



Money Follows the Person (MFP)

Semi-Annual Progress Report User Guide and Help File

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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

- Ensure you are opening the PDF on a PC and in Adobe Acrobat PDF Reader. The PDF can be obtained from your CMS project officer.
 - Grantees must use Adobe Acrobat Reader (as opposed to other PDF reader brands).
 - A free version of Adobe Acrobat Reader is available for download here: <https://get.adobe.com/reader/>.
 - 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.
 - 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.
 - 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_2020_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 assigned CMS Project Officer via email.

NAVIGATING THE FORM

- The fillable PDF reporting form contains similar questions and response options as the former fillable PDF, however has been streamlined to focus on key reporting elements and increase efficiency for completion.
- There is additional functionality to keep in mind as you navigate the PDF form:
 - **Bolded green Cells** - The PDF will auto-calculate fields outlined in green.
 - **Red cells** - Grantees must 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.
 - **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.

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Yes

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

- **Entering Targets and Benchmarks** – The first time grantees complete the PDF report, they will need to enter their targets and descriptions of their additional benchmarks for the current year and each year after:
 - Transition targets should align with the most recent CMS-approved MFP budget workbook.
 - 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 prior reporting periods.
- **Entering period 1 and period 2 data into the PDF** – Grantees will continue to report program data twice a year through the end of the grant award period of performance. 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 to 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 in the report. However once the initial report using the revised PDF is completed, grantees should **not** start with a blank report each period. Rather, 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 F), 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.

M. TRIBAL INITIATIVE

This section is to be completed by Tribal Initiative grantees only. All other grantees can leave these questions blank.

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 Email

Grantee Signatory / Authorizing Official Representative (AOR)

6. 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
7. Grantee Signatory Email
8. Has the Grantee Signatory changed since last report? [check the appropriate box here]
 - o Yes
 - o No

CMS Project Officer

9. CMS Project Officer Name

B. Transitions

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

1. **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 (Persons with Physical Disabilities), ID/DD (Individuals with Intellectual or Developmental Disabilities), and MI (Persons with Mental Illness).

2. **Number of people assessed 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.

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.

- To complete the table for the 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.)

3. **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 #5 in this section, the total number of current MFP participants).

- To complete the table for the number of people number of institutional residents who transitioned during this reporting period 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)

4. **Cumulative Number of MFP transitions to Date.** 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.
- 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]

5. **Total number of current MFP Participants.** 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 #3 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 current MFP Participants. Current MFP participants excludes individuals whose enrollment in the MFP demonstration ended because they completed their 365 days of MFP eligibility, died before they exhausted their 365 days of eligibility, or were institutionalized for 30 days or more and did not subsequently re-enroll in the MFP program. *[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]*
6. **Number of MFP participants re-institutionalized during the reporting period. 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.
- To complete the table on the number of MFP participants re-institutionalized, 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 total number of individuals reinstitutionalized this period by the number of current participants (Question #5). ***[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. [Select all that apply and/or use the text box to describe other factors]
7. **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.
- To complete the table on the number of MFP participants re-institutionalized 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]*
8. **Number of MFP participants -who ever transitioned -who completed the 365-day transition period 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 #4 in this section), and completed 365 days of MFP enrollment during the reporting period.

Note: [Cumulative transitions (Question #4)] **minus** [MFP participants who were re-institutionalized (Question #6)] **minus** [MFP participants who completed the 365-day transition period (Question #8)] **should be approximately equal to** [Current Participants (Question #5)] -- not taking into account MFP participants who died during the reporting period, or dis-enrolled at their choice, or for other reasons. [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]

- 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]*
- 9. **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 all deaths of MFP participants who died during the reporting period, regardless of cause.
- 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. **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

C. Total Expenditures for Home & Community-Based Services

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) and for close-out.*

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.

Grantees should report 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. It should also include 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).

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.

2. Enter numeric HCBS Expenditures data in the box for the appropriate year.
 - Manually enter the correct year in the first column **[this step is new in this version of the report]**
 - Target level of spending (from budget worksheet)
 - Percent annual growth projected ($[\text{Target Year (X+1)} - \text{Target year X}] / \text{Target year X}$) **[grantee must perform calculation for the first reporting year only]**
 - Total spending for the calendar year
 - Percent annual change (from previous year) ($[\text{Spending year (X+1)} - \text{spending year X}] / \text{spending year X}$) **[grantee must perform calculation for the first reporting year only]**
 - Percent of target reached (Total spending/ target level of spending)
 - Please explain your Year End rate of progress.
 3. **Please specify the period (CY or SFY) and the dates of your SFY here:** [text box provided]
 4. **Use this box to explain missing, incomplete, or other qualifications to the data reported in this section.** [text box provided]
-

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

For Quantitative Additional Benchmarks

- Manually enter the correct year in the first column **[this step is new in this version of the report]**
- 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

E. 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) and for program close-out

All MFP grantees are required to complete this section during this period to report on the cumulative amount spent to date and use of funding for rebalancing efforts. MFP “Rebalancing Funds” refers to the net savings each state realizes from the MFP enhanced FMAP percentage (over the state’s regular FMAP) received 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 estimated MFP enhanced FMAP calculation is identified on your annual Worksheet for Proposed Budget --- see “Estimated MFP FMAP Calculation” box in the middle of the Excel Worksheet.

Rebalancing efforts related to 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 tables 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 funds on rebalancing initiatives 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	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]	[numeric field]	[text field]

Rebalancing Initiative	Brief Description of Initiative
1.	[text field]

F. Recruitment and Enrollment

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

1. **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].* The percent will automatically be calculated.
 - 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]*

2. **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]
3. **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]

G. 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. **If YES, 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.

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

H. Quality Management and Improvement

For every service and program that serves MFP individuals, the state must have a quality management strategy consistent with the section 1915(c) waiver requirements including the use of performance measures, remediation strategies, trending and analysis, and the implementation of quality improvement initiatives. In addition, the state must also have the following three quality requirements in place in order to assure the health and welfare of MFP participants upon discharge to a community setting: 1. A critical incident reporting and management system and a process to ensure that the system is working as planned; 2. A risk assessment and mitigation protocol and a process to ensure that the protocol is working as planned; and 3. A backup strategy in place that includes access to a 24 hour back up service to address a lapse in the provision of essential health and support services or other circumstances that could have a negative effect on participant health or welfare, and a process to ensure that the strategy is working as planned. Section H will ask about the work that your state is doing related to each of these requirements.

H.1 Critical incident reporting

1. **MFP programs are required to have a critical incident and management system and a process to ensure that the system is working as planned. A critical incident (e.g., abuse, neglect and exploitation) is an event that could bring harm, or create potential harm, to a participant. Please complete the table below to report on each type of critical incident related to the MFP program and MFP participants.** [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.]
 - Specify the number of times each type of critical incident occurred
 - Report on whether the state made any changes for the consumers or the system
 - Use the drop-down options to report on the current status of the issue
 - If the critical incidents were resolved or abandoned, explain the last column

2. Please summarize any additional information on progress, challenges, or solutions related to your critical incident reporting and management system.

H.2 Risk assessment and mitigation

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. *[Select all that apply.]*
 - 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
 - Enhanced a risk management process
 - None
 - Other, specify below
 - Please describe the improvement.

I.3 24 hour back up services

1. 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.
2. For what number 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 #1 above).

3. **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
 4. **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.
 - Identifying threats to participants' health or welfare
 - Addressing threats to participants' health or welfare
 - Other, please specify. [this option may be modified with a brief explanation – if necessary]
 - None
 5. **Please summarize any additional information on progress, challenges, or solutions related to your 24 hour back up services and systems.**
-

I. Housing for Participants

Note: For the following questions, please update the previous period's report as applicable. Question #2 MUST be updated each period.

1. **What notable achievements in improving housing options for MFP participants did your program accomplish during the reporting period?** Choose from the list below and describe by target population for each checked box.
 - Developed inventory of affordable and accessible housing.
 - Developed local or state coalitions of housing and human service organizations to identify needs and/or create housing-related initiatives.
 - Developed statewide housing registry.
 - Improved funding or resources for developing assistive technology related to housing.
 - Improved information systems about affordable and accessible housing.

- Partnered with local public housing authority or state housing agency to create preferences for MFP participants and/or increase rental assistance opportunities.
 - Increased affordable/accessible housing opportunities for MFP participants.
 - Increased opportunities for apartments in MFP qualified assisted living settings.
 - Increased group home opportunities qualifying for MFP.
 - Increased/Improved funding for home modifications.
 - Other, specify below.
 - None.
2. **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 #3 (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.
3. **Describe specific housing efforts associated with this initiative and housing challenges during this reporting period.** *[please use the provided text box]*
-

J. 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.
-

K. Challenges & Developments

Note: Please use this section to describe any challenges achievements, or major changes to your MFP program during the reporting period. Updates may focus on, but are not limited to the following: Recruitment and enrollment, informed consent and guardianship, outreach, marketing, and education, stakeholder involvement, benefits and services, participant access to services, self-direction, housing for participants, employment supports and services, organization and administration, and independent evaluation. [Use this section to describe any updates to sections of the report that have now been removed.]

1. **What types of overall challenges have affected almost all aspects of the program?** *[Text box provided]*
2. **Did your program report any notable achievements during the reporting period?** *[Text box provided]*
3. **Were there any major changes to your program during the reporting period?** *[Text box provided]*

L. Sustainability

Completed during the second reporting period (July-December) only and at close-out.

1. **Please indicate any MFP staff positions that will be sustained at the end of the demonstration.** [Check all that apply and use the text box provided under Other to describe any additional positions.]
2. **Please indicate any MFP demonstration or supplemental services that will be sustained at the end of the demonstration and under what Medicaid authority (by population).** [Text box provided]
3. **Please describe any additional detail on MFP services that will be sustained.** [Text box provided]
4. **Please indicate what demonstration or supplemental services will not be sustained, and why.** [Text box provided]
5. **Please enter any additional description below related to what demonstration services will not be sustained.** [Text box provided]
6. **Indicate how your program assesses participants' experience of care:**
 - *MFP participants are included in a survey through our HCBS waiver program.* [Text box for additional description provided]
 - MFP participants complete a unique MFP experience of care survey or standard survey. [Text box for additional description provided]
 - MFP participants are not surveyed about their experience of care at this time.
 - Our MFP participants continue to complete the MFP Quality of Life Survey
7. **What are the major barriers to sustaining your current MFP program?**
 - Lack of, or insufficient funding
 - Restrictions on the benefits that can be provided under existing Medicaid authorities
 - Staff turnover or lack of staff resources
 - Difficulties with referrals or lack of participation
 - Housing challenges
 - State legislative authority
 - Other. Please describe below.
8. **What efforts have you made during the reporting period to advance your sustainability plan?** [Note: Programs that plan to discontinue do not need to complete this question.] [Text box provided]
9. **What activities do you have planned for the next six months to advance your sustainability plan?** [Note: Programs that plan to discontinue do not need to complete this question.] [Text box provided]

M. Tribal Initiative

This section is to be completed by Tribal Initiative grantees only.

1. **Report the number of people enrolled, transitioned and re-institutionalized during the report period by population served, i.e., Older Adults, ID/DD, MI, PD, Other. Reported numbers are a subset of the total numbers reported in questions 2, 3, and 6 in Section B.** Of the counts provided above in questions 2, 3, and 6 (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 2 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 3 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 6 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]*

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 above. *[text box provided]*

2. **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]*
3. **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]*
4. **Describe any improvement(s) or challenge(s) related to the quality management within the Tribal Initiative this reporting period. Include reported critical incidents as a subset of those identified in question H.1. 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]*
5. **Describe as a subset of the totals reported in question B.9 and H.1, total number of participant deaths (Question B.9), and critical incidents that occurred (Question H.1).** For individuals enrolled under the Tribal Initiative, provide (1) the number of participant deaths that occurred during the reporting period as a subset of question B.9 and the circumstances around those deaths, and (2) the number of critical incidents that occurred as a subset of Section H.1 and the circumstances regarding the nature of those incidents.
6. **As a subset of the totals in Question I.2, report by population where tribal members transitioned to as a results of the program.** Of the count provided above in Section I.2, 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]*
7. **If not previously discussed, describe specific developments that you want to highlight for this program including any challenges.** *[please use the provided text box]*