



# Connecticut DDS Transformational System Plan

## Transition 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

Only complete this section if the plan includes transitions from a congregate residential setting to more individualized, community-focused supports.

To be eligible for residential transition incentives, provider must be a qualified residential provider covered under the Comprehensive Supports Waiver or Individual and Family Support Waiver. The provider must transition a waiver participant from a congregate residential setting (community living arrangements (CLA), community residential supports (CRS) toward a more integrated community-based setting (own home, family home, or community companion homes). Please see the STEP Frequently Asked Questions (FAQ) for additional information about residential incentives.

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?
  - d. How many people in the current setting do you anticipate will want to transition?

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

#### For Regional Review Only

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

Meets requirements

Needs revision

Reviewer notes





- e. If the agency does not currently provide the planned supports, please describe the plan to initiate them including the plan to become licensed/qualified if applicable.

**Note:** If the agency is not currently licensed/qualified for the planned supports, [please submit an application](#) and include the submission date in 2e.

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**Meets requirements:** selected at least one provided option in 2a. For 2c the answer must demonstrate that staffing is appropriate to support the new model. For 2d and 2e the provider must currently provide the planned supports or provide a realistic plan for initiating the supports.

Meets requirements

Needs revision

Reviewer notes

3. What kind of settings does the agency anticipate individuals will move to? (select all that apply)
- Family home
  - Own home with roommates who also receive supports
  - Own home without roommates, or with roommates who do not receive supports
  - Own home in a supportive housing community
  - Community Companion Home
  - Other (please describe)



4. How will the agency support individuals to choose and move to new housing?

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**Meets requirements:** *In question 3, selected at least one provided option and any response to ‘Other’ describes a community setting other than a CLA or CRS. In question 4, answer provides a feasible plan for supporting individuals to transition to the setting(s) selected including:*

- *Explanation of how costs for room and board will be covered in the new setting*
- *Identified housing or clear plan to identify or create housing*
- *Answer recognizes importance of personal choice for the individual transitioning*

*Meets requirements*

*Needs revision*

*Reviewer notes*

For Regional Review Only

**Meets requirements:** *Considering all the answers for Section 1, the plan demonstrates individuals will continue to receive the necessary and appropriate level of support comparable to their current setting*

*Meets requirements*

*Needs revision*

*Reviewer notes*





3. How will supports change in the current residential setting?
- The agency plans to close the current residential setting
  - The agency plans to maintain current setting for fewer residents
  - The agency plans to restructure current setting for new residents with significant medical and/or behavioral support needs
  - Other (please describe)

**Note:** If you answered “The agency plans to restructure current setting for new residents with significant medical and/or behavioral support needs” please also complete [Section 8. Restructuring to Support Individuals with Significant Needs](#).

*For Regional Review Only*

**Meets requirements:** *Considering all answers in Section 2, the provided responses are appropriate. Explanations for “Other” in question 3 must not backfill openings without enhancing supports.*

- Meets requirements
- Needs revision

Reviewer notes

### Section 3. Individuals Served

REMINDER: If you include information about specific individuals, please use initials instead of names to protect people’s privacy.

1. Please provide detail on individualization within the Transition Plan. Please include:
  - The plan to invite individuals to participate, including completed efforts
  - How the agency will engage individuals and their team, including family, in transition planning (all individual transitions must go through the individual planning process)
  - How the agency is prepared to individualize transition efforts







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**Meets requirements:** *Includes at least one approach that recognizes and addresses the emotional challenges of transitioning (e.g., frequent and early communications about transitioning). Describes at least one health and safety safeguard option for people transitioning (e.g., evening reminders to individuals to make sure their doors are locked).*

*Meets requirements*

*Needs revision*

*Reviewer notes*

3. How does the agency plan to support individuals that may want to return to the initial setting? Please include details such as:

- What is the agency's plan to support individuals, as appropriate, to return to the initial setting within the first 60 days?
- What is the agency's plan to support individuals, as appropriate, to return to the initial setting after 60 days and before 120 days?
- How will the agency identify these individuals, and how can individuals ask to return?

**Note:** This setting may not be operated by the provider if the agency is closing all programming of that type. This will not exclude the agency's plan from approval.



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**Meets requirements:** Offers a realistic plan for how people will return to the initial setting within the first 60 days and how people will return to initial, or similar setting, after 60 days and before 120 days. Must include how agencies will inform people and their guardians or families of the options for transitioning back before and after the transition. Includes discussion of impact to overall transition plan.

Meets requirements

Needs revision

Reviewer notes

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

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**Meets requirements:** Considering all the answers for Section 4, the plan describes appropriate support to people receiving supports during and after transition.

Meets requirements

Needs revision

Reviewer notes



## Section 5. Timeline

Please use this section to describe the key steps in the agency's transition 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 transition activities, for example identified individuals interested in transitioning? If so, describe completed activities.
2. What activities will launch the transition process? When are they scheduled to begin?
3. When will the first individuals complete their transitions?
4. What milestones do you anticipate throughout the transition plan? 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 first person will transition*
- *When the last person will transition*
- *If applicable, when the original setting will close*

*Meets requirements*

*Needs revision*

*Reviewer notes*



## Section 6. 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 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.

Meets requirements

Needs revision

Reviewer notes



## Section 7. Narrative Summary

Optional: provide a brief, high level, narrative summary of the agency's plan highlighting the goals and how the planned transitions will improve independence and choice for the people receiving supports. Agencies do not need to repeat information included earlier.

### For Regional Review Only

*This section is not required. However, **if agencies complete it, please review.** If you had concerns about if the plan outlines an approach towards more integrated and community-based settings that promote independence and freedom of choice, this section may address those concerns. You may edit your rating for previous sections based on information included in this section.*

*Reviewer notes*

## Section 8. Restructuring to Support Individuals with Significant Needs

Only complete Section 8 if the agency's plan includes redesigning a congregate setting to provide supports to individuals with significant medical or behavioral support needs. If you plan to backfill vacancies in the current setting, please see the STEP FAQ for additional information.

**Information in this section should explain the plan to redesign the current setting to appropriately support individuals with significant medical or behavioral support needs.**

1. If your plan includes multiple current settings, which setting or settings does the agency plan to redesign? Please refer to settings by name or address previously used. Skip this question if your plan does not include multiple settings.

2. 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)

3. When will individuals first move into the redesigned setting?

- Before other individuals begin transitioning out
- As individuals transition out and spaces are available
- After all targeted individuals have transitioned



4. Provide a high-level narrative summary of the agency’s plan highlighting the goals and how the planned redesign 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. Agencies do not need to repeat information included earlier.

*For Regional Review Only*

***Meets Requirements:*** *The agency provided an answer for questions 2, 3, and 4. Considering all the answers for Section 8, the agency describes a plan to redesign a setting with adequate services and supports to meet the needs of individuals with more significant medical and/or behavioral support needs.*

*Meets requirements*

*Needs revision*

*Reviewer notes*