



Frequently Asked Questions (FAQ): CT DDS STEP

Last updated November 29, 2023

Table of Contents

- Table of Contents 1
- Description 1
- Acronyms 1
- Plan Review Windows 2
- Provider Questions 2
 - General 2
 - STEP Incentive Payments 3
 - Plan Flexibility and Timelines 8
 - Plan Budget 10
 - One-Time Requests and Other Funding 14
 - Rent Support 15
 - Other 15

Description

This document provides updated and additional information about STEP (Supporting Transformation to Empower People) from the Connecticut Department of Developmental Services (DDS). It will be updated periodically with newly received questions. It also includes information on submission and review timelines

Acronyms

This document uses the following acronyms:

Acronym	Term
ARPA	American Rescue Plan Act
CLA	Community Living Arrangement
CRS	Continuous Residential Supports
DSO	Day Support Options
DDS	Department of Developmental Services
GSE	Group Supported Employment
ICF	Intermediate Care Facility
IDV	Individualized Day Supports - Vocational
ISE	Individualized Supported Employment
RAP	Rental Assistance Program
STEP	Supporting Transformation to Empower People



Plan Review Windows

The table below outlines when Regional Offices will provide feedback on plans based on submission date.

Plan Submission Window	Deadline for Regional Office Feedback
10/28/2023 to 11/17/2023	12/8/2023
11/18/2023 to 12/8/2023	12/22/2023
12/9/2023 to 12/29/2023	1/12/2024
12/30/2023 to 1/19/2024	2/2/2024
1/20/2024 to 2/9/2024	2/23/2024
2/10/2024 to 3/1/2024	3/15/2024

Provider Questions

General

1. Will there be a clear process to approve our transition plan and the incentives?

Yes, all providers interested in submitting a plan will complete the appropriate transition incentive templates including the budget template. Once submitted, a regional review team chaired by the resource administrator will review the plan and will work with the provider until plan is accepted.

2. Are we still able to participate and receive the incentives if only one individual is transitioning?

There is no assigned number of individuals to a transition plan but is expected that transition plans will reflect the transformation of agency programs. Individuals moving into another setting in the regular course of business that are not transformational would not be eligible for the incentives. Review teams will determine whether the number of transitions outlined in a plan represent a transformative change to a provider’s programs using factors including the size of the provider and programs.

3. How will DDS staff be kept up to speed and knowledgeable of the initiative?

DDS hosted a series of information sessions and trainings available for all case managers, case manager supervisors, resource administrators and other DDS staff on the transformational process including the incentives provided by this initiative. These sessions occurred throughout Summer 2023. Similar sessions were held for providers, and those recordings can be found on the [Provider Gateway](#). DDS continues to provide staff with regular updates and is launching case manager office hours focused on STEP.

4. Should our agency submit separate plans if we are planning for multiple transformations?

No, providers should group all their transformational efforts into a single STEP Plan with a Budget. As needed, providers can describe these separate transformations in the Narrative portion of the Transition Plan Templates to help reviewers evaluate the plan. In a few cases, providers may coordinate with their regions to submit multiple plans. For example, if the provider wants to propose something very innovative that may need additional iteration but does not want to delay the approval of other, well-defined transformation efforts.



5. Can Providers collaborate on STEP Plans and transformations?

Provider collaboration is welcomed and encouraged. It could be as simple as comparing ideas and discussing approaches. Providers can also partner more formally. For example, one agency may want to support people interested in transitioning but not offer non-congregate settings. That agency could partner with an agency that offers non-congregate settings to support transition. In this approach, each provider would be eligible for different incentives. Another collaboration approach would be one agency supplementing another's capabilities, for example, providing assistive technology infrastructure. In this approach, usually only one provider would be eligible for incentives, but they may offer direct payment to the other.

If providers are partnering in STEP, each agency must still submit a STEP Plan and have it approved to be eligible for incentives. We recommend submitting the collaborative plans together and also noting the collaboration in the narrative summary. Please access technical assistance for guidance on completing the Budget Sheets. Providers should also develop a written agreement with each other confirming which agency is covering each cost and support.

6. Can an agency submit a transition plan if they are on Enhanced Monitoring?

DDS' priority is always the health and safety of the individuals we support. Agencies that are experiencing significant quality concerns that have resulted in being placed on enhanced monitoring are required to work with the region to correct any deficiencies pursuant to all quality-based policies and procedures. The STEP transition plan process requires a provider to spend substantial time and energy developing a strategy to transform their agency into one that provides more individualized community supports. For this reason, DDS will not accept a transition plan from any provider that is experiencing agency-wide quality issues and moved to an enhanced monitoring status as defined by DDS policy. At the discretion of the prime region, the department may work with an agency that has a targeted enhanced monitoring concern (such as one program, one service area, or one region) to develop a transition plan outside of the identified quality issue. The prime region will work with the agency depending on the specific goals of the proposal and the capability of the provider to implement the transition plan and satisfy the requirements of the enhanced monitoring concern.

Nothing will preclude an agency on enhanced monitoring from participating in the STEP Transition Plan technical assistance activities offered by the STEP Support Team.

STEP Incentive Payments

General

1. Does movement from an ICF to a CLA meet the criteria for STEP?

No, the STEP residential incentives are designed specifically for transitions from CLA or CRS settings to more independent supports. Additionally, ICFs are not a home and community-based service under Medicaid and are funded through DSS directly. As such, they are not included in STEP.



2. What happens when we have received all the ARPA incentives our agency is eligible to receive?

The STEP Incentives are intended to support the additional resources an individual may need for a transition. Once the individual's transition is complete, the expectation is that regular rates and usual reimbursement will sustain supports.

Funding for the incentives is guaranteed during this ARPA period. All approved transitions should take place in accordance with an approved transition plan by March 31, 2025, the announced deadline of ARPA funding. Any transition that takes place after March 31, 2025, as part of an approved plan, will be reviewed, pending the availability of funds within the DDS appropriation.

Providers also have access to additional resources which can be used in combination with DDS STEP incentives to support sustainability. Examples include:

- Program Supports:
 - Assistive technology grants to provide equipment, installation, maintenance costs and training for technologies that increase independence for individuals in day or residential settings.
 - Supportive housing grants to provide non-project-based settings. Making affordable, accessible, and supervised housing more readily available.
- Workforce Supports:
 - Stability funding to assist with maintenance and staffing of a provider's workforce.
 - Infrastructure technology funding to develop systems and processes that reduce the overall administrative workload of providers.
 - Increased rates for individualized supports to reflect the rising minimum wage.

More information about these additional resources can be found on the [Provider Gateway](#).

3. Will there be incentives or funding for training teams to learn and recognize individuals with the skills and desire to live more independently?

No, the incentives are for individuals that move out of congregate setting into more independent settings. If these trainings will facilitate transitions, they can be included in the Transition Program Costs tab of the budget. If you require additional funding beyond the incentives to achieve the submitted plan you may request one-time payments from the region.

4. Is there an incentive for us to close CLA/CRS settings even if the residents moving out are simply filling other CLA or CRS settings?

No, STEP only offers incentives if individuals transition from congregate settings into more independent living situations. Incentives do not apply to individuals moving into other CLAs or CRSs or for closing CLAs.



5. Is there an incentive to move individuals into a transitional house?

If the transitional house is considered a CLA or CRS it would not be considered for an incentive. However, once the individual moves out of the transitional house to a non-congregate setting then the agency would be eligible for the incentive as long as this has been identified and approved in the provider's transition plan. The move must take place within the ARPA funding period.

6. Will normal cost settlement processes apply to STEP incentives?

There are no additional cost settlement requirements for the STEP incentives. Providers are able to utilize the full amount of the incentives they are rewarded through the program in accordance with the current cost settlement guidelines. Pending future legislation, providers may need to report on planned use of the funds.

7. Will these incentive payments be considered in, and subject to revenue retention rules (OPM)?

The ARPA HCBS incentive payments specifically associated with STEP and provider transformation incentives will be subject to the OPM cost standards and any revenue retention legislation.

8. Are transitions to Individualized Day Supports- Vocational (IDV) supports eligible for STEP?

Eligibility depends on the support an individual is transitioning from, as well as the type of IDV program they will be moving into. Individuals moving from DSO to IDV are eligible for transition incentives regardless of the IDV program. For GSE, these transitions are eligible if the IDV program represents self-employment activities or something closer to ISE. If IDV is primarily focused on skills building or transitioning to competitive employment, this will not be an eligible transition for individuals moving from GSE. Providers should include all planned transitions to IDV in Form B with an explanation of the support details, and in the Budget Sheet. The DDS review team will then determine whether the transition is eligible for STEP incentives based on these details.

9. May an agency submit a STEP Transition Plan that focuses on restructuring instead of transitions?

DDS released updated guidance that providers may submit plans that focus on transforming programs and settings even if they do not include STEP transitions for individuals currently supported by the agency. This could include submitting a plan that focuses on restructuring an existing setting to serve individuals with more complex behavioral or medical needs or a plan for ending a subminimum wage arrangement by raising wages. The plan must still represent transformational change for the agency and support enhanced choice and independence for individuals who receive supports.

10. Is my agency eligible for the STEP Transition Incentives if we accept a referral from the waitlist to one of our settings?

No, providers are not eligible for incentives solely by accepting a referral for an individual with greater needs. STEP Transition Plans must represent a transformative change for the agency. If a provider must restructure a setting in order to accept waitlist referrals, that would be eligible for the Restructuring Incentive.



Timing

1. Are we eligible to receive the incentives if individuals have already begun transitioning? Can incentives be applied retroactively if transitions are already in progress?

Transitions completed prior to submitting a transition plan are not eligible for incentives. For transitions in progress, please include them in the transition plan. If the plan is submitted and either approved or reviewed at a meeting held between the Regional Office and the provider before transitions are complete, those transitions will be eligible for STEP incentives. No incentives will be paid until a plan receives final approval. Transition plans can be amended and revised to reflect changing approaches. Revisions must be reviewed and approved by the Regional Office.

2. How long does an individual need to be in the new setting before an incentive is approved?

Transitioning individuals must be in their new support for at least 60 calendar days before the provider receives an outcome incentive payment.

Filling Vacancies

1. What is the process for referrals to a residential setting when an individual transitions, and how do we maintain supports with vacancies?

DDS has reviewed the process for referring an individual to a placement opportunity in a residential and/or day program created through an approved transition plan. Previously, in order to be eligible for STEP incentives, after individuals vacated a program by transitioning to an alternative community setting, providers were required to accept a person referred to their program from the Emergency Waitlist or from DDS's priorities. This will still be a requirement for providers to be eligible for the Restructuring Incentive focused on restructuring settings to serve individuals with more complex behavioral or medical needs. As of September 2023, and retroactive for providers who previously submitted STEP plans, providers are able to request a referral for individuals with assigned funding of their own choosing from PRAT, either from their own waitlist or through other means. The region will work with the provider to refer individuals that are interested in the available supports to the open placement, with a focus on meeting the goals of the provider's transition plan. As has been the department's policy, there is no guarantee that DDS can provide referrals to a program based on a provider's specific preferences, especially if they do not align to the goals of STEP and the provider's transition plan. Referrals will continue to be primarily for individuals who have complex behavioral or medical needs, or who are otherwise a priority of the department. In order to maintain a vacancy and program viability, the Provider Transition Incentive is available to cover some costs for up to six months or until the last individual transitions out of the setting, whichever comes first.

2. What is the process for referrals to a day or employment setting when an individual transitions, and how do we maintain supports with vacancies?

DDS has reviewed the process for referring an individual to a placement opportunity in a day program created through an approved transition plan. Previously, in order to be eligible for STEP incentives, after individuals vacated a program by transitioning to an alternative community setting, providers were required to accept a person referred to

their program from DDS's priorities. This will still be a requirement for providers to be eligible for the Restructuring Incentive focused on restructuring settings to serve individuals with more complex behavioral or medical needs. As of September 2023, and retroactive for providers who previously submitted STEP plans, providers are able to request a referral for individuals with assigned funding of their own choosing from PRAT, either from their own waitlist or through other means. The region will work with the provider to refer individuals that are interested in the available supports to the open placement, with a focus on meeting the goals of the provider's transition plan. As has been the department's policy, there is no guarantee that DDS can provide referrals to a program based on a provider's specific preferences, especially if they do not align to the goals of STEP and the provider's transition plan. Referrals will continue to be primarily for individuals who have complex behavioral or medical needs, or who are otherwise a priority of the department. The Provider Transition Incentive is available to maintain supports in the congregate day program for up to four months or until the vacancy is filled, whichever is shorter. Please see the 'Day Incentives' section of the STEP Guide for more details.

Updated Appendix K Incentives

1. I heard that CMS approved an updated Appendix K that includes additional incentives. What are these, and how do I qualify?

There are three new STEP-related incentives available to providers. They are:

- **Day STEP Incentive:** A \$15,000 payment for each eligible and approved transition from a congregate day setting to individualized employment or a setting that works towards employment.
- **Scope Incentive:** An incentive based on the number of programs an agency plans to transform as part of STEP. Depending on if there are 1, 2, or 3+ programs as part of the transformation, a provider will receive a higher incentive payment. See Question 4 in Budget for more details.
- **STEP Restructuring Incentive:** For each STEP objective (listed in the STEP Guide and budget) that a provider completes, the agency will receive \$33,000.

You can find more information on the eligibility for these specific incentives in the STEP Guide and details on them and other incentives in this DDS [memo](#).

2. For the Restructuring Incentive, how do we begin the restructuring process? And when does DDS determine that restructuring is complete?

Once a setting begins to support the identified individuals to transition to alternative non-congregate settings, the provider will notify the region of the potential vacancies. The provider will then work with the region to identify individuals that meet the requirement of the restructuring objective(s). These individuals will have more medical, behavioral or a higher level of support needs than those who have transitioned out of the home. At DDS' discretion, individuals may be referred to the provider with more intensive support needs as determined by the region. The provider will determine if any changes or accommodations need to be made to the setting to support these individuals.



The objective will be determined complete when 50% of the new individuals are supported in the setting for 60 calendar days. For restructuring to provide new supports focused on employment, the objective is complete when the agency provides the new supports to at least 50% of the new individuals for 60 calendar days.

DDS is identifying the standard approach to confirm the objective of ending a subminimum wage arrangement is complete.

3. My agency submitted our STEP Plan before CMS approved the new incentives. Are we eligible?

Yes, any plan submitted after February 2023 is automatically eligible for the additional incentives. Regional Resource Administrators will reach out to confirm expected incentives and update your approval letter. You may need to provide additional details but will not need to resubmit a plan. If, given the available incentives, you wish to make changes to your STEP Plan, for example restructuring a congregate setting you previously planned to close, you will need to coordinate with your region and submit an updated plan.

4. The updated Appendix K is backdated to February 2023. Does that mean any transitions we completed since February are eligible for incentives?

The eligibility timeline for individual providers is still based on the submission, review, and approval of a STEP Plan. Activities completed before submission of a STEP Plan are not eligible for incentives. The backdating refers to STEP Plans submitted between February and the July approval.

5. If my agency is restructuring multiple settings to serve individuals with more complex needs, can we receive more than the \$33,000 Restructuring Incentive?

No, providers are only eligible to receive the restructuring incentive once as part of their STEP transformation efforts. The usual processes to request funds for equipment or building modifications remain available through coordination with DSS. Additionally, if a provider is restructuring multiple settings, they may be eligible to receive the Scope Incentive for transforming multiple programs. See question 4 in the Plan Budget section for more details on the Scope Incentive.

Plan Flexibility and Timelines

1. How should we note the end of a transition timeline for an individual moving from GSE to ISE? Is it based on the job start date, or when the individual begins receiving ISE services?

For an individual who has the goal of transitioning from a GSE program and finding a competitive job in the community, the enhanced rate incentives would start once the individual begins utilizing additional ISE hours. This will be paid for up to six months. In addition, there is a Day STEP Incentive for completion of the transition (see the [STEP Guide](#) for more details). The individual must remain in the community-based setting for 60 calendar days before the provider is eligible for this incentive. The 60 calendar day window begins when the individual meets their transition goal as defined in their individual person-centered plan.

2. After the Regional Office approved the Transition Plan, an individual decided not to transition. Does my agency need to pause planning and other transitions until the region approves the updated plan?

This is a fluid process, and it is understandable that the individuals participating may change. Regional staff will prioritize approving plans updated due to changes in participating individuals. Incentive payments require an approved plan, but providers may move forward under the assumption of approval. Agencies must communicate closely with regional staff in cases where changes have greater impacts on the plan. For example, if the agency planned to close a CLA after all residents transitioned and someone no longer wishes to move to a more independent setting, this is a greater change than just updating the budget. Providers should confirm their new approach before completing transitions. In cases like these, DDS will complete a rapid review of changes to avoid delays in the transition process for individuals that wish to continue.

If the individuals included in the transition plan change, please resubmit the budget sheet. If the changes have a greater impact on the narrative, for example, the narrative has specific details relevant to someone no longer transitioning, please also update the narrative. If the changes to individuals do not significantly change the plan, for example it is the same number of people, but just different people than originally submitted, please continue forward while the region reviews your updated transition plan. If there are changes, providers must submit updates at least once a month. They may make these updates on a case-by-case basis or all at once.

3. The individuals my agency supports are excited about transitioning to a more independent setting and we want to continue building on that enthusiasm. Do I need to wait for approval from my region (and risk losing momentum) to move forward?

DDS does not want the approval process to hinder the progress of transitions for interested individuals. Plans may include transitions in progress. If the plan is submitted and either approved or reviewed at a meeting held between the regional office and the provider before transitions are complete, those transitions will be eligible for STEP incentives. This will allow a provider to continue working with individuals and their care teams to move transitions forward. No incentives will be paid until a plan receives final approval.

DDS recognizes that Transition Plans are a continuation of ongoing work for many providers. Providers may not seek to claim STEP incentive payments for any transitions completed prior to the initial meeting with the regional review team. Providers will also not receive STEP incentive payments for transitions not included in the approved Transition Plan.

4. Issues beyond our control, like finding jobs that are a good fit, can really impact timing. Is there flexibility with the timeline we outline in the plan?

There is flexibility in the timeline included in your transition plan. DDS understands that things change and that the needs of individuals may change. If you need to adjust your timeline, please email the regional contact assigned to your plan with the update. You do not need to submit a new plan.



Please note that some incentives are paid for a set number of weeks. The number of weeks will not be extended due to other changes to the timeline. Please see the 'Financial Incentives' section of the STEP Guide for additional details.

5. Understanding that the staffing shortage may cause delays in finding and securing employment, how is the Department addressing issues around staffing shortages that may cause delays in implementation of a transition plan?

DDS is aware of the staffing issues and will continue to work with the providers to address these issues, but the funding provided by the federal government for this ARPA program is only available for a limited time. Through the ARPA initiative, DDS continues to work towards addressing staffing needs through provider stabilization workforce enhancement payments and increased rates. Providers can also request additional temporary funding for staffing via the Transition Program Costs tab in the Budget.

6. When are STEP incentives paid out to providers? What is my role as a provider in ensuring those payments are made in a timely manner?

STEP incentives can be either outcome-based, or enhanced rate payments depending on the transitions involved. For outcome-based incentives, providers should submit a one-time payment request with support from their regional Resource Administrator once an outcome is achieved or an activity completed. Enhanced rate incentives are paid to the provider automatically based on the new authorizations being used for the target supports. If there is an issue with the timing of a payment, please reach out to your regional Resource Administrator.

7. What are the reporting requirements for STEP, and how often should I be meeting with my region?

Providers with approved STEP Transition Plans will report on progress to their region at least quarterly based on when the plan was submitted. Resource Administrators are also conducting monthly, offline check-ins with providers to proactively address any challenges or changes to approved plans. If you have a concern with your plan, or a change that needs to be addressed quickly, please schedule an additional check-in with your region.

Plan Budget

1. The budget sheet has separate rows for each individual who will transition. Can we group individuals receiving the same service together onto budget sheet rows to simplify estimates?

No, you cannot group multiple individuals onto the same row. Individual, including estimates, must each be on a separate row in order for incentives to calculate properly.

2. The budget sheet has separate rows for each individual who will be transitioning. If I am in the early stages of planning and do not have specific people selected yet, how do I make estimates for current and target annual funding?

Please use the average costs for individuals in the current and target service. Note it is an estimate in the DDS Number column.

3. What are Transition Program Costs intended to be used for? Do I need to complete this section of the Budget?



Transition Program Costs are intended to capture any costs outside of normal operating budgets needed to implement the transition. It includes spaces for costs at both the existing and future setting. It will not include normal operating costs. It should only include costs incurred by the provider and not items like security deposits or furniture that are specific to an individual unless the provider will cover payment. If providers do not project to incur costs beyond normal operations, they do not need to complete this tab. These costs are intended to be used by reviewers to determine if a provider is eligible for additional one-time funding.

4. The Summary tab of the budget sheet asks, “How many programs does your plan aim to transform?” What is this for, and how do I count this?

This question is for calculating the Scope Incentive. To count, consider how many programs are in your plan and which of them are transformed. Each individual setting counts as a program, for both Residential and Day supports. A few illustrative examples are below:

- IHS counts as one program across multiple residences. However, if a provider has a supportive housing program or clustered IHS, each supportive housing program and cluster is a program.
- ISE counts as one program across multiple sites.
- Separate CLA or CRS houses are each considered separate programs.
- If a DSO has satellite settings, each is considered a separate program.

There are several specific ways that a provider can transform a program for STEP that will make them eligible for the Scope Incentive. All approved STEP Plans will be considered to have transformed one program; to be eligible for additional incentives, a provider must complete one of the transformational activities below.

- Appendix K Objectives:** Achieving at least one of the four Appendix K Objectives listed in the STEP Guide.
- New Program:** Developing a new program to provide individualized supports to facilitate transitions from congregate to non-congregate settings. The provider will need to show that this program is viable to receive the incentive payment. This could include adding Assistive Technology or Remote Supports if not previously offered and applied in a way that is significant to the size of the agency. DDS will review authorizations to confirm individuals are accessing the new program and to confirm viability.
- Enhanced Integration:** Augmenting an individualized support like Clustered IHS to provide more opportunities to build natural supports and integrate with the community through non-employment activities. DDS will review authorizations to confirm individuals are accessing the supports and to confirm viability.



5. Many individuals involved in the transition plans will be employed for less than 30 hours per week, and therefore receive a combination of DSO and ISE supports. How is this accounted for in the Budget?

All the projected costs associated with providing services to the individual should be captured in the 'Target Annual Funding' column, and the 'Hours Per Week' field should only reflect the vocational hours that are part of service delivery.

6. What values should be inputted into the 'Target Annual Funding' field?

The target annual funding portion of the residential plan is the anticipated annualized authorization amount for the new, non-congregate supports once the transition is completed. If there are multiple residential authorizations, you will need to include all that are applicable.

The target annual funding portion of the day plan is based on the expected annualized authorization amount for the new non-congregate setting the individual is transitioning to. If there are multiple day authorizations, please include all new day supports that are applicable. Do not include authorizations for hours of the previous service even if they are projected to continue.

Note that Target Annual Funding should not include authorizations for any congregate supports, even if an individual continues to receive these supports. Additionally, transportation authorizations should not be included here.

7. In Column C (Current Annual Funding) in the Residential and the Day Plan tabs of the Budget sheet, do we include what the anticipated new rates will be? Or use the existing rates?

For Current Annual Funding use the existing rate, and for Target Annual Funding use the anticipated new rate and note the change in the narrative portion.

Residential: Current Annual Funding is based on the setting the individual is transitioning from. For individuals who have multiple residential authorizations, only include the authorizations the individual was receiving for congregate, residential supports. Authorizations for transportation and supports provided in non-congregate settings are not to be included.

Day: Current Annual Funding is based on the setting the individual is transitioning from. For individuals who have multiple authorizations, only include authorizations in which the individual was receiving congregate day supports. Authorizations for transportation and supports provided in a non-congregate day setting (i.e., ISE, IDV, IDN, senior supports, etc.) are not to be included.

8. If I have not identified an individual to transition, how do I record the cost of assistive technology and other supports?

Providers should use average cost figures based on current supports to create estimates for the budget if specific individuals are not confirmed.

9. What if my transition plan changes after submission? How accurate does the initial budget need to be?



Providers need to coordinate with their regions if a transition plan changes or an individual ultimately does not transition. The figures and incentives in the budget sheet are not final and can be adjusted following submission based on actual transitions. The budget represents an estimate of incentives, but actual incentives will be paid based on completed outcomes and billed hours.

10. Should costs be separated by fiscal year if a transition spans multiple years?

For 'Current Annual Funding' and 'Target Annual Funding' numbers should reflect one fiscal year. Current should be before the transition begins, and Target will reflect after the transition is complete. For the 'Transition Program Costs' tab, providers should reflect total planned cost figures for the entire transition period regardless of fiscal year.

11. Can we include Meals on Wheels in an individual's budget to maintain good eating habits?

The preparation and home delivery of meals was added to the HCBS waiver effective 2/1/23 for individuals who are unable to prepare or obtain nourishing meals independently, or when the individual responsible for this activity is temporarily absent or unable to prepare meals. Prior approval is required. This service cannot be provided in a setting that has room and board. DDS is currently working through provider qualifications and hopes to have the service up and running within the next few months.

12. Can transitioning individuals receive additional funding for furniture similar to those moving into a Community Residential Service (CRS) that are able to access up to \$1,500?

DDS is working on allowing this to be extended to individuals in an apartment setting that will allow them to receive up to \$1,500 in one-time funding to purchase furniture. The anticipated costs should be included in the Transformational Plan.

13. Can we receive additional funding to cover the startup costs for an IHS program such as costs of training and additional resources that agencies will have to add to move forward?

It is anticipated providers will use funding through the incentives. Any approved expense beyond this cost identified and approved in the Transition Plan should be submitted as one-time expenses.

14. When will my agency receive incentive payments for the Restructuring incentive?

Providers are eligible to receive the Restructuring incentive after they achieve the planned objective. DDS will determine whether the objective is met once the provider has begun providing supports to individuals with more complex behavioral/medical needs in the restructured setting and will pay the incentive accordingly. The provider must update their regions via email and/or the quarterly reporting to begin this review process.

15. When will my agency receive incentive payments for the Scope incentive?

For the Scope Incentive, regional review teams will determine the number of programs being transformed based on the agency's submitted plan and will pay the incentive once those transformations are deemed complete. The provider must update their regions via email and/or the quarterly reporting to begin this review process.



One-Time Requests and Other Funding

- 1. Are there restrictions on how we can use one-time funds that our agency receives through STEP? Are there restrictions on how our agency can spend incentive dollars earned through STEP?**

There are no specific restrictions on the use of STEP incentive funds other than following the OPM Cost Standards, but rationales should be outlined in the narrative portions of the budget. Providers should not request one-time payments through the STEP budget sheet if they are also requesting funds for the same purpose through other avenues. Additionally, if a provider is receiving a one-time payment from another source that facilitates a STEP transition, this expense should not be included as a Transition Program Cost in the budget. If a provider receives one-time funds as part of their STEP plan, these funds will require the usual OPM reporting and must be used for the purpose outlined. Incentive dollars should be used to support transition planning and facilitation before requesting a one-time payment. Incentive funds beyond the costs of transition can be used by the provider as they see fit in accordance with OPM Cost Standards.

- 2. Can I use STEP funds to hire staff and create new roles?**

Temporary, additional staffing is an appropriate expense and should be recorded in the Transition Program Costs tab.

- 3. If, as part of a normal transition, providers would request one-time payments for things like security deposits, furniture etc. can we still apply for these without deducting the expenses from our STEP incentive?**

Yes, one-time requests made on behalf of individuals receiving supports can be made as normal in addition to receiving STEP incentives.

- 4. Can I apply for STEP funds and annualized one-time funds, or does my agency need to select a single funding stream?**

You are not limited in the number of incentives or grants you apply for. However, the funds cannot be used for the same purpose. One time grant funding is issued on a one-time basis and providers must reapply on an annual basis. Prioritization of the one-time funds will be based on available funds within the DDS appropriation.

- 5. Can my agency receive Appendix K training incentives for training included in our STEP Plan?**

Yes, using these incentives is a great way to push your transformation further. An approved STEP Plan is not required to receive these incentives, but you may wish to note staff training as part of your transformation planning. This also helps Regional Reviewers understand the feasibility of your STEP Plan. Do not include costs for these trainings in your STEP Budget since this is reimbursable separately. The STEP Budget sheet will not calculate training incentives.

- 6. If a provider receives STEP incentives for an individual transitioning to ISE, are they still eligible for the ISE one-time payment?**

Yes, providers may receive both of these payments for each eligible individual. Do not note the ISE one-time payments in your STEP budget.



Rent Support

1. **Can rent subsidy cover security deposits?**

If someone receives rent subsidy, security deposits are an allowable housing cost under the revised DDS rent subsidy policy. In the new policy, the first payment an individual receives for rent subsidy will also include the first and last month's rent. The intention is that the last month's rent can be used as a security deposit. If there is a lot of damage or issues to an apartment when someone moves out, then the individual can work with PRAT to fund the last month's rent.

2. **Can individuals get greater access to Section 8 vouchers?**

Department of Housing issues Section 8 vouchers. DDS has no control over this process.

3. **Will Department of Housing, Rental Assistance Program (RAP) Certificates be available for the people transitioning out of a congregate setting into an apartment?**

DDS is working with the Department of Housing to explore the possibility of expanding the use of RAP certifications to be used in non-project-based apartment settings and has issued a Notice of Opportunities for this work.

Other

1. **Will Assistive Technology (AT) equipment be approved in a timely and consistent manner across the regions?**

DDS is in the process of contracting with three providers to address the availability of AT assessments and the speed in which they can be completed. DDS has also issued Assistive Technology Notice of Opportunities to individuals, families, and providers. These are based on a rolling submission and will be processed and approved as they are submitted. DDS continues to work to streamline this process.

2. **How can we get services such as Uber and Lyft approved? There is a lack of transportation in many Connecticut towns.**

Uber and Lyft supports are an approved method of transportation under the Transportation waiver service. It is important that all other transportation options have been reviewed and determined to be unworkable before utilizing transportation network companies.

3. **If we close a home as part of our transition plan and sell it, will we be able to keep the excess proceeds?**

Any closure of a home must be part of the transition plan and approved through the Department's Vacancy Committee. The process for the excess proceeds must be reviewed by DDS and DSS.

4. **Our agency is including Project SEARCH as a target setting for some transitions. Does this need to be submitted as a separate plan?**

Project SEARCH should be included as part of a normal transition plan and will be an incentivized transition for individuals that move from DSO to Project SEARCH (a program that prepares individuals for individualized employment). If an individual is moving from



GSE to Project SEARCH, that transition will not be incentivized. However, the agency would be able to receive the outcome payment if an individual is placed in a competitive employment job prior to March 31, 2025. Project SEARCH programs typically run on an annual basis, so if you are planning now to start a new Project SEARCH program it is possible that transitions won't be complete within the ARPA funding window.

5. Our agency would like to remodel a CLA as part of STEP to accommodate individuals with more complex behavioral and medical support needs. Can we use incentive dollars to do this?

DDS reimburses providers with incentive and outcome payments once the supports are provided or objective has been completed. The provider may use those payments to further the goals of the agency. If the provider decides to use these funds to assist with the restructuring of a CLA, the provider will need to coordinate with DSS and receive approval for any renovations that falls under room and board expenses. DDS will not provide one-time payments directly to support these efforts. If providers require funding in advance to complete the renovations, they may apply separately for a DDS revolving loan.