higher and including all items in the SIS Section 1A, which means 9 additional questions are included in the score.
- Key Takeaways from this Proposal
    - Our proposal for general support need levels includes all sections and subsections of the SIS-A 2nd Edition.
    - Most people will remain in the comparable support level. If this framework was implemented, we expect that:
        - About 74% of people would stay in the comparable support level
        - 8% of people will decrease in support level.
        - 18% of people will increase in support level.
    - The proposed changes impact people similarly (across waiver type, disability type, and age).

4. Preliminary reimbursement tiers

- Getting a reimbursement tier

- For services with tiered rates, the person's tier is based on their assigned support level
- The following services have tiered rates:
  - Community engagement
  - Group day support
  - Group home
  - Independent living
  - Sponsored residential support
  - Supported living residential
- These are all group services, which are the only services that need a reimbursement tier.
- To ensure those with higher needs have access to services.

- Current Reimbursement tiers

Reimbursement Tier	Level	Description
Reimbursement Tier 1	1 LEVEL	**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	2 LEVEL	**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	3 LEVEL	**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 LEVEL	**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	5 LEVEL	**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 LEVEL	**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.
	7 LEVEL	**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.

  - For the purposes of provider reimbursement tiers, we have 4 tiers.
  - Each level within the reimbursement tier has a similar level of need in terms of staffing ratios.
- Data Analysis
  - We had demographic data from 17,459 people receiving services from 7/1/21 to 6/30/23.

- We had claims data from 17,459 people receiving services from 7/1/21 to 6/30/23 including:
    - Amounts paid for all tiered services.
    - Current tier assignments.
    - Current reimbursement rates.
- We repriced the claims based on the tiered services people are currently using by assigning the support level they would be assigned to under the proposed model.
- We assigned tiers by matching preliminary support levels to preliminary tiers in the same way that they are matched today.
- We analyzed the fiscal impact of preliminary changes.
- We had to determine if there were significant enough changes to the population in each tier to change staffing ratios and reimbursement tiers. We determined that there is not a significant change, so reimbursement rates will not be changing as a result of this project.

Tier	Support Level	Support Level Descriptions
1	1	Low general support need, no extraordinary medical or behavioral needs
2	2	Moderate general support need, no extraordinary medical or behavioral needs
3	3	High general support need, no extraordinary medical or behavioral needs
4	4	Very high general support need, no extraordinary medical or behavioral needs
4	M	Extraordinary medical support need
4	B	Extraordinary behavioral support need

- As a result of this analysis, we are not proposing any significant changes to how we're translating the levels to reimbursement tiers, either. The highest support levels, (levels 4, M, and B), will continue to be in the highest reimbursement tier. Assigning support levels to reimbursement tiers will be the same as it is today.
- Most people who receive tiered services stay in the same level.
- With the restructuring of the support levels, the large majority of people stay where they are. If there are changes to someone's assignment, it is more likely to be an increase in support level than a decrease.
- Overall spending will increase for the state.

- Key Takeaways
    - Support levels will be matched to the same tier as today.
    - After completing the SIS-A 2nd Edition most people will remain in the same tier as today.
    - Most providers delivering tiered services will experience an increase in total payments, but the impact varies by provider due to how tiers will change for the people that they serve.

- Once everyone has transitioned to the SIS-A 2nd Edition, total annual spending on tiered services will increase.

5. Questions & Answers

Session #1: 4/4/24

Meeting intended for support coordinators (questions only edited for clarity)

Q: Is there a way we can look at this Zoom again?

A. Slides and meeting notes will be posted here: *https://townhall.virginia.gov/L/ViewMeeting.cfm?MeetingID=39665.*

Q: Will the questions asked in the behavioral and medical be the same?

A. There are six new exceptional medical and one new exceptional behavioral question in section one. The SIS-A 2nd Edition changes can be found in the FAQ here: https://dbhds.virginia.gov/wp-content/uploads/2024/01/VA-SIS-A-2nd-Edition-FAQs_010924-POST.pdf

Q: There are significant delays in getting SIS completed. Many providers are pushing for timely SIS, especially if this going to impact funding. any efforts being made to address this barrier to timely assessments?

A: Cancellations are the barrier that everyone can do something about. DBHDS is aware of all SIS cancellations and recognized that the responsibility is shared by everyone. Please make every effort to respond quickly when the agencies reach out to schedule the assessment, confirm the individual has a separate representative from all DD waiver providers invited. Anyone can alert the SIS vendor if someone who should be invited is missing. PLEASE record the SIS date/time on a calendar for others to see and try not to cancel the assessment unless there is an URGENT need.

As a reminder, respondents must have known the individual for a minimum of 90 days and be familiar with and able to speak to the individuals support needs.

Q: How will someone be scored if they have both extensive Medical and Behavioral needs? will they fall into M or B?

A: In the current model, they would be assigned to Level 7 (Exceptional Behavioral level). Levels 5, 6, and 7 are all paid at tier 4 reimbursement rates. We anticipate that the behavioral level will continue to be assigned to people with both exceptional medical and exceptional behavioral support levels. The data shows that this combination of needed supports is not common.

Q: Currently we use a 2 to determine if someone will be Enhanced Case Management (ECM). How will this change with the new SIS?

A: We are unable to respond to this question, as this would fall under Quality Improvement Unit.

Q: Where can we get the reimbursement rate of pay?

A: On the Department of Medical Assistance Services (DMAS) website: https://www.dmas.virginia.gov/media/6421/my-life-my-community-rate-file-updated-12-18-2023.pdf.
https://www.dmas.virginia.gov/for-providers/long-term-care/waivers/.

Q: I would like to suggest not keeping a label of M or B in this rating system as it has a negative focus on as issue/problem and focus on the person. hope that makes sense.

A: This was discussed with the SIS Advisory Group, and we heard from people that they supported using M and B, which were previously levels 6 and 7. We are open to further suggestions, so please let us know if you have further feedback on this.

Session 2: 4/9/24

Meeting intended for providers (questions only edited for clarity)

Q: Are there no extraordinary medical and behavioral needs levels?

A. Yes, currently the exceptional support levels are 6 (medical) and 7(behavioral). The proposed change will be to rename these levels to support levels M (exceptional Medical) and support level B (exceptional Behavioral). All the highest proposed support levels 4, M, and B are in the same tier (4) and reimbursed at the same rate.

Q: Where are you seeing the 8% decrease and 18% increase in levels? Where is most of that occurring? As an example, are folks scoring at the current level 4 now more often to fall in the new level 4 or M/B levels?

A. The biggest changes are people moving up into the proposed support level 4.

Q: Are there additional questions for behavioral section , if so, how many?

A. Yes, one additional question has been added to the exceptional behavioral section of the SIS-A 2nd Edition.

Q: where can you find suggested staffing ratios for levels?

A: Rate models that we produced as part of the rate study are available online, on the DMAS website.

https://www.dmas.virginia.gov/media/6421/my-life-my-community-rate-file-updated-12-18-2023.pdf.

https://www.dmas.virginia.gov/for-providers/long-term-care/waivers/.

Q: I understand how it will impact residential providers. Was it also shared on how this will be utilized to impact funding for higher intensity supports within day programs?

A. We looked at impacts across providers across all the shared services. Overall, ¾ of people are staying in the support level they are in today. About 3 individuals increase in level for every individual who decreases. It is around a 3% aggregate increase in spending across the board.

Q: The procedure codes that we use are: 90791. 99212 and 90834. Is there an increase for these codes?

A: There are no changes to any of the reimbursement rates because of this project.

Q: Most of the tier 4 will be changing to tier 3?

A: Most people in tier 4 are staying at tier 4.

Q: What is the difference in rates between 4 and M?

A: Both levels are in the highest tier. There is no difference in reimbursement rates.

Q: What was the mission in evaluating the levels? Was this to ensure support needs were better captured?

A: The support levels were reviewed due to changes in the SIS assessment (SIS-A 2nd Edition). The changes to the underlying assessment were made by the American Association on Intellectual on Developmental Disabilities (AAIDD), the publisher, author, and copywrite holder of the SIS. Through this change, we collected feedback about some changes that people hoped to see. One big one being that people had a strong feeling that more of the SIS assessment should be used to assign support levels. Changes to the SIS were the main reason for the project, but it also allowed us an opportunity to incorporate feedback from the community as well.

Q: What is the definition of exceptional medical support?

A: This is defined by AAIDD for each item rated in the SIS assessment.

Q: Will this new rating system be available to help individuals who may have recently lost their placement due to inability for the provider to support their needs due to funding levels?

A: SIS-A 2nd Edition is the result of AAIDD re-norming the SIS-A assessment. DBHDS is planning to transition to SIS-A 2nd Edition starting 10/1/2024, using the existing schedule laid out in DMAS regulation 12VAC30-122-200.

DBHDS would like to be made aware of specific situations when a provider is discharging individuals from services due only to a change in level/tier.

Q: Is review of 127 records adequate to validate the proposed level/tier model given the size of the population with waivers. How were the records chosen to ensure they are representative?

A: Most of the analysis that was done to propose the level framework was based on analysis of thousands of records. The purpose of the record review is, instead of looking at a spreadsheet, looking at real people and taking the time to ensure the framework works on an individual basis. The sample was chosen to be representative across different important demographics such as support level and where people live.

Q: Will they have a different set of questioning to meet different individual needs like those that have severe intellectual disability who are non-ambulatory and non-verbal but are asked about going on a date and intimate relationships?

A: The SIS is a standardized assessment. All questions must be asked and answered.

Q: How will you decide what population you will begin with for the new assessments?

A: The regular assessment schedule will continue. This is noted in DMAS regulation (12VAC30-122-200). The SIS is completed every 2 years for people who are 5 through 15 who have utilized a tiered DD waiver service, every 3 years for people who are 16 through 21, and every 4 years for people 22 and over.

Q: For a reassessment on behavioral increases, is it reasonable to expect NOT to get a reassessment due to capacity?

A: If approved, the SIS vendor has 90 days to complete an approved SIS reassessment.

Q: Is this presentation available to be emailed? The slides? This is very useful information to have on hand!

A: The slides and notes are posted here: https://townhall.virginia.gov/L/ViewMeeting.cfm?MeetingID=39664.

Q: Will the information be translated in other languages? And how are users and those that have changes in needs going to be made aware of the changes to the model?

A: These are recommendations we will make in the communication plan, and we are open to feedback.

Q: Sometimes a lot can change in 4 years and support coordinators are reluctant to request a new SIS. Is there any training for support coordinators on when and how to request?

A: Yes, SIS training is provided quarterly for support coordinators.

Q: If an individual's needs change before a new SIS, how as providers will we be able to support the change if we're unable to have a new SIS?

A: If there's a significant, sustained change, a reassessment request may be submitted. Individuals should be working through any of these challenges with their support coordinators. (*12VAC30-122-200*)

Q: I'm just curious why are no notes are allowed during a sis?

A: Since March 2024, any printed part of the current person-centered plan can be referenced during a SIS assessment. Copies of past SIS assessments and computers are not allowed. The SIS is meant to be a picture of the individuals current support needs, not of the past, which is why the past SIS is not allowed.

Q: Are there years where Virginia will have more people going through the new SIS than others? Or is it evenly spread out?

A: In the past there has been an uneven distribution. The main reason is because DBHDS doesn't know how many slots the General Assembly will give them on a given year. They would like to have them evenly spread out. This is a goal for the Department.

Session 3: 4/10/24
Meeting intended for people receiving services and families (questions only edited for clarity)

Q: My daughter is a level 4, tier 3. How does this translate into the new formula?

A: Before transitioning to this new framework, your daughter would take a new assessment (SIS-A 2nd Edition). If your daughter were in the comparable support level, your daughter would be a level 3 and a tier 3. In the previous framework, there were 5 general support need levels, but in the new framework there are 4, meaning level 3 has been removed. Levels will change more often than tiers because of this change, but tier may still not change.

Q: I thought that the inclusion of Medical and Behavioral would make support levels more reflective of need. So, if most people stay the same then what has been the benefit of this reassessment of the SIS?

A: Exceptional medical and exceptional behavioral have always been part of the SIS, currently they are section 1A exceptional Medical and 1B exceptional Behavioral. Section 1A and 1B are currently included in the ratings to determine support level and reimbursement tier. What has changed is there are 6 new exceptional medical questions and 1 new exceptional behavior question. So, the support level framework must be

adjusted to reflect the changes. There is also consideration being given to using entirety of the SIS assessment to determine the support level, rather than using only 3 of the sections of the SIS.

Q: This may have been answered earlier…but if we have to have a SIS assessment can we wait until the new changes are made instead of putting our kid through three hours twice.

A: If the individual's SIS is due now, please complete the SIS-A as scheduled. The next SIS due date will be in 3- or 4-years depending on the age of the person. It will not be due sooner due to SIS-A 2nd Edition.

Q: When are they going to begin using the updated assessment? We have a SIS scheduled for June.

A: Tentative transition date is October 1, 2024. A SIS completed in June 2024 will be a SIS-A.

Q: If a consumer decreases on the new scale, how does this affect that individual directly? Do they lose hours in group day, community, or consumer directed services? Does this affect the hourly wage for attendants?

A: The SIS has no effect on the number of hours, what type, or which service an individual is eligible to attend. The resulting tier is used for provider reimbursement.

The amount an employee is paid is between the employee and the employer.

Q: The highest staff ratio you mentioned was 1:2, but there are many individuals with high behavioral and/or medical support needs may need 1:1 support.

A: The example that was given for group day, and the most intensive staffing ratio for that service is 1:2. It is not built into the tier system, because we don't need to assume that each person in that tier needs a 1:1 ratio, because they don't. Individuals can be approved for a 1:1 support ratio if they go through a rate exception request to pay for the additional staffing. The provider can also apply for a customized rate, and it's available when needed.

Q: My son is a current tier 4 and has serious behavioral/medical needs. He just completed the SIS this month, will he have to wait to be reevaluated at his next SIS?

A: Yes, but he is already a tier 4, which is the highest reimbursement tier, and you will maintain that tier until your son's next SIS assessment.

Q: I've understood from DBHDS that the state's demographic data for its DD population is limited. There are several references in these slides to using demographic data for your analysis. Could you share what demographic data you are using for this analysis?

A: We looked at by waiver type, qualifying diagnoses (ID, Autism, or other developmental disability), living setting.

Q: How was the number of 127 chosen for the record review in that you have 17,000+ SIS's

A: We did analyze the larger pool of 17,000+ SIS assessments, in addition to many thousands more across the US, and the purpose of record review is to really get granular and look at individuals to ensure the proposed framework suits their needs. It is a qualitative assessment to verify our quantitative analysis.

Q: The objective is to provide the appropriate level of care for the individual. What if the sampling in the study is not indicative of the population and there are more downgrades than anticipated. Regardless of the numbers, harm to the individual can result due to a downgrade. The appeal process is lengthy and painful. There should be an accelerated appeal process in such circumstances and a pause before removing services that are working well

A: HSRI looked at all people receiving services for both our framework development and our fiscal analysis.

DBHDS offers a SIS standard operating procedure (SOP) review process to individuals, family members and legal guardians who attend the SIS assessment. There is no appeal process for a SIS.

Q: Downward changes in levels/tiers have already resulted in people losing services because with lower rates assigned after a SIS is completed, providers have told families that they can no longer serve their family members.

A. Support level/tier changes are not in and of themselves a reason an individual should be removed from a service. If discharge happens for this reason, this should be brought to DBHDS's attention. This could result in a referral to provider integrity.

Q: My son just got his waiver this January and we are scheduled this month for our SIS. How soon do I get results?

A: The vendor has seven days to finish the report, it is available to the Community Service Board (CSB), and they are responsible for disseminating it. The support coordinator should be able to send you a copy of the SIS Report within about 15 days of the SIS assessment. Your support coordinator will have access to the support level and reimbursement tier once it's uploaded to the waiver management system (WaMS). This typically happens within two to three weeks of the SIS assessment.

Q: can you please clarify the purpose of the person having a SIS? What are benefits?

A: The Centers for Medicare and Medicaid (CMS) requires a comprehensive assessment for individuals who receive a DD waiver. Virginia has chosen the SIS to meet this need.

Q: How many people are attending minus HRSI and DBHDS staff?

A: About 40 this (Family) session, we had over 100 at our other 2 sessions.

Q: Many people need one to one and the customized rate process is painful and lengthy. Why can't Virginia's SIS process assess this need up front for Day Programs and other services rather than trial and error based upon 1:2 default assumption in level 4?

A: We make the overall assumption for the fiscal analysis was that a 1:7 ratio is reasonable for tier 1 and on the other end 1:1 or 1:2 is appropriate for tier 4. There are times when individuals in every level may need a 1:1 ratio, and there is nothing prohibiting this. The framework does not mandate how providers deliver services, only the rate at which they will be reimbursed.

The individual differences are why there is a customized rate model in place, and it is a more intensive process than the SIS assessment.
The SIS doesn't measure staffing needs, it measures individual support needs, so the customized rate process is needed to ensure individuals get the staffing ratio they need.

Q: Will there be a video/recording of this meeting that we can view at a future time?

A: All the slides are posted and available for all meetings we have held.

6. Implementation discussion

- We asked: "What, if any, concerns do you have about implementing this model?" Respondents answered:
  - Give direct answers to questions rather than boilerplate responses
  - Acknowledge the very real concerns of families
  - Increase case manager training on the SIS process and quality service provision more broadly
  - Need to ensure information including training is provided well in advance of start to SC and providers; information clear to families/recipients.
  - Continuing to get information about changes out so that support coordinators don't get the brunt of explaining changes.
  - Making sure that the SIS are completed the same across the state
  - Lack of budget for the increase costs.
  - Lack of appeal
  - Lack of training
  - Will there be an assessment to judge if prediction panned out"
  - Behavioral items on the SIS vary in their intensity and risk of harm, yet it seems as though they are weighed equally, and total scores are derived by counting items. Case management quality in VA is so varied
  - Supported living and in home supports seem to be taking a higher risk impact than anyone on this change. Might be even harder to find these services
  - Continue to get the info out to families . Of particular concern are families of other languages.
  - Ensuring that medical and behavioral needs are comprehensively captured
  - Have someone for providers and families to contact to discuss concerns/changes so not a support coordinator responsibility.
  - Providers may need support to wait on 4yr schedule. Especially if they have a person who will be possibly moving to higher tiers
  - I felt that at the family training answers weren't as clear. Todays was better. Be consistent.
  - That it will impact services received if providers receive less for providing care.
  - I do not have any concerns at this time, I am new to this position and learning
  - Provider panic about losing money and pressuring Support Coordinators for appeals or new sis
  - Rates need to match provider cost. So many ask for customized rate.
  - Concerns about people losing levels of support due to restructuring the scales
  - Timely SIS that can help individual accessing services
  - Make reassessment process easier
  - Providers losing money and no longer wanting to provide services.
  - Pushback from providers that are concerned about their reimbursement decreasing. It is already difficult to manage some providers that seem to try and inflate behaviors. Also, concern that those with
  - And if they lose level of support and No appeal, that is a crime
  - Will this change customized rate process and eligibility?
  - Increased costs decreasing new waiver slot availability

- Those with the highest support needs are already difficult to place, so unsure if this will make that better or worse.
- Can see providers inflating needs and behaviors to get higher level. This definitely happened when the tier/level started. Providers pulled back when it required exceptional outcomes & more paperwork
- The state really needs to increase the rates so that providers can pay their employees to work with our individuals. People are making more money at fast food vs working with our individuals.
- Increasing waiver slots will increase need. Providers won't support till SIS rate
- Just having the education piece in place for families and providers to take the stress off of support coordinators.
- There seems to be a lack of consistency.
- So far, the levels equitably support the needs of the individuals and services provided.
- Continue to use contractors as interviewers as they tend to be less biased.
- The support levels are working good.
- When the SIS is accurate it seems to capture behavioral supports well for the tiers
- SIS coordinators seem to be very prepared and helpful.
- Some SIS assessors are not accurately capturing the individuals' needs.

- We asked: "How could DBHDS best support you during implementation?" Respondents answered:
  - Timeliness of Tier change notifications and how state then adjudicates claims already submitted as to which Tier level the claim is reimbursed at when Tier change occurs during billing cycle.
  - For the reimbursement tiers to be adequate for group homes, the individual needs to have a day program. When there is no day program available, the rate does not adequately support the staffing necessary.
  - At times the identified support level or tier does not accurately represent the behavioral needs of the individual. Then there is a challenge to get the levels and tier reassessed.
  - Seems to miss the intensity of hygiene/personal care supports. Maybe incontinence could be under the medical section. The tests include constipation.
  - Matching Risk (RAT) to SIS categories.
  - Agree that getting reassessments is challenging. And sometimes it can feel that interviewer is forcing team to rate certain ways that may skew score
  - I was going to suggest the same thing Provider training
  - Consideration about allowing appeals for folks whose tier does drop
  - Having easy to read guidance for SCs, families and providers
  - Having a direct point of contact for all things SIS for family and providers to not put SC in middle of a big change
  - Website to refer families and individuals
  - Ensure providers receive this information in a variety of ways so the responsibility does not fall on SCs to explain.
  - Having support with explaining why the Tier and Level have changed.
  - Appealing results
  - Make sure there are trainings and support for the providers
  - Having clear descriptions on how a tier and level is determined. It's been a bit of a mystery for current system

- More transparency on this
- Provider training and SC training.
- More communication with schedulers/scheduling. More efficient way it is seen on the portal
- Having assessors make more effort to not have the bare minimum of respondents at SIS. Allows for a better assessment and determination of tier/level
- An in-depth explanation of the SIS process and why it's necessary to both family and providers when it is being scheduled.
- An update on the website as there are older SIS dates still present.
- Will DBHDS prioritize order of assessment being completed based on type of services (and due date)?
- When scores decrease, SCs get a lot of negative feedback that is difficult for SCs to address. The appeal process is a huge challenge. Maybe a point of contact will help with the explanation?
- Training in the form of completing a mock SIS to get a better idea of how questions could be answered better to fit the needs of individuals.
- I was told we were supposed to get a mailing about the SIS before it is scheduled or coming up. I agree a training or some documentation for us newbies would be great.

7. Next steps and survey

- What's Next?
  - As part of these meetings, we are meeting with people receiving services and their families, support coordinators, and providers.
  - We are holding public advisory group meetings that you are welcome to listen in on. You can sign up by using the QR code. Our next meeting is Tuesday April 16, 2024, at 11:00ET.
  - We are finishing our analysis and will be offering another informational meeting in May to discuss our recommendations. Be on the lookout for more information.
- If you want to ask a question or share feedback, please use this link: https://docs.google.com/forms/d/e/1FAIpQLSc21y4XpMleJZ9AGWtPuiR8c1PeZr5r-IuU8raVtq3JYmwsug/viewform?usp=sf_link or scan the QR code for the form.

8. Adjournment