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| cid:image002.jpg@01DA9C9B.873348C0 | **Enhanced Reasonable and**  **Customary Wage Request Instructions** |

# Instructions for Support Coordinators

Use this form to request an enhanced hourly wage (above the current maximum of $25 per hour) for a Self-Directed Employee (SDE). Review the three Request Types below.

**Pre-Approval** – Use this request type when an SDE is not yet identified and pre-approval of an enhanced wage may facilitate the hiring of an SDE.

1. Under Request Type, select Pre-Approval and complete Section 1 and 2.
2. Upload completed request form and supporting documentation in iRecord.
3. Email completed request form and supporting documentation (except for Support Coordinator Monitoring Tools) to [DDD.ServiceApprovalHelpDesk@dhs.nj.gov](mailto:DDD.ServiceApprovalHelpDesk@dhs.nj.gov) with subject line **(DDD ID), Enhanced R&C Wage Request**.

If pre-approval is granted, the approved request form will be required for the final approval process.

**Final Approval** –Use this request type when pre-approval was already granted and an SDE has now been identified.

1. Using the approved request form, change Request Type from Pre-Approval to Final Approval and complete Section 3 and 4.
2. Upload completed form in iRecord, but **do not** upload SDE proof of education in iRecord.
3. Email completed form and SDE educational documentation to [DDD.ServiceApprovalHelpDesk@dhs.nj.gov](mailto:DDD.ServiceApprovalHelpDesk@dhs.nj.gov) with subject line **(DDD ID), Enhanced R&C Wage Request**.

**Combined Approval** –Use this request type when an SDE is already identified or in place and an enhanced wage is being requested.

1. Under Request Type, select Combined Approval and complete Sections 1 through 4.
2. Upload completed form in iRecord, but **do not** upload SDE proof of education in iRecord.
3. Email completed form and supporting documentation (except for Support Coordinator Monitoring Tools) to [DDD.ServiceApprovalHelpDesk@dhs.nj.gov](mailto:DDD.ServiceApprovalHelpDesk@dhs.nj.gov) with subject line **(DDD ID), Enhanced R&C Wage Request**.

# Notes

1. See Section 8.3.2.0.1 of the policy manuals for standards related to enhanced wages for SDEs.
2. An SDE’s hourly wage cannot be less than the New Jersey prevailing minimum wage, and cannot be more than $25 per hour unless an enhanced wage is approved.
3. Services that an SDE can provide: Community Based Supports (Supports Program only), Individual Supports 15-minute Rate (Community Care Program only), Respite, Transportation – Self-Directed Employee, Interpreter Services.
4. An SDE must meet all staff requirements as outlined in the DDD policy manuals (mandated trainings, drug testing, background check, etc.).

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| **Request Type** | | | | | |
|  | | **Pre-Approval** – The SDE is not yet identified. | | | |
|  | | **Final Approval** – Pre-approval was granted and the SDE has now been identified. | | | |
|  | | **Combined Approval** – The SDE for whom this request is made is already identified or in place. | | | |
| **Section 1: Individual’s Information** | | | | | |
| Name: Enter text.  DDD ID: Enter text.  NJCAT Score: Self-Care, Behavioral, Medical  Tier: Choose an item. | | | | Date of Request: Enter a date.  Current Plan #: Enter text.  Outcome #: Enter text.  Service #: Enter text. | |
| Current Program Enrollment: Choose an item. | | | | | |
| Support Coordinator: Enter text. | | | | Phone Number: Enter text.  Email Address: Enter text. | |
| Who is the primary source of information regarding the individual’s enhanced care needs? | | | | | |
| Name: Enter text. | | | | Relationship to individual: Enter text. | |
| **Section 2: Enhanced Needs** - *Select Enhanced Behavioral Care Need, Enhanced Medical Care Need, or both.* | | | | | |
|  | | **Enhanced Behavioral Care Need** – this request is for an enhanced SDE hourly wage due to a behavioral care need that cannot be supported without the SDE possessing a higher level of education.  ***(In all circumstances, a behavior support plan should be in place.)*** | | | |
| Is a behavior support plan in place? Yes  No | | | | | |
| Supporting documentation is required. Select all that apply: | | | | | |
|  | | Addressing Enhanced Needs Form (AENF) | | | |
|  | | Community Based / Individual Supports Logs, completed by the SDE, most recent three months | | | |
|  | | Monitoring Tools documenting discussion of enhanced care needs | | | |
|  | | Emergency room / Mental Health Screening | | | |
|  | | Documentation of hospital admissions due to behavioral health needs | | | |
|  | | Description of property damage resulting from the aggressive behaviors | | | |
|  | | Description of the individual’s aggression towards self or others, including staff, resulting in injury | | | |
|  | | Description of elopement | | | |
|  | | Description and/or documentation of legal involvement | | | |
|  | | Other (please specify): Enter text. | | | |
|  | | **Enhanced Medical Care Need** – this request is for an enhanced SDE hourly wage due to a medical care need that cannot be supported without the SDE possessing a higher level of education. | | | |
| Supporting documentation is required. Select all that apply: | | | | | |
|  | | Addressing Enhanced Needs Form (AENF) | | | |
|  | | Community Based / Individual Supports Logs, completed by the SDE, most recent three months | | | |
|  | | Monitoring Tools documenting discussion of enhanced care needs | | | |
|  | | Documentation of hospital admissions due to medical needs | | | |
|  | | Documentation showing an increase or change in medical appointments/physician oversight | | | |
|  | | Assessments showing the need for skilled nursing care (Registered Nurse/Licensed Practical Nurse) | | | |
|  | | Other (please specify): Enter text. | | | |
| **Section 3: Service Details** | | | | | |
| What service will the SDE provide? Choose an item. | | | | | |
| Provide service details, including the setting(s) in which the SDE will deliver the service (gym, place of worship, home, medical visits, etc.): Enter text. | | | | | |
| Where in the NJCAT and PCPT is the need for enhanced support documented? Enter text. | | | | | |
| Will this service increase the individual’s involvement in the community? | | | | | Yes  No |
| If yes, explain how: Enter text. | | | | | |
| Have natural and generic supports been explored? | | | | | Yes  No |
| Is this service being requested instead of a day program? | | | | | Yes  No |
| Is the individual interested in employment or attending a day program? | | | | | Yes  No |
| Is this service intended to support the individual at a place of employment? | | | | | Yes  No |
| What is the hourly wage being requested? Enter text. | | | | | |
| How many hours per week will the SDE provide the service? Enter text. | | | | | |
| **Section 4: Self-Directed Employee Information** | | | | | |
| Name: Enter text. | | | Address: Enter text. | | |
| Is this SDE a new or existing SDE for this individual? Choose an item. | | | | | |
| Is this SDE a family member and/or live-in caregiver? Choose an item. | | | | | |
| *(Live-in Caregiver standards are set forth in the* [*US Department of Labor Fact Sheet 79B*](https://www.dol.gov/agencies/whd/fact-sheets/79b-flsa-live-in-domestic-workers)*)* | | | | | |
| To receive an enhanced wage, the SDE is required to have an advanced degree in a behavioral and/or medical subject area closely related to the individual’s enhanced care needs, regardless of how many years of experience the SDE has. Documentation of the advanced degree is required. Select all that apply: | | | | | |
|  | College/University final transcripts ***(required)*** | | | | |
|  | Applicable certifications | | | | |
|  | Applicable licenses | | | | |

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| ***Division Use Only: Review of Pre-Approval Request*** | | |
| Request reviewed by: Enter text. | | Date: Enter a date. |
|  | Approved, contingent on DDD verification that the SDE meets educational requirements | |
|  | Denied, due to the following reason(s) *(copy and paste in iRecord Notes)*: Enter text. | |

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| ***Division Use Only: Review of Final or Combined Approval Request*** | | |
| Request reviewed by: Enter text. | | Date: Enter a date. |
|  | Approved | |
|  | Denied | |
| Reviewer comments *(copy and paste in iRecord Notes)*: Enter text. | | |