



COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services

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October 1, 2017

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MEMORANDUM

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:

Cynthia B. Jones

A handwritten signature in black ink that reads "Cynthia B. Jones".

SUBJECT: Annual Report on the Impact of Implementing the Supports Intensity Scale to
Determine Individuals' Supports Levels and Reimbursement Tiers in the
DD Waivers – FY2017

Chapter 836, Item 310 R of the 2017 Appropriation Act, 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 about this report, please feel free to contact me at (804) 786-8099.

CBJ/
Enc.

pc: The Honorable William A. Hazel, Jr., MD, 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 2017

A Report to the Virginia General Assembly

October 1, 2017

Report Mandate:

Chapter 836, Item 310 R of the 2017 Appropriation Act, 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.*”

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.

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 Intellectual Disability and Day Support Waivers. In September of 2016, DMAS redesigned these waivers to support individuals with developmental disabilities based on their needs, choices and preferences. The waivers were renamed the Community Living Waiver (CL), the Family and Individual Support Waiver (FIS) and the Building Independence Waiver (BI) and are collectively known as the Developmental Disability (DD) Waivers.

About DMAS and Medicaid

DMAS' mission is to ensure Virginia's Medicaid enrollees receive high quality and cost effective health care.

Medicaid plays a critical role in the lives of over a million Virginians, providing health care for those most in need. Medicaid enrollees include children, pregnant women, parents and care takers, older adults and individuals with disabilities. Virginians must meet income thresholds and other eligibility criteria before qualifying to receive Medicaid benefits.

Medicaid covers primary and specialty health care, inpatient care, and behavioral health and addiction and recovery treatment services. Medicaid also covers long term services and supports, making it possible for thousands of Virginians to remain in their homes or to access residential and nursing home care.

Quick Medicaid facts:

- Covers 1 in 8 Virginians
- Covers 1 in 3 births and 33% of children
- Supports 2 in 3 nursing facility residents

Virginia Medicaid and Children's Health Insurance Program (CHIP) are administered by the Department of Medical Assistance Services (DMAS) and are jointly funded by Virginia and the federal government under the Title XIX and Title XXI of the Social Security Act. Virginia generally receives \$1 of federal matching funds for every \$1 Virginia spends on Medicaid.

The Department of Behavioral Health and Developmental Services (DBHDS) continues to use the SIS in the redesigned waivers to determine an individual's required level of support. DBHDS contracts with Ascend to administer the SIS by trained assessors. Ascend is nationally recognized for specializing in programs for persons 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 July 11, 2017, the Department of Medical Assistance Services (DMAS) and DBHDS met with the stakeholder workgroup which included 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. Workgroup members provided valuable input, which DBHDS will use to modify how it implements SIS processes, see SIS Processes section on page 3 of this report for additional details.

SIS Level and Tier Data

During the workgroup meeting, the following distributions of SIS support levels and tiers by waiver and DBHDS developmental service region were presented.

Table 1: SIS Levels and Tiers for the Community Living Waiver by Developmental Services Regions (as of 6/22/17)

Community Living Waiver										
CL	Level	1	2	3	4	5	6	7	Total	Percent
	Tier	1	2	3	3	4	4	4		
DS Region	Central	168	1,042	139	735	30	161	149	2,424	22.9%
	Eastern	177	1,032	89	860	36	214	93	2,501	23.6%
	Northern	151	965	102	804	42	187	168	2,419	22.9%
	Southwestern	98	682	94	647	40	161	131	1,853	17.5%
	Western	74	548	50	482	38	132	64	1,388	13.1%
Total		668	4,269	474	3,528	186	855	605	10,585	100.0%
Percent		6.3%	40.3%	4.5%	33.3%	1.8%	8.1%	5.7%		100.0%

Table 2: SIS Levels and Tiers for the Family and Individual Support Waiver by Developmental Services Regions

Family & Individual Supports Waiver										
FIS	Level	1	2	3	4	5	6	7	Total	Percent
	Tier	1	2	3	3	4	4	4		
DS Region	Central	27	102	12	33	0	17	12	203	17.3%
	Eastern	41	126	8	49	3	20	5	252	21.5%
	Northern	51	187	23	80	2	42	21	406	34.7%
	Southwestern	12	75	4	23	0	16	5	135	11.5%
	Western	24	96	8	26	3	10	8	175	14.9%
Total		155	586	55	211	8	105	51	1,171	100.0%
Percent		13.2%	50.0%	4.7%	18.0%	0.7%	9.0%	4.4%		100.0%

Table 3: SIS Levels and Tiers for the Building Independence Waiver by Developmental Services Regions

Building Independence Waiver										
BI	Level	1	2	3	4	5	6	7	Total	Percent
	Tier	1	2	3	3	4	4	4		
DS Region	Central	10	31	0	8	0	1	1	51	21.6%
	Eastern	17	56	0	6	0	0	0	79	33.5%
	Northern	6	31	1	7	0	0	0	45	19.1%
	Southwestern	13	27	0	7	0	1	0	48	20.3%
	Western	4	8	0	1	0	0	0	13	5.5%
Total		50	153	1	29	0	2	1	236	100.0%
Percent		21.2%	64.8%	0.4%	12.3%	0.0%	0.8%	0.4%		100.0%

Upon reviewing the data, stakeholders noted that, while there are some differences in tiers, the overall distribution of individuals by support level is consistent with the predictive model used in 2014 to estimate the number of individuals who would fall into each level. The 2014 model was developed by the contractor, Human Services Research Institute (HSRI), during the development of the waiver redesign.

Workgroup members requested data that compared current support level distributions for specified waiver services to the 2014 predictions. See Appendix A for charts that illustrate the requested comparisons for (1) Group Home; (2) Sponsored Residential; (3) Supported Living; (4) In-home Supports; and (5) Day Supports for individuals over 21 years of age (the age range used in 2014) who have an active DD waiver slot. DMAS and DBHDS identified the following associations by service descriptions:

- The predicted distributions of levels of support made in 2014 for Group Home services matched actual distributions in 2017 in three of the seven support levels.
- The predicted distributions of levels of support made in 2014 for Sponsored Residential Services matched actual distributions in 2017 in four of seven support levels.

- The predicted distributions of levels of support made in 2014 for Supported Living services matched actual distributions in 2017 in two of the seven support levels.
- Day Support showed the most divergence in Level 1 between the 2014 predictions and 2017 data and matched predictions in one of seven levels.
- The predicted distributions of levels of support made in 2014 for In-home Support services matched actual distributions in 2017 by 100%

With the exception of in-home supports, for the above services, Level 1 supports were more prevalent in 2014 models than in 2017. The workgroup recommended additional analysis be made over time and across other waiver services.

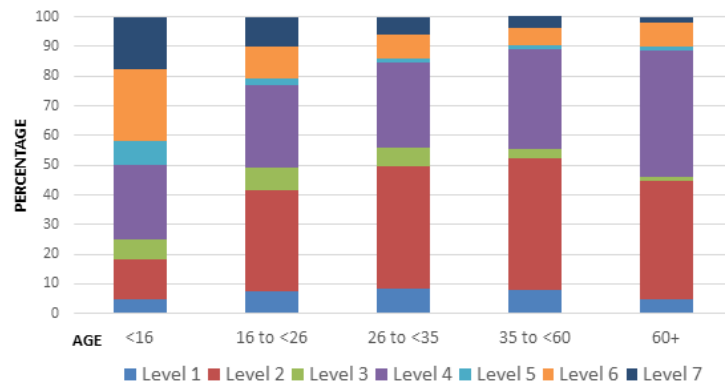
The workgroup also requested that DBHDS determine if there were any significant differences in support levels by age category. Table 5 illustrates the number of individuals actively using DD waiver services by age category in each support level.

Table 5: Supports Levels of Active DD Waiver Individuals by Age Category (as of 7/24/17)

Age Cat	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7	Total
<16	20	58	27	107	33	103	74	422
16 to <26	169	777	181	630	47	246	229	2279
26 to <35	248	1211	174	849	38	241	169	2930
35 to <60	371	2069	143	1563	50	281	176	4653
60+	72	627	18	661	24	123	30	1555
	Total							11839

Chart 1 illustrates the percentage of individuals within each level of support, by age category. The percent of individuals in Levels 6 and 7 decreases as individuals age. A higher percent of older individuals appears in Levels 2 and 4. Level 4 is consistently represented across all ages with increasing prevalence with age. Levels 5, 6, and 7 are seen with more prevalence in the first three age categories. A longitudinal study would help to identify changes in individuals' level of support needs as they age. Further data would be necessary to provide trend analysis.

Chart 1: Percentage of Levels Represented Within Each Age Category (as of 7/24/17)



SIS Processes

During the July 11, 2017 meeting, workgroup members also reviewed: (1) SIS standard operating procedures; (2) forms to request an initial SIS assessment and reassessments; and (3) a DBHDS review of SIS results when an individual or guardian felt the standard operating procedures were not followed.

Between June 1, 2016 and June 13, 2017, 74 SIS reassessments were requested. Of those, 40 requests (or 54 percent) were approved and five (5) requests were pending review.

There was consensus among workgroup members that many individuals, family members, and providers are not familiar with SIS processes, particularly how to request a review when there are concerns about how an assessment was conducted. The workgroup also expressed a concern that there is a lack of awareness about how to request a reassessment when there has been a significant and prolonged change in an individual's status. Workgroup members shared that many guardians/families are not aware of the importance of participating in an SIS assessment, which is concerning given the significance of the assessment in determining an individual's needed level of support and reimbursement tier.

In response to the expressed concerns, DBHDS has ensured that (1) all SIS forms and explanatory materials are available and easily accessible on the DBHDS website at the following link: [SIS FAQ](#) and (2) the "Individuals and Families SIS Respondent" presentation on the DBHDS website clearly identifies the criteria and process for requesting a reassessment. DBHDS also will compile data, to be reviewed at a future date, on the number of requested and approved reassessments.

The stakeholder workgroup also expressed concerns with the Ascend schedulers' and assessors' understanding and treatment of individuals with physical disabilities who are their own guardians. While DBHDS has addressed these concerns with Ascend in the past through training and education, DBHDS recognizes the need for continuing education around these topics.

Finally, the stakeholder workgroup recommended that DBHDS re-emphasize to Ascend that their interviewers continue to distribute the satisfaction survey at the end of every assessment and that the survey include contact information for DBHDS staff, in case there are questions or concerns.

Communications Regarding the SIS

DBHDS has reached out to individuals and family members to provide training on the SIS assessment. In-person training events offered earlier this year were sparsely attended. Consequently, DBHDS staff developed an on-line training that can be accessed at people's convenience. A similar training is being developed for support coordinators and service providers to help them understand their roles and responsibilities as respondents during an SIS interview.

It is critically important that individuals and family members fully understand the importance of participating in SIS assessments/interviews and accurately representing individuals' support needs. To facilitate this process, DBHDS will create an introductory packet for individuals newly assigned a DD waiver slot and a letter for individuals experiencing a SIS reassessment.

The introductory packet of information for individuals (or guardians, if applicable) who are newly assigned a DD waiver slot will include:

- An introductory letter
- A "What to Expect from the SIS" flyer
- A sample SIS report demonstrating results from assessment
- Website addresses for AAIDD and Ascend
- A Frequently Asked Questions document about SIS
- A description of SIS standard operating and review processes

- A copy of the "Individuals and Families SIS Respondent Training"

DBHDS will solicit input from members of the stakeholder workgroup who are self-advocates and family member representatives on the content of the introductory packet to ensure the materials meet individuals'/family members' needs. Once finalized, the packet will be shared with advocacy organizations and provider associations that may receive questions regarding the SIS.

DBHDS will request that Ascend distribute the letter to "repeat" SIS participants (individuals/guardians) prior to the scheduler contacting them.

Summary

In conclusion, the use of the SIS and related processes to determine DD Waiver individuals' supports needs levels and associated reimbursement tiers has been in place for one year. An analysis of data and SIS administration procedures highlight that the distribution of supports needs levels, while not identical, are consistent with the model predictions from 2014, when the levels and reimbursement tiers were first recommended for incorporation into the DD Waivers.

Additional areas of data analysis requested by the SIS stakeholder workgroup members, such as age distribution across support levels and a comparison of 2014 model-predicted levels against 2017 actual levels for certain services, produced results which will require continued monitoring and analyses.

The SIS stakeholder workgroup members identified areas for improvement in processes and communication to individuals, family members, and providers regarding SIS-related processes. The stakeholder workgroup provided excellent recommendations that DBHDS will implement in the coming months.

Opportunities for more robust data analysis and the impact of the SIS on individuals' support levels and the reimbursement tiers will provide content for reports submitted in future years.

APPENDIX A

The following charts compare 2014 supports needs levels percentages completed by DBHDS's contractor, Human Services Research Institute (HSRI), and based on a sample size of 1,354 persons to 2017 supports needs levels for individuals receiving certain services of interest to the SIS stakeholder workgroup members.

The key below indicates whether the reported percentages of people in each level based on HSRI's 2014 findings are statistically similar (indicated by green) or different from 2017 supports needs levels. If different, the 2014 HSRI distribution is colored orange if it is above the 2017 percentage and yellow if it is below the 2017 percentage.

Key:	Color	Meaning
	(green)	HSRI within 2017 95% interval
	(orange)	HSRI above 2017 95% interval
	(yellow)	HSRI below 2017 95% interval

In the charts that follow, the levels distributions predicted in 2014 are indicated by blue diamonds. The 2017 levels distributions are indicated by red squares. The range of statistical similarity for each level is indicated by the black vertical bars. Those levels that are found to be statistically dissimilar for given levels show the blue diamond outside of the black bar.

Chart 2: Group Home Residential-Comparison of 2014 (HSRI) and 2017 Support Levels

Level	L1	L2	L3	L4	L5	L6	L7
HSRI	13%	40%	0%	39%	5%	3%	1%

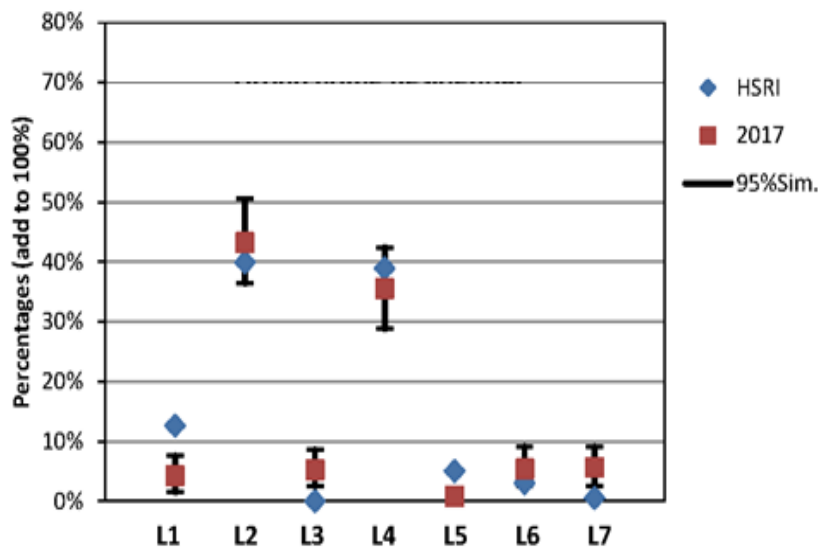


Chart 3: Sponsored Residential- Comparison of 2014 (HSRI) and 2017 Support Levels

Level	L1	L2	L3	L4	L5	L6	L7
HSRI	7%	20%	3%	46%	5%	11%	7%

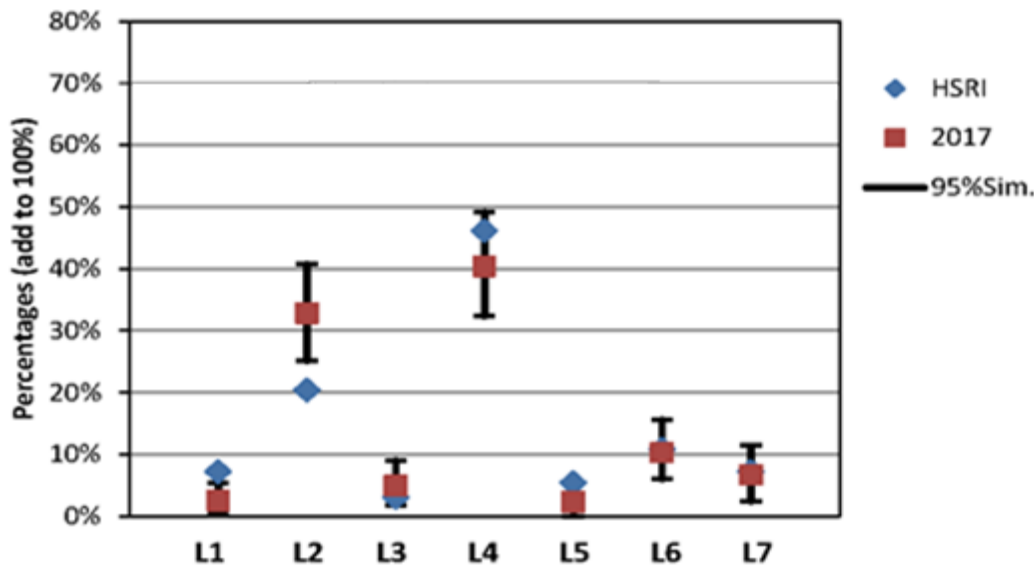


Chart 4: Supported Living-Comparison of 2014 (HSRI) and 2017 Support Levels

Level	L1	L2	L3	L4	L5	L6	L7
HSRI	41%	37%	3%	15%	0%	2%	1%

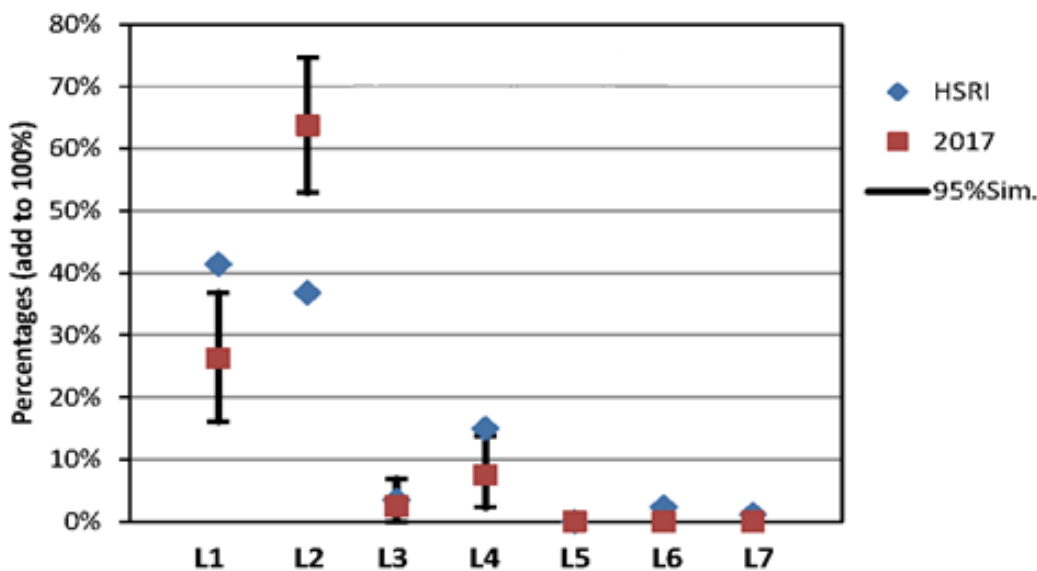


Chart 5: In-Home Supports-Comparison of 2014 (HSRI) and 2017 Support Levels

Level	L1	L2	L3	L4	L5	L6	L7
HSRI	19%	36%	2%	36%	0%	2%	5%

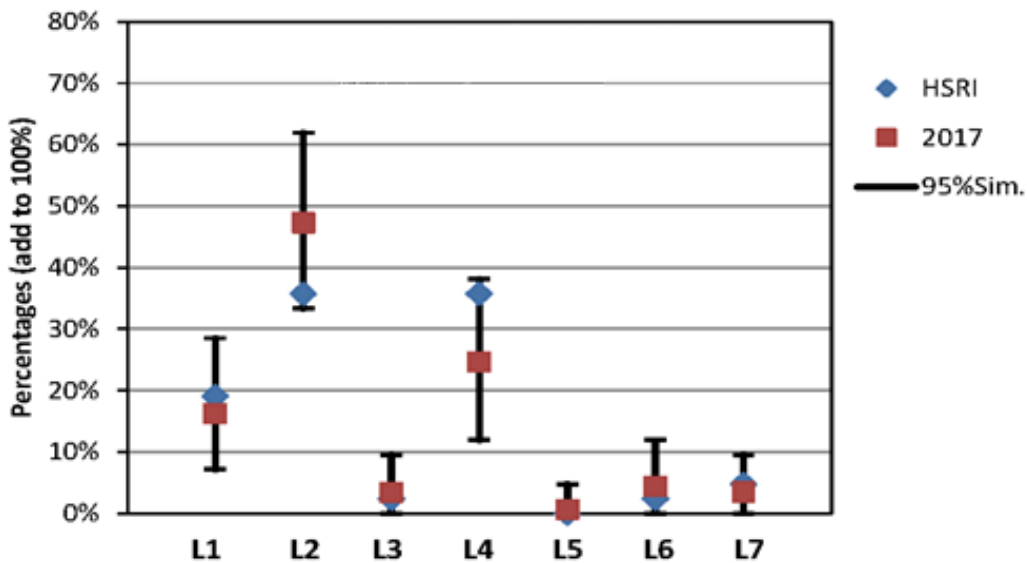


Chart 6: Comparison of 2014 (HSRI) and 2017 Support Levels

Level	L1	L2	L3	L4	L5	L6	L7
HSRI	22%	34%	1%	36%	3%	3%	1%

