



## Connecticut DDS Transformational System Plan

### Restructuring Only Plan Template: Part B – Day and Employment

Provider Information .....	1
Part B. Congregate Day Setting Transformation.....	2
Section 1. Setting Details .....	2
Section 3. Restructuring Timeline.....	4
Section 4. Stakeholder Input.....	5

#### Provider Information

All items in this section are required.

1. Agency Name:
  
2. Primary Region (select one):
  - a. North
  - b. South
  - c. West
  
3. Contact Information:
  - a. Name:
  
  - b. Role:
  
  - c. Email:
  
  - d. Phone Number:



## Part B. Congregate Day Setting Transformation

To be eligible for restructuring incentives, providers must support individuals receiving supports in a congregate day or employment setting (Day Support Option (DSO), Group Supported Employment, or Employment Transitional Services (ETS), and seek to restructure one of these settings to provide new supports that focus on employment-based services, to serve individuals with complex medical or behavioral needs, or to transition a subminimum wage arrangement for individuals to a minimum wage arrangement. ***Specific to restructuring a day program, the day program must be redesigned to either focus on employment-based services or support new individuals that have an unmet day need.***

Use the following prompts to provide details on the agency’s current settings, planned settings, and strategy for moving from one to the other.

### Section 1. Setting Details

1. Describe the current program the agency plans to restructure:
  - a. What current support(s) will be restructured? (select all that apply)
    - Group Day Supports
    - Individualized Day Supports
    - Group Supported Employment (GSE)
    - Prevocational Services
    - Employment Transitional Services
    - Other (please describe)
  - b. What is the program name and address?
  - c. How many people does the agency currently support in the program?

**Note:** If your plan includes multiple day settings, please use Form B2- Additional Day Settings to answer question 1 for each.

*For Regional Review Only*

**Meets requirements:** selected a provided option in 1a and provides context in 1b-1c.

- Meets requirements
- Needs revision

Reviewer notes



2. Describe the day program that will be restructured below.
  
  
  
  
  
  
  
  
  
  
3. Please describe planned staffing, including roles, numbers, and availability of staff:
  
  
  
  
  
  
  
  
  
  
4. What is the agency's plan to identify individuals to move into the setting?
  - Individuals have already been identified
  - Coordinate with the DDS region to identify individuals
  - Other (please describe)
  
  
  
  
  
  
  
  
  
  
5. How will the restructuring impact services and supports for individuals remaining in the setting, both long-term and during the restructuring process?
  
  
  
  
  
  
  
  
  
  
6. Provide a high-level narrative summary of the agency's plan highlighting the goals and how the planned restructuring will improve independence and choice for the people receiving supports. Please include the agency's plan to increase or add supports and assistance to meet additional support needs. Include how the agency will work with individuals and their teams to design their supports. **Specify whether the planned restructuring is focused on transforming a day support to be employment-focused, to support individuals with complex behavioral or medical needs, or to end a subminimum wage arrangement.**

For Regional Review Only

**Meets Requirements:** *The agency clearly describes how the setting will be restructured, including changes to staffing. Considering all the answers for Section 2, the agency describes a plan to restructure a setting with adequate services and supports to provide employment-focused supports in a day setting, meet the needs and preferences of individuals with more significant medical and/or behavioral support needs, or end a subminimum wage arrangement.*

*Meets requirements*

*Needs revision*



Reviewer notes

### Section 3. Restructuring Timeline

Please use this section to describe the key steps in the agency’s restructuring plan with targeted start and end dates. Please note that the timeline provided in this plan is flexible and can be updated. Please see the STEP FAQ for more information. Consider the following questions as guidance, but you may provide a timeline in the format of your choice. See the STEP FAQ for more details on timeline flexibilities.

1. Has the agency already begun restructuring activities? If so, describe completed activities.
2. What activities will launch the restructuring process? When are they scheduled to begin?
3. What milestones do you anticipate throughout the restructuring process? When are they expected?

#### For Regional Review Only

**Meets requirements:** Providers may choose to answer this section with a workplan or visual timeline instead of under each question. However they respond, it must have milestones with anticipated dates including:

- *Launch activities*
- *When the restructuring will be complete*

*Meets requirements*

*Needs revision*

Reviewer notes



## Section 4. Stakeholder Input

1. How did, or will, the agency engage stakeholders, including individuals and their families, in the development of the plan? Provide an example or examples of how the plan is informed by stakeholder input:

### For Regional Review Only

**Meets requirements:** Describes how something in the plan is or will be shaped by stakeholder input. Includes input from individuals receiving supports and their families. For example, an agency might share changing parts of the plan based on feedback. This answer can also include information about how the agency will work with individuals and their teams to design personalized supports following restructuring.

Meets requirements

Needs revision

Reviewer notes