



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.

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.

**NO CHANGE TO
SERVICE MODEL**

- 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

**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, same staffing ratio) 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 October 5, 2020, all Service Providers providing Alternative Services must submit:

Certification of Alternative Services

- 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 review the certification requirements in the [August 31 DDS Directive](#).
- To allow a service provider to bill for Alternative Services effective September 1, 2020, service providers must submit to Regional Center of the East Bay, the [Certification of Alternative Nonresidential Services](#) by October 5, 2020. The Certification of Alternative Nonresidential Services can only be submitted to C19cert@rceb.org.

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 Alternative Services Engagement Log.
October 5, 2020	Certification of Alternative Nonresidential Services must be submitted by <u>October 5, 2020</u> to C19cert@rceb.org .
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.
November 5, 2020	The Alternative Services Engagement Log must be completed for each vendor number providing alternative services and submitted to RCEB prior to <u>November 5, 2020</u> . For the Alternative Services Engagement Log, providers shall use a reporting format issued by DDS. As of this date, DDS has not issued reporting format, further guidance is forthcoming.

Alternative Services Reporting Requirements

- Providers are required to maintain detailed documentation for reporting and auditing purposes.
- Providers will be required to submit to RCEB 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).

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 the 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.