Note.

#### 1. Bullets and sub bullets were retained.

Return to text.

#### DIVISION OF DEVELOPMENTAL DISABILITIES

Assistant Director. Dr. Laura Love

Project Title. Implementation Plan for Arizona Training Program in Coolidge State Operated Group Home Closures Project Leader. Leah Gibbs, Director of Residential Services

Project Start Date. 11/10/15

Project Summary. Implementation plan to relocate 21 residents living in six State Operated Group Homes "SOGHs" located on the grounds of the Arizona Training Program in Coolidge "ATPC" because the Department has determined that the Coolidge campus is no longer sustainable due to the costs related to maintaining the facilities, the difficulty in recruiting staff, and the declining census. Additionally, the Department has decided to close the SOGHs on the grounds of ATPC in order to comply with the requirements of the Centers for Medicare and Medicaid Services "CMS" Home and Community Based Services "HCBS" Rules.

Timeframe to Complete. 23 years

Transcriber's Note. Table changed to a list. Headings are as follows.

Action Steps.

**Start Date.** 

**Responsible Persons.** 

Comments.

**Projected Date Completed.** 

**Actual Date Completed.** 

Return to text.

1.

**Action Steps.** Develop communication plans

**Start Date.** 11/10/15

Responsible Person. Director of Residential Services

Comments.

- 1. Meet to develop communication plans for staff, public fiduciaries, and members or guardians.
  - Drafted invitation for guardians
  - Drafted content for resource packet

Sub bullet. Notice for guardians

**Sub bullet.** Fact sheets for service options

Sub bullet. Residential Transfer Checklist

**Sub bullet.** Geomap of existing residential settings

Sub bullet. Next Steps for Guardians

Talking points or FAQ sheet for staff, Director's Office, Public Information Officer, Division staff, Hab Tech Supervisors and ATPC Support Coordinators, Guardian meetings

**Projected Date Completed.** 11/16/15

2. Submitted to AD for approval.

**Projected Date Completed.** 11/24/15

**Actual Date Completed.** 12/11/15

2

Action Steps. Contact Southwest Catholic Health Network Corporation D B A Mercy Care Plan "MCP"

**Start Date.** 11/20/15

**Responsible Person.** A L T C S Administrator

**Comments.** Inform MCP of the intent to close ATPC SOGH, share talking points, inform them of the requirement to assign a Nursing Case Manager to be available to attend Person Centered Plans, if needed.

**Projected Date Completed.** 1/5/16

3

Action Steps. Meet with ATPC SOGHs staff

**Start Date.** 11/10/15

**Responsible Persons.** Assistant Director Director of Residential Services Deputy Superintendent **Comments.** 

1. Determine meeting participants.

Projected Date Completed. 11/20/15

**Actual Date Completed.** 12/11/2015

2. Schedule meeting with ATPC SOGHs staff.

**Projected Date Completed.** 11/30/15

**Actual Date Completed.** 12/11/2015

3. Meet with H R regarding how to communicate future employment with staff vs. possible Reduction in Force "R I F".

**Projected Date Completed.** 12/1 to 12/8 **Actual Date Completed.** 12/10/2015

4.

Action Steps. Meet with Fiduciaries. There are 2 public fiduciaries and 1 private fiduciary.

**Start Date.** 11/10/15

Responsible Person(s). Assistant Director, Director of Residential Services

Comments.

1. Determine meeting participants.

**Projected Date Completed.** 11/20/15

Actual Date Completed. 11/19/2015

2. Schedule meeting with all three Fiduciaries at ATPC.

**Projected Date Completed.** 11/30/15

Actual Date Completed. 12/11/2015

3. Send invitation letter for meeting with Fiduciaries.

Projected Date Completed. Send 10 days prior to meeting

**Actual Date Completed.** Done verbally

4. Meet with Fiduciaries and provide resource packet.

Projected Date Completed. 12/8 12/17

**Actual Date Completed.** 12/14/2015 12/18/2015

5. Follow up discussions, as requested.

Projected Date Completed. Jan. 2016 until completion of Person Centered Planning meetings.

5.

Action Steps. Meet with guardians

**Start Date.** 11/10/15

Responsible Persons. Assistant Director, Director of Residential Services

Comments.

1. Determine meeting participants.

**Projected Date Completed.** 11/20/15

Actual Date Completed. 11/19/2015

2. Schedule meeting with all guardians at various locations.

**Projected Date Completed.** 11/30/15

**Actual Date Completed.** 12/11/15

3. Send invitation letter for meeting with guardians.

Projected Date Completed. Send 10 days prior to meeting

**Actual Date Completed.** Done verbally

4. Meet with guardians and provide resource packet.

Projected Date Completed. 12/8 12/17

**Actual Date Completed.** 12/14 12/18

5. Follow up discussions, as requested.

Projected Date Completed. Jan. 2016 until completion of Person Centered Planning

6.

**Action Steps.** Develop staff profiles

**Start Date.** 11/10/15

Responsible Person. Deputy Superintendent

Comments.

Develop staff profiles.

- Staff's name
- Staff's title
- State hire date
- Adjusted hire date
- Status, covered or uncovered
- Years of state service

### 32 staff affected, including.

- 5 supervisors
- 1 unit manager
- 1 secretary
- 25 Habilitation Technicians

### Staff vacancy in GHs

• 9 vacant Hab Tech positions

**Projected Date Completed.** 12/15/15. Subject to potential change based on current status of staffing **Actual Date Completed.** 12/1/15

7.

Action Steps. Develop member profiles

**Start Date.** 11/11/15

**Responsible Persons.** Deputy Superintendent, Members' Support Coordinators Comments.

Develop member profiles, which includes demographics

and packet of information.

- Member's most recent I S P
- Annual physical
- Positive Behavioral Program
- Annual nursing assessment
- Most current psychiatric report

**Projected Date Completed.** 12/15/15. Subject to potential change based on current needs of the members **Actual Date Completed.** 12/15/15

8.

**Action Steps.** Enter into Interagency Service Agreement with the Sonoran University Center of Excellence in Developmental Disabilities "U C E D D" through the A Z Board of Regents "U of A".

**Start Date.** 1/4/16

Responsible Person. Specialty Contract Manager

#### Comments.

1. Review previous Request for Qualified Vendor Agreement Section 7 Service Specification for content and develop S O W.

## **Projected Date Completed.** 1/22/16

2. Negotiate rate with U of A and consider limiting indirect costs and complete contract

## **Projected Date Completed.** 3/4/16

NOTE. Duties of contractor Facilitate Person Centered Planning meetings and draft plan based on teams' input.

**Action Steps.** Conduct Person Centered Plan "P C P" meetings with each member and team and complete a Service Plan **Start Date.** 4/1/16

**Responsible Persons.** Support Coordinator, schedule meetings. P C P Facilitator, conduct meetings Comments.

The P C P meeting will include discussion identifying the following.

- Where the member wants to live,
- What type of setting the member wants to live in,
- How the member wants to spend their day, and
- Additional support services required or needed during and following transition, i.e. nursing visits, day treatment or employment

During the P C P Meeting, the Support Coordinator will also complete the Service Plan for the member. This will trigger the member's appeal rights if there is a disagreement.

The following will be invited to attend the P C P meeting.

- Member
- Guardian or Families
- P C P Facilitator
- Support Coordinator
- Group Home Supervisor
- Other Group Home staff, work area, ATPC Nurse Manager, lead
- MCP Nursing Case Manager, if needed.
- Leadership of Transition Team
- Others selected by the member

### **Projected Date Completed.** 9/2/16

10

Action Steps. Provide appeal rights and due process, if necessary

Start Date. Within 14 days of the first request that is denied

**Responsible Person.** Support Coordinator

Comments.

If the member's guardian requests a placement at the P C P Meeting that D D D determines is not medically necessary or cost effective, D D D will issue a Notice of Action "N O A" advising the member's guardian of the member's appeal rights. Appeal process will occur if the member's guardian appeals the decision in the N O A.

NOTE. This step could significantly change the timelines in this action plan.

Projected Date Completed. Pending appeal request and hearing request

11.

Action Steps. Complete P C P for each member

Start Date. Upon completion of first P C P Meeting, 4/15/16

Responsible Person. P C P Facilitator

Comments.

1. After the meeting, P C P Facilitator will type up a draft of the Plan based on the discussion at the P C P Meeting.

## **Projected Date Completed.** 9/30/16

2. P C P Facilitator to send draft to every participant for review.

Projected Date Completed. As completed

3. Follow up meetings are scheduled, as requested.

Projected Date Completed. T B D

4. Once the team approves the P C P draft, the P C P will be finalized.

**Projected Date Completed.** 11/4/16

Action Steps. Develop individualized transition plan for each member

Start Date. Upon approval of draft of P C P by team, 4/25/16

**Responsible Persons.** Director of Residential Services Network Manager, Support Coordinator Comments.

- 1. Based on P C P and agreed upon future living arrangement, e.g, group home, adult developmental home, in home with supports, individualized transition plan will outline steps needed to complete the member's transition. The following will be documented on a spreadsheet.
- Future living arrangement selected
- Location of setting
- Additional services needed
- Discuss the best method of visits between the member, new vendor, and existing staff in order to ensure a smooth and safe transition, these visits could take several months

## **Projected Date Completed.** 11/18/16

- 2. For members choosing to move with a group,
  - Appropriate groupings will be determined based on their compatibility, e.g, desire to live together, same geographical area, guardian's preferences, history, common interests
  - This information will be identified on the spreadsheet.

## **Projected Date Completed.** 11/18/16

13.

**Action Steps.** Identify availability of behavioral health, physical health and long term care services based on the desired geographic areas.

**Start Date.** 11/18/16

Responsible Persons. Network Manager, Support Coordinator

#### Comments.

Division, Regional Behavioral Health Authority, Subcontracted Acute Health Plan staff will provide information to the member's guardian regarding availability of medically necessary services that are needed for the member in the desired geographical area.

# **Projected Date Completed.** 1/27/17

14.

**Action Steps.** For member's choosing placement in a group home or developmental home with existing capacity, explain vendor call process.

**Start Date.** 12/5/16

**Responsible Persons.** Support Coordinator, Network Coordinator

#### Comments.

Explain to the member's guardian the vendor call process and the guardian's roles and responsibilities in selecting a vendor.

Review important features of the home to meet the member's needs, e.g., location, accessibility needs

NOTE. This discussion may take place at the P C P meeting or during a follow up special meeting at the guardian's request.

**Projected Date Completed.** 2/1/17

15.

Action Steps. Issue vendor calls, EXISITING CAPACITY

**Start Date.** 2/6/17

 $\textbf{Responsible Person}(s). \ \ \textbf{Network Manager Residential Coordinator}$ 

Comments.

The vendor call identifies the individualized needs of the

member and is issued for capacity in an existing

residential setting, i.e, group home, developmental

home

**Projected Date Completed.** 2/10/17

16.

Action Steps. Provide vendor call responses, EXISITING CAPACITY

**Start Date.** 2/20/17

Responsible Persons. Network Manager, Residential Coordinator

Comments.

1. Vendor call responses will be provided to the guardian for review to determine which vendors they want to meet.

**Projected Date Completed.** 3/3/17

2. Provide vendor call responses to the guardian via their preferred method, e.g, email, U.S. mail, in person

**Projected Date Completed.** 3/3/17

17

Action Steps. Research the vendors who responded, EXISTING CAPACITY

**Start Date.** 3/20/17

Responsible Persons. Guardians Network Manager, Residential Coordinator

Comments.

1. The guardian reviews vendor responses

**Projected Date Completed.** 4/14/17

2. The guardian's research may include contacting the potential vendors, visiting homes, requesting previous monitoring reports, speaking with guardians of other members served by the potential vendor, with appropriate approval)

**Projected Date Completed.** 4/14/17

3. Guardian will choose a potential vendor

NOTE. The Network Manager, Residential Coordinator will be available to provide support during this process.

NOTE. Once the member/guardian and the potential vendor mutually agree to the placement in the vendor's group home or developmental home, go to Row 29.

**Projected Date Completed.** 4/14/17

18.

**Action Steps.** For member's choosing to live in the family home with in home supports, explain vendor call process for the in home service. IN HOME WITH SUPPORTS

**Start Date.** 12/5/16

Responsible Persons. Support Coordinator, Network H C B S Coordinator

Comments.

Explain to the member's guardian the vendor call process and the guardian's roles and responsibilities in selecting a vendor.

Review important characteristics/abilities of the in home service providers to meet the member's needs, e.g, lifting ability, know basic sign language, ability to work weekends

NOTE. this discussion may take place at the P C P

meeting or during a follow up special meeting at the guardian's request.

**Projected Date Completed.** 2/1/17

19.

Action Steps. Issue vendor calls IN HOME WITH SUPPORTS

**Start Date.** 2/6/17

Responsible Person. Support Coordinator

**Comments.** The vendor call identifies the individualized needs of the member and is for hourly Home and Community Based Services identified in the Service Plan, e.g, attendant care, habilitation, nursing, respite, homemaker)

**Projected Date Completed.** 2/10/17

20.

Action Steps. Provide vendor call responses, N HOMES WITH SUPPORTS

**Start Date.** 2/20/17

**Responsible Person.** Support Coordinator

Comments.

1. Vendor call responses will be provided to the guardians for review to determine which vendors they want to meet.

### **Projected Date Completed.** 3/3/17

2. Provide vendor call responses to the guardian via their preferred method, e.g, email, U.S. mail, in person NOTE. Once the member/guardian and the potential vendors mutually agree to provide the services in the family home, go to Row 29.

**Projected Date Completed.** 3/3/17

21.

**Action Steps.** For member's choosing placement in an expansion group home, explain the vendor call process to guardians of the members who compose the "grouping", GROUPINGS)

**Start Date.** 12/5/16

Responsible Person. Director of Residential Services

Comments.

Explain to the member's guardian the vendor call process and the guardian's roles and responsibilities in selecting a vendor.

Review important features of the home to meet the members' collective needs, e.g, location, accessibility needs NOTE. Meetings will be conducted with guardians for each grouping. There may be multiple groupings so there may be multiple meetings.

**Projected Date Completed.** 2/1/17

22.

Action Steps. Issue vendor calls, GROUPINGS

**Start Date.** 2/6/17

Responsible Persons. Network Manager, Residential Coordinator

Comments.

The vendor call identifies the collective needs of the members and the important features of the expansion group home.

**Projected Date Completed.** 2/10/17

23

Action Steps. Provide vendor call responses, GROUPINGS

**Start Date.** 2/20/17

Responsible Person(s). Network Manager, Residential Coordinator

1. Vendor call responses will be provided to the guardians for review to determine which vendors they want to meet.

**Projected Date Completed.** 3/3/17

2. Provide vendor call responses to the guardian via their preferred method, e.g, email, U.S. mail, in person

**Projected Date Completed.** 3/3/17

Action Steps. Conduct group home vendor presentation, GROUPINGS

**Start Date.** 3/20/17

Responsible Persons. Director of Residential Services Network Manager, Residential Coordinator

1. D D D schedules meetings with the guardians of members in groupings and guardian selected potential vendors.

# **Projected Date Completed.** 4/14/17

2. Each potential vendor will conduct a presentation. The potential vendors will discuss their qualifications and the reasons why the members' guardians should consider them to open and operate the expansion group home for the members.

### **Projected Date Completed.** 4/14/17

3. The members' guardians will discuss the potential vendors and come to a consensus on which vendor they recommend awarding the expansion group home.

NOTE. This typically occurs on a later date allowing the guardians the opportunity to learn more about the potential vendors. Guardians and members may also chose to visit an existing group home operated and managed by the vendor to support the informed decision making process.

## **Projected Date Completed.** 4/14/17

25.

**Action Steps.** Guardians recommends a vendor to the Division and the expansion process begins, GROUPINGS **Start Date.** 4/17/17

Responsible Persons. Network Manager, Residential Coordinator

Statewide Group Home Monitoring Supervisor

Department of Health Services - DD Licensing Unit Awarded Vendor

#### Comments.

1. The Division verifies the recommended vendor is in good standing, e.g, current in insurance, certification, and licensing.

# **Projected Date Completed.** 8/18/17

2. Awarded vendor works with the guardians to obtain a home that meets the requirements outlined in the vendor call. The home may require modifications, e.g, ramps, plexiglass, alarms, rails

## **Projected Date Completed.** 8/18/17

- 3. Awarded vendor will hire and train staff.
- 4. Awarded vendor will cooperate with transition visits with members, former caregivers, and future caregivers.

### **Projected Date Completed.** 8/18/17

26.

Action Steps. Awarded vendor buy/lease home, GROUPINGS

**Start Date.** 4/17/17

Responsible Person. Awarded Vendor

Comments.

Awarded vendor will implement any necessary modifications to the group home based on the vendor call.

**Projected Date Completed.** 8/8/17

**Action Steps.** Arizona Department of Health Services, "A D H S" inspect and license the group home. GROUPINGS **Start Date.** 4/17/17

### Responsible Person. Awarded Vendor

1. Awarded vendor will request an inspection by A D H S in order to license the home.

## **Projected Date Completed.** 8/18/17

2. A D H S will confirm with D D D contracts that the home has been approved and what modifications are required by the vendor call, if any.

### **Projected Date Completed.** 8/18/17

3. A D H S will conduct the inspection, verify modifications, and issue a D D D group home license to the awarded vendor.

### **Projected Date Completed.** 8/18/17

28.

Action Steps. Conduct a readiness review. (GROUPINGS)

**Start Date.** 4/17/17

**Responsible Person.** Statewide Monitors

Comments.

D D D conducts a programmatic readiness review with the awarded vendor to ensure the home is ready for members prior to any member relocating to the home.

#### **Projected Date Completed.** 8/18/17

29.

Action Steps. Register the group home with A H C C C S, GROUPINGS

**Start Date.** 4/17/17

Responsible Persons. Awarded vendor, H C B S Certification Manager

1. Awarded vendor will complete all necessary D D D Office of Licensing, Certification and Regulation, O L C R, forms.

### **Projected Date Completed.** 8/18/17

2. OLCR will forward complete forms to A H C C C S for registration number.

### **Projected Date Completed.** 8/18/17

- 3. Awarded vendor will contact the contract management specialist in order to obtain a site code for the group home.
- 4. AHCCCS will assign a registration number to the group home.

#### **Projected Date Completed.** 8/18/17

30.

**Action Steps.** Member visits home

**Start Date.** 4/17/17, upon acquisition of the home and staff

Responsible Persons. Awarded vendor, Support Coordinator SOGH supervisor

- 1. Visits will occur based on the individualized transition plans.
  - Members may visit the new home or day activity location.

**Sub bullet.** Initially, visits may occur in short durations and build over time.

**Sub bullet.** Visits may include community outings as well.

Awarded vendor staff may visit the member where they currently live and where they spend their day in order to get to know the member and establish a relationship.

#### **Projected Date Completed.** 9/29/17

2. Visits to group homes may occur over several months to ensure a safe and successful transition.

### **Projected Date Completed.** 9/29/17

- 3. Individuals involved in coordinating visits may include.
  - Guardian/Families
  - Support Coordinator
  - Group Home Supervisor
  - Other group home staff, work area, nurse, lead
  - Leadership of Transition Team
  - Others selected by the member.

## Projected Date Completed. 9/29/17

Action Steps. Schedule a preplacement meeting.

**Start Date.** 9/1/17

**Responsible Persons.** Current Support Coordinator & Receiving Support Coordinator Comments.

1. The current Support Coordinator will schedule preplacement meeting.

The following individuals should be invited to the preplacement meeting.

- Member
- Guardian/Families
- Support Coordinator
- State Operated Group Home Supervisor
- Other Group Home staff, work area, ATPC Nurse Manager, lead
- MCP Nursing Case Manager, if needed.
- Leadership of Transition Team
- Awarded vendor
- Others selected by the member

## **Projected Date Completed.** 12/29/17

- 2. At the time of the preplacement meeting the Planning team will.
  - Review transfer checklist
  - Identify action items and who is responsible for each item

## **Projected Date Completed.** 12/29/17

32.

Action Steps. Coordinate moves

**Start Date.** 9/1/17

Responsible Person. Awarded vendor

**Current Support Coordinator** 

State Operated Group Home Supervisor

#### Comments.

1. The member will move when all steps in the individualized transition plan is completed.

### **Projected Date Completed.** 12/29/17

2. Any Durable Medical Equipment will be moved by health plans.

# **Projected Date Completed.** 12/29/17

3. The awarded vendor coordinates the move of the member and their personal belongings.

**Projected Date Completed.** 12/29/17

Action Steps. Authorize necessary nursing visits.

**Start Date.** 9/1/17

Responsible Person(s). Health Care Services, "H C S" Community Nurse

ATPC Case Manager Nurse

#### Comments.

1. HCS Community Nurse will coordinate with the ATPC case manager nurse to assess the need for nursing visits.

#### Projected Date Completed. 12/29/17

2. Nursing visits will be authorized by the HCS Community Nurse during the transition period, as appropriate for each member.

## **Projected Date Completed.** 12/29/17

34.

Action Steps. Complete all address change notifications

**Start Date.** 9/1/17

Responsible Person. Receiving Support Coordinator

#### Comments.

- 1. Notifications include but are not limited to the following.
  - ALTCS Member Change Report,
  - Social Security
  - Post Office

### **Projected Date Completed.** 12/29/17

2. See "Transfer Checklist" for guidance.

**Projected Date Completed.** 12/29/17

35.

Action Steps. Monitoring visits after move

Start Date. Upon Move

Responsible Person. Previous and Receiving Support Coordinator

HCS Community Nurse and ATPC Case Manager Nurse

#### Comments.

1. The previous and receiving Support Coordinator will visit the member the day after the member moves, including weekends.

#### **Projected Date Completed.** Based on the date of move.

2. The receiving Support Coordinator will visit the member weekly for the first 30 days in order to verify the member's needs are being met.

# Projected Date Completed. Based on the date of move.

3. The HCS Community Nurse and ATPC Case Manager Nurse will visit the member 30 days after the move, or sooner if necessary.

### **Projected Date Completed.** Based on the date of move.

- 4. The HCS Community Nurse will request and review weekly nursing notes from the visiting nurse, as appropriate.
- 5. Additional monitoring visits will be completed as determined by the Director of Residential Services.

Projected Date Completed. Based on the date of move.

Action Steps. Conduct a 30 day placement meeting.

**Start Date.** 10/2/17

**Responsible Persons.** Receiving Support Coordinator & Previous Support Coordinator, optional Comments.

1. The receiving Support Coordinator will schedule 30 day placement meeting.

### **Projected Date Completed.** 1/29/18

2. The following individuals should be invited to the 30 day placement meeting.

# **Projected Date Completed.** 1/29/18

- Member
- Guardian/Families
- Support Coordinator
- State Operated Group Home Supervisor, optional
- ATPC Group Home staff, work area, ATPC Nurse Manager, lead, optional
- Awarded vendor manager
- Awarded vendor direct care staff
- MCP Nursing Case Manager, if needed.
- Leadership of Transition Team
- Others selected by the member

### **Projected Date Completed.** 1/29/18

- 3. At the time of the 30 day placement meeting the Planning team will.
  - Discuss how the member is adjusting to their new home
  - Update the Individual Support Plan, "I S P" or complete Annual I S P, if due.
  - Review and update outcomes
  - · Identify additional services, if needed
  - Identify and assign new action items, if needed

#### **Projected Date Completed.** 1/29/18

4. Any concerns identified in the planning meeting will be reported by the Receiving Support Coordinator to the Director of Residential Coordinator who will determine the course of action.

## **Projected Date Completed.** 1/29/18

37.

Action Steps. 60 day and 90 day post placement meetings.

Start Date. From date of 30 day placement meeting

Responsible Person. Receiving Support Coordinator

#### Comments.

- 1. The receiving Support Coordinator will schedule 60 day and 90 day meetings.
- 2. The following individuals should be invited to the 60 day and 90 day meeting.
  - Member
  - Guardian or Families
  - Support Coordinator
  - Awarded vendor manager
  - Awarded vendor direct care staff
  - MCP Nursing Case Manager, if needed.
  - Leadership of Transition Team, if needed.
  - Others selected by the member
- 2. At the time of the 60 day and 90 day, meeting the Planning team will discuss how the member is adjusting to their new home.
- 3. Any concerns identified in the planning meeting will be reported by the Receiving Support Coordinator to the Director of Residential Coordinator who will determine the course of action.

#### End of Material.