



**SCLARC VENDOR ADVISORY COMMITTEE  
October 14, 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 presenting at the meeting.

Ms. Hendrick announced that DDS is having a webinar this afternoon for non-residential providers. The VAC also sent out information regarding the DSP training classes that residential providers should take advantage of in terms of having their staff take the DSP training class. Staff can create an account so that they are prepared to register for classes when classes are available.

You are reminded to put your devices on mute. Questions have been turned in to the leadership team.

**III. Minutes**

Tabled

**IV. Updates from SCLARC Leadership**

Mr. Henderson, Executive Director, welcomed everyone. He reminded vendors to continue with universal precautions as we enter the 8<sup>th</sup> month of the pandemic. Leadership will answer questions now that were turned in earlier.

**Comments from SCLARC Leadership**

**PPP Loans**

Kyla Lee, CFO, provided an update on PPP loans. In prior meetings, this has been discussed. We are now getting more information from DDS. DDS has provided a draft of an attestation form that states the guidelines given by CMS. The form is for vendors to attest if they have received PPP while also receiving absence billing funds. There is a calculation that will be made. The form asks vendors to say yes or no to questions. Vendors have to attest to receiving PPP loans, SBA loans or even unemployment for consultants, or any type of revenue received in addition to funds and these funds were received concurrently with the PPP. There will be an excel worksheet to determine the amount to be returned to DDS. They are still discussing how the funds will be returned. It could be offsetting future claims but this part is still under discussion. More information will be forthcoming regarding to this.

**Monthly Rate Methodology DDS Webinar**

DDD is hosting a webinar on the monthly rates for the alternative services. Dr. Bowie sent out the notification to vendors to sign up for this training on the monthly rates. The consulting firm that assisted with the rate study is assisting with this presentation. Listen and take notes to understand the

methodology. DDS will be calculating the rates at the state level. The training is today from 3pm to 5pm.

Mr. Henderson added that there were comments about the complexity of the information being provided during the webinar (yesterday to RCs) and DDS is working on modifying the webinar so its more understandable. Burns & Associates is the primary presenter and has been asked to make the webinar more user-friendly. Dr. Bowie is glad to hear that the presentation will be modified because the one presented to regional center was very technical in nature. Dr. Bowie recommends that vendors log in early so that you can write in your questions. The webinar allows for about 20 minutes for Q&A so have your questions ready and entered in the chat. The meeting is to learn about the methodology but your actual monthly rate will not be presented here. Vendor monthly rates will be provided by the regional center once the regional center has this information from DDS.

### PPE

Mr. Henderson announced that there is a supply of PPE. There won't be a distribution unless its on a case by case basis. If you still need PPE, use the email [ppedistribution@sclarc.org](mailto:ppedistribution@sclarc.org) to request PPE and you will get a reply within 48 hours.

### Insurance Requirements

Dr. Bowie provided an update on the insurance requirements. Most vendors have not met the requirement mostly of obtaining professional liability insurance. Initially we said to you it was more for consultants but the broker then clarified that the requirement is for all vendors. Over the last two weeks you should have heard from SCLARC via email as to what is still missing from your vendor. From the responses we can tell you are getting frustrated and it's understandable but this is a requirement that we have to meet. It is needed and it has to be obtained pretty quickly. SCLARC has to certify with its insurance that all the vendors are meeting the insurance requirements so we will be reaching out to you again in the next couple of weeks. But at some point, we will need to write letters to vendors to decide if they want to keep serving because we need vendors to have the insurances.

### Independent Audit Waivers

Dr. Bowie also stated that SCLARC has the audit waiver requests. SCLARC has not been able to work on these yet because of the insurance project and alternative services. Some vendors are submitting requests even though they don't have to. We will let you know if you do not have to meet the requirement due to your regional center revenues not meeting the threshold. You will hear from us in late November or December.

We are in audit season. Our independent auditors will come soon. Your vendor charts should be updated. QA has been auditing the charts during the last 6-8 months but if any of you need the vendor disclosure form signed, we will reach out to you to get that in your chart.

### After-Hours Contact

Placement coordinator has been called during the weekend. Line staff are non-exempt employees. Vendors should not contact line staff on evening or weekends. There are 4 people who are on call. If you need assistance, you need to call the main line at 213-744-7000 where an operator will answer and the 4 people who are after-hours will get your message. Calling line staff will create overtime for the organization. We have director level people to help you after hours.

### Monitoring

we have to get back to monitoring. FHA audit will happen soon so we have to figure out how to do the annual evaluation for FHA. We have talked to other regional centers about the process of

monitoring. We will create a plan and procedures that we will hold with you to let you know how the monitoring will happen. DDS has not waived the monitoring so we will start doing this soon. We may be able to have you submit documents electronically.

### Residential Closure/Re-Open

Some residential providers are turning in requests to close existing facilities and in the same letter or attached letter include a request to open up the same facility as a new provider with a higher rate. DDS refers to this as a back door rate increase and we are not allowed to do that. If there are consumers in the facility and you are requesting to shut it down, you can turn in the request but now those clients have to be moved because you are ending your vendorization. If you are going to use that space for a different program, you have to start over including a letter of intent and a program design. This is then reviewed by the regional center if you want to open a different type of facility. Individuals are placed based on their needs.

### Half-Day Billing Waiver for Regular/Remote Services

DDS is waiving the half-day billing for those vendors providing regular/remote services. The waiver is good for 30 days back dated to September 1<sup>st</sup>. The waiver expires at the end of October 2020 but it could be extended 30 days at a time. In a normal situation in order to bill for a full day of service, you would need to provide 65% or more of the service time. This waiver is letting you bill the full day even with less than 65% of service provided.

DDS is no longer speaking in terms of providing a service, now they are talking about tracking what service was provided. They may follow up with the vendor if they feel that the amount of service provided does not justify the reimbursement. All of this goes back to making sure that we are meeting the requirements of the Home and Community Based Services Waiver.

### Questions sent in advance to leadership

#### Alternative Services

1. Can alternative services certification still be turned in? Does a new certification need to be turned in when vendor changes something (i.e. adding or removing any of the a-j service codes)? Is SCLARC sharing certifications with other RC's we bill for?

Yes, you can still turn the certification in. Yes, you will need to submit a new certification if something changes. There may be situations where you may need to move from remote to alternative.

Yes. All the regional centers are loading information to share with other regional centers. Some centers have not loaded their lists yet as they are waiting for their vendors to provide their certifications.

Yes. There is a place where all regional centers are loading excel sheets. Centers are pulling from that list once it is updated. Vendors are not getting the certifications in so some regional centers have not uploaded the lists yet.

2. What happens once vendors turn in the engagement logs? Are SC's informed of individuals receiving alternative services via the engagement log or vendors need to contact each SC?

There is a designated person who goes in to seamless and the information will be provided to the service coordinator. This information is provided to the service coordinator. We are asking that you provide as

much specific information as you can when you complete the engagement log. Be specific if you are dropping off supplies to the consumer, be specific as to what you are dropping off. It has to be specific for that consumer. If the engagement log does not provide enough information, the service coordinator will reach out to you to get more specific information.

The SC is informed by the engagement log and they will start the process of contacting the consumers but part of the DDS directive is that you will contact the SC as well so we recommend you do that as well. The reason for this is for the timing. The service coordinator may think services will start at a different date so you should contact them to confirm when you start (ed) alternative services for that consumer.

3. Do vendors have until October 31 to complete the AS service plans? Do these plans need to be turned in to SCLARC? Will SC's ask for them?

Yes, the individual service plans for the alternative service is due by the 31<sup>st</sup> of October. Make sure the document is an individual service plan and subtitle can be alternative services. The sooner you can get it in the better. It will provide the SC with more information sooner.

4. When will vendors know what the AS monthly rates for November 2020 going forward are? Do you have any updates on how the monthly rate will be calculated? Do you foresee any delays in being able to bill for November 2020 services?

You will be able to get some information from this afternoon's meeting by DDS. The exact rates will not be disclosed this afternoon. The rates may be given out to you in late October or early November. If DDS sets your rate, DDS may also send a letter to you. Vendors with negotiated rates will receive the monthly rates from the regional center.

No, we don't foresee delays in billing. The rates can be input administratively. The key to this is to make sure not to bill for services you have not provided. There may be audits and you will have to prove the services you are billing for.

5. Do you have any information about the additional accountability and outcome measures mentioned in the 8/31 directive?

No, we do not have that information yet. DDS is working on this.

6. Will the monthly reports be sent to the RC or to DDS? If sent to the RC, does that mean we need to do multiple monthly reports if vendor provide services via multiple RC's?

The monthly reports will be sent to the regional center. If requested, SCLARC will forward to DDS. Vendors should make sure to keep copies in case there is an audit. The reports will go to the regional center and will be placed in your vendor chart.

Yes, you will need to do a report for consumers at each regional center. For SCLARC, you should only include consumers that SCLARC funds for. Send each regional center a monthly report for the consumers you have with them.

7. We would like some stats related to AS if available: % of providers choosing alternative service delivery, how many decided to remain regular/remote? Did most/all Transp. Providers certify for alternative services?

This is something that can be provided at a later date. Some vendors have not turned in their certifications. If you are providing any services that fall under alternative services, we are encouraging you to submit the certification in even if you are not providing now but think you may provide in the future.

If you think you are providing alternative services and your service code is not on the list of vendors authorized to provide alternative services, give us a call so we can review the case with you.

## **Billing**

1. The VAC would like an update on the status of billing backlog for residential---additional staffing hours

Many of you hopefully received invoices for payouts last week. We continue to see the invoices being posted to e-billing. We processed hundreds of them and we are on a better path now to fixing issues. We know its critical that we get the funds to you. We are going to get on track now to keep you going. As we are reviewing some of the invoices, some of these have been overpaid. If you have been overpaid, you will get a letter from us. Look at the worksheet you have and compare it to the e-billing to make sure that the dollar amounts match. Please do not bill the higher amount if e-billing has higher dollar than the spreadsheet you have. It is not many providers that have this issue but we are noticing overpayments.

C-19 service codes have been canceled except for a few service codes. If there are some that are not canceled in your e-billing, do not bill on the c-19. Bill on the regular or traditional POS unless you have been told to bill C-19.

2. Any updates on possible funding for FHA's?

DDS is still working on this and haven't provided an update. For the FHA's that vendor with us, be very specific about what you need. Send us something in writing with detailed information so we can speak with FHA liaison at DDS.

3. Has billing for residential additional staffing hours been extended and if so, what is the new end date?

The new end date is November 7, 2020. The newest directive has been forwarded to you, dated October 7<sup>th</sup>. The directive does not include overtime, only supplemental hours.

## **Adult Consumers---Placements during Covid**

1. Are consumers actively being contacted by SC's to transition to employment programs (from day programs)? Or are consumers contacting their SC's seeking work.

Service coordinators are required to offer employment services first over other types of day services when completing IPP process. Some of the consumers are choosing to go into employment. There have been some comments about employment programs taking consumers from day programs and when this is looked into its one or two consumers not many. In one of those cases, the consumer has been asking to work for over a year. The consumer may want to get out of the house, everyone does but they want to earn money and that is why they are seeking employment. Having said that, we can have the SC's ask a few more questions to make sure consumer is seeking employment and not just that they want to get out of the house.

If a consumer, with their circle of support, chooses to go to an employment program, the consumer has that right. Everything has to be person-centered and their wishes and needs should be taken into account. There

is pre-training taking place remotely for employment programs, consumers are not placed in jobs immediately. Assessments and soft skills can be done remotely.

If a day program wants to provide a service to the individual, then that is a conversation that should be had with the service coordinator. But remember these are individuals that are requesting the employment services.

2. For consumers transitioning from day program to employment program, are day programs being contacted to be part of the process?

If it is part of the IPP process, maybe not. Service coordinators are required, as part of the IPP process, to ask if the individual is interested in employment.

Jesse Rocha: normally, an individual is asked who they want to be part of the IPP process/meeting and that individual will allow us the opportunity to invite whoever they want to be part of the process. We do our best to inform everyone involved. We will inform you if there is going to be a change so that you can be aware.

3. Are consumers being moved from one employment program to another employment program during this time? Since employment placements are taking place, can we resume the employment program meetings with SCLARC?

Everything is individualized so it's hard to answer this. You may need to have a conversation with the service coordinator. Right now, there is no employment specialist. We will resume them in January to give us time to get other items straightened out. We want to make sure we address surge placements because winter is coming. We are committing to starting the employment meetings again in January and have them at least quarterly.

4. Where do vendors stand (current placement) with individuals being moved from one vendor to another during covid?

Residential placements have to be approved by DDS. With other vendors, you would need to talk to the specific service coordinator. The question cannot be answered globally. Everything is going to be person-centered.

5. Once vendors start thinking about slowly reopening, do current placements have priority to be incorporated back to in-center services versus new placements?

This is by individual choice. Some individuals may not want to come back to the program while others really want to go back.

6. Will the regional center require day programs to provide in-center services at some point when its deemed safe or will it be left up to each individual vendor to decide when to do so?

This question leads into the PIN that licensees received from Social Services. Some of the comments made by DDS more recently are about making arrangements to have families visit. You will decide when its best for you to restart in-center services. In the most recent PIN from CCL says that your groups have to be limited to 10 people. We have spoken to you about 16 total in the recent past because the state guidelines say this.

The PIN also discusses what to do so that social distancing is maintained and having PPE in place. You must have time to clean all areas that staff and consumers touch before the next activity or group goes in. providers have to be careful, if you are not ready you are not ready. We are all concerned about the spread of the virus. You make the decision but have everything in place to make sure everyone is safe. Before in-center service is provided, we may do a remote walk-through with you through a vide device to see your facility and make sure that all the safety measures are implemented. In terms of distancing six feet, don't measure table end to table end. Instead measure from seat to seat and make calculations to account for people that are walking behind or around the table/chair.

For residential programs, the same PIN talks about visitors to the residential facility. The state is starting to give more leeway on visiting. A lot of this is coming from parents directly to DDS and DSS about not being able to see their loved ones. We are not saying to allow consumers to go away for visits but outdoor visiting with social distancing in mind is fine. We are not advocating that you allow outsiders inside the facility but you could provide a patio, driveway or other outdoor space.

Even if you are not licensed by Department of Social Services, you may want to read and follow the information provided in the PIN.

### **Questions from CHAT:**

1. Regarding the PPP issue - if vendors records substantiate that all funds, PPP and absent billing, can be documented as having been utilized to sustain staff, and enrollment continues to be suppressed - what type of repayment are they looking for? It seems that vendors are being penalized for trying to sustain their business.

Kyla Lee: DDS is looking at having two funding sources paying for the same service, specially if federal funding sources are involved. If you think about it, the absence billing was there to sustain your business. DDS wanted to make sure you were still getting the same average monthly payment every month. So, if you were getting an average of \$27K a month and then the pandemic hit, you were still able to do absence billing to get the \$27K average per month. This was done so that you could still meet your operating costs. So, to receive additional monies, on top of that \$27K, they are looking at that as being duplicate revenues paying for the same expenses. This is what CMS is looking at. Regional center is payor of last result. If you receive other funds, utilize those funds then you can't receive DDS funds for the same.

2. I turned in the alternative certification, but then got a call form Ebilling indicating it was not received. How can we confirm that you have it?

Call Dr. Bowie and she will confirm if it is there or not.

3. where can we submit liability insurance proof?

You can send to Dr. Bowie's email at [kimb@sclarc.org](mailto:kimb@sclarc.org)

4. Some of the Insurance companies are not willing to add a contact person on the holder certificate.

That is a problem. The name has to be on there because we have to be contacted when/if your policy is canceled. We have to be notified. We have had a couple of incidents where policy

documents look very real but are not. Issues that happen to consumers of a program with no insurance are a problem for the regional center. You may need to talk to a different insurance company, there is no other answer to that.

5. On November 5, which email address should we scan and send our Alternative service logs to?

Those will need to go into seamless. Do not email them directly. These need to go in the seamless system.

6. For Behavior Management Day Programs providing Alternative Services, do we still need behaviorist created progress reports? Or will Alternative Service logs suffice?

There is no requirement that the behaviorist write the progress report. The program director is responsible for the progress reports.

7. Can we send progress reports to SC's to update them on each consumer's progress?

You can but you also must meet the requirements in the directive. You can do both without failing to follow the directive given out in August. You can do both but must also do the way the directive tells you to do them.

8. Will a Seamless interface be provided to submit the new ISPs or should we email them to Service Coordinators?

I don't believe it will be appropriate for you to submit your ISP or reports to seamless. The answer is most likely no. Right now, submit those to [vendocs@sclarc.org](mailto:vendocs@sclarc.org)

9. If the C19 codes are no longer valid and cancelled, how do we bill for supplemental staffing hours due to clients staying at their residential facility during day program hours?

109's still have valid C-19 subcodes.

10. Most Early Start authorization have expired for Center-based programs. Half day waivers do not address this issue. What resource or advice can be offered?

We are seeking guidance from DDS. All the regional centers will get guidance from DDS on this. As far as a POS terminated, you will need to contact the service coordinator

11. If we begin providing services to a new individual on October 15, do we need to submit a new engagement log via seamless for that person?

If you are providing services to a new individual, don't start until you have given the engagement log and ISP to the regional center. If you were already providing services you can continue but you do need to provide that engagement log and ISP.

12. What is the difference between the monthly report vs quarterly reports? The guidance that I'm aware of up to this point has been that "further details will be provided in the future". Please elaborate on monthly reports. If this is required in November, separately from the October ISP, is this basically the Alt Service Delivery Log?

The ISP is not a report, it is a plan that identifies the services you are going to be providing to the individual. The plan identifies the services that will be provided to the consumer. The quarterly report and monthly report identified in the directive, it is one and the same. What DDS is doing is giving some time to develop the report. The report for September and October is due in November. Then, submit a report every month after this. By the time your November report is due, DDS should have given out a directive stating what is expected.

13. Who do we work with regarding CIE/PIP employment.

We do have a new vendor that has been contacting employment programs. We are working to set up consumers with that program. If you have not received that email (for employment programs) you may contact Dr. Bowie or Robert Campbell or Ebony Montgomery right away at SCLARC. You need to provide the paperwork to Temps Inc. so your client can get paid. PIP budget worksheet needs to be in with the regional center. Service Coordinator cannot do POS for funding until all paperwork is in.

We will try to do a quick zoom meeting with employment programs to remind of the need to send paperwork to Temps, Inc. It will be a little bit different. There is no room for lingering time sheets coming in.

14. Do we need to fill out through temp inc for all consumers or just consumers that are about to go in to a PIP

For sure for consumers that are going into paid PIP but you have to start with getting the budget sheet to Ebony. For consumers that are furlough right now but may go back to work, go ahead and send the paperwork over with notification that they are currently furlough. This will speed up the system so they can get paid once they go back to work. Even if the year runs out, we can reload the \$10,400 for next year.

15. Are daily notes/initials/quartiles and SIR and other reports be calculated as Service Hours

For infant programs, this is already calculated in the rates so you can not add it as service time. When the rates were established, these were built into the rate so you cannot be paid more hours for doing these activities.

Ms. Hendrick thanked SCLARC for the meeting. You can always submit questions to the VAC and these will be forwarded to SCLARC. We appreciate your time. The meeting this afternoon will be quite interesting.

Mr. Henderson commented on some comments that may be different that what has been previously expressed. They are providing the best information based on what they receive. They have raised issues of inconsistent information such as one agency stating a number for in-center service while another state agency gives a different number. In regards to PPP, SCLARC is passing along the information to you from DDS and you can ask more information if needed. DDS is certain that absence billing and PPP acceptance constitutes double billing.

Roll call/Sign in sheet not available for October 14, 2020. Up to 300 attendees were present at parts of the zoom meeting.