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| cid:image002.jpg@01DA9C9B.873348C0 | **Extenuating Circumstance Application**  **Due Date: December 2, 2024** |

Used by eligible Support Coordination Agencies to request a short-term, 90-day extension to meet the DDD policy manual census requirement.

**DDD Policy Manual: 17.18.5.8 Caseloads and Capacity**

Effective April 1, 2025, any Support Coordination Agency operating for 12 months or longer must serve a minimum of 60 individuals and serve at least one county. Support Coordination Agencies serving less than 60 individuals after one year of operation may not continue operations unless extenuating circumstances have been determined by the Division. The Division of Developmental Disabilities is not responsible for referring individuals to a Support Coordination Agency to meet this or any other metric.

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| **General Information** | |
| **Support Coordination Agency Name**  Click or tap here to enter text. | **Name of SCA Agency Head**  Click or tap here to enter text. |
| **Date became Approved Provider**  Click or tap to enter a date. | **Current Census**  Click or tap here to enter text. |
| **Has the SCA been open more than one year?**  Yes  No | **Does the SCA have a Corrective Action Plan (CAP)?**  Yes  No |

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| **Support Coordination Agency Extenuating Circumstance**  Extenuating circumstances are compelling reasons, *supported by evidence*, that the agency will achieve census of 60 or more within a short-term, 90-day period. |
| *Choose one or more of the extenuating circumstances below that best applies to your agency and provide detailed explanation.*  **Unique or Underserved Populations:** The agency has ***demonstrated*** evidence of experience and expertise serving a specific area or population **and** there is compelling evidence that the needs are otherwise unmet.  Please explain: Enter text.  **Geographic Need** The agency provides Support Coordination services in geographic areas where market saturation does not exist **and** the agency can provide ***demonstration*** of need.  Please explain: Enter text.  **Evaluation Outcomes** The agency is in Released status, and has been formally evaluated by the Support Coordination Unit and demonstrated that policy manual requirements are met.  Please explain: Enter text.  **Census between 50 and 60** The agency is in Released status and in good standing, has a census of at least 50 and compelling evidence of growth opportunities, and has been determined by the Division to have a realistic plan to achieve a census of 60 or more within a 90-day period.  Please explain: Enter text.  **Other** The SCA has another compelling reason that does not fit in one of the above categories  Please explain: Enter text. |
| *Provide a detailed explanation.*  Describe the agency’s operational plan if the census requirement of 60 or more is not achieved by the end of a 90-day extension. Click or tap here to enter text. |

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| **Attachments** |
| List relevant documents or other attachments that support your submission. **Note:** personal or professional references or recommendations should not be solicited and will not be considered for application review:  Click or tap here to enter text. |
| **Agency Head Signature** |
| **Completed by (name & title):** Click or tap here to enter text.  **Date:** Click or tap to enter a date. |

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| **Application Instructions** |
| 1. Complete all sections of **General Information**. 2. Choose one or more of the **Extenuating Circumstances** that best applies to your agency, provide a detailed explanation *and* gather all of the agency’s supporting documentation. 3. Identify the names of any supporting documents/attachments being submitted with the application. 4. Agency Head enters name and dates the application. |

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| **Portal Instructions** |
| **STEP ONE: Ensure access to the portal and set up a unique password.**   1. In the browser’s web address bar, enter: <Https://securexfer.dhs.state.nj.us>      1. **Enter Username** - The first initial of your first name and complete last name. Example: JDoe   **Enter Case Sensitive Password -** The temporary password is: Pa$$word!23  ***Important:*** *Type the temporary password. Do not “copy and paste” as it may create an extra space.*   1. **Agree to the disclaimer agreement** by checking the box at the bottom of the page. 2. Click the **Sign in** button. 3. A prompt will appear to change the password and set up security questions upon initial login.   ***Important:*** *Save the password in a secure location for future use.*   1. Once access to the portal has been ensured, close it until ready to upload documents.   ***Important****: Report login issues immediately to the assigned Quality Assurance Specialist (QAS).*  **STEP TWO: Prepare files for upload**   1. Upload the completed application and all supporting documentation using the file name:   <**SCA Name**> **Extenuating Circumstance Application** to the SCU Quality Review Portal at <Https://securexfer.dhs.state.nj.us> no later than **12/2/2024.** |