

Selected Grant Report

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Organization Information

1. Full Name of Grantee Organization
Alabama Medicaid Agency

2. Program's Public Name
Gateway to Community Living

3. Program's Website
http://www.medicaid.alabama.gov/CONTENT/4.0Programs/4.3.0LTC/4.3.5G

Project Director

4. Project Director Name
Ginger Wettingfeld

5. Project Director Title
Gateway to Community Living Project Director

6. Project Director Phone
(334) 242-5018

7. Project Director Fax
(334) 353-4182

8. Project Director Email
Ginger.Weinfeld@medicaid.alabam.gov

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.
00/00/0000

Grantee Signatory

11. Grantee Signatory Name
Ginger Wettingfeld

12. Grantee Signatory Title
Gateway to Community Living Project Director

13. Grantee Signatory Phone

14. Grantee Signatory Fax

http://w2.dehpg.net/MFP/Pages/1.4/General.aspx A. General Information

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(334) 242-5018 (334) 353-4182

15. Grantee Signatory Email
Ginger.Wettingfeld@medicaid.alabama.gov

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

Other State Contact

17. Other State Contact Name
N/A

18. Other State Contact Title
N/A

19. Other State Contact Phone
() - - 0

20. Other State Contact Fax
() - - 00

21. Other State Contact Email
N/A

A. General Inform... Sticky Notes Sent Items - Mich... 26 Reminders Microsoft Lync ... Document1 - Mic... 4:02 PM 11/26/2014

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22. Independent State Evaluator Name
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23. Independent State Evaluator Title and Organization
President - Consortium on Innovative Practices

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25. Independent State Evaluator Fax
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26. Independent State Evaluator Email
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Report Preparer

27. Report Preparer Name
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28. Report Preparer Title
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30. Report Preparer Fax
(334) 353-4182

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27. Report Preparer Name
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28. Report Preparer Title
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CMS Project Officer

32. CMS Project Officer Name
Nicole Nicholson

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http://w2.dehpg.net/MFP/Pages/1.4/Transitions.aspx B. Transitions

B. Transitions - SUBMITTED (READ ONLY)

Selected Grant Report 2014 First Period (January - June) - AL14SA01, Alabama

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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.]

AIDS/HIV Related Conditions

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

AIDS/HIV Related Conditions

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

	Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions	Total
First Period	0	0	0	9	0	9
Second Period						0
Total For This Year	0	0	0	9	0	9
Cumulative Number Assessed	1	0	0	16	0	
Transition Targets, all grant years (by population and total)	130	50	60	165	20	
Cumulative Number Assessed as a Percent of Total Transition Target	.77%	.00%	.00%	9.70%	.00%	

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

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493 characters remaining

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

	Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions	Total
First Period	0	0	0	9	0	9
Second Period						0
Total For This Year	0	0	0	9	0	9
Annual Transition Target	25	5	0	25	5	
% of Annual Transition Target Achieved	.00%	.00%	N/A	36.00%	.00%	

5. The reporting system automatically totals cumulative transitions to date, by tallying the new transition counts entered in each reporting period. If your records show different cumulative transition totals than those in the table below, you can adjust them by checking 'yes' below.

Yes: Please provide an explanation as to why your cumulative transition counts do not match those in the table below.

No

. Cumulative number of MFP transitions to date. If you answered 'yes' above, please enter the positive and/or negative adjustment value in the corresponding cell of the table below. For example, if your records show 5 fewer older adult transitions than the table shows, you should enter '-5' in the adjustment value row under "Older Adults". A revised total will then appear in the Adjusted Cumulative Total row. [Click on Help link for explanation]

	Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions	Total
Adjustment value for cumulative transitions	1	0	0	16	0	17
Adjusted Cumulative Total	0	0	0	0	0	0
Transition Targets, all grant years (by population and total)	.77%	.00%	.00%	9.70%	.00%	

6. Total number of current MFP participants. Current MFP participants excludes individuals whose enrollment in the MFP demonstration ended because they completed their 365 days of MFP eligibility, died before they exhausted their 365 days of eligibility, or were institutionalized for 30 days or more and did not

subsequently re-enroll in the MFP program. [Click on Help link for explanation]

	Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions	Total
First Period	0	0	0	0	0	0
Second Period						0

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

	Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions	Total
For less than or equal to 30 days	0	0	0	0	0	0
For more than 30 days	0	0	0	0	0	0
Length of stay as yet unknown	0	0	0	0	0	0
Total re-institutionalized for any length of time (total of above)	0	0	0	0	0	0
Number of MFP participants re-institutionalized as a percent of all current MFP participants	N/A	N/A	N/A	N/A	N/A	
Number of MFP participants re-institutionalized as a percent of cumulative transitions	0.00%	N/A	N/A	0.00%	N/A	

Please indicate any factors that contributed to re-institutionalization.

496 characters remaining

8. 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]

	Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions	Total
First Period	0	0	0	0	0	0
Second Period						0
Total For This Year	0	0	0	0	0	0

9. Number of MFP participants -who ever transitioned -who completed the 365-day transition period during the reporting period (leave blank for first

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Second Period

	Total For This Year	0	0	0	0	0	0
--	---------------------	---	---	---	---	---	---

9. 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]

	Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions	Total
First Period	0	0	0	0	0	0
Second Period	0	0	0	0	0	0
Total For This Year	0	0	0	0	0	0

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

N/A 4093 characters remaining

10. 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

<input checked="" type="checkbox"/> Older Adults	<input checked="" type="checkbox"/> ID/DD	<input checked="" type="checkbox"/> MI	<input checked="" type="checkbox"/> PD	<input checked="" type="checkbox"/> AIDS/HIV Related Conditions
--	---	--	--	---

Please describe your difficulties for each target population.

Authorization for enrollment was set back to 7/1/2013 a reduction of 9 months. This affected the momentum of the program. OP was revised and approved April 2014 version 1.3. 3922 characters remaining

No

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

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11. 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: 0

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

Individuals can transition from Nursing Homes via 6 of 7 current 1915c waivers. 4017 characters remaining

No

12. Does your state have an ICF-IDD 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: 1

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

Transitional activities are available through the 2 1915c ICF LOC waivers. 4022 characters remaining

No

13. 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.

OP version 1.3 was approved in April 2014. 4055 characters remaining

No

http://w2.dehpg.net/MFP/Pages/1.4/Transitions.aspx

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Yes

Please explain the proposed changes to your transition benchmarks.
OP version 1.3 was approved in April 2014

4055 characters remaining

No

14. Tribal Initiative Only - Report the number of people enrolled, transitioned and re-institutionalized during the report period by population served, i.e., Older Adults, ID/DD, MI, PD, Other. Reported numbers are a subset of the total numbers reported in questions 3, 4 and 7.

	Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions	Total
Enrolled	0	0	0	0	0	0
Transitioned						0
Re-institutionalized for more than 30 days						0

Did the Tribal Initiative have any difficulty transitioning the projected number of individuals it proposed in the Operational Protocol during the reporting period?

N/A

4093 characters remaining

Use this box to explain missing, incomplete, or other qualifications to the data reported on this page.

4096 characters remaining

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C. Qualified HCBS Expenditures - SUBMITTED (READ ONLY)

Selected Grant Report 2014 First Period (January - June) - AL14SA01, Alabama

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D. 1. Additional Benchmarks - SUBMITTED (READ ONLY)

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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.
- Benchmarks for grantees participating in the Tribal Initiative can be added here.

Benchmark #1 [Benchmark #2](#) [Benchmark #3](#)

Increase available and accessible supportive housing services statewide

Measure #1:

A housing satisfaction and experience survey will be administered to MFP participants, transition coordinators, HCBS agency staff, and public housing authority staff.

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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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	0.00	0.00	0.00	0.00	N/A%	N/A%	N/A%
2010	0.00	0.00	0.00	0.00	N/A%	N/A%	N/A%
2011	0.00	0.00	0.00	0.00	N/A%	N/A%	N/A%
2012	0.00	0.00	0.00	0.00	N/A%	N/A%	N/A%
2013	123.00	0.00	0.00	0.00	0.00%	0.00%	N/A%
2014	320.00	0.00	0.00	0.00	0.00%	0.00%	N/A%
2015	510.00	0.00	0.00	0.00	0.00%	0.00%	N/A%

Please explain your Year End rate of progress:
Surveys have not been introduced at this time.

4051 characters remaining

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

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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.
- Rebalancing funds being used for specific Tribal Initiatives can be added here by participating grantees.

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: Continued HCBS Fundin

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

Rebalancing fund will support continued hobs services

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

D. 1. Additional Benchmarks

2012	0.00	0.00	0.00	0.00	N/A%	N/A%	N/A%
2013	123.00	0.00	0.00	0.00	0.00%	0.00%	N/A%
2014	320.00	0.00	0.00	0.00	0.00%	0.00%	N/A%
2015	510.00	0.00	0.00	0.00	0.00%	0.00%	N/A%

Please explain your Year End rate of progress:
Surveys have no been introduced at this time.

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

Yes

Version 1.3 approved 4/2014

No

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June 25, 2014

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E. 1. Recruitment & Enrollment - SUBMITTED (READ ONLY)

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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

Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions
<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.
All data is available through the electronic referral system 4037 characters remaining

How data are used for identification

Please select the populations affected

Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions
<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.
Same as above 4083 characters remaining

Obtaining provider/agency referrals or cooperation

Please select the populations affected

Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions
<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

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Please describe by target population.
Electronic referral system makes cooperation easier for all 4037 characters remaining

Obtaining self referrals

Please select the populations affected

Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions
<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.
One can self-refer via paper, email, fax, electronic entry 4038 characters remaining

Obtaining family referrals

Please select the populations affected

Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions
<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.
Same as above for family 4072 characters remaining

Assessing needs

Please select the populations affected

Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions
<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.
Electronic system allows for needs to be assessed 4047 characters remaining

Other, specify below

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.

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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

Obtaining provider/agency referrals or cooperation

Obtaining self referrals

Obtaining family referrals

Assessing needs

Lack of interest among people targeted or the families

Unwilling to consent to program requirements

Other, specify below

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.

Determination of initial eligibility

Redetermination of eligibility after a suspension due to reinstitutionalization

Other, specify below
Please select the populations affected

Older Adults ID/DD MI PD AIDS/HIV Related Conditions

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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

Reestablishing eligibility after a suspension due to reinstitutionalization

Other, specify below

None

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 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

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

Individual could not find affordable, accessible housing, or chose a type of residence that does not meet the definition of MFP qualified residences

E.1. Recruitment ... Sticky Notes Sent Items - Mich... 26 Reminders Microsoft Lync ... Document1 - Mic... 4:12 PM 11/26/2014

state's current waiver programs

Individual could not find affordable, accessible housing, or chose a type of residence that does not meet the definition of MFP qualified residences

Individual changed his/her mind about transitioning, did not cooperate in the planning process, had unrealistic expectations, or preferred to remain in the institution

Individual's family member or guardian refused to grant permission, or would not provide back-up support

Other, Please Specify

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

N/A

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

less than 2 months

2 to 6 months

6 to 12 months

12 to 18 months

18 to 24 months

24 months or more

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

90 days

Percentage of MFP participants transitioned during this period whose length of time from assessment to actual transition took (denominator from total of Question #8, Transitions):

less than 2 months	100.00	%
2 to 6 months	N/A	%
6 to 12 months	N/A	%
12 to 18 months	N/A	%
18 to 24 months	N/A	%
24 months or more	N/A	%

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 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 to MFP grantee states to support activities that help to expand the capacity of ADRCs as part of a no wrong door (NWD) system 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 funding.

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 MEP or other transition programs

http://w2.dehpg.net/MFP/Pages/14/Enrollment... E.1. Recruitment & Enrollm... X

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Expansion of ADRC program in State

Other activities – please describe in text box

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.

N/A 4093 characters remaining

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

N/A 4093 characters remaining

14. Tribal Initiative Only - Changes that made recruitment and/or enrollment easier. Identify challenges that the program had recruiting and/or enrolling individuals during this reporting period.

N/A 4093 characters remaining

Total number of MFP candidates under the Tribal Initiative assessed in this period, or a prior reporting period, who are currently in the transition planning process and expected to enroll in MFP (a subset of the total in question 5) _____ 0

Total number of MFP eligible individuals under the Tribal Initiative assessed in this period for whom transition planning began but were unable to transition through MFP (a subset of the total in question 6) _____ 0

E.1. Recruitment ... Sticky Notes Sent Items - Mich... 26 Reminders Microsoft Lync ... Document1 - Mic... 4:13 PM 11/26/2014

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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

E.10 Employment Supports and Services

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

E. 1. Recruitment & Enrollment - SUBMITTED (READ ONLY)

Selected Grant Report 2014 First Period (January - June) - AL14SA01, Alabama

[Click Here to View or Add Comments](#)

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

Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions
<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.
All data is available through the electronic referral system 4037 characters remaining

How data are used for identification

Please select the populations affected

Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions
<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.
Same as above 4083 characters remaining

Obtaining provider/agency referrals or cooperation

Please select the populations affected

Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions
<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

E.1. Recruitment ... Sticky Notes Sent Items - Mich... 26 Reminders Microsoft Lync ... Document1 - Mic... 4:14 PM 11/26/2014

http://w2.dehpg.net/MFP/Pages/14/Enrollment... E.1. Recruitment & Enrollm... X

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Type or quality of data available for identification

Obtaining provider/agency referrals or cooperation

Obtaining self referrals

Obtaining family referrals

Assessing needs

Lack of interest among people targeted or the families

Unwilling to consent to program requirements

Other, specify below

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.

Determination of initial eligibility

Redetermination of eligibility after a suspension due to reinstitutionalization

Other, specify below

Please select the populations affected

Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions
<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
Online tracking and referral now available

4054 characters remaining

E.1. Recruitment ... Sticky Notes Sent Items - Mich... 26 Reminders Microsoft Lync ... Document1 - Mic... 4:15 PM 11/26/2014

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Electronic referral system makes cooperation easier for all

4037 characters remaining

Obtaining self referrals

Please select the populations affected

Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions
<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.
One can self-refer via paper, email, fax, electronic entry

4038 characters remaining

Obtaining family referrals

Please select the populations affected

Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions
<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.
Same as above for family

4072 characters remaining

Assessing needs

Please select the populations affected

Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions
<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.
Electronic system allows for needs to be assessed

4047 characters remaining

Other, specify below

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.

E.1. Recruitment ... Sticky Notes Sent Items - Mich... 26 Reminders Microsoft Lync ... Document1 - Mic... 4:15 PM 11/26/2014

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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

Reestablishing eligibility after a suspension due to reinstitutionalization

Other, specify below

None

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 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

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

Individual could not find affordable, accessible housing, or chose a type of residence that does not meet the definition of MFP qualified residences

E.1. Recruitment ... Sticky Notes Sent Items - Mich... 26 Reminders Microsoft Lync ... Document1 - Mic... 4:16 PM 11/26/2014

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state's current waiver programs

Individual could not find affordable, accessible housing, or chose a type of residence that does not meet the definition of MFP qualified residences

Individual changed his/her mind about transitioning, did not cooperate in the planning process, had unrealistic expectations, or preferred to remain in the institution

Individual's family member or guardian refused to grant permission, or would not provide back-up support

Other, Please Specify

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

N/A

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

less than 2 months

2 to 6 months

6 to 12 months

12 to 18 months

18 to 24 months

24 months or more

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

80 days

E.1. Recruitment ... Sticky Notes Sent Items - Mich... 26 Reminders Microsoft Lync ... Document1 - Mic... 4:16 PM 11/26/2014

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	100.00	%
2 to 6 months	N/A	%
6 to 12 months	N/A	%
12 to 18 months	N/A	%
18 to 24 months	N/A	%
24 months or more	N/A	%

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 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 to MFP grantee states to support activities that help to expand the capacity of ADRCs as part of a no wrong door (NWD) system 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 funding.

- 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
- 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.

4093 characters remaining

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

4093 characters remaining

14. Tribal Initiative Only - Changes that made recruitment and/or enrollment easier. Identify challenges that the program had recruiting and/or enrolling individuals during this reporting period.

4093 characters remaining

Total number of MFP candidates under the Tribal Initiative assessed in this period, or a prior reporting period, who are currently in the transition planning process and expected to enroll in MFP (a subset of the total in question 5)

Total number of MFP eligible individuals under the Tribal Initiative assessed in this period for whom transition planning began but were unable to transition through MFP (a subset of the total in question 6)

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E. 2. Informed Consent & Guardianship - SUBMITTED (READ ONLY)

Selected Grant Report 2014 First Period (January - June) - AL14SA01, Alabama

[Click Here to View or Add Comments](#)

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

Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions
<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
Informed consent is available via online form 4051 characters remaining

Provided more or enhanced training for transition coordinators
Please select the populations affected

Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions
<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
Same as above 4083 characters remaining

Improved how guardian consent is obtained

Other, specify below

Nothing

E. 2. Informed Co... Sticky Notes Sent Items - Mich... 26 Reminders Microsoft Lync ... Document1 - Mic... 4:20 PM 11/26/2014

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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

Communication or frequency of communication with guardians

The nature by which guardians are involved in ongoing care planning

The nature by which guardians are trained and mentored

Other, specify below

Nothing

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

Ensuring informed consent

Involving guardians in transition planning

Communication or frequency of communication with guardians

Involving guardians in ongoing care planning

Training and mentoring of guardians

Other, specify below

None

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http://w2.dehpg.net/MFP/Pages/1.4/Outreach... E. 3. Outreach, Marketing &...

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E. 3. Outreach, Marketing & Education - SUBMITTED (READ ONLY)

Selected Grant Report 2014 First Period (January - June) - AL14SA01, Alabama

[Click Here to View or Add Comments](#)

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

Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions
<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
Brochure approved by CMS 4072 characters remaining

Implementation of localized/targeted media campaign

Implementation of statewide media campaign

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

Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Stakeholders assisted with design of brochures 4050 characters remaining

Involvement of discharge staff at facilities
Please select the populations affected

Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

4050 characters remaining

Involvement of discharge staff at facilities
Please select the populations affected

Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Notice went in Facility Association newsletter 4050 characters remaining

Involvement of ombudsman
Please select the populations affected

Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Discussing with Ombudsmen to take over OIM activities as well as OoL activities 4017 characters remaining

Training of frontline workers on program requirements
Please select the populations affected

Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Computer training is ongoing with facilities 4052 characters remaining

Other, specify below

None

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

Development of print materials

http://w2.dehpg.net/MFP/Pages/1.4/Outreach... E. 3. Outreach, Marketing &...

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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
- Implementation of a localized / targeted media campaign
- Implementation of a statewide media campaign
- Involvement of stakeholder state agencies in outreach and marketing
- Involvement of discharge staff at facilities
- Involvement of ombudsman
- Training of frontline workers on program requirements
- Other, specify below
- None


3. Tribal Initiative Only - Describe an outreach, marketing and education activities and challenges during this reporting period specific to the Tribal Initiative.

N/A 4093 characters remaining

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E. 4. Stakeholder Involvement - SUBMITTED (READ ONLY)

Selected Grant Report 2014 First Period (January - June) - AL14SA01, Alabama

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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"/>	
Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Advocacy Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HCBS Providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Institutional Providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Labor/Worker Association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public Housing Agency (ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other State Agencies (except Housing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non-profit Housing Assn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partnered with Huntsville
HUD 811 PRA grant						

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

Consumers were involved in our marketing materials. Attended meetings in support of the program. offered suggestions and ideas to insure the

http://w2.dehpg.net/MFP/Pages/1.4/Stakeholder... E. 4. Stakeholder Involvement

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Involving them in a meaningful way

Keeping them involved for extended periods of time

Communicating with consumers

Communicating with families

Other, specify below

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
Large diverse group met and formulated a plan to apply for HUD 811 PRA Grant 4020 characters remaining

State housing finance agency

Public housing agency(ies)

Please describe
Huntsville Housing Authority 4068 characters remaining

Non-profit agencies involved in housing issues

Please describe
Centers for Independent Living 4066 characters remaining

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

E. 4. Stakeholder L... Sticky Notes Sent Items - Mich... 26 Reminders Microsoft Lync ... Doc1.docx - Micr... 4:43 PM 11/26/2014

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Stakeholders came together for the shared goals of providing quality of care to our clients, while operating within the policies and procedures of the program. 3936 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
25 4094 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

Identifying willing families

Involving them in a meaningful way

Keeping them involved for extended periods of time

Communicating with consumers

Communicating with families

Other, specify below

None

E. 4. Stakeholder L... Sticky Notes Sent Items - Mich... 26 Reminders Microsoft Lync ... Doc1.docx - Micr... 4:47 PM 11/26/2014

http://w2.dehpg.net/MFP/Pages/1.4/Stakeholder... E. 4. Stakeholder Involvement

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Involving them in a meaningful way

Keeping them involved for extended periods of time

Communicating with consumers

Communicating with families

Other, specify below

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
Large diverse group met and formulated a plan to apply for HUD 811 PRA Grant 4020 characters remaining

State housing finance agency

Public housing agency(ies)

Please describe
Huntsville Housing Authority 4068 characters remaining

Non-profit agencies involved in housing issues

Please describe
Centers for Independent Living 4066 characters remaining

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

E. 4. Stakeholder L... Sticky Notes Sent Items - Mich... 26 Reminders Microsoft Lync ... Doc1.docx - Micr... 4:43 PM 11/26/2014

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Non-profit agencies involved in housing issues

Please describe
Centers for Independent Living 4066 characters remaining

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

Please describe
Social Serve ALhousingsearch.org 4063 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

No


6. Tribal Initiative Only - Describe the nature of the stakeholder efforts within the tribal initiative during this reporting period that include the role of the MFP advisory group in relationship to the initiative; any new advisory groups or efforts specific to this initiative; number of tribal members that are actively involved in an advisory capacity and any challenges that face stakeholder involvement in the initiative.

N/A 4093 characters remaining

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J. Overall Lessons & MFP-related LTC System Change (except Housing) Non-profit Housing Assn. Other: HUD 811 PRA grant Partnered with Huntsville

Print Report Submit Report

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.
Consumers were involved in our marketing materials. Attended meetings in support of the program. offered suggestions and ideas to insure the needs of the clients we served were met.
3914 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.
Stakeholders came together for the shared goals of providing quality of care to our clients, while operating within the policies and procedures of the program.
3936 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
25
4094 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

Identifying willing families

E. 4. Stakeholder L... Sticky Notes Sent Items - Mich... 26 Reminders Microsoft Lync ... Doc1.docx - Micr... 4:52 PM 11/26/2014

http://w2.dehpg.net/MFP/Pages/1.4/Stakeholder... E. 4. Stakeholder Involvement

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E. 4. Stakeholder Involvement - SUBMITTED (READ ONLY)

Selected Grant Report 2014 First Period (January - June) - AL14SA01, Alabama

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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"/>	
Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Advocacy Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HCBS Providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Institutional Providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Labor/Worker Association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public Housing Agency (ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other State Agencies (except Housing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non-profit Housing Assn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partnered with Huntsville
HUD 811 PRA grant						

E. 4. Stakeholder L... Sticky Notes Sent Items - Mich... 26 Reminders Microsoft Lync ... Doc1.docx - Micr... 4:52 PM 11/26/2014

http://w2.dehpg.net/MFP/Pages/14/Stakeholder... E. 4. Stakeholder Involvement X

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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

Identifying willing families

Involving them in a meaningful way

Keeping them involved for extended periods of time

Communicating with consumers

Communicating with families

Other, specify below

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
Large diverse group met and formulated a plan to apply for HUD 511 PRA Grant 4020 characters remaining

State housing finance agency

Public housing agency(ies)

Please describe
Huntsville Housing Authority

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4066 characters remaining

Non-profit agencies involved in housing issues

Please describe
Centers for Independent Living 4066 characters remaining

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

Please describe
Social Serve ALhousingsearch.org 4063 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

No

6. Tribal Initiative Only - Describe the nature of the stakeholder efforts within the tribal initiative during this reporting period that include the role of the MFP advisory group in relationship to the initiative; any new advisory groups or efforts specific to this initiative; number of tribal members that are actively involved in an advisory capacity and any challenges that face stakeholder involvement in the initiative.

N/A 4093 characters remaining

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http://w2.dehpg.net/MFP/Pages/1.4/Benefits.as E. 5. Benefits & Services

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E. 9. Housing for Participants

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E. 5. Benefits & Services - SUBMITTED (READ ONLY)

Selected Grant Report 2014 First Period (January - June) - AL14SA01, Alabama

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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

Added a self-direction option

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

Please select the populations affected

Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions
<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

1015 was expanded to allow for statewide participation. SPA in approval process 4015 characters remaining

Developed or expanded managed LTC programs to serve MFP participants

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

Legislative or executive authority for more funds or slots or both

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

Other, specify below

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None

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

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

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

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

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

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

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

Other, specify below

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

Added a self-direction option

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

Developed or expanded managed LTC programs to serve more Medicaid enrollees

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year transition period:

- Increased capacity of HCBS waiver programs to serve more Medicaid enrollees
- Added a self-direction option
- Developed State Plan Amendment to add or modify benefits needed to serve MFP participants in HCBS settings
- Developed or expanded managed LTC programs to serve more Medicaid enrollees
- Obtained authority to transfer Medicaid funds from institutional to HCBS line items to serve more Medicaid enrollees
- Legislative or executive authority for more funds or slots or both
- Improved state funding for pre-transition services, such as targeted case management
- Other, specify below
- None

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
- Efforts to add a self-direction option are delayed or disapproved
- State Plan Amendment to add or modify benefits needed to serve people in HCBS settings is delayed or disapproved
- Plans to develop or expand managed LTC programs to serve or include people needing HCBS are delayed or disapproved
- 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
- Legislative or executive authority for more funds or slots are delayed or disapproved

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http://w2.dehpg.net/MFP/Pages/1.4/Access.asp... E. 6. Participant Access to S...

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E. 6. Participant Access to Services - SUBMITTED (READ ONLY)

Selected Grant Report 2014 First Period (January - June) - AL14SA01, Alabama

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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
- Increased the number of home and community-based service providers contracting with Medicaid
- Increased access requirements for managed care LTC providers
- Increased payment rates to HCBS providers
- Increased the supply of direct service workers
- Improved or increased transportation options
- Added or expanded managed LTC programs or options
- Other, specify below
- 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 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

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http://w2.dehpg.net/MFP/Pages/1.4/Access.asp E. 6. Participant Access to S...

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

Insufficient supply of direct service workers

Preauthorization requirements

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

Lack of appropriate transportation options or unreliable transportation options

Insufficient availability of home and community-based services (provider capacity does not meet demand)

Other, specify below

Please select the populations affected

Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions
<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
Safe affordable housing is difficult to find 4052 characters remaining

What are you doing to address the challenges?
HUD 811 PRA grant. Opened communication with housing authorities 4031 characters remaining

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

None

3. Tribal Initiative Only - What steps did your program take to improve access to home and community-based service during this reporting period? What challenges exist to accessing services and what efforts are underway to address these challenges under the tribal initiative? (see questions 1 and 2 for examples of some activities and challenges)

N/A

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E. 7. Self-Direction - SUBMITTED (READ ONLY)

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

Yes

No

1. If YES is selected in the previous question, how many MFP participants were in a self-direction program as of the last day of the reporting period?

Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions	Total
					0

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

Hired or supervised their own personal assistants	Managed their allowance or budget	Other state-specific population	Total
			0
			0

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

AIDS/HIV

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Managed their allowance or budget

	Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions	Total
3. How many MFP participants in a self-direction program during the reporting period reported abuse or experienced an accident?						0
Reported being abused by an assistant, job coach, or day program staff						0
Experienced an accident (such as a fall, burn, medication error)						0
Other, Please Specify						0

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

	Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions	Total
						0

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

	Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions	Total
Opted-out						0
Inappropriate spending						0
Unable to self-direct						0
Abused their worker						0
Other, Please Specify						0

6. Tribal Initiative Only - As a subset of the numbers reported in questions 1-5, provide the number of tribal members by population that directed their own service, reported abuse or experienced an accident, dis-enrolled in self-directed services during the reporting period.

	Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions	Total
Directed their own service						0

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Opted-out

	Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions	Total
Inappropriate spending						0
Unable to self-direct						0
Abused their worker						0
Other, Please Specify						0

6. Tribal Initiative Only - As a subset of the numbers reported in questions 1-5, provide the number of tribal members by population that directed their own service, reported abuse or experienced an accident, dis-enrolled in self-directed services during the reporting period.

	Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions	Total
Directed their own service						0
Reported abuse or experienced an accident						0
Dis-enrolled in self-directed services						0

Please describe your efforts within the tribal initiative to offer self-directed services.

N/A 4093 characters remaining

Use this box to explain missing, incomplete, or other qualifications to the data reported on this page.

4096 characters remaining

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E. 8. Quality Management & Improvement - SUBMITTED (READ ONLY)

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Do you want the information on critical incidents in questions #6 through #10 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

Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions
<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
Quality Management documentation activities will be online entry now for better query and review and reporting. Applies to all in this section
3953 characters remaining

Implemented/Enhanced data collection instruments
Please select the populations affected

Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions
<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
Quality Management documentation activities will be online entry now for better query and review and reporting. Applies to all in this section
3953 characters remaining

Implemented/Enhanced information technology applications
Please select the populations affected

Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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Implemented/Enhanced consumer complaint processes
Please select the populations affected

Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions
<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
Quality Management documentation activities will be online entry now for better query and review and reporting. Applies to all in this section
3953 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

Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions
<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
Quality Management documentation activities will be online entry now for better query and review and reporting. Applies to all in this section
3953 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.
Please select the populations affected

Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions
<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
Quality Management documentation activities will be online entry now for better query and review and reporting. Applies to all in this section
3953 characters remaining

Enhanced a risk management process

Other, specify below

None

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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.)

	Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions	Total
Transportation: to get to medical appointments	0	0	0	0	0	0
Life-support equipment repair/replacement	0	0	0	0	0	0
Critical health services	0	0	0	0	0	0
Direct service/support workers not showing up	0	0	0	0	0	0
Other, Please Specify	0	0	0	0	0	0
Total	0	0	0	0	0	0

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

	Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions	Total
	0	0	0	0	0	0

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

No

5. Did your program experience any challenges in:

Developing adequate and appropriate service plans for participants, i.e., developing service plans that address the participant's assessed needs and personal goals

Assessing participants' risk

Developing adequate and appropriate service plans for participants, i.e., developing service plans that address the participant's assessed needs and personal goals

Assessing participants' risk

Developing, implementing or adjusting risk mitigation strategies

Addressing emergent risks in a timely fashion

Delivering all the services and supports specified in the service plan

Modifying the service plan to accommodate participants' changing needs or circumstances, i.e., increasing units of a service, adding a different type of service, changing time of day when services are delivered, etc.

Identifying threats to participants' health or welfare

Addressing threats to participants' health or welfare

Other, Please Specify

None

6. Please specify the total number of participant deaths that occurred during the reporting period:

	Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions	Total
	0	0	0	0	0	0

7. Please provide information on the circumstances surrounding the reported deaths:

N/A

4093 characters remaining

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7. Please provide information on the circumstances surrounding the reported deaths:

N/A 4093 characters remaining

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

_____,000

9. Please provide information on the circumstances surrounding the reported critical incidents:

N/A 4093 characters remaining

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

Abuse

Neglect

Exploitation

Hospitalizations

Emergency Room visits

Deaths determined to be due to abuse, neglect, or exploitation - During the current reporting period, how many deaths occurring either in the current or previous reporting periods were determined to be due to abuse, neglect or exploitation?

Deaths in which a breakdown in the 24-hour back-up system was a contributing factor - During the current reporting period, for how many deaths occurring either in the current or previous reporting periods did an investigation determine that a breakdown in the 24-hour back-up system was a contributing factor?

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Involvement with the criminal justice system

Medication administration errors

Other, Please Specify

None

11. Tribal Initiative Only - Describe any improvement(s) or challenge(s) related to the quality management within the Tribal Initiative during this reporting period. Include reported critical incidents as a subset of those identified in question 8. Describe the challenges related to the development of adequate service plans, assessing risk implementing or assessing risk mitigation strategies, addressing emergent risks in a timely fashion and delivering services as specified in the plans.

N/A 4093 characters remaining

12. Tribal Initiative Only - Describe as a subset of the totals reported in questions 6, 7, 8, 9 and 10, the total number of participant deaths, circumstances surrounding the deaths, critical incidents that occurred and nature of the incidents.

N/A 4093 characters remaining

Use this box to explain missing, incomplete, or other qualifications to the data reported on this page.

N/A 4093 characters remaining

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E. 9. Housing for Participants - SUBMITTED (READ ONLY)

Selected Grant Report 2014 First Period (January - June) - AL14SA01, Alabama

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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

Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe the achievements
Inventory data is available through a website sponsored by a stakeholder agency ALhousingsearch.org
3997 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

Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe the achievements
Collaboration is occurring amongst agencies to address housing needs
4028 characters remaining

Developed statewide housing registry

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J. Overall Lessons & MFP-related LTC System Change

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Developed statewide housing registry

Implemented new home ownership initiatives

Improved funding or resources for developing assistive technology related to housing

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

Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe the achievements
Inventory data is available through a website sponsored by a stakeholder agency ALhousingsearch.org
3997 characters remaining

Increased number of rental vouchers

Increased supply of affordable and accessible housing

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

Increased supply of small group homes

Increased/Improved funding for home modifications

Other, specify below
Please select the populations affected

Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe the achievements
Applied for HUD S11 PRA grant
4067 characters remaining

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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

Insufficient supply of affordable and accessible housing

Please select the populations affected

Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe the challenges

Supply does not meet demand 4069 characters remaining

What are you doing to address the challenges?

Collaboration with other agencies, grant assistance 4045 characters remaining

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

Lack of affordable and accessible housing that is safe

Insufficient supply of rental vouchers

Lack of new home ownership programs

Lack of small group homes

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

Insufficient funding for home modifications

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Other, specify below

None

3. How many MFP participants who transitioned to the community during the reporting period moved to each type of qualified residence? The sum total reported below should equal the number of individuals who transitioned to the community this period, reported in Question #4 (Transitions). [This question is required.]

	Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions	Total
Home (owned or leased by individual or family)	0	0	0	9	0	9
Apartment (individual lease, lockable access, etc.)	0	0	0	0	0	0
Group home or other residence in which 4 or fewer unrelated individuals live	0	0	0	0	0	0
Apartment in qualified assisted living	0	0	0	0	0	0

4. 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

CDBG funds

Funds for assistive technology as it relates to housing

Funds for home modifications

Please select the populations affected

Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

HOME dollars

Housing choice vouchers (such as tenant based, project based, mainstream, or homeownership vouchers)

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Housing trust funds

Low income housing tax credits

Section 811

USDA rural housing funds

Veterans Affairs housing funds

Other, Please Specify

None

5. Tribal Initiative Only - As a subset of the totals in question 3, report by population where tribal members transitioned to as a result of the program.

	Older Adults	ID/DD	MI	PD	AIDS/HIV Related Conditions	Total
Home (owned or leased by individual or family)	0	0	0	0	0	0
Apartment (individual lease, lockable access, etc.)	0	0	0	0	0	0
Group home or other residence in which 4 or fewer unrelated individuals live	0	0	0	0	0	0
Apartment in qualified assisted living	0	0	0	0	0	0

Describe specific housing efforts associated with this initiative and housing challenges during this reporting period.

N/A 4093 characters remaining

Use this box to explain missing, incomplete, or other qualifications to the data reported on this page.

N/A 4093 characters remaining

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E.10 Employment Supports and Services - SUBMITTED (READ ONLY)

Selected Grant Report 2014 First Period (January - June) - AL14SA01, Alabama

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1. What types of ongoing employment supports are provided through your MFP program to help participants find or maintain employment?

Job coaching or ongoing support planning

Job training or re-training

Peer to peer consultation and support

Employment monitoring or mediation with employer/employees to resolve barriers to work

Mediation with family/friends to secure their support for individuals' work-related needs

Assistance with transportation to and from work

Assistance with budgeting

Assistance developing interpersonal or employment skills

Other, Please Specify

None

2. What activities or progress was made this period to utilize MFP resources to support the goals of MFP participants?

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None

2. What activities or progress was made this period to utilize MFP resources to support the goals of MFP participants?

Hired employment specialists to help MFP participants achieve employment goals

Produced training resources or delivered employment training to MFP staff, transition coordinators, or waiver staff

Incorporated information about disability- and employment-related agencies and services into outreach materials

Financed services or supports (such as adaptive equipment, transportation, personal assistance services) to help address barriers to employment

Leveraged Medicaid Infrastructure Grant program resources or funds (via supplemental grants or no-cost extension of previous grants) to support employment of participants with disabilities

Other, Please Specify

None

3. What progress was made during the reporting period to establish collaborative relationships with your state employment agencies (i.e., state departments of labor, vocational rehabilitation, workforce development, or commissions for the blind)?

Participated in cross-agency awareness training

Participated in multi-agency working groups that address employment for individuals with disabilities

Participated in state or local Workforce Investment Boards

Shared enrollment information to determine eligibility for services

Shared the costs of direct services for shared clients

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Participated in cross-agency awareness training

Participated in multi-agency working groups that address employment for individuals with disabilities

Participated in state or local Workforce Investment Boards

Shared enrollment information to determine eligibility for services

Shared the costs of direct services for shared clients

Shared a database that allows the agencies to access one another's intake and client information

Other, Please Specify

None

4. Were there any other developments or progress this period toward increasing the availability of employment services and supports for MFP participants?

None 4092 characters remaining


5. Tribal Initiative Only - Describe specific employment efforts associated with this initiative and employment challenges during this reporting period.

N/A 4093 characters remaining

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F. Organization & Administration - SUBMITTED (READ ONLY)

Selected Grant Report 2014 First Period (January - June) - AL14SA01, Alabama

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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.
2 new merit staff were added to MFP office; MFP program specialists 4027 characters remaining

No

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

Common screening/assessment tools or criteria

Which agencies were involved?
Collaboration-Mental Health, Senior Services, Dept of Rehab 4037 characters remaining

Common system to track MFP enrollment across agencies

Which agencies were involved?
Collaboration-Mental Health, Senior Services, Dept of Rehab 4037 characters remaining

Timely collection and reporting of MFP service or financial data

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Yes

No

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

Interagency relations

Privacy requirements that prevent the sharing of data

Technology issues that prevent the sharing of data

Transitions in key Medicaid staff

Transitions in key staff in other agency

Other, specify below

None


5. Tribal Initiative Only - Describe specific changes in organization or administration associated with this initiative and any interagency challenges during this period.

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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

E.10 Employment Supports and Services

F. Organization & Administration

G. Challenges & Developments

H. Independent Evaluation

I. State-Specific Technical Assistance

J. Overall Lessons & MFP-related LTC System Change

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G. Challenges & Developments - SUBMITTED (READ ONLY)

Selected Grant Report 2014 First Period (January - June) - AL14SA01, Alabama

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

Downturn in the state economy

Worsening state budget

Transition of key position(s) in Medicaid agency

Transition of key position(s) in other state agencies

Executive shift in policy

Other, specify below

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

New/revised CON policies for LTC institutions

New or expanded nursing home diversion program

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J. Overall Lessons & MFP-related LTC System Change

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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

New/revised CON policies for LTC institutions

New or expanded nursing home diversion program

Expanded single point-of-entry/ADRC system

New or expanded HCBS waiver capacity

New Medicaid State Plan options (DRA or other)

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

Other, specify below

None

3. Tribal Initiative Only - If not previously discussed, describe specific developments that you want to highlight for this program including any challenges.

N/A

4093 characters remaining

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http://w2.dehpg.net/MFP/Pages/1.4/IndEval.aspx H. Independent Evaluation

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H. Independent Evaluation - SUBMITTED (READ ONLY)

Selected Grant Report 2014 First Period (January - June) - AL14SA01, Alabama

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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

No

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

Yes

No

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http://w2.dehpg.net/MFP/Pages/1.4/TA.aspx I. State-Specific Technical Assistance

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I. State-Specific Technical Assistance - SUBMITTED (READ ONLY)

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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.

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J. Overall Lessons & MFP-related LTC System Change - SUBMITTED (READ ONLY)

Selected Grant Report 2014 First Period (January - June) - AL14SA01, Alabama

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

Gateway to Community Living launched a new computer program that will provide GCL with more efficient tracking of patients, client incidents, and will enhance the referral process. This online program is available to all consumers with step by step guidelines for easy use. GCL marketing materials were handed out to the agencies for distribution throughout the community and for in-house use at their facilities.

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