Changing Your Support Coordination Agency

If an individual in the Division of Developmental Disabilities (DDD) Supports Program or Community Care Program wishes or needs to change Support Coordination Agencies, they have the right to choose a new Support Coordination Agency.

Support Coordination Agency changes are made by DDD at the beginning of the month.

Below are some resources to assist individuals and their families who are thinking about choosing a new Support Coordination Agency.

- List of Medicaid/DDD-approved Support Coordination Agencies: https://nj.gov/humanservices/ddd/documents/support-coordination-agencies-list.pdf
- DDD Provider Search Database (filter by Service/Support Coordination, and County): https://irecord.dhs.state.nj.us/providersearch
- The Boggs Center's ***Selecting and Evaluating a Support Coordination Agency*** resource page for individuals and families: https://rwjms.rutgers.edu/departments_institutes/boggscenter/products/SelectingandEvaluatingSupportCoordinationAgency.html

To change your Support Coordination Agency:

1. Research and/or contact other agencies that provide Support Coordination in the county where the individual lives.
2. Identify your First-Choice agency, as well as a Second-Choice agency (in case your first-choice agency does not have an opening or does not provide services in the individual's county of residence). If you prefer to have DDD auto-assign a new Support Coordination agency, please check the Auto-Assign option on the form.

   Please Note: The Auto-Assignment option cannot accommodate a preferred language request. If you are requesting a preferred language, it is best to select the Preferred Agencies option and choose agencies that offer your preferred language.
3. Complete the Support Coordination Agency Change Form.
4. **Send the completed form to DDD by email to: DDD.SCAChoice@dhs.nj.gov**

   If unable to submit the form by email, please submit *by mail only* to:
   NJ Division of Developmental Disabilities
   ATTN: SCA Choice
   PO Box 726
   Trenton, NJ 08625

New Jersey Department of Human Services
Division of Developmental Disabilities

Support Coordination Agency CHANGE Form

NOTE: Support Coordination Agency changes are made at the beginning of the month.

Individual's Name: _____ Date of Birth: _____

County of Residence: _____ DDD ID #: _____

Would you like to talk with someone from DDD about this change request? ☐ YES ☐ NO

If YES, provide phone number: _____ and/or complete the Change Request Feedback Form:

www.nj.gov/humanservices/ddd/documents/sca-change-request-feedback(fillable).pdf

I prefer a Support Coordinator who speaks: _____
(Enter preferred language)

Choose either Preferred Agencies or Auto-Assignment by DDD below:

☐ **Preferred Agencies** Please identify first and second choice. If the agency you choose does not serve your county or does not have the capacity to provide you with services at this time, DDD will auto-assign an agency for you.

First Choice Support Coordination Agency: No Limit Life

*Preferred Support Coordinator Name, if known**: _____

Second Choice Support Coordination Agency: _____

*Preferred Support Coordinator Name, if known**: _____

** Agencies cannot guarantee and are not required to assign a preferred Support Coordinator.*

☐ **Auto-Assignment by DDD** I do not have a preferred agency and would like DDD to auto-assign an agency for me. (Auto-Assignment cannot accommodate a preferred language request.)

Printed Name: _____ Date: _____

Email Address: _____ Phone: _____

CHOOSE ONLY ONE METHOD TO SUBMIT THIS FORM

Email To: DDD.SCAChoice@dhs.nj.gov **(Preferred)**

Or Mail To:
NJ Division of Developmental Disabilities
ATTN: SCA Choice
PO Box 726
Trenton, NJ 08625