



**COMMONWEALTH of VIRGINIA**  
*Department of Medical Assistance Services*

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**MEMORANDUM**

September 17, 2019

**TO:** The Honorable Thomas K. Norment, Jr.  
Co-Chairman, Senate Finance Committee

The Honorable Emmett W. Hanger, Jr.  
Co-Chairman, Senate Finance Committee

The Honorable S. Chris Jones  
Chairman, House Appropriations Committee

**FROM:** Karen Kimsey, *KK*  
Director, Virginia Department of Medical Assistance Services

**SUBJECT:** Item 307 G of the 2019 Appropriation Act

This report is submitted in compliance with the Virginia Acts of the Assembly – Chapter 854, Item 307 G of the 2019 Appropriation Act, which states:

*“The Department of Medical Assistance Services, in collaboration with the Department of Behavioral Health and Developmental Services, shall convene a stakeholder workgroup, to meet at least once annually, with representatives of the Virginia Association of Community Services Boards, the Virginia Network of Private Providers, the Virginia Association of Centers for Independent Living, Virginia Association of Community Rehabilitation Programs (VaACCSES), the disAbility Law Center of Virginia, The Arc of Virginia, and other stakeholders including representative family members, as deemed appropriate by the Department of Medical Assistance Services. The workgroup shall: (i) review data from the previous year on the distribution of the SIS levels and tiers by region and by waiver; (ii) review the process, information considered, scoring, and calculations used to assign individuals to their levels and reimbursement tiers; (iii) review the communication which informs individuals, families, providers, case managers and other appropriate parties about the SIS tool, the administration, and the opportunities for review to ensure transparency; and (iv) review other information as deemed necessary by the workgroup. The department shall report on the results and recommendations of the workgroup to the General Assembly by October 1 of each year.”*

Should you have any questions or need additional information, please feel free to contact me at (804) 786-8099.

KK/AB

Pc: The Honorable Daniel Carey, M.D., Secretary of Health and Human Resources

# Annual: The Impact of Implementing the Supports Intensity Scale® to Determine Individuals' Supports Levels and Reimbursement Tiers in the DD Waivers – FY 2019

*A Report to the Virginia General Assembly*

*October 1, 2019*

## Background

The Supports Intensity Scale® (SIS®) is a nationally-recognized assessment tool that measures the intensity of support required for a person with a developmental disability in their personal, work-related, and social activities. Based on the results of a SIS® assessment, individuals are assigned to one of seven support levels, generally from the least to most support. The SIS® was tested and refined by the American Association on Intellectual and Developmental Disabilities (AAIDD) over a five-year period from 1998 to 2003.

## Report Mandate:

*Chapter 854, Item 307 G of the 2019 Appropriation Act, stated, “The Department of Medical Assistance Services, in collaboration with the Department of Behavioral Health and Developmental Services, shall convene a stakeholder workgroup, to meet at least once annually, with representatives of the Virginia Association of Community Services Boards, the Virginia Network of Private Providers, the Virginia Association of Centers for Independent Living, Virginia Association of Community Rehabilitation Programs (VaACCSES), the disAbility Law Center of Virginia, The Arc of Virginia, and other stakeholders including representative family members, as deemed appropriate by the Department of Medical Assistance Services. The workgroup shall: (i) review data from the previous year on the distribution of the SIS levels and tiers by region and by waiver; (ii) review the process, information considered, scoring, and calculations used to assign individuals to their levels and reimbursement tiers; (iii) review the communication which informs individuals, families, providers, case managers and other appropriate parties about the SIS tool, the administration, and the opportunities for review to ensure transparency; and (iv) review other information as deemed necessary by the workgroup. The department shall report on the results and recommendations of the workgroup to the General Assembly by October 1 of each year.”*

In 2009, Virginia began using the SIS® in the person-centered planning process to help identify preferences, skills, and life goals for individuals in the waivers supporting persons with an intellectual disability. Currently, the Department of Behavioral Health and Developmental Services (DBHDS) uses the SIS® to inform the person-centered plan for most individuals in the Developmental Disabilities (DD) waivers, as well as to determine an individual's required level of support. DBHDS currently contracts with Ascend to administer the SIS® by trained assessors. Ascend is nationally recognized for specializing in programs for persons

## About DMAS and Medicaid

***DMAS' mission is to improve the health and well-being of Virginians through access to high-quality health care coverage.***

DMAS administers Virginia's Medicaid and CHIP programs. Through the Medallion 4.0 and Commonwealth Coordinated Care (CCC) Plus managed care programs, more than 1 million Virginians access primary and specialty health services, inpatient care, behavioral health, and addiction and recovery treatment services. In addition, Medicaid long-term services and supports enable thousands of Virginians to remain in their homes or to access residential and nursing home care.

Medicaid members historically have included children, pregnant women, parents and caretakers, older adults, and individuals with disabilities. In 2019, Virginia expanded the Medicaid eligibility rules to make health care coverage available to close to 400,000 newly eligible, low-income adults.

Medicaid and CHIP (known in Virginia as Family Access to Medical Insurance Security, or FAMIS) are jointly funded by Virginia and the federal government under Title XIX and Title XXI of the Social Security Act. Virginia generally receives a dollar-for-dollar federal spending match in the Medicaid program. Medicaid expansion qualifies the Commonwealth for a federal funding match of no less than 90 percent for newly eligible adults, generating cost savings that benefit the overall state budget.

with physical disabilities and complex medical conditions, and persons with behavioral health, intellectual, and developmental disabilities. Ascend has been designated as a Quality Improvement Organization-Like Entity (QIO-like Entity) by CMS since 2007. For specific waiver services, there is a tiered provider reimbursement structure that aligns with an individual's support level (e.g., higher reimbursement for services provided to individuals in need of a greater level of support - the determination of support is called a "support level" and the determination of reimbursement is called a "tier").

On May 9, 2019, the Department of Medical Assistance Services (DMAS) and DBHDS held their third meeting with the stakeholder workgroup associated with this legislative directive. The group includes the DD Association representatives noted in the mandate, as well as the Virginia Board for People with Disabilities, the Virginia Sponsored Residential Services Provider Group, a training center family advocate, and families representing each reimbursement tier and region of the state. SIS® data, processes, and means of communication were reviewed in the meeting.

### SIS® Level and Tier Data

During the workgroup meeting, distributions of SIS® support levels and tiers by waiver, effective 5/1/2019, were presented. At the request of the workgroup, the following distribution, inclusive of the DBHDS developmental service regions, was sent to participants.

**Table 1: SIS® Levels and Tiers for the Community Living (CL) Waiver by Developmental Services Regions**

#### Community Living Waiver

CL	Tier	2			3		4			Total	Percent
	Level	1	2	D2*	3	4	5	6	7		
DS Region	Central	129	861	82	123	962	71	192	145	2,565	22.8%
	Eastern	141	850	80	94	1,073	58	221	99	2,616	23.3%
	Northern	151	856	85	117	957	56	219	152	2,593	23.1%
	Southwestern	74	577	62	92	722	57	219	203	2,006	17.9%
	Western	83	464	49	54	513	31	179	73	1,446	12.9%
<b>Total</b>		<b>578</b>	<b>3,608</b>	<b>358</b>	<b>480</b>	<b>4,227</b>	<b>273</b>	<b>1,030</b>	<b>672</b>	<b>11,226</b>	<b>100.0%</b>
<b>Percent</b>		<b>5.1%</b>	<b>32.1%</b>	<b>3.2%</b>	<b>4.3%</b>	<b>37.7%</b>	<b>2.4%</b>	<b>9.2%</b>	<b>6.0%</b>	<b>100.0%</b>	

D2\* those individuals who are new to waiver and for whom a SIS has not yet been completed

**Table 2: SIS® Levels and Tiers for the Family and Individual Support (FIS) Waiver by Developmental Services Regions**

#### Family & Individual Supports Waiver

FIS	Tier	2			3		4			Total	Percent
	Level	1	2	D2*	3	4	5	6	7		
DS Region	Central	49	122	71	14	64	2	31	18	371	18.3%
	Eastern	42	129	97	17	92	3	27	10	417	20.6%
	Northern	72	200	203	26	110	5	68	41	725	35.7%
	Southwestern	22	61	71	12	46	4	27	13	256	12.6%
	Western	32	90	47	9	51	2	21	8	260	12.8%
<b>Total</b>		<b>217</b>	<b>602</b>	<b>489</b>	<b>78</b>	<b>363</b>	<b>16</b>	<b>174</b>	<b>90</b>	<b>2,029</b>	<b>100.0%</b>
<b>Percent</b>		<b>10.7%</b>	<b>29.7%</b>	<b>24.1%</b>	<b>3.8%</b>	<b>17.9%</b>	<b>0.8%</b>	<b>8.6%</b>	<b>4.4%</b>	<b>100.0%</b>	

D2\* those individuals who are new to waiver and for whom a SIS has not yet been completed

**Table 3: SIS® Levels and Tiers for the Building Independence (BI) Waiver by Developmental Services Regions**

**Building Independence Waiver**

BI	Tier	1			2		3		4			Total	Percent
	Level	1	2	D2*	3	4	5	6	7				
DS Region	Central	19	42	11	1	5	-	-	-	78	25.8%		
	Eastern	11	46	19	-	9	-	-	-	85	28.1%		
	Northern	17	25	16	1	4	-	-	-	63	20.9%		
	Southwestern	14	24	14	-	4	-	1	-	57	18.9%		
	Western	7	5	6	-	-	1	-	-	19	6.3%		
<b>Total</b>		<b>68</b>	<b>142</b>	<b>66</b>	<b>2</b>	<b>22</b>	<b>1</b>	<b>1</b>	<b>-</b>	<b>302</b>	<b>100.0%</b>		
<b>Percent</b>		<b>22.5%</b>	<b>47.0%</b>	<b>21.9%</b>	<b>0.7%</b>	<b>7.3%</b>	<b>0.3%</b>	<b>0.3%</b>	<b>0.0%</b>	<b>100.0%</b>			

D2\* those individuals who are new to waiver and for whom a SIS has not yet been completed

Comparing the 2019 data to the 2018 data, it was noted that the distributions were very similar from year to year leading to the likely conclusion that there is a high degree of consistency over time. Nevertheless, based on the rather high number of individuals in Level 2, workgroup members requested that DBHDS examine the parameters for including individuals in this level to ensure that they are appropriate. DBHDS tasked its actuarial contractor, Burns and Associates, with this analysis. Burns and Associates pointed out that the original parameters for the levels included a wider spread for Level 1 (i.e., more individuals would have been included in that level). Virginia chose in 2014 to reduce the span of that level in favor of more people being included in Level 2 in order to ensure that they were adequately supported by the reimbursement tier associated with Level 2 vs. Level 1. Other states, however, have chosen wider margins for Level 1. Virginia will continue to review for consideration in the future.

Virginia’s decision to have a broader Level 2 and a narrower Level 1, combined with the fact that the overall levels distribution was intended to be somewhat of a bell-shaped curve (fewer individuals on either end and more individuals in the middle levels of 2 and 4), bear out that Level 2 should be one of the more populous levels. Burns and Associates concluded that the Virginia model is working as intended. It should be noted that, comparing 2018 and 2019 distributions in each of the waivers, the percentage of individuals in Level 2 actually dropped in 2019 (CL: 37.1% to 32.1%, FIS: 33.5% to 29.7%, and BI: 55.4% to 47%). This compares with the CL waiver where the percentage of individuals in Level 4 (the next highest overall needs level, since Level 3 includes the expectation of a moderate behavioral challenge) rose from 33.9% to 37.7% (Level 4 held steady in the FIS and BI waivers). While staff will continue to monitor this to ensure “level creep” is not occurring, the most likely explanation is that SIS responders are actually giving more informed responses due to the increase in respondents.

**SIS® Processes**

For the May 9, 2019 meeting, workgroup members received a DBHDS summary of the disposition of SIS® Standard Operating Procedure Review Requests (requests from an individual or guardian to “re-do” the assessment due to concerns that it was not completed properly, according to Standard Operating Procedures). Between March 2018 and April 2019, nine SIS® Standard Operating Procedure (SOP) Review Requests were erroneously submitted. These were submitted with the belief that the form was required or to show the submitters’ satisfaction with the SIS® interview process. During the same period, 16 SIS® SOP Review Requests were received with nine closed (i.e., determination made that procedures were followed appropriately), one approved, and six awaiting disposition.

Between May 2018 and April 2019, 65 SIS® Reassessment Requests, based on a significant and sustained (at least 6 months) change in the person’s support needs, were submitted to DBHDS by support coordinators. Of these, 33 reassessments were approved and 23 have been completed. The workgroup requested, and DBHDS subsequently provided, level/tier changes that resulted from reassessments. The results were that 78.3% experienced an increase in level/tier, 17.4% experienced no change in level/tier, and 4.3% experienced a reduction in level/tier. These findings

suggest that the SIS® Reassessment process is working as intended (i.e., where documentation showed an increase in needed supports, a majority of individuals were assessed to be in need of an increased reimbursement level/tier). In addition to the formalized SIS® SOP Review Request process and the SIS® Reassessment Request process, the DBHDS SIS® support team received 44 other SIS® related inquiries between April 2018 and March 2019, which were addressed via education and guidance.

Also examined was the *VA SIS 2019 Annual Activity Report*, from Ascend, which included Interviewer Reliability and Qualification Review report results. The *Annual Activity Report* stated that Ascend has completed 4,858 SIS® assessments between April 2018 and March 2019.

### ***Communications Regarding the SIS®***

Standard communications to individuals and families regarding the SIS® include an introductory letter about the SIS® and educational materials to “new to waiver” individuals and guardians. In addition, a reminder that the SIS® is due is sent to those who have already had at least one SIS®.

In response to an extraordinary increase in interview cancellations over the past year, DBHDS sought the workgroup’s guidance in communicating to individuals, families, support coordinators, and providers the need for interviews to occur as scheduled. It was suggested that the expiration date of the current SIS® be included in the notice to those with a previous SIS®. In addition, it was suggested that a reminder be sent by DBHDS two weeks in advance of the interview, stating that cancellation of the interview could jeopardize continued authorization of DD waiver services. Both suggestions have been considered at DBHDS but they will be unable to implement due to being cost prohibitive.

DBHDS reported plans made to host on the *My Life, My Community* website an interactive version of the *SIS® Individual and Family Respondent Presentation*. In addition to the presentation, SIS® Provider Respondent Training was offered to more than 50 SIS® provider respondents and administrators. Training on SIS® interview scheduling parameters and new functionality in Ascend’s SIS® Support Coordinator Scheduling Portal was provided via five webinar sessions to over 350 support coordinators and support coordination managers.

### ***Summary***

DMAS and DBHDS received and acted upon valuable recommendations from the 2018 and 2019 meetings of the SIS® Workgroup, thereby enhancing communication about the SIS® to individuals and family members. DBHDS will modify communications to individuals and family members in an effort to reduce costly cancellations. While it was determined that the current distribution of individuals across the seven support needs levels is appropriate at this time, DBHDS, with DMAS support, will continue to closely monitor changes and trends over time.

A comparison of data regarding individuals’ support needs levels and related reimbursement tiers shows a high degree of consistency across the past two years. As a result of this and a formal study conducted in 2018, affirming individuals’ stability in levels across time, the permanent DD waivers regulations, now approaching finalization, will reflect a change from a three to a four year cycle for adults 22 years and older.