MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
Section A - General Information **Organization Information** 1. Full Name of Grantee Organization 2. Program's Public Name 3. Program's Website **Project Director** 4. Project Director Name 5. Project Director Title 6. Project Director Phone 7. Project Director Fax 8. Project Director Email 9. Project Director Status (may check multiple) Full Time Acting Vacant New Since Last Report 10. Project Director Status Date: Change date if status is different from last report. (MM/DD/YYYY) **Grantee Signatory** 11. Grantee Signatory Name 12. Grantee Signatory Title 13. Grantee Signatory Phone 14. Grantee Signatory Fax 15. Grantee Signatory Email 16. Has the Grantee Signatory changed since last report? **Other State Contact** 17. Other State Contact Name 18. Other State Contact Title 19. Other State Contact Phone 20. Other State Contact Fax 21. Other State Contact Email **Independent State Evaluator** 22. Independent State Evaluator Name 23. Independent State Evaluator Title and Organization 24. Independent State Evaluator Phone 25. Independent State Evaluator Fax 26. Independent State Evaluator Email **Report Preparer** 27. Report Preparer Name	**Section A - General Information** **Organization Information** 1. Full Name of Grantee Organization 2. Program's Public Name 3. Program's Website **Project Director** 4. Project Director Name 5. Project Director Email **Grantee Signatory / Authorizing Official Representative (AOR)** 6. Grantee Signatory Name 7. Grantee Signatory Email 8. Has the Grantee Signatory changed since last report? **CMS Project Officer** 9. CMS Project Officer Name	Reduced level of detail for the general information section overall, such as title, phone, fax, status, etc. Clarified Grantee Signatory as Authorizing Official Representative (AOR) Removed Other State Contact, Independent State Evaluator and Report Preparer.	Details provided in the previous version were determined to be redundant or no longer necessary to be provided in this report.	Reduced

MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
28. Report Preparer Title 29. Report Preparer Phone 30. Report Preparer Fax 31. Report Preparer Email **CMS Project Officer** 32. CMS Project Officer Name				

MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
Section B - Transitions 1. Please specify your MFP program's "Other" target population(s) here if applicable 2. Please note the characteristics and/or diagnoses of your MFP program's "Other" target population(s). 3. Number of people assessed for MFP enrollment. - Please indicate what constitutes an assessment for MFP versus any other transition program. 4. Number of institutional residents who transitioned during this reporting period and enrolled in MFP. 5. Cumulative number of MFP transitions to date. 6. Total number of current MFP participants. 7. Number of MFP participants re-institutionalized. - Please indicate any factors that contributed to re-institutionalization (open text) 8. Number of MFP participants re-institutionalized for longer than 30 days, who were re- enrolled in the MFP program during the reporting period. 9. Number of MFP participants -who ever transitioned - who completed the 365-day transition period during the reporting period. - Please indicate any factors that contributed to participants not completing the 365-day transition period 10. Did your program have difficulty transitioning the projected number of persons it proposed to transition in the Operational Protocol? If yes, please check the target populations that apply. - Please describe your difficulties for each target population 11. Does your state have other nursing home transition programs that currently operate alongside the MFP program? (If Yes) Please approximate the number of individuals who transitioned through other transition programs during this reporting period.	**Section B - Transitions** 1. Please specify your MFP program's "Other" target population(s) here if applicable. 2. Number of people assessed for MFP enrollment. 3. Number of institutional residents who transitioned during this reporting period and enrolled in MFP. 4. Cumulative number of MFP transitions to date. 5. Total number of current MFP participants. 6. Number of MFP participants re-institutionalized. - Please indicate any factors that contributed to re-institutionalization. (check boxes) 7. Number of MFP participants re-institutionalized for longer than 30 days, who were re- enrolled in the MFP program during the reporting period. 8. Number of MFP participants -who ever transitioned -who completed the 365-day transition period during the reporting period. - Please indicate any factors that contributed to participants not completing the 365-day transition period 9. Please specify the total number of participant deaths that occurred during the reporting period. 10. Did your program have difficulty transitioning the projected number of persons it proposed to transition in the Operational Protocol? If yes, please check the target populations that apply. - Please describe your difficulties for each target population 11. Do you intend to seek CMS approval to amend your annual or total Demonstration period transition benchmarks in your approved Operational Protocol? (If Yes) Please explain the proposed changes to your transition benchmarks.	Removed the following questions from the 2018 form: 2. Please note the characteristics and/or diagnoses of your MFP program's "Other" target population(s). - Please indicate what constitutes an assessment for MFP versus any other transition program. 11. Does your state have other nursing home transition programs that currently operate alongside the MFP program? (If Yes) Please approximate the number of individuals who transitioned through other transition programs during this reporting period. (If Yes) Please explain how these other transition programs differ from MFP, e.g. eligibility criteria. 12. Does your state have an ICF-IDD transition program that currently operates alongside the MFP program? (If Yes) Please approximate the number of individuals who transitioned through other transition programs during this reporting period. (If Yes) Please explain how these other transition	Details provided in the previous version were either determined to be redundant, no longer necessary to be provided in this report or that moving them to another section would streamline the reporting process.	Reduced

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
(If Yes) Please explain how these other transition programs differ from MFP, e.g. eligibility criteria. 12. Does your state have an ICF-IDD transition program that currently operates alongside the MFP program? (If Yes) Please approximate the number of individuals who transitioned through other transition programs during this reporting period. (If Yes) Please explain how these other transition programs differ from MFP e.g. eligibility criteria. 13. Do you intend to seek CMS approval to amend your annual or total Demonstration period transition benchmarks in your approved Operational Protocol? (If Yes) Please explain the proposed changes to your transition benchmarks. 14. Tribal Initiative Only - Report the number of people enrolled, transitioned and re- institutionalized during the report period by population served, i.e., Older Adults, ID/DD, MI, PD, Other. Reported numbers are a subset of the total numbers reported in questions 3, 4 and 7. - Did the Tribal Initiative have any difficulty transitioning the projected number of individuals it proposed in the Operational Protocol during the reporting period? - Use this box to explain missing, incomplete, or other qualifications to the data reported in this section (B).		programs differ from MFP e.g. eligibility criteria. Moved the question #9 on participant deaths from Section E.8 (2018 form) to this section (2021 form) Moved the Tribal Initiative Only question #14 (2018 form) to Section M (2021 form) Changed open text field in question #7 (2018 form) to check boxes in question #6 (2021 form)		

MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
Section C - Qualified HCBS Expenditures *Completed during the second reporting period (July-December) only.* 1. Do you require modifying the Actual Level of Spending for last period? Yes/No (If Yes) Please describe why the changes were necessary and update in the table below. Please enter data for the relevant reporting period and year. 2. Do you intend to seek CMS approval to amend your annual benchmarks for Qualified HCBS Expenditures in your approved Operational Protocol? (If Yes) Please explain the proposed changes to your Qualified HCBS Expenditures benchmark. 3. Please specify (CY or SFY) and the dates of your SFY here. 4. Use this box to explain missing, incomplete, or other qualifications to the data reported in this section (C).	**Section C - Total Expenditures for Home & Community-Based Services** *Completed during the second reporting period (July-December) and for close-out.* 1. Do you require modifying the Actual Level of Spending for last period? Yes/No (If Yes) Please describe why the changes were necessary and update in the table below. 2. Please enter data for the relevant reporting period and year. 3. Please specify (CY or SFY) and the dates of your SFY here. 4. Use this box to explain missing, incomplete, or other qualifications to the data reported in this section (C).	The question about amending annual benchmarks for Qualified HCBS Expenditures was removed.	This question was redundant, as the information is included in the Maintenance of Effort (MOE) form.	Reduced

MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
Section D.1 - Additional Benchmarks This section requests information and data on progress made towards achieving the state's additional MFP benchmarks, at least one of which reflects the state's reinvestment of savings generated under MFP to rebalance the state's long-term care system. The information below reflects your state's additional benchmarks as described in the CMS-approved Operational Protocol. If your state has not achieved the benchmark measure for this reporting period, please use the text box below to explain the barriers or challenges that have hindered progress, and plans to address them. Benchmarks for grantees participating in the Tribal Initiative can be added here. Please enter data for the relevant reporting period and year. Green outlined cells indicate the PDF will auto-calculate the field. **Benchmark #1:** [Please describe as specified in Operational Protocol Measure #1 - Please explain your Year End rate of progress: (Open Text) Measure #2 - Please explain your Year End rate of progress: (Open Text) Measure #3 - Please explain your Year End rate of progress: (Open Text) Do you intend to seek CMS approval to amend your additional benchmarks in your approved Operational Protocol? Yes/No **Benchmark #2:** [Please describe as specified in Operational Protocol Measure #1 - Please explain your Year End rate of progress: (Open Text) Measure #2 - Please explain your Year End rate of progress: (Open Text) Measure #3 - Please explain your Year End rate of progress: (Open Text)	**Section D - Additional Benchmarks** This section requests information and data on progress made towards achieving the state's additional MFP benchmarks, at least one of which reflects the state's reinvestment of savings generated under MFP to rebalance the state's long-term care system. The information below reflects your state's additional benchmarks as described in the CMS-approved Operational Protocol. If your state has not achieved the benchmark measure for this reporting period, please use the text box below to explain the barriers or challenges that have hindered progress, and plans to address them. Benchmarks for grantees participating in the Tribal Initiative can be added here. Please enter data for the relevant reporting period and year. Green outlined cells indicate the PDF will auto-calculate the field. **Benchmark #1:** [Please describe as specified in Operational Protocol Measure #1 - Please explain your Year End rate of progress: (Open Text) Measure #2 - Please explain your Year End rate of progress: (Open Text) Measure #3 - Please explain your Year End rate of progress: (Open Text) **Benchmark #2:** [Please describe as specified in Operational Protocol Measure #1 - Please explain your Year End rate of progress: (Open Text) Measure #2 - Please explain your Year End rate of progress: (Open Text) Measure #3 - Please explain your Year End rate of progress: (Open Text) **Benchmark #3:** [Please describe as specified in Operational Protocol	The section identifier was changed from D1 (2018 form) to D (2021 form) for easier navigation and section identification. The question about amending additional benchmarks was moved to the end of the section.	Significantly streamline reporting, remove redundancies and irrelevant information to reduce reporting burden.	None

MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
Benchmark #3: [Please describe as specified in Operational Protocol Measure #1 - Please explain your Year End rate of progress: (Open Text) Measure #2 - Please explain your Year End rate of progress: (Open Text) Measure #3 - Please explain your Year End rate of progress: (Open Text)	Measure #1 - Please explain your Year End rate of progress: (Open Text) Measure #2 - Please explain your Year End rate of progress: (Open Text) Measure #3 - Please explain your Year End rate of progress: (Open Text) Do you intend to seek CMS approval to amend your additional benchmarks in your approved Operational Protocol? Yes/No			

MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
Section D.2 - Rebalancing Efforts Completed only during the first period (January – June) of each year In the table below, enter information on expenditures and activities, whether continuing from prior reporting periods or initiated during this current reporting period, for each rebalancing initiative. If there are more than 6 rebalancing initiatives, please combine related programs and initiatives so that there are no more than 6. If you have not spent any rebalancing funds to date, enter "$0.00" in the Total Actual Expenditures box, and in the text box, describe how your state intends to spend rebalancing funds, and indicate when the state expects to begin spending these funds. Rebalancing Initiative Name Brief Description of Initiative Total Actual Expenditures for this initiative (cumulative spending from start of MFP grant program through end of last calendar year). Explain any missing or incomplete data.	**Section E - Rebalancing Efforts** Completed only during the first period (January – June) of each year and for close-out. 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 current, new, or expanded rebalancing initiative resulting from state savings from MFP program participation. If there are more than 6 rebalancing initiatives, please combine related programs and initiatives so that there are no more than 6. If you have not implemented rebalancing initiatives to date, enter "$0.00" in the Total Actual Expenditures box, and in the text box, describe your state's planned rebalancing initiatives and projected expenditures for each. 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. Brief Description of Initiative	The section identifier was changed from D2 (2018 form) to E (2021 form) for easier navigation and section identification. The table was reformatted into two sections.	This needed change is to allow for grantees to combine like initiatives and for additional space to report descriptive information.	None

MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change

Section E.1 - Recruitment & Enrollment
1. Did anything change during the reporting period that made recruitment easier? Choose from the list below and describe by target population for each checked box. Check "None" if nothing has changed.
• Type or quality of data available for identification
• 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? Choose from the list below and describe by target population for each checked box. Significant challenges are those that affect the program's ability to transition as many people as planned.
• Type or quality of data available for identification
  • Please describe by target population.
  • What are you doing to address the challenges?
  • What is the current status of the issue? Resolved / In Progress / Abandoned
  • (If Resolved or Abandoned) Explain status choice
• Obtaining provider/agency referrals or cooperation
  • Please describe by target population.
  • What are you doing to address the challenges?
  • What is the current status of the issue? Resolved / In Progress / Abandoned
  • (If Resolved or Abandoned) Explain status choice
• Obtaining self referrals
  • Please describe by target population.
  • What are you doing to address the challenges?
	Section F - Recruitment & Enrollment
	1. Number and percent of MFP participants transitioned during this period whose length of time from assessment to actual transition took:
	• Less than 2 months
	• 2 to 6 months
	• 6 to 12 months
	• 12 to 18 months
	• 18 to 24 months
	• 24 months or more
	Please indicate the average length of time required from assessment to actual transition.
	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
	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.
		The section identifier was changed from E1 (2018 form) to F (2021 form) for easier navigation and section identification.
		
		Questions 1-7 and 11-13 (2018 form) were deleted (2021 form).
		
		The Tribal Initiative Only questions (2018 form) were simplified and moved to Section M (2021 form)
			Significantly streamline reporting, remove redundancies and irrelevant information to reduce reporting burden.	Reduced

MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
- What is the current status of the issue? Resolved / In Progress / Abandoned (If Resolved or Abandoned) Explain status choice - Obtaining family referrals - Please describe by target population. - What are you doing to address the challenges? - What is the current status of the issue? Resolved / In Progress / Abandoned (If Resolved or Abandoned) Explain status choice - Assessing needs - Please describe by target population. - What are you doing to address the challenges? - What is the current status of the issue? Resolved / In Progress / Abandoned (If Resolved or Abandoned) Explain status choice - Lack of interest among people targeted or the families - Please describe by target population. - What are you doing to address the challenges? - What is the current status of the issue? Resolved / In Progress / Abandoned (If Resolved or Abandoned) Explain status choice - Unwilling to consent to program requirements - Please describe by target population. - What are you doing to address the challenges? - What is the current status of the issue? Resolved / In Progress / Abandoned (If Resolved or Abandoned) Explain status choice - Other, specify below - Please describe by target population. - What are you doing to address the challenges?				

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
- What is the current status of the issue? Resolved / In Progress / Abandoned (If Resolved or Abandoned) Explain status choice - None 3. Did anything change during the reporting period that made enrollment into the MFP program easier? These changes may have been the result of changes in your state's Medicaid policies and procedures. Choose from the list below and describe by target population for each checked box. - Determination of initial eligibility Please describe by target population. - Redetermination of eligibility after a suspension due to re-institutionalization Please describe by target population. - Other, specify below Please describe by target population. - None 4. What significant challenges did your program experience in enrolling individuals? Significant challenges are those that affect the program's ability to transition as many people as planned. Choose from the list below and describe by target population for each checked box. - Determining initial eligibility - Please describe by target population. - What are you doing to address the challenges? - What is the current status of the issue? Resolved / In Progress / Abandoned (If Resolved or Abandoned) Explain status choice - Reestablishing eligibility after a suspension due to re-institutionalization - Please describe by target population. - What are you doing to address the challenges?				

MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
- What is the current status of the issue? Resolved / In Progress / Abandoned (If Resolved or Abandoned) Explain status choice - Other, specify below - Please describe by target population. - What are you doing to address the challenges? - What is the current status of the issue? Resolved / In Progress / Abandoned (If Resolved or Abandoned) Explain status choice - None 5. Total number of MFP candidates assessed in this period, or a prior reporting period, who are currently in the transition planning process that is "in the pipeline," and expected to enroll in MFP. 6. Total number of MFP eligible individuals assessed in this period for whom transition planning began but were unable to transition through MFP. 7. How many individuals could not be enrolled in the MFP program for each of the following reasons: Individual transitioned to the community, but did not enroll in MFP - Individual's physical health, mental health, or other service needs or estimated costs were greater than what could be accommodated in the community or through the state's current waiver programs - Individual could not find affordable, accessible housing, or chose a type of residence that does not meet the definition of MFP qualified residences - Individual changed his/her mind about transitioning, did not cooperate in the planning process, had unrealistic expectations, or preferred to remain in the institution - Individual's family member or guardian refused to grant permission, or would not provide back-up support				

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
• Other, Please specify below If necessary, please explain further why individuals could not be transitioned or enrolled in the MFP program. 8. Number and percent of MFP participants transitioned during this period whose length of time from assessment to actual transition took: • Less than 2 months • 2 to 6 months • 6 to 12 months • 12 to 18 months • 18 to 24 months • 24 months or more Please indicate the average length of time required from assessment to actual transition. 9. Total number of individuals who were referred to the MFP program through MDS 3.0 Section Q referrals during the reporting period. Please report an unduplicated count. 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. 11. What types of activities were supported by ADRC/MFP Supplemental Funding Opportunity C grant funds during this reporting period, awarded to MFP grantee states to support activities that help to expand the capacity of ADRCs as part of a no wrong door (NWD) system to assist with MFP transition efforts, and partner in utilizing the revised Minimum Data Set (MDS) 3.0 Section Q referrals? Choose from the list below. Check "Not Applicable" if your State did not receive this funding. • Develop or improve Section Q referral tracking systems–electronic or other				

MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
• Education and outreach to nursing facility or other LTC system staff to generate referrals to MFP or other transition programs • Develop or expand options counseling or transition planning and assistance • Train current or new ADRC staff to do transition planning in MFP or other transition programs Expansion of ADRC program in State • Other activities – please describe in text box • Not applicable – state did not receive this grant 12. Please describe progress in implementing the activities identified in Question # 11 during this past reporting period, and how they have helped your state achieve MFP goals. In addition, describe the results or outcomes of these activities; if you specified numerical targets in your grant proposal, please provide counts during the reporting period 13. Please describe any barriers or challenges in implementing the identified activities and the steps you are taking to resolve them. **Tribal Initiative Only** – Changes that made recruitment and/or enrollment easier. Identify challenges that the program had recruiting and/or enrolling individuals during this reporting period. • Total number of MFP candidates under the Tribal Initiative assessed in this period, or a prior reporting period, who are currently in the transition planning process and expected to enroll in MFP (a subset of the total in question 5) • Total number of MFP eligible individuals under the Tribal Initiative assessed in this period for whom transition planning began but were unable to transition through MFP (a subset of the total in question 6) • Provide reasons why tribal members in the Tribal Initiative could not enroll in MFP and the average length of time from assessment to actual transition.				

MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
Identify any barriers or challenges in implementing the activities proposed in your grant application and steps you are taking to resolve them.				

MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change

Section E.2 - Informed Consent & Guardianship
1. What changed during the reporting period that made obtaining informed consent easier? Choose from the list below and describe by target population for each checked box.
• Revised inform consent documents and/or forms
  Please describe by target population.
• Provided more or enhanced training for transition coordinators
  Please describe by target population.
• Improved how guardian consent is obtained
  Please describe by target population.
• Other, specify below
  Please describe by target population.
• Nothing
2. What changed during the reporting period that improved or enhanced the role of guardians? Choose from the list below and describe by target population for each checked box.
• The nature by which guardians are involved in transition planning
  Please describe by target population.
• Communication or frequency of communication with guardians
  Please describe by target population.
• The nature by which guardians are involved in ongoing care planning
  Please describe by target population.
• The nature by which guardians are trained and mentored
  Please describe by target population.
• Other, specify below
  Please describe by target population.
• Nothing
3. What significant challenges did your program experience in obtaining informed consent? Choose from
	N/A	Section E.2 (2018 form) was removed in the revised 2021 form.	It was determined that, although these questions are important to address in establishing a new program, this detailed information was not necessary for ongoing reporting.	Reduced

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change

the list below and describe by target population for each checked box.
 • Ensuring informed consent
   • Please describe by target population.
   • What are you doing to address the challenges?
   • What is the current status of the issue? Resolved / In Progress / Abandoned
   • (If Resolved or Abandoned) Explain status choice
 • Involving guardians in transition planning
   • Please describe by target population.
   • What are you doing to address the challenges?
   • What is the current status of the issue? Resolved / In Progress / Abandoned
   • (If Resolved or Abandoned) Explain status choice
 • Communication or frequency of communication with guardians
   • Please describe by target population.
   • What are you doing to address the challenges?
   • What is the current status of the issue? Resolved / In Progress / Abandoned
   • (If Resolved or Abandoned) Explain status choice
 • Involving guardians in ongoing care planning
   • Please describe by target population.
   • What are you doing to address the challenges?
   • What is the current status of the issue? Resolved / In Progress / Abandoned
   • (If Resolved or Abandoned) Explain status choice
 • Training and mentoring of guardians
   • Please describe by target population.
   • What are you doing to address the challenges?
   • What is the current status of the issue? Resolved / In Progress / Abandoned				

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
(If Resolved or Abandoned) Explain status choice - Other, specify below - Please describe by target population. - What are you doing to address the challenges? - What is the current status of the issue? Resolved / In Progress / Abandoned (If Resolved or Abandoned) Explain status choice - None				

MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change

Section E.3 - Outreach, Marketing & Education
1.   What notable achievements in outreach, marketing or education did your program accomplish during the reporting period? Choose from the list below and describe by target population for each checked box.
• Development of print materials
   • Please describe by target population.
• Implementation of localized/targeted media campaign
   • Please describe by target population.
• Implementation of statewide media campaign
   • Please describe by target population.
• Involvement of stakeholder state agencies in outreach and marketing
   • Please describe by target population.
• Involvement of discharge staff at facilities
   • Please describe by target population.
• Involvement of ombudsman
   • Please describe by target population.
• Training of frontline workers on program requirements
   • Please describe by target population.
• Other, specify below
   • Please describe by target population.
• None
2. What significant challenges did your program experience in conducting outreach, marketing, and education activities during the reporting period? Choose from the list below and describe by target population for each checked box.
• Development of print materials
   • Please describe by target population.
   • What are you doing to address the challenges?
   • What is the current status of the issue? Resolved / In Progress / Abandoned
	N/A	Section E.3 (2018 form) was removed in the revised 2021 form.	It was determined that, although these questions are important to address in establishing a new program, this detailed information was not necessary for ongoing reporting.	Reduced

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
(If Resolved or Abandoned) Explain status choice - Implementation of a localized / targeted media campaign - Please describe by target population. - What are you doing to address the challenges? - What is the current status of the issue? Resolved / In Progress / Abandoned (If Resolved or Abandoned) Explain status choice - Implementation of a statewide media campaign - Please describe by target population. - What are you doing to address the challenges? - What is the current status of the issue? Resolved / In Progress / Abandoned (If Resolved or Abandoned) Explain status choice - Involvement of stakeholder state agencies in outreach and marketing - Please describe by target population. - What are you doing to address the challenges? - What is the current status of the issue? Resolved / In Progress / Abandoned (If Resolved or Abandoned) Explain status choice - Involvement of discharge staff at facilities - Please describe by target population. - What are you doing to address the challenges? - What is the current status of the issue? Resolved / In Progress / Abandoned (If Resolved or Abandoned) Explain status choice - Involvement of ombudsman - Please describe by target population. - What are you doing to address the challenges?				

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
- What is the current status of the issue? Resolved / In Progress / Abandoned (If Resolved or Abandoned) Explain status choice - Training of frontline workers on program requirements - Please describe by target population. - What are you doing to address the challenges? - What is the current status of the issue? Resolved / In Progress / Abandoned (If Resolved or Abandoned) Explain status choice - Other, specify below - Please describe by target population. - What are you doing to address the challenges? - What is the current status of the issue? Resolved / In Progress / Abandoned (If Resolved or Abandoned) Explain status choice - None **Tribal Initiative Only** – Describe any outreach, marketing and education activities and challenges during this reporting period specific to the Tribal Initiative.				

MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
Section E.4 - Stakeholder Involvement 1. How are consumers and families involved in MFP during this period and how did their efforts contribute to MFP goals and benchmarks, or inform MFP and LTC policies? Check all that apply. • Consumers • Families • Advocacy Organizations • HCBS Providers • Institutional Providers • Labor/Worker Association(s) • Public Housing Agency(ies) • Other State Agencies (except Housing) • Non-profit Housing Assn. • Other Please explain the nature of consumers' and families' involvement in MFP during this period and how it contributed to MFP goals and benchmarks, or informed MFP and LTC policies Please explain the nature of others' (non-consumers) involvement in MFP during this period and how it contributed to MFP goals and benchmarks, or informed MFP and LTC policies 2. On average, how many consumers, families, and consumer advocates attended each meeting of the MFP program's advisory group (the group that advises the MFP program) during the reporting period? • Specific Amount Please Indicate the Amount of Attendance • Advisory group did not meet during the reporting period • Program does not have an advisory group 3. What types of challenges has your program experienced involving consumers and families in program planning and ongoing program administration?	N/A	Section E.4 (2018 form) was removed in the revised 2021 form.	It was determined that, although these questions are important to address in establishing a new program, this detailed information was not necessary for ongoing reporting.	Reduced

MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change

Choose from the list below and describe by target population for each checked box.
• Identifying willing consumers
  What are you doing to address the challenges?
• Identifying willing families
  What are you doing to address the challenges?
• Involving them in a meaningful way
  What are you doing to address the challenges?
• Keeping them involved for extended periods of time What are you doing to address the challenges?
• Communicating with consumers
  What are you doing to address the challenges?
• Communicating with families
  What are you doing to address the challenges?
• Other, specify below
  What are you doing to address the challenges?
• None
4. Did your program make any progress during the reporting period in building a collaborative relationship with any of the following housing agencies or organizations? If yes, please describe.
• State agency that sets housing policies Please describe
• State housing finance agency Please describe
• Public housing agency(ies) Please describe
• Non-profit agencies involved in housing issues Please describe
• Other housing organizations (such as landlords, realtors, lenders and mortgage brokers) Please describe
• None
5. Has your program experienced significant challenges in building a collaborative relationship with any of the agencies involved in setting state housing policies, financing, or implementation of housing programs? Yes / No (If Yes) Please Describe				

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
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.				

MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change

Section E.5 - Benefits & Services
1. What progress was made during the reporting period regarding Medicaid programmatic and policy issues that increased the availability of home and community-based services DURING the one-year transition period? Choose from the list below and describe by target population for each checked box.
• Increased capacity of HCBS waiver programs to serve MFP participants
  • Please describe by target population.
• Added a self-direction option
  • Please describe by target population.
• Developed State Plan Amendment to add or modify benefits needed to serve MFP participants in HCBS settings
  • Please describe by target population.
• Developed or expanded managed LTC programs to serve MFP participants
  • Please describe by target population.
• Obtained authority to transfer Medicaid funds from institutional to HCBS line items to serve MFP participants
  • Please describe by target population.
• Legislative or executive authority for more funds or slots or both
  • Please describe by target population.
• Improved state funding for pre-transition services (such as targeted case management)
  • Please describe by target population.
• Other, specify below
  • Please describe by target population.
• None
2. What significant challenges or barriers did your program experience in guaranteeing that MFP participants can be served in Medicaid HCBS DURING the one-year transition period? Choose from the list
	N/A	Section E.5 (2018 form) was removed in the revised 2021 form.	It was determined that, although these questions are important to address in establishing a new program, this detailed information was not necessary for ongoing reporting.	Reduced

MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
below and describe by target population for each checked box. • Efforts to increase capacity of HCBS waiver programs to serve more individuals are delayed or disapproved • Please describe by target population. • What are you doing to address the challenges? • What is the current status of the issue? Resolved / In Progress / Abandoned • (If Resolved or Abandoned) Explain status choice • Efforts to add a self-direction option are delayed or disapproved • Please describe by target population. • What are you doing to address the challenges? • What is the current status of the issue? Resolved / In Progress / Abandoned • (If Resolved or Abandoned) Explain status choice • State Plan Amendment to add or modify benefits needed to serve people in HCBS settings are delayed or disapproved • Please describe by target population. • What are you doing to address the challenges? • What is the current status of the issue? Resolved / In Progress / Abandoned • (If Resolved or Abandoned) Explain status choice • Plans to develop or expand managed LTC programs to serve or include people needing HCBS are delayed or disapproved • Please describe by target population. • What are you doing to address the challenges? • What is the current status of the issue? Resolved / In Progress / Abandoned				

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
(If Resolved or Abandoned) Explain status choice - Efforts to obtain authority to transfer Medicaid funds from institutional to HCBS line items to serve people transitioning out of MFP are delayed or disapproved - Please describe by target population. - What are you doing to address the challenges? - What is the current status of the issue? Resolved / In Progress / Abandoned (If Resolved or Abandoned) Explain status choice - Legislative or executive authority for more funds or slots are delayed or disapproved - Please describe by target population. - What are you doing to address the challenges? - What is the current status of the issue? Resolved / In Progress / Abandoned (If Resolved or Abandoned) Explain status choice - State funding for pre-transition services (such as targeted case management) have been delayed or disapproved - Please describe by target population. - What are you doing to address the challenges? - What is the current status of the issue? Resolved / In Progress / Abandoned (If Resolved or Abandoned) Explain status choice - Other, specify below - Please describe by target population. - What are you doing to address the challenges? - What is the current status of the issue? Resolved / In Progress / Abandoned (If Resolved or Abandoned) Explain status choice				

MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
• None 3. What progress was made during the reporting period on Medicaid programmatic and policy issues to assure continuity of home and community based services AFTER the one-year transition period? Choose from the list below and describe by target population for each checked box. • Increased capacity of HCBS waiver programs to serve more Medicaid enrollees Please describe by target population. • Added a self-direction option Please describe by target population. • Developed State Plan Amendment to add or modify benefits needed to serve MFP participants in HCBS settings Please describe by target population. • Developed or expanded managed LTC programs to serve more Medicaid enrollees Please describe by target population. • Obtained authority to transfer Medicaid funds from institutional to HCBS line items to serve more Medicaid enrollees Please describe by target population. • Legislative or executive authority for more funds or slots or both Please describe by target population. • Improved state funding for pre-transition services, such as targeted case management Please describe by target population. • Other, specify below Please describe by target population. • None 4. What significant challenges or barriers did your program experience in guaranteeing continuity of care for MFP participants in Medicaid HCBS AFTER the one-year transition period? Choose from the list below and describe by target population for each checked box.				

MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change

• Efforts to increase capacity of HCBS waiver programs to serve more individuals are delayed or disapproved
  • Please describe by target population.
  • What are you doing to address the challenges?
  • What is the current status of the issue? Resolved / In Progress / Abandoned
  • (If Resolved or Abandoned) Explain status choice
• Efforts to add a self-direction option are delayed or disapproved
  • Please describe by target population.
  • What are you doing to address the challenges?
  • What is the current status of the issue? Resolved / In Progress / Abandoned
  • (If Resolved or Abandoned) Explain status choice
• State Plan Amendment to add or modify benefits needed to serve people in HCBS settings is delayed or disapproved
  • Please describe by target population.
  • What are you doing to address the challenges?
  • What is the current status of the issue? Resolved / In Progress / Abandoned
  • (If Resolved or Abandoned) Explain status choice
• Plans to develop or expand managed LTC programs to serve or include people needing HCBS are delayed or disapproved
  • Please describe by target population.
  • What are you doing to address the challenges?
  • What is the current status of the issue? Resolved / In Progress / Abandoned
  • (If Resolved or Abandoned) Explain status choice				

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
• Efforts to obtain authority to transfer Medicaid funds from institutional to HCBS line items to serve people transitioning out of MFP are delayed or disapproved • Please describe by target population. • What are you doing to address the challenges? • What is the current status of the issue? Resolved / In Progress / Abandoned • (If Resolved or Abandoned) Explain status choice • Legislative or executive authority for more funds or slots are delayed or disapproved • Please describe by target population. • What are you doing to address the challenges? • What is the current status of the issue? Resolved / In Progress / Abandoned • (If Resolved or Abandoned) Explain status choice • State funding for pre-transition services have been delayed or disapproved • Please describe by target population. • What are you doing to address the challenges? • What is the current status of the issue? Resolved / In Progress / Abandoned • (If Resolved or Abandoned) Explain status choice • Other, specify below • Please describe by target population. • What are you doing to address the challenges? • What is the current status of the issue? Resolved / In Progress / Abandoned • (If Resolved or Abandoned) Explain status choice • None 5. **Tribal Initiative Only** - What progress was made during the period toward addressing any programmatic				

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
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.				

MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change

SectionE.6 - Participant Access to Services
1. What steps did your program or state take during the reporting period to improve or enhance the ability of MFP participants to access home and community based services? Choose from the list below and describe by target population for each checked box.
 	
• Increased the number of transition coordinators
  Please describe by target population.
• Increased the number of home and community-based service providers contracting with Medicaid
  Please describe by target population.
• Increased access requirements for managed care LTC providers
  Please describe by target population.
• Increased payment rates to HCBS providers
  Please describe by target population.
• Increased the supply of direct service workers
  Please describe by target population.
• Improve or increased transportation options
  Please describe by target population.
• Added or expanded managed LTC programs or options
  Please describe by target population.
• Other, specify below
  Please describe by target population.
• None
2. What are MFP participants' most significant challenges to accessing home and community- based services? These are challenges that either make it difficult to transition as many people as you had planned or make it difficult for MFP participants to remain living in the community. Choose from the list below and describe by target population for each checked box.
• Insufficient supply of HCBS providers
  • Please describe by target population.
	N/A	Section E.6 (2018 form) was removed in the revised 2021 form.	It was determined that, although these questions are important to address in establishing a new program, this detailed information was not necessary for ongoing reporting.	Reduced

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
- What are you doing to address the challenges? - What is the current status of the issue? Resolved / In Progress / Abandoned (If Resolved or Abandoned) Explain status choice - Insufficient supply of direct service workers - Please describe by target population. - What are you doing to address the challenges? - What is the current status of the issue? Resolved / In Progress / Abandoned (If Resolved or Abandoned) Explain status choice - Preauthorization requirements - Please describe by target population. - What are you doing to address the challenges? - What is the current status of the issue? Resolved / In Progress / Abandoned (If Resolved or Abandoned) Explain status choice - Limits on amount, scope, or duration of HCBS allowed under Medicaid state plan or waiver program - Please describe by target population. - What are you doing to address the challenges? - What is the current status of the issue? Resolved / In Progress / Abandoned (If Resolved or Abandoned) Explain status choice - Lack of appropriate transportation options or unreliable transportation options - Please describe by target population. - What are you doing to address the challenges? - What is the current status of the issue? Resolved / In Progress / Abandoned (If Resolved or Abandoned) Explain status choice				

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change

• Insufficient availability of home and community-based services (provider capacity does not meet demand)
   • Please describe by target population.
   • What are you doing to address the challenges?
   • What is the current status of the issue? Resolved / In Progress / Abandoned
   • (If Resolved or Abandoned) Explain status choice
• Other, specify below
   • Please describe by target population.
   • What are you doing to address the challenges?
   • What is the current status of the issue? Resolved / In Progress / Abandoned
   • (If Resolved or Abandoned) Explain status choice
• None
3. **Tribal Initiative Only** - What steps did your program take to improve access to home and community-based service during this reporting period? What challenges exist to accessing services and what efforts are underway to address these challenges under the tribal initiative? (see questions 1 and 2 for examples of some activities and challenges)				

MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
Section E.7 - Self-Direction Did your state have any self-direction programs in effect during this reporting period? Yes / No 1. If YES, how many MFP participants were in a self-direction program as of the last day of the reporting period? (describe by target population) 2. Of those MFP participants in a self-direction program how many: • Hired or supervised their own personal assistants • Managed their allowance or budget 3. How many MFP participants in a self-direction program during the reporting period reported abuse or experienced an accident? • Reported being abused by an assistant, job coach, or day program staff • Experienced an accident (such as a fall, burn, medication error • Other, Please specify 4. How many MFP participants in a self-direction program disenrolled from the self-direction program during the reporting period? 5. Of the MFP participants who were disenrolled from a self-direction program, how many were disenrolled for each reason below? • Opted-out • Inappropriate spending • Unable to self-direct • Abused their worker • Other, Please specify 6. **Tribal Initiative Only -** As a subset of the numbers reported in questions 1-5, provide the number of tribal members by population that directed their own service, reported abuse or experienced an accident, dis-enrolled in self-directed services during the reporting period. • Directed their own service • Reported abuse or experienced an accident • Dis-enrolled in self-directed services	**Section G - Self-Direction** Did your state have any self-direction programs in effect during this reporting period? Yes / No 1. If YES, how many MFP participants were in a self-direction program as of the last day of the reporting period? (describe by target population) 2. Of those MFP participants in a self-direction program how many: • Hired or supervised their own personal assistants • Managed their allowance or budget Use this box to explain missing, incomplete, or other qualifications to the data reported in this section (G).	The section identifier was changed from E7 (2018 form) to G (2021 form) for easier navigation and section identification. Questions 3-5 (2018 form) were deleted (2021 form).	Significantly streamline reporting, remove redundancies and irrelevant information to reduce reporting burden.	Reduced

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
Please describe your efforts within the tribal initiative to offer self-directed services. Use this box to explain missing, incomplete, or other qualifications to the data reported in this section (E.7).				

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
Section E. 8 - Quality Management & Improvement ✔ Do you want the information on critical incidents in questions #6 through #10 on this page to appear in print version of the report? If not, please uncheck box. 1. What notable improvements did your program make to your HCBS quality management systems that affect MFP participants? These improvements may include improvements to quality management systems for your state's waiver programs. • Improved intra/inter departmental coordination Please describe by target population. • Implemented/Enhanced data collection instruments Please describe by target population. • Implemented/Enhanced information technology applications Please describe by target population. • Implemented/Enhanced consumer complaint processes Please describe by target population. • Implemented/Enhanced quality monitoring protocols DURING the one-year transition period (that is, methods to track quality-related outcomes using identified benchmarks or identifying participants at risk of poor outcomes and triggering further review at a later point in time) Please describe by target population. • Enhanced a critical incident reporting and tracking system. A critical incident (e.g., abuse, neglect and exploitation) is an event that could bring harm, or create potential harm, to a waiver participant. Please describe by target population. • Enhanced a risk management process Please describe by target population. • Other, specify below Please describe by target population.	**Section H - MFP Quality Requirements** 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. **Section H.1 - Critical incident reporting** 1. MFP programs are required to have a critical incident (CI) 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	This section was restructured to better address program requirements for critical incident reporting and management systems, risk mitigation protocol and a 24-hour backup strategy to ensure service provision. Detailed questions on specific critical incidents were removed. Moved question #6 (2018 form) to section B #9 (2021 form)	Significantly streamline reporting, remove redundancies and irrelevant information to reduce reporting burden.	Reduced

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
• 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.) (Please describe by target population) • Transportation to get to medical appointments • Life-support equipment repair/replacement • Critical health services • Direct service/support workers not showing up • Other, Please Specify 3. For what number of the calls received were you able to provide the assistance that was needed when it was needed? (Please describe by target population) 4. Did your program have to change back-up services or quality management systems due to an identified problem or challenge in the operation of your back-up systems? Yes / No (If Yes) Please Describe 5. Did your program experience any challenges in: • Developing adequate and appropriate service plans for participants, i.e., developing service plans that address the participant's assessed needs and personal goals Populations Affected • Please describe by target population. • What are you doing to address the challenges? • What is the current status of the issue? Resolved / In Progress / Abandoned • (If Resolved or Abandoned) Explain status choice Assessing participants' risk Populations Affected • Please describe by target population. • What are you doing to address the challenges?	critical incident related to the MFP program and MFP participants. Critical Incident Area • Abuse • Neglect • Exploitation • Involvement with Criminal Justice System • Medication Administration Errors • Deaths reported to state CI system Please specify the number of times this type of critical incident occurred Did the state make any changes, either for the consumer(s) or its system, as a result of the analysis of critical incidents? What is the current status of the issue? If resolved or abandoned, please explain 2. Please summarize any additional information on progress, challenges, or solutions related to your critical incident reporting and management system **Section 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. • Improved intra/inter departmental coordination • Implemented/Enhanced data collection instruments • Implemented/Enhanced information technology applications			

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change

• What is the current status of the issue? Resolved / In Progress / Abandoned
• (If Resolved or Abandoned) Explain status choice
Developing, implementing, or adjusting risk mitigation strategies
    Populations Affected
• Please describe by target population.
• What are you doing to address the challenges?
• What is the current status of the issue? Resolved / In Progress / Abandoned
• (If Resolved or Abandoned) Explain status choice
Addressing emergent risks in a timely fashion
    Populations Affected
• Please describe by target population.
• What are you doing to address the challenges?
• What is the current status of the issue? Resolved / In Progress / Abandoned
• (If Resolved or Abandoned) Explain status choice
Delivering all the services and supports specified in the service plan
    Populations Affected
• Please describe by target population.
• What are you doing to address the challenges?
• What is the current status of the issue? Resolved / In Progress / Abandoned
• (If Resolved or Abandoned) Explain status choice
Modifying the service plan to accommodate participants' changing needs or circumstances i.e., increasing units of a service, adding a different type of service, changing time of day when services are delivered, etc.
    Populations Affected
• Please describe by target population.
• What are you doing to address the challenges?
• What is the current status of the issue? Resolved / In Progress / Abandoned
	• 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.
	2. Please summarize any additional information on progress, challenges, or solutions related to your risk assessment and mitigation protocol.
	
	Section H.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.)
	Describe by population group
	• Transportation to get to medical appointments
	• Life-support equipment repair/replacement
	• Critical health services
	• Direct service/support workers not showing up
	• Other, Please Specify			

MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change

• (If Resolved or Abandoned) Explain status choice
Identifying threats to participants' health or welfare
   Populations Affected
• Please describe by target population.
• What are you doing to address the challenges?
• What is the current status of the issue? Resolved / In Progress / Abandoned
• (If Resolved or Abandoned) Explain status choice
Addressing threats to participants' health or welfare
   Populations Affected
• Please describe by target population.
• What are you doing to address the challenges?
• What is the current status of the issue? Resolved / In Progress / Abandoned
• (If Resolved or Abandoned) Explain status choice
Other, specify below
   Populations Affected
• Please describe by target population.
• What are you doing to address the challenges?
• What is the current status of the issue? Resolved / In Progress / Abandoned
• (If Resolved or Abandoned) Explain status choice
None
6. Please specify the total number of participant deaths that occurred during the reporting period:
Describe by target population
7. Please provide information on the circumstances surrounding the reported deaths:
8. How many critical incidents occurred during the reporting period?
9. Please provide information on the circumstances surrounding the reported critical incidents:
10. Please describe the nature of each critical incident that occurred. Choose from the list below.
Abuse
• Please specify the number of times this type of critical incident occurred.
	2. For what number of the calls received were you able to provide the assistance that was needed when it was needed?
	Describe by population group
	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 / No
	(If Yes) Please Describe
	4. Did your program experience any challenges in:
	• Developing adequate and appropriate service plans for participants, i.e., developing service plans that address the participant's assessed needs and personal goals
	• Assessing participants' risk
	• Developing, implementing, or adjusting risk mitigation strategies
	• Addressing emergent risks in a timely fashion
	• Delivering all the services and supports specified in the service plan
	• Modifying the service plan to accommodate participants' changing needs or circumstances, i.e., increasing units of a service, adding a different type of service, changing time of day when services are delivered, etc.
	• Identifying threats to participants' health or welfare Addressing threats to participants' health or welfare None
	• Other, describe below.
	5. Please summarize any additional information on progress, challenges, or solutions related to your 24 hour back up services and systems.			

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
• Did the state make changes, either for the consumer(s) or its system, as a result of the analysis of critical incidents? • What is the current status of the issue? Resolved / In Progress / Abandoned • (If Resolved or Abandoned) Explain status choice Neglect • Please specify the number of times this type of critical incident occurred. • Did the state make changes, either for the consumer(s) or its system, as a result of the analysis of critical incidents? • What is the current status of the issue? Resolved / In Progress / Abandoned • (If Resolved or Abandoned) Explain status choice Exploitation • Please specify the number of times this type of critical incident occurred. • Did the state make changes, either for the consumer(s) or its system, as a result of the analysis of critical incidents? • What is the current status of the issue? Resolved / In Progress / Abandoned • (If Resolved or Abandoned) Explain status choice Hospitalizations • Please specify the number of times this type of critical incident occurred. • Of these hospitalizations, approximately how many occurred within 30 days of discharge from a hospital or other institutional setting? Emergency Room visits • Please specify the number of times this type of critical incident occurred • Of these emergency room visits, approximately how many occurred within 30 days of discharge from a hospital or other institutional setting?				

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
Deaths determined to be due to abuse, neglect, or exploitation - During the current reporting period, how many deaths occurring either in the current or previous reporting periods were determined to be due to abuse, neglect or exploitation? • Please specify the number of times this type of critical incident occurred. • For each of these deaths, please describe the findings of the investigation and any actions taken by the state: Deaths in which a breakdown in the 24-hour back-up system was a contributing factor - During the current reporting period, for how many deaths occurring either in the current or previous reporting periods did an investigation determine that a breakdown in the 24-hour back-up system was a contributing factor? • Please specify the number of times this type of critical incident occurred. • For each of these deaths, please describe the findings of the investigation and any actions taken by the state: Involvement with the criminal justice system • Please specify the number of times this type of critical incident occurred. • Did the state make changes, either for the consumer(s) or its system, as a result of the analysis of critical incidents? • What is the current status of the issue? Resolved / In Progress / Abandoned • (If Resolved or Abandoned) Explain status choice Medication administration errors • Please specify the number of times this type of critical incident occurred. • Did the state make changes, either for the consumer(s) or its system, as a result of the analysis of critical incidents?				

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
• What is the current status of the issue? Resolved / In Progress / Abandoned • (If Resolved or Abandoned) Explain status choice Other, specify below • Please specify the number of times this type of critical incident occurred. • Did the state make changes, either for the consumer(s) or its system, as a result of the analysis of critical incidents? • What is the current status of the issue? Resolved / In Progress / Abandoned • (If Resolved or Abandoned) Explain status choice None 11. **Tribal Initiative Only** - Describe any improvement(s) or challenge(s) related to the quality management within the Tribal Initiative during this reporting period. Include reported critical incidents as a subset of those identified in question 8. Describe the challenges related to the development of adequate service plans, assessing risk implementing or assessing risk mitigation strategies, addressing emergent risks in a timely fashion and delivering services as specified in the plans. 12. **Tribal Initiative Only** – Describe as a subset of the totals reported in questions 6, 7, 8, 9 and 10, the total number of participant deaths, circumstances surrounding the deaths, critical incidents that occurred and nature of the incidents. Use this box to explain missing, incomplete, or other qualifications to the data reported in this section (E.8).				

MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
Section E.9 - Housing for Participants 1. What notable achievements in improving housing options for MFP participants did your program accomplish during the reporting period? Choose from the list below and describe by target population for each checked box. • Developed inventory of affordable and accessible housing Please describe the achievements • Developed local or state coalitions of housing and human service organizations to identify needs and/or create housing-related initiatives Please describe the achievements • Developed statewide housing registry Please describe the achievements • Implemented new home ownership initiatives Please describe the achievements • Improved funding or resources for developing assistive technology related to housing Please describe the achievements • Improved information systems about affordable and accessible housing Please describe the achievements • Increased number of rental vouchers Please describe the achievements • Increased supply of affordable and accessible housing Please describe the achievements • Increased supply of residences that provide or arrange for long term services and/or supports Please describe the achievements • Increased supply of small group homes Please describe the achievements • Increased/Improved funding for home modifications Please describe the achievements • Other, specify below	Section I - Housing for Participants 1. What notable achievements in improving housing options for MFP participants did your program accomplish during the reporting period? Choose from the list below and describe by target population for each checked box. • Developed inventory of affordable and accessible housing • 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 Populations Affected Please describe the achievements 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	This section was modified to restructure the format and remove questions and detailed data points that are no longer relevant. Question #2 and #4 (2018 form) were removed. Question #5 (2018 form) was moved to section M question #6 (2021 form).	Significantly streamline reporting, remove redundancies and irrelevant information to reduce reporting burden.	Reduced

MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change

Please describe the achievements
• None
2. What significant challenges did your program experience in securing appropriate housing options for MFP participants? Significant challenges are those that affect the program's ability to transition as many people as planned or to keep MFP participants in the community. Choose from the list below and describe by target population for each checked box.
• Lack of information about affordable and accessible housing
  • Please describe by target population.
  • What are you doing to address the challenges?
  • What is the current status of the issue? Resolved / In Progress / Abandoned
  • (If Resolved or Abandoned) Explain status choice
• Insufficient supply of affordable and accessible housing
  • Please describe by target population.
  • What are you doing to address the challenges?
  • What is the current status of the issue? Resolved / In Progress / Abandoned
  • (If Resolved or Abandoned) Explain status choice
• Lack of affordable and accessible housing that is safe
  • Please describe by target population.
  • What are you doing to address the challenges?
  • What is the current status of the issue? Resolved / In Progress / Abandoned
  • (If Resolved or Abandoned) Explain status choice
• Insufficient supply of rental vouchers
  • Please describe by target population.
  • What are you doing to address the challenges?
	individuals who transitioned to the community this period, reported in Question B.3. (Transitions).
	• 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.			

MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
- What is the current status of the issue? Resolved / In Progress / Abandoned (If Resolved or Abandoned) Explain status choice - Lack of new home ownership programs - Please describe by target population. - What are you doing to address the challenges? - What is the current status of the issue? Resolved / In Progress / Abandoned (If Resolved or Abandoned) Explain status choice - Lack of small group homes - Please describe by target population. - What are you doing to address the challenges? - What is the current status of the issue? Resolved / In Progress / Abandoned (If Resolved or Abandoned) Explain status choice - Lack of residences that provide or arrange for long term services and/or supports - Please describe by target population. - What are you doing to address the challenges? - What is the current status of the issue? Resolved / In Progress / Abandoned (If Resolved or Abandoned) Explain status choice - Insufficient funding for home modifications - Please describe by target population. - What are you doing to address the challenges? - What is the current status of the issue? Resolved / In Progress / Abandoned (If Resolved or Abandoned) Explain status choice - Unsuccessful efforts in developing local or state coalitions of housing and human services				

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
organizations to identify needs and/or create housing related initiatives - Please describe by target population. - What are you doing to address the challenges? - What is the current status of the issue? Resolved / In Progress / Abandoned (If Resolved or Abandoned) Explain status choice • Unsuccessful efforts in developing sufficient funding or resources to develop assistive technology related to housing - Please describe by target population. - What are you doing to address the challenges? - What is the current status of the issue? Resolved / In Progress / Abandoned (If Resolved or Abandoned) Explain status choice • Other, specify below - Please describe by target population. - What are you doing to address the challenges? - What is the current status of the issue? Resolved / In Progress / Abandoned (If Resolved or Abandoned) Explain status choice • None 3. How many MFP participants who transitioned to the community during the reporting period moved to each type of qualified residence? The sum total reported below should equal the number of individuals who transitioned to the community this period, reported in Question #4 (Transitions). Describe by target population. - 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				

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
• Apartment in qualified assisted living 4. Have any MFP participants received a housing supplement during the reporting period? Choose from the list of sources below and check all target populations that apply. • 202 funds • 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 • 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. Check all target populations that apply. • Home (owned or leased by individual or family) • Apartment (individual lease, lockable access, etc) • Group home or other residence in which 4 or fewer unrelated individuals live • Apartment in qualified assisted living 6. Describe specific housing efforts associated with this initiative and housing challenges during this reporting period. Use this box to explain missing, incomplete, or other qualifications to the data reported in this section (E.9).				

MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change

Section E.10 - Employment Supports and Services
1. What types of ongoing employment supports are provided through your MFP program to help participants find or maintain employment?
• Job coaching or ongoing support planning
Please describe by target population.
How is this service or support funded?
   o MFP Demonstration Services
   o MFP Supplemental Services
   o MFP 100% Administrative Funding
   o Qualified HCBS
   o Other
• Job training or re-training
Please describe by target population.
How is this service or support funded?
   o MFP Demonstration Services
   o MFP Supplemental Services
   o MFP 100% Administrative Funding
   o Qualified HCBS
   o Other
• Peer to peer consultation and support
Please describe by target population.
How is this service or support funded?
   o MFP Demonstration Services
   o MFP Supplemental Services
   o MFP 100% Administrative Funding
   o Qualified HCBS
   o Other
• Employment monitoring or mediation with employer/employees to resolve barriers to work
Please describe by target population.
How is this service or support funded?
   o MFP Demonstration Services
   o MFP Supplemental Services
   o MFP 100% Administrative Funding
   o Qualified HCBS
   o Other
	N/A	Section E.10 (2018 form) was removed in the revised 2021 form.	It was determined that, although these questions are important to address in establishing a new program, this detailed information was not necessary for ongoing reporting.	Reduced

MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change

• Mediation with family/friends to secure their support for individuals' work-related needs
Please describe by target population.
How is this service or support funded?
    o MFP Demonstration Services
    o MFP Supplemental Services
    o MFP 100% Administrative Funding
    o Qualified HCBS
    o Other
• Assistance with transportation to and from work
Please describe by target population.
How is this service or support funded?
    o MFP Demonstration Services
    o MFP Supplemental Services
    o MFP 100% Administrative Funding
    o Qualified HCBS
    o Other
• Assistance with budgeting
Please describe by target population.
How is this service or support funded?
    o MFP Demonstration Services
    o MFP Supplemental Services
    o MFP 100% Administrative Funding
    o Qualified HCBS
    o Other
• Assistance developing interpersonal or employment skills
Please describe by target population.
How is this service or support funded?
    o MFP Demonstration Services
    o MFP Supplemental Services
    o MFP 100% Administrative Funding
    o Qualified HCBS
    o Other
• Other, specify below
Please describe by target population.
How is this service or support funded?				

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change

o MFP Demonstration Services
  o MFP Supplemental Services
  o MFP 100% Administrative Funding
  o Qualified HCBS
  o Other
• None
2. What activities or progress was made this period to utilize MFP resources to support the goals of MFP participants?
• Hired employment specialists to help MFP participants achieve employment goals
  How is this activity funded?
  o MFP Demonstration Services
  o MFP Supplemental Services
  o MFP 100% Administrative Funding
  o Qualified HCBS
  o Other
• Produced training resources or delivered employment training to MFP staff, transition coordinators, or waiver staff
  How is this activity funded?
  o MFP Demonstration Services
  o MFP Supplemental Services
  o MFP 100% Administrative Funding
  o Qualified HCBS
  o Other
• Incorporated information about disability- and employment-related agencies and services into outreach materials
  How is this activity funded?
  o MFP Demonstration Services
  o MFP Supplemental Services
  o MFP 100% Administrative Funding
  o Qualified HCBS
  o Other				

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change

• Financed services or supports (such as adaptive equipment, transportation, personal assistance services) to help address barriers to employment
How is this activity funded?
    o MFP Demonstration Services
    o MFP Supplemental Services
    o MFP 100% Administrative Funding
    o Qualified HCBS
    o Other
• Leveraged Medicaid Infrastructure Grant program resources or funds (via supplemental grants or no-cost extension of previous grants) to support employment of participants with disabilities
How is this activity funded?
    o MFP Demonstration Services
    o MFP Supplemental Services
    o MFP 100% Administrative Funding
    o Qualified HCBS
    o Other
• Other, please specify
How is this activity funded?
    o MFP Demonstration Services
    o MFP Supplemental Services
    o MFP 100% Administrative Funding
    o Qualified HCBS
    o Other
• None
3. What progress was made during the reporting period to establish collaborative relationships with your state employment agencies (i.e., state departments of labor, vocational rehabilitation, workforce development, or commissions for the blind)?
• Participated in cross-agency awareness training
• Participated in multi-agency working groups that address employment for individuals with disabilities				

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
• Participated in state or local Workforce Investment Boards • Shared enrollment information to determine eligibility for services • Shared the costs of direct services for shared clients • Shared a database that allows the agencies to access one another's intake and client information • Other, Please specify • None 4. Were there any other developments or progress this period toward increasing the availability of employment services and supports for MFP participants? 5. **Tribal Initiative Only** - Describe specific employment efforts associated with this initiative and employment challenges during this reporting period.				

MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change

Section F - Organization & Administration
1. Were there any changes in the organization or administration of the MFP program during this reporting period? For example, did your Medicaid agency undergo a reorganization that altered the reporting relationship of the MFP Project Director? Yes / No (If Yes) Please describe the changes.
2. What interagency issues were addressed during this reporting period?
• Common screening/assessment tools or criteria
  Which agencies were involved?
• Common system to track MFP enrollment across agencies
  Which agencies were involved?
• Timely collection and reporting of MFP service or financial data
  Which agencies were involved?
• Common service definitions
  Which agencies were involved?
• Common provider qualification requirements
  Which agencies were involved?
• Financial management issues
  Which agencies were involved?
• Quality assurance
  Which agencies were involved?
• Other, specify below
  Which agencies were involved?
• None
3. Did your program have any notable achievements in interagency communication and coordination during the reporting period? Yes / No (If Yes) What were the achievements in?
4. What significant challenges did your program experience in interagency communication and coordination during the reporting period?
 	
Interagency relations
	Section J - Organization & Administration
	1. Were there any changes in the organization or administration of the MFP program during this reporting period? For example, did your Medicaid agency undergo a reorganization that altered the reporting relationship of the MFP Project Director? Yes / No (If Yes) Please describe the changes below.
		This section was modified to restructure the format and remove questions and detailed data points.
		
		Questions 2-5 (2018 form) were removed.
			Significantly streamline reporting, remove redundancies and irrelevant information to reduce reporting burden.	Reduced

MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
• Please describe the challenges. • What agencies were involved? • What are you doing to address the challenges? • What is the current status of the issue? Resolved / In Progress / Abandoned • (If Resolved or Abandoned) Explain status choice Privacy requirements that prevent the sharing of data • Please describe the challenges. • What agencies were involved? • What are you doing to address the challenges? • What is the current status of the issue? Resolved / In Progress / Abandoned • (If Resolved or Abandoned) Explain status choice Technology issues that prevent the sharing of data • Please describe the challenges. • What agencies were involved? • What are you doing to address the challenges? • What is the current status of the issue? Resolved / In Progress / Abandoned • (If Resolved or Abandoned) Explain status choice Transitions in key Medicaid staff • Please describe the challenges. • What agencies were involved? • What are you doing to address the challenges? • What is the current status of the issue? Resolved / In Progress / Abandoned • (If Resolved or Abandoned) Explain status choice Transitions in key staff in other agency • Please describe the challenges. • What agencies were involved? • What are you doing to address the challenges? • What is the current status of the issue? Resolved / In Progress / Abandoned • (If Resolved or Abandoned) Explain status choice Other, specify below • Please describe the challenges.				

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
• What agencies were involved? • What are you doing to address the challenges? • What is the current status of the issue? Resolved / In Progress / Abandoned • (If Resolved or Abandoned) Explain status choice None 5. **Tribal Initiative Only** - Describe specific changes in organization or administration associated with this initiative and any interagency challenges during this period.				

MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
Section G - Challenges & Developments 1. What types of overall challenges have affected almost all aspects of the program? Please describe • 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? Please Describe • 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	**Section K - Challenges & Developments** 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. 1. What types of overall challenges have affected almost all aspects of the program? 2. Did your program report any notable achievements during the reporting period? 3. Were there any major changes to your program during the reporting period?	The questions in this section were reformatted to allow for a narrative response. This section of the 2021 form incorporates information previously collected through detailed questions from multiple sections in the 2018 form. The sections removed from the 2018 form include: informed consent and guardianship, outreach, marketing, and education, stakeholder involvement, benefits and services, participant access to services, employment supports and services and independent evaluation.	Significantly streamline reporting, remove redundancies and irrelevant information to reduce reporting burden.	Reduced

MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
Section H - Independent Evaluation 1. Is your state conducting an independent evaluation of the MFP program, separate from the national evaluation by Mathematica Policy Research? Yes / No (If Yes) Please explain. 2. Were there any outputs/products produced from the independent state evaluation (if applicable) during this period? Yes / No (If Yes) Please explain.	N/A	This section of the 2018 form was removed from the 2021 form.	Significantly streamline reporting, remove redundancies and irrelevant information to reduce reporting burden.	Reduced

MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
Section I - State-Specific Technical Assistance What type of state-specific programmatic TA did you receive during the reporting period? This could include TA provided to a group of states. Do not use this section to report on all-grantee meetings or events. Describe each type of issue (quality, housing, self-direction, other programmatic issues, evaluation, and data management/submission; any others) and indicate how the TA was delivered (group by teleconference, group in person, individual by telephone, individual in person, or peer-to- peer). You may add more than one event of the same type to indicate different delivery methods. TA Event #1: • Date • Type • Delivery Method • Describe the focus of the TA you received • Usefulness • If useful, describe what changed as a result. – if not useful, explain why. TA Event #2: • Date • Type • Delivery Method • Describe the focus of the TA you received • Usefulness • If useful, describe what changed as a result. – if not useful, explain why. TA Event #3: • Date • Type • Delivery Method • Describe the focus of the TA you received • Usefulness • If useful, describe what changed as a result. – if not useful, explain why.	N/A	This section of the 2018 form was removed from the 2021 form.	Significantly streamline reporting, remove redundancies and irrelevant information to reduce reporting burden.	Reduced

MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
TA Event #4: • Date • Type • Delivery Method • Describe the focus of the TA you received • Usefulness • If useful, describe what changed as a result. – if not useful, explain why. TA Event #5: • Date • Type • Delivery Method • Describe the focus of the TA you received • Usefulness • If useful, describe what changed as a result. – if not useful, explain why. Additional TA Events				

MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
Section J - Overall Lessons & MFP-related LTC System Change 1. Are there any other comments you would like to make regarding this report or your program during this reporting period? (open text)	N/A	This section of the 2018 form was removed from the 2021 form.	This section of the 2018 form was determined to be redundant in the 2021 form.	Reduced

MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
N/A	**Section 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. • Administrative staff Data analyst Housing coordinator Outreach staff • Quality and monitoring staff Social workers • Transition coordinator • Other. Please describe below: 2. Please indicate any MFP demonstration or supplemental services that will be sustained at the end of the demonstration, the target population, and under what Medicaid authority the service will be sustained. • MFP Service • Target Population (check all that apply) • Medicaid authority (for example Section 1915(c) 3. Please describe any additional detail on MFP services that will be sustained in the text box below. 4. Please indicate what demonstration or supplemental services will not be sustained, and why. • MFP services that will not be sustained • Reason (select all that apply) 5. Please enter any additional description below related to what demonstration services will not be sustained. 6. Indicate how your program assesses participants' experience of care: • MFP participants are included in a survey through our HCBS waiver program. • MFP participants complete a unique MFP experience of care survey or standard survey.	This section was added to the 2021 form.	To address how grantees intend to sustain their program operations, relative home and community-based service initiatives and system coordination efforts after the demonstration period ends.	Increased

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
	• 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 activities and initiatives implemented through 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 resource • 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 sustainability of program activities and initiatives? [Note: Programs that plan to discontinue, do not need to complete this question.] 9. What activities do you have planned for the next six months to advance your sustainability of program activities and initiatives? [Note: Programs that plan to discontinue, do not need to complete this question.]			

MFP Semi-Annual Report Crosswalk

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
N/A	**Section 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. a. Enrolled b. Transitioned c. Re-institutionalized for more than 30 days Did the Tribal Initiative have any difficulty transitioning the projected number of individuals it proposed in the Operational Protocol during the reporting period? Use this box to explain missing, incomplete, or other qualifications to the data reported above. 2. Identify challenges that the program had recruiting and/or enrolling individuals during this reporting period. 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. 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	Moved MFP Tribal Initiative questions from multiple sections in the 2018 form to one unified section in the 2021 form.	Incorporating these related questions into one section will provide a streamlined approach for completion and review of information.	Reduced

2018 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
	risk implementing or assessing risk mitigation strategies, addressing emergent risks in a timely fashion and delivering services as specified in the plans. 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). 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. • 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 7. If not previously discussed, describe specific developments that you want to highlight for this program including any challenges.			