



Connecticut DDS Transformational System Plan

Transition Plan Template: Part B – Day and Employment

Provider Information	1
Part B. Congregate Day Setting Transformation.....	2
Section 1. Setting Details.....	2
Section 2. Support Changes.....	5
Section 3. Individuals Served.....	7
Section 4. Transition Support for Individuals.....	8
Section 5. Timeline.....	11
Section 6. Stakeholder Input	12
Section 7. Narrative Summary	13
Section 8. Restructuring to Support Individuals with Significant Needs	14

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 B. Congregate Day Setting Transformation

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

To be eligible for incentives, providers must support individuals receiving supports in a congregate day setting (Day Support Option (DSO), Group Supported Employment, Transitional Services (TS) 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

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 program the agency plans to change:
 - a. What current support(s) will change? (select all that apply)
 - ☐ Group Day Supports
 - ☐ Individualized Day Supports
 - ☐ Group Supported Employment (GSE)
 - ☐ Prevocational Services
 - ☐ Transitional Employment Services
 - ☐ Customized Employment Supports
 - ☐ Individual Supported Employment (ISE)
 - ☐ Other (please describe)
 - b. What is the program name and address?
 - c. How many people does the agency currently support in the program?
 - d. How many people in the current program do you anticipate will want to transition?



Note: If your plan includes multiple day settings, please use Form B2- Additional Day Settings to answer question 1 for each.

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

☐ *Meets requirements*

☐ *Needs revision*

Reviewer notes:

2. Describe the day program people will transition to:

a. What kind of support is it? (select all that apply)

- ☐ It is the same employment setting but increased hours
- ☐ It is the same non-employment setting but reduced hours
- ☐ Individualized Day Supports
- ☐ Group Supported Employment (GSE)
- ☐ Transitional Employment Services
- ☐ Customized Employment Supports
- ☐ Individual Supported Employment (ISE)
- ☐ Other (please describe)

b. Please select any relevant approaches the agency will use to deliver the supports (select all that apply)

- ☐ Project SEARCH
- ☐ Electronic face to face
- ☐ Remote supports
- ☐ Assistive Technology
- ☐ Self-directing their own day supports
- ☐ Innovative Employment Opportunity Grant
- ☐ Other (please describe)



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

d. Which of these programs does the agency currently provide? (select all that apply)

- ☐ Individualized Day Supports
- ☐ Group Supported Employment (GSE)
- ☐ Transitional Employment Services
- ☐ Customized Employment Supports
- ☐ Individual Supported Employment (ISE)
- ☐ Other (please describe)

☐ None

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

Note: If the agency is not currently licensed/qualified for the planned program, [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:

Considering all the answers for Section 1, the plan demonstrates that supports are currently provided OR there is a realistic plan for initiating the supports. Overall, responses demonstrate that individuals will continue to receive the necessary and appropriate level of support comparable to their current setting.

☐ Meets requirements

☐ Needs revision

Reviewer notes:

Section 2. Support Changes

1. What, if any, supports will be provided as part of transition?



2. How will supports change in the new day program? What is the plan to continue to meet people's needs and preferences? In addition, consider transportation needs associated with the new setting.

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Meets requirements: *Considering the answers for 1 and 2, the plan describes appropriate support to people receiving supports during and after transition.*

☐ Meets requirements

☐ Needs revision

Reviewer notes:

3. Will you be participating in the Employment Exploration Option (EEO) and/or Employment Enrichment Services (EES) program as part of your transformation plan?
4. How will supports change in the current day program?
 - ☐ The agency plans to close the current day program
 - ☐ The agency plans to maintain the current program for fewer participants
 - ☐ The agency plans to restructure the day program to serve individuals with significant medical or behavioral needs
 - ☐ Other (please describe)

Note: If you answered "The agency plans to restructure the day program to serve individuals with significant medical or behavioral needs" please also complete Section 8. Restructuring to Support Individuals with Significant Needs.



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Meets requirements: Considering all answers in Section 2, the provided responses are appropriate.

Explanations for “Other” 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



Meets requirements: The answer is clear and feasible and includes an emphasis on meeting individual preferences and needs including a plan to accommodate individuals not interested in transitioning or confirmation that all individuals are interested.

- Reviewer notes:*

1. How does the agency plan to support the emotional needs of individuals transitioning? Their families and support givers?
2. How does the agency plan to support and maintain the health and safety preferences of individuals transitioning?



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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., public transportation training for commuting).*

☐ *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 program, 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?

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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 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:

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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.

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*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:



Only complete Section 8 if the agency's plan includes redesigning a current day program 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.

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
- ☐ 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 slots 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: