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| cid:image002.jpg@01DA9C9B.873348C0 | **Retroactive Change Request (RCR)** |

Used by Support Coordination Agencies (SCAs) to request Division assistance with closing service gaps and correcting errors in service entry in Individualized Service Plans (ISPs) for service dates in the past.

**Instructions:**

1. SC completes the RCR and reviews with the individual/legal guardian and the Service Provider/SDE.
2. SC confirms accuracy of all requested changes with the Service Provider/SDE. Once confirmed, the provider’s live or electronic signature is obtained. Names typed onto the form will not be accepted.
3. SC submits the RCR and supporting documentation (if applicable) to the SC Supervisor (SCS) for review.
4. SCS uploads the RCR and supporting documentation (if applicable) in iRecord and ensures the plan is in Approved status.
5. SCS sends an email, **without** attachments, to [Ddd.Ispretroactivechanges@dhs.nj.gov](mailto:Ddd.Ispretroactivechanges@dhs.nj.gov) with the subject line, (SCA Name, DDD ID#) to request a review.

**Note**: SCAs are encouraged to review the [Retroactive Change Request (RCR) Process](https://www.state.nj.us/humanservices/ddd/assets/documents/support/retroactive-change-request-process.pdf) for detailed information.

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| **Identifying Information** | | | | | |
| Support Coordination Agency:  Enter text | | DDD ID:  Enter text | | | |
| Support Coordinator:  Enter text | | Date of Request:  Enter a date | | | |
| Support Coordinator Supervisor:  Enter text | | Division Assigned QAS:  Enter text | | | |
| **Provider Information** | | | | | |
| Name of Service Provider:  Enter text | | Service Type(s):  Enter text | | | |
| Does the plan contain an error or service gap for more than one Service Provider? | | | | | Yes  No |
| * *Contact the Service Provider(s) before submitting this request to ensure an RCR* ***is actually needed***   *and to review for accuracy.*   * *Ensure* ***all*** *forms and supporting documents are uploaded in iRecord before requesting the review.* | | | | | |
| **Reason for Request** | | | | | |
| Service Date Modification | Incorrect Service Type | | Service not Listed | Plan Term Gap | |
| Inaccurate Provider Information | Unit Modification | | Incorrect Rate | Other | |
| **Description of Error** | | | | | |
| Briefly describe the reason for the request, explain how the error occurred **and** what remediation actions have been/will be taken to prevent future errors. | | | | | |
| Enter text | | | | | |

*For multiple requests for the same Plan ID #, click on the below table, then click the Plus sign,* **+***, on the right.*

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| **Retroactive Change Request #** Choose | |
| Plan ID #: Enter text  Outcome #: Choose / Service #: Choose  Service Start Date: Enter a date  Service End Date: Enter a date | Total number of Units:  to be **added**: Enter text  to be **removed**: Enter text  Total Cost: Enter text |
| Service Week dates (Sunday – Saturday) | Units rendered (as they should appear on the SDR) |
| Enter text | Enter text |
| Enter text | Enter text |
| Enter text | Enter text |
| Enter text | Enter text |
| Enter text | Enter text |
| Enter text | Enter text |
| Enter text | Enter text |
| Please describe other necessary service details: Enter text | |
| Supporting documentation is uploaded in iRecord. Please **list** document name(s) and date(s) of upload:  Enter text | |

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| **Provider Verification** | |
| Name of Service Provider: Enter text | |
| Service Provider Representative: Enter text | Date: Enter a date |
| Signature verifying above information is correct: | |