

**STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES**

EFFECTIVE DATE: July 1, 2014

I. TITLE: New Jersey Payment Voucher Requirements for Training Reimbursement During Interim Period

II. PURPOSE:

To establish the criteria for third-party voucher payment, including proper execution and timely submission, in order to ensure compliance with State of New Jersey Circular 98-17-OMB: "Use of the State of New Jersey Payment Voucher by State Agencies" (<http://www.nj.gov/infobank/circular/cir9817b.htm>). Circular 98-17-OMB requires that the "pertinent financial information, proper authorizations, and transaction document identification number must be clearly identifiable on the documents for audit purposes. Documents . . . that do not meet these requirements will be rejected . . ."

III. SCOPE:

This policy applies to all vouchers submitted for payment of training reimbursement associated with the Division's Interim Pre-Service Training System. This voucher process will govern payment to any approved participating training agency.

IV. POLICIES:

Vouchers must be original and executed in any color ink except black, without white out or other destructive editing methods or marks. No faxes or copies will be processed.

Vouchers must be properly executed, meaning that all the fields referenced in Section V.C below must be completed.

Vouchers not in compliance with the Policies and Procedures of this policy will not be paid.

V. PROCEDURES:

A. PROCESS

1. Original vouchers with proper justification should be submitted on a monthly basis to the respective Division Regional Training Coordinator for the county in which the training occurred. See addendum for specific mailing address and contact information.
2. Vouchers will be reviewed and evaluated to ensure proper justification is part of the voucher submission. The Regional Training Coordinator (or an appointed proxy) will review and evaluate to ensure training was delivered in accordance with Division guidelines. Acceptable vouchers will then be elevated to an administrative review for approval and signature. Once through the administrative review, approved vouchers will be given to the Division's Fiscal Office for the processing of payment.

B. DEADLINES

1. Vouchers must be submitted to the Regional Training Coordinator for payment within 30 calendar days of the completion of the previous month.

2. Any voucher submission found to be inaccurate or missing the necessary information or proper justification will be sent back to the provider for revision with the expectation that a corrected voucher submission is returned to the Division within 15 calendar days.

C. GUIDELINES

1. Required Fields (See also Payment Voucher Payee Instructions)

Item (A) – Vendor ID Number

Item (B) – Terms (if any)

Item (C) – Total Amount (must equal total of invoiced expenses)

Item (D) – Payee Name and Address

Item (E) – Send Completed Form to (in this case, DDD Regional Training Coordinator)

Item (F) – Payee Declarations

Payee Signature

Payee Title

Billing Date

Item (G) – Payee Reference

Description of Item - should include the Name of Training and Internal or External Staff designation as well as Date training occurred. See example below. List each training twice – once for internal staff and once for external staff to ensure

Quantity – equals number of internal or external staff trained

Unit – for interim pre-service vouchers, the unit will be the same as quantity

Unit Price – the price is equal to the Interim Rate for that training topic for internal or external staff

Amount – equal to Quantity X Unit Price

Total – equal to total of all amounts for that voucher

Example:

<u>Item No.</u>	<u>Description of Item</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Amount</u>
1	CPR/First Aid – Internal Staff 7/15/14	5	5	\$17.50	\$87.50
2	CPR/First Aid – External Staff 7/15/14	5	5	\$35.00	\$175.00
				Total:	\$262.50

2. Required Documentation: All vouchers must have supporting documentation to justify payment. The supporting documentation must be the fully completed attendance sheet and the monthly training data report. In cases where additional justification must be provided, supporting documentation must be included with the payment voucher, attendance sheet(s), and monthly data report. These documents are the only acceptable documents for voucher justification. Vouchers lacking this documentation will not be processed.

VI. FEE FOR SERVICE:

A. INTERIM RATE

1. **The established interim training reimbursement rates are per person/per training as follows:**

For external staff:

- CPR AND First Aid (combined rate) - \$35/per person
- Overview of Developmental Disabilities AND Preventing Abuse & Neglect (combined rate) - \$25/per person

- Medication Administration - \$15/per person

For internal agency staff:

- CPR AND First Aid (combined rate) - \$17.50/per person
 - Overview of Developmental Disabilities AND Preventing Abuse & Neglect (combined rate) - \$12.50/per person
 - Medication Administration - \$7.50/per person
2. This interim rate will be effective until the end of Fiscal Year 2015 or at such time that the Division deems necessary to change.
 3. Payment vouchers are acceptable if there are external agency staff in addition to internal staff on the attendance sheet. In cases where no external agency staff attended a training and a participating training agency is requesting reimbursement, a justification and documentation of availability of the training to external agency staff must be made to the Division staff reviewing the payment voucher. In cases where an agency continues to have no external agency staff attending training, the Division may remove the agency as a participating provider.
 4. Reimbursement will only be eligible for first time staff who have fully completed the training. Reimbursement cannot be made for staff who do not finish or pass the course, or for re-training of the same course for the same staff member.
 5. No reimbursement will be made for partially completed classes such as only completing Overview of Developmental Disabilities without Preventing Abuse & Neglect or vice versa. These two courses must both be completed in order to receive the per person combined rate for this training. If a staff person takes the first course in July and the second course in August, include the supporting documentation and include on the August payment voucher.

ADDENDUM TO PAYMENT VOUCHER POLICY

REGIONAL TRAINING COORDINATOR MAILING ADDRESS

Please submit payment voucher, monthly data report, and corresponding attendance sheet(s) to the respective Regional Training Coordinator for the county in which the training occurred (i.e. do not send all agency payment voucher packets to one person if you have multiple training locations in different regions). This will help to expedite the payment process. Thank you for your cooperation.

Northern Counties

Sussex, Warren, Morris, Bergen, Hudson, Passaic
Susan Booker
100 Hamilton Plaza, 7th Floor
Paterson, NJ 07505

Upper Central Counties

Union, Somerset, Essex
Georgia MacIndoe
110 East 5th Street
Plainfield, NJ 07060

Lower Central Counties

Hunterdon, Middlesex, Mercer, Monmouth, Ocean
Laura McCorkle
P.O. Box 706
Trenton, NJ 08625

Southern Counties

Burlington, Camden, Gloucester, Cumberland, Salem
Rachquel Clark
221 Laurel Road, Suite 210
Voorhees, NJ 08043