

Billing Requirements Effective September 1, 2020*

*This applies only to non-residential services which is defined in Title 17 as any service that is not a residential care facility.

Please reference the August 31, 2020 Department of Developmental Services (DDS) Directive: <u>Policies and Procedures for Utilizing Alternative Nonresidential Services During the Covid-19 State of Emergency</u>

Traditional and Alternative Service Models

- A: Services are the same as those provided prior to COVID-19. Providers will only bill for direct hours provided.
- B: Services are the same, but provided through remote or alternate locations as authorized through DDS Directive. Providers will only bill for direct hours provided.
- C: Services provided from alternative service options and may be different than "vendored" services to meet individuals needs that emerged due to COVID-19
- D: Services are a combination of A/B and C

NO CHANGE TO SERVICE MODEL

ALTERNATIVE SERVICES DELIVERY MODEL

In-Person and Remote Services

- In Person Services: Individuals whose in-person services have been determined to be "essential" by the Interdisciplinary Team, taking into consideration Public Health and CDC guidelines, should continue to receive in person services if the need for in-person services remains essential.
- Remote services: Individuals who have replaced their in-person services with remote services (i.e. phone
 communication, video conferencing, etc.) or with services in an alternate location and who continue to
 receive the same level of support (i.e. number of hours per month) should continue to receive remote
 services in accordance with the March 18 DDS Directive.
- In-Person and Remote Services are considered "traditional services" in contrast to the newer
 "alternative services" model described below. For an individual receiving only in-person or remote
 services, the service provider does not have to take steps to be certified for Alternative Services.

Alternative Services Model

Prior to September 30, 2020, all Service Providers providing Alternative Services must submit:

Certification of Alternative Services

2. Alternative Services Engagement Log

- Providers may use Alternative Services if needed, to meet an individual's service needs. Providers shall be creative, resourceful, and may make modifications to how existing services are delivered.
- All services must be person-centered to meet the needs of the individual.
- Please find the alternative services types and the certification requirements in the <u>August 31 DDS</u> <u>Directive</u>.
- To allow a service provider to bill for Alternative Services effective September 1, 2020, service providers
 must submit to Eastern Los Angeles Regional Center (ELARC) the DDS <u>Certification of Alternative</u>
 Nonresidential <u>Services</u> prior to billing for September services. <u>This replaces all previous certifications</u>
 requested by <u>ELARC</u>. The Certification of Alternative Nonresidential Services can only be submitted via
 electronic submission to <u>soe@elarc.org</u>. We will not accept emailed, faxed, or mailed documents.
 Please note, DDS <u>may</u> be reissuing this form in electronic format along with different submission
 requirements, we will alert our provider community should any changes come from DDS.

Alternative Services Implementation Timeline

September 30, 2020	If the service provider is considering offering alternative services to an individual, the provider must have met with the individual served about their need for and interest in Alternative Services prior to <u>September 30, 2020</u> . Provider must document the input from the individual served in the <u>Alternative Services Engagement Log</u> .
	The Alternative Services Engagement Log must be completed for each vendor number providing alternative services and submitted to soe@elarc.org prior to September 30 , 2020 . The Alternative Services Engagement Log must be sent via email in the Excel format. We will not accept printed, faxed, or mailed documents.
September 30, 2020	<u>Certification of Alternative Nonresidential Services</u> must also be submitted by <u>September 30, 2020</u> . We will not accept emailed, faxed, or mailed documents.
October 31, 2020	Prior to <u>October 31, 2020</u> , the provider must complete or review and amend as needed, an Individual Service Plan specifying the type and amount of Alternative Services to be provided to each individual.

Alternative Services Reporting Requirements

- Providers are required to maintain detailed documentation for reporting and auditing purposes.
- Providers will be required to submit to ELARC a monthly written report for each vendor number providing alternative services. The first report will cover both September and October and will be due November 5, 2020. Following this initial submission, all reports will be due the fifth day of each month following the reporting month. DDS stated they will issue the specific reporting format shortly. Find information regarding what data will be required in the monthly report in the August 31 DDS Directive.

Alternative Services Service Rates - September and October

- If an individual is not receiving any services for a current authorization, the provider shall not bill for this authorization.
- When a provider has provided any alternative services to the individual in the months of September and October, the provider will bill using the same calculations as used for absence billing (the individual's average monthly attendance from March 2019 through February 2020). Though the calculations are the same, State of Emergency Absence Billing ended as of August 31, 2020. In order to bill for services, services must have been provided.

Alternative Services Service Rates - November and Ongoing

- If an individual is not receiving any services for a current authorization, the provider shall not bill for this authorization.
- DDS will calculate a monthly unit rate for all individuals with authorizations under a vendor number. Providers will bill using this new monthly rate for all individuals utilizing alternative services. This calculation will take into account adjustments for rate changes.

COVID-19 Protection Plan

At this time, DDS has not finalized COVID Protection Plan documents. Since the Protection Plan is not required as part of the Certification form, we are asking that providers hold off on submitting the Protection Plan Verification Form until DDS has finalized these documents. We do expect that all providers will be required to develop a Protection Plan and complete a Protection Plan Verification Form once these documents are finalized by DDS.

Service providers are expected to be in compliance with applicable state and local health orders and licensing requirements. Additionally, please note that ELARC may ask to review any plans presently in place related to COVID protection at any time, including but not limited to prior to approval of services, during service delivery, for quality assurance purposes, or as related to an audit of services provided during the State of Emergency.

Thank you once again for your ongoing service and dedication,

Elizabeth Harrell, LCSW

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ELARC Community Services Manager