



**Guidance for Coronavirus Relief Fund (CRF)  
Mental Health and Substance Use Disorder Contracted  
Provider COVID-Eligible Expenses  
REVISED October 22, 2020<sup>1</sup>**

## OVERVIEW

The within Guidance Document (Guidance Document) establishes criteria for Provider Agencies offering community-based (non-inpatient) mental health and substance use disorder service providers under contract with the Division of Mental Health and Addiction Services (DMHAS) programs reimbursement for 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 **November 23, 2020**. This relief fund is limited to existing contracted provider agencies of DMHAS. Eligible Expenditures and criteria are detailed within.

Costs must be documented new expenses resulting from COVID-19 and must not have been previously budgeted or paid for using previously budgeted dollars or reimbursement from other state or federal relief programs.

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 dollars will be recovered.

## DEFINITIONS

Consumers- mental health and substance use disorder service recipients in the community.

Direct Care Staff – within this document means staff that provide mental health or substance use services in-person to consumers in the community. These staff include clinical staff, such as, case managers, nurses, physicians and therapists, residential staff, peer specialists. Other staff titles need to be pre-approved by DMHAS to qualify for Funding from this grant. Provider Agency management is excluded from this definition.

Eligible Expenditures - Under the Coronavirus Relief Program, the identified funding is specific to reimbursement for emergency rate payment of direct care staff, for HIPAA and 42 CFR Part 2 compliant technology for delivery of remote clinical services through telehealth and for remote communications through telecommunication, and for purchase

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<sup>1</sup>Revisions highlighted in yellow

of personal protective equipment for direct care staff and consumers, and cell phone purchase and related cell phone plan purchase for consumers and for utilization of the delivery of clinical services.

Emergency Rate - “additional pay for performing hazardous duty or work involving physical hardship, in each case that is related to COVID-19” as defined on page 8 of the U.S. Treasury CRF FAQ.

Funding - within this Document means federal Coronavirus Relief Fund grant.

## ELIGIBLE CATEGORY TYPES

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

### 1. Frontline, direct care worker COVID-related emergency rate for IN-PERSON ONLY direct care staff undertaking work involving COVID risks

Qualifying categories of frontline ONLY staff that provided/are providing **IN-PERSON** direct care who received/are receiving COVID-related emergency rate.

The emergency rate is only reimbursable with evidence of increased wages for qualifying staff anytime since the start of the pandemic. The emergency rate may not exceed the equivalent of a 20% increase over the employee’s hourly salary. Wage enhancements / bonuses / emergency rate to executive management are not eligible for reimbursement.

Bonuses of any kind are ineligible for reimbursement (irrespective of the employee’s title, role or work activity).

Eligible in-person frontline workforce includes:

- a. Case managers
- b. Clinical staff: Nurses, Physicians, Therapists
- c. Residential staff
- d. Peer Specialists
- e. Other (must specify and requires prior approval for reimbursement consideration)

### 2. COVID testing for staff and clients

Testing reimbursement is not available for agency staff working from home. Testing should be through an accredited, reputable lab. Agencies will need to attest that supportive services (i.e., telehealth) are provided to a client while awaiting test results such as for a pending admission.

### 3. HIPAA-compliant technology to facilitate telehealth, specifically mental health and substance use disorder services for new and existing clients and by DMHAS contracted providers

Agencies may be reimbursed for hardware and software purchased to enable treatment and services provided via telehealth and/or telecommunications. Additionally, agencies may purchase phones and pay for telephone service for clients, including paying the premium that enables clients to have unlimited minutes. Eligible costs include:

- Video communication products that are HIPAA compliant – any associated vendors must enter into HIPAA business associate agreements (BAAs) <sup>i</sup> in connection with the provision of their video communication products<sup>ii</sup>;
- 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.
- Telephones purchased for clients may not exceed \$80 per device.
- Enhanced data and/or minutes purchased for clients to access telehealth services, may not to exceed the equivalent of \$40 per consumer per month.
- Paid invoices must be submitted for reimbursement.

### 4. Personal Protective Equipment (PPE)

- a. Face coverings: Surgical Masks, N95s, cotton masks
- b. Face Shields
- c. Gowns
- d. Gloves
- e. Goggles

### 5. Other

In very limited circumstances, the DMHAS will consider other requests where clear documentation exists of unbudgeted expenses that are COVID-19 specific. However, any COVID-19 requests in this category must be approved prior to the commitment and expenditure of funds to determine if they are eligible for reimbursement. Eligibility will be based on guidance and FAQ produced by the U.S. Treasury on appropriate use of CRF funds. Such requests must be made on or before 5PM Friday, October 2, 2020.

## ELIGIBILITY REQUIREMENTS

Eligible entities are existing DMHAS contracted providers

Eligible expenses are those specifically detailed above.

Eligible expenses must occur between March 9, 2020 and **November 23, 2020**.

## DOCUMENTATION REQUIRED TO SUPPORT ELIGIBLE EXPENSES

All purchases/expenditures must provide the following supporting documentation for each reimbursement item:

1. State of New Jersey [Payment Voucher](#)
2. DMHAS expense tracking form (see attached)
3. Receipts, invoices, payroll records that demonstrate payment was made
  - a. Emergency Rate. Agencies requesting reimbursement for this category will need to submit evidence of February pre-pandemic wages (or a later baseline month if the wage enhancement happened at a later date) for the requested workers and wages post the increase being claimed.

Staffing Expenses Documentation must include: employee first and last name, title, direct care service category, description of costs requested for reimbursement and days worked for the period of the request. Please note that timesheets and payroll records will be subject to review as a part of our prospective monitoring activities.

- b. COVID Testing. Agencies will need to submit paid invoices for reimbursement demonstrating COVID-19 testing for in-person staff and/or client COVID testing. Agencies will need to retain documentation that demonstrates employee work involved direct, face-to-face interactions with clients.
  - c. HIPAA Compliant Technology. Agencies need to submit documentation for acquisition of HIPAA compliant technology to facilitate telehealth / telecommunication services, including counseling.

The following documentation for telephones purchased for clients must be maintained in their organization and made available for purposes of monitoring and auditing. Documentation must include the name of the client who received the phone and/or the agency paid for a service plan, inclusive of extended minutes on behalf of the client along with supporting documentation that demonstrates the phone was used to support telehealth or telecommunications (e.g., clinical record that documents telephonic contact, billing records or any other primary source).

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 ([voucher instructions](#)):

- A Vendor Federal Identification Number
- D Vendor Name and Address  
\*Vendors registered with the MMIS should also include their MMIS ID# here, even if it is the same (to avoid lookups)
- E File Transfer Protocol (FTP) location for upload
- F Signature and Date
- Items #1-3 Enter Quantity and Unit of "1"  
Unit Price: Enter total amount of receipts for each item  
Each payment voucher has space for three acceptable expenses.  
See attached for a sample for how it is to be completed.
- Total This row will automatically calculate.

2. **Documentation of Purchases/Payments:** Accompanying documentation must meet the usual standard for State payments (e.g., receipt or delivery list marked paid, payroll ledger for staff hours). Advance funds are not provided. Specifically:
- a. Emergency Rate
    - i. Timesheets documenting total hours worked during the pay period(s) for which reimbursement is requested.
    - ii. Employee payroll record documenting baseline (pre-COVID) pay rate
    - iii. Documentation from payroll system or payroll records indicating higher rate of pay during COVID
    - iv. Proof of disbursement of Emergency Rate for each pay period (reconciles to the hours worked per the timesheets above and the differential pay rates)
  - b. COVID Testing
    - i. Paid invoices for all testing (or invoice and proof of payment)
    - ii. For clients – attestation that telehealth services were provided while awaiting test results (included in general attestation; see below)
  - c. HIPAA Technology
    - i. Paid invoices for all technology purchases (or invoice and proof of payment)
    - ii. Evidence or attestation that the technology was placed into service and used by the agency during the period
  - d. Personal Protective Equipment (PPE) – paid invoices of all testing (or invoice and proof of payment)

### 3. For All Services - Attestation: (See Attached)

## SUBMISSION PROCESS

All requests for reimbursement (inclusive of submission of all required documents such as State of New Jersey [Payment Voucher](#), DMHAS Expense Tracking Form, Required documentation (e.g., receipts, payroll, attestation) must be submitted through the DMHAS Secured File Transfer Protocol (FTP) set up specifically for this initiative. Each Payment Voucher and all of the aforementioned documentation are to be uploaded as one PDF document.

### Submission Schedule

Date expense incurred	Due date
March 9, 2020 – September 30, 2020	October 15 <sup>th</sup> , 2020 Extended to November 5 <sup>th</sup> , 2020
October 1, 2020 – October 31, 2020	November 15 <sup>th</sup> , 2020
November 1, 2020 – November 23, 2020	November 23, 2020

Payments will be made on a first come first served basis, until funds are exhausted. The initiative will be closed when all funds are expended or by **November 23, 2020**, whichever comes first. Submissions received after **November 23** may not be considered for reimbursement. Please ensure that that submissions are complete and include the DMHAS CRF Eligible Expenses Worksheet, Payment Voucher and required supporting documentation.

All questions and inquiries are to be submitted electronically to James Rooney, DMHAS Deputy Chief Financial Officer at the following email address [DMHAS.CRF@dhs.nj.gov](mailto:DMHAS.CRF@dhs.nj.gov)

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<sup>i</sup> The HHS Office of Civil Rights has not reviewed the BAAs offered by these vendors, and this list does not constitute an endorsement, certification, or recommendation of specific technology, software, applications, or products. There may be other technology vendors that offer HIPAA-compliant video communication products that will enter into a HIPAA BAA with a covered entity. Further, OCR does not endorse any of the applications that allow for video chats listed above.

<sup>ii</sup> Providers (also referred to as “covered entities” in Centers of Medicaid and Medicare guidance) must seek additional privacy protections for telehealth while using video communication products and should provide such services through technology vendors that are HIPAA compliant and will enter into HIPAA business associate agreements (BAAs) <sup>ii</sup> in connection with the provision of their video communication products. The list below includes some vendors that represent that they provide HIPAA-compliant video communication products and that they will enter into a HIPAA BAA<sup>i</sup>.

Skype for Business / Microsoft Team

Updax

VSee

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Zoom for Healthcare  
Doxy.me  
Google G Suite Hangouts Meet  
Cisco Webex Meetings / Webex Teams  
Amazon Chime  
GoToMeeting  
Spruce Health Care Messenger