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**New Jersey Department of Human Services**

**Division of Developmental Disabilities**

**Support Coordination Unit**

**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.

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| **Identifying Information** | |
| Support Coordination Agency Name:  Click to enter text | Individual’s DDD ID#:  Click to enter text |
| Support Coordinator Name:  Click to enter text | Date of Request:  Enter a date |
| Support Coordinator Supervisor Name:  Click to enter text | Division Assigned QAS:  Click to enter text |

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| **Provider Information** | | |
| Name of Service Provider:  Click to enter text | Service Type(s):  Click to 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.* | | |

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| **Reason for Request** | | | |
| Service Date Modification | Incorrect Service Type | Service not Listed | Plan Term Gap |
| Inaccurate Provider Information | Unit Modification | Incorrect Rate | Other |

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

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

**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.