


Coronavirus Relief Fund (CRF) DHS – DMHAS

1

SUMMARY AND OVERVIEW OF PROGRAM

**INFORMATION SESSIONS
SEPTEMBER 17TH AND 18TH , 2020**



**Coronavirus
Aid, Relief,
and Security
Act**

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**CARES Act (under section 601(a))
of the Social Security Act
established the Coronavirus Relief
Fund (CRF)**

Payments may only cover costs that

- ✦ Are COVID-19 specific expenditures
- ✦ Are not covered by agency budgets supported with state or other government budgets (includes but not limited to DMHAS contract payments, County contract payment, Federal Grants)

Agency Eligibility

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- Agency must be under contract with the DMHAS – FFS or cost-based
- Eligible expenses must be for programs offering community-based (non-inpatient) mental health or substance use disorder services
- Funding provided on a reimbursement basis
- Eligible expenses will be reimbursed retroactively to March 9 and extend through December 20th.



Eligible Costs

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- **Costs must be documented for new expenses resulting from COVID-19 and must not have been previously budgeted or paid for using previously budgeted dollars.**

Funding Availability

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Expenses submitted for reimbursement will be processed on a ***first come, first serve basis*** until the \$25M in dedicated funding is fully expended or until December 20th, 2020 (whichever comes first)

Eligible Category Types

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- Frontline, direct care worker COVID-related emergency rate and additional hours for IN-PERSON ONLY direct care staff undertaking work involving COVID risks.
- COVID testing for staff and clients.
- HIPAA-compliant technology to facilitate telehealth, specifically mental health and substance use disorder services for new and existing clients.
- Personal Protective Equipment (PPE)
- Virus Mitigation Items and Services
- Other

Eligible Category - Staffing

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Frontline, Direct Care Worker COVID-related Emergency Rate

- Qualifying categories of frontline ONLY staff that provided/are providing **IN-PERSON** direct care who received/are receiving COVID-related emergency rate. For the purposes of the Coronavirus Relief Fund and eligible expenditures, emergency rate means “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.
- The emergency rate is only reimbursable with evidence of increased wages for qualifying staff any time since the start of the pandemic.

Eligible Category - Staffing

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- 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 Category - Staffing

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- **Eligible in-person frontline workforce includes:**
 - Case managers
 - Clinical staff: Nurses, Physicians, Therapists
 - Residential* staff (for IN-PERSON ONLY direct care staff undertaking work involving COVID19 risk, please see slide 7)
 - Peer Specialists (including OORPs, Wellness and Peer Recovery Center staff)
 - Other (must specify and requires prior approval for reimbursement consideration)

*Residential provider types are supervised housing (group homes and apartments), peer respites, recovery homes, Long Term Residential (LTR) and Halfway Houses(HWH).

Eligible Category -COVID Testing

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COVID Testing for Staff and Clients

- Testing reimbursement is available for agency staff working on-site and not available for agency staff working from home
- Testing must be through an accredited, reputable lab
- Agency must provide services (i.e., via telehealth) while client is awaiting test results

Eligible Category- Technology

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

Eligible Category- HIPAA Compliant Technology

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- Video communication products that are HIPAA compliant.
- HIPAA compliant hardware and software necessary for remote service delivery.
- HIPAA compliant (with a signed Business Associate Agreement - BAA) contracted information technology services used to enable remote service delivery.

Eligible Category-Cell Phones, Service Plans

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- Cellular telephones purchased for clients will be reimbursed up to \$35 per unit.
- Enhanced data and/or minutes purchased for clients to access telehealth services will be reimbursed up to \$15 per consumer, per month.

Eligible Category- PPE

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- **Face coverings:**
 - Surgical Masks
 - N95s
 - cotton masks
- **Face Shields**
- **Gowns**
- **Gloves**
- **Goggles**

Eligible Category- Virus Mitigation Items and Services

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- Items and services related to help reduce virus spread, examples include:
 - Cleaning supplies, cleaning services
 - Items to protect staff and clients (Plexiglas)
 - Signage, like social distance floor markers

Eligible Category- Other

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- In very limited circumstances, the DMHAS will consider other requests where clear documentation exists of unbudgeted expenses that are COVID-19 specific.
- 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 submitted by October 16th for priority consideration, but rolling submissions will be accepted and considered through November 13th.



Documentation Required to Support Eligible Expenses

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

- State of NJ Payment Voucher
- DMHAS Expense Tracking Form
- Receipts, invoices, payroll records
- Attestation

Save Print Clear

 STATE OF NEW JERSEY PAYMENT VOUCHER (VENDOR INVOICE)	DOCUMENT				B A T C H				ACTG PER.	FY								
	TC	AGY	NUMBER		TC	AGY	NUMBER			21								
	PP START	SCHED PAY		CHK	OFF	F	RF	CK	(A) VENDOR ID NUMBER	I								
PO #	PV DATE		MO	DY	YR	MO	DY	YR	CAT	LIAB							22-1000000	05
CONTRACT NO	AGENCY REF	BUYER	(B) TERMS	PAYEE: SEE INSTRUCTIONS FOR COMPLETING ITEMS (A) THROUGH (G)				(C)	TOTAL AMOUNT			\$0.00						
(D) PAYEE NAME AND ADDRESS:				(E) SEND COMPLETED FORM TO:														
Provider ABC 1000 Main Street Anytown, NJ MMIS ID#				ETP Site: CRE_Submissions Login credentials to be provided.														
(F) PAYEE DECLARATIONS																		
I CERTIFY THAT THE WITHIN PAYMENT VOUCHER IS CORRECT IN ALL ITS PARTICULARS, THAT THE DESCRIBED GOODS OR SERVICES HAVE BEEN FURNISHED OR RENDERED AND THAT NO BONUS HAS BEEN GIVEN OR RECEIVED ON ACCOUNT OF SAID DOCUMENT.																		
				PAYEE SIGNATURE														
				PAYEE TITLE				BILLING DATE										
LINE NO	REFERENCE				(G) PAYEE REFERENCE													
	CD	AGY	NUMBER		LINE													
1																		
2																		
3																		
	FUND	AGCY	ORG CODE	SUB-ORG	APPR UNIT	ACTIVITY CD	OBJECT CD	SUB-OBJ	REV SRCE	SUB-REV	PROJECT/JOB NO							
1																		
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3																		
	RPT CT	BS ACT	DT	DESCRIPTION			QUANTITY	AMOUNT			ID	PF	DT					
1																		
2																		
3																		
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1.									\$0.00									
2.									\$0.00									
3.									\$0.00									
TOTAL									\$0.00									
CERTIFICATION BY RECEIVING AGENCY: I certify that the above articles have been received or services rendered as stated herein.						CERTIFICATION BY APPROVAL OFFICER: I certify that this Payment Voucher is correct and just, and payment is approved.												
Authorized Signature						Authorized Signature												
Title						Title												
Date						Date												

Agency Name
Address

Expense Type with brief description

Quantity = 1

Dollar amount

Authorized Rep
Signature



1 DMHAS CRF Reimbursement Form

2 Expense Category: **Emergency Pay**

3 Provider Name: **Provider ABC**

4 Remit to: **FTP Site Name**

5

6 Instructions:

7 *Below entries are for illustration purposes, example only.*

8 *Please enter standard weekly hours for each employee in Standard Weekly Hours column*

9 *If employee worked more than the standard hours in the given week, please enter the additional hours only in the Additional Hours column.*

10 *If employee worked additional hours AND received higher rate, please enter the base and additional rates specifically for the additional hours as well as for the standard hours.*

11 *Worksheet will calculate the capped additional pay (i.e., capped at 20% over baseline pay rate).*

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Week Ending	Staff Name	Title (Please select from drop down menu)	Form of Emergency Pay (Please select from drop down menu)	Standard Weekly Hours	Additional Hours	Base Hourly Rate - Standard Hours	Base Hourly Rate - Additional Hours	Additional Rate - Standard Hours	Additional Rate - Additional Hours	Maximum Additional Rate (20% increase cap) - Standard Hours	Maximum Additional Rate (20% increase cap) - Additional Hours	Maximum Allowable Additional Pay
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Ready | PPE | COVID Testing | Virus Mitigation | Technology | **Emerg Rate** | Date: 10/1/2020

Only enter in Blue Cells and Select from Drop Down Menu As Appropriate

Enter on correct Expense Category Type

Provider Name

Date



Other Sources of Reimbursement

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- Not eligible for CRF reimbursement if other sources of reimbursement, including but not limited to local, state or federal sources are available.
 - ✦ Examples include but are not limited to PPP payroll loans, FCC for technology, Cares grant funds.

Allowable Expenses

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- **Qualifying expenditures are permitted.**
 - Supporting documents must be submitted, including receipts and paid invoices.
 - Rate increases (capped at 20% of pre-COVID hourly rate) that *were already paid* are allowable expenses.
 - Real time rate increases (made now and capped at 20% or pre-COVID19 hourly rate) are allowable expenses.

Allowable Expenses Continued

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- Additional hours (already paid) are allowable expenses.
- Additional hours in real time are allowable expenses.
- Hourly rate increases (20% cap applied) AND additional hours are allowable expenses, if the expense was already paid. In other words, effecting hourly rate increases retroactively is not allowable for reimbursement.
- Appropriate documentation of base rate and emergency rate adjustment must be submitted for consideration.

How to Apply for Reimbursement

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Submit a request for login credentials to the SFTP site:

<https://njsams.rutgers.edu/training/crf/register.aspx>

(2 accounts per provider)

Unique login credentials will be generated and emailed in an encrypted email.

Use credentials to login to SFTP site:

<https://securexfer.dhs.state.nj.us/login>



How to Apply for Reimbursement

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All submissions for PPE, COVID Testing, Virus Mitigation Items and Services, Staffing Emergency Pay, Cellular Phones and data/phone plans can be compiled/transmitted on one State of NJ Payment Voucher.

A separate request for technology reimbursement (including hardware, software, application licenses, etc.) should be submitted on its own State of NJ payment voucher. NJAMHAA will assist with reviewing these submissions.

How to Apply for Reimbursement

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Upload Reimbursement Packet as a single PDF

1. Completed Attestation and
2. Completed State of NJ Payment Voucher
3. All supporting backup documentation (receipts, payroll, etc.)

And Upload

4. Completed MS Excel Expense Worksheet

How to Apply for Reimbursement

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File name format must include:

Agency Name_Submission Number_Reimbursement Period

i.e. ABC Agency_1_MarchSeptember2020_pdf

ABC Agency_1_MarchSeptember2020_excel

Submission Timeline and Process

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All documents are to be submitted via a Secured File Transfer Protocol in PDF and excel file formats.

Date expense incurred	Due date
March 9, 2020 – September 30, 2020	October 15th , 2020
October 1, 2020 – October 31, 2020	November 15th, 2020
November 1, 2020 – November 30, 2020	December 15th , 2020
December 1, 2020 - December 20, 2020	no later than December 20th , 2020

Attestation

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Attestation signed by Executive Director, Chief Financial Officer or Sole Proprietor of agency ***is required for each submission.***

- Expenditures comport with CRF requirements
- Expenditures were not supported with DMHAS contract dollars, or by other local, state or federal governmental agency funds.
- Agency will permit DMHAS access to review all program-related records for audit purposes
- Recognition that if expenses reimbursed do not comport with CRF rules and guidelines that reimbursement will be subject to full recoupment of funds.

Audit Activities

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- All claims for reimbursement will be subject to audit and any payment vouchers submitted that are not supported with back up documentation, including documentation that the COVID-related expenses were not previously supported with state contract dollars (or other fund sources), will be not be funded.

Audit Activities

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- All claims submitted for reimbursement will be subject to audit, including the following information:
 - Records that demonstrate expenditure was COVID-19 related
 - Records that demonstrate that the expenses were not supported by other governmental funding (including state, county or federal funds)
 - Records that meet eligibility criteria articulated in the DHS, DMHAS “Guidance for Coronavirus Relief Fund Mental Health and Substance Use Disorder Contracted Provider COVID-Eligible Expenses”

Questions and Inquiries

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All question and inquiries are to be submitted electronically to DMHAS.CRF@dhs.nj.gov

DMHAS Website

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- Please visit the DMHAS home page to find this PowerPoint and other CRF documents:
- <https://www.state.nj.us/humanservices/dmhas/home/index.html>