

## DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION (DDSD)

**DIRECTOR'S RELEASE**

**EFFECTIVE DATE:** October 23, 2009

Signature Date:	October 23, 2009
FROM:	<i>(signature on file)</i> _____ <b>Mikki Rogers, DDSD Director</b>
TO:	All Providers, Case Management Agencies, DDSD Staff
SUBJECT:	Family Living and Supported Living Reimbursement & Transition Budget Procedure

### I. SUMMARY:

DDSD would like to clarify the policy and procedure for billing, reimbursement and transitioning of Family Living Services and Supported Living Services during the ISP budget year.

### II. SPECIFIC SECTION OF THE REQUIREMENT AFFECTED BY THIS RELEASE:

N/A

### III. Requirement Amendment(s) or Clarifications

Both Supported Living and Family Living Services are billed annually in 340 units. The use of 340 billable units for the provision of 365 days of service allows for a "vacancy factor" in the funding structure.

The vacancy factor is designed to make sure that if the person is in a situation where services cannot be provided and the waiver cannot be billed, the FLS/SL provider is not penalized for not being available for those days. Historically providers had found themselves in the situation of having to be at the hospital and not being able to bill for their time under Waiver residential services rules. This vacancy factor model has been used in supported living or congregate care settings so that a provider is not financially penalized for the time a resident is receiving hospital services and serves as an incentive for the provider to maintain the person's residence until they return.

***As noted above, under this model, the agency is being reimbursed for 365 days of service.***

There is no exception to the rule that when ARA Respite is used by an Individual in Family Living, the reimbursement for Family Living will be subject to the \$5 per hour reduction to the Family Living daily unit rate for each hour of Respite used under the terms described in the DDW Standards.

**When an individual transitions from one Family Living Provider, or Supported Living Provider to another during their ISP year, the following procedure can be used to calculate the units remaining/ units to be transitioned to the new provider:**

The number of calendar days served by Provider #1, multiplied by .93 (93%) = the number of units Provider #1 can bill. The remaining units left out of the original 340 units are the number of units Provider #2 can bill.

**Example #1:**

Provider #1 served the Individual 215 days out of the year, (out of 365 days).

Multiply these 215 days by .93 (93%) to obtain the number of units for that time period, this equals 200 units.

Subtract those 200 units from the total 340 units, and this equals 140 units remaining.

Therefore, the number of units **Provider #1 can bill = 200 units**, and **Provider #2 can bill = 140 units**.

**Example #2**

Provider A served a consumer from 6/1/08 to 3/01/09. This was 273 days.

273 days multiplied by .93 (93%) equals 254 units. This is the number of **units** which should have been billed by Provider A.

340 units, less 254 units = 86 units remaining for the last half of the year.

**Provider A** can bill 254 units. **Provider B** has 86 units remaining to bill for the remainder of the budget year for providing supports to Harriet.

If you have further questions, please contact your Regional Office.