



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

DIVISION OF DEVELOPMENTAL DISABILITIES

<b>Assistant Director:</b> Dr. Laura Love	<b>Project Title:</b> Implementation Plan for Arizona Training Program in Coolidge State Operated Group Home Closures	<b>Project Leader:</b> Leah Gibbs, Director of Residential Services	<b>Project Start Date:</b> 11/10/15
<b>Project Summary:</b> 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.			
<b>Timeframe to Complete:</b> 2-3 years			

	Action Steps	Start Date	Responsible Person(s)	Percent Complete	Comments	Date Completed	
						Projected	Actual
1.	Develop communication plans	11/10/15	Director of Residential Services		1. Meet to develop communication plans for staff, public fiduciaries, and members/guardians. <ul style="list-style-type: none"> <li>• Drafted invitation for guardians</li> <li>• Drafted content for resource packet               <ul style="list-style-type: none"> <li>○ Notice for guardians</li> <li>○ Fact sheets for service options</li> <li>○ Residential Transfer Checklist</li> <li>○ Geomap of existing residential settings</li> <li>○ Next Steps for Guardians</li> </ul> </li> <li>• Talking points/FAQ sheet for staff, Director’s Office, Public Information Officer, Division staff (Hab Tech Supervisors and ATPC Support Coordinators), Guardian meetings</li> </ul>	11/16/15	
					2. Submitted to AD for approval.	11/24/15	12/11/15
2.	Contact Southwest Catholic Health Network Corporation DBA Mercy Care Plan (“MCP”)	11/20/15	ALTCS Administrator		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.	1/5/16	
3.	Meet with ATPC SOGHs staff	11/10/15	Assistant Director		1. Determine meeting participants.	11/20/15	12/11/2015
			Director of Residential Services		2. Schedule meeting with ATPC SOGHs staff.	11/30/15	12/11/2015
			Deputy Superintendent		3. Meet with HR regarding how to communicate future employment with staff vs. possible Reduction in Force (“RIF”).	12/1–12/8	12/10/2015



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					4. Meet with supervisors and available staff prior to the individual and small group guardian meetings. Employee letters were disseminated during these meetings.	12/8-12/17	12/14/2015
4.	Meet with Fiduciaries: There are 2 public fiduciaries and 1 private fiduciary.	11/10/15	Assistant Director  Director of Residential Services		1. Determine meeting participants. 2. Schedule meeting with all three Fiduciaries at ATPC. 3. Send invitation letter for meeting with Fiduciaries. 4. Meet with Fiduciaries and provide resource packet. 5. Follow-up discussions, as requested.	11/20/15 11/30/15 Send 10 days prior to meeting 12/8-12/17 Jan. 2016 until completion of Person Centered Planning meetings.	11/19/2015 12/11/2015 Done verbally 12/14/2015 12/18/2015
5.	Meet with guardians	11/10/15	Assistant Director  Director of Residential Services		1. Determine meeting participants. 2. Schedule meeting with all guardians at various locations. 3. Send invitation letter for meeting with guardians. 4. Meet with guardians and provide resource packet. 5. Follow-up discussions, as requested.	11/20/15 11/30/15 Send 10 days prior to meeting 12/8-12/17 Jan. 2016 until completion of Person Centered Planning	11/19/2015 12/11/15 Done verbally 12/14-12/18



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						meetings.	
6.	Develop staff profiles	11/10/15	Deputy Superintendent		Develop staff profiles: <ul style="list-style-type: none"> <li>Staff's name</li> <li>Staff's title</li> <li>State hire date</li> <li>Adjusted hire date</li> <li>Status: covered or uncovered</li> <li>Years of state service</li> </ul> 32 staff affected, including: <ul style="list-style-type: none"> <li>5 supervisors</li> <li>1 unit manager</li> <li>1 secretary</li> <li>25 Habilitation Technicians</li> </ul> Staff vacancy in GHs <ul style="list-style-type: none"> <li>9 vacant Hab Tech positions</li> </ul>	12/15/15 (Subject to potential change based on current status of staffing)	12/1/15
7.	Develop member profiles	11/11/15	Deputy Superintendent  Members' Support Coordinators		Develop member profiles, which includes demographics and packet of information: <ul style="list-style-type: none"> <li>Member's most recent ISP</li> <li>Annual physical</li> <li>Positive Behavioral Program</li> <li>Annual nursing assessment</li> <li>Most current psychiatric report</li> </ul>	12/15/15 (Subject to potential change based on current needs of the members)	12/15/15
8.	Enter into Interagency Service Agreement with the Sonoran University Center of Excellence in Developmental Disabilities ("UCEDD") through the AZ Board of Regents ("U of A").	1/4/16	Specialty Contract Manager		1. Review previous Request for Qualified Vendor Agreement Section 7 Service Specification for content and develop SOW.  2. Negotiate rate with U of A and consider limiting indirect costs and complete contract  NOTE: Duties of contractor - Facilitate Person Centered Planning meetings and draft plan based on teams' input.	1/22/16  3/4/16	
9.	Conduct Person Centered Plan ("PCP") meetings	4/1/16	Support Coordinator - schedule meetings		The PCP meeting will include discussion identifying the following:	9/2/16	



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	with each member and team and complete a Service Plan		PCP Facilitator- conduct meetings		<ul style="list-style-type: none"> <li>Where the member wants to live;</li> <li>What type of setting the member wants to live in;</li> <li>How the member wants to spend their day; and</li> <li>Additional support services required or needed during and following transition (i.e., nursing visits, day treatment or employment)</li> </ul> <p>During the PCP 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.</p> <p>The following will be invited to attend the PCP meeting:</p> <ul style="list-style-type: none"> <li>Member</li> <li>Guardian/Families</li> <li>PCP Facilitator</li> <li>Support Coordinator</li> <li>Group Home Supervisor</li> <li>Other Group Home staff (work area, ATPC Nurse Manager, lead)</li> <li>MCP Nursing Case Manager, if needed.</li> <li>Leadership of Transition Team</li> <li>Others selected by the member</li> </ul>		
10.	Provide appeal rights and due process, if necessary	Within 14 days of the first request that is denied	Support Coordinator		<p>If the member's guardian requests a placement at the PCP Meeting that DDD determines is not medically necessary or cost effective, DDD will issue a Notice of Action ("NOA") 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 NOA.</p> <p>NOTE: This step could significantly change the timelines in this action plan.</p>	Pending appeal request and hearing request	
11.	Complete PCP for each member	Upon completion of first PCP Meeting (4/15/16)	PCP Facilitator		<ol style="list-style-type: none"> <li>After the meeting, PCP Facilitator will type up a draft of the Plan based on the discussion at the PCP Meeting.</li> <li>PCP Facilitator to send draft to every participant for review.</li> </ol>	9/30/16	As completed





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	home with existing capacity, explain vendor call process. (EXISTING CAPACITY)				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 PCP meeting or during a follow-up special meeting at the guardian's request.		
15.	Issue vendor calls (EXISTING CAPACITY)	2/6/17	Network Manager – Residential Coordinator		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)	2/10/17	
16.	Provide vendor call responses (EXISTING CAPACITY)	2/20/17	Network Manager – Residential Coordinator		1. Vendor call responses will be provided to the guardian for review to determine which vendor(s) they want to meet.  2. Provide vendor call responses to the guardian via their preferred method (e.g., email, U.S. mail, in person)	3/3/17	
17.	Research the vendors who responded (EXISTING CAPACITY)	3/20/17	Guardians  Network Manager – Residential Coordinator		1. The guardian reviews vendor responses  2. The guardian's research may include contacting the potential vendor(s), visiting homes, requesting previous monitoring reports, speaking with guardians of other members served by the potential vendor (with appropriate approval)  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.	4/14/17	
18.	For member's choosing to live in the family home with in-home supports, explain vendor call process for the in-home service(s).	12/5/16	Support Coordinator  Network HCBS Coordinator		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	2/1/17	



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	(IN HOME WITH SUPPORTS)				ability, know basic sign language, ability to work weekends)  NOTE: this discussion may take place at the PCP meeting or during a follow-up special meeting at the guardian's request.		
19.	Issue vendor calls (IN HOME WITH SUPPORTS)	2/6/17	Support Coordinator		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)	2/10/17	
20.	Provide vendor call responses (IN HOMES WITH SUPPORTS)	2/20/17	Support Coordinator		1. Vendor call responses will be provided to the guardians for review to determine which vendors they want to meet.  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 vendor(s) mutually agree to provide the services in the family home, go to Row 29.	3/3/17	
21.	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)	12/5/16	Director of Residential Services		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.	2/1/17	
22.	Issue vendor calls (GROUPINGS)	2/6/17	Network Manager – Residential Coordinator		The vendor call identifies the collective needs of the members and the important features of the expansion group home.	2/10/17	
23.	Provide vendor call responses (GROUPINGS)	2/20/17	Network Manager – Residential Coordinator		1. Vendor call responses will be provided to the guardians for review to determine which vendors they want to meet.  2. Provide vendor call responses to the guardian via their preferred method (e.g., email, U.S. mail, in person)	3/3/17	



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24.	Conduct group home vendor presentation (GROUPINGS)	3/20/17	Director of Residential Services  Network Manager – Residential Coordinator		<p>1. DDD schedules meetings with the guardians of members in groupings and guardian-selected potential vendors.</p> <p>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.</p> <p>3. The members' guardians will discuss the potential vendors and come to a consensus on which vendor they recommend awarding the expansion group home.</p> <p>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.</p>	4/14/17	
25.	Guardians recommends a vendor to the Division and the expansion process begins (GROUPINGS)	4/17/17	Network Manager – Residential Coordinator  Statewide Group Home Monitoring Supervisor  Department of Health Services – DD Licensing Unit Awarded Vendor		<p>1. The Division verifies the recommended vendor is in good standing (e.g., current in insurance, certification, and licensing).</p> <p>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)</p> <p>3. Awarded vendor will hire and train staff.</p> <p>4. Awarded vendor will cooperate with transition visits with members, former caregivers, and future caregivers.</p>	8/18/17	
26.	Awarded vendor buy/lease home (GROUPINGS)	4/17/17	Awarded Vendor		Awarded vendor will implement any necessary modifications to the group home based on the vendor call.	8/8/17	





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27.	Arizona Department of Health Services (“ADHS”) inspect and license the group home. (GROUPINGS)	4/17/17	Awarded Vendor		<p>1. Awarded vendor will request an inspection by ADHS in order to license the home.</p> <p>2. ADHS will confirm with DDD contracts that the home has been approved and what modifications are required by the vendor call, if any.</p> <p>3. ADHS will conduct the inspection, verify modifications, and issue a DDD group home license to the awarded vendor.</p>	8/18/17	
28.	Conduct a readiness review. (GROUPINGS)	4/17/17	Statewide Monitors		DDD 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.	8/18/17	
29.	Register the group home with AHCCCS (GROUPINGS)	4/17/17	Awarded vendor  HCBS Certification Manager		<p>1. Awarded vendor will complete all necessary DDD - Office of Licensing, Certification and Regulation (OLCR) forms.</p> <p>2. OLCR will forward complete forms to AHCCCS for registration number.</p> <p>3. Awarded vendor will contact the contract management specialist in order to obtain a site code for the group home.</p> <p>4. AHCCCS will assign a registration number to the group home.</p>	8/18/17	
30.	Member visits home	4/17/17 (upon acquisition of the home and staff)	Awarded vendor  Support Coordinator  SOGH supervisor		<p>1. Visits will occur based on the individualized transition plans.</p> <ul style="list-style-type: none"> <li>• Members may visit the new home or day activity location. <ul style="list-style-type: none"> <li>○ Initially, visits may occur in short durations and build over time.</li> <li>○ Visits may include community outings as well.</li> </ul> </li> <li>• 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.</li> </ul>	9/29/17	



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					<p>2. Visits to group homes may occur over several months to ensure a safe and successful transition.</p> <p>3. Individuals involved in coordinating visits may include:</p> <ul style="list-style-type: none"> <li>• Guardian/Families</li> <li>• Support Coordinator</li> <li>• Group Home Supervisor</li> <li>• Other group home staff (work area, nurse, lead)</li> <li>• Leadership of Transition Team</li> <li>• Others selected by the member.</li> </ul>		
31.	Schedule a preplacement meeting.	9/1/17	Current Support Coordinator & Receiving Support Coordinator		<p>1. The current Support Coordinator will schedule preplacement meeting.</p> <p>The following individuals should be invited to the preplacement meeting:</p> <ul style="list-style-type: none"> <li>• Member</li> <li>• Guardian/Families</li> <li>• Support Coordinator</li> <li>• State Operated Group Home Supervisor</li> <li>• Other Group Home staff (work area, ATPC Nurse Manager, lead)</li> <li>• MCP Nursing Case Manager, if needed.</li> <li>• Leadership of Transition Team</li> <li>• Awarded vendor</li> <li>• Others selected by the member</li> </ul> <p>2. At the time of the preplacement meeting the Planning team will:</p> <ul style="list-style-type: none"> <li>• Review transfer checklist</li> <li>• Identify action items and who is responsible for each item</li> </ul>	12/29/17	
32.	Coordinate moves	9/1/17	Awarded vendor  Current Support Coordinator  State Operated Group Home		<p>1. The member will move when all steps in the individualized transition plan is completed.</p> <p>2. Any Durable Medical Equipment will be moved by health plans.</p> <p>3. The awarded vendor coordinates the move of the</p>	12/29/17	



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			Supervisor		member and their personal belongings.		
33.	Authorize necessary nursing visits.	9/1/17	Health Care Services ("HCS") Community Nurse  ATPC Case Manager Nurse		1. HCS Community Nurse will coordinate with the ATPC case manager nurse to assess the need for nursing visits.  2. Nursing visits will be authorized by the HCS Community Nurse during the transition period, as appropriate for each member.	12/29/17	
34.	Complete all address change notifications	9/1/17	Receiving Support Coordinator		1. Notifications include but are not limited to the following: <ul style="list-style-type: none"> <li>• ALTCS Member Change Report,</li> <li>• Social Security</li> <li>• Post Office</li> </ul> 2. See "Transfer Checklist" for guidance.	12/29/17	
35.	Monitoring visits after move	Upon Move	Previous and Receiving Support Coordinator  HCS Community Nurse and ATPC Case Manager Nurse		1. The previous and receiving Support Coordinator will visit the member the day after the member moves (including weekends).  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.  3. The HCS Community Nurse and ATPC Case Manager Nurse will visit the member 30 days after the move, or sooner if necessary.  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.	Based on the date of move.	
36.	Conduct a 30-day placement meeting.	10/2/17	Receiving Support Coordinator & Previous Support Coordinator (optional)		1. The receiving Support Coordinator will schedule 30-day placement meeting.  2. The following individuals should be invited to the 30-day placement meeting:	1/29/18	



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					<ul style="list-style-type: none"> <li>• Member</li> <li>• Guardian/Families</li> <li>• Support Coordinator</li> <li>• State Operated Group Home Supervisor, optional</li> <li>• ATPC Group Home staff (work area, ATPC Nurse Manager, lead), optional</li> <li>• Awarded vendor manager</li> <li>• Awarded vendor direct care staff</li> <li>• MCP Nursing Case Manager, if needed.</li> <li>• Leadership of Transition Team</li> <li>• Others selected by the member</li> </ul> <p>3. At the time of the 30-day placement meeting the Planning team will:</p> <ul style="list-style-type: none"> <li>• Discuss how the member is adjusting to their new home</li> <li>• Update the Individual Support Plan (“ISP”) or complete Annual ISP, if due.</li> <li>• Review and update outcomes</li> <li>• Identify additional services, if needed</li> <li>• Identify and assign new action items, if needed</li> <li>•</li> </ul> <p>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.</p>		
37.	60-day and 90-day post-placement meetings.	From date of 30-day placement meeting	Receiving Support Coordinator		<p>1. The receiving Support Coordinator will schedule 60-day and 90-day meetings.</p> <p>2. The following individuals should be invited to the 60-day and 90-day meeting:</p> <ul style="list-style-type: none"> <li>• Member</li> <li>• Guardian/Families</li> <li>• Support Coordinator</li> <li>• Awarded vendor manager</li> <li>• Awarded vendor direct care staff</li> <li>• MCP Nursing Case Manager, if needed.</li> </ul>		



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					<ul style="list-style-type: none"> <li>• Leadership of Transition Team, if needed.</li> <li>• Others selected by the member</li> </ul> <p>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.</p> <p>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.</p>		