

ALL HEART & SOUL

SUPPORT COORDINATION AND CONSULTATION

161 Rt 27, Edison, NJ 08820 [www.allheartansoul.com](http://www.allheartansoul.com)

201-306-4206 info@allheartandsoul.com

Welcome to All Heart and Soul!

Together we will identify your goals, dreams, and strengths and create a roadmap for your present and your future.

**Initial Planning Phase**

You will receive onboarding documentation required to begin the planning phase. We have 30 days from the time an individual is assigned to us to complete the plan. This will all need to move quickly. This will include the following:

1. Waiver enrollment form- Individuals must be enrolled onto the Medicaid waiver either under the Supports Program or the Community Care Program.
2. Rights and Responsibilities- explains your rights as an individual receiving services as well as your responsibilities to receiving services. This form is renewed annually.
3. HIPAA- this form allows us to discuss your information with other entities besides yourself or your legal guardian. If a parent or family member is not the legal guardian it is important to name that person on this form. Other ideas include your school/district, doctors, other key family members, etc.

**Planning Phase**

This is our get to know you phase. We will review your answers to the New Jersey Comprehensive Assessment Tool (NJCAT). We will gather all demographic and health information including:

1. Doctor and Specialist Information
2. Medications-Dosages, Times, and reason for medication
3. Allergies
4. Emergency Contacts
5. Adaptive Equipment used such as glasses, communication devices, orthotics, wheelchair, shower chair, hearing aids, walker, etc.
6. Dietary Restrictions
7. Sensory Issues

We will then find out about YOU! We will ask about who is important to you, where do you like to go, what are you proud of, what qualities do you prefer in people who work with you. What are your short and long term hopes and dreams? From all of this information, we will work with you to identify services and community supports that will assist you in accomplishing your goals.

All of this information will be used to create the New Jersey Individual Service Plan (NJISP) and the Person Centered Planning Tool (PCPT). These two documents will be sent for your review. They will say DRAFT. All plans will be sent for review and this provides an opportunity to clarify or change any information. Once you are in agreement with the plan, you will sign the DRAFT, return it to the Support Coordinator and it will then be sent for final approval by the Support Coordinator Supervisor.

**Services Available to You**

Community Based Supports/Individual Supports Community Inclusion

Day Habilitation Respite-Group, Overnight, and Camp

Physical, Speech, Occupational and Cognitive Behavioral Therapies

Supported Employment Goods and Services

Supports Brokerage Pre-Vocational

Environmental and Vehicle Modifications Career Planning

**Working with Service Providers**

The Support Coordinator works with you to find service providers in your area or who provide services virtually that meet the outcomes identified in the service plan. In this system of care, individuals choose from these service providers, the support coordinator does not choose for you. Once you start working with a service provider, you have entered into a service agreement with them. Support coordinators do not supervise service providers. If you need to communicate an issue, an absence, or have questions about the service, you will now work directly with the service provider. Your SC will ask how services are going during their contacts with you and if the service arrangement is not working out, the Support Coordinator will assist in finding a new service provider.

**PPL**

Some individuals choose to hire self directed employees rather than go through a service provider. A self-directed employee can be a family member, a neighbor, a previous teacher, etc. The hiring entity is PPL (Public Partnerships). They will become the employer of record for the self directed employee. The Support Coordinator will put in a referral to PPL identifying that a self directed employee has been identified. Once this referral has been made, PPL takes over. It is not a fast process and the Support Coordinator has no controls over the PPL process. PPL will reach out to begin the hiring process and you will engage in filling out paperwork, assisting the employee in background checks, drug screening and signing up for training. Once the employee is hired, issues with time sheets or any other employment issue will go through PPL. The Support Coordinator has no influence over this system.

**Electronic Communication**

Support Coordinators work on a system called i-record. This platform was created by DDD and is maintained by them. I-record serves as a guide for the plan. Some of the language in a plan is pre-populated based on the SC input. You will receive an initial plan through i-record. All emails through I-record are encrypted. You will create a password to open this initial e-mail and it will be used each time you receive one. Additionally, we will send emails alerting you of information, sending documents or correspondence. It is important to check emails regularly. At this time there is no means for electronic signatures. The easiest way to send information quickly is to have a printer/scanner at your disposal. This will allow for plan approvals, revisions, etc. to happen in an expedient manner.

**Emergency Contact**

Typically Support Coordinators follow a typical work week schedule but can make themselves available for face to face visits outside of normal work hours if that fits your schedule better. Support Coordinators use their own cell phones as their contact. Please try to be respectful of working hours. There is a 24 hour on call number 201-306-4206 for true emergencies such as hospitalizations, homelessness, fire, death, etc. We ask that you only use this for true emergencies. We are committed to getting back to you for non-emergencies within 24 hours.

**Monthly Contacts and Quarterly Visits/Annual In Home Visit**

The Support Coordinator is required to have monthly contact via phone and must see the service recipient quarterly. Annually that face to face visit must occur in the home. It is extremely important that you respond to phone calls so these contacts can be conducted. They must occur every month.

**Revisions**

Your plan is a moving, living plan. Services can be added, increased or decreased or ended at any time during the plan year. All revisions require the individual and the guardian if applicable to sign the plan. Certain services require a second level of approval from DDD and that can take up to two weeks. We need as much advance notice as possible to make revisions happen. Revisions typically need to happen quickly so please be sure to get required signatures done and returned to the Support Coordinator as quickly as possible.

**Renewals**

The NJISP renews annually on the anniversary that the first plan was approved. This renewal requires a meeting with the Support Coordinator, the individual and guardian if applicable and all service providers. We are required to have the plan approved and ready to go 30 days prior to the plan renewal date. This annual meeting allows a review of all information and an opportunity to reevaluate goals, services, etc.

**Complaints/Grievances**

Our number one priority is your full satisfaction with our services. If there is ever an issue and you are seeking resolution please contact Melissa Soules, owner of All Heart and Soul by phone at 201-306-4206 or by email at [msoules@allheartandsoul.com](mailto:msoules@allheartandsoul.com).



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I have received the All Heart and Soul Welcome Letter. I acknowledge that planning, electronic communication, working with service providers, available services, PPL, monthly, quarterly and annual contacts, revisions, renewals, emergency contacts and complaints and grievances were reviewed in this letter.

Participant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Guardian Name (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Guardian Signature (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_