



Restoration of Rollover Units Request: Instructions for Support Coordinators

1. Complete a separate *Restoration of Rollover Units Request* for **each** Service Line. (To avoid a delay in our processing of your request, be sure to complete all applicable sections.)
2. Submit the request form by email to DDD.Rolloverunits@dhs.nj.gov and include the individual's budget status in the subject line using **one** of these formats:
 - a) If the budget appears fully **expended** in iRecord:
Subject: **Restoration Request – Expended Budget – (DDD ID) – (ISP end date)**
 - b) If the budget appears **available** in iRecord, with funding to cover rollover units:
Subject: **Restoration Request – Available Budget – (DDD ID) – (ISP end date)**

Important: Including budget status in the subject line enables the Division to quickly filter, flag, and prioritize requests. Failure to use one of the subject-line formats above may impede this triage process and delay a response to your request.

If you have questions, please email the Rollover Units Helpdesk at DDD.Rolloverunits@dhs.nj.gov.

Section 1: Identifying Information

- **Individual's Name:** Enter the full legal name of the individual receiving services.
 - **DDD ID #:** Enter the individual's six-digit DDD ID number (iRecord).
 - **Date of Request Submission:** Enter the date this form is being completed and submitted.
 - **Individual Service Plan End Date:** Enter the end date of the ISP that has the rollover units.
 - **Support Coordination Agency:** Enter full name of Support Coordination Agency.
 - **Support Coordinator Name:** Enter Support Coordinator's full name as listed in iRecord.
 - **Support Coordinator Phone #:** Enter Support Coordinator's direct contact number.
 - **Support Coordinator Email:** Enter Support Coordinator's direct email address.
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Section 2: Budget Status

Answer both questions based on the budget in the individual's current plan.

- **Fully Expended Budget:** Check yes, if the individual's budget is completely used.
 - **Available Funding:** Check yes, if the individual's budget has funding available for the requested rollover units.
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Section 3: Service Details

Enter details of the service that has the requested rollover units.

- **Plan ID #:** Enter the *current* NJISP (plan) ID number.
- **Outcome # / Service #:** Select the plan outcome and service numbers from the dropdown lists.
- **Procedure Code:** Enter the service billing code.
- **Service Start Date / Service End Date:** Enter the originally authorized service start and end dates.

- **Total Units Authorized:** Enter the *total number of units* originally authorized for the service.
 - **Total Rollover Units:** Enter the total number of units that rolled over (went unused) during the authorized period.
 - **Units Requested for Restoration:** Enter the number of units the individual is requesting to have restored (“rolled over”).
 - **Date of Plan Revision Submission:** If you already submitted a plan revision to accommodate this request, enter the submission date.
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Section 4: Self-Directed Employee (SDE) Information (if applicable)

Complete this section if a Self-Directed Employee (SDE) delivered/is delivering the service. If you need more rows, click on the “Enter text” or “Choose an item” field in the bottom row of this section, and then click the blue plus sign (+) that appears on the far right.

- **SDE Name:** Enter the SDE’s name as it appears in the NJISP.
 - **Fiscal Intermediary:** Enter the fiscal intermediary associated with the service.
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Section 5: Vendor Information (if applicable)

Complete this section if a community vendor delivered/is delivering the service.

- **Vendor Name:** Enter the legal name of the community vendor.
 - **Vendor Representative:** Enter the vendor’s primary contact person regarding this service.
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Section 6: Justification/Evidence of Rollover Units

Explain/provide justification for this request. If applicable, include verification of timesheet submissions, and, if available, include documentation of the process used to track rollover (unused) units. As part of the overall explanation, please answer the following three questions (add an extra sheet if necessary):

- What were the circumstances that caused these units of service to go unused (e.g., illness, scheduling conflicts, provider unavailability)?
 - Why are these units of service still needed?
 - What supporting evidence is there that this individual needs and/or will benefit from a restoration of these rollover units?
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Section 7: Support Coordinator Attestation

The Support Coordinator must read and attest to the following:

- The information in the request was compiled in collaboration with the individual/legal guardian, vendor, SDE(s), and/or Employer of Record.
 - The information in the request is accurate and true.
 - The Support Coordinator understands the consequences of false information, including possible Medicaid fraud investigation.
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Section 8: Division Review

This section is for Division use only.