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**A. General Information**

**Selected Grant Report** 2011 First Period (January - June) - ZZ11SA01, Test

**Organization Information**

1. Full Name of Grantee Organization

[text response here]

2. Program's Public Name

[text response here]

3. Program's Website

[text response here]

**Project Director**

4. Project Director Name

[text response here]

5. Project Director Title

[text response here]

6. Project Director Phone

( ) - -

7. Project Director Fax

( ) - -

8. Project Director Email

[text response here]

Done

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8. Project Director Email  
[text response here]

9. Project Director Status  
 Full Time  
 Acting  
 Vacant  
 New Since Last Report

10. Project Director Status Date: Change date if status is different from last report.  
04/26/2011

**Grantee Signatory**

11. Grantee Signatory Name  
[text response here]

12. Grantee Signatory Title  
[text response here]

13. Grantee Signatory Phone  
[ ] - [ ] - [ ]

14. Grantee Signatory Fax  
[ ] - [ ] - [ ]

15. Grantee Signatory Email  
[text response here]

16. Has the Grantee Signatory changed since last report?  
 Yes  
 No

**Other State Contact**

17. Other State Contact Name

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**Other State Contact**

17. Other State Contact Name  
[text response here]

18. Other State Contact Title  
[text response here]

19. Other State Contact Phone      20. Other State Contact Fax  
( ) - -      ( ) - -

21. Other State Contact Email  
[text response here]

---

**Independent State Evaluator**

22. Independent State Evaluator Name  
[text response here]

23. Independent State Evaluator Title and Organization  
[text response here]

24. Independent State Evaluator Phone      25. Independent State Evaluator Fax  
( ) - -      ( ) - -

26. Independent State Evaluator Email  
[text response here]

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**Report Preparer**

27. Report Preparer Name

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24. Independent State Evaluator Phone

25. Independent State Evaluator Fax

26. Independent State Evaluator Email

**Report Preparer**

27. Report Preparer Name

28. Report Preparer Title

29. Report Preparer Phone

30. Report Preparer Fax

31. Report Preparer Email


**CMS Project Officer**

32. CMS Project Officer Name

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**B. Transitions**

**Selected Grant Report** 2011 First Period (January - June) - ZZ11SA01, Test

• All figures are for the current reporting period, January through June.

1. Please specify your MFP program's "Other" target population(s) here. Once "Other" population has been specified in this location, it need not be specified again, and the specification will carry forward throughout the report any time "Other" target population is selected as an option. [The report will update after this page is saved.]

[sample population here]

2. Please note the characteristics and/or diagnoses of your MFP program's "Other" target population(s).

[text response here]

3. Number of people assessed for MFP enrollment. [Click on Help link for explanation]

	Elderly	MR/DD	MI	PD	[sample population here]	Total
<b>First Period</b>	5	7	8	2	2	24
<b>Second Period</b>	0	0	0	0	0	0
<b>Total For This Year</b>	5	7	8	2	2	24
<b>Cumulative Number Assessed</b>	515	457	409	212	105	
<b>Transition Targets, all grant years (by population and total)</b>	500	562	55	155	234	
<b>Cumulative Number Assessed as a Percent of Total Transition Target</b>	103.00%	81.32%	743.64%	136.77%	44.87%	

Recalculate

Please indicate what constitutes an assessment for MFP versus any other transition program.

[text response here]

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4. Of the number assessed this period, number whose stay in an institution was more than 90 days but less than six months. [This question may be skipped if data is not available.]

	Elderly	MR/DD	MI	PD	[sample population here]	Total
First Period	0	1	0	0	0	1
Second Period	0	0	0	0	0	0
<b>Total For This Year</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>

5. Number of institutional residents who transitioned during this reporting period and enrolled in MFP. [Click on Help link for explanation]

	Elderly	MR/DD	MI	PD	[sample population here]	Total
First Period	12	4	5	3	3	27
Second Period	0	0	0	0	0	0
<b>Total For This Year</b>	<b>12</b>	<b>4</b>	<b>5</b>	<b>3</b>	<b>3</b>	<b>27</b>
<b>Annual Transition Target</b>	<b>150</b>	<b>100</b>	<b>3</b>	<b>25</b>	<b>75</b>	
<b>% of Annual Transition Target Achieved</b>	<b>8.00%</b>	<b>4.00%</b>	<b>166.67%</b>	<b>12.00%</b>	<b>4.00%</b>	

Recalculate

6. Number of institutional residents who transitioned during this reporting period and enrolled in MFP whose stay in an institution was more than 90 days but less than 6 months [Specify number in each population subgroup and Total][This question may be skipped if data is not available.]

	Elderly	MR/DD	MI	PD	[sample population here]	Total
First Period	3	0	2	0	1	6
Second Period	0	0	0	0	0	0
<b>Total For This Year</b>	<b>3</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>6</b>

7. The reporting system automatically calculates cumulative transitions to date from new transition counts in each reporting period. If your records show different cumulative transition counts than those below, you can change them by checking 'yes' below.

Yes  
Please describe why the adjustments were necessary.  
[text response here]

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No

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SAFE B. Transitions

Cumulative number of MFP transitions to date. [Click on Help link for explanation]

	Elderly	MR/DD	MI	PD	[sample population here]	Total
<b>Adjustment value for cumulative transitions</b>	543	436	311	210	154	1654
	1	-1	50	0	0	50
<b>Adjusted Cumulative Total</b>	544	435	361	210	154	1704
<b>Transition Targets, all grant years (by population and total)</b>	108.80%	77.40%	656.36%	135.48%	65.81%	

Recalculate

8. Total number of current MFP participants. [Click on Help link for explanation]

	Elderly	MR/DD	MI	PD	[sample population here]	Total
<b>First Period</b>	15	55	2	25	16	113
<b>Second Period</b>	0	0	0	0	0	0

9. Number of MFP participants re-institutionalized. [Click on Help link for explanation]

	Elderly	MR/DD	MI	PD	[sample population here]	Total
<b>For less than 30 days</b>	5	9	1	7	7	29
<b>For more than 30 days</b>	0	1	0	0	1	2
<b>Length of stay as yet unknown</b>	9	3	0	1	0	13
<b>Total re-institutionalized for any length of time (total of above)</b>	14	13	1	8	8	
<b>Number of MFP participants re-institutionalized as a percent of all current MFP participants</b>	93.33%	23.64%	50.00%	32.00%	50.00%	
<b>Number of MFP participants re-institutionalized as a percent of cumulative transitions</b>	2.57%	2.99%	0.28%	3.81%	5.19%	

Recalculate

Please indicate any factors that contributed to re-institutionalization.

[text response here]

4076 characters remaining

10. Number of MFP participants re-institutionalized for longer than 30 days, who were re-enrolled in the MFP program during the reporting period. [Click on Help link for explanation]

	Elderly	MR/DD	MI	PD	[sample population here]	Total
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SAFE B. Transitions

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**10.** Number of MFP participants re-institutionalized for longer than 30 days, who were re-enrolled in the MFP program during the reporting period. [Click on Help link for explanation]

	Elderly	MR/DD	MI	PD	[sample population here]	Total
First Period	0	1	0	3	0	4
Second Period	0	0	0	0	0	0
<b>Total For This Year</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>4</b>

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**11.** Number of MFP participants who died this reporting period. [Click on Help link for explanation]

	Elderly	MR/DD	MI	PD	[sample population here]	Total
First Period	0	0	1	0	1	2
Second Period	0	0	0	0	0	0
<b>Total For This Year</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>2</b>

If you wish, please provide information on the circumstances surrounding the reported deaths.

[text response here]

4076 characters remaining

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**12.** Number of MFP participants -who ever transitioned -who completed the 365-day transition period during the reporting period (leave blank for first report). [Click on Help link for explanation]

	Elderly	MR/DD	MI	PD	[sample population here]	Total
First Period	0	0	0	0	0	0
Second Period	0	0	0	0	0	0
<b>Total For This Year</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Please indicate any factors that contributed to participants not completing the 365-day transition period.

[text response here]

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**13.** Did your program have difficulty transitioning the projected number of persons it proposed to transition in the Operational Protocol? If yes, please check the



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13. Did your program have difficulty transitioning the projected number of persons it proposed to transition in the Operational Protocol? If yes, please check the target populations that apply.

Yes

Please select the populations affected

Elderly	MR/DD	MI	PD	[sample population here]
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe your difficulties for each target population.

[text response here]

4076 characters remaining

No

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14. Does your state have other nursing home transition programs that currently operate alongside the MFP program?

Yes

Please approximate the number of individuals who transitioned through other transition programs during this reporting period

Please explain how these other transition programs differ from MFP, e.g. eligibility criteria.

[text response here]

4076 characters remaining

No

---

15. Does your state have an ICF-MR transition program that currently operates alongside the MFP program?

Yes

Please approximate the number of individuals who transitioned through other transition programs during this reporting period

Please explain how these other transition programs differ from MFP e.g. eligibility criteria.

[text response here]

Done

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No

15. Does your state have an ICF-MR transition program that currently operates alongside the MFP program?

Yes

Please approximate the number of individuals who transitioned through other transition programs during this reporting period

Please explain how these other transition programs differ from MFP e.g. eligibility criteria.

[text response here]

4076 characters remaining

No

16. Do you intend to seek CMS approval to amend your annual or total Demonstration period transition benchmarks in your approved OP?

Yes

Please explain the proposed changes to your transition benchmarks.

[text response here]


4076 characters remaining

No

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### C. Qualified HCBS Expenditures

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- This section requests information and data on progress made towards achieving the state's additional MFP benchmarks, at least one of which reflects the state's reinvestment of savings generated under MFP to rebalance the state's long-term care system. The information below reflects your state's additional benchmarks as described in the CMS-approved Operational Protocol. If your state has not achieved the benchmark measure for this reporting period, please use the text box below to explain the barriers or challenges that have hindered progress, and plans to address them.
- To recalculate percentages, click the Save link in the upper or lower right hand corner.

Benchmark #1 **Benchmark #2** Benchmark #3 Benchmark #4

TEST 06-19-2009

Measure #1:

TEST 06-19-2009

Please explain your Year End rate of progress:

{text response here}

4076 characters remaining

Measure #2:

TEST 06-19-2009

Year	Measure: Target	Measure: First Period	Measure: Second Period	Measure: Entire Year	% Achieved: First Period	% Achieved: Second Period	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00	N/A%	N/A%	N/A%
2007	0.00	0.00	0.00	0.00	N/A%	N/A%	N/A%

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Measure #2:

TEST 06-19-2009

Year	Measure: Target	Measure: First Period	Measure: Second Period	Measure: Entire Year	% Achieved: First Period	% Achieved: Second Period	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00	N/A%	N/A%	N/A%
2007	0.00	0.00	0.00	0.00	N/A%	N/A%	N/A%
2008	0.00	0.00	0.00	0.00	N/A%	N/A%	N/A%
2009	500.00	250.00	500.00	750.00	50.00%	100.00%	150.00%
2010	55.00	0.00	0.00	0.00	0.00%	0.00%	N/A%
2011	200.00	0.00	0.00	0.00	0.00%	0.00%	0.00%

N/A%

Please explain your Year End rate of progress:

[text response here]

4076 characters remaining

Measure #3:

All data in the ZZ Test Report are for test purposes only.

Year	Measure: Target	Measure: First Period	Measure: Second Period	Measure: Entire Year	% Achieved: First Period	% Achieved: Second Period	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00	N/A%	N/A%	N/A%

Done

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Measure #3:

All data in the ZZ Test Report are for test purposes only.

Year	Measure: Target	Measure: First Period	Measure: Second Period	Measure: Entire Year	% Achieved: First Period	% Achieved: Second Period	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00	N/A%	N/A%	N/A%
2007	0.00	0.00	0.00	0.00	N/A%	N/A%	N/A%
2008	0.00	0.00	0.00	0.00	N/A%	N/A%	N/A%
2009	12.00	6.00	9.00	15.00	50.00%	75.00%	125.00%
2010	0.00	0.00	0.00	0.00	N/A%	N/A%	N/A%
2011	80.00	20.00	0.00	20.00	25.00%	0.00%	

N/A%

Please explain your Year End rate of progress:

{text response here}

4076 characters remaining

Measure #4:

TEST 06-30-2009

Please explain your Year End rate of progress:

{text response here}

Done

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2011 80.00 20.00 0.00 20.00 20.00 20.00 20.00

N/A%

Please explain your Year End rate of progress:

[text response here]

4076 characters remaining

Measure #4:

TEST 06-30-2009

Please explain your Year End rate of progress:

[text response here]

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Do you intend to seek CMS approval to amend your additional benchmarks in your approved Operational Protocol?

Yes

[text response here]


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No

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**D. 2. Rebalancing Efforts**

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- All MFP grantees are required to complete this section during this period to report on the cumulative amount spent to date and use of rebalancing funds. MFP "Rebalancing Funds" refers to the net revenue each state receives from the enhanced FMAP rate (over the state's regular FMAP) for qualified and demonstration HCBS services provided to MFP participants. MFP grantees are required to reinvest the rebalancing funds in initiatives that will help to rebalance the long-term care system. The rebalancing fund amount is calculated on your annual Worksheet for Proposed Budget --- see "Rebalancing Fund Calculation" box in the middle of the Excel Worksheet.

Click on the link below to begin entering information on expenditures and activities, whether continuing from prior reporting periods or initiated during this current reporting period, for each rebalancing initiative. If there are more than 6 rebalancing initiatives, please combine related programs and initiatives so that there are no more than 6.

If you have not spent any rebalancing funds to date, click on the link below and enter "\$0.00" in the Total Actual Expenditures box, and in the text box, describe how your state intends to spend rebalancing funds, and indicate when the state expects to begin spending these funds.

[Click here to add another rebalancing initiative.](#)

Rebalancing Initiative #1:

Name of Initiative:

Brief Description of the Initiative (If the grantee only has one large initiative, please list all sub-initiatives or components within this description)

Total Actual Expenditures for this initiative (that is, cumulative spending from start of MFP grant program through end of last calendar year)

Rebalancing Initiative #2:

Name of Initiative:

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SAFE D. 2. Rebalancing Efforts

Rebalancing Initiative #2:

Name of Initiative:

Brief Description of the Initiative (If the grantee only has one large initiative, please list all sub-initiatives or components within this description)

[text response here]

Total Actual Expenditures for this initiative (that is, cumulative spending from start of MFP grant program through end of last calendar year)

Rebalancing Initiative #3:

Name of Initiative:

Brief Description of the Initiative (If the grantee only has one large initiative, please list all sub-initiatives or components within this description)

[text response here]

Total Actual Expenditures for this initiative (that is, cumulative spending from start of MFP grant program through end of last calendar year)

Rebalancing Initiative #4:

Name of Initiative:

Brief Description of the Initiative (If the grantee only has one large initiative, please list all sub-initiatives or components within this description)

Testing 9/16/2011

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SAFE D. 2. Rebalancing Efforts

Total Actual Expenditures for this initiative (that is, cumulative spending from start of MFP grant program through end of last calendar year) 0.00

Rebalancing Initiative #3:

Name of Initiative: Test 7/27/2011

Brief Description of the Initiative (If the grantee only has one large initiative, please list all sub-initiatives or components within this description)

[text response here]

Total Actual Expenditures for this initiative (that is, cumulative spending from start of MFP grant program through end of last calendar year) 0.00

Rebalancing Initiative #4:

Name of Initiative: Test 8/22/11

Brief Description of the Initiative (If the grantee only has one large initiative, please list all sub-initiatives or components within this description)


Testing 9/16/2011

Total Actual Expenditures for this initiative (that is, cumulative spending from start of MFP grant program through end of last calendar year) 0.00

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A. General Information

B. Transitions

C. Qualified HCBS Expenditures

D. 1. Additional Benchmarks

D. 2. Rebalancing Efforts

**E. 1. Recruitment & Enrollment**

D. 3. Outreach, Marketing & Education

D. 4. Stakeholder Involvement

D. 5. Benefits & Services

D. 6. Participant Access to Services

D. 7. Self-Direction

D. 8. Quality Management & Improvement

E. 9. Housing for Participants

F. Organization & Administration

G. Challenges & Developments

H. Independent Evaluation

I. State-Specific Technical Assistance

J. Overall Lessons & MFP-related LTC System Change

Print Report

Submit Report

Validate Report

**E. 1. Recruitment & Enrollment**

**Selected Grant Report** 2011 First Period (January - June) - ZZ11SA01, Test

1. Did anything change during the reporting period that made recruitment easier? Choose from the list below and check all target populations that apply. Check "None" if nothing has changed.

Type or quality of data available for identification

Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe by target population.

[text response here]

4076 characters remaining

How data are used for identification

Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe by target population.

[text response here]

4076 characters remaining

Obtaining provider/agency referrals or cooperation

Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Obtaining provider/agency referrals or cooperation  
Please select the populations affected  
Elderly HR/DD MI PD [sample population here]  
      
Please describe by target population.  
[text response here]  
4076 characters remaining

Obtaining self referrals  
Please select the populations affected  
Elderly HR/DD MI PD [sample population here]  
      
Please describe by target population.  
[text response here]  
4076 characters remaining

Obtaining family referrals  
Please select the populations affected  
Elderly HR/DD MI PD [sample population here]  
      
Please describe by target population.  
[text response here]  
4076 characters remaining

Assessing needs  
Please select the populations affected

start  
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Assessing needs

Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe by target population.

[text response here]

4076 characters remaining

Other, specify below

Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe by target population.

[text response here]

4076 characters remaining

None

2. What significant challenges did your program experience in recruiting individuals? Significant challenges are those that affect the program's ability to transition as many people as planned. Choose from the list below and check all target populations that apply.

Type or quality of data available for identification

Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe by target population.

[text response here]

4076 characters remaining

Done

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What are you doing to address the challenges?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?  
[text response here]  
4076 characters remaining

Obtaining provider/agency referrals or cooperation  
Please select the populations affected  
Elderly HR/DD HI PD [sample population here]

Please describe by target population  
[text response here]  
4076 characters remaining

What are you doing to address the challenges?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

Obtaining self referrals  
Please select the populations affected  
Elderly HR/DD HI PD [sample population here]

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**Obtaining self referrals**  
Please select the populations affected  
**Elderly**  **HR/DD**  **MI**  **PD**  **[sample population here]**

Please describe by target population  
[text response here]  
4076 characters remaining

What are you doing to address the challenges?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

**Obtaining family referrals**  
Please select the populations affected  
**Elderly**  **HR/DD**  **MI**  **PD**  **[sample population here]**

Please describe by target population  
[text response here]  
4076 characters remaining

What are you doing to address the challenges?  
[text response here]  
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What are you doing to address the challenges?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

Assessing needs  
Please select the populations affected  
Elderly  HR/DD  HI  PD  [sample population here]

Please describe by target population  
[text response here]  
4076 characters remaining

What are you doing to address the challenges?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

Why is this issue no longer being pursued?  
[text response here]  
4076 characters remaining

Lack of interest among people targeted or the families  
Please select the populations affected  
Elderly  HR/DD  HI  PD  [sample population]

Done

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Lack of interest among people targeted or the families

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]

4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?

[text response here]

4076 characters remaining

Unwilling to consent to program requirements

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

What are you doing to address the challenges?

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What are you doing to address the challenges?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

Why is this issue no longer being pursued?  
[text response here]  
4076 characters remaining

Other, specify below

Please select the populations affected

<b>Elderly</b>	<b>MR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe other challenge(s) by target population  
[text response here]  
4076 characters remaining

What are you doing to address the challenges?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

None

3. Did anything change during the reporting period that made enrollment into the MFP program easier? These changes may have been the result of changes in your state's Medicaid policies and procedures.

Done Internet 100%

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3. Did anything change during the reporting period that made enrollment into the MFP program easier? These changes may have been the result of changes in your state's Medicaid policies and procedures.

Determination of initial eligibility  
Please select the populations affected

Elderly	MR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe by target population  
[text response here]

4076 characters remaining

Redetermination of eligibility after a suspension due to reinstitutionalization  
Please select the populations affected

Elderly	MR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe by target population  
[text response here]

4076 characters remaining

Other, specify below  
Please select the populations affected

Elderly	MR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe by target population  
[text response here]

4076 characters remaining

Done

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None

4. What significant challenges did your program experience in enrolling individuals? Significant challenges are those that affect the program's ability to transition as many people as planned.

Determining initial eligibility

Please select the populations affected

Elderly HR/DD MI PD [sample population here]

Please describe by target population

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]

4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?

[text response here]

4076 characters remaining

Reestablishing eligibility after a suspension due to reinstitutionalization

Please select the populations affected

Elderly HR/DD MI PD [sample population here]

Please describe by target population

[text response here]

Done

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What are you doing to address the challenges?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

Other, specify below  
Please select the populations affected

Elderly	MR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, please specify below  
[text response here]  
4076 characters remaining

What are you doing to address the challenges?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

Why is this issue no longer being pursued?  
[text response here]  
4076 characters remaining

None

Total number of MEP candidates assessed in this period, or a prior candidate period, who are currently in the transition planning process, that is "in the pipeline."

Done

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5. Total number of MFP candidates assessed in this period, or a prior reporting period, who are currently in the transition planning process, that is "in the pipeline," and expected to enroll in MFP.

Total

---

6. Total number of MFP eligible individuals assessed in this period, or a prior reporting period, for whom transition planning began but were unable to transition through MFP.

Total

---

7. How many individuals could not be enrolled in the MFP program for each of the following reasons:

Individual transitioned to the community, but did not enroll in MFP	<input type="text" value="0"/>
Individual's physical health, mental health, or other service needs or estimated costs were greater than what could be accommodated in the community or through the state's current waiver programs	<input type="text" value="0"/>
Individual could not find affordable, accessible housing, or chose a type of residence that does not meet the definition of MFP qualified residences	<input type="text" value="3"/>
Individual changed his/her mind about transitioning, did not cooperate in the planning process, had unrealistic expectations, or preferred to remain in the institution	<input type="text" value="0"/>
Individual's family member or guardian refused to grant permission, or would not provide back-up support	<input type="text" value="2"/>
	<input type="text" value="1"/>

Test 6-21-2011

If necessary, please explain further why individuals could not be transitioned or enrolled in the MFP program.

[text response here]

4076 characters remaining

---

8. Number of MFP participants transitioned during this period whose length of time from assessment to actual transition took:

less than 2 months	<input type="text" value="3"/>
2 to 6 months	<input type="text"/>

Done

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8. Number of MFP participants transitioned during this period whose length of time from assessment to actual transition took:

less than 2 months	<input type="text" value="3"/>
2 to 6 months	<input type="text" value="1"/>
6 to 12 months	<input type="text" value="4"/>
12 to 18 months	<input type="text" value="0"/>
18 to 24 months	<input type="text" value="2"/>
24 months or more	<input type="text" value="1"/>

Please indicate the average length of time required from assessment to actual transition.

[text response here]

4076 characters remaining

Percentage of MFP participants transitioned during this period whose length of time from assessment to actual transition took (denominator from total of Question #5, Transitions):

less than 2 months	<input type="text" value="11.11"/> %
2 to 6 months	<input type="text" value="3.70"/> %
6 to 12 months	<input type="text" value="14.81"/> %
12 to 18 months	<input type="text" value="N/A"/> %
18 to 24 months	<input type="text" value="7.41"/> %
24 months or more	<input type="text" value="3.70"/> %

9. Total number of individuals who were referred to the MFP program through MDS 3.0 Section Q referrals during the reporting period. Please report an unduplicated count.

Total

10. Of the MDS 3.0 Section Q referrals ever received by the MFP program, number of individuals who subsequently enrolled in MFP and transitioned to the

Done

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10. Of the MDS 3.0 Section Q referrals ever received by the MFP program, number of individuals who subsequently enrolled in MFP and transitioned to the community during this reporting period.

Total

---

11. What types of activities were supported by ADRC/MFP Supplemental Funding Opportunity C grant funds during this reporting period, awarded in 2010 to 25 MFP grantee states to support activities that help to expand the capacity of ADRCs to assist with MFP transition efforts, and partner in utilizing the revised Minimum Data Set (MDS) 3.0 Section Q referrals? Choose from the list below. Check "Not Applicable" if your State did not receive this grant.

- Develop or improve Section Q referral tracking systems—electronic or other
- Education and outreach to nursing facility or other LTC system staff to generate referrals to MFP or other transition programs
- Develop or expand options counseling or transition planning and assistance
- Train current or new ADRC staff to do transition planning in MFP or other transition programs
- Expansion of ADRC program in State
- Other activities – please describe in text box

Please describe

4076 characters remaining

Not applicable – state did not receive this grant

---

12. Please describe progress in implementing the activities identified in Question # 11 during this past reporting period, and how they have helped your state achieve MFP goals. In addition, describe the results or outcomes of these activities; if you specified numerical targets in your grant proposal, please provide counts during the reporting period.

4076 characters remaining

---

13. Please describe any barriers or challenges in implementing the activities proposed in your grant application and the steps you are taking to resolve them.

Done

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Train current or new ADRC staff to do transition planning in MFP or other transition programs

Expansion of ADRC program in State

Other activities – please describe in text box  
Please describe  
[text response here]  
4076 characters remaining

Not applicable – state did not receive this grant

**12.** Please describe progress in implementing the activities identified in Question # 11 during this past reporting period, and how they have helped your state achieve MFP goals. In addition, describe the results or outcomes of these activities; if you specified numerical targets in your grant proposal, please provide counts during the reporting period.

[text response here]  
4076 characters remaining


**13.** Please describe any barriers or challenges in implementing the activities proposed in your grant application and the steps you are taking to resolve them.

[text response here]  
4076 characters remaining

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**E. 2. Informed Consent & Guardianship**

**Selected Grant Report** 2011 First Period (January - June) - ZZ11SA01, Test

**1. What changed during the reporting period that made obtaining informed consent easier?**

Revised inform consent documents and/or forms

Please select the populations affected

Elderly  MR/DD  MI  PD  [sample population here]

Please describe by target population

[text response here]

4076 characters remaining

Provided more or enhanced training for transition coordinators

Please select the populations affected

Elderly  MR/DD  MI  PD  [sample population here]

Please describe by target population

[text response here]

4076 characters remaining

Improved how guardian consent is obtained

Please select the populations affected

Elderly  MR/DD  MI  PD  [sample population here]

Done

start

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Improved how guardian consent is obtained

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

Other, specify below

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

Nothing

---

2. What changed during the reporting period that improved or enhanced the role of guardians?

The nature by which guardians are involved in transition planning

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

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Communication or frequency of communication with guardians

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

The nature by which guardians are involved in ongoing care planning

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

The nature by which guardians are trained and mentored

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

Other, specify below

Please select the populations affected

Done

start

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Other, specify below

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

Nothing

---

3. What significant challenges did your program experience in obtaining informed consent?

Ensuring informed consent

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]

4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?

[text response here]

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How was it resolved?  
[text response here]  
4076 characters remaining

Involving guardians in transition planning  
Please select the populations affected  
Elderly HR/DD MI PD [sample population here]  
      
Please describe by target population  
[text response here]  
4076 characters remaining

What are you doing to address the challenges?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

Communication or frequency of communication with guardians  
Please select the populations affected  
Elderly HR/DD MI PD [sample population here]  
      
Please describe by target population  
[text response here]  
4076 characters remaining

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What are you doing to address the challenges?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

Why is this issue no longer being pursued?  
[text response here]  
4076 characters remaining

Involving guardians in ongoing care planning  
Please select the populations affected  
Elderly  HR/DD  MI  PD  [sample population here]

Please describe by target population  
[text response here]  
4076 characters remaining

What are you doing to address the challenges?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

Training and mentoring of guardians  
Please select the populations affected  
Elderly  HR/DD  MI  PD  [sample population]

Done

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Training and mentoring of guardians

Please select the populations affected

Elderly  HR/DD  MI  PD  [sample population here]

Please describe by target population

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]

4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?

[text response here]

4076 characters remaining

Other, specify below

Please select the populations affected

Elderly  HR/DD  MI  PD  [sample population here]

Please describe by target population

[text response here]

4076 characters remaining

What are you doing to address the challenges?

Done

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4076 characters remaining

Other, specify below

Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]

4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

Why is this issue no longer being pursued?

[text response here]


4076 characters remaining

None

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### E. 3. Outreach, Marketing & Education

**Selected Grant Report** 2011 First Period (January - June) - ZZ11SA01, Test

1. What notable achievements in outreach, marketing or education did your program accomplish during the reporting period?

Development of print materials

Please select the populations affected

Elderly	MR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

Implementation of localized/targeted media campaign

Please select the populations affected

Elderly	MR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

[text response here]

4076 characters remaining

Implementation of statewide media campaign

Please select the populations affected

Elderly	MR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Done

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Implementation of statewide media campaign  
Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[text response here]

4076 characters remaining

Involvement of stakeholder state agencies in outreach and marketing  
Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[text response here]

4076 characters remaining

Involvement of discharge staff at facilities  
Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

[text response here]

4076 characters remaining

Involvement of ombudsman  
Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Done

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Involvement of ombudsman  
Please select the populations affected  
Elderly HR/DD MI PD [sample population here]

[text response here]

4076 characters remaining

Training of frontline workers on program requirements  
Please select the populations affected  
Elderly HR/DD MI PD [sample population here]

[text response here]

4076 characters remaining

Other, specify below  
Please select the populations affected  
Elderly HR/DD MI PD [sample population here]

[text response here]

4076 characters remaining

None

What significant challenges did your program experience in conducting outreach, marketing, and education activities during the reporting period?

Done

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2. What significant challenges did your program experience in conducting outreach, marketing, and education activities during the reporting period?

Development of print materials

Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]

4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?

[text response here]

4076 characters remaining

Implementation of a localized / targeted media campaign

Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

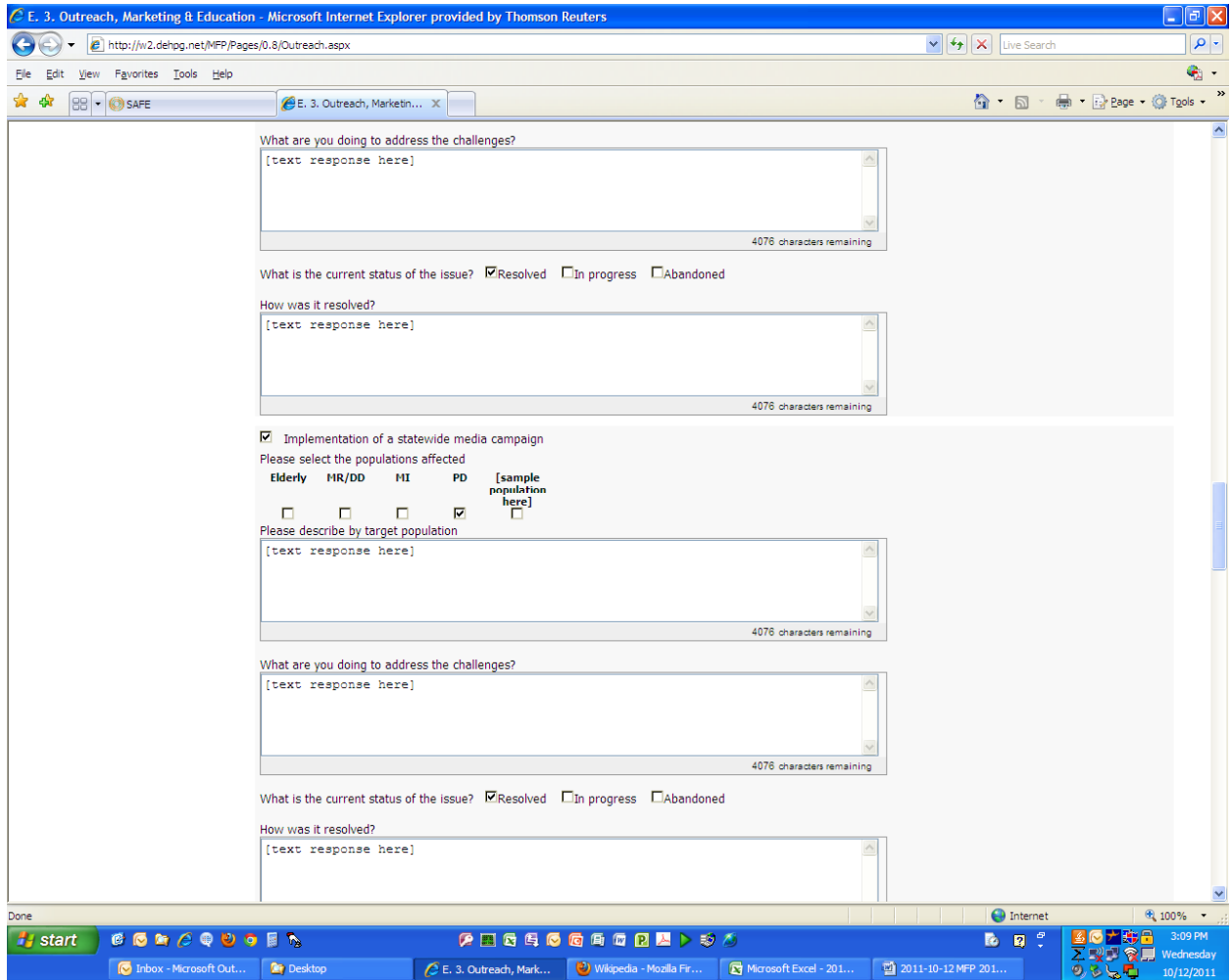
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Involvement of stakeholder state agencies in outreach and marketing

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]

4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?

[text response here]

4076 characters remaining

Involvement of discharge staff at facilities

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

What are you doing to address the challenges?

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What are you doing to address the challenges?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?  
[text response here]  
4076 characters remaining

Involvement of ombudsman  
Please select the populations affected  
Elderly  HR/DD  HI  PD  [sample population here]

Please describe by target population  
[text response here]  
4076 characters remaining

What are you doing to address the challenges?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

Training of frontline workers on program requirements  
Please select the populations affected  
Elderly  HR/DD  HI  PD  [sample population]

Done

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Training of frontline workers on program requirements

Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]

4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?

[text response here]

4076 characters remaining

Other, specify below

Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

What are you doing to address the challenges?

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4076 characters remaining

Other, specify below

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]

4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?

[text response here]


4076 characters remaining

None

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**E. 4. Stakeholder Involvement**

**Selected Grant Report** 2011 First Period (January - June) - ZZ11SA01, Test

1. How are consumers and families involved in MFP during this period and how did their efforts contribute to MFP goals and benchmarks, or inform MFP and LTC policies?

	Provided input on MFP policies or procedures	Helped to promote or market MFP program	Involved in Housing Development	Involved in Quality of Care assurance	Attended MFP Advisory Meeting (s)	Other (describe)
Consumers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[text response here]
Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[text response here]
Advocacy Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[text response here]
HCBS Providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[text response here]
Institutional Providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[text response here]
Labor/Worker Association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[text response here]
Public Housing Agency (ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[text response here]
Other State Agencies (except Housing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[text response here]
Non-profit Housing Assn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[text response here]
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[text response here]

Please explain the nature of consumers' and families' involvement in MFP during this period and how it contributed to MFP goals and benchmarks, or informed MFP and LTC policies

[text response here]

4096 characters remaining

Please explain the nature of others' (non-consumers) involvement in MFP during this period and how it contributed to MFP goals and benchmarks, or informed MFP and LTC policies

Done

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Please explain the nature of others' (non-consumers) involvement in MFP during this period and how it contributed to MFP goals and benchmarks, or informed MFP and LTC policies.

[text response here]

4096 characters remaining

---

2. On average, how many consumers, families, and consumer advocates attended each meeting of the MFP program's advisory group (the group that advises the MFP program) during the reporting period?

Specific Amount  
Please Indicate the Amount of Attendance

[text response here]

4076 characters remaining

Advisory group did not meet during the reporting period

Program does not have an advisory group

---

3. What types of challenges has your program experienced involving consumers and families in program planning and ongoing program administration?

Identifying willing consumers  
What are you doing to address the challenges?

[text response here]

4076 characters remaining

Identifying willing families  
What are you doing to address the challenges?

[text response here]

4076 characters remaining

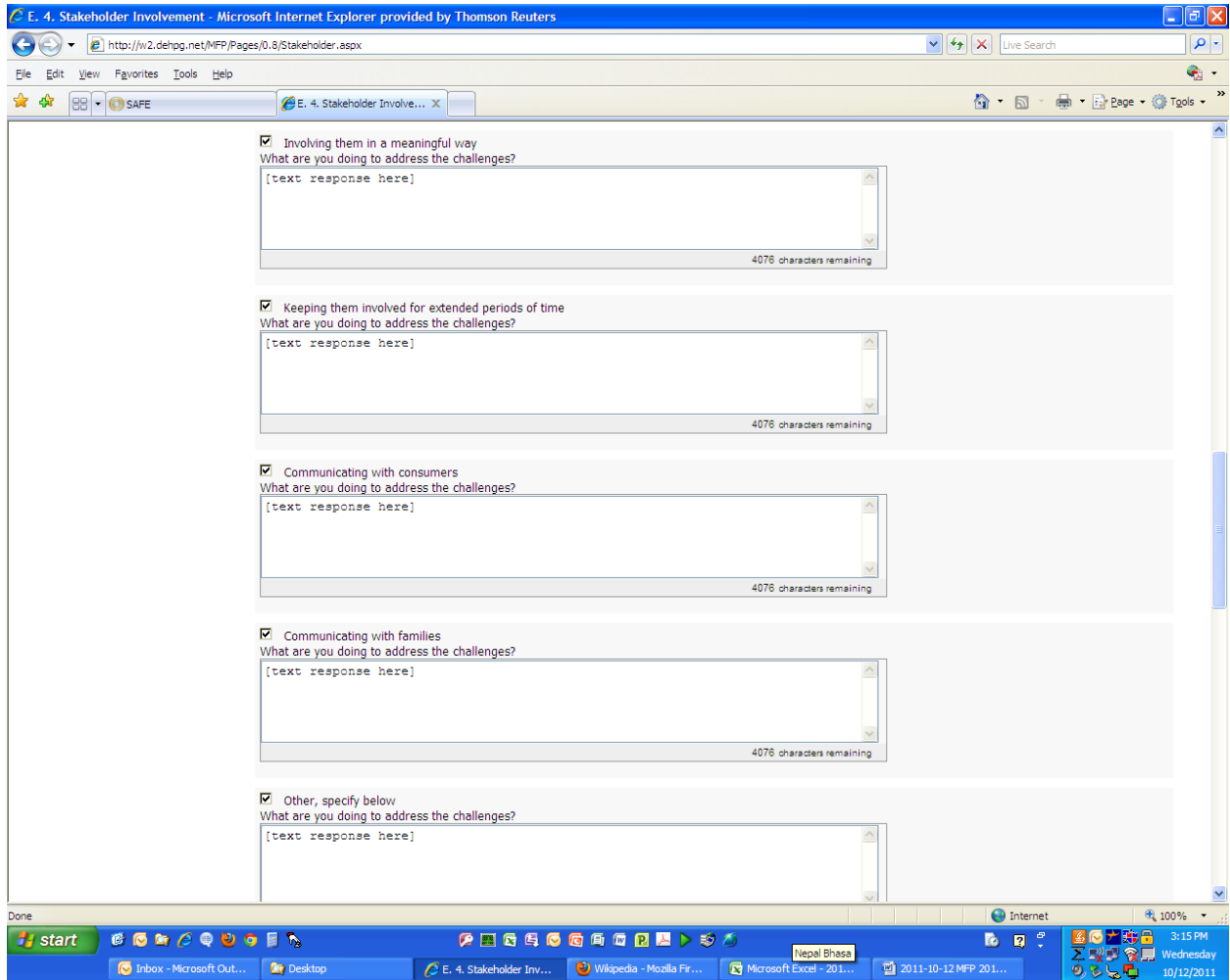
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None

4. Did your program make any progress during the reporting period in building a collaborative relationship with any of the following housing agencies or organizations?

State agency that sets housing policies  
Please describe  
[text response here]  
4076 characters remaining

State housing finance agency  
Please describe  
[text response here]  
4076 characters remaining

Public housing agency(ies)  
Please describe  
[text response here]  
4076 characters remaining

Non-profit agencies involved in housing issues  
Please describe  
[text response here]  
4076 characters remaining

Other housing organizations (such as landlords, realtors, lenders and mortgage brokers)  
Please describe

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Non-profit agencies involved in housing issues  
Please describe  
[text response here]  
4076 characters remaining

Other housing organizations (such as landlords, realtors, lenders and mortgage brokers)  
Please describe  
[text response here]  
4076 characters remaining

None

5. Has your program experienced significant challenges in building a collaborative relationship with any of the agencies involved in setting state housing policies, financing, or implementation of housing programs?


Yes  
Please describe  
[text response here]  
4076 characters remaining

No

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**E. 5. Benefits & Services**

**Selected Grant Report** 2011 First Period (January - June) - ZZ11SA01, Test

1. What progress was made during the reporting period regarding Medicaid programmatic and policy issues that increased the availability of home and community-based services DURING the one-year transition period?

Increased capacity of HCBS waiver programs to serve MFP participants

Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

Added a self-direction option

Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

Developed State Plan Amendment to add or modify benefits needed to serve MFP participants in HCBS settings

Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Done

start

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Developed State Plan Amendment to add or modify benefits needed to serve MFP participants in HCBS settings

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

Developed or expanded managed LTC programs to serve MFP participants

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

Obtained authority to transfer Medicaid funds from institutional to HCBS line items to serve MFP participants

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

Legislative or executive authority for more funds or slots or both

Please select the populations affected

Done

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Legislative or executive authority for more funds or slots or both

Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

Improved state funding for pre-transition services (such as targeted case management)

Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

Other, specify below

Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

None

Done

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2. What significant challenges or barriers did your program experience in guaranteeing that MFP participants can be served in Medicaid HCBS DURING the one-year transition period?

Efforts to increase capacity of HCBS waiver programs to serve more individuals are delayed or disapproved

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]

4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

Efforts to add a self-direction option are delayed or disapproved

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

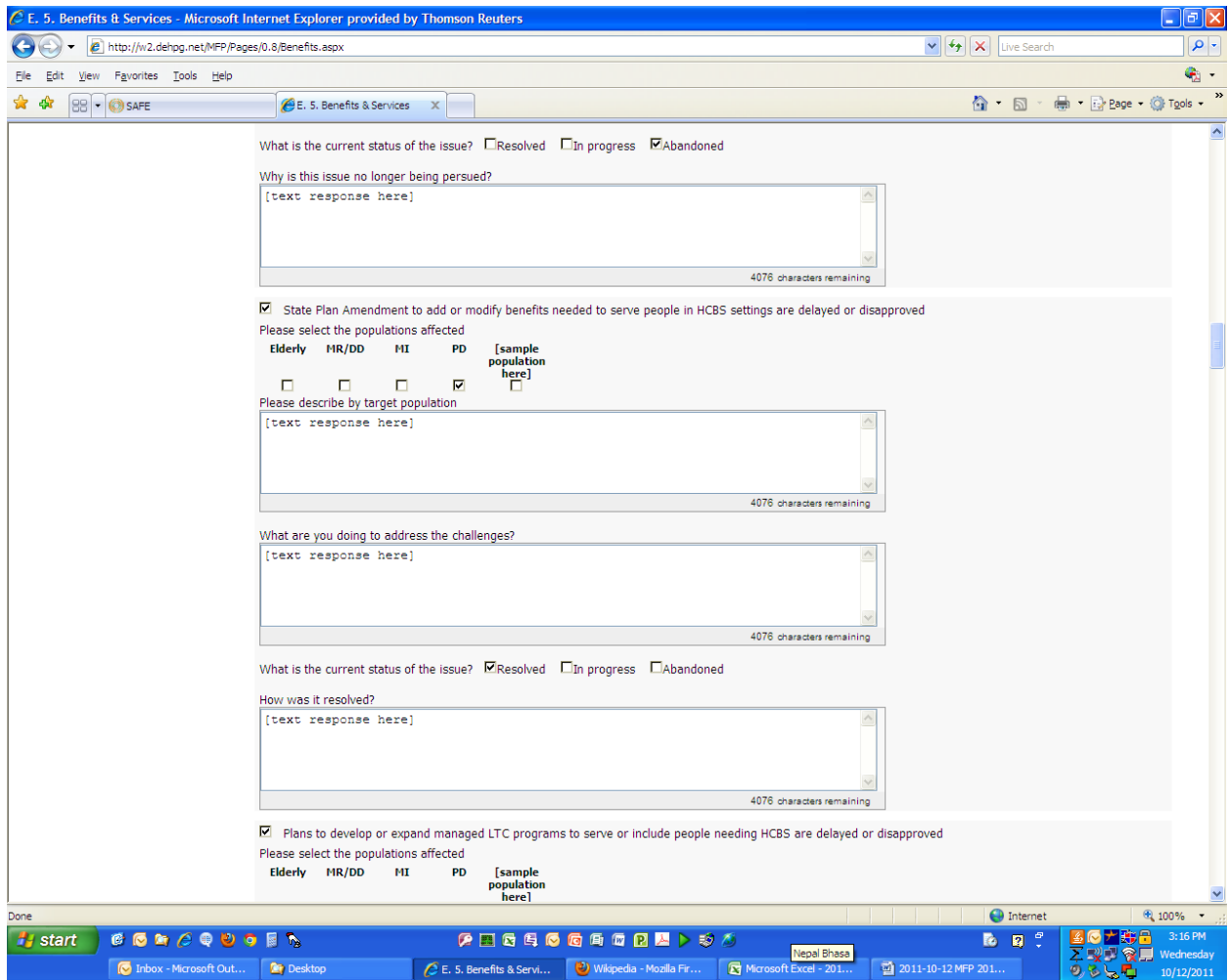
What are you doing to address the challenges?

[text response here]

Done

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Plans to develop or expand managed LTC programs to serve or include people needing HCBS are delayed or disapproved

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]

4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

Why is this issue no longer being pursued?

[text response here]

4076 characters remaining

Efforts to obtain authority to transfer Medicaid funds from institutional to HCBS line items to serve people transitioning out of MFP are delayed or disapproved

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

What are you doing to address the challenges?

Done

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What are you doing to address the challenges?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?  
[text response here]  
4076 characters remaining

Legislative or executive authority for more funds or slots are delayed or disapproved

Please select the populations affected

Elderly	HR/DD	HI	PD	[sample population here]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe by target population  
[text response here]  
4076 characters remaining

What are you doing to address the challenges?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

Why is this issue no longer being pursued?  
[text response here]

Done

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State funding for pre-transition services (such as targeted case management) have been delayed or disapproved

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]

4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

Other, specify below

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]

4076 characters remaining

Done

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What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?

[text response here]

4076 characters remaining

None

3. What progress was made during the reporting period on Medicaid programmatic and policy issues to assure continuity of home and community based services AFTER the one-year transition period?

Increased capacity of HCBS waiver programs to serve more Medicaid enrollees

Please select the populations affected

Elderly HR/DD MI PD [sample population here]

Please describe by target population

[text response here]

4076 characters remaining

Added a self-direction option

Please select the populations affected

Elderly HR/DD MI PD [sample population here]

Please describe by target population

[text response here]

4076 characters remaining

Developed State Plan Amendment to add or modify benefits needed to serve MFP participants in HCBS settings

Please select the populations affected

Done

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Developed State Plan Amendment to add or modify benefits needed to serve MFP participants in HCBS settings

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

Developed or expanded managed LTC programs to serve more Medicaid enrollees

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

Obtained authority to transfer Medicaid funds from institutional to HCBS line items to serve more Medicaid enrollees

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

Legislative or executive authority for more funds or slots or both

Please select the populations affected

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Legislative or executive authority for more funds or slots or both

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

Improved state funding for pre-transition services, such as targeted case management

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

Other, specify below

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

None

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4. What significant challenges or barriers did your program experience in guaranteeing continuity of care for MFP participants in Medicaid HCBS AFTER the one-year transition period?

Efforts to increase capacity of HCBS waiver programs to serve more individuals are delayed or disapproved

Please select the populations affected

Elderly MR/DD MI PD [sample population here]

Please describe by target population

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]

4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

Efforts to add a self-direction option are delayed or disapproved

Please select the populations affected

Elderly MR/DD MI PD [sample population here]

Please describe by target population

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]

Done

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What is the current status of the issue?  Resolved  In progress  Abandoned

Why is this issue no longer being pursued?

[text response here]

4076 characters remaining

State Plan Amendment to add or modify benefits needed to serve people in HCBS settings is delayed or disapproved

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]

4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

Plans to develop or expand managed LTC programs to serve or include people needing HCBS are delayed or disapproved

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe by target population

[text response here]

Done

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What are you doing to address the challenges?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

Why is this issue no longer being pursued?  
[text response here]  
4076 characters remaining

Efforts to obtain authority to transfer Medicaid funds from institutional to HCBS line items to serve people transitioning out of MFP are delayed or disapproved  
Please select the populations affected  
**Elderly** **HR/DD** **MI** **PD** **[sample population here]**

Please describe by target population  
[text response here]  
4076 characters remaining

What are you doing to address the challenges?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

Legislative or executive authority for more funds or slots are delayed or disapproved  
Please select the populations affected  
**Elderly** **HR/DD** **MI** **PD** **[sample population here]**

Done

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Legislative or executive authority for more funds or slots are delayed or disapproved

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]

4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?

[text response here]

4076 characters remaining

State funding for pre-transition services have been delayed or disapproved

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

What are you doing to address the challenges?

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What are you doing to address the challenges?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?  
[text response here]  
4076 characters remaining

Other, specify below  
Please select the populations affected  
Elderly  HR/DD  HI  PD  [sample population here]

Please describe by target population  
[text response here]  
4076 characters remaining

What are you doing to address the challenges?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?  
[text response here]

Done

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4076 characters remaining

Other, specify below

Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]

4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?

[text response here]


4076 characters remaining

None

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A. General Information

B. Transitions

C. Qualified HCBS Expenditures

D. 1. Additional Benchmarks

D. 2. Rebalancing Efforts

E. 1. Recruitment & Enrollment

E. 2. Informed Consent & Guardianship

E. 3. Outreach, Marketing & Education

E. 4. Stakeholder Involvement

E. 5. Benefits & Services

**E. 6. Participant Access to Services**

E. 7. Self-Direction

E. 8. Quality Management & Improvement

E. 9. Housing for Participants

F. Organization & Administration

G. Challenges & Developments

H. Independent Evaluation

I. State-Specific Technical Assistance

J. Overall Lessons & MFP-related LTC System Change

Print Report

Submit Report

Validate Report

**E. 6. Participant Access to Services**

**Selected Grant Report** 2011 First Period (January - June) - ZZ11SA01, Test

1. What steps did your program or state take during the reporting period to improve or enhance the ability of MFP participants to access home and community based services?

Increased the number of transition coordinators

Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

[text response here]

4076 characters remaining

Increased the number of home and community-based service providers contracting with Medicaid

Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[text response here]

4076 characters remaining

Increased access requirements for managed care LTC providers

Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Increased access requirements for managed care LTC providers  
Please select the populations affected

Elderly	MR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

[text response here]

4076 characters remaining

Increased payment rates to HCBS providers  
Please select the populations affected

Elderly	MR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[text response here]

4076 characters remaining

Increased the supply of direct service workers  
Please select the populations affected

Elderly	MR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[text response here]

4076 characters remaining

Improve or increased transportation options  
Please select the populations affected

Elderly	MR/DD	MI	PD	[sample
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Improve or increased transportation options  
Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[text response here]

4076 characters remaining

Added or expanded managed LTC programs or options  
Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[text response here]

4076 characters remaining

Other, specify below  
Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

[text response here]

4076 characters remaining

None

2. What are MFP participants' most significant challenges to accessing home and community-based services? These are challenges that either make it difficult to

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2. What are MFP participants' most significant challenges to accessing home and community-based services? These are challenges that either make it difficult to transition as many people as you had planned or make it difficult for MFP participants to remain living in the community.

Insufficient supply of HCBS providers

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]

4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

Why is this issue no longer being pursued?

[text response here]

4076 characters remaining

Insufficient supply of direct service workers

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

Done

start

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What are you doing to address the challenges?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?  
[text response here]  
4096 characters remaining

Preauthorization requirements  
Please select the populations affected  
**Elderly** **HR/DD** **MI** **PD** **[sample population here]**

Please describe by target population  
[text response here]  
4076 characters remaining

What are you doing to address the challenges?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

Why is this issue no longer being pursued?  
[text response here]

Done

start

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Limits on amount, scope, or duration of HCBS allowed under medicaid state plan or waiver program

Please select the populations affected

Elderly	MR/DD	MI	PD	[sample population here]
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]

4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?

[text response here]

4076 characters remaining

Lack of appropriate transportation options or unreliable transportation options

Please select the populations affected

Elderly	MR/DD	MI	PD	[sample population here]
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

What are you doing to address the challenges?

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Home Stop Page Tools

What are you doing to address the challenges?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?  
[text response here]  
4076 characters remaining

Insufficient availability of home and community-based services (provider capacity does not meet demand)  
Please select the populations affected  
Elderly  HR/DD  HI  PD  [sample population here]

Please describe by target population  
[text response here]  
4076 characters remaining

What are you doing to address the challenges?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?  
[text response here]

Done

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4076 characters remaining

Other, specify below

Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]

4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?

[text response here]


4076 characters remaining

None

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http://w2.dehpg.net/MFP/Pages/0.6/SelfDirection.aspx

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**E. 7. Self-Direction**

**Selected Grant Report** 2011 First Period (January - June) - ZZ11SA01, Test

Did your state have any self-direction programs in effect during this reporting period?

Yes  
 No

1. How many MFP participants were in a self-direction program during the reporting period?

	Elderly	MR/DD	MI	PD	[sample population here]	Total
	7	1	1	8	0	17

2. Of those MFP participants in a self-direction program how many:

**Hired or supervised their own personal assistants**

	Elderly	MR/DD	MI	PD	[sample population here]	Total
	1	2	0	1	8	12

**Managed their allowance or budget**

	Elderly	MR/DD	MI	PD	[sample population here]	Total
	0	2	0	1	0	3

3. How many MFP participants in a self-direction program during the reporting period reported abuse or experienced an accident?

	Elderly	MR/DD	MI	PD	[sample population here]	Total
<b>Reported being abused by an assistant, job coach, or day program staff</b>	0	1	0	7	0	8
<b>Experienced an accident (such as a fall, burn, medication error)</b>	0	0	6	0	0	6
Test 6-24-2011	8	0	7	0	0	15

4. How many MFP participants in a self-direction program disenrolled from the self-direction program during the reporting period?

	Elderly	MR/DD	MI	PD	[sample population here]	Total
	1	0	0	2	0	3

5. Of the MFP participants who were disenrolled from a self-direction program, how many were disenrolled for each reason below?

Done

start

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- I. State-Specific Technical Assistance
- J. Overall Lessons & MFP-related LTC System Change
- Print Report
- Submit Report
- Validate Report

hired or supervised their own personal assistants	1	2	0	1	8	12
<b>Managed their allowance or budget</b>	0	2	0	1	0	3

3. How many MFP participants in a self-direction program during the reporting period reported abuse or experienced an accident?

	Elderly	MR/DD	MI	PD	[sample population here]	Total
<b>Reported being abused by an assistant, job coach, or day program staff</b>	0	1	0	7	0	8
<b>Experienced an accident (such as a fall, burn, medication error)</b>	0	0	6	0	0	6
Test 6-24-2011	8	0	7	0	0	15

4. How many MFP participants in a self-direction program disenrolled from the self-direction program during the reporting period?

	Elderly	MR/DD	MI	PD	[sample population here]	Total
	1	0	0	2	0	3

5. Of the MFP participants who were disenrolled from a self-direction program, how many were disenrolled for each reason below?

	Elderly	MR/DD	MI	PD	[sample population here]	Total
<b>Opted-out</b>	0	0	0	0	0	0
<b>Inappropriate spending</b>	1	0	0	0	0	1
<b>Unable to self-direct</b>	0	0	0	0	0	0
<b>Abused their worker</b>	0	0	0	1	0	1
Test 6-24-2011	0	0	0	1	0	1

Are there any other comments you would like to make related to self-direction for MFP participants, or the numbers reported, during this reporting period?

[text response here]

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**E. 8. Quality Management & Improvement**

**Selected Grant Report** 2011 First Period (January - June) - ZZ11SA01, Test

Do you want the information on critical incidents in questions #8 and #9 on this page to appear in print version of the report?

1. What notable improvements did your program make to your HCBS quality management systems that affect MFP participants? These improvements may include improvements to quality management systems for your state's waiver programs.

Improved intra/inter departmental coordination

Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

[text response here]

4076 characters remaining

Implemented/Enhanced data collection instruments

Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

[text response here]

4076 characters remaining

Implemented/Enhanced information technology applications

Please select the populations affected

Print Report

Submit Report

Validate Report

Done

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Implemented/Enhanced information technology applications

Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

[text response here]

4076 characters remaining

Implemented/Enhanced consumer complaint processes

Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[text response here]

4076 characters remaining

Implemented/Enhanced quality monitoring protocols DURING the one-year transition period (that is, methods to track quality-related outcomes using identified benchmarks or identifying participants at risk of poor outcomes and triggering further review at a later point in time)

Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

[text response here]

4076 characters remaining

Enhanced a critical incident reporting and tracking system. A critical incident (e.g., abuse, neglect and exploitation) is an event that could bring harm, or create potential harm to a waiver participant

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Enhanced a critical incident reporting and tracking system. A critical incident (e.g., abuse, neglect and exploitation) is an event that could bring harm, or create potential harm, to a waiver participant.

Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[text response here]

4076 characters remaining

Enhanced a risk management process

Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[text response here]

4076 characters remaining

Other, specify below

Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

[text response here]

4076 characters remaining

None

Done

start

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2. How many calls did your program receive from MFP participants for emergency back-up assistance during the reporting period by type of assistance needed? Emergency refers to situations that could endanger the health or well-being of a participant and may lead to a critical incident if not addressed. (Please note this question only captures calls that were considered to be emergencies and not those that are informational or complaints.)

	Elderly	MR/DD	MI	PD	[sample population here]	Total
<b>Transportation: to get to medical appointments</b>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1"/>
<b>Life-support equipment repair/replacement</b>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1"/>
<b>Critical health services</b>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1"/>
<b>Direct service/support workers not showing up</b>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="1"/>
<input type="text" value="[text response here]"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
<b>Total</b>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	

3. For what number of the calls received were you able to provide the assistance that was needed when it was needed?

Elderly	MR/DD	MI	PD	[sample population here]	Total
<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1"/>

4. Did your program have to change back-up services or quality management systems due to an identified problem or challenge in the operation of your back-up systems?

Yes  
Please describe the changes you have made, as well as the effectiveness of these changes

[text response here]

4076 characters remaining

No

5. What significant challenges did your program experience with Discovery processes? Significant challenges include difficulty identifying, in a timely fashion, incidents that place a participant at risk/danger to themselves or others.

Identifying whether participants are receiving adequate supports/services

Please select the populations affected

<input type="checkbox"/> Elderly	<input type="checkbox"/> MR/DD	<input type="checkbox"/> MI	<input type="checkbox"/> PD	<input type="checkbox"/> [sample population]
----------------------------------	--------------------------------	-----------------------------	-----------------------------	--

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Identifying whether participants are receiving adequate supports/services

Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe the challenges

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]

4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?

[text response here]

4076 characters remaining

Identifying whether services/supports are delivered as intended

Please select the populations affected

Elderly	HR/DD	MI	PD	[sample population here]
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe the challenges

[text response here]

4076 characters remaining

What are you doing to address the challenges?

Done

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What are you doing to address the challenges?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?  
[text response here]  
4076 characters remaining

Identifying in a timely manner when participants' health and welfare is not achieved  
Please select the populations affected

Elderly	HR/DD	HI	PD	[sample population here]
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe the challenges  
[text response here]  
4076 characters remaining

What are you doing to address the challenges?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

Why is this issue no longer being pursued?  
[text response here]

Done

start

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Other, specify below

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe the challenges

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]

4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

None

---

6. What significant challenges did your program experience with Remediation processes? Significant challenges include difficulty acting promptly to address an identified risk/danger at the individual level.

Addressing an identified risk/danger in a timely manner

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe the challenges

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]

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What are you doing to address the challenges?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?  
[text response here]  
4076 characters remaining

Providing additional services when needed  
Please select the populations affected  
**Elderly** **HR/DD** **MI** **PD** **[sample population here]**

Please describe the challenges  
[text response here]  
4076 characters remaining

What are you doing to address the challenges?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?  
[text response here]

Done

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Other, specify below

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe the challenges

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]

4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?

[text response here]

4076 characters remaining

None

---

7. What significant challenges did your program experience with Improvement processes? Significant challenges include difficulty gathering or analyzing information from Discovery activities to identify trends that affect an entire population of individuals/participants, or difficulty designing system improvements to prevent or reduce the occurrences of quality issues.

Gathering information to identify trends

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe the challenges

[text response here]

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Gathering information to identify trends

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe the challenges

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]

4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?

[text response here]

4076 characters remaining

Designing system improvements

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe the challenges

[text response here]

4076 characters remaining

What are you doing to address the challenges?

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What are you doing to address the challenges?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?  
[text response here]  
4076 characters remaining

Implementing system improvements  
Please select the populations affected  
**Elderly** **HR/DD** **MI** **PD** **[sample population here]**

Please describe the challenges  
[text response here]  
4076 characters remaining

What are you doing to address the challenges?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?  
[text response here]

Done

start

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Other, specify below

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe the challenges

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]

4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?

[text response here]

4076 characters remaining

None

---

8. How many critical incidents occurred during the reporting period?

\_\_\_\_\_15

---

9. Please describe (in the text box below). Further detail regarding the nature of each critical incident may be provided with question Number 10 (below, on this page).

[text response here]

Done

start

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10. Please describe the nature of each critical incident that occurred. Choose from the list below.

Abuse  
Please specify the number of times this type of critical incident occurred.   
Did the state make changes, either for the consumer(s) or its system, as a result of the analysis of critical incidents?  
[text response here]  
4076 characters remaining  
What is the current status of the issue?  Resolved  In progress  Abandoned

Neglect  
Please specify the number of times this type of critical incident occurred.   
Did the state make changes, either for the consumer(s) or its system, as a result of the analysis of critical incidents?  
[text response here]  
4076 characters remaining  
What is the current status of the issue?  Resolved  In progress  Abandoned

Exploitation  
Please specify the number of times this type of critical incident occurred.   
Did the state make changes, either for the consumer(s) or its system, as a result of the analysis of critical incidents?  
[text response here]  
4076 characters remaining  
What is the current status of the issue?  Resolved  In progress  Abandoned

Hospitalizations  
Please specify the number of times this type of critical incident occurred.

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Hospitalizations  
Please specify the number of times this type of critical incident occurred.   
Of these hospitalizations, approximately how many occurred within 30 days of discharge from a hospital or other institutional setting?  
[text response here]  
4076 characters remaining

Emergency Room visits  
Please specify the number of times this type of critical incident occurred.   
Of these emergency room visits, approximately how many occurred within 30 days of discharge from a hospital or other institutional setting?  
[text response here]  
4076 characters remaining

Deaths (preventable, questionable, or unexpected)  
Please specify the number of times this type of critical incident occurred.   
Did the state make changes, either for the consumer(s) or its system, as a result of the analysis of critical incidents?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

Involvement with the criminal justice system  
Please specify the number of times this type of critical incident occurred.   
Did the state make changes, either for the consumer(s) or its system, as a result of the analysis of critical incidents?  
[text response here]

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Involvement with the criminal justice system  
Please specify the number of times this type of critical incident occurred.   
Did the state make changes, either for the consumer(s) or its system, as a result of the analysis of critical incidents?  
[text response here]  
4076 characters remaining  
What is the current status of the issue?  Resolved  In progress  Abandoned

Medication administration errors  
Please specify the number of times this type of critical incident occurred.   
Did the state make changes, either for the consumer(s) or its system, as a result of the analysis of critical incidents?  
[text response here]  
4076 characters remaining  
What is the current status of the issue?  Resolved  In progress  Abandoned

Other, specify below  
Please specify the number of times this type of critical incident occurred.   
Did the state make changes, either for the consumer(s) or its system, as a result of the analysis of critical incidents?  
[text response here]  
4076 characters remaining  
What is the current status of the issue?  Resolved  In progress  Abandoned

None

Are there any other comments you would like to make related to quality management for MFP participants, or the numbers reported, during this reporting period?

Done

start

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Medication administration errors  
Please specify the number of times this type of critical incident occurred.

Did the state make changes, either for the consumer(s) or its system, as a result of the analysis of critical incidents?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

Other, specify below  
Please specify the number of times this type of critical incident occurred.


Did the state make changes, either for the consumer(s) or its system, as a result of the analysis of critical incidents?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

None

Are there any other comments you would like to make related to quality management for MFP participants, or the numbers reported, during this reporting period?  
[text response here]  
4076 characters remaining

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**E. 9. Housing for Participants**

**Selected Grant Report** 2011 First Period (January - June) - ZZ11SA01, Test

**1. What notable achievements in improving housing options for MFP participants did your program accomplish during the reporting period?**

Developed inventory of affordable and accessible housing

Please select the populations affected

<b>Elderly</b>	<b>MR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe the achievements

[text response here]

4076 characters remaining

Developed local or state coalitions of housing and human service organizations to identify needs and/or create housing-related initiatives

Please select the populations affected

<b>Elderly</b>	<b>MR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe the achievements

[text response here]

4076 characters remaining

Developed statewide housing registry

Please select the populations affected

<b>Elderly</b>	<b>MR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
----------------	--------------	-----------	-----------	---------------------------------

Done

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Developed statewide housing registry  
Please select the populations affected  
Elderly  MR/DD  HI  PD  [sample population here]  
Please describe the achievements  
[text response here]  
4076 characters remaining

Implemented new home ownership initiatives  
Please select the populations affected  
Elderly  MR/DD  HI  PD  [sample population here]  
Please describe the achievements  
[text response here]  
4076 characters remaining

Improved funding or resources for developing assistive technology related to housing  
Please select the populations affected  
Elderly  MR/DD  HI  PD  [sample population here]  
Please describe the achievements  
[text response here]  
4076 characters remaining

Improved information systems about affordable and accessible housing  
Please select the populations affected

Done

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Improved information systems about affordable and accessible housing

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe the achievements

[text response here]

4076 characters remaining

Increased number of rental vouchers

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe the achievements

[text response here]

4076 characters remaining

Increased supply of affordable and accessible housing

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe the achievements

[text response here]

4076 characters remaining

Increased supply of residences that provide or arrange for long term services and/or supports

Please select the populations affected

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Increased supply of residences that provide or arrange for long term services and/or supports

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe the achievements

[text response here]

4076 characters remaining

Increased supply of small group homes

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe the achievements

[text response here]

4076 characters remaining

Increased/Improved funding for home modifications

Please select the populations affected

<b>Elderly</b>	<b>HR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe the achievements

[text response here]

4076 characters remaining

Other, specify below

Please select the populations affected

Done

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Other, specify below

Please select the populations affected

<b>Elderly</b>	<b>MR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe the achievements

[text response here]

4076 characters remaining

None

2. What significant challenges did your program experience in securing appropriate housing options for MFP participants? Significant challenges are those that affect the program's ability to transition as many people as planned or to keep MFP participants in the community.

Lack of information about affordable and accessible housing

Please select the populations affected

<b>Elderly</b>	<b>MR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe the challenges

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]

4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

Insufficient supply of affordable and accessible housing

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Insufficient supply of affordable and accessible housing

Please select the populations affected

Elderly  HR/DD  MI  PD  [sample population here]

Please describe the challenges

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]

4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?

[text response here]

4076 characters remaining

Lack of affordable and accessible housing that is safe

Please select the populations affected

Elderly  HR/DD  MI  PD  [sample population here]

Please describe the challenges

[text response here]

4076 characters remaining

What are you doing to address the challenges?



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What are you doing to address the challenges?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?  
[text response here]  
4076 characters remaining

Insufficient supply of rental vouchers  
Please select the populations affected

Elderly	MR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe the challenges  
[text response here]  
4076 characters remaining

What are you doing to address the challenges?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?  
[text response here]

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Lack of new home ownership programs

Please select the populations affected

Elderly  MR/DD  MI  PD  [sample population here]

Please describe the challenges

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]

4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?

[text response here]

4076 characters remaining

Lack of small group homes

Please select the populations affected

Elderly  MR/DD  MI  PD  [sample population here]

Please describe the challenges

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]

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What are you doing to address the challenges?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?  
[text response here]  
4076 characters remaining

Lack of residences that provide or arrange for long term services and/or supports  
Please select the populations affected

Elderly	HR/DD	HI	PD	[sample population here]
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe the challenges  
[text response here]  
4076 characters remaining

What are you doing to address the challenges?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?  
[text response here]

Done

start

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Insufficient funding for home modifications

Please select the populations affected

<b>Elderly</b>	<b>MR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe the challenges

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]

4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?

[text response here]

4076 characters remaining

Unsuccessful efforts in developing local or state coalitions of housing and human services organizations to identify needs and/or create housing related initiatives

Please select the populations affected

<b>Elderly</b>	<b>MR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

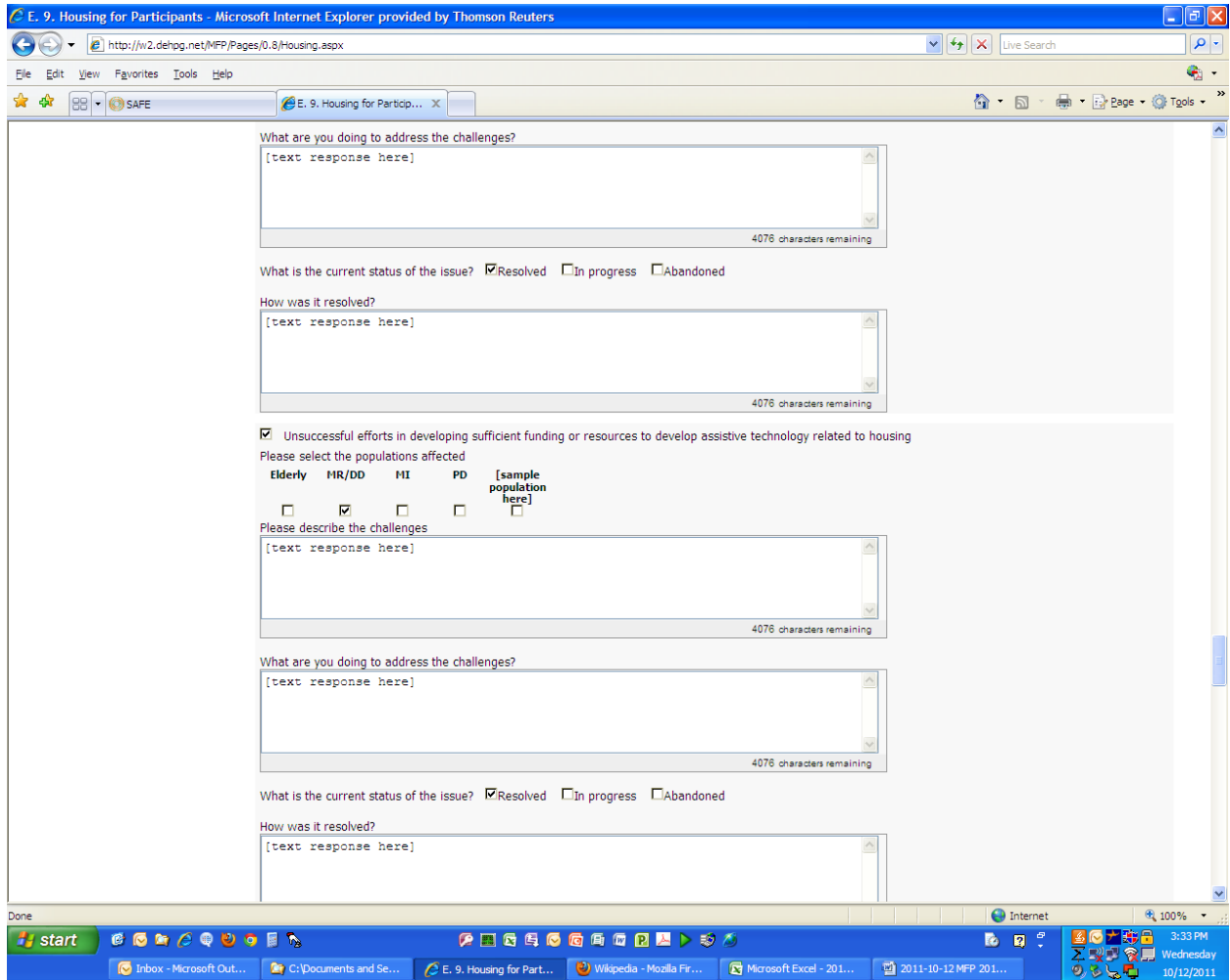
Please describe the challenges

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]



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Other, specify below

Please select the populations affected

<b>Elderly</b>	<b>MR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe the challenges

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]

4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?

[text response here]

4076 characters remaining

None

---

3. How many current MFP participants are living in each type of qualified residence as of the end of the reporting period? [This question is optional.]

	<b>Elderly</b>	<b>MR/DD</b>	<b>MI</b>	<b>PD</b>	<b>[sample population here]</b>	<b>Total</b>
<b>Home (owned or leased by individual or family)</b>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1"/>
<b>Apartment (individual lease, lockable access, etc.)</b>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1"/>
<b>Group home or other residence in which 4 or fewer unrelated individuals live</b>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="1"/>

---

4. How many MFP participants who transitioned to the community during the reporting period moved to each type of qualified residence? [This question is required.]

Done

start

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4. How many MFP participants who transitioned to the community during the reporting period moved to each type of qualified residence? [This question is required.]

	Elderly	MR/DD	MI	PD	[sample population here]	Total
<b>Home (owned or leased by individual or family)</b>	0	0	1	0	0	1
<b>Apartment (individual lease, lockable access, etc.)</b>	0	1	0	0	0	1
<b>Group home or other residence in which 4 or fewer unrelated individuals live</b>	0	0	0	0	1	1

5. Have any MFP participants received a housing supplement during the reporting period? Choose from the list of sources below and check all target populations that apply.

202 funds  
Please select the populations affected

Elderly	MR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CDBG funds  
Please select the populations affected

Elderly	MR/DD	MI	PD	[sample population here]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Funds for assistive technology as it relates to housing  
Please select the populations affected

Elderly	MR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Funds for home modifications  
Please select the populations affected

Elderly	MR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Done

start

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HOME dollars  
Please select the populations affected

Elderly	MR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Housing choice vouchers (such as tenant based, project based, mainstream, or homeownership vouchers)  
Please select the populations affected

Elderly	MR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Housing trust funds  
Please select the populations affected

Elderly	MR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Low income housing tax credits  
Please select the populations affected

Elderly	MR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Section 811  
Please select the populations affected

Elderly	MR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

USDA rural housing funds  
Please select the populations affected

Elderly	MR/DD	MI	PD	[sample
---------	-------	----	----	---------

Done

start

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USDA rural housing funds

Please select the populations affected

Elderly	MR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Veterans Affairs housing funds

Please select the populations affected

Elderly	MR/DD	MI	PD	[sample population here]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test 6-24-2011

Please select the populations affected

Elderly	MR/DD	MI	PD	[sample population here]
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

None

Are there any other comments you would like to make related to housing for MFP participants, or the numbers reported, during this reporting period?


[text response here]

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**F. Organization & Administration**

**Selected Grant Report** 2011 First Period (January - June) - ZZ11SA01, Test

**1. Were there any changes in the organization or administration of the MFP program during this reporting period? For example, did Medicaid agency undergo a reorganization that altered the reporting relationship of the MFP Project Director?**

Yes  
Please describe the changes.  
[text response here]  
4076 characters remaining

No

**2. What interagency issues were addressed during this reporting period?**

Common screening/assessment tools or criteria  
Which agencies were involved?  
[text response here]  
4076 characters remaining

Common system to track MFP enrollment across agencies  
Which agencies were involved?  
[text response here]  
4076 characters remaining

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Timely collection and reporting of MFP service or financial data  
Which agencies were involved?  
[text response here]  
4076 characters remaining

Common service definitions  
Which agencies were involved?  
[text response here]  
4076 characters remaining

Common provider qualification requirements  
Which agencies were involved?  
[text response here]  
4076 characters remaining

Financial management issues  
Which agencies were involved?  
[text response here]  
4076 characters remaining

Quality assurance  
Which agencies were involved?  
[text response here]

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4076 characters remaining

Other, specify below  
Which agencies were involved?  
[text response here]

None

3. Did your program have any notable achievements in interagency communication and coordination during the reporting period?

Yes  
What were the achievements in?  
[text response here]

No

4. What significant challenges did your program experience in interagency communication and coordination during the reporting period?

Interagency relations  
Please describe the challenges. What agencies were involved?  
[text response here]

What are you doing to address the challenges?  
[text response here]

4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

Done

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What is the current status of the issue?  Resolved  In progress  Abandoned

Why is this issue no longer being pursued?

[text response here]

4076 characters remaining

Privacy requirements that prevent the sharing of data  
Please describe the challenges. What agencies were involved?

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]

4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

Technology issues that prevent the sharing of data  
Please describe the challenges. What agencies were involved?

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]

4076 characters remaining

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What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?

[text response here]

4076 characters remaining

Transitions in key Medicaid staff  
Please describe the challenges. What agencies were involved?

[text response here]

4076 characters remaining

What are you doing to address the challenges?

[text response here]

4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

How was it resolved?

[text response here]

4076 characters remaining

Transitions in key staff in other agency  
Please describe the challenges. What agencies were involved?

[text response here]

4076 characters remaining

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What are you doing to address the challenges?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

Other, specify below  
Please describe the challenges. What agencies were involved?  
[text response here]  
4076 characters remaining


What are you doing to address the challenges?  
[text response here]  
4076 characters remaining

What is the current status of the issue?  Resolved  In progress  Abandoned

Why is this issue no longer being pursued?  
[text response here]  
4076 characters remaining

None

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### G. Challenges & Developments

**Selected Grant Report** 2011 First Period (January - June) - ZZ11SA01, Test

1. What types of overall challenges have affected almost all aspects of the program?

Downturn in the state economy  
Please describe  
[text response here]  
4076 characters remaining

Worsening state budget  
Please describe  
[text response here]  
4076 characters remaining

Transition of key position(s) in Medicaid agency  
Please describe  
[text response here]  
4076 characters remaining

Transition of key position(s) in other state agencies  
Please describe  
[text response here]

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Transition of key position(s) in other state agencies  
Please describe  
[text response here]  
4076 characters remaining

Executive shift in policy  
Please describe  
[text response here]  
4076 characters remaining

Other, specify below  
Please describe  
[text response here]  
4073 characters remaining

None

2. What other new developments, policies, or programs (in your state's long-term care system) have occurred that are not MFP initiatives, but have affected the MFP demonstration program's transition efforts?

Institutional closure/downsizing initiative  
Please describe  
[text response here]  
4076 characters remaining

New/revised CON policies for LTC institutions  
Please describe

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- New/revised CON policies for LTC institutions  
Please describe  
[text response here]  
4076 characters remaining
- New or expanded nursing home diversion program  
Please describe  
[text response here]  
4076 characters remaining
- Expanded single point-of-entry/ADRC system  
Please describe  
[text response here]  
4076 characters remaining
- New or expanded HCBS waiver capacity  
Please describe  
[text response here]  
4076 characters remaining
- New Medicaid State Plan options (DRA or other)  
Please describe  
[text response here]

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[text response here]

4076 characters remaining

New Medicaid State Plan options (DRA or other)  
Please describe

[text response here]

4076 characters remaining

New managed LTC options (PACE, SNP, other), or mandatory enrollment in managed LTC  
Please describe

[text response here]

4076 characters remaining

Other, specify below  
Please describe

[text response here]


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None

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**H. Independent Evaluation**

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**1. Is your state conducting an independent evaluation of the MFP program, separate from the national evaluation by Mathematica Policy Research?**

Yes  
Please explain the proposed changes to your Qualified HCBS Expenditures benchmark.  
[text response here]  
4074 characters remaining


No

**2. Were there any outputs/products produced from the independent state evaluation (if applicable) during this period?**

Yes  
Please describe  
[text response here]  
4076 characters remaining

No

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**I. State-Specific Technical Assistance**

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What type of state-specific programmatic TA did you receive during the reporting period? This could include TA provided to a group of states. Do not use this section to report on all-grantee meetings or events. Add an event for each type of issue (quality, housing, self-direction, other programmatic issues, evaluation, and data management/submission; any others) and indicate how the TA was delivered (group by teleconference, group in person, individual by telephone, individual in person, or peer-to-peer). You may add more than one event of the same type to indicate different delivery methods.

[Click Here To Add A New TA Event](#)

**List of Technical Assistance Events for this Reporting Period**

<a href="#">Edit</a>	Date: 1/1/2011 12:00:00 AM Type: Quality Delivery Method: Group Teleconference Describe the focus of the TA you received: Usefulness: Not Useful If useful, describe what [text response here] changed as a result. - If not useful, explain why.
<a href="#">Edit</a>	Date: 2/9/2011 12:00:00 AM Type: Other Programmatic Delivery Method: Individual by Phone Describe the focus of the TA [text response here] you received: Usefulness: Not Useful If useful, describe what changed as a result. - If not useful, explain why.
<a href="#">Edit</a>	Date: 2/16/2011 12:00:00 AM Type: Data Management/Submission Delivery Method: Individual by Phone

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Describe the focus of the TA [text response here] you received:  
Usefulness: Not Useful  
If useful, describe what changed as a result. - If not useful, explain why.

---

[Edit](#)

Date: 2/16/2011 12:00:00 AM  
Type: Data Management/Submission  
Delivery Method: Individual by Phone  
Describe the focus of the TA Test 8/26/11 -AJ you received:  
Usefulness: Not Useful  
If useful, describe what Test 8/26/11 -AJ changed as a result. - If not useful, explain why.

---

[Edit](#)

Date: 4/5/2011 12:00:00 AM  
Type: Other Programmatic  
Delivery Method: Peer-to-Peer  
Describe the focus of the TA [text response here] you received:  
Usefulness: Useful  
If useful, describe what [text response here] changed as a result. - If not useful, explain why.

---

[Edit](#)


Date: 4/6/2011 12:00:00 AM  
Type: Quality  
Delivery Method: Peer-to-Peer  
Describe the focus of the TA [text response here] you received:  
Usefulness: Very Useful  
If useful, describe what [text response here] changed as a result. - If not useful, explain why.

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**J. Overall Lessons & MFP-related LTC System Change**

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**J. Overall Lessons & MFP-related LTC System Change**

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Are there any other comments you would like to make regarding this report or your program during this reporting period?


[text response here]

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- D. 2. Rebalancing Efforts
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[Select None](#)

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