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

This reporting tool is to be used by MFP recipients for semi-annual reporting of MFP program data. The information provided in this report will allow CMS to monitor recipients' progress and identify challenges and opportunities for improvement. For additional guidance on completing this form, see the associated User Guide and Help File.

A. General Information

Associated workplan: (auto-populated by system)

State or territory: (auto-populated by system)

1. Select the reporting period.
   - ○ First reporting period (January–June)
   - ○ Second reporting period (July–December)

2. Select the year of the reporting period.
   - ○ 2022
   - ○ 2023
   - ○ 2024
   - ○ …

3. Is this your state or territory's final semi-annual progress report (SAR) for your period of performance in the MFP demonstration?
   - ○ Yes
   - ○ No

[Complete if amending a prior SAR in the online platform. Recipients will be prompted to answer only if the selected reporting period has previously been submitted.]
Briefly describe the questions you plan to revise and the reason(s) for the revision(s):

Target populations applicable to your MFP Demonstration project during this reporting period: (imported from MFP Work Plan)

Organization Information

4. Name of MFP Operating Organization: _____

5. State or Territory Medicaid Agency: _____

6. State or Territory Medicaid Director: _____

7. MFP Program's Public Name: _____

8. MFP Program's Website: _____

Authorized Organizational Representative (AOR)

9. AOR Name: _____

10. AOR Title/Agency: _____

11. AOR Email: _____

12. Has the AOR changed since the last report?
    ○ Yes
    ○ No

Project Director

13. Project Director Name: _____

14. Project Director Title: _____

15. Project Director Email: _____

CMS Project Officer

16. CMS Project Officer Name: _____

B. Recruitment, Enrollment, and Transitions

In this section, provide information for the specified period. Transition targets are populated from your current MFP Work Plan, where applicable.

1. **Number of people who signed an MFP informed consent form in the reporting period.** Number of institutional residents who signed an informed consent form indicating their desire to transition to the community and enroll in the state or territory's MFP program.

	Older adults	PD	I/DD	MH/SUD	Other	Total
a. Current reporting period (January 1–June 30)						

Note: Green-shaded cells (which also contain "C" in green) indicate automatically-calculated cells.

2. **Number of MFP transitions in the reporting period.** Number of institutional residents who were discharged from an institution to a qualified residence during the reporting period, enrolled in MFP, and began using Medicaid home and community-based services (HCBS).

	Older adults	PD	I/DD	MH/SUD	Other	Total
a. First quarter (January 1–March 31)						
b. Second quarter (April 1–June 30)						
c. Total transitions						
d. Transition targets, first quarter						
e. Transition targets, second quarter						
f. Total transition targets						
g. Percent of transition targets achieved (row c divided by row f)						

Note: Green-shaded cells (which also contain "C" in green) indicate automatically-calculated cells.

3. **Number of MFP transitions from qualified institutions in the reporting period.** Of the total transitions reported in Question 2, provide the number of transitions from each qualified inpatient facility type during the reporting period.

	Older adults	PD	I/DD	MH/SUD	Other	Total
Nursing facility						
Intermediate care facility for individuals with intellectual disabilities (ICF/IID)						
Institution for mental diseases (IMD)						
Hospital						
Other						
Total						

Note: Green-shaded cells (which also contain "C" in green) indicate automatically-calculated cells.

4. **Number of MFP transitions to qualified residences in the reporting period**. Of the total transitions reported in Question 2, provide the number of transitions to each qualified residence type during the reporting period.

	Older adults	PD	I/DD	MH/SUD	Other	Total
Home (owned or leased by individual or family)						
Apartment (individual lease, lockable access, etc.)						
Group home or other residence in which four or fewer unrelated individuals live						
Apartment in qualified assisted living						
Total						

Note: Green-shaded cells (which also contain "C" in green) indicate automatically-calculated cells.

5. **Total number of active MFP participants in the reporting period.** Active MFP participants excludes individuals whose enrollment in the MFP Demonstration ended because they completed their 365 days of MFP eligibility, died before they exhausted their 365-day enrollment period, were institutionalized for 30 days or more and did not subsequently re-enroll in the MFP program, or otherwise disenrolled from the program.

	Older adults	PD	I/DD	MH/SUD	Other	Total
Current reporting period (January 1–June 30)						

Note: Green-shaded cells (which also contain "C" in green) indicate automatically-calculated cells.

6. **Number of MFP participants completing the program in the reporting period.** Number of MFP participants who completed the 365-day enrollment period during the reporting period.

	Older adults	PD	I/DD	MH/SUD	Other	Total
Current reporting period (January 1–June 30)						

Note: Green-shaded cells (which also contain "C" in green) indicate automatically-calculated cells.

7. **Number of people re-enrolled in MFP during the reporting period.** Number of people who were disenrolled from the MFP program at any point (during this reporting period or a prior period) and re-enrolled during this reporting period.

	Older adults	PD	I/DD	MH/SUD	Other	Total
Current reporting period (January 1–June 30)						

Note: Green-shaded cells (which also contain "C" in green) indicate automatically-calculated cells.

8. **Number of MFP participants disenrolled from the program during the reporting period**. Number of MFP participants who were disenrolled from the program because of re-institutionalization (admission to an inpatient facility, such as a hospital, nursing home, ICF/IID, or IMD); death; voluntary disenrollment; or any other cause.

	Older Adults	PD	I/DD	MH/SUD	Other	Total
a. Re-institutionalization						
b. Death						
c. Voluntary disenrollment						
d. Moved out of MFP juistdiction/state/territory						
e. Improved health						
f. Incarceration						
g. Move to an unqualified setting						
h. Other, specify: _____ specify)						
i. Total						
j. Number of MFP participants disenrolled as a percent of all current MFP participants (automatically calculates percentage based on row e and the number of current MFP participants from a prior table)						

Note: Green-shaded cells (which also contain "C" in green) indicate automatically-calculated cells.

9. **[Optional–second period only] Number of HCBS participants (including MFP participants) admitted to a facility from the community, by length of stay and age group**. Inpatient facilities include hospitals, nursing homes, ICF/IID, or IMDs. Provide data for readmissions occurring between July 31 of the current reporting period and August 1 of the prior year.

	Ages 18–64	Ages 65–74	Ages 75–84	Ages 85 and older	Total
a. Short-term stay: 1 to 20 days					
b. Medium-term stay: 21–100 days					
c. Long-term stay: 101 days or more					
d. Total re-institutionalizations for any length of time (automatically sums rows a, b, and c)					

Note: Green-shaded cells (which also contain "C" in green) indicate automatically-calculated cells.

C. State or Territory-Specific Initiatives

This section requests information on current, new, or expanded initiatives implemented under the MFP Demonstration. These initiatives can be funded using one or more of these funding sources:

- MFP cooperative agreement funds for:
  - Qualified HCBS and demonstration services
  - Supplemental services
  - Administrative activities
  - Capacity building initiatives
- State/Territory equivalent funds attributable to the MFP-enhanced match

State or territory-specific initiatives are a distinct set of activities designed to increase the use of HCBS rather than institutional long-term services and supports (LTSS). These initiatives are specified in your MFP Work Plan and imported into the form below.

Recipients must report on the progress of initiatives that were ongoing during the current reporting period. For each initiative, enter information on expenditures and activities, whether continuing from prior reporting periods or initiated during this reporting period.

For each initiative, recipients must also report on progress toward achieving the objective(s) identified in the initiative's evaluation plan, as described in the MFP Work Plan. Progress toward these objectives indicates the state or territory's greater ability to provide HCBS instead of services in institutional settings. If your state or territory has not achieved the targets for performance measures or expected time frames for deliverables set in the initiative's evaluation plan, use the following questions to explain the barriers or challenges that have hindered progress and describe plans to address them.

Initiative name: (imported from MFP Work Plan)
Initiative objective(s): (imported from MFP Work Plan)
Description of performance measures or indicators your state or territory will use to monitor progress toward achieving this objective, including key deliverables: (imported from MFP Work Plan)
Targets for the performance measures or indicators listed above, including milestones and expected time frames for key deliverables: (imported from MFP Work Plan)

[The following three questions will be listed for each objective:]

Objective Progress

1. Provide data on performance measures or indicators used for monitoring progress toward the objective during the current reporting period. Include progress toward milestones and key deliverables.

2. If quantitative targets were provided in the MFP Work Plan, complete the table below.

	Actual value	Target value	Percent target achieved
a. First quarter (January 1–March 31)		(imported from MFP Work Plan)	
b. Second quarter (April 1–June 30)		(imported from MFP Work Plan)	
c. Total (row a + row b)			

Note: Green-shaded cells (which also contain "C" in green) indicate automatically-calculated cells.

3. Were targets for performance measures or expected time frames for deliverables met?
   ○ Yes
   ○ No

   a. [If no] Describe progress toward reaching the target/milestone during the reporting period. How close are you to meeting the target? How do you plan to address any obstacle(s) to meeting the target?

[The following three questions will be listed once for each named initiative.]

Initiative Progress

4. Describe any progress made under this initiative during the reporting period that is not otherwise mentioned under the objective(s).

5. Describe any issues or challenges that have impacted the development and implementation of the initiative during the reporting period that are not otherwise mentioned under the objective(s). Detail what impact such issues may have on the state or territory's ability to provide HCBS rather than institutional services, and describe how you plan to address these issues.

6. List and describe any collaborations you have with any external parties to run the initiative tasks or to achieve initiative goals.

[ ]

Expenditures

7. Initiative expenditures by quarter and funding source:

Funding source	Actual spending (first quarter: Jan 1–Mar 31)	Actual spending (second quarter: Apr 1–June 30)	Total actual spending	Projected spending (Jan 1–Mar 31)	Projected spending (Apr 1–June 30)	Percent of total projected spending
[Each funding source selected in the MFP Work Plan will be pre-populated as a row in this table.]						

Note: Green-shaded cells (which also contain "C" in green) indicate automatically-calculated cells.

8. Taking the lag time for reporting expenditures into account, is the state or territory on track to fully expend funds within the projected time frame for this initiative?
   ○ Yes
   ○ No

   a. [If no] Briefly explain what has contributed to lower than projected expenditures (e.g., challenges with hiring, delays in start-up) and describe your revised time frame for fully expending awarded funds.

   [ ]

D. Organization and 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

   a. [If yes] Describe the changes.

2. Is the Project Director an employee of the recipient agency or state/territory Medicaid agency?
   - ○ Yes
   - ○ No

   a. [If no] Provide the name of the employer and the reporting relationship with the recipient agency.

3. Are there hiring or retention challenges for MFP staff, including the MFP Project Director and MFP Data and Quality Analyst?
   - ○ Yes
   - ○ No

   a. [If yes] Describe the challenges.

4. Describe the technical assistance activities MFP staff have engaged in during the reporting period (e.g., participation in a learning collaborative or other training session).

[   ]

5. Are there additional technical assistance resources or supports that your state or territory would benefit from?
   ○ Yes
   ○ No

   a. [If yes] Describe additional technical assistance resources or supports.

   [   ]

E. Additional Achievements

Use this section to describe any additional achievements or promising practices that have contributed to the effective operation of the demonstration and successful transitions during the reporting period. Achievements or topics discussed in previous sections do not need to be reiterated here. Use the topics below as a guide, but do note other important updates.

- Person-centered planning and services
- No Wrong Door systems
- Community transition support
- Direct service workforce and caregivers
- Housing to support community-based living options
- Employment support
- Convenient and accessible transportation options
- Data-based decision-making
- Financing approaches
- Stakeholder engagement
- Quality measurement and improvement
- Equity and social determinants of health

1. Describe any notable achievements and identify any promising practices by your MFP program that have not been captured elsewhere.

2. Indicate whether your state or territory has made any changes to operations, objectives, or other aspects of MFP program administration that will require amendments to the Operational Protocol.
   ○ Yes
   ○ No

   a. [If yes] Describe the developments or changes below.