

COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

CHERYL ROBERTS DIRECTOR

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October 1, 2023

MEMORANDUM

TO: The Honorable Janet D. Howell

Chair, Senate Finance Committee

The Honorable Barry D. Knight

Chair, House Appropriations Committee

The Honorable Terry L. Austin

Vice 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 the Virginia Acts of the Assembly – Chapter 2, 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/wrf 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 2023

A Report to the Virginia General Assembly

October 1, 2023

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.

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 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").

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 two 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 an approximate 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.



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

The seventh annual SIS stakeholder workgroup meeting was held May 3, 2023. The year in review was April 1, 2022 – March 31, 2023. SIS data, processes, quality improvements, and future developments regarding the SIS were reviewed during the meeting.

SIS Level and Tier Data

Table 1: SIS Levels and Tiers by Primary DBHDS Regions

Community Living Waiver

CL	Tier	1	2	2		3		4		Total	2023
	Level	1	2	D2*	3	4	5	6	7	Total	Percent
SQ	1	128	644	68	72	984	117	261	188	2,462	21.2%
DBHDS	2	60	498	47	78	720	75	154	151	1,783	15.4%
	3	72	558	15	73	918	109	233	195	2,173	18.7%
Primary Reg	4	122	782	59	100	991	97	156	194	2,501	21.6%
<u> </u>	5	90	646	26	76	1,293	142	239	171	2,683	23.1%
	Total		3,128	215	399	4,906	540	1,043	899	11,602	100.0%
P	ercent	4.1%	27.0%	1.9%	3.4%	42.3%	4.7%	9.0%	7.7%	100.0%	-

All counts are of individuals on Waiver in Active Status 3/31/2023.

Table 2: SIS Levels and Tiers by Primary DBHDS Regions

Family & Individual Supports Waiver

FIS	Tier	1	2	2		3		4		Total	2023
	Level	1	2	D2*	3	4	5	6	7	Total	Percent
SQ	1	104	288	138	33	235	19	76	48	941	21.8%
DBHDS	2	82	292	241	41+	325	37	100	71	1,189	27.6%
	3	58	185	45	24	166	9	58	23	568	13.2%
_	4	76	242	130	27	167	10	38	33	723	16.8%
Pri	5	78	318	33	26	326	21	59	32	893	20.7%
	Total		1,325	587	151	1,219	96	331	207	4,314	100.0%
P	ercent	9.2%	30.7%	13.6%	3.5%	28.3%	2.2%	7.7%	4.8%	100.0%	-

All counts are of individuals on Waiver in Active Status 3/31/2023.

Table 3: SIS Levels and Tiers by Primary DBHDS Regions

Building Independence Waiver

	<u> </u>										
ВІ	Tier	1	2	2		3	8	4		Total	2023
	Level	1	2	D2*	3	4	5	6	7	Total	Percent
SQ	1	11	20	7	-	2	-	15	•	40	12.7%
DBHDS	2	40	18	16	2	5	-	-	•	81	25.7%
nary DBI Region	3	35	25	1	2	2	1	-	1	65	20.6%
Primary	4	21	32	2	-	5	_	-	-	60	19.0%
- L	5	24	38	-	1	6		-	-	69	21.9%
Total		131	133	25	5	20	1	0	0	315	100.0%
P	ercent	41.6%	42.2%	7.9%	1.6%	6.3%	0.3%	0.0%	0.0%	100.0%	-

All counts are of individuals on Waiver in Active Status 3/31/2023.



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

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The "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 2022. The Primary DBHDS Regions data reveals that the majority of individuals on the Community Living Waiver (CL) 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.

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

Community Living Waiver

	Tier	1	2	2	3		. 4				
CL	Level	1	2	D2*	3	4	5	6	7	Total	Percent
	<5	-	-	-	-	-	-	-	-	0	0.0%
	>=11,<16	4	18	11	4	38	16	24	19	134	1.2%
	>=16, <23	33	204	75	77	301	43	127	171	1,031	8.9%
ee ee	>=23, <41	231	1,326	75	240	1,904	217	449	475	4,917	42.4%
Birth Age	>=41, <65	175	1,298	45	72	2,030	184	307	187	4,298	37.0%
Bir	>=5, <11	-	-	-	-	2	5	2	-	9	0.1%
	>=65, <75	24	233	8	6	477	54	88	41	931	8.0%
	>=75, <85	5	44	1	-	141	18	43	6	258	2.2%
	>=85	12.1	5	-	-	13	3	3		24	0.2%
	Total	472	3,128	215	399	4,906	540	1,043	899	11,602	100.0%
	Percent	4.1%	27.0%	1.9%	3.4%	42.3%	4.7%	9.0%	7.7%	100.0%	

All counts are of individuals on Waiver in Active Status 3/31/2023.

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

Family & Individual Supports Waiver

	Tier	1	- 2	2	3		. 4				Percent
FIS	Level	1	2	D2*	3	4	5	6	7	Total	
	<5	-	-	3	_		-	-	-	3	0.1%
	>=11, <16	6	16	155	12	87	17	27	41	361	8.4%
	>=16, <23	45	245	121	50	228	21	87	92	889	20.6%
Birth Age	>=23, <41	266	883	162	80	765	43	174	59	2,432	56.4%
th.	>=41, <65	72	158	46	5	101	5	32	1	420	9.7%
Bird	>=5, <11	1	5	94	4	25	10	10	14	163	3.8%
	>=65, <75	7	16	5	-	11	-	1	-	40	0.9%
	>=75, <85	1	2	1	-	2	72	-	-	6	0.1%
	>=85	-	-	-	-	-	-	0.50	-	0	0.0%
	Total	398	1,325	587	15:	1,219	96	331	207	4,314	100.0%
	Percent	9.2%	30.7%	13.6%	3.5%	28.3%	2.2%	7.7%	4.8%	100.0%	

All counts are of individuals on Waiver in Active Status 3/31/2023.

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

Building Independence Waiver

	Tier	1	2	2	3	I	. 4				
BI	Level	1	2	D2*	3	4	5	6	7	Total	Percent
	<5	-	-	-	-	-	-	-	-	0	0.0%
	>=11, <16		- 15 - 3	978	250	1970		-		0	0.0%
	>=16, <23	4	3	3		9.73	9-5	1.5	-	10	3.2%
96	>=23, <41	83	66	19	3	12	1	-	-	184	58.4%
Birth Age	>=41, <65	37	60	3	2	8	-	1-	-	110	34.9%
Biri	>=5, <11	-	-	-	-	3-3		-	-	0	0.0%
	>=65, <75	6	4	123	-	121	123	-	-	10	3.2%
	>=75, <85	1	-	-	-	-	-	12	-	1	0.3%
	>=85	-		-				,- ,	-	0	0.0%
	Total	131	133	25	5	20	1	0	0	315	100.0%
	Percent	41.6%	42.2%	7.9%	1.6%	6.3%	0.3%	0.0%	0.0%	100.0%	

All counts are of individuals on Waiver in Active Status 3/31/2023.



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The review of "Distribution of SIS Levels by Birth Age" and "Type of Waiver" data demonstrated consistency. Most individuals appear in the 23 – 41-year-old age range for the CL waiver, followed by the 41 – 65-year-old grouping. The majority of FIS waiver participants trend a bit younger: the majority are in the 23 – 41 range, but the next most prevalent group is those in the 16 – 23-year-old age range. The FIS waiver also has higher percentages of children than the CL waiver; this is to be expected for a waiver geared toward those who live in the family home. The BI waiver follows the same trend as the CL waiver; most individuals are in the 23 – 41-year-old age range, followed by individuals aged 41 – 65-year-olds. The trend is expected, as the BI waiver is for those who live independently with community supports. The takeaway from the SIS Distribution by Primary DBHDS Regions and Waiver by Birth Age tables is the consistency from year to year.

Both data sets represent a snapshot in time when compared to last year; the one unexpected change is an increase in individuals whose SIS status is the Default SIS Level (D2) compared to the decline experienced over prior years. One explanation for the rise in D2 is the staffing challenges affecting SIS vendors, Community Service Boards (CSBs), and DD waiver private providers due to the Public Health Emergency (PHE). The vacancies affect the number of SIS assessments completed. Both SIS vendors experienced an increase in scheduling challenges and cancellations. DBHDS ultimately took action and temporarily adjusted the geographic areas for which each vendor is responsible, which resulted in a modification of the number of SISs to be completed by each vendor. The realignment was done to address the number of individuals waiting for SIS assessments and to redistribute the number of SIS interviews each vendor is responsible for completing to achieve better equilibrium.

SIS Processes

During the last reporting year, SIS assessments pivoted from allowing virtual participation back to face-to-face assessments. The Medicaid Memo dated March 17, 2022 began the transition back to in-person assessments by saying that face-to-face contacts/assessments are expected unless an individual or family refuses due to concerns about COVID-19. If the individual or family expressed worry about COVID-19, the scheduler could schedule the SIS as a remote interview. SIS vendors routinely document all efforts to confirm a SIS date and time and, if occurring virtually, why. Effective January 1, 2023, another Medicaid Memo (dated December 28, 2022) ended the remote option for SIS assessments. SIS interviews began scheduling in-person interviews; this expectation applied to all respondents. DBHDS handles any unique participation requests on a case-by-case basis.

Workgroup members received copies of two updated forms; the "SIS Standard Operating Procedures and Review Process" and the "VA SIS Interview Checklist." The updates replace language used during the COVID-19 pandemic. These updated versions were placed on the DBHDS website once the PHE ended (5/11/2023).

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

	4/1/2022 – 3/31/2024	4/1/2021-3/31/2022	4/15/20 - 3/31/2021		
SIS SOP Review Requests Submitted	17	41	146		
Submitted in Error	10	36	130		
Requests Reviewed	7	5	16		
Under Review	О	0	0		
	Review R	tesults			
SIS SOP Reassessments Approved	5	1	3		
SIS SOP Review Closed	17	41	146		



The workgroup received and reviewed *SIS Standard Operating Procedure (SOP) Review Requests* (Table 7) for the past year and compared the trends with previous years. The overall number of SOP requests received and reviewed by DBHDS is similar to last year (7 vs. 5). The percentage of requests reviewed and the number of approved requests have started to increase (5 vs. 1). This could be due to better education and understanding on the part of families, support coordinators and providers of the purpose and parameters of SOP review requests.

Table 8: SIS Reassessment Requests

	S	IS Reassessmen	nt Requests	4/1/2022 t	hr	u 3/31/2023			
Service Type	Group Home	Sponsored Residential	Other Services	Total		Medical or Behavioral changes prompted request for reassessme			
Total	11	3	8	50		12	16		
Approved	6	12	3	22		6	9		
Percent of Approved	55%	40%	38%	42%		Medical = 50 %	Behavior = 56%		
Requests app	roved			22		6 individuals await scheduling			
Reassessmen	t interviews	completed		16		73%			
Increase in le	vel/tier			13		59	9%		
No change in	level/tier			3		14%			
Decrease in le	evel/tier			0		0%			
						*As of 5/1/2023			

SIS Reassessment Requests (Table 8) are submitted for review when a significant and sustained increase/decrease in medical and behavioral support needs or a sustained and significant change in any two Life/Activity Domains occurs for a period of six months. The number of SIS reassessment requests submitted in 2022 - 2023 was identical to the number submitted last year (50 requests). The approval rate for SIS reassessments has been 42% (2023) vs. 48% (2022). DBHDS continues to offer training to SCs regarding when to submit reassessment requests and the documentation needed.

Quality Improvement and Future Developments Regarding the SIS

DBHDS continues to conduct Periodic Drift Reviews (PDRs): observations of actual SIS assessments in partnership with the AAIDD Trainer and lead trainers from each vendor to assure consistency and quality. The observations identify areas of strength and needed improvement for the individual assessor. Before and following all SIS assessments, SIS Satisfaction surveys are made available to all respondents who participate. DBHDS collects the results, which are shared in a quarterly report with the SIS Stakeholder Workgroup members and on the DBHDS website. During the last year, satisfaction survey submissions jumped from 19% to 22%. Among those who returned surveys, 98% responded positively about their experience with the SIS assessment process.

Finally, workgroup members were updated regarding progress made on SIS-A® 2nd Edition. The data for this re-norming project includes a larger representative sample of US residents with intellectual and developmental disabilities and individuals with an autism spectrum disorder. The re-norming was an opportunity to modernize the SIS and provide a comparison to present-day peers. DBHDS has entered into a contract with Human Services Research Institute (HSRI) and will consult with people using services, analyze the SIS-A level and tier process, and develop recommendations for suggested changes to the existing level and tier system. The results of the HSRI study will inform decisions as DBHDS moves forward to adopting the use of the SIS-A 2nd Edition. The first step was to begin to gather Virginia-specific information. In mid-June 2023, Virginia SIS Interviewers began asking SIS advance questions, reflecting the additions to SIS-A 2nd Edition. The answers to the advance questions do not print on the SIS Family Friendly Report or affect the



individual's level and tier. The sole purpose is data collection. The information collected by asking advance questions will help inform future implementation decisions. Virginia is planning on employing the SIS-A 2nd Edition on June 1, 2024.

Summary

The administration of the SIS continues to show a great deal of consistency over time in level/tier assignment and satisfaction with the SIS process. During the last year, the percentage of assessments remaining in the "Default 2" category has increased. However, the staffing challenges experienced by the SIS vendors, CSBs, and private providers could explain the increase. Rates of approval of SOP and Reassessment Reviews remain consistent year to year. DBHDS continues to consider and act on those desired changes expressed through Satisfaction Surveys wherever possible. PDR observations allow DBHDS staff and the AAIDD Trainer to observe and provide immediate feedback to the observed assessors. Efforts towards the June 2024 implementation of the latest, updated version of the SIS-A have begun in the form of initial information dissemination for stakeholders and data gathering.

