



Policy Updates to Promote New Program Development and Placements in Adult Long-Term Residential (ALTR) and Acquired Brain Injury (ABI) Services

December 2, 2022

Background

DDS is releasing a series of updated policies in relation to Adult Long Term Residential (ALTR) and ABI/MFP residential programs. These changes are intended to support new program development and residential placements, as well as streamline end-of-year billing processes. This document provides a summary of these policies. For detailed information, see linked documents within text.

Outcome-Based Residential Placement Incentives

The Executive Office of Health and Human Services (EOHHS) has approved a DDS initiative to implement outcome-based payment incentives for new placements in ALTR & ABI/MFP residential programs (3153 / 3751). These outcome-based payments will provide a one-time \$100,000 payment to providers for completing a new residential placement for individuals who 1) are priority 1 for residential services, and 2) have not previously been placed in an ALTR or ABI program. Placements are eligible for this incentive if they are made in existing residential vacancies or in newly developed residential sites. Placements are not eligible if they are transitional placements, such as temporary residential school placements. Providers are eligible for payments for new placements made between December 1, 2022 and December 31, 2023. DDS will review efficacy of this incentive during FY24 and may extend policy through June 30, 2024.

Example: A newly developed 5-person site would be eligible for up to \$500,000 in outcome-based payments once all individuals have moved into the site.

These incentives are intended to address workforce related costs associated with hiring new staff and new program development. Providers will not be required to report to DDS or EOHHS the specific use of funds, aside from reporting revenue as part of the Uniform Financial Report submission. Outcome-based payments will be amended into the provider's contract after placements for eligible individuals have been confirmed and incorporated into the payment rate for the remaining units in the contract.

Residential Start-Up and Capital Policy

Effective December 1, 2022, the maximum cap for start-up and capital contracts for new ALTR sites will be increased to \$125,000 from the existing cap of \$50,000. To assist in staffing shortages, DDS has also expanded eligibility of some staffing and related costs for new sites. This policy is in effect through the end of fiscal year 2023 (June 30, 2023).

- Staff time associated with any staff training, including new staff orientations and other trainings, in addition to the minimum DDS training requirements.

- Other wage expenses for direct care, nursing, and clinical staff that are hired to work in the home, which are incurred prior to the site opening date.
- New addition of 12% administrative allocation for staffing expenses.

DDS has published an updated version of the [start-up and capital worksheet](#) to the DDS Contracts website, which must be used when submitting new requests for start-up.

Occupancy Maximum Rate Caps

Effective July 1, 2022, DDS is increasing the maximum occupancy rate caps for sites that are priced through the Occupancy Rate Application (ORA). DDS has published an [updated version of the ORA](#) to the DDS Contracts website that applies the new caps. This policy is in effect through the end of fiscal year 2023 (June 30, 2023) and may be revisited as real estate conditions change.

Region	Maximum Allowable Rate	Unit
Central/West	\$1,948	per person per month
Southeast	\$2,520	per person per month
Northeast	\$2,520	per person per month
Metro Boston	\$2,520	per person per month
Medical/ABI	\$2,520	per person per month

ALTR Absence Policy

DDS has released an update to the [ALTR Absence Policy](#) and [Billable Absence Request Form](#) which will be effective for all FY23 absences. The new policy simplifies the process for requesting absences by removing the need for the Absence Policy Worksheet and the need to submit supplemental billing in EIM for approved absence units.

Under the new policy, once all attendance has been reported for the fiscal year, providers may submit a Billable Absence Request Form for any unbilled units due to absence. Upon approval from the Area Director, DDS will issue a single payment to the provider for the claimed amount.