



Connecticut DDS
Transformational System Plan
STEP Forward Guide
July 2023

DDS



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Overview

The Centers for Medicare & Medicaid Services (CMS) awarded the Connecticut Department of Developmental Services (DDS) transformational funding through the American Rescue Plan Act (ARPA). Supporting Transformation to Empower People (STEP) is a rare opportunity, with financial incentives, for providers to move towards more integrated and community-based settings that promote independence and freedom of choice. This aligns with the DDS mission to partner with the individuals we support and their families, to support lifelong planning, and to join with others to create and promote meaningful opportunities for individuals to fully participate in their communities. This initiative enhances flexibility to tailor to the needs of the individual, family, and the specific circumstances of the provider. Consistent with the DDS Vision and five-year plan, STEP will provide opportunities for people supported by the Department to live, learn and work in more independent settings with the support they need and have meaningful roles in their communities using their strengths, talents, and passions. It allows people to make informed choices about where they live and work, and to pursue the lives they choose. This initiative is an opportunity for providers and individuals, with their families, to work together to meet personal goals of living and working in their community.

DDS will provide incentives to providers for supporting individuals to transition from a congregate setting to more community-based supports. To be eligible to receive funding through this initiative, providers must currently provide services and support to individuals in:

- Congregate residential settings, specifically, a group home designated as a Community Living Arrangement (CLA) or Continuous Residential Supports (CRS).
- Congregate day settings, specifically, a setting in which the individual is receiving supports in a day support option (DSO), or group supported employment (GSE) worksite.

Provider Agency Transition Plans

Each participating provider agency must have a Transition Plan for how the provider will change services and approach to be more person-centered and community focused. Individuals, their families, providers, and DDS Regional Staff will agree upon transitions for specific people through the existing individual team process. DDS strongly encourages all providers operating congregate day or CLA/CRS programs to develop a transition plan. This is a unique and rare opportunity for providers to receive additional funding and technical assistance. DDS will create flexibility with and support providers. For example, providers can:

- Select the homes and day sites for restructuring,
- Identify the number of individuals requesting to transition to an alternative residential or day setting,
- Collaborate with DDS staff on how to implement innovative approaches, and
- Identify and request administrative and fiscal supports needed to implement the transition plan.

As part of this initiative, DDS engaged partners to assist with the development and implementation of the transformational process. A transformational process means a set of actions to change things. This process includes assessing the current system, identifying evidence-based practices and lessons learned from other states, and gathering stakeholder input. This methodology was executed during the Moving On phase, phase one. The STEP Plan is available on the DDS Provider Gateway. Moving into phase two,



providers can align their provider specific organizational restructuring plans to build on the progress and momentum of DDS' plan. Providers will receive information about scheduled group assistance sessions and how to request one-on-one technical assistance.

DDS is offering transformational funding to providers through incentive-based payments. Qualified providers must submit their plan through the authorized template, after 4/1/2023 and before 9/30/2024. DDS will educate stakeholders through virtual forums and educational opportunities to facilitate the transformational process. Providers should begin reviewing their organizational structure early and develop a planning process to review and identify the role congregate settings will play in their service offerings. Providers should consider the direction of DDS and the CMS Home and Community-Based Services criteria as well as the requirements of the Final Settings Rule to ensure community-based integration.

Interested providers are strongly encouraged, but not required, to contact their DDS regional resource administrator to discuss the provider's intent to submit a plan and to receive DDS staff feedback during plan development. In addition, providers have access to DDS support and resources for technical assistance while completing their transition plan. Once providers submit the plan, the provider and the region will meet to discuss the plan and address any issues. The Regional Office must approve the transition plan for the provider to be eligible for incentive payments.

DDS strongly encourages all providers with a congregate living or work setting to submit a transition plan. Funding is available on a first come, first served approach.

Financial Incentives

DDS developed financial incentives to assist providers to implement transition plans. Regional Offices must approve transition plans for providers to receive incentives through STEP. Providers will receive incentives based on the transition of an individual from a congregate setting to more community-based supports. Providers may reorganize home or day settings to accept individuals who have significant medical or behavioral support needs, including individuals on the DDS emergency list. This is the only way a provider can fill a vacancy in a congregate setting after an individual transitions and remain eligible for the incentives.

General Incentives

- **Scope Incentive:** A one-time incentive-based outcome payment to any qualified residential or day provider that submits a transition plan that is approved by DDS. An approved plan must be verified by DDS after 2/1/2023 and before 3/31/2025 to be eligible for the outcome payment. The size of the incentive is based on the scope of the plan.
 - A provider that submits a plan for transforming one program within their agency will receive a payment of \$7,500.
 - A provider that submits a plan for transforming two programs within the agency will receive a payment of \$12,500.
 - A provider that submits a plan for transforming three or more programs within their agency will receive a payment of \$17,500.
 - Payments are expected to be made to providers within 90 days of when the above criteria is met.

- **Restructuring Incentive:** A one-time incentive-based outcome payment of \$33,000 to any qualified residential or day provider that successfully achieves one of the listed objectives:
 - Restructuring of a residential setting to support new individuals with specialized or complex medical, behavioral, or clinical needs who need residential support.
 - Restructuring a day program to provide new supports that now focus on employment-based services.
 - Restructuring a day program to support new individuals with specialized or complex medical needs who need a day support.
 - Ending a subminimum wage arrangement for individuals supported in the program to minimum wage arrangement.

Residential Incentives

CMS approved the following financial incentive approach for residential providers. To be eligible for incentives, providers must support individuals to transition from a congregate residential setting (CLA/CRS) toward a more integrated community-based setting such as their own home, family home, or a community companion home.

The available incentives are:

- **Residential STEP Incentive:** Paid to the CLA or CRS provider. A one-time incentive payment of \$33,500 for each individual who moves out of a CLA or CRS setting and into an alternative community-based setting for at least 60 days.
- **Provider Transition Incentive:** Paid to the CLA or CRS provider. An incentive payment to reimburse the provider to maintain supports in the house until the last person transitions in accordance with the transition plan. For example, a monthly amount equal to the annual authorization of the individual or individuals moving out of the CLA or CRS. The incentive will be paid for up to six months or when the last individual transitions out of the home, whichever is less. This may be extended with approval of the region.
- **New Residential Placement Incentive:** Paid to the agency providing the alternative supports. An incentive payment equal to the support rate of the alternative residential setting for each hour of support in addition to the regular support rate. For In-Home Supports, this includes the Safety Net and Cluster Support Rate. This incentive is for a total of 20 weeks for each individual that moves out of the CLA or CRS setting.



Day Incentives

CMS approved the following financial incentive approach for day providers. To be eligible for the incentives, providers must support individuals receiving services in:

- Moving out of a non-employment day setting into a setting that works toward competitive integrated community employment
- Moving into a setting that works towards competitive integrated community employment
- Moving out of a group employment setting toward a more independent competitive integrated community employment-based setting
- Increasing the support hours of a day setting that works towards competitive integrated community employment to ensure continued independence
- Transitioning support hours from a non-employment day setting with the intent of moving such hours toward a setting that works toward competitive integrated community employment

The available incentives for day providers are:

- **Day STEP Incentive:** A one-time incentive payment of \$15,000 paid to the provider of the congregate setting for each individual who transitions from a non-employment day setting into a setting that works toward competitive, integrated, community employment, or transitions from a group employment setting toward a more independent, competitive, integrated community employment-based setting.
- **Provider Transition Incentive:** Paid to the provider of the original services. An incentive payment equal to the current authorization to reimburse the provider to maintain supports in the congregate day program for four months for each individual that transitions to an alternative community-based support.
- **New Vocational Placement Incentive:** Paid to the agency providing the alternative supports. An incentive payment in addition to the individuals' current rate. Providers serving individuals moving from a non-employment day setting into a setting that works toward employment, such as, community-based group supported employment or transitional employment services, will receive an additional hourly rate. For each hour of the new supports provided to each individual, the provider will receive both the usual rate and the rate for the previous non-employment service. This incentive is for each hour billed up to 30 hours per week for six months.
- **New Individualized Employment Placement Incentive:** Paid to the agency providing the alternative supports. An incentive payment in addition to the individuals' current rate. Providers serving individuals moving from a congregate setting to individualized supported employment or customized employment will receive an additional hourly rate of \$71.50 per hour for each hour billed of these supports up to 25 hours per week for six months.



One Time Requests

Providers may submit additional one-time requests for expenses over and above their estimated incentive revenue for items critical to the overall restructuring plan. These may include one-time funds to recruit and hire clinical staff or job developers, training teams to identify potential candidates who have the ability and desire to live and work more independently, conducting independent living assessments, and assistive technology assessments.

Room and Board Supplemental Requests: Providers that plan an initiative to close a licensed group home may request supplemental payments from DDS to offset a decrease in room and board revenue. Providers will work with the region to submit a one-time request for actual room and board expenses unfunded due to the transition of individuals to alternative residential settings or the restructuring of a home to provide supports to individuals who have significant medical or behavioral support needs.

Alternative Community-Based Supports

Over the last few years, DDS has worked to expand available supports. The range of supports currently available allows individuals to live, learn, work, and enjoy community life in a setting that best meets their support needs. Each setting is designed to promote meaningful opportunities for individuals to fully participate in their communities. Supports that are more individualized to the person's preferences and needs increase their opportunities to experience greater independence and freedom of choice.

These alternative community-based supports enhance the individual's ability to make informed choices, take more responsibility for their lives, and experience the dignity of risk. The health and safety of the person remains front and center with staffing provided through an array of support options including:

- Direct face to face contact,
- On-call staff available during the night,
- Clustered in-home supports,
- Supportive housing,
- Electronic face to face, and
- Remote supports.

Self-direction also remains a key option for promoting independence and choice for residential and day services.

Provider Transition Plans

The transition plan will be a blueprint on the structural changes the provider plans to make to increase supports in more independent and community-based settings. Providers have the option to restructure their whole agency or one or more designated congregate settings. Additionally, to fill spaces in an existing setting following transitions, providers may choose to adapt the current congregate setting to provide supports to individuals with more significant medical and/or behavioral support needs including those on the DDS emergency list. The plan should be based on the goals of the individuals and within the organizational capacity of the provider. Communicating with the various stakeholders and gathering their input will be a key component of the plan. Other components of the plan include:

- Current and future setting details
- Transition support for individuals
- Timeline with milestones
- Stakeholder input
- Budget and sustainability

Providers must submit their plans through the authorized template. A qualified provider that submits a plan after 2/1/2023 and before 9/30/2024 and is approved by DDS will be eligible for the outcome payment.

Plan Approval Process

Transition Plan review and incentive payments are not a competitive process. DDS will establish a rolling submission process in both phases. Approval of the transition plans will be based on the quality of the plan, the targeted outcomes, and the availability of ARPA funds. Once ARPA funds have been designated, DDS will work with providers with an approved transition plan to assist them in achieving their stated outcomes based on available funds within the Department's budget.

Providers will submit plans to the Regional Resource Administrator, and plans will be reviewed by regional staff. The review team consists of representatives from resource administration, the leadership team, and case management. The region and the provider will meet to discuss any issues and concerns that have been identified. Once all issues and concerns are resolved, the region will decide on whether to approve, deny, or ask for amendments to the plan. The Assistant Regional Director for Private Administration, or designee, will communicate the status of the plan to the provider. If approved, the region will designate a DDS staff member to act as the liaison with the provider. The liaison will:

- Oversee changes in authorizations, the reimbursement of the outcomes, and, if applicable, room and board supplemental payments,
- Assist the case manager with concerns from individuals and/or their family members, and
- Work with DDS Central Office to identify any administrative barriers obstructing the implementation of the provider's transition plan.

Transition Safeguards

The transition to a new setting can be exciting and overwhelming. Individuals will face a lot of new challenges and responsibilities. This will be an equally challenging time for the families and support givers. DDS and providers will need to be sensitive to these emotions. The following safeguards will be put in place to address these needs:

- All transitions must be person-centered with timelines based on the goals of the individual.
- DDS and the provider will work together to provide additional supports requested by the team to assist individuals with the transition to the new setting.
- The provider and DDS will work together to provide additional supports, and the annualized funding, that is needed to allow the person to remain at the new alternative setting rather than transitioning back to a congregate setting.
- Within the first 60 days, the individual may request to return to their current setting.
- After 60 days, the individual may request to return to their previous support type, but it may not be the same program they left.
- After 120 days and up to 365 days from the date of the transition to the alternative setting, an individual may transition to another setting with funding up to the annual authorized amount from the date of the individual's transition. The DDS Regional Planning Resource Allocation Team (PRAT) will authorize funding based on the type of supports needed provided the team is in full agreement of the move and all support options in the setting have been exhausted.
- After 365 days in the alternative setting, any changes and requests for additional resources will need to go through the established PRAT process.
- If a provider plans to restructure a home, individuals who might then move to another congregate setting will have due process rights in accordance with the DDS Transfer Policy.

Reporting

Financial Reporting Requirements

DDS structured the incentives as a reimbursement rate for performing a service. Consequently, the use of the incentive income will be regarded like any income received for performing a service. As such, it is subject to the Office of Policy and Management (OPM) cost standards and revenue retention guidelines.

Provider Transformation Reporting

Close coordination between providers and regional staff will promote greater success for provider-specific and statewide transformation. Reporting updates and check-ins will enable this collaborative effort.

At least quarterly, the provider will hold a virtual check-in meeting with the assigned plan liaison to discuss the transition plan. The discussion will include:

- Progress including completed milestones
- Next steps including upcoming milestones
- Anticipated changes to the transition plan
- Lessons learned
- Obstacles and risks

Prior to the meeting, the provider will submit a written update based on the initially submitted timeline indicating progress and areas for discussion in the meeting. Providers should schedule additional meetings for emerging obstacles, to request changes to the transition plan, or as needed for additional guidance. Regional Office staff must review and approve any changes to the transition plan, including changes to the budget.

Transformational Program Outcomes and Results

The following section outlines the desired outcomes of the DDS Transformational Initiative. Stakeholders --including individuals who receive services, their families, and providers-- identified the outcomes in DDS Committee meetings.

Residential Services Outcomes

System results:

1. People will have more choices of where to live and get help. More providers will offer them.
2. More options of where to live for people who need additional support for medical or behavioral reasons.
3. More people will get services matched just to them. It will happen in the community where it best fits what the person wants and needs.
4. Increase in the number of positive opinions from families. DDS will measure this with a survey before and after the changes.

People who transition to an alternative residential setting:

1. Will have improved health (measured with health indicators).
2. Will live more independently in the community.
3. Will know how to use assistive technology better and will use it more.

Day Services Outcomes

System results:

1. More people with disabilities will have jobs. They will be paid the same as people without disabilities.
2. More people will receive vocational supports in the community.
3. More choices with a range of individualized day supports. More providers offer more options.
4. More options of day supports for people who need additional support for medical or behavioral reasons.

People who transition to an alternative day setting:

1. Will receive the number of support hours that best meet their needs and preferences.
2. Will earn higher wages.
3. Will have more community participation hours.



Contacts

Providers interested in discussing their transition plans should contact the provider's primary region. Contact information follows:

Primary Region	Resource Administrator
North	Normand Rioux, Normand.Rioux@ct.gov
South	David David, David.David@ct.gov
West	John Adams, John.P.Adams@ct.gov

For other inquiries, contact Peter Mason, Peter.Mason@ct.gov, at DDS. He is the STEP Coordinator.