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**New Jersey Department of Human Services**

**Division of Developmental Disabilities**

**Support Coordination Unit**

**Seeking Out Support (SOS) Form**

Used to report urgent situations, request assistance, or troubleshoot involved cases with

the Support Coordination Unit

**Demographic Information**

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| Individual Information | |
| Name  Click here to enter text. | Date of Referral  Click to enter a date. |
| DDD ID  Click here to enter text. | Waiver  Choose an item. |
| Current NJCAT Score / Date / Tier  Click here to enter text. | County of Residence  Choose an item. |
| Current Living Arrangements  Click here to enter text. | Guardianship status / Appointee  Click here to enter text. |
| Support Coordination Agency Information | |
| SCA Name  Click here to enter text. | Agency Status  Choose an item. |
| Support Coordinator Name  Click here to enter text. | Phone Number / Email Address  Click here to enter text. |
| SC Supervisor Name  Click here to enter text. | Phone Number / Email Address  Click here to enter text. |
| Has the SC discussed the situation with the SCS? Yes  No  **If no**, do not proceed with completing the SOS form until you have done so. | |
| Is the individual on the Supports Program and receiving Private Duty Nursing (PDN)? Yes  No  **If yes**, do **not** request to submit the plan to RI. **\*** See important information under instructions. | |

**Description of Issue**

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| --- |
| What is the Reason for the SOS? Choose an item. |
| Summarize the current situation and relevant background: Click here to enter text. |
| Clarify the question or the assistance you are seeking: Click here to enter text. |
| Describe previous attempts for resolution, including outreach to community resources (ex: Police, APS, CARES, Board of Social Services): Click here to enter text. |

**Support Coordination Agency Instructions**

1. Ensure the issue has been discussed between the SC and SCS, and case notes are up to date.
2. SC or SCS completes the form, saves as “SOS (ID#),” and uploads to iRecord.
3. Send an email, **without** an attachment, to [DDD.SCHelpdesk@dhs.nj.gov](mailto:DDD.SCHelpdesk@dhs.nj.gov) with the subject line, SOS (ID#). (Someone from the DDD Care Management Team will be assigned to assist and will contact you.)
4. If you do not hear back in a timely way (within 2 business days), please send a follow up email to the SC Helpdesk. If you have recently spoken to a Care Management Monitor **about this same issue**, contact them directly rather than submitting a new SOS.

**Immediate Issue of Homelessness or Risk to Health/Safety**

1. In a true emergency, call 911.
2. **During** regular business hours, contact the Support Coordination Helpdesk: [DDD.SCHelpdesk@dhs.nj.gov](mailto:DDD.SCHelpdesk@dhs.nj.gov) The subject line should include the DDD ID# and indicate it is for escalation by adding, “Urgent”, “Emergency” or “Homelessness” etc.
3. **After** business hours / weekends, contact the Division’s on call system according to the individual’s county of residence:
   1. Morris, Sussex, and Warren: 973-927-2600 (Flanders)
   2. Bergen, Hudson, Passaic: 973-977-4004 (Paterson)
   3. Essex, Somerset, Union: 908-226-7800 (Plainfield)
   4. Hunterdon, Mercer, Middlesex: 609-292-1922 (Trenton)
   5. Monmouth, Ocean: 732-863-4500 (Freehold)
   6. Burlington, Camden, Gloucester: 856-770-5900 (Voorhees)
   7. Atlantic, Cape May, Cumberland, Salem: 609-476-5200 (Mays Landing)

**\* Supports Program plus Private Duty Nursing (SP+PDN):**

If this request is to approve the ISP to inactive and the Individual is on the Supports Program, it is very important to confirm whether they receive Private Duty Nursing (PDN).

PDN is managed by the Managed Care Organization (MCO) and does not come out of the individual’s DDD budget.  When an individual receives SP+PDN services, their PDN is provided through their SP enrollment. Therefore, when an individual who receives SP+PDN is no longer interested in DDD services but wants to maintain PDN services, they should not be disenrolled from the SP until **after** MLTSS eligibility is established.

If the individual/family wishes to disenroll from SP+PDN, in order to enroll onto MLTSS, complete the SOS, select “Other” as the reason and explain. The Care Management Monitoring Supervisor will provide further guidance.

**This Form Is Not Used for the Following:**

* Medicaid issues: email [Ddd.Medielighelpdesk@dhs.nj.gov](mailto:Ddd.Medielighelpdesk@dhs.nj.gov)
* NJCAT or Reassessment Request issues: email [DDD.DDPIAssessmentRequests@dhs.nj.gov](mailto:DDD.DDPIAssessmentRequests@dhs.nj.gov)
* Service Review status inquiries: email [DDD.ServiceApprovalHelpDesk@dhs.nj.gov](mailto:DDD.ServiceApprovalHelpDesk@dhs.nj.gov)
* The Death Verification process: See iRecord User Guide and search ‘Death Report’.
* To report a problem regarding the Death Certificate, email [DDD.SCHelpdesk@dhs.nj.gov](mailto:DDD.SCHelpdesk@dhs.nj.gov)