

MONEY FOLLOWS THE PERSON (MFP) SEMI-ANNUAL PROGRESS REPORT

CMS-10249

OMB 0938-1053 (Expires: TBD)

This PDF reporting form is to be used by grantees for semi-annual reporting of MFP program data. The information provided in this report will allow CMS to monitor grantee progress and identify challenges and improvement opportunities. For additional guidance on completing this form, please see the associated User Guide and Help File, available from your CMS Project Officer or at <http://www.mfp-tac.com/>.

Please save the file to your local PC using the following naming convention: State Initials_ Reporting Year_ Reporting Period (1 or 2) (for example, AL_2017_Period1). While completing the reporting form, please save your work often by selecting File >>> Save in the upper left hand corner of the PDF.

A. General Information

Organization Information

1. Full Name of Grantee Organization
2. Program's Public Name
3. Program's Website

Project Director

4. Project Director Name
5. Project Director Title
6. Project Director Phone
7. Project Director Fax
8. Project Director Email
9. Project Director Status (may check multiple)
Full Time Acting Vacant New Since Last Report

10. Project Director Status Date: Change date if status is different from last report.
(MM/DD/YYYY)

Grantee Signatory

11. Grantee Signatory Name
12. Grantee Signatory Title
13. Grantee Signatory Phone
14. Grantee Signatory Fax
15. Grantee Signatory Email

16. Has the Grantee Signatory changed since last report?

Yes

No

Other State Contact

17. Other State Contact Name

18. Other State Contact Title

19. Other State Contact Phone

20. Other State Contact Fax

21. Other State Contact Email

Independent State Evaluator

22. Independent State Evaluator Name

23. Independent State Evaluator Title and
Organization

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

B. Transitions

Update Section B. each period. During Period 1 reporting, leave Period 2 fields blank. During Period 2 reporting, add Period 2 data below existing Period 1 data. Red outlined cells indicate a manual calculation is required; green outlined cells indicate the PDF will auto-calculate the field.

1. Please specify your MFP program’s “Other” target population(s) here if applicable.

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

3. Number of people assessed for MFP enrollment. [*Refer to Help file for explanation*]

| | Older Adults | ID/DD | MI | PD | Other | Total |
|---|--------------|-------|----|----|-------|-------|
| a. First period (Jan 1 – June 30) | | | | | | |
| b. Second period (July 1 – Dec 31) | | | | | | |
| c. Total (period 1 + period 2) | | | | | | |
| d. Cumulative number assessed (cumulative assessments as of last period report (Q3, row d) + new assessments current period report (Q3, row c)) | | | | | | |
| e. Transition targets, all grant years (by population and total) | | | | | | |
| f. Cumulative number assessed as a percent of total transition target (total assessed (row d) / total transition target (row e)) | | | | | | |

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

4. Number of institutional residents who transitioned during this reporting period and enrolled in MFP. [Refer to Help file for explanation]

| | Older Adults | ID/DD | MI | PD | Other | Total |
|---|--------------|-------|----|----|-------|-------|
| a. First period (Jan 1 – June 30) | | | | | | |
| b. Second period (July 1 – Dec 31) | | | | | | |
| c. Total (period 1 (row a) + period 2 (row b)) | | | | | | |
| d. Annual transition target | | | | | | |
| e. Percent of annual transition target achieved | | | | | | |

5. Cumulative number of MFP transitions to date. The cumulative transition total is the sum of the previous period’s cumulative transitions and the current period’s transitions. If you need to adjust the cumulative MFP transitions to date, 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". The PDF will calculate a revised total in the “Adjusted Cumulative Total” row.

| |
|--|
| |
| |

| | Older Adults | ID/DD | MI | PD | Other | Total |
|--|--------------|-------|----|----|-------|-------|
| a. Cumulative transitions (previous period cumulative transitions (Q5, Row c) + current period transitions) | | | | | | |
| b. Adjustment value for cumulative transitions | | | | | | |
| c. Adjusted cumulative total | | | | | | |
| d. Transition targets, all grant years (by population and total) | | | | | | |

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 [Refer to Help file for explanation]

| | Older Adults | ID/DD | MI | PD | Other | Total |
|------------------------------------|--------------|-------|----|----|-------|-------|
| a. First period (Jan 1 – June 30) | | | | | | |
| b. Second period (July 1 – Dec 31) | | | | | | |

7. Number of MFP participants re-institutionalized. [Refer to Help file for explanation]

| | Older Adults | ID/DD | MI | PD | Other | Total |
|---|--------------|-------|----|----|-------|-------|
| a. For less than or equal to 30 days | | | | | | |
| b. For more than 30 days | | | | | | |
| c. Length of stay as yet unknown | | | | | | |
| d. Total re-institutionalized for any length of time (total of row a + row b + row c) | | | | | | |
| e. Number of MFP participants re-institutionalized as a percent of all current MFP participants (Total re-institutionalized (Q7, row d)/ total current (Q6))*100 | | | | | | |
| f. Number of MFP participants re-institutionalized as a percent of cumulative transitions | | | | | | |

Please indicate any factors that contributed to re-institutionalization.

8. Number of MFP participants re-institutionalized for longer than 30 days, who were re-enrolled in the MFP program during the reporting period. [*Refer to Help file for explanation*]

| | Older Adults | ID/DD | MI | PD | Other | Total |
|--|--------------|-------|----|----|-------|-------|
| a. First period (Jan 1 – June 30) | | | | | | |
| b. Second period (July 1 – Dec 31) | | | | | | |
| c. Total (period 1 (row a) + period 2 (row b)) | | | | | | |

9. Number of MFP participants -who ever transitioned -who completed the 365-day transition period during the reporting period. [*Refer to Help file for explanation*]

| | Older Adults | ID/DD | MI | PD | Other | Total |
|--|--------------|-------|----|----|-------|-------|
| a. First period (Jan 1 – June 30) | | | | | | |
| b. Second period (July 1 – Dec 31) | | | | | | |
| c. Total (Period 1 (row a) + Period 2 (row b)) | | | | | | |

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

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

(If Yes) Please select the populations affected:

Older Adults, ID/DD, MI, PD, Other.

No

Please describe your difficulties for each target population.

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

Yes

(If Yes) Please approximate the number of individuals who transitioned through other transition programs during this reporting period.

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

No

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

Yes

(If Yes) Please approximate the number of individuals who transitioned through other transition programs during this reporting period.

(If Yes) Please explain how these other transition programs differ from MFP e.g. eligibility criteria.

No

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

Yes

(If Yes) Please explain the proposed changes to your transition benchmarks.

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 | Other | Total |
|---|--------------|-------|----|----|-------|-------|
| a. Enrolled | | | | | | |
| b. Transitioned | | | | | | |
| c. Re-institutionalized for more than 30 days | | | | | | |

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

Use this box to explain missing, incomplete, or other qualifications to the data reported in this section (B).

C. Qualified HCBS Expenditures

Completed during the second reporting period (July-December) only.

1. Do you require modifying the Actual Level of Spending for last period?

Yes

(If Yes) Please describe why the changes were necessary and update in the table below.

No

Qualified expenditures are total Medicaid HCBS expenditures (federal and state funds) for all Medicaid recipients (not just MFP participants), including: expenditures for all 1915c waiver programs, home health services, and personal care if provided as a State Plan optional service, as well as HCBS spending on MFP participants (qualified, demonstration and supplemental services), and HCBS capitated rate programs to the extent that HCBS spending can be separated from the total capitated rate.

Qualified HCBS Expenditures: Actual level of spending for each Calendar Year (CY) or State Fiscal Year (SFY) (column 4) is the sum of:

- 1) HCBS expenditures for all 1915c waivers and state plan HCBS services -- from CMS 64 data and
- 2) MFP expenditures -- from MFP Financial Reporting Forms A and B.

Grantees should enter total annual spending once each year. When making updates or corrections to actual spending amounts reported for the previous year, please check the 'yes' box at the top of this page to flag such changes.

Please enter data for the relevant reporting period and year. Cells outlined in red indicate a calculation is needed.

| Year | Target Level of Spending | % Annual Growth Projected | Total Spending for the Calendar Year | % Annual Change (From Previous Year) | % of Target Reached | Explain Year End Rate of Progress |
|------|--------------------------|---------------------------|--------------------------------------|--------------------------------------|---------------------|-----------------------------------|
| 2017 | | | | | | |
| 2018 | | | | | | |
| 2019 | | | | | | |
| 2020 | | | | | | |

2. Do you intend to seek CMS approval to amend your annual benchmarks for Qualified HCBS Expenditures in your approved Operational Protocol?

Yes

(If Yes) Please explain the proposed changes to your Qualified HCBS Expenditures benchmark.

No

3. Please specify (CY or SFY) and the dates of your SFY here.

4. Use this box to explain missing, incomplete, or other qualifications to the data reported in this section (C).

D.1 Additional Benchmarks

- 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.
- Benchmarks for grantees participating in the Tribal Initiative can be added here.
- Please enter data for the relevant reporting period and year. Green outlined cells indicate the PDF will auto-calculate the field.

Benchmark #1: [Please describe as specified in Operational Protocol]

Measure #1 [Please describe as specified in Operational Protocol]

| Year | Measure Target | Measure First Period (Jan 1 - June 30) | Measure Second Period (July 1 - Dec 31) | Measure Entire Year | % Achieved First Period | % Achieved Second Period | % Achieved Entire Year |
|------|----------------|--|---|---------------------|-------------------------|--------------------------|------------------------|
| 2017 | | | | | | | |
| 2018 | | | | | | | |
| 2019 | | | | | | | |
| 2020 | | | | | | | |

Please explain your Year End rate of progress:

Measure #2 (If applicable) [Please describe as specified in Operational Protocol]

| Year | Measure Target | Measure First Period (Jan 1-June 30) | Measure Second Period (July 1 – Dec 31) | Measure Entire Year | % Achieved First Period | % Achieved Second Period | % Achieved Entire Year |
|------|----------------|--------------------------------------|---|---------------------|-------------------------|--------------------------|------------------------|
| 2017 | | | | | | | |
| 2018 | | | | | | | |
| 2019 | | | | | | | |
| 2020 | | | | | | | |

Please explain your Year End rate of progress:

Measure #3 (if applicable) [Please describe as specified in Operational Protocol]

| Year | Measure Target | Measure First Period (Jan 1 - June 30) | Measure Second Period (July 1 - Dec 31) | Measure Entire Year | % Achieved First Period | % Achieved Second Period | % Achieved Entire Year |
|------|----------------|--|---|---------------------|-------------------------|--------------------------|------------------------|
| 2017 | | | | | | | |
| 2018 | | | | | | | |
| 2019 | | | | | | | |
| 2020 | | | | | | | |

Please explain your Year End rate of progress:

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

Yes

(If Yes)

No

Benchmark #2: [Please describe as specified in Operational Protocol]

Measure #1: [Please describe as specified in Operational Protocol]

| Year | Measure Target | Measure First Period (Jan 1 - June 30) | Measure Second Period (July 1 - Dec 31) | Measure Entire Year | % Achieved First Period | % Achieved Second Period | % Achieved Entire Year |
|------|----------------|--|---|---------------------|-------------------------|--------------------------|------------------------|
| 2017 | | | | | | | |
| 2018 | | | | | | | |
| 2019 | | | | | | | |
| 2020 | | | | | | | |

Please explain your Year End rate of progress:

Measure #2 (if applicable) [Please describe as specified in Operational Protocol]

| Year | Measure Target | Measure First Period (Jan 1 - June 30) | Measure Second Period (July 1 - Dec 31) | Measure Entire Year | % Achieved First Period | % Achieved Second Period | % Achieved Entire Year |
|------|----------------|--|---|---------------------|-------------------------|--------------------------|------------------------|
| 2017 | | | | | | | |
| 2018 | | | | | | | |
| 2019 | | | | | | | |
| 2020 | | | | | | | |

Please explain your Year End rate of progress:

Measure #3 (if applicable) [Please describe as specified in Operational Protocol]

| Year | Measure Target | Measure First Period (Jan 1 - June 30) | Measure Second Period (July 1 - Dec 31) | Measure Entire Year | % Achieved First Period | % Achieved Second Period | % Achieved Entire Year |
|------|----------------|--|---|---------------------|-------------------------|--------------------------|------------------------|
| 2017 | | | | | | | |
| 2018 | | | | | | | |
| 2019 | | | | | | | |
| 2020 | | | | | | | |

Please explain your Year End rate of progress:

Benchmark #3: [Please describe as specified in Operational Protocol]

Measure #1: [Please describe as specified in Operational Protocol]

| Year | Measure Target | Measure First Period (Jan 1 - June 30) | Measure Second Period (July 1 - Dec 31) | Measure Entire Year | % Achieved First Period | % Achieved Second Period | % Achieved Entire Year |
|------|----------------|--|---|---------------------|-------------------------|--------------------------|------------------------|
| 2017 | | | | | | | |
| 2018 | | | | | | | |
| 2019 | | | | | | | |
| 2020 | | | | | | | |

Please explain your Year End rate of progress:

Measure #2 (if applicable) [Please describe as specified in Operational Protocol]

| Year | Measure Target | Measure First Period (Jan 1 - June 30) | Measure Second Period (July 1 - Dec 31) | Measure Entire Year | % Achieved First Period | % Achieved Second Period | % Achieved Entire Year |
|------|----------------|--|---|---------------------|-------------------------|--------------------------|------------------------|
| 2017 | | | | | | | |
| 2018 | | | | | | | |
| 2019 | | | | | | | |
| 2020 | | | | | | | |

Please explain your Year End rate of progress:

Measure #3 (if applicable) [Please describe as specified in Operational Protocol]

| Year | Measure Target | Measure First Period (Jan 1 - June 30) | Measure Second Period (July 1 - Dec 31) | Measure Entire Year | % Achieved First Period | % Achieved Second Period | % Achieved Entire Year |
|------|----------------|--|---|---------------------|-------------------------|--------------------------|------------------------|
| 2017 | | | | | | | |
| 2018 | | | | | | | |
| 2019 | | | | | | | |
| 2020 | | | | | | | |

Please explain your Year End rate of progress:

D.2. Rebalancing Efforts

Completed only during the first period (January – June) of each year

- All MFP grantees are required to complete this section during the first 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.

In the table below, enter 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, 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.

| Rebalancing Initiative Name | Brief Description of Initiative | Total Actual Expenditures for this initiative (cumulative spending from start of MFP grant program through end of last calendar year). | Explain any missing or incomplete data. |
|-----------------------------|---------------------------------|--|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| Total | ---- | | ---- |

E.1. Recruitment & Enrollment

1. Did anything change during the reporting period that made recruitment easier? Choose from the list below and describe by target population for each checked box. Check "None" if nothing has changed.

Type or quality of data available for identification

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

How data are used for identification

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Obtaining provider/agency referrals or cooperation

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Obtaining self referrals

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Obtaining family referrals

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Assessing needs

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Other, specify below

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

None

2. What significant challenges did your program experience in recruiting individuals? Choose from the list below and describe by target population for each checked box. Significant challenges are those that affect the program's ability to transition as many people as planned.

Type or quality of data available for identification

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Obtaining provider/agency referrals or cooperation

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Obtaining self referrals

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Obtaining family referrals

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Assessing needs

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Lack of interest among people targeted or the families

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Unwilling to consent to program requirements

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Other, specify below

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

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. Choose from the list below and describe by target population for each checked box.

Determination of initial eligibility

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Redetermination of eligibility after a suspension due to re-institutionalization

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Other, specify below

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

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. Choose from the list below and describe by target population for each checked box.

Determining initial eligibility

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Reestablishing eligibility after a suspension due to re-institutionalization

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Other, specify below

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

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

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 below

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

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

| | Number | Percent |
|--------------------|--------|---------|
| 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.

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.

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

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.

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)

Provide reasons why tribal members in the Tribal Initiative could not enroll in MFP and the average length of time from assessment to actual transition. Identify any barriers or challenges in implementing the activities proposed in your grant application and steps you are taking to resolve them.

E.2. Informed Consent & Guardianship

1. What changed during the reporting period that made obtaining informed consent easier? Choose from the list below and describe by target population for each checked box.

Revised inform consent documents and/or forms

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Provided more or enhanced training for transition coordinators

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Improved how guardian consent is obtained

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Other, specify below

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Nothing

2. What changed during the reporting period that improved or enhanced the role of guardians? Choose from the list below and describe by target population for each checked box.

The nature by which guardians are involved in transition planning

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Communication or frequency of communication with guardians

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

The nature by which guardians are involved in ongoing care planning

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

The nature by which guardians are trained and mentored

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Other, specify below

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Nothing

3. What significant challenges did your program experience in obtaining informed consent?
 Choose from the list below and describe by target population for each checked box.

Ensuring informed consent

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Involving guardians in transition planning

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Communication or frequency of communication with guardians

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Involving guardians in ongoing care planning

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Training and mentoring of guardians

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Other, specify below

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

None

E.3. Outreach, Marketing & Education

1. What notable achievements in outreach, marketing or education did your program accomplish during the reporting period? Choose from the list below and describe by target population for each checked box.

Development of print materials

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Implementation of localized/targeted media campaign

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Implementation of statewide media campaign

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Involvement of stakeholder state agencies in outreach and marketing

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Involvement of discharge staff at facilities

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Involvement of ombudsman

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Training of frontline workers on program requirements

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Other, specify below

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

None

2. What significant challenges did your program experience in conducting outreach, marketing, and education activities during the reporting period? Choose from the list below and describe by target population for each checked box.

Development of print materials

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Implementation of a localized / targeted media campaign

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Implementation of a statewide media campaign

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Involvement of stakeholder state agencies in outreach and marketing

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Involvement of discharge staff at facilities

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Involvement of ombudsman

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Training of frontline workers on program requirements

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Other, specify below

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

None

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

E.4. Stakeholder Involvement

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? Check all that apply.

| | 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 | | | | | | |
| Families | | | | | | |
| Advocacy Organizations | | | | | | |
| HCBS Providers | | | | | | |
| Institutional Providers | | | | | | |
| Labor/Worker Association(s) | | | | | | |
| Public Housing Agency(ies) | | | | | | |
| Other State Agencies (except Housing) | | | | | | |
| Non-profit Housing Assn. | | | | | | |
| Other | | | | | | |

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

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

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

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? Choose from the list below and describe by target population for each checked box.

Identifying willing consumers

What are you doing to address the challenges?

Identifying willing families

What are you doing to address the challenges?

Involving them in a meaningful way

What are you doing to address the challenges?

Keeping them involved for extended periods of time

What are you doing to address the challenges?

Communicating with consumers

What are you doing to address the challenges?

Communicating with families

What are you doing to address the challenges?

Other, specify below

What are you doing to address the challenges?

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? If yes, please describe.

State agency that sets housing policies

Please describe

State housing finance agency

Please describe

Public housing agency(ies)

Please describe

Non-profit agencies involved in housing issues

Please describe

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

Please describe

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

(If Yes) Please Describe

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.

E.5. Benefits & Services

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? Choose from the list below and describe by target population for each checked box.

Increased capacity of HCBS waiver programs to serve MFP participants

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Added a self-direction option

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

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

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Developed or expanded managed LTC programs to serve MFP participants

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

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

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Legislative or executive authority for more funds or slots or both

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

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

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Other, specify below

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

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? Choose from the list below and describe by target population for each checked box.

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

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

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

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

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

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

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

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

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

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

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

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

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

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Other, specify below

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

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? Choose from the list below and describe by target population for each checked box.

Increased capacity of HCBS waiver programs to serve more Medicaid enrollees

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Added a self-direction option

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

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

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Developed or expanded managed LTC programs to serve more Medicaid enrollees

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

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

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Legislative or executive authority for more funds or slots or both

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

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

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Other, specify below

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

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? Choose from the list below and describe by target population for each checked box.

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

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

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

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

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

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

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

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

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

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

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

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

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

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Other, specify below

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

None

5. **Tribal Initiative Only** - What progress was made during the period toward addressing any programmatic and/or policy issues as well as any specific challenges that might affect the availability of home and community-based services during and after the one-year transition period. Please describe the efforts by populations affected.

E.6. Participant Access to Services

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? Choose from the list below and describe by target population for each checked box.

Increased the number of transition coordinators

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

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

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Increased access requirements for managed care LTC providers

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Increased payment rates to HCBS providers

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Increased the supply of direct service workers

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Improve or increased transportation options

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Added or expanded managed LTC programs or options

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Other, specify below

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

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. Choose from the list below and describe by target population for each checked box.

Insufficient supply of HCBS providers

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Insufficient supply of direct service workers

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Preauthorization requirements

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

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

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Lack of appropriate transportation options or unreliable transportation options

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

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

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Other, specify below

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

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)

E.7. Self-Direction

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

Yes

No

1. If YES, 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 | Other | Total |
|--------------|-------|----|----|-------|-------|
| | | | | | |

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

| | Older Adults | ID/DD | MI | PD | Other | Total |
|---|--------------|-------|----|----|-------|-------|
| Hired or supervised their own personal assistants | | | | | | |
| Managed their allowance or budget | | | | | | |

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

| | Older Adults | ID/DD | MI | PD | Other | Total |
|--|--------------|-------|----|----|-------|-------|
| Reported being abused by an assistant, job coach, or day program staff | | | | | | |
| Experienced an accident (such as a fall, burn, medication error) | | | | | | |
| Other, Please specify | | | | | | |

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 | Other | Total |
|--------------|-------|----|----|-------|-------|
| | | | | | |

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 | Other | Total |
|------------------------|--------------|-------|----|----|-------|-------|
| Opted-out | | | | | | |
| Inappropriate spending | | | | | | |
| Unable to self-direct | | | | | | |
| Abused their worker | | | | | | |
| Other, Please specify | | | | | | |

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 | Other | Total |
|---|--------------|-------|----|----|-------|-------|
| Directed their own service | | | | | | |
| Reported abuse or experienced an accident | | | | | | |
| Dis-enrolled in self-directed services | | | | | | |

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

Use this box to explain missing, incomplete, or other qualifications to the data reported in this section (E.7).

E. 8. Quality Management & Improvement

Do you want the information on critical incidents in questions #6 through #10 on this page to appear in print version of the report? If not, please uncheck box.

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

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Implemented/Enhanced data collection instruments

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Implemented/Enhanced information technology applications

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Implemented/Enhanced consumer complaint processes

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

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)

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

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.

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Enhanced a risk management process

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

Other, specify below

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

None

- 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 | Other | Total |
|---|--------------|-------|----|----|-------|-------|
| Transportation to get to medical appointments | | | | | | |
| Life-support equipment repair/replacement | | | | | | |
| Critical health services | | | | | | |
| Direct service/support workers not showing up | | | | | | |
| Other, Please Specify | | | | | | |
| Total | | | | | | |

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 | Other | Total |
|--------------|-------|----|----|-------|-------|
| | | | | | |

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

(If Yes) Please Describe

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

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Assessing participants' risk

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Developing, implementing, or adjusting risk mitigation strategies

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Addressing emergent risks in a timely fashion

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Delivering all the services and supports specified in the service plan

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

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.

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Identifying threats to participants' health or welfare

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Addressing threats to participants' health or welfare

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Other, specify below

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

None

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

| Older Adults | ID/DD | MI | PD | Other | Total |
|--------------|-------|----|----|-------|-------|
| | | | | | |

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

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

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

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?

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

(If Resolved or Abandoned) Explain status choice

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?

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

(If Resolved or Abandoned) Explain status choice

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?

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

(If Resolved or Abandoned) Explain status choice

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?

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?

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?

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

For each of these deaths, please describe the findings of the investigation and any actions taken by the state:

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?

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

For each of these deaths, please describe the findings of the investigation and any actions taken by the state:

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?

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

(If Resolved or Abandoned) Explain status choice

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?

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

(If Resolved or Abandoned) Explain status choice

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?

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

(If Resolved or Abandoned) Explain status choice

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.

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.

Use this box to explain missing, incomplete, or other qualifications to the data reported in this section (E.8).

E. 9. Housing for Participants

1. What notable achievements in improving housing options for MFP participants did your program accomplish during the reporting period? Choose from the list below and describe by target population for each checked box.

Developed inventory of affordable and accessible housing

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe the achievements

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

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe the achievements

Developed statewide housing registry

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe the achievements

Implemented new home ownership initiatives

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe the achievements

Improved funding or resources for developing assistive technology related to housing

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe the achievements

Improved information systems about affordable and accessible housing

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe the achievements

Increased number of rental vouchers

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe the achievements

Increased supply of affordable and accessible housing

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe the achievements

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

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe the achievements

Increased supply of small group homes

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe the achievements

Increased/Improved funding for home modifications

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe the achievements

Other, specify below

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe the achievements

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. Choose from the list below and describe by target population for each checked box.

Lack of information about affordable and accessible housing

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Insufficient supply of affordable and accessible housing

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Lack of affordable and accessible housing that is safe

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Insufficient supply of rental vouchers

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Lack of new home ownership programs

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Lack of small group homes

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

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

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Insufficient funding for home modifications

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

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

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Unsuccessful efforts in developing sufficient funding or resources to develop assistive technology related to housing

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Other, specify below

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

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).

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

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

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

CDBG funds

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Funds for assistive technology as it relates to housing

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Funds for home modifications

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

HOME dollars

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

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

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Housing trust funds

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Low income housing tax credits

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

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| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

USDA rural housing funds

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Veterans Affairs housing funds

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Other, please specify

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

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 | Other | Total |
|--|--------------|-------|----|----|-------|-------|
| Home (owned or leased by individual or family) | | | | | | |
| Apartment (individual lease, lockable access, etc) | | | | | | |
| Group home or other residence in which 4 or fewer unrelated individuals live | | | | | | |
| Apartment in qualified assisted living | | | | | | |

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

Use this box to explain missing, incomplete, or other qualifications to the data reported in this section (E.9).

E.10. Employment Supports and Services

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

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

How is this service or support funded?

- MFP Demonstration Services
- MFP Supplemental Services
- MFP 100% Administrative Funding
- Qualified HCBS
- Other

Job training or re-training

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

How is this service or support funded?

- MFP Demonstration Services
- MFP Supplemental Services
- MFP 100% Administrative Funding
- Qualified HCBS
- Other

Peer to peer consultation and support

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

How is this service or support funded?

- MFP Demonstration Services
- MFP Supplemental Services
- MFP 100% Administrative Funding
- Qualified HCBS
- Other

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

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

How is this service or support funded?

- MFP Demonstration Services
- MFP Supplemental Services
- MFP 100% Administrative Funding
- Qualified HCBS
- Other

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

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

How is this service or support funded?

- MFP Demonstration Services
- MFP Supplemental Services
- MFP 100% Administrative Funding
- Qualified HCBS
- Other

Assistance with transportation to and from work

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

How is this service or support funded?

- MFP Demonstration Services
- MFP Supplemental Services
- MFP 100% Administrative Funding
- Qualified HCBS
- Other

Assistance with budgeting

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

How is this service or support funded?

- MFP Demonstration Services
- MFP Supplemental Services
- MFP 100% Administrative Funding
- Qualified HCBS
- Other

Assistance developing interpersonal or employment skills

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

How is this service or support funded?

- MFP Demonstration Services
- MFP Supplemental Services
- MFP 100% Administrative Funding
- Qualified HCBS
- Other

Other, specify below

Populations Affected

| Older Adults | ID/DD | MI | PD | Other |
|--------------|-------|----|----|-------|
| | | | | |

Please describe by target population.

How is this service or support funded?

- MFP Demonstration Services
- MFP Supplemental Services
- MFP 100% Administrative Funding
- Qualified HCBS
- Other

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

How is this activity funded?

- MFP Demonstration Services
- MFP Supplemental Services
- MFP 100% Administrative Funding
- Qualified HCBS
- Other

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

How is this activity funded?

- MFP Demonstration Services
- MFP Supplemental Services
- MFP 100% Administrative Funding
- Qualified HCBS
- Other

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

How is this activity funded?

- MFP Demonstration Services
- MFP Supplemental Services
- MFP 100% Administrative Funding
- Qualified HCBS
- Other

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

How is this activity funded?

- MFP Demonstration Services
- MFP Supplemental Services
- MFP 100% Administrative Funding
- Qualified HCBS
- Other

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

How is this activity funded?

- MFP Demonstration Services
- MFP Supplemental Services
- MFP 100% Administrative Funding
- Qualified HCBS
- Other

Other, please specify

How is this activity funded?

- MFP Demonstration Services
- MFP Supplemental Services
- MFP 100% Administrative Funding
- Qualified HCBS
- Other

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

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?

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

F. Organization & Administration

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

Yes

(If Yes) Please describe the changes.

No

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

Common screening/assessment tools or criteria

Which agencies were involved?

Common system to track MFP enrollment across agencies

Which agencies were involved?

Timely collection and reporting of MFP service or financial data

Which agencies were involved?

Common service definitions

Which agencies were involved?

Common provider qualification requirements

Which agencies were involved?

Financial management issues

Which agencies were involved?

Quality assurance

Which agencies were involved?

Other, specify below

Which agencies were involved?

None

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

Yes

(If Yes) What were the achievements in?

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?

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Privacy requirements that prevent the sharing of data

Please describe the challenges. What agencies were involved?

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Technology issues that prevent the sharing of data

Please describe the challenges. What agencies were involved?

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Transitions in key Medicaid staff

Please describe the challenges. What agencies were involved?

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Transitions in key staff in other agency

Please describe the challenges. What agencies were involved?

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

Other, specify below

Please describe the challenges. What agencies were involved?

What are you doing to address the challenges?

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

(If Resolved or Abandoned) Explain status choice

None

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

G. Challenges & Developments

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

Downturn in the state economy

Please Describe

Worsening state budget

Please Describe

Transition of key position(s) in Medicaid agency

Please Describe

Transition of key position(s) in other state agencies

Please Describe

Executive shift in policy

Please Describe

Other, specify below

Please Describe

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

New/revised CON policies for LTC institutions

Please Describe

New or expanded nursing home diversion program

Please Describe

Expanded single point-of-entry/ADRC system

Please Describe

New or expanded HCBS waiver capacity

Please Describe

New Medicaid State Plan options (DRA or other)

Please Describe

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.

H. Independent Evaluation

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

Yes

(If Yes) Please explain.

No

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

Yes

(If Yes) Please explain.

No

I. State-Specific Technical Assistance

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. Describe 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.

TA Event #1:

Date

Type

Delivery Method

Describe the focus of the TA you received

Usefulness

If useful, describe what changed as a result. – if not useful, explain why.

TA Event #2:

Date

Type

Delivery Method

Describe the focus of the TA you received

Usefulness

If useful, describe what changed as a result. – if not useful, explain why.

TA Event #3:

Date

Type

Delivery Method

Describe the focus of the TA you received

Usefulness

If useful, describe what changed as a result. – if not useful, explain why.

TA Event #4:

Date

Type

Delivery Method

Describe the focus of the TA you received

Usefulness

If useful, describe what changed as a result. – if not useful, explain why.

TA Event #5:

Date

Type

Delivery Method

Describe the focus of the TA you received

Usefulness

If useful, describe what changed as a result. – if not useful, explain why.

Additional TA Events

J. Overall Lessons & MFP-related LTC System Change

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