

**NORTH DAKOTA DEPARTMENT OF HEALTH & HUMAN SERVICES
BISMARCK, NORTH DAKOTA**

THIRD REVISED PI 18-03

TO: DD Licensed Provider Agencies
Regional DD Program Administrators

FROM: Tina Bay, Director, Developmental Disabilities Section

SUBJECT: Program Absences Policy

PROGRAMS: Developmental Disabilities Services 816

EFFECTIVE DATE: April 1, 2024

This policy replaces former revised policy PI 18-03, effective July 1, 2021. Please disregard and replace with this issuance.

Type of Service: **Non-daily rates (Day Habilitation, Prevocational Services, Small Group Employment Support, Individual Employment Support, Independent Habilitation, In-Home Supports, FCO, Self-Directed Services, Extended Home Health, Infant Development, Parenting Supports)**

Exceptions Allowed: None. Billing allowed only for actual service units delivered.

Type of Service: **Residential Habilitation – Calendar year**

Exceptions Allowed: Limited to 30 personal assistance retainer days total per calendar year for days in which the individual is not in the residence overnight as defined in examples below. The personal assistance retainer allows for continued payment while a participant is hospitalized (no direct care services provided) or otherwise away from the setting in order to ensure stability and continuity of staffing.

The calendar year will be used for counting Residential Habilitation absences.

Provider agency census data needs to identify any absences.

The following billing code must be used for Residential Habilitation claims for absences:

	Residential Habilitation Absence Billing Codes		
	Res Hab	Modifier	Days Allowed
Personal Assistance Retainer	T2016	U5	30 per calendar year

Type of Service: ICF/IID - Calendar year

Exceptions Allowed: Limited to 30 therapeutic days total per calendar year for days in which the individual is not in the residence overnight in the facility as defined in examples below, and up to 15 days per hospitalization are allowed.

The calendar year will be used for counting ICF absences.

Provider agency census data needs to identify any absences as Therapeutic Leave or Hospitalization (Therapeutic leave being any absence except for hospitalization. Billing codes below must be used for ICF/IID claims).

The following billing codes must be used for ICF/IID claims for both Adult and Child:

	ICF/IID Revenue Code	Days Allowed
In-house	0110	
Therapeutic	0180	30 per calendar year
Hospital	0185	15 per occurrence

Therapeutic Leave cannot be applied to Hospitalization Leave and Hospitalization Leave cannot be used for Therapeutic Leave.

Implementation Provisions

1. Hospitalization does not include the ND State Hospital or other institutional placement. An individual will not be enrolled in community services during admission to the ND State Hospital, Life Skills and Transition Center, or other institution (nursing facility, swing bed, etc.).
2. Provider agencies must maintain census records which identify absent days and the reason (hospitalization, out-of-town/state, etc.).
3. An absence does not include days in which the individual is out of the service setting but is continuing to receive direct service staffing by the provider agency in the off-site location.

The following provisions will be used in determining what constitutes an absence for residential census purposes:

An individual is considered present in a Residential Habilitation or ICF/IID Setting where services are provided at midnight for the day that just ended.

Intent: To provide a consistent guideline in determining when an individual should be considered present for determination of the census count. It is assumed the provider agency has had responsibility for direct care and programming for the

individual for the day in which the attendance is recorded. A token return to the facility to meet a midnight "bed count" and then leaves is not to be considered present as it is an attempt to circumvent the intent of the policy.

Example: An individual leaves at 5:30 p.m. on January 20 to spend a weekend with family. The individual returns to the residential facility at 8:30 p.m. on January 23. The person would be considered present on January 19, absent on January 20, 21, and 22 and present on the 23rd.

Example: On January 25, John and a friend go to dinner and a late movie. He returns at 12:45 a.m. on the 26th. John is considered present for the 25th. Although he was not present at midnight, he was not residing elsewhere at the time and remained in the provider agency's direct responsibility for care and programming.

An individual will be considered present on the day of admission to a program, but not the day of discharge.

Intent: To provide a method of determining occupancy and for payment that is consistent with other Department of Human Service Programs. For the purposes of this policy, a change in screening level from Residential Habilitation or an ICF/IID Setting to a Swing Bed facility is considered a discharge even though the Residential Habilitation or ICF/IID Setting provider agency may not be discharging the individual.

Example: On the afternoon of February 2, Jessica is admitted to the hospital. On February 5th she is transferred to a Swing Bed facility. The Residential Habilitation or ICF/IID Setting can count Jessica as present through February 1 and may bill February 2, 3 & 4th as personal assistance retainer or hospitalization days – per policy above.

Occupancy and eligibility for payment will include the date of death of an individual (assuming the individual is not screened to another level of care at the time of death).

Miscellaneous:

Example: Transfer between provider agencies and receiving same service: John is moving from Provider 1 to Provider 2 on July 1. Each provider will have had John in their program for six months. If John had used 17 absences while in Provider 1's program, Provider 2 will only be allowed 13 absences in order to make sure John does not exceed his 30 allowable absences maximum.

Example: Transfer to another residential Service: Jessica is moving from an ICF/IID to Residential Habilitation on September 1. The ICF/IID provider would be allowed 30 absences and the Residential Habilitation provider would be allowed 30 absences for Jessica.

Example: Direct supports for an individual are provided while in the hospital, for Independent Habilitation, Residential Habilitation, In-Home Supports and Respite, a claim for that service can be submitted: On the afternoon of April 16,

John was admitted to the hospital. He needed support due to communication limitations and behavior intervention.

Example: No direct supports for an individual are provided while in the hospital, a claim cannot be submitted: While Jessica was in the hospital, the hospital staff supported her needs. Staff checked in while Jessica was hospitalized and visited.