



Guidance for Coronavirus Relief Fund (CRF) Community Provider COVID-Eligible Expenses

OVERVIEW

This Guidance Document (Guidance Document) establishes criteria for certain Community Provider Agencies to apply for reimbursement of documented COVID-related expenses retroactive to Governor Murphy's declaration of a *Public Health Emergency on March 9, 2020 through Executive Order No. 103* and extending through the deadlines outlined below.

This funding is limited to certain community provider types of the following Divisions:

Division of Developmental Disabilities (DDD)

- **Group home, supervised apartment, and traumatic brain injury providers licensed under N.J.A.C. 10:44A or 10:44C.**
- **Facility-based day program providers that were required to close during the pandemic and have submitted a reopening attestation by October 23, 2020.**

Division of Family Development (DFD)

- **Homeless shelter providers who have a per diem rate with DFD.**

Division of Medical Assistance and Health Services (DMAHS)

- **Personal care assistance agencies enrolled/registered with NJ Medicaid who provided services to managed care or FFS beneficiaries during calendar year 2020.**

Costs must be documented new expenses incurred between March 9, 2020 and the submission deadline resulting from COVID-19 and must not have been previously budgeted, paid for using previously budgeted dollars, paid for with reimbursement from other State or federal relief programs, or pending a reimbursement decision from another State or federal relief program at the time of submission.

Reimbursement requests are due no later than November 13, 2020.

The amount of funding allocation from the total funding available will depend on the total number of submissions received by the Department of Human Services. It may be the case that only a portion of amounts submitted will be reimbursed.

All claims for reimbursement will be subject to audit and any payments issued that are not supported with back up documentation, including documentation that the COVID-related expenses were not previously supported with state contract, fee-for-service or dollars will be recovered.

Please review all United States Treasury compliance requirements before accepting Coronavirus Relief Fund grant dollars:
<https://home.treasury.gov/policy-issues/cares/state-and-local-governments>

ELIGIBLE CATEGORY TYPES

The following expenditures qualify for reimbursement for COVID-related expenses:

- 1. Personal Protective Equipment (PPE)**
 - a. Face Masks: Surgical Masks, N95s and equivalent respirators
 - b. Face Shields
 - c. Gowns
 - d. Gloves
 - e. Goggles

- 2. Cleaning and Infection Control**
 - a. Extra materials and supplies used for enhanced cleaning as a result of prevention and response to COVID-19.
 - b. Partitions, plexiglass dividers.

- 3. HIPAA-compliant technology to facilitate remote services**

Community Provider Agencies may be reimbursed for hardware and software purchased to enable services to be provided remotely. Devices and services for consumers are not eligible. Eligible Community Provider Agency costs include:

- Video communication products that are HIPAA compliant – any associated vendors must enter into HIPAA business associate agreements (BAAs) in connection with the provision of their video communication products;
- HIPAA compliant hardware and software necessary for remote service delivery.
- HIPAA compliant (with a signed BAA) contracted information technology services used to enable remote service delivery.

DOCUMENTATION REQUIRED TO SUPPORT ELIGIBLE EXPENSES

Community Provider Agencies must provide the following supporting documentation for each reimbursement item. Paid invoices must be submitted for reimbursement. Advance funds are not provided.

1. **State of New Jersey Payment Voucher:** This document is for compiling information needed for payment.

The following fields must be completed by the provider. Additional instructions are available at: https://njcourts.gov/forms/10355_inst.pdf

A Vendor Federal Identification Number (Federal Tax ID#)

D Vendor Name and Address
****Vendors registered with the MMIS must also include their MMIS ID# here, even if it is the same.***

F Signature and Date

Items #1-3 Enter Quantity and Unit of "1"
Unit Price: Enter total amount of receipts for each item below

Item #1	Total qualifying PPE
Item #2	Total qualifying cleaning and infection control
Item #3	Total qualifying technology

Total This row will automatically calculate.

2. **Documentation of Purchases/Payments:** Accompanying documentation must meet the usual standard for State payments, including receipts, invoices, or similar records that demonstrate payment was made.
3. **Attestation** (See Attached)
4. **CRF Voucher Worksheet** (See Attached Excel)

SUBMISSION PROCESS

All requests for reimbursement and questions must be sent electronically to the cognizant Division's email address list below:

Developmental Disabilities	DDD.Waiverfinancialreports@dhs.nj.gov
Family Development	DFD-Shelter@dhs.nj.gov
Medical Assistance & Health Services	MAHS.provider-inquiries@dhs.nj.gov

Reimbursement requests are due no later than November 13, 2020.

A provider should submit only one email, containing (2) two attachments:

- A single PDF file including the:
 - (a) Signed State of New Jersey Payment Voucher,
 - (b) Documentation of Purchases, and
 - (c) Signed Attestation.

*The documents must be rendered or scanned at a minimum of 150 dpi, 8 Bit Color and submitted as a single, combined PDF file.
- The completed Excel CRF Voucher Worksheet detailing expenditures. The totals in this Worksheet must tie to the Payment Voucher totals and the Documentation of Purchases.

Payment will be made in December 2020. For DMAHS providers, payment will be made through the MMIS. For other providers, payment will be made through the New Jersey Department of the Treasury. DDD and DFD providers not registered with NJSTART will need to do so before submitting reimbursement requests (<https://www.njstart.gov/bsa/>).