DDD Support Coordination Monitoring Unit

Seeking Out Support (SOS) Request Form

Used to seek guidance, report urgent situations or troubleshoot cases

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| Instructions:   1. Enter a case note indicating the date the presenting matter was discussed between the SC and SCS and the reason for the SOS. 2. SCS should complete the form, save as “SOS (ID#)” and UPLOAD TO IRECORD. Do not send the form as an attachment 3. Send an email with this subject line: SOS (ID#) (SCA) (Reason for SOS i.e.; Potential for Housing Instability) to [DDD.SCHelpdesk@dhs.nj.gov](mailto:DDD.SCHelpdesk@dhs.nj.gov)   **A Support Coordination Unit Monitor will be assigned to contact the SCS to provide guidance. If you have recently spoken to a Monitor about the same circumstance for this individual, contact that Monitor directly rather than submitting a new SOS.** | | | | |
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| Date of Referral: | | | | |
| SC Supervisor making this referral: | | SC Supervisor phone/email: | | |
| SCA: | | Is the SCA released to self-approve plans? Choose an item. | | |
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| Individual’s name: | DDD ID: | | Current NJCAT Score/ Tier/ Date: | Waiver:  Choose an item. |
| Current Living Arrangement: | Guardianship Status /Appointee: | | | |
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| Immediate health/safety concern (individual will be homeless or at risk of harm TODAY):   1. **In a true emergency, call 911** 2. **If after hours/weekends, refer to the Communication Protocol under ‘Office of Risk Management- After hours On Call Notifications’** 3. **To speak to a DDD manager during business hours, follow the Communication Protocol under ‘Escalating Problems/Issues’.**   **This form is NOT used for the following:**  **Medicaid** issues, instead please email:  [DDD.MediElighelpdesk@dhs.nj.gov](file:///C:\Users\pejohnson\Documents\DDD.MediElighelpdesk@dhs.nj.gov)  Issues with **NJ Cat/ Reassessment** Issue, please email: [DDD.DDPIAssessmentRequests@dhs.nj.](mailto:DDD.DDPIAssessmentRequests@dhs.nj.)gov  Inquiries about the status of a **Service Review**, please email: [DDD.ServiceApprovalHelpDesk@dhs.nj.](mailto:DDD.ServiceApprovalHelpDesk@dhs.nj.)gov  Requests to remain in **Interim**, please email:  [Jennifer.Joyce@dhs.nj.gov](file:///C:\Users\pejohnson\Documents\Jennifer.Joyce@dhs.nj.gov)  **What is the reason for the SOS**?   |  |  | | --- | --- | | Potential for Housing Instability/Concern re: current home | iRecord/plan submission issue | | Inability to reach participant or family | Family/guardian refusing to meet or sign documents | | Seeking permission to put into RI status due to move/discharge/not interested in services  If Supports Program, check here if the individual receives PDN  *Private Duty Nursing (PDN) is managed by the Managed Care Organization (MCO) and does not come out of the individual’s DDD budget. It is a separate service. When an individual is enrolled onto the SP+PDN program, their PDN is tied to this.*  *In the event the individual or family wishes to disenroll from SP + PDN, the family/guardian must first contact the MCO to initiate a referral to MLTSS. Coordination between the MCO and the DDD waiver unit is imperative to preserve the PDN services*. *SC should then obtain the guardian‘s informal written request to* ***disenroll from SP/ enroll the individual on MLTSS in order to preserve the PDN services*** *which should be uploaded to iRecord*. | Issue with residential/day provider not resolved by planning team meeting | | Seeking to put into RI status per instruction of Service Case Management Unit | **Emergent situation other than housing instability?** | | Difficulty obtaining a service/provider | Medical concern/hospitalization or nursing home admission | | Behavioral concern/hospitalization | Guardianship issue | | | | | | |
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| Required field  Please provide a clear statement of the circumstance and the information you need in order to address the individual’s concern: | | | | |
| Required field  Outline previous attempts for resolution: | | | | |