



Adult Long-Term Residential Services (3153 / 3751) FY21 Approved Absence Policy: July - December

February 11, 2021

Overview

Due to the change in ALTR rate structure effective January 1, 2021 and split-year rate approach in FY21, the normal process for requesting and approving billable absence units is being revised. This revised policy will be in place for FY21, with the normal policy returning to effect in FY22. This document explains the process for requesting absence units for July – December. DDS will release additional guidance in the spring that will explain the process for requesting absence units for January – June.

ALTR contracts are established using a blended billing rate. Due to the change in rate structures, it is not practical to blend the halves of the fiscal year together. Instead, DDS is establishing a single blended rate for the period of July – December, and a second blended rate under the new structure for January – June. As a result of two rate structures, utilization must also be viewed discretely for each six-month period. Therefore, billable absence units will be approved separately for each period, based on a determination of utilization within each period.

July – December

Since the billing period for July – December is already complete, DDS will approve billable absence units based on a comparison of actual units billed and units on the ICMS report. In cases where actual units billed are fewer than those listed in ICMS, providers may be eligible for billable absence units to allow total billing up to the ICMS amount. Please contact your regional contract office if you do not have the ICMS report for July – December.

In order to ensure billable absence units are determined correctly, providers must first confirm that all attendance for July – December has been entered in EIM. Once billable absence units are approved, no further billing in this period will be allowed.

Absence Policy Approval Process: July – December

1. Provider must submit all attendance and previously approved absence billing in EIM for July – December
2. Provider must calculate the difference in units between actual billing and units in ICMS report
3. Provider must complete the Billable Absence Request Form and submit to the Area & Region
4. ***Providers do not need to complete or submit the Absence Policy Worksheet***
5. Area Office will review and approve absence units for supplemental billing
6. Provider will submit supplemental billing in EIM for approved absence units