DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

DIVISION OF DEVELOPMENTAL DISABILITIES

Assistant Director:	**Project Title:**	**Project Leader:**	**Project Start Date:**
Dr. Laura Love	Implementation Plan for Arizona Training Program in Coolidge State Operated Group Home Closures	Leah Gibbs, Director of Residential Services	11/10/15

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:
2-5 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	100%	1. Meet to develop communication plans for staff, public fiduciaries, and members/guardians. • Drafted invitation for guardians • Drafted content for resource packet o Notice for guardians o Fact sheets for service options o Residential Transfer Checklist o Geomap of existing residential settings o Next Steps for Guardians • Talking points/FAQ sheet for staff, Director's Office, Public Information Officer, Division staff (Hab Tech Supervisors and ATPC Support Coordinators), Guardian meetings 2. Submitted to AD for approval.	11/16/15 11/24/15	11/16/15 12/11/15
2.	Contact Southwest Catholic Health Network Corporation DBA Mercy Care Plan ("MCP")	11/20/15	ALTCS Administrator QIDP Supervisor	100% 100%	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. 2. Reach back out to MCP to update regarding planning process.	1/5/16 2/10/18	1/5/16 2/10/18
3.	Meet with ATPC SOGHs staff	11/10/15	Assistant Director Director of Residential Services	100%	1. Determine meeting participants.	11/20/15	12/11/2015 1/18/1812/1 1/2015 1/18/18

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

	Action Steps	Start Date	Responsible Person(s)	Percent Complete	Comments	Date Completed	
						Projected	Actual
			Deputy Superintendent	100%	2. Schedule meeting with ATPC SOGHs staff.	11/30/15	12/10/2015
					3. Meet with HR regarding how to communicate future employment with staff vs. possible Reduction in Force ("RIF").	12/1–12/8 6/1/18	12/14/2015
				100%	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	1/18/18
4.	Meet with Fiduciaries: There are 2 public fiduciaries and 1 private fiduciary.	11/10/15	Assistant Director Director of Residential Services	100%	1. Determine meeting participants.	11/20/15	11/19/2015 12/11/2015
				100%	2. Schedule meeting with all three Fiduciaries at ATPC.	11/30/15	Done verbally and 2/2/1812/14/ 2015
				100%	3. Send invitation letter for meeting with Fiduciaries.	Send 10 days prior to meeting	12/18/2015 and 2/10/18
				100%	4. Meet with Fiduciaries and provide resource packet.	12/8-12/17	On-going
					5. Follow-up discussions, as requested.	Jan. 2016 until completion of Person Centered Planning meetings.	
5.	Meet with guardians	11/10/15	Assistant Director Director of Residential Services	100%	1. Determine meeting participants.	11/20/15	11/19/2015
				100%	2. Schedule meeting with all guardians at various	11/30/15	12/11/15

	Action Steps	Start Date	Responsible Person(s)	Percent Complete	Comments	Date Completed	
						Projected	Actual
					locations.		1/19/18
				100%	3. Send invitation letter for meeting with guardians.	Send 10 days prior to meeting	Done verbally and 2/2/18
				100%	4. Meet with guardians and provide resource packet.	12/8-12/17	12/14-12/18 and 2/10/18
				100%	5. Follow-up discussions, as requested.	Jan. 2016 until completion of Person Centered Planning meetings.	
6.	Develop staff profiles	11/10/15	Deputy Superintendent	100%	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	12/15/15 (Subject to potential change based on current status of staffing) 3/15/18	12/1/15
7.	Develop member profiles	11/11/15	Deputy Superintendent	100%	Develop member profiles, which includes demographics and packet of information: • Member's most recent ISP	12/15/15 (Subject to potential	12/15/15

	Action Steps	Start Date	Responsible Person(s)	Percent Complete	Comments	Date Completed	
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			Members' Support Coordinators		• Annual physical • Positive Behavioral Program • Annual nursing assessment • Most current psychiatric report	change based on current needs of the members)	
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	100% 100% 100%	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 3. ISA Executed NOTE: Duties of contractor - Facilitate Person Centered Planning meetings and draft plan based on teams' input.	1/22/16 3/4/16 8/30/17	1-22-16 3-4-16 8/30/17
9.	Conduct Training for Facilitators and ATPC staff on Person Centered Planning	1-18-18	UCEDD Project Manager	100% 100%	1. Conduct Training focused for the facilitators 2. Conduct Training focused for the ATPC staff	1/18/18 1/19/18	1/18/18 1/19/18
10.	Conduct Informational Sessions for Guardians and Direct Care Staff	2-20-18	UCEDD Project Manager Director of Residential Services	100%	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	2/10/18	2/10/18
11.	Conduct Person Centered Plan ("PCP") meetings with each member and team and complete a Service Plan	~~4/1/16~~ 3/1/18	Support Coordinator - schedule meetings PCP Facilitator-conduct meetings	20%	The PCP 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 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	~~9/2/16~~ 5/31/18	

	Action Steps	Start Date	Responsible Person(s)	Percent Complete	Comments	Date Completed	
						Projected	Actual
					disagreement. The following will be invited to attend the PCP meeting: • Member • Guardian/Families • PCP 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		
12.	Provide appeal rights and due process, if necessary	Within 14 days of the first request that is denied	Support Coordinator		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.	Pending appeal request and hearing request	
13.	Complete PCP for each member	Upon completion of first PCP Meeting (~~4/15/16~~) (4/15/18)	PCP Facilitator		1. After the meeting, PCP Facilitator will type up a draft of the Plan based on the discussion at the PCP Meeting. 2. PCP Facilitator to send draft to every participant for review. 3. Follow-up meetings are scheduled, as requested. 4. Once the team approves the PCP draft, the PCP will be finalized.	~~9/30/16~~ 4/1/18 As completed TBD ~~11/4/16~~ 5/31/18	
14.	Develop individualized transition plan for each member	Upon approval of draft of PCP by	Director of Residential Services Network Manager		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	~~11/18/16~~ 6/1/18	

	Action Steps	Start Date	Responsible Person(s)	Percent Complete	Comments	Date Completed	
						Projected	Actual
		team (~~4/25/16~~) (6-1-18)	Support Coordinator		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) 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.	~~11/18/16~~ 7/1/18	
15.	Identify availability of behavioral health, physical health and long-term care services based on the desired geographic areas.	~~11/18/16~~ 8-1-18	Network Manager Support Coordinator		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.	~~1/27/17~~ 8/1/18	
16.	For member's choosing placement in a group home or developmental home with existing capacity, explain vendor call process. (EXISTING CAPACITY)	~~12/5/16~~ 8-15-18	Support Coordinator Network Coordinator		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 PCP meeting or during a follow-up special meeting at the guardian's request.	~~2/1/17~~ 8-15-18	

	Action Steps	Start Date	Responsible Person(s)	Percent Complete	Comments	Date Completed	
						Projected	Actual
17.	Issue vendor calls (EXISITING CAPACITY)	~~2/6/17~~ 9-1-18	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~~ 9-1-18	
18.	Provide vendor call responses (EXISITING CAPACITY)	~~2/20/17~~ 9-20-18	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~~ 10-1-18	
19.	Research the vendors who responded (EXISTING CAPACITY)	~~3/20/17~~ 10-20-18	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~~ 11-1-18	
20.	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)	~~12/5/16~~ 8-15-18	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 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.	~~2/1/17~~ 8-20-18	

	Action Steps	Start Date	Responsible Person(s)	Percent Complete	Comments	Date Completed	
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21.	Issue vendor calls (IN HOME WITH SUPPORTS)	~~2/6/17~~ 9-1-18	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~~ 9-5-18	
22.	Provide vendor call responses (IN HOMES WITH SUPPORTS)	~~2/20/17~~ 9-20-18	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~~ 10-1-18	
23.	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~~ 8-15-18	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~~ 8-20-18	
24.	Issue vendor calls (GROUPINGS)	~~2/6/17~~ 9-1-18	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~~ 9-5-18	
25.	Provide vendor call responses (GROUPINGS)	~~2/20/17~~ 9-20-18	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~~ 10-1-18	
26.	Conduct group home vendor presentation (GROUPINGS)	~~3/20/17~~ 10-20-18	Director of Residential Services Network Manager – Residential Coordinator		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	~~4/14/17~~ 11-14-18	

	Action Steps	Start Date	Responsible Person(s)	Percent Complete	Comments	Date Completed	
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					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.		
27.	Guardians recommends a vendor to the Division and the expansion process begins (GROUPINGS)	~~4/17/17~~ 11-20-18	Network Manager – Residential Coordinator Statewide Group Home Monitoring Supervisor Department of Health Services – DD Licensing Unit Awarded Vendor		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, plexiglass, 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.	~~8/18/17~~ 3-20-19	
28.	Awarded vendor buy/lease home (GROUPINGS)	~~4/17/17~~ 11-25-18	Awarded Vendor		Awarded vendor will implement any necessary modifications to the group home based on the vendor call.	~~8/8/17~~ 3-25-19	
29.	Arizona Department of Health Services ("ADHS") inspect and license the group home. (GROUPINGS)	~~4/17/17~~ 4-15-19	Awarded Vendor		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.	~~8/18/17~~ 6-1-19	

	Action Steps	Start Date	Responsible Person(s)	Percent Complete	Comments	Date Completed	
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30.	Conduct a readiness review. (GROUPINGS)	~~4/17/17~~ 6-5-19	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~~ 6-10-19	
31.	Register the group home with AHCCCS (GROUPINGS)	~~4/17/17~~ 6-5-19	Awarded vendor HCBS Certification Manager		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.	~~8/18/17~~ 7-5-19	
32.	For member's choosing to remain at ATPC and transition to an ICF	3-1-18	Support Coordinator Guardian		1. Explain the need for the ICF to be medically necessary for the member. 2. Explain the differences between the ICF and HCBS residential settings • Need for member to benefit from Active Treatment • Share of Cost determination by AHCCCS • Stipends and Allowances to support the member	5-31-18	
33.	Begin design for renovating 40 Oasis Court	6-1-18	Office of Facilities Management Director of Residential Services Contractor		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.	8-1-18	
34.	Conduct Renovation of 40 Oasis Court for female residents	8-1-18	Office of Facilities Management Contractor		1. Complete any necessary abatement testing and remediation 2. Complete renovations as designed and approved	2-1-19	

	Action Steps	Start Date	Responsible Person(s)	Percent Complete	Comments	Date Completed	
						Projected	Actual
35.	Conduct Comprehensive Functional Assessments for members as they transition into the home	2-15-19	Home Supervisor Nurse Direct Care Workers Qualified Intellectual Disability Professional Psychologist/BCBA Therapists		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	8-1-19	
36.	Begin Design for renovating 101	12-1-18	Office of Facilities Management Director of Residential Services Contractor		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.	2-15-19	
37.	Conduct renovation of 101 for male residents	3-1-19	Office of Facilities Management Contractor		1. Complete any necessary abatement testing and remediation 2. Complete renovations as designed and approved	9-1-19	
38.	Conduct Comprehensive Functional Assessments for members as they transition into the home	9-15-19	Home Supervisor Nurse Direct Care Workers Qualified Intellectual Disability Professional Psychologist/BCBA Therapists		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	12-31-19	

	Action Steps	Start Date	Responsible Person(s)	Percent Complete	Comments	Date Completed	
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39.	Member visits home	~~4/17/17~~ 7-5-18 (upon acquisition of the home and staff)	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. o Initially, visits may occur in short durations and build over time. o 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. 2. Visits to group homes may occur over several months to ensure a safe and successful transition. 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.	~~9/29/17~~ 11-30-19	
40.	Schedule a preplacement meeting.	~~9/1/17~~ 8-5-18	Current Support Coordinator & Receiving Support Coordinator		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	~~12/29/17~~ 11-30-19	

	Action Steps	Start Date	Responsible Person(s)	Percent Complete	Comments	Date Completed	
						Projected	Actual
					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		
41.	Coordinate moves	~~9/1/17~~ 9-5-18	Awarded vendor Current Support Coordinator State Operated Group Home Supervisor		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.	~~12/29/17~~ 11-30-19	
42.	Authorize necessary nursing visits.	~~9/1/17~~ 9-5-18	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~~ 11-30-19	
43.	Sonoran UCEDD conducts intendent monitoring for post moves	9-5-18	Contracted facilitators		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	6-30-20	
44.	Complete all address change notifications	~~9/1/17~~ 9-5-18	Receiving Support Coordinator		1. Notifications include but are not limited to the following: • ALTCS Member Change Report, • Social Security • Post Office 2. See “Transfer Checklist” for guidance.	~~12/29/17~~ 11-30-19	
45.	Monitoring visits after move	Upon Move	Previous and Receiving Support Coordinator		1. The previous and receiving Support Coordinator will visit the member the day after the member moves (including weekends).	Based on the date of move.	

	Action Steps	Start Date	Responsible Person(s)	Percent Complete	Comments	Date Completed	
						Projected	Actual
			HCS Community Nurse and ATPC Case Manager Nurse		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.		
46.	Conduct a 30-day placement meeting.	~~10/2/17~~ 10-1-18	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: • 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 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 ("ISP") or complete Annual ISP, if due.	~~1/29/18~~ 1-31-20	

	Action Steps	Start Date	Responsible Person(s)	Percent Complete	Comments	Date Completed	
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					• Review and update outcomes • Identify additional services, if needed • 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.		
47.	60-day and 90-day post-placement meetings.	From date of 30-day placement meeting	Receiving Support Coordinator		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/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.		