**Enhanced Reasonable and Customary Wage Request Form**

*Community Based Supports SDE* (available through the Supports Program), *Individual Supports SDE* (available through the Community Care Program), and *Respite SDE* (available in both programs) contain defined parameters where an Enhanced R&C wage (above the current range of minimum wage to $25) can be requested. Please see the relevant service definition and section 8.3.2.0.1 of the [Community Care Program](https://nj.gov/humanservices/ddd/assets/documents/community-care-program-policy-manual.pdf) or [Supports Program Manual](https://nj.gov/humanservices/ddd/assets/documents/supports-program-policy-manual.pdf) for complete information. This form can be used for Pre-Approval and Final Approval, as well as Combined Approval.

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| **Section 1: Demographic Information for Individual** | | | | | | | | | | | | | | | | | | | | | | |
| Name of Individual: Click to enter text. | | | | | | | | | | | | | NJCAT Score: Self-Care, Behavioral, Medical | | | | | | | | | |
| DDD ID: Click to enter text. | | | | | | | | | | | | | Tier: Choose an item. | | | | | | | | | |
| Plan/Version #: Click to enter text. | | | | | | | Outcome #: Click to enter text. | | | | | | | | | Service #: Click to enter text. | | | | | | |
| This request is for: | | | | | | | | | | | | | | | | | | | | | | |
|  | Pre-Approval – SDE is not yet identified and Pre-Approval needed for this to occur. Re-submission for Final Approval is required after SDE is identified for wage to be put in place. (Complete sections 1, 2, and 3). | | | | | | | | | | | | | | | | | | | | | |
|  | Final Approval – Pre-Approval from Division already received. SDE is now identified. Re-submission for Final Approval occurring. (Using version documenting Pre-Approval, complete remaining sections 4 & 5). | | | | | | | | | | | | | | | | | | | | | |
|  | Combined Approval – An SDE is already identified/in place for whom an Enhanced R&C wage is being requested (Complete the entire form – Sections 1 through 5). | | | | | | | | | | | | | | | | | | | | | |
| **Section 2: Form Completed By** | | | | | | | | | | | | | | | | | | | | | | |
| Date Form Completed: | | | | | | | | | | | Enter a date. | | | | | | | | | | | |
| Form Completed By: | | | | | | | | | | | Click to enter text. | | | | | | | | | | | |
| Relationship to Individual: | | | | | | | | | | | Click to enter text. | | | | | | | | | | | |
| Individual(s) providing info to complete this form: | | | | | | | | | | | Click to enter text. | | | | | | | | | | | |
| Relationship to Individual: | | | | | | | | | | | Click to enter text. | | | | | | | | | | | |
| **Section 3: Indicate the Area of Enhanced Need for the Individual (Check all that apply)** | | | | | | | | | | | | | | | | | | | | | | |
|  | **Enhanced Medical Need**: Complete if requesting Enhanced R&C wage due to a medical need that cannot be supported without the SDE possessing a higher level of education. All supporting documentation outlined below should be attached to this request form and uploaded into iRecord. Documentation of enhanced medical need must include any of the following (Check all that apply):  The information contained within the Addressing Enhanced Needs Form (AENF).  SDE shift notes documenting the medical care provided to an individual.  Monitoring Tools that contain discussion/documentation of care need.  As applicable, documentation (Including but not limited to) of:  Medically based hospitalizations.  Significant increase and/or change in medical appointments/physician oversight.  Whether individual has been assessed for medical needs that require skilled nursing care (Registered Nurse, Licensed Practical Nurse).  Other information specific to the individual circumstance | | | | | | | | | | | | | | | | | | | | | |
|  | **Enhanced Behavioral Care Need**: Complete if requesting Enhanced R&C wage due to behavioral care need that cannot be supported without the SDE possessing a higher level of education. In all circumstances, a current behavior support plan (BSP) should be in place.   * Is there currently a BSP in place?  Yes  No   Documentation of the enhanced behavioral care need(s) must include any of the following (Check all that apply):  The information contained within the Addressing Enhanced Needs Form (AENF).  SDE shift notes documenting the behavioral care provided to an individual.  Monitoring Tools that contain discussion/documentation of care need.  As applicable, documentation (Including but not limited to) of:  Emergency Room/Mental Health Screening.  Hospitalization(s) of the individual for reasons related to their behavioral health needs.  Property damage resulting from the behaviors engaged in by the individual.  Aggression by the individual towards self/others, including staff, which have resulted in injury.  Elopement by the individual.  Legal involvement.  Other information specific to the individual circumstance. | | | | | | | | | | | | | | | | | | | | | |
| ***For Division Use Only -* Pre-Approval Outcome** | | | | | | | | | | | | | | | | | | | | | | |
| DDD Review completed by: | | | | Click to enter text. | | | | | | | | | | | | | | | | | | |
| Pre-Approval Outcome: | |  | | |  | | | | | | | | | | | | | | | | | |
| Approved contingent on the Division verifying through re-submission for Final Approval that SDE meets *Enhanced Wage SDE Education Requirements* of relevant service definition. | | | | | | | | | | | | | | | | | | | | | | |
| Not-Approved for the following reason(s): Click to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| **Section 4: Request Details for *Identified* SDE for Whom Enhanced R&C is Being Requested** | | | | | | | | | | | | | | | | | | | | | | |
| Name of SDE: Click to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| SDE Address: Click to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| City: Click to enter text. | | | | | | State: Click to enter text. | | | | | | | | | | | | | Zip: Click to enter text. | | | |
| SDE is a (Check One): | | |  | | | New Employee | | | | | | | | |  | | Existing Employee | | | | | |
| SDE is a (Check all that apply): | | |  | | | Family Member | |  | | Live-in Caregiver as set forth in U.S. Dept. of Labor Fact Sheet #79B (Live-in Domestic Service Workers Under the Fair Labor Standards Act) | | | | | | | | | | | | |
| SDE will provide: | | |  | | | Community Based Supports | | | | | | | | |  | Individual Supports | | | | |  | Respite |
| SDE has higher level of education required to meet the following need of the individual (Check all that apply): | | | | | | | | | | | | | | | | | |  | | Enhanced Medical Need |  | Enhanced Behavioral Need |
| Describe in detail the specific service to be provided in 15 minute units, be sure to include where the service will be provided (i.e.: gym, religious worship, home, medical visit, etc.) | | | | | | | | | | | | | | | | | | | | | | |
| Click to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| Where in the NJCAT and PCPT is the need for this service referenced? | | | | | | | | | | | | | | | | | | | | | | |
| Click to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| Will this service increasing the participant’s involvement in the community?  Yes  No | | | | | | | | | | | | | | | | | | | | | | |
| If Yes, describe how: Click to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| Have natural and generic supports been explored?  Yes  No | | | | | | | | | | | | | | | | | | | | | | |
| Is this service being requested in lieu of Day Program?  Yes  No | | | | | | | | | | | | | | | | | | | | | | |
| Is the individual interested in Employment or currently attending, a Day Program?  Yes  No | | | | | | | | | | | | | | | | | | | | | | |
| Is the service to support the individual at the current place of employment?  Yes  No | | | | | | | | | | | | | | | | | | | | | | |
| Requested Hourly Rate: | | | | | | | | | | | | | | Click to enter text. | | | | | | | | |
| Number of 15 min units per week being requested: | | | | | | | | | | | | | | Click to enter text. | | | | | | | | |
| **Section 5: Documentation of SDE Matriculated Degree/Advanced Degree** | | | | | | | | | | | | | | | | | | | | | | |
|  | To receive an Enhanced R&C wage, the SDE must possess a matriculated degree/advanced degree in a medical and/or behavioral subject area closely related to the identified enhanced need of the individual. Years of experience may not be used to supplant this requirement.  One or more of the following documentation is required and should be attached to this request and forwarded to the Service Approval Helpdesk, [DDD.ServiceApprovalHelpdesk@DHS.NJ.GOV](mailto:DDD.ServiceApprovalHelpdesk@DHS.NJ.GOV). Please check all documentation that applies:  Official copies of educational transcript(s) (mandatory submission)  Official copies of applicable Certification(s)  Official copies of applicable License(s)  **Note**: Mandated training(s), drug testing, background checks, etc. must be completed prior to SDE providing services. | | | | | | | | | | | | | | | | | | | | | |
| **For Division Use Only: Final or Combined Approval Outcome** | | | | | | | | | | | | | | | | | | | | | | |
| Review completed by: | | | | | | | | | | | | Click to enter text. | | | | | | | | | | |
| Outcome of Review: | | | | | | | | |  | | | Approved | | |  | | Denied | | | | | |
| Notes: Click to enter text. | | | | | | | | | | | | | | | | | | | | | | |