



# COMMONWEALTH of VIRGINIA

## *Department of Medical Assistance Services*

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December 9, 2022

### MEMORANDUM

TO: The Honorable Janet D. Howell  
Chair, Senate Finance Committee

The Honorable Barry D. Knight  
Chair, House Appropriations Committee

FROM: Cheryl Roberts  
Director, Virginia Department of Medical Assistance Services

SUBJECT: Item 308.I. of the 2022 Appropriations Act

This report is submitted in compliance with Item 308.I. of the 2022 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) 664-2660.

CR/WF  
Enclosure

Pc: The Honorable John Littel, 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 2021

A Report to the Virginia General Assembly

December 9, 2022

## Report Mandate:

*Item 308 I of the 2022 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.”*

## 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 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.

## SIS Workgroup

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 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 three Developmental Disabilities waivers, as well as to determine an individual's required level of support. For specific waiver services, there is a tiered provider reimbursement

## About DMAS and Medicaid

***The mission of the Virginia Medicaid agency is to improve the health and well-being of Virginians through access to high-quality health care coverage.***

The Department of Medical Assistance Services (DMAS) administers Virginia's Medicaid and CHIP programs for over 2 million Virginians. Members have access to primary and specialty health services, inpatient care, dental, behavioral health as well as 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 more than 600,000 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% for newly eligible adults, generating cost savings that benefit the overall state budget.

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”). DBHDS contracts with two SIS vendors, Maximus and Telligen, to administer the SIS by trained assessors. Both are nationally recognized for specializing in assessments for persons with physical disabilities and complex medical conditions, as well as persons with behavioral health, intellectual, and developmental disabilities. Both have been designated as a Quality Improvement Organization-Like Entity (QIO-like Entity) by CMS since 2007 and 2014, respectively.

The sixth annual SIS stakeholder workgroup meeting was held April 20, 2022. The year in review was April 1, 2021 – March 31, 2022. SIS data, processes, quality improvements, and future developments regarding the SIS were reviewed in the meeting.

### SIS Level and Tier Data

**Table 1: SIS Levels and Tiers for the Community Living Waiver by Primary DBHDS Regions**

Community Living Waiver													
CL	Tier	1			2		3		4			Total	Percent
	Level	1	2	D2*	3	4	5	6	7				
Primary DBHDS Region	1	133	672	22	72	968	119	261	184	2,431	21.2%		
	2	55	483	23	78	716	63	159	138	1,715	15.0%		
	3	70	537	24	75	925	120	240	197	2,188	19.1%		
	4	128	784	17	87	996	99	165	181	2,457	21.5%		
	5	81	640	20	74	1,297	153	234	161	2,660	23.2%		
<b>Total</b>		<b>467</b>	<b>3,116</b>	<b>106</b>	<b>386</b>	<b>4,902</b>	<b>554</b>	<b>1,059</b>	<b>861</b>	<b>11,451</b>	<b>100.0%</b>		
<b>Percent</b>		<b>4.1%</b>	<b>27.2%</b>	<b>0.9%</b>	<b>3.4%</b>	<b>42.8%</b>	<b>4.8%</b>	<b>9.2%</b>	<b>7.5%</b>	<b>100.0%</b>			

All counts are of individuals on Waiver in Active Status 3/31/2022.

\*D2 - The individual has not yet been assessed. As such, their Level and Tier default to a 2 until they are assessed.

**Table 2: SIS Levels and Tiers for the Family & Individual Supports Waiver by Primary DBHDS Regions**

Family & Individual Supports Waiver													
FIS	Tier	1			2		3		4			Total	Percent
	Level	1	2	D2*	3	4	5	6	7				
Primary DBHDS Region	1	91	263	31	32	214	17	71	48	767	21.8%		
	2	76	255	101	36	282	36	92	72	950	27.0%		
	3	54	151	12	31	132	11	56	19	466	13.2%		
	4	78	208	45	30	163	10	36	30	600	17.0%		
	5	56	263	23	21	275	20	52	27	737	20.9%		
<b>Total</b>		<b>355</b>	<b>1,140</b>	<b>212</b>	<b>150</b>	<b>1,066</b>	<b>94</b>	<b>307</b>	<b>196</b>	<b>3,520</b>	<b>100.0%</b>		
<b>Percent</b>		<b>10.1%</b>	<b>32.4%</b>	<b>6.0%</b>	<b>4.3%</b>	<b>30.3%</b>	<b>2.7%</b>	<b>8.7%</b>	<b>5.6%</b>	<b>100.0%</b>			

All counts are of individuals on Waiver in Active Status 3/31/2022.

\*D2 - The individual has not yet been assessed. As such, their Level and Tier default to a 2 until they are assessed.

**Table 3: SIS Levels and Tiers for the Building Independence Waiver by Primary DBHDS Regions**

**Building Independence Waiver**

BI	Tier	2			3		4			Total	Percent
	Level	1	2	D2*	3	4	5	6	7		
Primary DBHDS Region	1	12	18	2	-	2	1	-	-	35	11.1%
	2	34	17	5	1	5	-	-	-	62	19.7%
	3	35	28	-	2	3	1	-	-	69	21.9%
	4	24	39	1	1	7	-	-	-	72	22.9%
	5	22	44	1	2	8	-	-	-	77	24.4%
<b>Total</b>		<b>127</b>	<b>146</b>	<b>9</b>	<b>6</b>	<b>25</b>	<b>2</b>	<b>-</b>	<b>-</b>	<b>315</b>	<b>100.0%</b>
<b>Percent</b>		<b>40.3%</b>	<b>46.3%</b>	<b>2.9%</b>	<b>1.9%</b>	<b>7.9%</b>	<b>0.6%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	

All counts are of individuals on Waiver in Active Status 3/31/2022.

\*D2 - The individual has not yet been assessed. As such, their Level and Tier default to a 2 until they are assessed.

The above *Distribution of SIS Levels by Primary DBHDS Regions and Type of Waiver* data were reviewed. The results of the distribution of SIS levels were very similar to the results from April of 2021: the majority of individuals on the Community Living Waiver (CL) are in are in level 4/tier 3, while the majority for both the Family & Individual Supports Waiver (FIS) and Building Independence (BI) waivers are in level 2/tier 2.

While these tables represent a snapshot in time, it appears that the one area of significant change from previous years was a further decrease across all three waivers in the number of individuals whose SIS status is the Default SIS Level (D2). This has been declining since 2020 and further decreases are seen this year. The D2 SIS Level is given to a newly enrolled individual until his initial SIS assessment is completed. The D2 percentage for the CL waiver for this reporting period was 0.9% vs. 1.7 for the last reporting period. D2 for the FIS waiver was 6.0% this time vs. 12.1%, and for the BI waiver it was 2.9% vs. 4.6%. This continued decrease is a reflection of the work done by the vendors, support coordinators (SCs), families, and DBHDS to schedule and complete initial SIS assessments in an increasingly timely manner, which is a positive outcome.

**Table 4: SIS Levels and Tiers for the Community Living Waiver by Birth Age**

**Community Living Waiver**

CL	Tier	2			3		4			Total	Percent
	Level	1	2	D2*	3	4	5	6	7		
Birth Age	<5.0	-	-	-	-	-	-	-	-	-	0.0%
	>= 5.0, <11.0	-	5	1	-	3	5	4	3	21	0.2%
	>=11.0, <16.0	3	19	11	5	50	21	27	23	159	1.4%
	>=16.0, <23.0	37	214	39	84	323	49	128	173	1,047	9.1%
	>=23.0, <41.0	221	1,324	24	220	1,894	219	469	442	4,813	42.0%
	>=41.0, <65.0	179	1,293	26	72	2,040	181	305	179	4,275	37.3%
	>=65.0, <75.0	21	214	5	5	449	59	88	36	877	7.7%
	>=75.0, <85.0	6	40	-	-	127	17	37	5	232	2.0%
	>=85.0	-	7	-	-	16	3	1	-	27	0.2%
<b>Total</b>		<b>467</b>	<b>3,116</b>	<b>106</b>	<b>386</b>	<b>4,902</b>	<b>554</b>	<b>1,059</b>	<b>861</b>	<b>11,451</b>	<b>100.0%</b>
<b>Percent</b>		<b>4.1%</b>	<b>27.2%</b>	<b>0.9%</b>	<b>3.4%</b>	<b>42.8%</b>	<b>4.8%</b>	<b>9.2%</b>	<b>7.5%</b>	<b>100.0%</b>	<b>-</b>

All counts are of individuals on Waiver in Active Status 3/31/2022.

\*D2 - The individual has not yet been assessed. As such, their Level and Tier default to a 2 until they are assessed.

**Table 5: SIS Levels and Tiers for the Family & Individual Supports Waiver by Birth Age**

**Family & Individual Supports Waiver**

FIS	Tier	1	2		3		4			Total	Percent
	Level	1	2	D2*	3	4	5	6	7		
Birth Age	<5.0	-	-	1	-	-	-	-	-	1	0.0%
	>= 5.0, <11.0	1	5	43	7	38	12	15	21	142	4.0%
	>=11.0, <16.0	11	32	82	15	95	23	28	47	333	9.5%
	>=16.0, <23.0	46	221	34	52	213	21	78	79	744	21.1%
	>=23.0, <41.0	235	734	44	72	624	33	149	48	1,939	55.1%
	>=41.0, <65.0	56	134	6	4	83	5	34	1	323	9.2%
	>=65.0, <75.0	6	13	2	-	10	-	3	-	34	1.0%
	>=75.0, <85.0	-	1	-	-	3	-	-	-	4	0.1%
	>=85.0	-	-	-	-	-	-	-	-	-	0.0%
<b>Total</b>		<b>355</b>	<b>1,140</b>	<b>212</b>	<b>150</b>	<b>1,066</b>	<b>94</b>	<b>307</b>	<b>196</b>	<b>3,520</b>	<b>100.0%</b>
<b>Percent</b>		<b>10.1%</b>	<b>32.4%</b>	<b>6.0%</b>	<b>4.3%</b>	<b>30.3%</b>	<b>2.7%</b>	<b>8.7%</b>	<b>5.6%</b>	<b>100.0%</b>	<b>-</b>

All counts are of individuals on Waiver in Active Status 3/31/2022.

\*D2 - The individual has not yet been assessed. As such, their Level and Tier default to a 2 until they are assessed.

**Table 6: SIS Levels and Tiers for the Building Independence Waiver by Birth Age**

**Building Independence Waiver**

BI	Tier	1	2		3	4				Total	Percent	
	Level	1	2	D2*	3	4	5	6	7			
Birth Age	<5.0	-	-	-	-	-	-	-	-	-	-	0.0%
	>= 5.0, <11.0	-	-	-	-	-	-	-	-	-	-	0.0%
	>=11.0, <16.0	-	-	-	-	-	-	-	-	-	-	0.0%
	>=16.0, <23.0	2	4	1	-	-	-	-	-	7	2.2%	
	>=23.0, <41.0	88	79	6	4	14	2	-	-	193	61.3%	
	>=41.0, <65.0	30	56	2	2	11	-	-	-	101	32.1%	
	>=65.0, <75.0	6	7	-	-	-	-	-	-	13	4.1%	
	>=75.0, <85.0	1	-	-	-	-	-	-	-	1	0.3%	
	>=85.0	-	-	-	-	-	-	-	-	-	0.0%	
<b>Total</b>		<b>127</b>	<b>146</b>	<b>9</b>	<b>6</b>	<b>25</b>	<b>2</b>	<b>-</b>	<b>-</b>	<b>315</b>	<b>100.0%</b>	
<b>Percent</b>		<b>40.3%</b>	<b>46.3%</b>	<b>2.9%</b>	<b>1.9%</b>	<b>7.9%</b>	<b>0.6%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>-</b>	

All counts are of individuals on Waiver in Active Status 3/31/2022.

\*D2 - The individual has not yet been assessed. As such, their Level and Tier default to a 2 until they are assessed.

The most salient takeaway from the above SIS Distribution by Birth Age and Waiver tables is the consistency from last year to this year. For the CL waiver, the majority of individuals in each waiver are consistently in the 23 – 41 year old age range followed by the 41 – 65 grouping. The FIS waiver participants skewed a little younger both years: the majority are still in the 23 – 41 range, but the next most prevalent group is the 16 – 23 year old age range. The FIS waiver also has higher percentages of children than the CL waiver, as is to be expected for a waiver largely geared toward individuals still living in the family home. The BI waiver is similar to the CL waiver in its preponderance both years of 23 – 41 year olds followed by 41 – 65 year olds. Because that waiver is for those who can live on their own with supports in the community, there are no children represented in that waiver at all.

## SIS Processes

As was the case last year, SIS assessments continued to be completed as virtual assessments for most of this year. DMAS Medicaid Bulletins supported this effort, including the most recent Medicaid Bulletin (March 17, 2022), which states we are in a period of non-enforcement concerning face-to-face assessments. Therefore, both vendors utilized virtual platforms to complete assessments. However, the March 2022 Medicaid Bulletin also stated that face-to-face contacts/assessments are expected unless an individual or family refuses a face-to-face visit due to concerns about COVID-19 or a similar need. Extrapolating this to the SIS assessment process has resulted in SIS schedulers currently making efforts to schedule SIS assessments as face-to-face assessments. If a virtual SIS is confirmed, all efforts to schedule the face-to-face assessment are documented. DBHDS recently sent a communication to the CSBs reminding them of this and requesting that they reinforce with providers the face-to-face expectation, unless by individual/family request.

A request from a workgroup member was made for the use of “plain language” and pictures for information sent out to individuals and family members as a part of the SIS scheduling. DBHDS will explore this further and involve the workgroup members who volunteered to assist in the development of these materials.

The workgroup members were also apprised of the fact that SIS Interviewers have been using a more focused introduction. The introduction reviews the highlights of what is made available to the individuals and family members during scheduling and what is available on the DBHDS website. It also reminds the qualified respondents why the assessment is required, why all questions must be asked and answered, and the assessor’s role. The introduction does not provide new material; it simply restates available information to answer common questions.

Another update included informing the workgroup that Telligen’s new scheduling portal, Qualitrac, went live on 11/1/2021. SCs now receive a secure email from Telligen informing them they have a SIS ready to be scheduled. The scheduling information is uploaded into the Qualitrac portal for scheduling once the SC responds with the needed information. Telligen communicates directly with the Community Services Boards about using the new secure email. There have not been any reported issues with using the new system. If there should be in the future, Telligen staff are available to provide support.

**Table 7: SIS Standard Operating Procedure (SOP) Review Requests**  
**SIS Standard Operating Procedure (SOP) Review Requests**

	4/1/2021-3/31/2022	4/15/20 – 3/31/2021	5/1/2019 - 4/15/2020
<b>Submitted in Error*</b>	<b>36</b> <b>(30 blank)</b>	<b>130</b> <small>(104 were blank)</small>	14
<b>SIS SOP Review Requests Submitted</b>	<b>41</b>	<b>146</b>	<b>20</b>
<b>Under Review</b>	<b>0</b>	<b>0</b>	0
<b>Requests Reviewed</b>	<b>5</b>	<b>16</b>	26
<b>Review Results</b>			
<b>SIS SOP Reassessments Approved</b>	<b>1</b>	<b>3</b>	5
<b>SIS SOP Review Closed</b>	<b>41</b>	<b>146</b>	21



The workgroup received and reviewed *SIS Standard Operating Procedure (SOP) Review Requests* (Table 7) for the past year and compared the trends with past years. Of significance is the number of SOP Review Requests received. While the overall number of SOP requests sent to DBHDS seems to be decreasing over time (perhaps due to better education about the purpose and parameters of such requests), the percentage of those valid requests reviewed that are approved for a new SIS has remained very constant over the past three years: 19% in '19-'20 and '20-'21 and 20% in '21-'22.

**Table 8: SIS Reassessment Requests**  
**SIS Reassessment Requests**

SIS Reassessment Requests 4/1/2021 thru 3/31/2022						
	GROUP HOME	SPONSORED RESIDENTIAL	OTHER Services	TOTAL	Medical or Behavioral Changes Prompted Request for Reassessment	
Total	20	27	3	50	20	27
Approved	10	11	3	24	5	18
Percent Approved	50%	41%	100%	48%	Behavior = 25%	Medical = 67%
Level/Tier Outcome for Approved Reassessments						
<b>Requests Approved</b>				24	2 individuals passed away prior to SIS scheduling 1 individual is waiting level/tier assignment – 4 individuals await scheduling	
<b>Reassessment Interviews Completed</b>				17	71%	
<b>Increase in Level/Tier</b>				15	63%	
<b>No Change in Level/Tier</b>				1	5%	
<b>Decrease in Level/Tier</b>				0	As of 4/14/2022	

*SIS Reassessment Requests* (Table 8) are submitted for review when a significant and sustained increase/decrease in medical and/or behavioral support needs or a sustained and significant change in any two Life/Activity Domains occur for a period of six months. While there was a decrease in the total number of reassessment requests submitted for 2021 - 2022 (50 vs. 64 last year), a greater percentage were actually approved (48% vs. 35%). DBHDS attributes this to increased training of SCs regarding when to submit reassessment requests and the documentation needed in order to approve them.

### **Quality Improvement and Future Developments Regarding the SIS**

DBHDS continues to conduct Periodic Drift Reviews (PDRs): observations of actual SIS assessments in partnership with AAIDDD Trainer and lead trainers from each vendor in order to assure consistency and quality. The observations are also used to identify areas of strengths and areas of needed improvement for the individual assessor.

DBHDS also continues to collect the *SIS Satisfaction Survey*, the results of which are shared in a quarterly report with SIS Stakeholder Workgroup members. These surveys are completed by individuals, family members, SCs, and providers participating in the assessments. The collected SIS Satisfaction Surveys continue to report overall high satisfaction with the SIS assessment process. A common comment last year ('20-'21), that the amount of time required to complete the assessment was too long, has been addressed by scaling back on extraneous information discussed during the interviews resulting in far fewer assessments reported to have taken longer than two to three hours for this reporting period.

Finally, the workgroup members were advised that AAIDD has re-normed the SIS-A and intends to roll out the revisions in the first half of 2023. The data for this norming includes a larger representative sample of US residents with intellectual and developmental disabilities and, in particular, individuals with autism spectrum disorder. The re-norming will allow for a comparison to present-day peers. DBHDS is in the early phase of gathering information to determine how this re-norming

will affect Virginia's procedures. It was agreed during the meeting that DBHDS will involve the members of this group in Virginia's response to the re-norming.

### **Summary**

The administration of the SIS continues to show a great deal of consistency over time in level/tier assignment and satisfaction. The percentage of assessments remaining in the "Default 2" category for any length of time has significantly decreased, as the vendors have been able to more quickly assess individuals new to the waivers. Rates of approval of SOP and Reassessment Reviews remain very consistent in regard to the former and have even increased in the case of the latter. DBHDS continues to consider and act on those desired changes expressed through Satisfaction Surveys wherever possible. PDR observations continue to allow DBHDS staff and the AAIDD Trainer to observe and provide immediate feedback to the observed assessors. DBHDS will be exploring over the course of the next year, the effects of AAIDD's re-norming of the SIS-A on current practices in Virginia.