Money Follows the Person (MFP)
Semi-Annual Progress Report User Guide and Help File

C O N T E N T S

Section I. Technical Guidance for Completing the PDF Report

This PDF 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.

ACCESSING THE PDF REPORT

- The PDF can be obtained from your CMS project officer or from http://www.mfp-tac.com.
- Ensure you are opening the PDF on a PC and in Adobe Acrobat PDF Reader.
  - o Grantees must use Adobe Acrobat Reader (as opposed to other PDF reader brands).
  - o A free version of Adobe Acrobat Reader is available for download here: https://get.adobe.com/reader/.
  - o It is also recommended that grantees use a PC rather than Macintosh brand computer. Do not use an iPhone or other smart phone devices to complete the form.
  - o If a grantee has Adobe Acrobat Standard or Pro, it is recommended that they use Adobe Acrobat Reader. In Adobe Acrobat Standard or Pro, if you "Save as a Copy" this will destroy the formatting of the PDF and convert it to a flat file with no fillable fields.
  - o Grantees should consult their internal IT departments if they encounter issues downloading or opening Adobe Acrobat PDF Reader.

SAVING AND SUBMITTING THE REPORT

- Please save the file to your local PC using the following naming convention State Initials_reporting year (YYYY)_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.
- Grantees can save data typed into the form, exit the report, and then continue entering data at a later time.
- To submit your completed form to CMS, save the file with the correct file name and submit the completed PDF form to your CMS project officer via email.

NAVIGATING THE FORM

- The fillable PDF reporting form contains all of the same questions and response options as the former MFP web-based reporting system (DEHPG.net).
- There is additional functionality to keep in mind as you navigate the PDF form:
  - o **Green cells -** The PDF will auto-calculate fields outlined in green.
  - o **Red cells** - The previous MFP web-based system auto-calculated these fields. Grantees now will need to calculate the data points in these fields, which are indicated with a red border around the data cell. Instructions for calculating these fields are included in the PDF report and in Section II of this Help File.
  - o **Hidden response fields –** Some response fields are hidden but become available to the grantee, depending on the grantee's response to a related question. For example, in the question below, grantees will be prompted to enter a response in the text field only if "yes" is selected.

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.

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.

- **Entering Targets and Benchmarks –** The first time grantees complete the PDF report (July – August 2017 for Period 1 2017 data), they will need to enter their targets and descriptions of their additional benchmarks for 2017 and each year after:
  - ○ Transition targets should align with the most recent CMS-approved supplemental budget worksheet.
  - ○ Additional benchmark targets should align with the most recent CMS-approved Operational Protocol.
  - ○ HCBS expenditure targets should align with the most recent CMS-approved Operational Protocol.

  Please contact your CMS Project Officer if you have any questions about the source of your benchmark targets.

- **Historical Data –** Grantees will not be required to enter program data (transitions, expenditures etc.) for reporting periods before Period 1 (January-June) 2017, except for Section D.2. Rebalancing Efforts, which is cumulative from the start of the MFP grant program.

- **Entering period 1 and period 2 data into the PDF –** Grantees will continue to report program data twice a year through June 30, 2020. Period 1 (January – June) data will be reported during July and August. Period 2 (July – December) will be reported in January and February of the following year. During Period 1 reporting, grantees should leave all Period 2 fields blank. The "total (period 1 + period 2)" fields will reflect Period 1 only. During period 2 reporting, please add period 2 data below the existing period 1 data, and the form will calculate the "total."

- **Building on previous period reports –** Grantees are *not* asked to enter historical data (pre-2017) in the report. However, after Period 1, 2017, grantees should *not* start with a blank report each period. Rather, after Period 1, 2017, grantees should start with the previous period's report, *save it under a new name to preserve the previous period's reported data*, and update all data fields throughout the report as applicable. For questions that contain multiple years of data (i.e., additional benchmarks and HCBS expenditures) grantees should enter the current period's data after the previous period's data.

- **Updating the report for each reporting period –** Grantees only need to update the fields that have changed since the previous reporting period. For example, if the state continues to have the

same challenges with recruitment and enrollment (Section E.1), the grantee can leave in the previous period's text and note that the challenge continues during the current period.

- **Making updates to data from previous reporting periods –** If a grantee wants to revise data submitted during a previous reporting period (for example because an error was discovered) please notify your CMS Project Officer.

- **Completing Cells that are Not Applicable –** If a Question or Section of the report is not applicable for a particular grantee (for example, the Tribal Initiative questions) please note this in the open text field (i.e., "Use this box to explain missing, incomplete, or other qualifications to the data reported in this section.") by writing N/A or noting that this is not applicable.

Section II. Detailed Content Guidance for Entering Grantee Program Data

A.   General Information

General information is the information that provides readers the critical information on the organization of the grant and key personnel.

Items in this section do not need to be updated after the first report, unless any of the information has changed. Please contact your CMS Project Officer if you have any questions about the content in this report.

Organization Information

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

Project Director

4. Project Director Name. The name of the individual responsible for the day-to- day operation of the grant
5. Project Director Title
6. Project Director Phone *[numeric response here]*
7. Project Director Fax *[numeric response here]*
8. Project Director Email
9. Project Director Status Date: Change date if status is different from last report *[check the appropriate box here]*
    - o   Full Time
    - o   Acting
    - o   Vacant
    - o   New Since Last Report
10. Project Director Status Date: Change date if status is different from last report. *[If there is any change in status since last report, a date must be provided.]*

Grantee Signatory

11. Grantee Signatory Name. The name of the individual empowered by the state to receive and sign (approve) grant agreements between CMS and the state receiving the grant
12. Grantee Signatory Title
13. Grantee Signatory Phone *[numeric response here]*
14. Grantee Signatory Fax *[numeric response here]*
15. Grantee Signatory Email
16. Has the Grantee Signatory changed since last report? [*check the appropriate box here*]
    - o   Yes
    - o   No

Other State Contact

17. Other State Contact Name
18. Other State Contact Title
19. Other State Contact Phone *[numeric response here]*
20. Other State Contact Fax *[numeric response here]*
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 *[numeric response here]*
25. Independent State Evaluator Fax *[numeric response here]*
26. Independent State Evaluator Email

Report Preparer

27. Report Preparer Name. The name of the person who is responsible for the <u>content</u> of this report. This is the person whom CMS will contact with questions about a particular report.
28. Report Preparer Title
29. Report Preparer Phone *[numeric response here]*
30. Report Preparer Fax *[numeric response here]*
31. Report Preparer Email

CMS Project Officer

32. CMS Project Officer Name

B.   Transitions

Note: Entering Targets and Benchmarks – The first time grantees complete the PDF report (July – August 2017 for Period 1 2017 data), they will need to enter their targets for 2017 and each year after.

1. **Specify *Other* Population: Please specify your MFP program's "other" target population(s) here, if applicable.** Throughout the PDF report, this target population will be referred to as "Other."

   The target populations already designated in the report are: Older Adults, PD (Physically Disabled), ID/DD (Individuals with Intellectual or Developmental Disabilities), and MI (Mental Illness).

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

3. **Number of people <u>assessed</u> for MFP enrollment during this reporting period. Definition: "Number of people assessed for MFP enrollment" refers to *those people that have signed an informed consent form indicating their desire to transition to the community and enroll in the State's MFP program*.** The number assessed includes individuals who are determined to be candidates for MFP enrollment because they: 1) expressed interest in leaving the institution and returning to a home or community residence, 2) are eligible for MFP by virtue of having been institutionalized in a qualified institution under Medicaid coverage (i.e., includes hospitals, nursing facilities, intermediate care facility for people with intellectual disabilities (ICF-ID), and institutions

for mental diseases (IMDs)) for three months or more, and 3) met with a MFP transition coordinator or other individual to begin or complete a full assessment of transition service needs and housing options.

The number assessed for MFP enrollment consists of three groups: (a) those assessed but did not yet transition because arrangements were not yet complete; (b) those who were assessed **and** made the transition during the reporting period, and (c) Those who were assessed but cannot be transitioned (for reasons that are recorded in Question #7 on the Recruitment and Enrollment section (E.1).

The number assessed for MFP enrollment does **not** include people who: 1) were provided general information about the MFP program, 2) were screened and found **not** to meet MFP eligibility criteria, i.e. have not been (or are not expected to be) in an institution for at least 90 days or are not (or not likely to be) Medicaid-eligible for at least one day prior to discharge from an institution.

Please note: If a participant was assessed for MFP enrollment during the reporting period, and then re-assessed for enrollment after a re-institutionalization that lasted longer than 30 days, count this as one assessment to avoid double counting.

Source of data: State MFP programs may track the number assessed in a variety of ways, including referral forms to the state MFP program office, signed MFP informed consent forms indicating the individual's desire to transition to the community and enroll in the state's MFP program, or transition coordinator assessments recorded in program files or databases.

- Number of people assessed for MFP enrollment. *[please provide a number for each target population (if applicable for this reporting period) in the appropriate box; if reporting for January-June, complete the First Period row; if reporting for July-December, complete the Second Period row]*
  - □ First Period (Jan 1 – June 30)
  - □ Second Period (July 1 – Dec 31)
  - □ Total (period 1 + period 2)
- Cumulative Number Assessed (cumulative assessed during the previous reporting period + total assessed during the current reporting period) *[grantee must perform calculation]*
- Transition Target, all grant years (by population and total) [*Review the most recent CMS-approved transition targets, and enter or confirm the target*]
- Cumulative Number Assessed as a Percent of Total Transition Target. (Number assessed as a percent of number proposed to be transitioned overall. To obtain this number, divide the cumulative number of individuals assessed by the transition targets for each population.)
- Please indicate what constitutes an assessment for MFP versus any other transition program. *[please use the provided text box to explain further –if necessary]*

4. **Number of institutional residents who transitioned during this reporting period and enrolled in MFP**. Definition: The number of transitions includes people who were discharged from an institution to the community during the reporting period, formally enrolled in MFP, and began using HCBS during the 365-day MFP transition period.

Please note: If a participant was enrolled in MFP during the reporting period, and then re-enrolled into the program after a re-institutionalization that lasted longer than 30 days, count this as one enrollment to avoid double counting.

It does **not** include those who (**a**) were transitioned in a previous reporting period (unless their enrollment into MFP was not recorded in a previous report, in which case you can add them to the current report) and (**b**) have yet to complete their 365 days of MFP enrollment (these individuals are recorded in Question #6 in this section).

- Number of institutional residents who <u>transitioned during this reporting period</u> and enrolled in MFP. [please provide a number for each target population (if applicable for this reporting period) in the appropriate box; if reporting for January-June, complete the First Period row; if reporting for July-December, complete the Second Period row]
  - □ First Period
  - □ Second Period
- Total For This Year [grantee must perform calculation]
- Annual Transition Target [Grantee must update transition targets as applicable]
- % of Annual Transition Target Achieved (Number who transitioned as a percent of number proposed to be transitioned for the year. To obtain this number, divide the number of individuals transitioned by the annual target for each population)

5. **Cumulative Number of <u>MFP transitions to Date</u>. Definition:** The cumulative number of MFP transitions to date includes all people ever transitioned and enrolled in MFP since the program was implemented, regardless of current enrollment status (i.e., re-institutionalized, died, etc.).
   - Add the current period transitions to the previous period's transitions *[grantee must perform calculation].* 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.
     - □ If applicable - Please provide an explanation as to why your cumulative transition counts do not match those in the table below in the text box.
   - Adjustment value [***only if necessary*** numeric response here]
   - Adjusted cumulative total (after any adjustments)
   - Transition Targets, all grant years (by population and total) [*Review the most recent CMS-approved transition targets, and enter or confirm the target*]

6. **Total number of <u>current MFP Participants</u>. Definition:** Current MFP participants consists of people who are currently enrolled in the MFP demonstration as of the last day of the reporting period, including those who: (a) transitioned during this reporting period (from Question #4 on this section), b) transitioned during an earlier reporting period, and continued to be eligible for 365 days of MFP covered HCBS during the current reporting period, and c) re-enrolled into the MFP program after an institutional stay of 30 days or more.

   It does **not** include those who: a) completed their 365 days of MFP eligibility, b) died before they exhausted 365 days of eligibility; c) were institutionalized for 30 days or more.

   - Total number of <u>current MFP Participants</u>. 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. [*please provide a number for each target population (if applicable for this reporting period) in the appropriate box; if reporting for January-June, complete the First Period row; if reporting for July-December, complete the Second Period row*]
     - □ First Period (Jan 1 – June 30)
     - □ Second Period (July 1 – Dec 31)

7. **Number of MFP participants <u>re-institutionalized during the reporting period</u>. Definition:** The term "re-institutionalized" means admission to an inpatient facility, such as a hospital, nursing home, ICF-IDD, or institution for mental disease, for a stay of less than or more than 30 days. If an MFP participant is admitted for more than 30 days, CMS guidance requires that the individual be dis-enrolled from MFP. Former MFP participants that were dis-enrolled prior to the completion of 365 days in the demonstration may re-enroll in MFP without meeting the 90 consecutive days institutional residency requirement, provided they meet any applicable state requirements for re-

enrollment. That participant is eligible to continue to receive MFP services for any remaining days up to the maximum 365 days of demonstration participation. Note that CMS does permit a participant to be re-enrolled in the MFP demonstration once their 365 days of eligibility have been used provided they are a "qualified individual" who has been in a "qualified institution" for at least 90 consecutive days less any short term rehabilitative days, and he/she is transitioning into MFP "qualified housing." Before re-enrolling a former participant into the MFP demonstration program, a state must develop and maintain a process to re-evaluate the former MFP participant's post MFP Program Plan of Care. If an MFP participant had two or more admissions involving less than 30 days AND more than 30 days, please record them only once in the more than 30 day category.

- Number of MFP participants <u>re-institutionalized</u>. [please provide a number for each target population (if applicable for this reporting period) in the appropriate box]
  - □ For less than or equal to 30 days:
  - □ For more than 30 days: Dis-enrolled from MFP, but may re-enroll in MFP without meeting the 90 day institutional residency requirement if they have not used all 365 days of eligibility and meet your state's qualifying conditions for re-enrollment.
  - □ Length of stay as yet unknown.
- Total re–institutionalized for any length of time (total of above).
- Number of MFP participants re-institutionalized as a percent of all current MFP participants. To obtain this number, divide the number of individuals reinstitutionalized this period by the number of current participants (for each population and the total) (Question #6).*[grantee must perform calculation]*
- Number of MFP participants re-institutionalized as a percent of cumulative transitions.
- Please indicate any factors that contributed to re-institutionalization. *[please use the provided text box to explain further –if necessary]*

8. **Number of MFP participants re-institutionalized for longer than 30 days, who were re-enrolled in the MFP program during the reporting period.** This refers to the number of MFP participants who were re-institutionalized for a stay of more than 30 days, dis-enrolled from MFP, and then subsequently re-enrolled in MFP during the reporting period, upon returning to a community setting.

- Number of MFP participants <u>re-institutionalized</u> for longer than 30 days, who were re-enrolled in the MFP program during the reporting period. [*please provide a number for each target population (if applicable for this reporting period) in the appropriate box; if reporting for January-June, complete the First Period row; if reporting for July-December, complete the Second Period row*]
  - □ First Period
  - □ Second Period
  - □ Total For This Year

9. **Number of MFP participants -who ever transitioned -who <u>completed the</u> <u>365-day transition</u> <u>period</u> during the reporting period. Definition:** This refers to the number of people who ever transitioned and enrolled in MFP (from Cumulative Transitions reported in Question #5 in this section), and completed 365 days of MFP enrollment during the reporting period.

Note: [Cumulative transitions (Question #5)] **minus** [MFP participants who were re-institutionalized (Question #7)] **minus** [MFP participants who completed the 365-day transition period (Question #9)] **should be approximately equal to** [Current Participants (Question #6)] -- not taking into account MFP participants who died during the reporting period, or dis-enrolled at their choice, or for other reasons.

- Number of MFP participants -who ever transitioned -who <u>completed the</u> 365-day <u>transition</u> period. [please provide a number for each target population (if applicable for

this reporting period) in the appropriate box; if reporting for January-June, complete the First Period row; if reporting for July-December, complete the Second Period row]

- ☐ First Period
- ☐ Second Period
- ☐ Total For This Year

- ■ Please indicate any factors that contributed to participants not completing the 365-day transition period. *[please use the provided text box to explain further –if necessary]*

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

- ■ Yes
  - ☐ Please indicate target population(s) by checking appropriate box.
  - ☐ Please describe your difficulties for each target population.
- ■ No

11. **Does your state have other nursing home transition programs that currently operate alongside the MFP program?** This refers to transition programs (other than MFP) that are currently in place to help eligible nursing home residents re-locate from the nursing home to a community setting with the support of home and community-based services. Eligibility requirements for these programs may be different than MFP eligibility requirements.

- ■ Yes
  - ☐ Please approximate the number of individuals who transitioned to the community through other transition programs during this reporting period.
  - ☐ 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?** This refers to transition programs (other than MFP) that are currently in place to help eligible ICF-IDD residents re-locate from the ICF-IDD to a community setting with the support of home and community-based services. Eligibility requirements for these programs may be different than MFP eligibility requirements.

- ■ Yes
  - ☐ Please approximate the number of individuals who transitioned to the community through other transition programs during this reporting period.
  - ☐ 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 OP?**

- ■ Yes
  - ☐ Please explain the proposed changes to your transition benchmarks.
- ■ No

14. *Tribal Initiative Only*

Report the number of people assessed, 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. Of the counts provided above in questions 3, 4, and 7 (Section B), please provide the subset of these counts that are the number of individuals considered part of your state's Tribal Initiative.

- For the first row, provide the number of individuals assessed during the reporting period. See definition and instructions provided above for Section B, question 3 for additional detail about how to determine the number of individuals assessed. *[please provide a number for each target population (if applicable for this reporting period) in the appropriate box]*

- For the second row, provide the number of individuals that transitioned during the reporting period. See definition and instructions provided above for Section B, question 4 for additional detail about how to determine the number of individuals transitioned. *[please provide a number for each target population (if applicable for this reporting period) in the appropriate box]*

- For the third row, provide the number of individuals re- institutionalized for greater than 30 days. See definition and instructions provided above for Section B, question 7 for additional detail about how to determine the number of individuals re-institutionalized. *[please provide a number for each target population (if applicable for this reporting period) in the appropriate box]*

- Total For This Reporting Period

Did the Tribal Initiative have any difficulty transitioning the projected number of individuals it proposed in the Operational Protocol during the reporting period? Please describe your difficulties for the Tribal Initiative target population. *[please use the provided text box]*

Use this box to explain missing, incomplete, or other qualifications to the data reported in this section. [*text box provided*]

C.   Qualified HCBS Expenditures

Note: This page should be completed every 2nd reporting period (reporting of July – December program data during January and February of the following calendar year)

1. **Do you require modifying the Actual Level of Spending for last period?**
    - Yes
        - □   Please describe why the changes were necessary and update in the table below.
    - No

Grantees may wish to modify the Actual Level of Spending in order to provide more accurate qualified HCBS expenditure data for the previous reporting period. This may occur in instances when qualified HCBS expenditure data were updated in response to additional claims run-out, or if qualified HCBS expenditure data reported in the previous reporting period are outdated or inaccurate. Grantees need to calculate the percentages.

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 during the January/February reporting period:

Please specify the period (CY or SFY) and the dates of your SFY in the text box below the chart.

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.

Enter numeric Qualified HCBS Expenditures data in the box for the appropriate year.

- Target level of spending (from budget worksheet)
- Percent annual growth projected ([2017 Target – 2016 Target] / 2016 Target) *[grantee must perform calculation for 2017 reporting only. Note that the cell will automatically multiply the number entered by 100 to convert it to a percentage. Therefore, please enter the decimal in the cell.]*
  Example:

2016 Target	500	Calculation:	Enter .01 in the cell
2017 Target	505	(505-500)/500 = .01	

- Total spending for the calendar year
- Percent annual change (from previous year) ([2017 Spending – 2016 Spending] / 2016 Spending) *[grantee must perform calculation for 2017 reporting only. Note that the cell will automatically multiply the number entered by 100 to convert it to a percentage. Therefore, please enter the decimal in the cell.]*
  Example:

2016 Spending	1,000	Calculation:	Enter .02 in the cell
2017 Spending	1,020	(1,020-1,000)/1,000 = .02	

- Percent of target reached (Total spending/ target level of spending)
- Please explain your Year End rate of progress.

2. **Do you intend to seek CMS approval to amend your annual benchmarks for Qualified HCBS Expenditures in your approved OP?**
   - Yes
     - □ Please explain the proposed changes to your Qualified HCBS Expenditures benchmark
   - No

   Please specify the period (CY or SFY) and the dates of your SFY here: [*text box provided*]

3. **Use this box to explain missing, incomplete, or other qualifications to the data reported in this section.** [*text box provided*]

D.1. Additional Benchmarks

Note: Please enter text on the additional benchmarks and measures the first time you access the report.

- 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 each 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 provided text box to explain the barriers or challenges that have hindered progress, and plans to address them. If you have more than three active additional benchmarks or more than 3 active measures for each benchmark, please send a separate attachment with this information. A blank worksheet is available upon request from your project officer. This worksheet includes the auto-calculation fields and can be submitted to your CMS project officer as a separate attachment.
- Benchmarks for grantees participating in the Tribal Initiative can be added here.

For Quantitative Additional Benchmarks

- Review the most recent CMS-approved benchmark targets, and enter or confirm the measure target.
- For the Period 1 Semi-Annual Report completed in July/August, please provide data under the "Measure: First Period" column for the appropriate year and Measure.
- For the Period 2 Semi-Annual Report completed in January/February, please provide data under the "Measure: Second Period" column for the appropriate year and Measure.
- The "Measure Entire Year" field will be auto-calculated.
- The "% Achieved First Period" will be auto-calculated by dividing "Measure First Period" by "Measure Target."
- The "% Achieved Second Period" will be auto-calculated by dividing "Measure Second Period" by "Measure Target."
- The % achieved entire year" will be auto-calculated by dividing "Measure entire year" by "Measure target."
- Complete the "Please explain your Year End rate of progress" text box provided at the bottom of each measure to enter additional information on the measure or reported progress.

For Qualitative Additional Benchmarks

- For each qualitative benchmark, please enter the qualitative measure goal in the "Measure Target" column and leave the rest of the table blank. Describe your progress in the field that asks "Please explain your Year-end rate of progress."

Do you intend to seek CMS approval to amend your Additional Benchmarks in your approved OP?

- Yes
  - Please explain the proposed changes to your additional benchmarks.
- No

D.2. Rebalancing Efforts

Note: This section should be completed every 1st reporting period (reporting of January – June program data during July and August of that same year calendar year)

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

Rebalancing funds being used for specific Tribal Initiatives can be added here by participating grantees. Add a separate rebalancing initiative for efforts that are specifically related to your state's Tribal Initiative.

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.

For each rebalancing initiative, enter the Total Actual Expenditures for this initiative (that is, *cumulative spending* from the start of MFP grant program through end of last calendar year) in the Total Actual Expenditures text box.

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. If one or more rebalancing initiatives ended in the past or are currently inactive, enter the cumulative amount of expenditures in the Total Actual Expenditures box and explain the current status of the initiative in the right most column.

Sample Rebalancing Initiative:

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. [text field]	[text field]	[numeric field]	[text field]

E.1. Recruitment and Enrollment

Note: For the following questions, please update the previous period's report as applicable.

1. **Did anything change during the reporting period that made recruitment easier? Choose from the list below and check all target populations that apply. Check "None" if nothing has changed from the last reporting period.** For all selected changes: i) Please indicate target population(s) by checking appropriate box; and ii) Please describe changes by target population.
   - Type or quality of data available for identification

- ■ How data are used for identification
- ■ Obtaining provider/agency referrals or cooperation
- ■ Obtaining self referrals
- ■ Obtaining family referrals
- ■ Assessing needs
- ■ Other, specify below
- ■ None

2. **What significant challenges did your program experience in recruiting individuals? Significant challenges are those that affect the program's ability to transition as many people as planned. Choose from the list below and check all target populations that apply.** For all selected challenges: i) Please indicate target population(s) by checking appropriate box; ii) Please describe challenges by target population; iii) Please describe what you are doing to address the challenges; and iv) For the selected status, ["resolved," "in progress" (still working on it), or "abandoned" (not resolved and no longer pursuing it)], please describe the current status of the challenge: (1) If resolved, please describe how was it resolved, e.g. received CMS approval to change approach, revised strategy/developed a work around; or (2) If not resolved and no longer pursuing it, please describe why are you no longer pursuing it.

   - ■ Type or quality of data available for identification
   - ■ Obtaining provider/agency referrals or cooperation
   - ■ Obtaining self referrals
   - ■ Obtaining family referrals
   - ■ Assessing needs
   - ■ Lack of interest among people targeted or the families
   - ■ Unwilling to consent to program requirements
   - ■ Other, specify below
   - ■ None

3. **Did anything change during the reporting period that made enrollment into the MFP program easier? These changes may have been the result of changes in your state's Medicaid policies and procedures.** For all selected changes: i) Please indicate target population(s) by checking appropriate box; and ii) Please describe changes by target population.

   - ■ Determination of initial eligibility
   - ■ Re-determination of eligibility after a suspension due to re-institutionalization
   - ■ Other, specify below
   - ■ 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.** For all selected challenges:

   i) Please indicate target population(s) by checking appropriate box; ii) Please describe challenges by target population; iii) Please describe what you are doing to address the challenges; and iv) For the selected status, ["resolved," "in progress" (still working on it), or "abandoned" (not resolved and no longer pursuing it)], please describe the current status of the challenge: (1) If resolved, please describe how was it resolved, e.g. received CMS approval to change approach, revised strategy/developed a work around; or (2) If not resolved and no longer pursuing it, please describe why are you no longer pursuing it.

   - ■ Determining initial eligibility

- ■ Reestablishing eligibility after a suspension due to re-institutionalization
- ■ Other, specify below
- ■ None

5. **Total number of MFP candidates assessed in this period, or a prior reporting period, who are currently in the transition planning process, that is, "in the pipeline," and expected to enroll in MFP.**
   - ■ Total *[numeric response here]*

6. **Total number of MFP eligible individuals assessed in this period for whom transition planning began but were unable to transition through MFP.** The total reported below in Question #7 must equal the number reported here in Question #6.

   Included in this count should be those individuals who were assessed for MFP enrollment during this reporting period, and could not transition to the community through MFP.
   - ■ Total *[numeric response here]*

7. **How many individuals could not be enrolled in the MFP program for each of the following reasons**: *[please provide numbers by category]* (For individuals with more than one reason contributing to failure to transition, please pick only one below, corresponding to the most important, so that individuals are only counted once.) The sum of reported number of individuals who could not be enrolled in the MFP program (Question #7) should equal the number reported above in Question #6.
   - ■ 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. *[This option may be modified with a brief explanation–if necessary. Examples of other reasons include individuals died before transitioning to the community or they were not eligible for waiver services in the community (even though they were determined eligible for MFP.)]*
   - ■ If necessary, please explain further why individuals could not be transitioned or enrolled in the MFP program. *[please use the provided text box to explain further]*

8. **Number of MFP participants transitioned during this period whose length of time from assessment to actual transition took:** *[please provide a number for each option (if applicable for this reporting period) in the appropriate box]*
   - ■ 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. *[please use the provided text box to explain further –if necessary]*

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

- ■ Less than 2 months.
- ■ 2 to 6 months.
- ■ 6 to 12 months.
- ■ 12 to 18 months.
- ■ 18 to 24 months.
- ■ 24 months or more.

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 *[numeric response here]*

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 *[numeric response here]*

11. **What types of activities were supported by ADRC/MFP Supplemental Funding Opportunity C grant funds during this reporting period, awarded in 2010 to 25 MFP grantee states to support activities that help to expand the capacity of ADRCs as part of a wrong no 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 the provided 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.**

    [Please use the provided text box]

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

    [Please use the provided text box]

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.** Describe changes that occurred during this reporting period and whether they (1) made recruitment and/or enrollment easier or (2) provided a challenge to recruitment and/or enrollment for individuals considered part of your state's Tribal Initiative. *[please use the provided text box]*

- **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).** This count should be a subset of Section E.1, question 5. *[numeric response here]*

- **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).** See instructions provided above for Section E.1, question 6 for additional detail about who is considered in the transition planning process. *[numeric response here]*

- **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.** *[please use the provided text box]*

E.2. Informed Consent and Guardianship

Note: For the following questions, please update the previous period's report as applicable.

1. **What changed during the reporting period that made obtaining informed consent easier**? For all selected changes: i) Please indicate target population(s) by checking appropriate box; and ii) Please describe changes by target population.

   - Revised inform consent documents and/or forms
   - Provided more or enhanced training for transition coordinators
   - Improved how guardian consent is obtained
   - Other, specify below
   - Nothing

2. **What changed during the reporting period that improved or enhanced the role of guardians**? For all selected changes: i) Please indicate target population(s) by checking appropriate box; and ii) Please describe changes by target population.

   - The nature by which guardians are involved in transition planning
   - Communication or frequency of communication with guardians
   - The nature by which guardians are involved in ongoing care planning
   - The nature by which guardians are trained and mentored
   - Other, specify below
   - Nothing

3. **What significant challenges did your program experience in obtaining informed consent**? For all selected challenges: i) Please indicate target population(s) by checking appropriate box; ii) Please describe challenges by target population; iii) Please describe what you are doing to address the challenges; and iv) For the selected status, *["resolved," "in progress" (still working on*

it), or "abandoned" (not resolved and no longer pursuing it)], please describe the current status of the challenge: (1) If resolved, please describe how was it resolved, e.g. received CMS approval to change approach, revised strategy/developed a work around; or (2) If not resolved and no longer pursuing it, please describe why are you no longer pursuing it.

- Ensuring informed consent
- Involving guardians in transition planning
- Communication or frequency of communication with guardians
- Involving guardians in ongoing care planning
- Training and mentoring of guardians
- Other, specify below
- None

E.3.   Outreach/Marketing/Education

Note: For the following questions, please update the previous period's report as applicable.

1. **What notable achievements in outreach, marketing or education did your program accomplish during the reporting period**? For all selected achievements: i) Please indicate target population(s) by checking appropriate box; and ii) Please describe achievements by target population.
   - Development of print materials
   - Implementation of localized/targeted media campaign
   - Implementation of statewide media campaign
   - Involvement of stakeholder state agencies in outreach and marketing
   - Involvement of discharge staff at facilities
   - Involvement of ombudsman
   - Training of frontline workers on program requirements
   - Other, specify below
   - None

2. **What significant challenges conducting outreach, marketing, and education activities did you experience during this reporting period?** For all selected challenges: i) Please indicate target population(s) by checking appropriate box; ii) Please describe challenges by target population; iii) Please describe what you are doing to address the challenges; and iv) For the selected status, ["resolved," "in progress" (still working on it), or "abandoned" (not resolved and no longer pursuing it)], please describe the current status of the challenge: (1) If resolved, please describe how was it resolved, e.g. received CMS approval to change approach, revised strategy/developed a work around; or if not resolved and no longer pursuing it, please describe why are you no longer pursuing it.
   - Development of print materials
   - Implementation of a localized / targeted media campaign
   - Implementation of a statewide media campaign
   - Involvement of stakeholder state agencies in outreach and marketing
   - Involvement of discharge staff at facilities
   - Involvement of ombudsman
   - Training of frontline workers on program requirements

- Other, specify below
- None

3. *Tribal Initiative Only* - **Describe any outreach, marketing and education activities and challenges during this reporting period specific to the Tribal Initiative.** *[please use the provided text box]*

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 the appropriate boxes in the Stakeholder Involvement table provided:

	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						
Public Housing Agency(ies)						
Other State Agencies (except Housing)						
Non-profit Housing Assn.						
Other: (specify)						

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 in provided text box.]*

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. *[Please explain in provided text box.]*

2. **On average, how many consumers, family members, and consumer advocates attended each meeting of the MFP program's advisory group (the group that advises the MFP program) during the reporting period?** Choose one option of the three provided. If the MFP program's advisory group met during the reporting period, choose "Specific Amount" and provide the average number of attendees.
    - 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?** For all selected challenges, please describe what you are doing to address the challenge.
    - Identifying willing consumers
    - Identifying willing families
    - Involving them in a meaningful way
    - Keeping them involved for extended periods of time
    - Communicating with consumers
    - Communicating with families
    - Other, specify below
    - None

4. **Did your program make any progress during the reporting period in building a collaborative relationship with any of the following housing agencies or organizations?** For all selected please describe any new developments.
    - State agency that sets housing policies
    - State housing finance agency
    - Public housing agency(ies)
    - Non-profit agencies involved in housing issues
    - Other housing organizations (such as landlords, realtors, lenders and mortgage brokers)
    - None

5. **Has your program experienced significant challenges in building a collaborative relationship with any of the agencies involved in setting state housing policies, financing, or implementation of housing programs?**
    - Yes
        - □ Please describe.
    - 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**. *[please use the provided text box]*

E.5. Benefits and Services - Medicaid Program and Policy Issues

This section asks about progress pertaining to state Medicaid policies and rules that allow people needing long-term services and supports to choose the setting and types of services they wish to receive. The next set of questions in E.6 concern changes in the availability or accessibility of home and community-based services and providers.

Note: For the following questions, please update the previous period's report as applicable.

1. **What progress was made during the reporting period regarding Medicaid programmatic and policy issues that increased access to home and community-based services DURING the one-year transition period?** For all selected progress: i) Please indicate target population(s) by checking appropriate box; and ii) Please describe by target population.

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

2. **What significant challenges or barriers did your program experience in guaranteeing MFP participants have access to Medicaid HCBS DURING the one-year transition period?** For all selected challenges: i) please indicate target population(s) by checking appropriate box; ii) Please describe challenges by target population; iii) Please describe what you are doing to address the challenges; and iv) For the selected status, ["resolved," "in progress" (still working on it), or "abandoned" (not resolved and no longer pursuing it)], please describe the current status of the challenge: (1) If resolved, please describe how was it resolved, e.g. received CMS approval to change approach, revised strategy/developed a work around; or (2) If not resolved and no longer pursuing it, please describe why are you no longer pursuing it.

   - Efforts to increase capacity of HCBS waiver programs to serve more individuals are delayed or disapproved
   - Efforts to add a self-direction option are delayed or disapproved
   - State Plan Amendment to add or modify benefits needed to serve people in HCBS settings are delayed or disapproved
   - Plans to develop or expand managed LTC programs to serve or include people needing HCBS are delayed or disapproved
   - Efforts to obtain authority to transfer Medicaid funds from institutional to HCBS line items to serve people transitioning out of MFP are delayed or disapproved.
   - Legislative or executive authority for more funds or slots are delayed or disapproved
   - State funding for pre-transition services (such as targeted case management) have been delayed or disapproved
   - Other, specify below
   - None

3. **What progress was made during the reporting period on Medicaid programmatic and policy issues to assure continuity of home and community based services AFTER the one-year transition period?** For all selected progress: i) Please indicate target population(s) by checking appropriate box; and ii) Please describe by target population.

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

4. **What significant challenges or barriers did your program experience in guaranteeing continuity of care for MFP participants in Medicaid HCBS AFTER the one-year transition period?** For all selected challenges: i) Please indicate target population(s) by checking appropriate box; ii) Please describe challenges by target population; iii) Please describe what you are doing to address the challenges; and iv) For the selected status, ["resolved," "in progress" (still working on it), or "abandoned" (not resolved and no longer pursuing it)], please describe the current status of the challenge: (1) If resolved, please describe how was it resolved, e.g. received CMS approval to change approach, revised strategy/developed a work around; or (2) If not resolved and no longer pursuing it, please describe why are you no longer pursuing it.

- Efforts to increase capacity of HCBS waiver programs to serve more individuals are delayed or disapproved
- Efforts to add a self-direction option are delayed or disapproved
- State Plan Amendment to add or modify benefits needed to serve people in HCBS settings is delayed or disapproved
- Plans to develop or expand managed LTC programs to serve or include people needing HCBS are delayed or disapproved
- Efforts to obtain authority to transfer Medicaid funds from institutional to HCBS line items to serve people transitioning out of MFP are delayed or disapproved
- Legislative or executive authority for more funds or slots are delayed or disapproved
- State funding for pre-transition services have been delayed or disapproved.
- Other, specify below
- 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.** For individuals enrolled under the Tribal Initiative, provide any updates by target population about (1) progress towards increasing the availability of home and community- based services and (2) challenges related to the availability of these services both during and after the one-year MFP transition period. *[please use the provided text box]*

E.6. Participant Access to Services

This section concerns the supply and availability of home and community based services, or the ease of receiving HCBS covered by Medicaid programs and policies.

Note: For the following questions, please update the previous period's report as applicable.

1. **What steps did your program or state take during the reporting period to improve or enhance the ability of MFP participants to receive home and community based services?** For all selected steps: i) Please indicate target population(s) by checking appropriate box; and ii) Please describe the steps taken.

   - Increased the number of transition coordinators
   - Increased the number of home and community-based service providers contracting with Medicaid
   - Increased access requirements for managed care LTC providers
   - Increased payment rates to HCBS providers
   - Increased the supply of direct service workers
   - Improved or increased transportation options
   - Added or expanded managed LTC programs or options
   - Other, specify below
   - None

2. **What are MFP participants' most significant challenges to accessing home and community-based services? These are challenges that either make it difficult to transition as many people as you had planned or make it difficult for MFP participants to remain living in the community.** For all selected challenges: i) Please indicate target population(s) by checking appropriate box; ii) Please describe challenges by target population; iii) Please describe what you are doing to address the challenges; and iv) For the selected status, ["resolved," "in progress" (still working on it), or "abandoned" (not resolved and no longer pursuing it)], please describe the current status of the challenge: (1) If resolved, please describe how was it resolved, e.g. received CMS approval to change approach, revised strategy/developed a work around; or (2) If not resolved and no longer pursuing it, please describe why are you no longer pursuing it.

   - Insufficient supply of HCBS providers
   - Insufficient supply of direct service workers
   - Preauthorization requirements
   - Limits on amount, scope, or duration of HCBS allowed under Medicaid state plan or waiver program
   - Lack of appropriate transportation options or unreliable transportation options
   - Insufficient availability of home and community-based services (provider capacity does not meet demand)
   - Other, specify
   - 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) For individuals enrolled under the Tribal Initiative, provide any updates about (1) progress towards increasing access to

home and community-based services and challenges related to accessing these services. *[please use the provided text box]*

E.7. Self-Direction

Note: For the following questions, please update the previous period's report as applicable.

Did your state have any self-direction programs in effect during this reporting period? *[please check the appropriate box]*

- Yes
- No –Please skip this section if your state did not have any self-direction programs in effect during the reporting period.

1. **How many MFP participants were currently in a self-direction program as of the last day of the reporting period**? Please provide a number for each target population (if applicable for this reporting period) in the appropriate box.

2. **Of those MFP participants in a self-direction program how many**: Please provide a number for each target population (if applicable for this reporting period) in the appropriate box.
   - Hired or supervised their own personal assistants during the reporting period.
   - Managed their allowance or budget during the reporting period.

3. **How many MFP participants in a self-direction program during the reporting period reported abuse or experienced an accident?** Please provide a number for each target population (if applicable for this reporting period) in the appropriate box.
   - 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. *[this option may be modified with a brief explanation – if necessary]*

4. **How many MFP participants in a self-direction program dis-enrolled from the self-direction program during the reporting period?** Please provide a number for each target population (if applicable for this reporting period) in the appropriate box.

5. **Of the MFP participants who were dis-enrolled from a self-direction program, how many were dis-enrolled for each reason below?** Please provide a number for each target population (if applicable for this reporting period) in the appropriate box.
   - Opted-out.
   - Inappropriate spending.
   - Unable to self-direct.
   - Abused their worker.
   - Other, please specify. *[this option may be modified with a brief explanation – if necessary]*

6. *Tribal Initiative Only* **– Provide the number of tribal members by population that <u>directed their own service</u>, <u>reported abuse or</u> <u>experienced an accident</u>, <u>dis-enrolled in self-directed services</u> during the reporting period.** Of the counts provided above in questions 1-5, please provide the subset of these counts that are the number of individuals considered part of your state's Tribal Initiative.

- For the first row, provide the number of individuals that directed their own services by either hiring or supervising their own personal assistants, or managing their allowance or budget during the reporting period. This count should be a subset of Section E.7 question 2. *[please provide a number for each target population (if applicable for this reporting period) in the appropriate box]*
- For the second row, provide the number of individuals that reported abuse or experienced an accident during the reporting period. This count should be a subset of Section E.7 question 3. *[please provide a number for each target population (if applicable for this reporting period) in the appropriate box]*
- For the third row, provide the number of individuals that dis- enrolled from self-directed services during the reporting period. This count should be a subset of Section E.7 question 4. *[please provide a number for each target population (if applicable for this reporting period) in the appropriate box]*
- Total For This Reporting Period

Please describe your efforts within the Tribal Initiative to offer self-directed services and as a subset of the numbers reported in questions in 1-5.

Use this box to explain missing, incomplete, or other qualifications to the data reported in this section. *[text box provided]*

E.8.   Quality Management and Improvement

Note: For the following questions, please update the previous period's report as applicable.

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

The checkbox above will be checked by default. States wishing to print the report but not print sensitive information contained in Questions #6 though #10 should uncheck the box. The questions will still appear in the printed version of the report, but the fields will be blank.

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.** For all selected improvements. Please indicate target population(s) by checking appropriate box; and ii) Please describe the improvement.
   - Improved intra/inter departmental coordination.
   - Implemented/Enhanced data collection instruments.
   - Implemented/Enhanced information technology applications.
   - Implemented/Enhanced consumer complaint processes.
   - 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).
   - 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.
   - Enhanced a risk management process.
   - Other, specify below.

■ None.

2. **How many calls did your program receive from MFP participants for emergency back-up assistance during the reporting period by type of assistance needed? Emergency refers to situations that could endanger the health or well-being of a participant and may lead to a critical incident if not addressed. (Please note this question only captures calls that were considered to be emergencies and not those that are informational or complaints.)** Provide the number of calls for emergency backup assistance for each target population made during the reporting period in the appropriate box. If a tiered approach is used by the state (an example of a tiered or multi-level approach may include the Provider being contacted first [Tier 1], use of pre-determined informal supports as the second contact [Tier 2], and then finally, an On-Call Case Management Agency being contacted [Tier 3]), report only the number of calls that were made to the final tier of the backup strategy during the reporting period. Also, report in the text box at the bottom of the page (i.e., "Use this box to explain missing, incomplete, or other qualifications to the data reported in this section.") that your MFP state utilizes a tiered approach to its emergency back-up strategy.

   ■ Transportation: to get to medical appointments.

   ■ Life-support equipment repair/replacement.

   ■ Critical health services that are essential to the individual whereby without such services, the individual's health, safety and/or welfare are placed in jeopardy.

   ■ Direct service/support workers not showing up.

   ■ Other, please specify. *[this option may be modified with a brief explanation – if necessary]*

   ■ Total –for each target population.

3. **For what percentage of the calls received were you able to provide the assistance that was needed when it was needed?** Please provide the number of calls for emergency backup assistance for each target population made during the reporting period where backup assistance was appropriately provided. In the appropriate box, provide the number of instances where emergency back-up was provided appropriately and in a timely fashion in response to a request for emergency back-up (as defined in Question #2 above).

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

   ■ Yes

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

   ■ No

5. **Did your program experience any challenges in**: For all selected challenges below: i) Please indicate target population(s) by checking appropriate box; ii) Please describe challenges by target population; iii) Please describe what you are doing to address the challenges; and iv) For the selected status, ["resolved," "in progress" (still working on it), or "abandoned" (not resolved and no longer pursuing it)], please describe the current status of the challenge: (1) If resolved, please describe how was it resolved, e.g. received CMS approval to change approach, revised strategy/developed a work around; or (2) If not resolved and no longer pursuing it, please describe why are you no longer pursuing it.

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

   ■ Assessing participants' risk

   ■ Developing, implementing or adjusting risk mitigation strategies

   ■ Addressing emergent risks in a timely fashion

- Delivering all the services and supports specified in the service plan
- Modifying the service plan to accommodate participants' changing needs or circumstances, i.e., increasing units of a service, adding a different type of service, or changing time of day when services are delivered, etc.
- Addressing threats to participants' health or welfare
- Other, please specify. *[this option may be modified with a brief explanation – if necessary]*
- None

6. **Please specify the total number of participant deaths that occurred during the reporting period**: *[please provide a number for each target population in the appropriate box].* Report the total number of <u>all</u> deaths of MFP participants who died during the reporting period, regardless of cause.

7. **Please provide information on the circumstances surrounding the reported deaths**: Briefly summarize the nature and circumstances around the reported deaths by category, to the extent possible. Categories of reported deaths may include, but are not limited to natural, unexpected/untimely, murders, suicides, and accidental and due to injury.

8. **How many critical incidents occurred during the reporting period?** *[please provide a number in the provided number box]*

9. **Please describe (in the text box below). Further detail regarding the nature of each critical incident may be provided with Question #10 (below, in this section).** Summarize any circumstances around the reported critical incidents that will not be covered in Question #10 below. *[please use the provided text box to explain further]*

10. **Please describe the nature of each critical incident that occurred.** [CMS defines a critical incident or event as an alleged, suspected, or actual occurrence of: (a) abuse (including physical, sexual, verbal and psychological abuse); (b) mistreatment or neglect; (c) exploitation; (d) serious injury; (e) death other than by natural causes; (f) other events that cause harm to an individual; and, (g) events that serve as indicators of risk to participant health and welfare such as hospitalizations, medication errors, use of restraints or behavioral interventions.]

    Choose from the list below.
    - Abuse
    - Neglect
    - Exploitation
    - Hospitalizations
    - Emergency Room visits
    - Deaths determined to be due to abuse, neglect, or exploitation
    - Deaths in which a breakdown in the 24-hour back-up system was a contributing factor
    - Involvement with the criminal justice system
    - Medication administration errors
    - Other, specify below
    - None

    For these selected critical incidents of Abuse, Neglect, Exploitation, Involvement with the criminal justice system, Medication administration errors, and Other):
    - Please specify the number of times this type of critical incident occurred [*please provide a number in the provided number box*];
    - Please explain if the state made changes, either for the consumer(s) or its system, as a result of the analysis of critical incidents; and

- Please specify the status of the critical incident: ["resolved," "in progress" (still working on it), or "abandoned" (not resolved and no longer pursuing it)].

For these selected critical incidents of Hospitalizations:

- Please specify the number of times this type of critical incident occurred [*please provide a number in the provided number box*]
- Of these hospitalizations, approximately how many occurred within 30 days after an individual transitioned to the community for the first time, or after an individual re-enrolled in the MFP program and re-transitioned to the community after a lengthy institutional stay lasting longer than 30 days?

For these selected critical incidents of Emergency Room visits:

- Please specify the number of times this type of critical incident occurred; and
- Please specify approximately how many occurred within 30 days of discharge from a hospital or other institutional setting.

For the selected critical incident of Deaths determined to be due to abuse, neglect or exploitation:

- Please specify the number of deaths occurring either in the current or previous reporting periods where an investigation determined that the death was due to abuse, neglect or exploitation *[please provide a number in the provided number box];* and
- For each of these deaths, please describe the findings of the investigation and any actions taken by the state *[please provide a text response in the text box].*

For the selected critical incident of Deaths in which a breakdown in the 24-hour back-up system was a contributing factor:

- Please specify the number of deaths occurring either in the current or previous reporting periods where an investigation determined that a breakdown in the 24-hour back-up system was a contributing factor. *[please provide a number in the provided number box]*
- For each of these deaths, please describe the findings of the investigation and any actions taken by the state. *[please provide a text response in the text box]*

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.** (1) Describe any improvements or challenges related to quality management activities impacting individuals under the Tribal Initiative. (2) Specifically include a count of critical incidents for these individuals. And, (3) provide a description of challenges related to other quality management systems listed in the question. *[text box provided]*

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.** For individuals enrolled under the Tribal Initiative, provide (1) the number of participant deaths that occurred during the reporting period as a subset of Section E.8 question 6 and the circumstances around those deaths, and (2) the number of critical incidents that occurred as a subset of Section E.8 question 8 and the circumstances regarding the nature of those incidents.

Use this box to explain missing, incomplete, or other qualifications to the data reported in this section. *[text box provided]*

E.9. Housing for Participants

Note: For the following questions, please update the previous period's report as applicable. Questions #3 and #4 MUST be updated each period.

1. **What notable achievements in improving housing options for MFP participants did your program accomplish during the reporting period?** For all selected improvements: i) Please indicate target population(s) by checking appropriate box; and ii) Please describe the achievement.
   - Developed inventory of affordable and accessible housing.
   - Developed local or state coalitions of housing and human service organizations to identify needs and/or create housing-related initiatives.
   - Developed statewide housing registry.
   - Implemented new home ownership initiatives.
   - Improved funding or resources for developing assistive technology related to housing.
   - Improved information systems about affordable and accessible housing.
   - Increased number of rental vouchers.
   - Increased supply of affordable and accessible housing.
   - Increased supply of residences that provide or arrange for long term services and/or supports.
   - Increased supply of small group homes.
   - Increased/Improved funding for home modifications.
   - Other, specify below.
   - 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.** For all selected challenges: i) Please indicate target population(s) by checking appropriate box; ii) Please describe challenges by target population; iii) Please describe what you are doing to address the challenges; and iv) For the selected status, ["resolved," "in progress" (still working on it), or "abandoned" (not resolved and no longer pursuing it)], please describe the current status of the challenge: (1) If resolved, please describe how was it resolved, e.g. received CMS approval to change approach, revised strategy/developed a work around; or (2) If not resolved and no longer pursuing it, please describe why are you no longer pursuing it.
   - Lack of information about affordable and accessible housing.
   - Insufficient supply of affordable and accessible housing.
   - Lack of affordable and accessible housing that is safe.
   - Insufficient supply of rental vouchers.
   - Lack of new home ownership programs.
   - Lack of small group homes.
   - Lack of residences that provide or arrange for long term services and/or supports.
   - Insufficient funding for home modifications.
   - Unsuccessful efforts in developing local or state coalitions of housing and human services organizations to identify needs and/or create housing related initiatives.
   - Unsuccessful efforts in developing sufficient funding or resources to develop assistive technology related to housing.

- Other, specify below.
- None.

3. **How many MFP participants who transitioned to the community during the reporting period moved to each type of qualified residence? The sum total reported below should equal the number of individuals who transitioned to the community this period, reported in Question #4 (Transitions).** [This question is required.] Please provide a number for each target population (if applicable for this reporting period) in the appropriate box.
    - 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.** Included in this count should be housing supplements that were awarded during the reporting period, but not yet dispensed. For all selected sources of housing supplement, please indicate target population(s) by checking appropriate box.
    - 202 funds.
    - CDBG funds.
    - Funds for assistive technology as it relates to housing.
    - Funds for home modifications.
    - HOME dollars.
    - Housing choice vouchers (such as tenant based, project based, mainstream, or homeownership vouchers).
    - Housing trust funds.
    - Low income housing tax credits.
    - Section 811.
    - USDA rural housing funds.
    - Veterans Affairs housing funds.
    - Other, please specify. [this option may be modified with a brief explanation – if necessary]
    - 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.** Of the count provided above in Section E.9 questions 3, please provide the subset of these counts that are the number of individuals considered part of your state's Tribal Initiative.
    - For the first row, provide the number of individuals that transitioned into a home that was owned or leased by the individual or family. *[please provide a number for each target population (if applicable for this reporting period) in the appropriate box]*
    - For the second row, provide the number of individuals that transitioned into an apartment during the reporting period. *[please provide a number for each target population (if applicable for this reporting period) in the appropriate box]*
    - For the third row, provide the number of individuals that transitioned into a group home or other residence in which 4 or fewer individuals live. *[please provide a number for each target population (if applicable for this reporting period) in the appropriate box]*

- For the fourth row, provide the number of individuals that transitioned into an apartment in a qualified assisted living. [*please provide a number for each target population (if applicable for this reporting period) in the appropriate box*]
- Total For This Reporting Period.

6. **Describe specific housing efforts associated with this initiative and housing challenges during this reporting period.** [*please use the provided text box*]

Use this box to explain missing, incomplete, or other qualifications to the data reported in this section. [*text box provided*]

E.10. Employment Supports and Services

Note: For the following questions, please update the previous period's report as applicable.

1. **What types of ongoing employment supports are provided through your MFP program to help participants find or maintain employment?** For all selected ongoing employment supports: i) Please indicate target population(s) by checking appropriate box; ii) Please describe by target population; and, iii) Please answer: How is this service or support funded? Choose from: Qualified HCBS, MFP Demonstration Services, MFP Supplemental Services, MFP 100% Administrative Funding, or Other.
    - Job coaching or ongoing support planning.
    - Job training or re-training.
    - Peer to peer consultation and support.
    - Employment monitoring or mediation with employer/employees to resolve barriers to work.
    - Mediation with family/friends to secure their support for individuals' work- related needs.
    - Assistance with transportation to and from work.
    - Assistance with budgeting.
    - Assistance developing interpersonal or employment skills.
    - Other, please specify. [*this option may be modified with a brief explanation – if necessary*]
    - None.

2. **What activities or progress was made this period to utilize MFP resources to support the goals of MFP participants?** For all selected activities or progress: i) Please answer: How is this activity funded? Qualified HCBS, MFP Demonstration Services, MFP Supplemental Services, MFP 100% Administrative Funding, or Other?
    - Hired employment specialists to help MFP participants achieve employment goals.
    - Produced training resources or delivered employment training to MFP staff, transition coordinators, or waiver staff.
    - Incorporated information about disability- and employment-related agencies and services into outreach materials.
    - Financed services or supports (such as adaptive equipment, transportation, personal assistance services) to help address barriers to employment.
    - Leveraged Medicaid Infrastructure Grant program resources or funds (via supplemental grants or no-cost extension of previous grants) to support employment of participants with disabilities.

- Other, please specify. *[this option may be modified with a brief explanation – if necessary]*
- 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. *[this option may be modified with a brief explanation – if necessary]*
   - None.

4. **Were there any other developments or progress this period toward increasing the availability of employment services and supports for MFP participants?** *[please use the provided text box]*

5. *Tribal Initiative Only* **– Describe specific employment efforts associated with this initiative and employment challenges during this reporting period.** [*please use the provided text box*]

F.   Organization and Administration

Note: For the following questions, please update the previous period's report as applicable.

1. **Were there any changes in the organization or administration of the MFP program during this reporting period? For example, did Medicaid agency undergo a reorganization that altered the reporting relationship of the MFP Project Director?**
   - Yes
     - □ Please describe the changes.
   - No.

2. **What interagency issues were addressed during this reporting period**? For all selected interagency issues: i) Please indicate which agencies were involved. *[please use the provided text box to explain further]*
   - Common screening/assessment tools or criteria.
   - Common system to track MFP enrollment across agencies.
   - Timely collection and reporting of MFP service or financial data.
   - Common service definitions.
   - Common provider qualification requirements.
   - Financial management issues.
   - Quality assurance.

- Other, specify below.
- None.

3. **Did your program have any notable achievements in interagency communication and coordination during the reporting period?**
    - Yes
        - □ What were the achievements in?
    - No.

4. **What significant challenges in interagency communication and coordination did your program experience during the reporting period?** For all selected challenges: i) Please describe challenges and (if applicable) what agencies were involved; ii) Please describe what you are doing to address the challenges; and iii) For the selected status, ["resolved," "in progress" (still working on it), or "abandoned" (not resolved and no longer pursuing it)], (iv) please describe the current status of the challenge: (1) If resolved, please describe how was it resolved, e.g. received CMS approval to change approach, revised strategy/developed a work around; or (2) If not resolved and no longer pursuing it, please describe why are you no longer pursuing it.
    - Interagency relations.
    - Privacy requirements that prevent the sharing of data.
    - Technology issues that prevent the sharing of data.
    - Transitions in key Medicaid staff.
    - Transitions in key staff in other agency.
    - Other, specify below.
    - None.

5. *Tribal Initiative Only* **– Describe specific changes in organization or administration associated with this initiative and any interagency challenges during this period.** *[please use the provided text box]*

G. Challenges and Developments

Note: For the following questions, please update the previous period's report as applicable.

1. **What types of overall challenges have affected almost all aspects of the program?** For all selected challenges, please describe the effects of the challenge.
    - Downturn in the state economy.
    - Worsening state budget.
    - Transition of key position(s) in Medicaid agency.
    - Transition of key position(s) in other state agencies.
    - Executive shift in policy.
    - Other, specify below.
    - None.

2. **What other new developments, policies, or programs (in your state's long-term care system) have occurred that are not MFP initiatives, but have affected the MFP demonstration program's transition efforts?** For all selected new developments, policies, or programs that have occurred: i) Please describe the efforts that are not MFP initiatives and their effect on the MFP demonstration program.

- ■ Institutional closure/downsizing initiative.
- ■ New/revised CON policies for LTC institutions.
- ■ New or expanded nursing home diversion program.
- ■ Expanded single point-of-entry/ADRC system.
- ■ New or expanded HCBS waiver capacity.
- ■ New Medicaid State Plan options (DRA or other).
- ■ New managed LTC options (PACE, SNP, other), or mandatory enrollment in managed LTC.
- ■ Other, specify below.
- ■ None.

3. *Tribal Initiative Only* – **If not previously discussed, describe specific developments that you want to highlight for this program including any challenges.** *[please use the provided text box]*

H.   Independent Evaluation

Note: For the following questions, please update the previous period's report as applicable.

1. **Is your state conducting an independent evaluation of the MFP program, separate from the national evaluation by Mathematica Policy Research?**
   - ■ Yes –Please describe.
   - ■ No –If this box is checked, please skip to Section I – Technical Assistance.

2. **Were there any outputs/products produced from the independent state evaluation (if applicable) during this period?**
   - ■ Yes –Please describe.
   - ■ 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, such as all- state TA teleconference calls hosted by one of the TA contractors. This could also include individual TA received by one of the TA contractors or Mathematica Policy Research. Do not use this section to report on all-grantee meetings or events, or individual contacts with your CMS project officer.

Add an event for each type of issue (quality, housing, self-direction, other programmatic issues, evaluation, and data management/submission; any others) and indicate how the TA was delivered (group by teleconference, group in person, individual by telephone, individual in person, or peer-to-peer).

You may add more than one event of the same type to indicate different delivery methods.

TA Event #1:

Date	*[Text Response Requested]*
Type	*[Dropdown]*
Delivery Method	*[Dropdown]*
Describe the focus of the TA you received	*[Text Response Requested]*
Usefulness	*[Dropdown]*
If useful, describe what changed as a result. – if not useful, explain why.	*[Text Response Requested]*

J. Overall Lessons & MFP-related LTC System Change

1. **Are there any other comments, observations or lessons learned from your experience to date with MFP program design or implementation?**

   You can use this section to explain how MFP is contributing to long-term care system reform or rebalancing that is not captured by any of the other questions in this report. *[please use the provided text box to explain further –if necessary]*