

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