



Approved Absence Policy for Residential Programs

Revised: 04/02/2025

FY26 Revision

The Department of Developmental Services (DDS) is revising the policy for funding absences in residential programs to distinguish between funding for absences and funding for vacancies, and how each will be addressed through contract management. An absence is defined as short-term leave from a program in which the individual will return to their original placement. A vacancy is defined as an open bed in an ALTR program that is not assigned to an individual.

This policy is effective starting July 1, 2025, for all FY26 contracts. The previous policy will remain in effect for FY25 contracts, including for FY25 billing that occurs during the accounts payable period ending August 31, 2025. This policy is applicable to Adult Long Term Residential (ALTR) programs (3153/3751). The absence funding portion of this policy is also applicable to Shared Living (3150/3752).

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. This policy defines when DDS will provide funding for absences in excess of the 95% utilization factor, and circumstances when DDS will fund vacancies.

Policy

Vacancy

As vacancies occur in residential programs, DDS will maintain funding for the slot for a reasonable period to allow for the referral and placement of a new individual. DDS will fund a vacancy starting from the date when the vacancy occurs, and for a period of ninety (90) calendar days after DDS's first referral of an individual to fill the vacancy. A provider must review and accept/decline the referral within thirty (30) calendar days of the referral. If a provider declines the referral, DDS may make a second referral, but DDS will cease to fund the vacancy based on 90 days from the date of the first referral.

This policy applies to all vacancies that occur due to mutually agreed upon circumstances, death of an individual, or voluntary withdrawal by the individual. In cases where a provider discharges an individual without DDS's prior approval, DDS will cease to fund the vacancy immediately.

In limited circumstances, DDS may approve an extension to 90-day period. These extensions must meet one of the criteria below and receive prior written approval from DDS. DDS will not make exceptions due to provider staffing issues, such as delays in hiring or unexpected turnover in staff that impacts ability of provider to complete the placement.

Referral of an individual that cannot move in before the 90-day period ends:

This exception applies to referrals of T22 individuals whose 22nd birthday is more than 90-days after the referral date, and individuals placed out of a nursing facilities / rehab / emergency stabilization programs and the date that the individual is ready for discharge exceeds 90-days from the referral date. In these circumstances DDS will fund the vacancy until the individuals 22nd birthday, or until the date the individual is ready for discharge. If a provider later rejects the referral, DDS will adjust the contract to remove funding back to end of the 90-day period and will remain unfunded until a placement is completed.

Referral is rescinded by DDS:

When there is a material change in circumstances of an individual after the referral has been made, such as but not limited to, hospitalization, family declines the referral, etc., DDS will rescind the referral and continue to fund the vacancy until a new referral is made and a new 90-day period begins.

Delay in move-in beyond the 90-day period:

DDS will review cases in which there is a delay in the process due to extenuating circumstances such as but not limited to, individual is hospitalized / in rehab, a family requesting a different move-in date, or major weather incidents or other circumstances of force majeure. Area Directors may approve extensions up to sixty (60) days. Extensions beyond sixty (60) days must be approved by the Regional Director.

Litigation:

DDS may approve an indefinite hold on a vacancy related to ongoing litigation. In these circumstances, DDS will maintain funding for the vacancy for as long as it maintains the hold. Holds related to litigation must be approved by the Deputy Commissioner for Operations.

Absences

DDS will continue to manage absences as has been done in recent fiscal years. DDS funds the majority of absences through the utilization factor applied to program rates. The 95% utilization factor funds 18 calendar day absences per individual per year. Approval of additional absences billing only applies to cases where absences exceed what is covered by the utilization factor. Approval of absence billing is contingent on all vacancies being appropriately managed in the contract.

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.

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.

Contract Management

Vacancies

When a vacancy exceeds the 90-day period, DDS will reduce the purchased capacity and associated billing units starting from the end of the 90-day period through the date that the placement is completed. No change to the rate model or add-ons will be made. There will also be no adjustment to funding in the occupancy contract.

Fiscal Year 2026 Implementation

Vacancies that have referrals made on or before April 1, 2025, and remain vacant as of July 1st, will not be funded in contracts to begin the fiscal year. Funding will be removed from the contract by reducing the purchased capacity and billing units.

DDS will make determinations about whether a vacancy is funded or not based on whether the vacancy exists at the time that the FY26 contract is executed. If the vacancy is subsequently filled, DDS will correct the funding for the bed in a subsequent amendment during FY26

Absence

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

Providers must report to DDS upon request all existing program absences and vacancies. DDS will review all program absences and vacancies that exist through April 1 of a given fiscal year and make appropriate contract adjustments in a year-end amendment. These absence adjustments for Q1-Q3 must occur for a contract to be eligible under this policy.