1. The following table was changed to a list format for ease of readability. The headings are as follows:

|---------------|-------------|-----------------------|-------------------|-----------|--------------------------|------------------------|

1. **Department of Economic Security, 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:** November 11, 2015
   
   **Project Summary:** Implementation plan to relocate 21 residents living in five State Operated Group Homes (“SOGHs”) located on the grounds of the Arizona Training Program in Coolidge (“ATPC”) because the Department that the preliminary assessment determined the setting meets two criteria of the presumption that a setting is institutional in nature. The group homes are co-located on the grounds of the ICF/ID and have the effect of isolating individuals receiving Medicaid long term services and supports (LTSS) from the broader community of individuals not receiving Medicaid LTSS. 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:** 2 to 5 Years

   **NOTE:** The Implementation Plan will be revised as necessary and changes will be noted as a strikethrough and explained in the Comments section.

   **Transition Work plan**

   **One**

   **Action Steps.** Develop communication plans
   
   **Start Date.** 11/10/15
   
   **Responsible Persons.** Director of Residential Services
   
   **Percent.** 100%
   
   **Comments.** 1. Meet to develop communication plans for staff, public fiduciaries, and members/guardians.
   
   Bullet. Drafted invitation for guardians
   
   Bullet. 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
   
   Bullet. FAQ sheet for staff, Director’s Office, Public Information Officer, Division staff, Hab Tech Supervisors and ATPC Support Coordinators, Guardian meetings
   
   **Projected Date of Completion:** 11/16/15
   
   **Actual Date of Completion:** 11/24/15

   **Two**

   **Action Steps.** Contact Southwest Catholic Health Network Corporation DBA Mercy Care Plan (“MCP”)
   
   **Start Date.** 11/20/2015
   
   **Responsible Persons.** ALTCS Administrator, QIDP Supervisor
   
   **Percent.** 100%
   
   **Comments.** 1. 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 of Completion:** 11/16/2015
   
   **Actual Date of Completion:** 11/16/2015

   **Three**

   **Action Steps.** Meet with ATPC staff
   
   **Start Date.** 11/10/15
   
   **Responsible Persons.** Assistant Director, Director of Residential Services and Deputy Superintendent.
   
   **Percent Complete.** 100%
   

   2. Schedule meeting with ATPC SOGHs staff. **Projected completion.** 11/30/2015. Actual Completion. 12/10/2015


   4. Meet with supervisors and available staff prior to the individual and small group guardian meetings. Employee letters were disseminated during these meetings. **Projected completion.** December eighth, 2017, January 18, 2018.
Four

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

Start Date. November, ten, 2015.

Responsible Persons. Assistant Director and Director of Residential Services

Percent Complete. 100%

Comments:


Five.

Action Steps. 5. Meet with guardians

Start Date. November, ten, 2015

Responsible Persons. Assistant Director

Percent Complete. 100%

Comments.

5. Follow up discussions, as requested. Jan. 2016 until completion of Person Centered Planning meetings.
Six.

**Action Steps.** Develop staff profiles

**Start Date.** November 10, 2015

**Responsible Persons.** Deputy Superintendent

**Percent Complete.** 100%

**Comments.**

Develop staff profiles:
1. Staff’s name
2. Staff’s title
3. State hire date
4. Adjusted hire date
5. Status: covered or uncovered
6. Years of state service

32 staff affected, including:
1. 5 supervisors
2. 1 unit manager
3. 1 secretary
4. 25 Habilitation Technicians

Projected completion. December, 15 2015. Subject to potential change based on current status of staffing

Actual Completion. December 1, 2015

Staff vacancy in GHs

Seven.

**Action Steps.** Develop member profiles

**Start Date.** November 11, 2015

**Responsible Persons.** Deputy Superintendent and Members’ Support Coordinators.

**Percent Complete.** 100%

**Comments.**

Develop member profiles, which includes demographics and packet of information:
1. Member’s most recent ISP
2. Annual physical
3. Positive Behavioral Program
4. Annual nursing assessment
5. Most current psychiatric report

Projected completion. 12/15/15. Subject to potential change based on current needs of the members.

Eight.

**Action Steps.** Enter into Interagency Service Agreement with the Sonoran University Center of Excellence in Developmental Disabilities (“UCEDD”) through the AZ Board

**Start Date.** January 4, 2016

**Responsible Persons.** Specialty Contract Manager

**Percent Complete.** 100%

**Comments.**

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

Nine.

**Action Steps.** Conduct Training for Facilitators and ATPC staff on Person Centered Planning.

**Start Date.** January 18, 2018

**Responsible Persons.** UCEDD Project Manager

**Percent Complete.** 100%

**Comments.**

Ten

**Action Steps.** Conduct Informational Sessions for Guardians and Direct Care Staff

**Start Date.** February 20, 2018.

**Responsible Persons.** UCEDD Project Manager and Director of Residential Services

**Percent Complete.** 100%

**Comments.** Provide informational sessions at ATPC for Guardians and Direct Care Staff at ATPC on Saturday, February 10, 2018 at 10:00 AM and 2:00 PM

**Projected completion.** February 10, 2018. Actual Completion. February 10, 2018

Eleven

**Action Steps.** Conduct Person Centered Plan (“PCP”) meetings with each member and team and complete a Service Plan

**Start Date.** March 1, 2018

**Responsible Persons.** Support Coordinator schedule meetings and PCP Facilitator conduct meetings

**Percent Complete.** 20%

**Comments.**
The PCP meeting will include discussion identifying the following:
1. Where the member wants to live;
2. What type of setting the member wants to live in;
3. How the member wants to spend their day; and
4. Additional support services required or needed during and following transition (i.e., nursing visits, day treatment or employment)

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.

The following will be invited to attend the PCP meeting:
1. Member
2. Guardian/Families
3. PCP Facilitator
4. Support Coordinator
5. Group Home Supervisor
6. Other Group Home staff (work area, ATPC Nurse Manager, lead)
7. MCP Nursing Case Manager, if needed.
8. Leadership of Transition Team
9. Others selected by the member

**Projected Date Completed.** May 31, 2018
**Actual Date Completed.** Blank
Twelve

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

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

Responsible Persons. Support Coordinator

Percent Complete. Blank

Comments. 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.

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

Projected Date Completed. Pending appeal request and hearing request

Actual Date Completed. Blank

Thirteen

Action Steps. Complete PCP for each member

Start Date. Upon completion of first PCP Meeting, April 15, 2018

Responsible Persons. PCP Facilitator

Percent Complete. Blank

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

Projected completion. April 1, 2018 As completed. Actual Completion. Blank

2. PCP Facilitator to send draft to every participant for review. Actual Completion. TBD

3. Follow up meetings are scheduled, as requested. Actual Completion. May 31, 2018. Actual Completion. Blank

4. Once the team approves the PCP draft, the PCP will be finalized. May 31, 2018. Actual Completion. Blank

Fourteen

Action Steps. Develop individualized transition plan for each member

Start Date. Upon approval of draft of PCP by team, June 1, 2018.

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

Percent Complete. Blank

Comments.
1. Based on PCP 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:

1. Future living arrangement selected
2. Location of setting
3. Additional services needed
4. 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)

2. For members choosing to move with a group;

1. Appropriate groupings will be determined based on their compatibility (e.g., desire to live together, same geographical area, guardian’s preferences, history, common interests)

2. This information will be identified on the spreadsheet.

Projected Date Completed. July 1, 2018

Actual Date Completed. Blank
Fifteen
Action Steps. Identify availability of behavioral health, physical health and long term care services based on the
desired geographic areas.
Start Date. August 1, 2018
Responsible Persons. Network Manager and Support Coordinator
Percent Complete. Blank
Comments.
Regional Behavioral Health Authority, Division Subcontracted Acute Health Plan staff and Support Coordinator 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. August 1, 2018
Actual Date Completed. Blank.

Sixteen
Action Steps. For member’s choosing placement in a group home or developmental home with existing capacity, explain
vendor call process. (EXISTING CAPACITY)
Start Date. August 15, 2018
Responsible Persons. Support Coordinator and Network Coordinator
Percent Complete. Blank
Comments.
Explain to the member’s guardian the vendor call process and the guardian’s roles and responsibilities in selecting a
donor.
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.
Projected Date Completed. August 15, 2018
Actual Date Completed. Blank
Seventeen
Action Steps. Issue vendor calls, (EXISTING CAPACITY)
Start Date. September 1, 2018
Responsible Persons. Network Manager – Residential Coordinator
Percent Complete. Blank
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. September 1, 2018
Actual Date Completed. Blank

Eighteen
Action Steps. Provide vendor call responses, (EXISTING CAPACITY)
Start Date. September 20, 2018
Responsible Persons. Network Manager and Residential Coordinator
Percent Complete. Blank
Comments.
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)
Projected Date Completed. October 1, 2018
Actual Date Completed. Blank

Nineteen
Action Steps. Research the vendors who responded (EXISTING CAPACITY)
Start Date. August 15, 2018
Responsible Persons. Guardians, Network Manager and Residential Coordinator
Percent Complete. Blank
Comments.
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.
Projected Date Completed. November 1, 2018
Actual Date Completed. Blank

Twenty
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(s). (IN HOME WITH SUPPORTS)
Start Date. August 15, 2018
Responsible Persons. Support Coordinator and Network HCBS Coordinator
Percent Complete. Blank
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 PCP meeting or during a follow up special meeting at the guardian’s request.
Projected Date Completed. August 20, 2018
Actual Date Completed. Blank
Twenty one

**Action Steps.** Issue vendor calls. (IN HOME WITH SUPPORTS)

**Start Date.** September 1, 2018

**Responsible Persons.** Support Coordinator

**Percent Complete.** Blank

**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. September 5, 2018

Actual Date Completed. Blank

Twenty two

**Action Steps.** Provide vendor call responses, (IN HOMES WITH SUPPORTS)

**Start Date.** September 20, 2018

**Responsible Persons.** Support Coordinator

**Percent Complete.** Blank

**Comments.**

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.

Projected Date Completed. December 1, 2018

Actual Date Completed. Blank

Twenty three

**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.** August 15, 2018

**Responsible Persons.** Director of Residential Services

**Percent Complete.** Blank

**Comments.**

1. 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. August 20, 2018

Actual Date Completed. Blank

Twenty four

**Action Steps.** Provide vendor call responses. (GROUPINGS)

**Start Date.** October 20, 2018

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

**Percent Complete.** Blank

**Comments.**

1. DDD schedules meetings with the guardians of members in groupings and guardian selected potential vendors.
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.
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. November 14, 2018

Actual Date Completed. Blank

Twenty five

**Action Steps.** Provide vendor call responses. (GROUPINGS)

**Start Date.** September 20, 2018

**Responsible Persons.** Network Manager – Residential Coordinator

**Percent Complete.** Blank

**Comments.**

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)

Projected Date Completed. November 14, 2018

Actual Date Completed. Blank

Twenty six

**Action Steps.** Conduct group home vendor presentation (GROUPINGS)

**Start Date.** October 20, 2018

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

**Percent Complete.** Blank

**Comments.**

1. DDD schedules meetings with the guardians of members in groupings and guardian selected potential vendors.
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.
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. November 14, 2018

Actual Date Completed. Blank
**Twenty seven**

**Action Steps.** Guardians recommends a vendor to the Division and the expansion process begins. (GROUPINGS)

**Start Date.** November 20, 2018

**Responsible Persons.** Network Manager – Residential Coordinator, Statewide Group Home Monitoring Supervisor, Department of Health Services – DD Licensing Unit, Awarded Vendor

**Percent Complete.** Blank

**Comments.**
1. The Division verifies the recommended vendor is in good standing (e.g., current in insurance, certification, and licensing).
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, Plexiglas, alarms, rails)
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.** March 20, 2019

**Actual Date Completed.** Blank

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**Twenty eight**

**Action Steps.** Awarded vendor buy or lease home, (GROUPINGS)

**Start Date.** November 15, 2018

**Responsible Persons.** Awarded Vendor

**Percent Complete.** Blank

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

**Projected Date Completed.** June 1, 2019

**Actual Date Completed.** Blank

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**Twenty nine**

**Action Steps.** Arizona Department of Health Services (“ADHS”) inspect and license the group home. (GROUPINGS)

**Start Date.** April 15, 2019

**Responsible Persons.** Awarded Vendor

**Percent Complete.** Blank

**Comments.**
1. Awarded vendor will request an inspection by ADHS in order to license the home.
2. ADHS will confirm with DDD contracts that the home has been approved and what modifications are required by the vendor call, if any.
3. ADHS will conduct the inspection, verify modifications, and issue a DDD group home license to the awarded vendor.

**Projected Date Completed.** June 1, 2019

**Actual Date Completed.** Blank
Thirty

**Action Steps.** Conduct a readiness review. (GROUPINGS)

**Start Date.** June 5, 2019

**Responsible Persons.** Statewide Monitors

**Percent Complete.** Blank

**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. June 10, 2019
Actual Date Completed. Blank

Thirty one

**Action Steps.** Register the group home with AHCCCS. (GROUPINGS)

**Start Date.** June 5, 2019

**Responsible Persons.** Awarded vendor and HCBS Certification Manager

**Percent Complete.** Blank

**Comments.**
1. Awarded vendor will complete all necessary DDD Office of Licensing, Certification and Regulation (OLCR) forms.
2. OLCR will forward complete forms to AHCCCS for registration number.
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. July 5, 2019
Actual Date Completed. Blank

Thirty two

**Action Steps.** For member’s choosing to remain at ATPC and transition to an ICF

**Start Date.** March 1, 2018

**Responsible Persons.** Support Coordinator and Gardian

**Percent Complete.** Blank

**Comments.**
1. Explain the need for the I C F to be medically necessary for the member.
2. Explain the differences between the I C F and H C B S residential settings
2.1. Need for member to benefit from Active Treatment
2.2. Share of Cost determination by A H C C C S
2.3. Stipends and Allowances to support the member

Projected Date Completed. May 31, 2018
Actual Date Completed. Blank

Thirty three

**Action Steps.** Begin design for renovating 40 Oasis Court

**Start Date.** June 1, 2018

**Responsible Persons.** Office of Facilities Management, Director of Residential Services and Contractor

**Percent Complete.** Blank

**Comments.**
1. Award a contractor to complete design to renovate 40 Oasis Court to accommodate members.
2. Ensure design meets all Life Safety Code requirements
3. Ensure design meets Americans with Disabilities Act requirements.

Projected Date Completed. August 1, 2018
Actual Date Completed. Blank

Thirty four

**Action Steps.** Conduct Renovation of 40 Oasis Court for female residents

**Start Date.** August 1, 2018

**Responsible Persons.** Office of Facilities Management and Contractor

**Percent Complete.** Blank

**Comments.**
1. Complete any necessary abatement testing and remediation
2. Complete renovations as designed and approved

Projected Date Completed. February 1, 2019
Actual Date Completed. Blank
Thirty five.

**Action Steps.** Conduct Comprehensive Functional Assessments for members as they transition into the home

**Start Date.** February 15, 2019

**Responsible Persons.** Home Supervisor, Nurse, Direct Care Workers, Qualified Intellectual Disability Professional, Psychologist, B C B A Therapists

**Percent Complete.** Blank

**Comments.**
1. During first 30 days of residing in the ICF, complete assessments
2. Interdisciplinary team develops goals and objectives
3. Develop Active Treatment Plan
4. Develop teaching strategies for goals and objectives
5. Implement Active Treatment Plan
6. Invite Arizona Department of Health Services to survey and certify the home
7. Continue to transition members into certified facility, not to exceed 11 residents

Projected Date Completed. August 1, 2019

Actual Date Completed. Blank

Thirty six

**Action Steps.** Begin Design for renovating 101

**Start Date.** December 1, 2018

**Responsible Persons.** Office of Facilities Management, Director of Residential Services, Contractor

**Percent Complete.** Blank

**Comments.**
1. Award a contractor to complete design to renovate 40 Oasis Court to accommodate members.
2. Ensure design meets all Life Safety Code requirements
3. Ensure design meets Americans with Disabilities Act requirements.

Projected Date Completed. February 15, 2019

Actual Date Completed. Blank

Thirty seven

**Action Steps.** Conduct renovation of 101 for male residents

**Start Date.** March 1, 2019

**Responsible Persons.** Office of Facilities Management and Contractor

**Percent Complete.** Blank

**Comments.**
1. Complete any necessary abatement testing and remediation
2. Complete renovations as designed and approved

Projected Date Completed. September 1, 2019

Actual Date Completed. Blank

Thirty eight

**Action Steps.** Conduct Comprehensive Functional Assessments for members as they transition into the home

**Start Date.** September 15, 2019

**Responsible Persons.** Home Supervisor, Nurse, Direct Care Workers, Qualified Intellectual Disability Professional, Psychologist, B C B A Therapists

**Percent Complete.** Blank

**Comments.**
1. During first 30 days of residing in the ICF, complete assessments
2. Interdisciplinary team develops goals and objectives
3. Develop Active Treatment Plan
4. Develop teaching strategies for goals and objectives
5. Implement Active Treatment Plan
6. Invite Arizona Department of Health Services to survey and certify the home
7. Continue to transition member

Projected Date Completed. December 31, 2019

Actual Date Completed. Blank
Thirty nine

**Action Steps.** Member visits home

**Start Date.** July 5, 2018. Upon acquisition of the home and staff.

**Responsible Persons.** Awarded vendor, Support Coordinator, S O G H Supervisor.

**Percent Complete.** Blank

**Comments.**

1. Visits will occur based on the individualized transition plans.
   1.1. Members may visit the new home or day activity location.
   a. Initially, visits may occur in short durations and build over time.
   b. Visits may include community outings as well.
2. 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.
3. Visits to group homes may occur over several months to ensure a safe and successful transition.

3. Individuals involved in coordinating visits may include:

   3.1. Guardian/Families
   3.2. Support Coordinator
   3.3. Group Home Supervisor
   3.4. Other group home staff (work area, nurse, lead)
   3.5. Leadership of Transition Team
   3.6. Others selected by the member.

**Projected Date Completed.** November 30, 2019

**Actual Date Completed.** Blank

Forty

**Action Steps.** Schedule a pre placement meeting.

**Start Date.** August 5, 2018

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

**Percent Complete.** Blank

**Comments.**

1. The current Support Coordinator will schedule preplacement meeting.
2. The following individuals should be invited to the preplacement meeting:

   1. Member
   2. Guardian/Families
   3. Support Coordinator
   4. State Operated Group Home Supervisor
   5. Other Group Home staff (work area, ATPC Nurse Manager, lead)
   6. MCP Nursing Case Manager, if needed.
   7. Leadership of Transition Team
   8. Awarded vendor
   9. Others selected by the member

2. At the time of the preplacement meeting the Planning team will:

   1. Review transfer checklist
   2. Identify action items and who is responsible for each item

**Projected Date Completed.** November 30, 2019

**Actual Date Completed.** Blank
Forty one

**Action Steps.** Coordinate moves

**Start Date.** September 5, 2018

**Responsible Persons.** Awarded vendor, Current Support Coordinator, State Operated Group Home Supervisor

**Percent Complete.** Blank

**Comments.**
1. The member will move when all steps in the individualized transition plan is completed.
2. Any Durable Medical Equipment will be moved by health plans.
3. The awarded vendor coordinates the move of the member and their personal belongings.

**Projected Date Completed.** November 30, 2019

**Actual Date Completed.** Blank

Forty two

**Action Steps.** Authorize necessary nursing visits.

**Start Date.** September 5, 2018

**Responsible Persons.** Health Care Services (“HCS”) Community Nurse ATPC Case Manager Nurse

**Percent Complete.** Blank

**Comments.**
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.

**Projected Date Completed.** November 30, 2019

**Actual Date Completed.** Blank

Forty three

**Action Steps.** Sonoran UCEDD conducts intendent monitoring for post moves

**Start Date.** September 5, 2018

**Responsible Persons.** Contracted facilitators

**Percent Complete.** Blank

**Comments.**
1. Conduct up to three visits for each member between 30 days and not to exceed 6 months from the member’s transition to their new home.
2. Report findings to Director of Residential Service and Support Coordinator
3. Address any identified concerns as a result of the monitoring

**Projected Date Completed.** June 30, 2020

**Actual Date Completed.** Blank

Forty four

**Action Steps.** Complete all address change notifications

**Start Date.** September 5, 2018

**Responsible Persons.** Receiving Support Coordinator

**Percent Complete.** Blank

**Comments.**
1. Notifications include but are not limited to the following:
   1a. ALTCS Member Change Report,
   1b. Social Security
   1c. Post Office
2. See “Transfer Checklist” for guidance.

**Projected Date Completed.** November 30, 2019

**Actual Date Completed.** Blank

Forty five

**Action Steps.** Monitoring visits after move

**Start Date.** Upon Move

**Responsible Persons.** Previous and Receiving Support Coordinator. HCS Community Nurse and ATPC Case Manager Nurse

**Percent Complete.** Blank

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

**Actual Date Completed.** Blank.
Forty six

**Action Steps.** Conduct a 30 day placement meeting.

**Start Date.** October 1, 2018

**Responsible Persons.** Receiving Support Coordinator & Previous Support Coordinator (optional)

**Percent Complete.** Blank.

**Comments.**
1. The receiving Support Coordinator will schedule 30 day placement meeting.
2. The following individuals should be invited to the 30 day placement meeting:
   2a. Member
   2b. Guardian/Families
   2c. Support Coordinator
   2d. State Operated Group Home Supervisor, optional
   2e. ATPC Group Home staff (work area, ATPC Nurse Manager, lead), optional
   2f. Awarded vendor manager
   2g. Awarded vendor direct care staff
   2h. MCP Nursing Case Manager, if needed.
   2i. Leadership of Transition Team
   2j. Others selected by the member
3. At the time of the 30 day placement meeting the Planning team will:
   3a. Discuss how the member is adjusting to their new home
   3b. Update the Individual Support Plan (“ISP”) or complete Annual ISP, if due.
   3c. Review and update outcomes
   3d. Identify additional services, if needed
   3e. Identify and assign new action items, if needed
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. January 31, 2020

Actual Date Completed. Blank.
Forty seven

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

**Start Date.** From date of 30 day placement meeting

**Responsible Persons.** Receiving Support Coordinator

**Percent Complete.** Blank

**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:
   2a Member
   2b Guardian/Families
   2c Support Coordinator
   2d Awarded vendor manager
   2e Awarded vendor direct care staff
   2f MCP Nursing Case Manager, if needed.
   2g Leadership of Transition Team, if needed.
   2h Others selected by the member
3. 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.
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.** Blank

**Actual Date Completed.** Blank

**End of Material.**