[Clinic name] Technician Callout and Coverage Policy

Effective **[date]**. Version **[number]**. Applies to every behavior technician, including RBTs, in every setting.

This is a template, not legal advice. Check it against your payer contracts and state rules.

Purpose

When a technician cannot work a scheduled session, a child loses an authorized hour unless someone covers it. This policy sets how a callout is reported and by when, how the open hour is offered for coverage, what is documented, how a manager acknowledges each callout and the coverage decision, and what the clinic expects of attendance.

Nothing here is about blame. Technicians get sick and have emergencies like everyone else. The policy exists so that a callout becomes an open hour someone can cover, instead of a session that quietly does not happen.

Notice windows

- Planned absence (an appointment, time off): request at least **[clinic sets: number of days]** days ahead through **[clinic sets: system or person]**, so the schedule can be rebuilt before the week starts.
- Same-day illness or emergency: report as soon as you know, and no later than **[clinic sets: number of hours]** hours before your earliest scheduled session, or by **[clinic sets: time]** for a morning session.
- A report that arrives after that time is a late callout. A session with no report and no technician is a no-show.

How to report

Report by **[clinic sets: a call to the on-call line, a text to the scheduler, or the staff app]**. A report is complete when it names you, every session affected, a reason category and your expected return date. Report to the clinic, not to the family: the clinic tells the family what happens next.

The clinic acknowledges every report **[clinic sets: by text or in the staff app]** within **[clinic sets: number]** minutes during scheduling hours, so you know it was received.

The coverage cascade

- Step 1. The scheduler confirms the callout and lists each affected session as an open hour: the time, the setting, and the child's program requirements.
- Step 2. Eligible technicians are asked. Eligible means **[clinic sets: trained on the child's program, cleared for the setting, inside the weekly hours cap, and available at that time]**. The clinic offers the hour **[clinic sets: to the child's usual team, then the wider roster, through the scheduler or an Open Hours Board]**.
- Step 3. Coverage is voluntary. A technician accepts an open hour by choice, and nobody is assigned

a covered session without agreeing to it. **[Clinic sets: whether short-notice coverage carries extra pay, how much, and who approves it before the session.]** Check wage and hour rules in your state.

- Step 4. The family is told who is coming and may decline a substitute technician. A declined substitute returns the hour to the open list.
- Step 5. If no eligible technician accepts, the clinic **[clinic sets: offers a reschedule inside the authorization period where the plan allows one, or records the hour as not covered]** and writes down the reason.

Documentation for the payer and for continuity

For every callout the clinic records: the date and time of the report, the sessions affected, the reason category, who was asked to cover and in what order, who accepted, whether the family was told and what they answered, and the outcome of each hour (covered, rescheduled or not covered).

For a covered session, the covering technician reads the child's current program notes before the session and writes the session note in the usual system the same day, so the next technician and the supervising BCBA can see what happened. Supervision and clinical decisions stay with the BCBA.

Keep the records in the form your payer contracts ask for, and confirm retention periods with your payer contracts and state rules.

Manager acknowledgment

A manager **[clinic sets: title]** acknowledges every callout in writing within **[clinic sets: number]** hours. The acknowledgment confirms that the report was received, states the coverage decision for each affected session, and names anything still open. It is a step performed by a person, on the form below, and it does not depend on any software.

Technician: _____

Date and time the callout was reported: _____

Reported by (call, text or app): _____

Sessions affected (child, time, setting): _____

Reason category: _____

Coverage decision for each session (covered by, rescheduled to, or not covered and why):

_____

Family told (yes or no, time, answer): _____

Open items: _____

Manager name: _____ Signature: _____ Date: _____

Attendance expectations

Technicians are expected to work scheduled sessions, to report a callout inside the window, and to keep the clinic informed of a return date. **[Clinic sets: how many late callouts in what period lead to a conversation with a supervisor, and what support the clinic offers, such as a schedule change, a smaller caseload or time off.]** A pattern is discussed privately with the technician, with the goal of keeping the child's hours and the technician's job.

Planned time off and leave follow **[clinic sets: the clinic's leave policy]**. Check wage and hour rules in your state.

Technician acknowledgment

I have read the **[Clinic name]** Technician Callout and Coverage Policy. I know how to report a callout and by when, and I know that coverage is voluntary.

Technician name: _____

Signature: _____ Date: _____

Manager name: _____ Signature: _____ Date: _____