



Connecticut DDS Transformational System Plan

Restructuring Only Plan Template: Part A – Residential

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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 A. Residential Setting Transformation

To be eligible for residential restructuring incentives, provider must be a qualified residential provider covered under the Comprehensive Supports Waiver or Individual and Family Support Waiver. The provider must operate a congregate residential setting, including a Community Living Arrangement (CLA) or Community Residential Support (CRS), and plan to restructure this setting **to support individuals identified as being on the DDS residential wait list, having an unmet residential need or the residential move better aligns to meet the needs of the individual.** The department encourages providers to focus on individuals currently residing in institutional, hospital, or other temporary congregate settings, or on individuals with complex needs who are more likely to enter an institutional or hospital setting without emergency residential support.

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 setting you plan to change:
 - a. Is it a CLA or CRS?
 CLA
 CRS
 - b. What is the setting name and address?
 - c. How many people currently live in the setting?

Note: If your plan includes multiple residential settings, please use Form A2- Additional Residential Settings to answer question 1 for each.

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

Meets requirements

Needs revision

Reviewer notes



Section 2. Restructuring Plan Details

1. Describe the residential supports that will be restructured below.

2. Please describe planned staffing, including roles, numbers, and availability of staff:

3. What is the agency's plan to identify individuals to move into the setting?
 - Individuals have already been identified
 - Provide spaces to individuals on the Emergency Waitlist
 - Coordinate with the DDS region to identify individuals
 - Other (please describe)

4. How will the restructuring impact services and supports for individuals remaining in the setting, both long-term and during the restructuring process?

5. 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.

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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 redesign a setting with adequate services and supports to meet the needs and preferences of individuals with more significant medical and/or behavioral support needs.*

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?

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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
- When individuals will move into the support

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:

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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