

# Frank D. Lanterman Regional Center

## State of Emergency (COVID-19) Service Provider Frequently Asked Questions

1. Question: When will I be paid?

Answer: FDLRC will adhere to normal payment cycles and invoice cut-offs. Invoices are due by the 5th of the month to be paid on the 10th of the month. Invoices received after the 5th are paid on a subsequent date. Our service provider payment schedule for 2020 is available under the Service Providers section of our website. [CLICK HERE](#) to view the 2020 payment schedule.

2. Question: How do I bill for absences?

Answer: Instructions on how to bill for absences are available on our website. [CLICK HERE](#) to view the notice to service providers with these instructions.

3. Question: When can I start billing for absences?

Answer: You may start billing absences as of March 4, 2020, the date the State of Emergency was declared.

4. Question: Can I bill for cancellations due to COVID-19 diagnosis or exposure?

Answer: Yes

5. Question: Can I bill for cancellations as a precautionary measure?

Answer: Yes, services cancelled as a measure to avoid possible exposure to COVID-19 are considered an absence.

6. Question: I am a clinician who provides evaluations. Can I bill for evaluations that I was unable to complete?

Answer: No, the ability to bill for absences does not apply to evaluations that were not completed.

7. Question: Can I provide telehealth or alternative site/remote services?

Answer: Yes, with approval from FDLRC. Please email [providerservices@lanterman.org](mailto:providerservices@lanterman.org) to request approval.

8. Question: What services are included in telehealth?

Answer: The following service codes are included: 116, 707, 772, 773, 805, and 810.

9. Question: What services are included in alternative site/remote services?

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Answer: The following service codes are included: 017, 028, 048, 055, 062, 063, 091, 094, 102, 108, 110, 115, 117, 505, 510, 515, 520, 525, 605, 612, 615, 620, 625, 635, and 896.

10. Question: Do telehealth and alternative site/remote services have to be HIPAA compliant?

Answer: [CLICK HERE](#) to visit the U.S. Department of Health & Human Services notice delineating HIPAA compliance enforcement during the COVID-19 national emergency.

11. Question: What documentation do I have to maintain to support telehealth or alternative site/remote services?

Answer: Your documentation for telehealth and alternative site/remote services should include the method used to provide services, and documentation that the adult client or family agreed to receiving services using that method. If the adult client or family selects a non-HIPAA compliant means of communication (such as Zoom), that must be noted in your documentation.

12. Question: How do I indicate my billable absences on my eBilling invoice?

Answer: When completing the eBilling invoice, absences as a result of the State of Emergency should be billed as if services were provided. Comments may also be entered onto the invoice to indicate the billing is being submitted as per the State of Emergency directive. You must retain adequate documentation supporting how the number of billable absences was determined. These documents must be made available for review upon request of the regional center or DDS.

13. Question: If I provided services, can I bill those services in addition to the monthly average?

Answer: No. Billing for absences is allowed only up to your calculated average. Billing should not exceed the average unless actual services provided exceeded the average. Documentation to support billed services must always be maintained.

14. Question: What documentation do I have to maintain to support billing for absences?

Answer: Your documentation should include the date services were no longer being provided or your program was closed, how your average attendance or absences were calculated, and documentation that staff were being compensated.

15. Question: How do I calculate my average attendance or absences if prior services covered less than 12 months?

Answer: The average may be calculated using the overall average for all persons served, and may be averaged over a shorter period if you are a new provider.

16. Question: I have two authorizations for some clients who received increases in services due to the State of Emergency. Which authorization do I use to bill?

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Answer: Services provided should be billed on the original authorization first, with any additional services being billed on the new authorization. This authorization will have the letters “SOE” in the sub code field.

17. Question: Do I have to pay my staff with the payments I’m receiving for my State of Emergency billing?

Answer: Yes. The intent of this directive is for vendors to continue to pay staff in order to retain them so they are ready to return to work when regular business resumes. Your records, including payroll records, must support this and may be subject to audit by the regional center or DDS.