



Connecticut DDS Transformational System Plan

Transformation Plan Template Instructions & Authorized Representative Form Updated 7.30.24

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Purpose

The Centers for Medicare & Medicaid Services awarded the Connecticut Department of Developmental Services (DDS) transformational funding through the American Rescue Plan Act (ARPA). STEP (Supporting Transformation to Empower People) 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 includes flexibility to tailor to the needs of the individual, family, and the specific circumstances of the provider.

The Transformation Plan Template is designed to support Provider Agencies in the development of their organizational Transformation Plans for transforming their service delivery as part of these efforts. FAs part of the approval process, Provider's will submit a budget that outlines participating individuals. If you include information about specific individuals, please use initials instead of names to protect people's privacy.

DDS will offer transformational funding to providers through incentive-based payments. At this time, the funding for this initiative has been allotted to DDS ending in June 2025. DDS strongly encourages providers with a congregate day or residential program, to develop a transformation plan for their agency and take advantage of this opportunity to receive additional funding and technical assistance. Regional Office staff will review plans in order of submission.



The transition plans will be a blueprint for the structural changes the agency plans to make to increase supports in more independent and community-based settings. The plan should be based on the needs of the individuals and within the organizational capacity of the provider. More detail on these efforts is available in the *STEP Guide* and *The STEP Frequently Asked Questions (FAQ) Document*. These, and other resources, are available on the [ARPA-STEP Provider Documents](#) webpage.

Providers will submit draft plans to their region's Resource Administrator.

Requirements and Reporting

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

At least quarterly, the agency will hold a virtual check-in meeting with the resource manager to discuss the transformation plan. Discussion will include:

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

Prior to the meeting, the agency will submit a written update based on the initially submitted timeline indicating progress and areas for discussion in the meeting. Agencies should schedule additional meetings for emerging obstacles, to request changes to the transformation plan, or as needed for additional guidance. If there are changes to which or how many individuals are participating, providers must submit updates at least once a month. They may make these updates on a case-by-case basis or all at once. Regional Office staff must approve changes to the transformation plan. Please see the STEP FAQ for more details.

Instructions for Providers

The Transformation Plan Template is the document that captures the details of each agency's organizational restructuring planning. Each agency should develop their plans in coordination and collaboration between agency leadership, people receiving supports and their guardians and families, agency staff and other relevant stakeholders. Please read through the relevant Transformation Plan Template sections before beginning to make sure you have all needed information to complete the plan.

Completing the Template

1. Save the appropriate Transformation Plan Template documents to your computer and rename it to include your agency's name, for example, "Transformation Plan Part A Agency Name.pdf."
 - a. If the plan is for a congregate residential setting, complete Part A. Residential Setting Transformation.
 - b. If the plan is for a congregate day setting, complete Part B. Congregate Day Setting Transformation.
 - c. All agencies must complete the budget spreadsheet, Part C. Financial Considerations.
 - d. All agencies must complete the [Authorized Representative Form](#) included in this instructions document and submit with their plan.



2. Complete the questions and prompts:
 - a. For multiple choice questions, click the boxes of the answers you are selecting.
 - b. For open answer questions and prompts, click the box below the prompt, and provide your answer. All boxes offer the option of scrolling through text if more space is needed. Concise answers are encouraged.
 - c. If you include information about specific individuals, please use initials instead of names to protect people's privacy.
3. If a question or prompt is not relevant to your plan, please answer N/A.
4. Do not complete the sections in italics labeled "*For Regional Review Only.*"
5. Complete the narrative summary sections.
6. Save the Transformation Plan Budget Spreadsheet to your computer and rename it to include your agency's name.
7. Complete the Budget Spreadsheet to meet the needs of your plan.
8. Confirm the appropriate people have reviewed the document and spreadsheet.
9. The Executive Director must complete and sign the [Authorized Representative Form](#). This is included in this instructions document.

Submitting the Plan

1. Create a new email with the subject line, "Transformation Plan for [Agency Name]".
2. Address the email to the Resource Administrator for your agency's primary region. CC any other Regional Office staff you coordinated with in the creation of your plan.
Note: Agencies should submit plans to their primary region even if the transition only impacts supports provided in a different region. Regional Office Staff will coordinate between regions for plans impacting multiple regions or chiefly impacting a region other than the primary regions.
3. CC the people you wish to include from your agency.
4. Attach the completed Transformation Plan Documents and Budget Spreadsheet.
5. Please note the initial submission date in the email text.
6. Confirm the attachments and send the email.

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

Need Help?

Regional Office staff are available to meet with providers to discuss transition planning and approaches to meeting provider HCBS transformation goals. Discussions will focus on identifying and addressing potential issues or concerns. For example, Regional Office staff can provide guidance on steps an agency should take to become qualified to offer a new service or program. Please contact your assigned resource manager in your primary region to coordinate discussions with Regional Office staff.

Regional Review and Next Steps

Providers will submit plans to the Resource Administrator, and regional staff will review plans. If the agency operates in two or more regions, the agency should submit the plan to the Resource Administrator in the agency's primary region. The review team consists of representatives from resource administration, the leadership team, and case management.

Transformation Plan review and incentive payments are not a competitive process. DDS has established a rolling submission process. Approval of the transformation plans will be based on the quality of the plan, the targeted outcomes, and availability of ARPA funds. Once ARPA funds have been designated, DDS will work with providers with an approved transformation plan to assist them in achieving their stated outcomes pending the availability of funds within the DDS appropriation.

Plans must be received by December 1, 2024. Earlier submission is encouraged to allow adequate time for transitions before March 31, 2025.

Scale

For consistency, regional reviewers will use the following scale when reviewing each section.

- “Meets requirements” Aligns to expectations with a plan that is feasible as described.
- “Revision necessary” More information is needed, the reviewer has feasibility concerns, or does not meet most requirements or align to project goals.

Next Steps Following Submission

1. The Regional Office review team will review each plan.
2. A plan must have all “**Meets requirements**” for approval. For plans with “**Revision Necessary**” sections, a meeting will be set up between the region and the provider to discuss any issues and concerns identified.
3. **Within two weeks of the meeting**, the provider will revise the necessary responses and resubmit for review.
4. Once all issues and concerns have been resolved, the region will decide on whether to approve, deny, or ask for amendments to the plan.
5. The Resource Administrator will communicate the plan status to the provider.
6. When approved, the region will provide a notice of approval and designate a staff member to act as the liaison with the provider to oversee changes in authorizations, the reimbursement of the outcome, and, if applicable, room and board supplemental payments, assist case managers with concerns from individuals and/or their family members, and to work with central office to identify any administrative barriers obstructing the implementation of the provider's transformation plan.



Authorized Representative Form

This section confirms the leadership review and approval of the fully submitted Transition Plan, including the Budget Sheet.

Applicant Agency Legal Name: _____

Authorized Representatives. Applicants must designate an authorized representative and one (1) alternate. The form must be signed by the organization's Chief Executive Officer or another official with signatory authority.

Authorized Representative:

_____	_____	_____
Name	Title	Telephone Number
_____	_____	_____
Street	Town	Zip Code
_____	_____	
E-mail Address	Facsimile Number	

Alternate:

_____	_____	_____
Name	Title	Telephone Number
_____	_____	_____
Street	Town	Zip Code
_____	_____	
E-mail Address	Facsimile Number	

I, the undersigned, for and on behalf of the named applicant agency, do herewith apply to participate in this transformation opportunity and attest that to the best of my knowledge the statements made herein are true.

Signature of Authorizing Official

Date

Typed Name and Title _____

For Regional Review Only

☐ *Meets requirements*

☐ *Needs revision*