



SCLARC VENDOR ADVISORY COMMITTEE
September 25, 2020 MEETING MINUTES—DRAFT

ZOOM MEETING

I. Call to order

Meeting was called to order at 10:06 am by Illona Hendrick

II. Welcome & Introductions

Illona Hendrick, Chair, welcomed everyone to the zoom meeting. Ms. Hendrick thanked Mr. Henderson and the leadership team for being available for the VAC to go over the pertinent information.

At the last meeting on 9/9/20, some information was to be provided to us on 9/14 but the information did not arrive until 9/18 from SCLARC. Vendors want to be prepared and go over the information. Illona wanted to share that concern with the leadership team. Illona reminded everyone to put themselves on mute to prevent noise and have a clear audio of the meeting.

III. Minutes

Tabled

IV. Updates from SCLARC Leadership

Mr. Henderson, Executive Director, welcomed everyone. The leadership team will answer our questions for this meeting. Dr. Bowie will respond to the questions sent in advance. Maricel Cruzat, Clinical Director, is available as well to answer questions.

Dr. Bowie reminds everyone that it is important to turn in the certification in order to receive reimbursement for September services. The certification has to be submitted via seamless. Even if you already submitted the certification via email, it will only count if you transmit it via seamless on the SCLARC website. The certification will be shared with other departments. Dr. Bowie is not able to forward your emailed certification to seamless for you. If you plan on providing alternative services, you need to turn in tis certification. Otherwise, you will not be able to bill for alternative services because the department won't know you have chosen alternative services.

Dr. Bowie acknowledged Ms. Hendrick's concern from vendors about receiving the certification form and instructions on the 18th of September instead of the 14th. SCLARC did process the information fairly quickly, it wasn't quite finished on the 14th because they had to set up a system to allow the report to be forwarded electronically to DDS and then the website staff took a couple of days to have it ready for the website. The certification will take a few minutes to complete so please make sure to do that before the end of September.

Questions sent in advance to leadership

Dr. Bowie started by answering questions sent to the leadership team on September 24th.

1. What is the process to bill on the e-billing system for non-residential services provided to individual consumer as:

- a. Traditional/remote services
- b. Remote/alternative service combination
- c. Alternative service only

Kyla Lee is not at the meeting but provided an answer to this question. We don't have an answer yet for how it will happen. We are still waiting for the department to let us know how we will set up the system to allow billing for November going forward.

For September and October, you cannot bill for absences but the billing is the same structure. You bill minus average number of absences. You don't bill for individual with no services received in the month. You get in the system the same way as before covid. As soon as DDS finalizes how you will bill November forward, we will let you know.

2. Can we bill under different options in different months (i.e. bill option a in November but option b in December if things change for that individual?)

For traditional services, it won't make a difference. For alternative services, it is consumer driven. If the circumstances change for the individual and they are going to need alternative services, make sure to have an assessment and service plan for the new alternative service.

As a word of caution, if you mix up the services in the same month (provide remote and alternative) you cannot bill for both because you will be overbilling. If you provide remote and alternative in the same month, you only bill alternative services. Otherwise you will end up owing funds back and it may trigger an audit.

The monthly rate will be uniformed for all consumers starting in November 2020. If you think you will be providing alternative services even if right now you are doing traditional/remote, you need to do the certification now so that it is in the system. Go ahead and do assessment for those individuals that are going to be receiving alternative services or a mixture of alternative/traditional.

3. How will vendors know if they have been chosen to continue billing c-19 line item for any specific individual/service?

Kyla provided reply that c19 authorizations ended on August 31st except for some codes. If you have anything specific to a consumer, the service coordinator will get authorization from department and it will go through regular POS process. The service codes that didn't change but have to go through service coordinator first for c19 authorization are personal assistance, independent living, diapers, child care, nursing services, lvn, respite, supportive living, specialized therapeutic services for adults, surge facilities and service code 109.

4. Does a new service log need to be sent in when something changes (new consumer or new addition/deletion to alternative services after we already turned in the log)?

The engagement log is for you to tell us who you completed an assessment for. Information will be relayed to service coordinators. The monthly report is due first on November 5th. DDS will provide more information as to what is required in the monthly report. Document as much information as you can now. You can turn in new engagement log if there are additions.

5. Some ‘SC’s are asking for covid protection plan “approved by SCLARC” verification before vendor provides the in-person service at home/community/facility (item h under services on directive). What is the process to get covid protection plan approval from SCLARC?

SCLARC is not reviewing the plans at this time. DDS states that the plan was developed before the surge occurs so the information on that plan does not reflect what we are going through. Guidelines will be reissued to you most likely when we get through the next surge expected in the winter. SCLARC will talk to the service coordinators next week. For now, have a plan that meets county and state requirement and cdc measures. Make sure to train staff on that plan. Next week, this will be addressed with the service coordinators. You can ask SC’s to talk to Dr. Bowie if they are holding up referrals due to not having a covid plan approval. We will talk to them individually.

6. Confirmation of what is due and when (service log, certification, written monthly report)

All your due dates are in the directive. The most pressing right now is to get your certification in the seamless system by the 30th. Individual assessments are to be done in September. Service plans are to be done in October. Continue doing assessments of your consumers, don’t stop if a parent says they don’t want it. Go ahead and go to the next individual for assessment.

If you do the assessments, that is a service provided. That allows you to bill based on the formula they have. They will pay you for the people you do a service for. By doing the assessment, you have provided a service. Now, you can’t just bill when a parent says “no, I don’t want that service”. You really do have to do the assessment to bill, just making the call to hear “no” is not billable.

For October, write the individual service plan. This is a service and you can bill for that service in October. If you do not do the plan for the client, it is not a service. By November, you should be serving the alternative services. Review and date the plans for October.

November 5th—reports are due for September and October. A uniform monthly rate will be given by DDS to bill for alternative services starting in November.

Residential Providers unwilling to assist with non-residential vendor assessments

Some residential providers are making comments stating that it is an inconvenience to allow non-residential service providers to assess individuals living in their homes. Representatives of 20 regional centers had a meeting yesterday and we have an obligation to support the consumer to complete the assessments. There should be no comments about this being an inconvenience because there is an obligation to provide person-centered services. Every consumer has a right to have an assessment, even if that assessment turns out to show that there is no interest in the services. The residential service provider is to support that individual and provide guidance. They have a right to day services.

Residential providers, for the most part, are taking the opportunity to be funded for the additional staffing hours because the consumer is home when they would normally be in program. This funding is to support things like the assessment process. Residential providers need to make arrangements to assist non-residential service providers and consumers to have those assessment meetings. Another thing that came up that people who are trying to do a service (i.e. drop off an activity packet) are being told by residential vendors that they don’t want what the person is dropping off. There are comments that this is overwhelming but regional center is paying for additional staffing to cover the day program hours. The consumer has a right to the services. Any residential provider that refuses to allow the service, the regional center will contact them to find out the reasons and will see if something can be rearranged to allow for the service.

The consumer has a right to make telephone calls, and if residential provider says they need the phone free/accessible, we need to figure out why is it that the facility phone is the only phone available to consumer. There will be a conversation to mediate so that everyone that wants a service is receiving a service.

We need to think about what will happen next year if the transportation providers have moved on to other industries because they weren't able to provide a service. Same with therapists. We don't have enough therapists to begin with. At some point, we will get back to some sense of normalcy and we will need these providers when we get there so we need to help them through and the individuals have a right to the service.

Illona asked about the situation with individuals that live with families that don't want the service. The provider needs to document that the family refuses the service. There is not much that can be done about that because the family is not vendored. They are the representative for the individual. That will happen (service declination) and it is happening now.

Compliance with the strictest safety guidelines in effect at the time in-person services are to be delivered

Follow whatever the city has as guidelines but also follow the State's department of health guidelines. Look at day care cohorts, this cohort applies to any group gathering for service provisions. You can have up to 16 people at a time, that's it. If you provide 1:1 service you can't have 9 consumer and 9 staff present because that will be over the 16. Do not have more than 16 people in a building providing services at the same time. The state departments are working together to figure out a way for programs to provide in-center services. You may be able to provide services in shifts such as a morning and afternoon session. Conversations about this are taking place with DDS, licensing and state bodies. Comply with the requirements, do not try to have more people in a building than is allowed. We have seen surges in covid cases and it is not fun to know that people pass away. You may be risking the potential to have a surge.

Q&A from Chat

1. If the day program has not made contact in the last 6 months, but the individual does want services, what is the process?

First, contact the program they have a POS for. Call them first to let them know the consumer is interested in receiving services. If that program is not able to provide services, contact the service coordinator so that they can identify other services available to consumer.

2. How do we bill for alternative services if supplies, materials, schedule and self-guided activities along with curriculum is sent to parents but only respond to calls or texts 1x or 2x to discuss activities and goals?

If you are delivering the supplies and materials, you have done the service.

3. What if you are opting to stay as traditional services? Would an email stating that be enough?

If you are opting to do traditional services, you do not need to do anything. Just continue to provide the traditional service.

4. If we are a vendor with several vendor numbers, is a form required per vendor number, or does one suffice as long as we list all vendor numbers?

If your services are different, we recommend doing the certification separately. The certifications will be sent to DDS and they will be used to calculate billing. Fill out a separate certification form for each vendor.

5. Where is the seamless. can you provide the link?

Link provided in the chat: <https://sclarc.org/non-residential-alternative-services.php>

6. can you please direct us where to send this documentation directly since our agency send it directly to Dr. Kim B. email?

<https://sclarc.org/non-residential-alternative-services.php>

7. for the alternative services engagement log, is the service code to be taken from the 4 models of service provision either A, B, C or D?

provided by Karina, VAC secretary: use service codes a-j, however many codes apply for that individual-- see pg. 2 of https://www.dds.ca.gov/wp-content/uploads/2020/09/DDSDirective_Policies-ProceduresAlternativeNonresidentialServices_08312020.pdf

8. if a parent wants to only receive supplies but refuses to talk on the phone or video chat with her son, would this still be considered providing alternative services?

Yes, it would. Modify your service plan to remove follow-up with family, state family will contact you if needs change instead.

9. good morning can we use and create a form of our own for the assessment based on the model that was given?

Yes. The assessment should be yours. Review the 8/31/20 directive. It talks about the assessment. Create your own questionnaire/assessment. Doing the assessment counts as a service provided. You can bill for this service.

10. what code do you use for alternative services when submitting through e-billing??

We are waiting for DDS to let us know. They will set up alternative services authorizations and a subcode. All of that will be put in administratively based on the certification you put in. we may need to get payment agreements again and contract addendums with transportation providers.

11. Has DDS committed to have the AS billing figured out in time for vendors to bill and receive payment as normal? usually before receive payment before the 15th of the month.

Alternative services monthly rate does not go into effect until November. DDS have until sometime in November to figure this out and they are working on it. The unknown is the rate, we don't know what the monthly rate will be. Instructions on how to bill will be provided.

12. How often should we update the Individualized Service Plan for our consumers?

At the time of rollover. You are submitting monthly report but they may ask for a cumulative report at the end of the fiscal year. A new service plan should be done if something changes with the consumer, at the

time of the triannual IPP and possibly at the end of the fiscal year they will be asking for a report for the new fiscal year.

13. If we are opting for traditional, then we do not need to submit the engagement log through seamless?

No. there is no need to turn in report. You bill like you normally would. Make sure to distinguish your operation hours from your service hours.

14. For clients who have resumed to face to face services do those clients need to be added to the engagement log? or is it only clients who want Alternative services?

If you are providing traditional services, no. If you are providing alternative or hybrid, yes. If you are providing traditional face to face but for less than the regular number of hours, that is automatically an alternative service.

15. The initial engagement log submitted through seamless docs would only have to be submitted once per case load or per case?

You are submitting it for your vendorization, not per case or case load.

16. what information needs to be on the report?

DDS will send that to us. They have not done so yet. Put everything you think they may ask for in the report. Document what you are doing. If you are dropping off materials, document what you are dropping off and why.

17. if we are providing traditional services for early start, do we still do need to submit through seamless?

No. you will bill like you did before the state of emergency.

18. What are the alternative services?

They are services that are different than what you were providing prior to covid. Its also if you are providing fewer hours than before the state of emergency.

19. I am concerned about families who do not choose alternative now, but will want it may next month. Do we still need to put their names and send it through seamless?

No, if you are not doing alternative services. You will put their names in once you start providing alternative services to them. If families have not chosen alternative services this month, do not include them in the engagement log until they accept alternative services if they do in the future. The engagement log can be filled out at any time if needed. We will use this to update the service coordinators with the information as to what you are doing with their clients.

20. Please confirm that if we will continue with traditional services, but some of these services will be performed remotely (via zoom or phone), there is no need to complete the certification, and we continue to bill traditional services

This is correct if you are providing the full programming hours. If you are providing traditional services remotely but for less hours than if they were in the center, then this is an alternative service.

21. what about families who only want us to email them therapy packets, but are not available to discuss it, is that considered alternative or traditional, since it done as remote service.

Sending therapy packets is traditional if this is something you were doing back in August. This applies for therapy type services not day-type programs.

22. we did assessment with one of my participants but now, the family has left us and is using respite services. can we still bill them for September?

yes, you can still bill for September if you did the assessment, completed it and you actually went through the things that are identified in the directive, then make sure you have the assessment document on file and bill for September. It is ok if the results of the assessment are that no alternative services will be provided. If you had a phone call where family said they are not interested without doing the assessment, then that is not a service.

It is important to know that you have to have an OPEN POS in September to bill. So, if the family has respite now and your POS was canceled before you did the assessment, then you cannot bill for the assessment in September.

23. If our activities are for the most part the same as before the pandemic but now done remotely via phone or zoom, do they need the assessment?

NO.

24. what does alternative transportation component look like in terms of ISP and assessment.

It is whatever services you are going to provide. It may not be transportation services. Part of your assessment is to ask the families or the residential service provider if they have any transportation needs that you can take care of. You can give them a ride to and from paid internship program. You can take to a medical appointment, if the IPP says they don't need support staff to go to medical appt, you can take them.

25. Phone question: where do we submit assessment

Assessments are not to be turned in. You keep them in your records. Keep them for five years. The assessment counts as a service for September if you do the assessment but it does not have to be submitted. It is just part of your records.

26. Can Residential fill out the form for the regular/traditional services?

No. you are already providing traditional services. Forms are for non-residential providers.

27. How do we get an assessment form or do we create our own assessment form who do we send the assessments to??

Create your own.

28. for one vendor number will some consumers be on alternative service rate and some on the traditional rate?

Yes, you can have some consumers doing alternative and some consumers doing traditional.

29. what about consumers who want in-person services but are not willing to wear face mask/covering? if our staff have all necessary precautions can they receive in-person services in their backyard?

One of your training objectives is to get them to wear masks. The problem with staying six feet away is that the spray when they cough or sneeze will travel much farther than six feet. Consider your staff safety. Before you make a decision to serve individual who does not want to wear a mask, consider the risk.

Mr. Henderson added that safety is at the top of the pyramid in providing service. Education can help the individual to use a mask. It's possible a shield can be used to separate but this may not work in certain circumstances.

30. Our consumers are taking their services on zoom. I wonder if we can have our activities on our outside area. These are small groups settings. Consumers will be outside with more than enough social distance they can perform activities on their own.

In a day program setting, as long as you do not go any higher than the 16. Talk to us about what you plan to do first. We are going to make sure to still follow the department of health, county, city guidance that apply to day services. We may follow the adult day health care service guidelines since they are writing about those a lot.

31. How did the come up with the number of 16? What if your building is big enough for more inn separate areas, divided by walls?

16 is the max in the building. We will send you the document we are going by. Take your staffing ratio into account. 16 total allows you to have the staffing ratio you need. You may also have multiple sessions, (AM/PM).

32. For a nonresidential program, what is considered remote services? Must consumers be participating in live sessions? Can daily phone calls to consumers be considered remote services?

Yes, to all of them.

33. For ILS SLS Parenting we have some consumers who want to be seen face to face and others who want to be seen only remote and some who do a mixture. Can we bill traditional for the ones who want face to face and alternative for the other consumers?

If you are doing 100% remote services for a parenting program, this may not be best for the child. Your parenting program should at a minimum be a mixture but you need to be seeing that child to make sure that child is safe. ILS is going to depend on the service you are providing.

Illona thanked leadership for staying an extra 15 minutes past the meeting to answer additional Q&A's.

Dr. Bowie asks all vendors to please contact SCLARC if they are not receiving emails from SCLARC. Emails come back undelivered but sometimes it is because the emails are full or the email won't accept large pdf files. Vendors can confirm and update information. Contact Michelle Lopez at SCLARC at 213-744-8450.

Roll call/Sign in sheet not available for September 25, 2020. Up to 300 attendees were present at parts of the zoom meeting.