

Supplementary Guidance on GM #23-007 – Out of Service Unit Billing Guidance

Based on stakeholder feedback, the Bureau of Developmental Services (BDS) has developed additional clarifying guidance on the new Out of Service policy (GM #23-007). This document mirrors the information that has been shared directly with service providers and service coordination agencies during training sessions and documents the training to better support service planning and provider operations.

This guidance includes:

1. An overview of Out of Service (OOSvc) units;
2. Considerations to support service planning and development of the Individual Service Agreement (ISA); and
3. Definitions related to this document.

Overview of Out of Service Units

Out of Service units are authorized to support a provider's financial stability in the event of an unexpected, unplanned absence of the individual for the services agreed to in the ISA. Providers offering Residential Habilitation, Community Participation Services (CPS) and Supported Employment (SEP) are allotted OOSvc units, in addition to the direct service units, for each prior service authorization (PA) issued by BDS.

Considerations to Support Service Planning & Development of the ISA

While facilitating person-centered planning to develop the ISA, the individual, their family and the service coordinator (SC) work together to document the goals for the coming year and what services will be necessary to support progress towards these goals. While discussing the type and amount of services one needs, it is essential that the individual and SC acknowledge and document planned, known absences from services (therapeutic leave) in the ISA.

Planned leaves can be applied for events such as vacations, trips, and/or holidays. By accurately reflecting the scope and duration of services needed, the individual is helping the provider understand the full array of services to be provided, is ensuring the provider is prepared to meet their needs, and can commit to offering the services as outlined. Providers should equally inform individuals of their planned closures for holidays, vacations, or training days during the selection process.

Known, Planned Absences

PAs are authorized based on the amount of services, in units, an individual needs and expects to receive as detailed in the ISA. One unit of Residential Habilitation is one day. One unit of CPS and SEP is 15 minutes.

- If an individual intends to receive Residential Habilitation 365 days a year, then the PA will be authorized for 365 units.
- If an individual plans to go home one weekend a month each year (24 days) to visit their family, their PA will be authorized for 365 units less the 24 planned days of therapeutic leave for a total of 341 units.
- If an individual typically goes on a camping trip with their high school friends for five days in the fall, that should be noted in the ISA and the PA for Residential Habilitation will reflect 360 units of Residential Habilitation needed.

Providers, when considering accepting an individual into service and creating a budget, will have reviewed the amount of services detailed in the ISA and offer their budget to support the individual accordingly.

Unknown, Unplanned Absences

As stated above, planned absences from services should be noted in the ISA. Does that mean that individuals cannot decide to go away on a spur of the moment weekend trip? Absolutely not.

- If a provider committed to and was expecting to render Residential Habilitation to a person for 365 days a year (and therefore bill and receive payment for 365 days a year), but the individual's sister throws a destination wedding over a long-weekend and the individual was not receiving direct Residential Habilitation services for three days, the provider cannot bill for those three days even though they incur the expenses of having staff ready to offer services and maintain the home. For those instances, OOSvc units would be used.
- If the individual is hospitalized for a week and the Residential Habilitation provider is not supporting them in the hospital during this time, OOSvc units can be billed for that week.

There are many instances where a person receives 365 days of Residential Habilitation each year and never uses one OOSvc unit; that is appropriate. OOSvc units are not required to be used; they are available if necessary to preserve the stability of the provider who was ready, willing and able to provision services that day, but did not.

If a provider closes services unexpectedly (for a weather event, family emergency, short-staffed, etc.) the provider cannot bill OOSvc for that closure, since the provider was not ready, willing and able to render the services as agreed to in the ISA.

If the provider has scheduled closures throughout the year, the provider cannot bill OOSvc for those days, as they were not ready, willing and able to provide services as outlined in the ISA. Those days should be reflected in the PA as well.

Under the Olmstead Update #3 for State Medicaid Directors, Residential Habilitation providers are issued 30 days of OOSvc units per individual per state fiscal year, [State Medicaid Director Letter – Olmstead Update No: 3 \(cms.gov\)](#). In the example of the three-day-wedding trip above, the provider bills their typical Residential Habilitation units (362 days) of the year and also bills three units of OOSvc to account for the unplanned absence. For CPS and SEP, the OOSvc units are pro-rated for up to four weeks of services authorized. For example, if an individual is authorized for 40 units of CPS per week, they will be issued 160 OOSvc units to be used throughout the year. In the example of the three-day-wedding trip above, the CPS provider could bill OOSvc for any units of CPS the individual missed for that trip.

Available OOSvc units follow the individual if they change providers throughout the year; OOSvc units do not restart when changing providers. Out of service days are renewed upon the renewal of the annual service authorization for each individual.

Monitoring Out of Service Units

Monitoring the use of OOSvc units is the responsibility of the SC, provider, individual and/or their guardian. SCs will be able to monitor utilization of OOSvc units in NH Easy. As an individual's OOSvc units

are billed, the SC and area agency will be able to track utilization. Providers should be mindful to track their billing, so as to not inaccurately bill OOSvc vs. actual services provided.

If an individual is unexpectedly not receiving services, the SC should be aware of and assist with amending the PA. A few examples include:

- The individual may not want to receive services full-time; the SC can work with them to amend the ISA and adjust the PA accordingly.
- The individual has been working the early morning shift in her job for months with SEP Supports, but started taking night classes at the local college and is too tired in the morning to come to work, so she frequently calls out.
- If the person just likes to have a break every few weeks and not receive services, this should be anticipated and accounted for in the ISA and the PA authorized accordingly.

BDS will also monitor utilization and will reach out to the SC when OOSvc utilization reaches 75%. This is why effective person-centered planning is critical, to ensure the individual has the services they need when they need them, and the integrity of the provider network is maintained.

Definitions

Out of Service Day / Unit (OOSvc) - An OOSvc unit is defined as time that was not spent with an individual to render a service due to an individual's unplanned medical, social or therapeutic leave in which the provider is ready, willing and available to provide the service.

Therapeutic Leave - Therapeutic leave means leave from the home taken by a resident in accordance with his or her Individual Service Agreement and factored into the PA.

Individual Service Agreement (ISA) – Documentation of the supports and services an individual needs to meet their documented quality of life goals.

Service Provider – An entity providing direct service to an individual with developmental disabilities.

Residential Habilitation - Residential Habilitation includes a range of individually tailored supports to assist with the acquisition, retention, or improvement of community living skills including but not limited to; Assistance with activities of daily living and personal care such as meal preparation, eating, bathing, dressing, personal hygiene, medication management, community inclusion, transportation, social and leisure skills, and adaptive skill development to assist the individual to reside in the setting most appropriate to his/her needs.

Supported Employment (SEP) – Employment services will provide access to community-based employment and make available, based upon individual need and interest; employment supports, transportation to work, training and educational opportunities, the use of co-worker supports and generic resources to the maximum extent possible.

Community Participation Services (CPS) - Community Participation Services support the individual's needs, goals, and desired outcomes, as identified in his or her service agreement, related to community-based opportunities for volunteerism, employment, personal development, socialization, communication, mobility, and personal care by helping the individual to achieve more independence in all aspects of his or her life by learning, improving, or maintaining a variety of life skills, such as; traveling safely in the community, managing personal funds, participating in community activities, and other life skills identified in the service agreement.