

DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 240, MS 2-13
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March 29, 2021

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: PROVIDER ATTESTATION FOR ABSENCE PAYMENTS FOR
NONRESIDENTIAL SERVICES DURING THE COVID-19 STATE OF
EMERGENCY

As a result of Governor Gavin Newsom's Proclamation of a State of Emergency dated March 4, 2020, the Department of Developmental Services (Department) issued a directive on [March 12, 2020](#), and additional guidance on [May 7, 2020](#) and [June 18, 2020](#), authorizing regional centers to pay vendors for consumer absences for nonresidential services, pursuant to Title 17, California Code of Regulations section 54326(a)(11), that were the direct result of the COVID-19 State of Emergency.

Although absence payments ended on August 31, 2020, in accordance with the Department's [July 17, 2020](#) and [August 31, 2020](#) directives, providers that claimed absence payments between May and August 2020 must attest to the following requirements in compliance with general auditing principles outlined in the Department's [May 7, 2020](#) guidance and requirements established by the Centers for Medicare and Medicaid Services:

- 1) If a provider experienced any reduction in payroll due to employee layoffs or furlough days for direct service professionals during the period absences were claimed, claims were reduced by the same level as the reduction in payroll.
- 2) If a provider received COVID-19 relief funding, including but not limited to, the Paycheck Protection Program (PPP), Economic Injury Disaster Loan Emergency Advance Program, or any other similar federal or state programs, claims received from the regional center were repaid or offset if: (1) the funds received from PPP or other programs did not require repayment (e.g. forgiven PPP loan) and (2) the funds received from PPP or other programs were for the same expenses reimbursed by the regional center.

Providers will attest to the requirements above through the existing provider certification in eBilling. Underlined in the enclosure is the new attestation requirement added in eBilling. Additionally, providers must maintain documentation, subject to review and audit, to support absence claims during the State of Emergency. Please share this information with your provider community.

“Building Partnerships, Supporting Choices”

Regional Center Executive Directors
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Vendors should contact their local regional center with any questions. Questions from regional centers only should be directed to DDSC19Directives@dds.ca.gov.

Sincerely,

Original Signed by:

BRIAN WINFIELD
Chief Deputy Director

Enclosure

cc: Regional Center Board Presidents
Regional Center Administrators
Regional Center Directors of Consumer Services
Regional Center Community Services Directors
Association of Regional Center Agencies

eBilling Provider Certification

I certify that the consumer(s) listed above was/were provided the service as authorized for the stated periods, and that no additional charges were made to other parties.

These claims are submitted under penalty of perjury in accordance with the terms and conditions below.

1. The Provider agrees and shall certify under penalty of perjury that all claims for service provided to Regional Centers have been provided to the consumer(s) by the Provider.
2. The services were, to the best of the Provider's knowledge, provided in accordance with the consumer's written Individual Program Plan.
3. The Provider shall also certify that all information submitted to the Regional Center is accurate and complete.
4. The Provider understands that payment of these claims will be from the federal and/or state funds and any falsification or concealment of a material fact may be prosecuted under federal and/or state laws.
5. The Provider agrees to keep for a minimum period of five years from the date of service, a printed and/or electronic representation of all records which are necessary to disclose fully the extent of services furnished to the client.
6. The Provider agrees to furnish these records and any information regarding payments claimed for providing the services, on request, within the State of California, to the California Department of Healthcare Services; Medi-Cal Fraud unit; California Department of Developmental Services; California Department of Justice; Office of the State Controller; U.S. Department of Health and Human Services, or their duly authorized representatives.
7. The Provider also agrees that services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, sexual orientation, age, or physical or mental disability.
8. The Provider agrees that they are in compliance with Welfare and Institutions Code Section 4514, Health Insurance Portability and Accountability Act (HIPAA), and all other applicable state and federal statutes and regulations regarding confidentiality of consumer information.
9. If the Provider claimed consumer absence payments between May and August 2020 as a result of the COVID-19 State of Emergency, the Provider acknowledges that absence claims are subject to review and audit, and attests that:
 - Claims were reduced by the same level as any reduction in payroll due to employee layoffs or furlough days for direct service providers during the period absences were claimed.
 - Claims received from the regional center were repaid or offset if: (1) the funds received from the Paycheck Protection Program (PPP) or other programs did not require repayment (e.g. forgiven PPP loan) and (2) the funds received from PPP or other programs were for the same expenses reimbursed by the regional center.

10. If Alternative Nonresidential Services were delivered in-person, the Provider certifies that they were in compliance with the most protective state or local COVID-19 safety guidelines in effect at the time of service delivery.

Accept

I do not agree - disable file downloads for this session