

Attendance-Based Sub Committee Meeting 10/21/10
Present: Joe Drexler; Peter Mason; Sandi Lavoy; Paul Rosin; Pat Bourne

Utilization Review: The committee reviewed the utilization report for the periods 2/1/-6/30/10 and from 7/1-9/30/10. The report shows overall attendance at 88.12% thru summer months. Overall percentage remains fairly constant with all variables, including removing highest and lowest percentages. Attendance for sheltered workshops (SHE) is at 86.3%. (see attached)

“Outliers” should be discussed at the regional administrative level for special considerations and/or remedial action of issues related to high volume and/or long term vacancies.

There continue to be questions related to capacity, utilization, staffing and similar issues. While 90% attendance may be a “reasonable” (i.e. attainable) factor, it does not mean that reaching this factor is necessarily financially viable and vice-versa. A lower percentage factor may be workable for some agencies. A 90% (+/-) attendance does not equate to or guarantee financial viability. There are other factors (i.e. business model, administrative costs, capacity, “cultural”/institutional barriers, etc.) that have more direct influence on financial status.

The attendance factor becomes an issue if the business model does not match revenue. For example, serving participants with enhanced staffing and certain factors or variables of the client base can also affect revenue.

Impact of Benefits for Supported Workers: The DDS master contract now requires 5 days (30 hrs) of PTO (paid time off) for group supported employment (GSE). This time is considered factored into the “paid” time. (Example: there are a total of 260 work days per year minus 10 holidays = 250 days @ 90% = 225. The 25 day difference is considered “paid time” since funding is based on 225 days. Attendance exceeding 90% is funded to a maximum of 250 days.)

What policies, procedures or additional “protections” are needed?

All agreed that the more distinctions and exceptions – the more problems for errors subject to audit. A rate based on a comprehensive Level of Need (LON) should address these distinctions. Identifying service needs should start with the interdisciplinary team (IDT) and the Individual Plan (IP). DDS and providers should have clear rights and responsibilities (“guiding principles”) and agree to work together to ensure equal protection for the consumer and the provider. These principles need to be consistent across the regions. DDS and agencies can use existing forums (i.e. The Provider Council) to develop principles and resolve issues.

Summary/Recommendations

- Providers will continue to find ways to manage attendance
- DDS will continue to compile data for review and analysis to identify trends. There should be at least a full fiscal year of data for review.
- DDS will need to find ways to record reasons for absence. DDS still does not have the capacity to access, store, and distribute attendance info “about many people to many people.”
- There should be provisions for “extraordinary circumstances” (i.e. natural disasters, etc.) that would affect attendance.
- Attendance will be one of many factors affecting agency stability and viability.