



**Frequently Asked Questions by Providers of Home and Community Based Services
Operating Under Contract with the New Jersey Department of Children and Families
May 19, 2020**

Topics:

[CSOC – I/DD](#)

[CSOC-General \(Medicaid, IIC, Service Delivery Encounter Documentation, Treatment Home Clinical Services\)](#)

[Childcare](#)

CSOC-I/DD

1. Can CSOC extend the deadline for camp funding applications for I/DD youth?

Response:

CSOC has extended the Summer Camp Services application deadline. The new deadline is now Saturday, May 30, 2020. This will be the last day to submit online applications, and paper/mailed applications must be postmarked by the new deadline. The [PerformCare website](#) has been updated to reflect the new May 30th deadline date.

2. Will guidance be provided for I/DD respite/in-home/FSS providers?

Yes. Guidance for Providers of Individual Support Services, Respite Services, and Assistive Technology was issued on April 17, 2020. Please visit: <https://www.nj.gov/dcf/news/ISS-Respite-AT-provider-guidance.pdf> to view the guidance document.

3. Can background checks and other credentials be relaxed for I/DD services, specifically respite services?

Response:

DCF is presently reviewing state and federal background check requirements and will provide further information related to this topic when it is available.

4. Can we allow for family members to be paid for in-home service hours?

Response:

No. [Guidance for Providers of Individual Support Services, Respite Services, and Assistive Technology](#), issued April 17, 2020, directs that uncompensated caregivers may not be reimbursed for providing Self Hired Respite services. Please see the referenced guidance for further details on the definition of uncompensated caregiver and NJ State regulatory reference.

5. For families not in the CSOC system, can we expedite eligibility for I/DD youth?

Response:

There has been no change in the DD eligibility application process. DD eligibility applications continue to be received and reviewed. There have been no delays in the eligibility determination or appeals process. CSOC will continue to monitor the timeliness of the DD eligibility application process.

CSOC-General (Medicaid, IIC, Service Delivery Encounter Documentation, Treatment Home Clinical Services)

6. Will there be consideration to waive the requirement that the Presumptive Eligibility (PE) Coordinator must provide the family hard copies of the PE application if the application is completed via telehealth?

Response:

CSOC's Presumptive Eligibility (PE) application requires the PE Coordinator to electronically sign an attestation that they have provided the family the following information:

- A hard copy of their rights and responsibilities,
- A hard copy of the confirmation page, and
- A hard copy of their PE application.

Further guidance on how to satisfy the requirement to provide hard copies of documentation to families receiving telehealth services is forthcoming.

7. Has DMHAS issued any guidance pertaining to the New Jersey Family Care (NJFC) application process?

Response:

Yes, DMHAS has issued the following guidance:

NJFC is continuing eligibility for enrolled members through the period of the COVID-19 emergency. Some members were already set to disenroll at the end of March, and they are working to reinstate their coverage as quickly as possible.

DMHAS is suspending NJFC premiums starting in March. Members who normally pay a premium will receive a \$0 statement.

DMHAS is enabling people to apply for NJFC more quickly and easily, including self-attestation of income and resources.

During COVID-19, NJFC's vendor (Conduent) will accept NJFC applications over the phone by calling Conduent directly at 800-701-0710 or by calling the (5) outreach centers at 866-411-7782.

8. Are IIC providers required to submit Service Delivery Encounter Documentation (SDED) forms at the time of billing?

Response:

IIC providers are required to complete a service delivery encounter documentation (SDED) form attesting to service delivery for each date of service. The SDED form should be maintained on file with the IIC provider agency. IIC providers are not required to submit the SDED in conjunction with claims filed for youth eligible for NJFC or 3560 coverage. IIC claims for youth without active NJFC or 3560 eligibility are submitted to PerformCare for processing and require the SDED be attached.

8a. Do IIC providers still need to submit the service delivery attestation form for claims submitted through PerformCare?

Response:

Yes.

8b. What options exist for obtaining the required caregiver signature on the Service Delivery Encounter Documentation (SDED) form if the service is delivered remotely?

Response:

IIC providers should continue to complete SDED forms related to each date of service. A caregiver’s verbal attestation of service delivery is sufficient when IIC services are delivered remotely via telehealth. The provider should document on the SDED form, per date of service, that the service was delivered by telehealth and the name of the person who provided verbal attestation of service delivery. The provider should maintain a copy of the SDED form on file.

8c. Are there any changes to the requirements for Service Delivery Encounter Documentation (SDED) forms required for IIC service delivery?

Response:

The [Instructional Guide for Intensive In-Community \(IIC\) Billing](#) provides instruction to providers on claims submission including the use of the SDED form which is required for all IIC claims. Providers should continue to follow these instructions for claims submissions. Providers are required to retain SDED forms on record for NJFC and 3560 eligible youth. IIC claims for youth without active NJFC or 3560 eligibility are submitted to PerformCare for processing and require the SDED be attached. The SDED typically requires a family’s signature attesting that the indicated service was delivered.

DCF released [guidance for Providers of Home and Community Based Services](#). That guidance indicates Intensive In-Community Services and Intensive In-Home Behavioral and Clinical Services may be delivered using remote technology, provided that such approaches comply with applicable law, applicable regulation. In addition, the Division of Medical Assistance and Health Services (DMAHS) released temporary telehealth guidance included in the March 21, 2020 newsletter. Medicaid has provided clarity that a family’s verbal attestation of service delivery and provider documentation of the verbal attestation, service delivery date and name of the person providing attestation, are sufficient for completion of the service delivery encounter documentation form.

Similarly, family’s verbal attestation of service delivery and provider documentation reflective of the verbal attestation is sufficient for other service attestation forms such as the CFT Attendance Record. This guidance is not applicable to other documents such as informed consent or release of information.

9. Are treatment home clinicians able to provide clinical services via telehealth?

Response:

Yes. On 4/3/20, DCF issued COVID-19 [Guidance for Congregate Care Residential Treatment Programs](#). This guidance indicates that clinical treatment service components of certain residential treatment services, treatment home included, may be delivered using tele-health

approaches provided the approaches comply with applicable law, regulation, and guidance provided by the NJ Department of Human Services, Division of Medical Assistance and Health Services including the March 21, 2020 Newsletter.

Childcare

10. Our agency is willing to provide childcare to essential employees, how do I get on a list?

At this time the application is closed for childcare centers to be approved to provide services for essential employees. Please send your inquiry to askdcf@dcf.nj.gov and it will be logged if the application process re-opens.