



Approved Absence Policy for Residential Programs

Revised: November 21, 2022

Background

At any given time in a residential program there is the potential for one or more individuals to be absent from the program. In most cases, the individual may be away due to visiting their family or guardian or seeking medical treatment. DDS funds the majority of these regular absences through the utilization factor applied to program rates. The 95% utilization factor funds 18 calendar day absences per individual per year. In cases where programs have absence rates exceeding 18 days per individual per year, they may be left unable to bill for all the units available in their contract.

The absence policy serves as a vehicle to fund absences when the utilization factor alone is insufficient. DDS recognizes that absences do not alter the overall staffing requirements of the site – and therefore do not alter the cost drivers to agency providers and related revenue required to support overall program operations. The absence policy allows providers to bill for all the units available in their contract, while still maximizing the amount of billing that is associated with normal program attendance.

Policy

At the completion of the fiscal year, or at the expiration of the contract, a provider may submit a request for absence reimbursement for the value of unbilled units remaining in the contract. Providers may only submit an absence policy request once all attendance for the year has been reported and approved in EIM.

Providers will complete the *Billable Absence Request Form* and submit to the DDS Area Director for approval. The Billable Absence Request Form will:

- Demonstrate the number of units and dollar value remaining unbilled on the contract; and
- Identify the individuals and dates of absences that equal the number of unbilled units.
 - Identified individuals and dates must be associated with active program enrollments with no reported attendance in EIM for those dates.
 - Units associated with vacancies may be reported if those vacancies occurred in Q4 and were not amended out of contract.

The Area Director shall review and approve requests upon their determination that requested units/dollars are accurate, reported absences were not previously billed, and that contract management requirements have been met.

Upon Area Director approval of the Billable Absence Request Form, DDS shall issue payment for the approved amount. Providers do not need to submit supplemental absence reporting in EIM.

This policy applies to Adult Long-Term Residential programs (3153/3751) and Shared Living (3150/3752).

Contract Management

To ensure that absence policy requests are minimized, contracts must be appropriately managed throughout the fiscal year. Appropriate contract management will minimize absence requests by ensuring that unbillable units associated with program vacancies are removed from the contract.

Providers must report to DDS upon request all existing program vacancies. DDS will review all program vacancies that exist through April 1 of a given fiscal year and make appropriate contract adjustments in a year-end amendment. These vacancy adjustments for Q1-Q3 must occur for a contract to be eligible for the absence policy. In cases where there are existing vacancies as of April 1, DDS will make a determination as to likelihood of placement during Q4 and appropriate number of units. ***These billing unit determinations have no impact on the value of the contract, and DDS will err on the side of removing units rather than leaving them in the contract.***

DDS recognizes that unexpected vacancies will continue to occur during Q4. Where these occur, providers may include the units associated with those vacancies in their Billable Absence Request Form, to the extent that they are unable to bill the remaining units in the contract. Units associated with vacancies that occurred during Q1-Q3 may not be requested.