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

CONTENTS

Detailed Content Guidance for Entering Recipient Program Data

Questions included in the Semi-Annual Progress Report (SAR) are numbered and listed below in black text. **Definitions** of terms and **guidance** for reporting on specific questions is indicated in this guide with a star (★) and teal text.

A. General Information

★ **Guidance:** General information provides readers with critical information about the reporting period, the features of the grant, and key personnel.

General Information

1. Select the reporting period.
   ○ First reporting period (January–June)
   ○ Second reporting period (July–December)
2. Select the year of the reporting period.
3. Is this your state or territory's final semi-annual progress report (SAR) for your period of performance in the MFP demonstration?

   → [If submitting a revision:] Briefly describe the questions you plan to revise and the reason(s) for the revision(s).

Organization Information

4. Name of MFP Operating Organization
★ **Definition:** The name of the agency receiving MFP funding.
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
★ **Definition:** The name of the individual authorized by the state or territory to accept and commit funds on behalf of the state or territory. This individual should be identified in GrantSolutions, be able to submit applications, and be authorized to receive and sign grant agreements.
10. AOR Title/Agency
11. AOR Email
12. Has the AOR changed since the last report?

Project Director

13. Project Director Name

★ **Definition:** The name of the individual responsible for the day-to-day operation of the MFP Demonstration.

14. Project Director Title

15. Project Director Email

CMS Project Officer

16. CMS Project Officer Name

B. Recruitment, Enrollment, and Transitions

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.

★ **Definition:** The number of people who signed an MFP informed consent form for MFP enrollment <u>includes</u>:

    a. those who signed the form during the reporting period *but had not yet transitioned* because arrangements were not complete;

    b. those who signed the form during the reporting period *and made the transition* during the reporting period; and

    c. those who signed the form during the reporting period *but cannot be transitioned*.

★ The number who signed an MFP informed consent form <u>does not include</u> people who:

    a. were provided general information about the MFP program, or

    b. were screened and found **not** to meet MFP eligibility criteria.

★ **Guidance:** Provide a number for each target population (if applicable for this reporting period). Recipients should report the sum of included groups in the definition above as "number of people who signed an MFP informed consent form" in the online form.

★ Recipients that integrate the MFP informed consent form into the MFP application or other enrollment documents can use the number of people completing the application/enrollment document.

★ If a participant signed an MFP informed consent form during the reporting period, and then re-signed the form after a re-institutionalization that lasted longer than 30 days, count this as one person completing the form to avoid double counting.

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).

★ **Definition:** The number of institutional residents who transitioned during this period and enrolled in MFP <u>does not include</u> those who:

    a. were transitioned in a previous reporting period (unless their enrollment into MFP was not recorded in a previous report, in which case you can add them to the current report), and

    b. have yet to complete their 365 days of MFP enrollment (these individuals are recorded under the total number of current MFP participants).

★ **Guidance:** Provide a number for each target population transitioned (if applicable for this reporting period). Assign to a quarter based on the discharge date.

★ If a participant transitioned during the reporting period, and then re-enrolled and transitioned after a re-institutionalization that lasted longer than 30 days, count this as one enrollment to avoid double counting. Assign to a quarter based on the second discharge date.

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.

The types of qualified inpatient facilities include:
○ Nursing facility
○ Intermediate care facility for individuals with intellectual disabilities (ICF/IID)
○ Institution for mental diseases (IMD)
○ Hospital
○ Other

★ **Guidance:** Using the definition of "MFP transitions" provided in Question B.2, provide a number for each facility type by target population (if applicable for this reporting period).

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.

The types of qualified residences include:
○ 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

★ **Guidance:** Using the definition of "MFP transitions" provided in Question B.2, provide a number for each residence type by target population (if applicable for this reporting period).

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.

★ **Definition:** The number of active MFP participants <u>includes</u> those who, as of the last day of the reporting period:

   a. transitioned during this reporting period;

   b. transitioned during an earlier reporting period and continued to be eligible for 365 days of MFP-covered HCBS during the current reporting period; or

   c. re-enrolled into the MFP program after an institutional stay of 30 days or more.

★ The number of active MFP participants <u>does not include</u> those who, as of the last day of the reporting period:

   a. completed their 365 days of MFP eligibility;

   b. died before they exhausted 365 days of eligibility;

   c. were institutionalized for 30 days or more;

   d. voluntarily disenrolled from the program; or

   e. disenrolled for other causes, including those listed in Question B.8.

★ **Guidance:** Provide a number for each target population (if applicable for this reporting period).

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.

★ **Guidance:** Provide a number for each target population (if applicable for this reporting period).

7. **Number of MFP participants 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.

★ **Definition:** Includes individuals *completing the step of re-enrollment in MFP* during the reporting period. The number of individuals re-enrolled in MFP includes:

   a. Former MFP participants who dis-enrolled prior to the completion of 365 days in the demonstration for any reason. These individuals may re-enroll in MFP without meeting the requirement of 60 consecutive days in an institutional residency, provided they meet any applicable state- or territory-specific requirements for re-enrollment. These individuals are eligible to continue to receive MFP services for any *remaining days* up to the maximum 365 days of demonstration participation.

★ The number of individuals re-enrolled in MFP does not include:

   a. Former MFP participants who completed their 365 days of eligibility. CMS permits these individuals to be re-enrolled in the MFP Demonstration, provided they are a "qualified individual" who has been in a "qualified institution" for at least 60 consecutive days and are transitioning into MFP qualified housing.

   b. MFP participants whose participation was suspended but who were not disenrolled from the program.

★ **Guidance:** Provide a number for each target population (if applicable for this reporting period).

8. **Number of MFP participants disenrolled from the program during the reporting period.** 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) for more than 30 days because of:
   - deterioration in physical or mental health status;
   - events that led to a hospitalization (for example, acute medical events, falls, or accidents);
   - the existence of a complex or chronic condition requiring more care than could be received at home;
   - inadequate community or family member support;
   - requests by either the family or the participant to return to an institutional setting;
   - loss of a caregiver;
   - loss of housing;
   - lack of sufficient home care services in area; or
   - other.

   ○ Death

○ Voluntary disenrollment
○ Other causes, including:
- moved out of the state, territory, or the MFP program's jurisdiction;
- improved health;
- incarceration;
- moved to an unqualified setting, or
- other (specify).

★ **Guidance:** Provide the number of MFP participants for each target population (if applicable for this reporting period), by reason for disenrollment.

★ If more than one reason applies to an individual's disenrollment, please include the individual in the total for one reason only. Include the individual under the primary reason or, if indeterminate, the first reason listed.

★ If one or more participants are disenrolled for other causes, select the applicable reasons. Enter the number of participants disenrolled for the selected "other" cause in the new fields.

★ An additional "other" reason may be specified, if one or more participants disenrolled for reasons other than those listed.

★ For additional guidance on disenrollment, please refer to the MFP Policy Manual.

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 <u>July 31 of the current reporting period and August 1 of the prior year</u>.
○ Short-term stay: 1 to 20 days
○ Medium-term stay: 21–100 days
○ Long-term stay: 101 days or more

★ **Guidance:** This question been respecified to align with two measures included in the HCBS quality measure set:

a. MLTSS-6: LTSS Admission to a Facility from the Community and

b. HCBS-1: Admission to a Facility from the Community Among Medicaid Fee-for-Service (FFS) HCBS Users.

The change in length of stay options does *not* indicate a change in guidance around disenrollment.

★ CMS is aware that recipients may require technical assistance to access the medium- and long-term length of stay counts. If you are unable to report this information, please contact your project officer to discuss options.

★ To align with measure specifications, recipients will be asked to report on this measure once annually during the second reporting period (July–December). For example, if a recipient is completing a report for the July–December 2024 reporting period, this measure would include a count of re-institutionalizations from August 1, 2023–July 31, 2024.

★ To align with measure specifications, reports are not limited to MFP participants and may include data for all Medicaid HCBS beneficiaries.

- ★ For more information on how to calculate these values, refer to the MLTSS Measures Technical Specifications and Resource Manual on the Managed Long Term Services and Supports page of Medicaid.gov: https://www.medicaid.gov/medicaid/managed-care/managed-long-term-services-and-supports/index.html
- ★ Note that recipients are asked to report on the measure's *numerator only.*

C. State or Territory-Specific Initiatives

* ★ **Guidance:** The questions included in this section will be completed separately for each active initiative listed in the recipient's MFP Work Plan.

Objective Progress

* ★ **Guidance**: Questions 1–3 will be completed separately for each objective within an initiative.

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.

* ★ **Guidance:** Reference the description of performance measures, indicators, and key deliverables in the MFP Work Plan. For each performance measure or indicator, provide data for the reporting period. For key deliverables, note progress or the date of completion.

* ★ Reference the targets and milestones in the MFP Work Plan. Note if targets for each performance measure or indicator were not met. Note if key deliverables did not meet (or are not on track to meet) milestones or expected time frames.

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

* ★ **Guidance:** Provide the actual value achieved for each quarter.

3. Were targets for performance measures or expected time frames for deliverables met?
   * → [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?

* ★ **Guidance:** Reference the targets and milestones in the MFP Work Plan. Select no if targets for one or more performance measures or indicators were not met. Also select no if key deliverables did not meet (or are not on track to meet) milestones or expected time frames.

* ★ If no is selected, please limit your text response to how factors specifically impacted this objective and how you plan to address these factors. Comments on overall progress or challenges for the initiative can be discussed in Questions 4–8 below. If updates to the targets or time frames are planned, please submit updates to the MFP Work Plan.

Initiative Progress

* ★ **Guidance:** Complete Questions 4–8 separately for each initiative.

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

* ★ **Guidance:** Describe progress made on the overall initiative, including any key accomplishments.

* ★ Please do not repeat any details provided in Questions 1–3 around progress toward

objectives, but you may elaborate on how progress impacted the overall initiative.

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.

★ **Guidance:** In addition to describing challenges, document any discussions with MFP project officers around these challenges and what potential changes may be made to the initiative.

★ Please do not repeat any details provided in Questions 1–3 around obstacles to meeting objectives, but you may elaborate on how these obstacles impacted the overall initiative.

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

★ **Guidance:** Include any collaborations not previously listed in the MFP Work Plan, progress toward establishing formal agreements or contracts, any changes from the MFP Work Plan in the collaborator's role, and the status of the relationship with external parties.

Expenditures

7. Initiative expenditures by quarter and funding source.

★ **Guidance:** Provide a value for actual spending for each quarter for this initiative.

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?

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

★ **Guidance:** This question is intended to identify potential issues with obligating and expending MFP grant funds and state- or territory-equivalent funds within the required time frames. Recipients with discrepancies between projected and actual spending due solely to lag time between incurring costs and disbursing funds should select "Yes."

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?
   → [If Yes] Describe the changes.

2. Is the Project Director an employee of the recipient agency or state or territory Medicaid agency?
   → [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?
   → [If Yes] Describe the challenges.
★ **Guidance:** Include positions that have been impacted by retention or hiring issues and describe how you are working to resolve these. If new staff have been hired in these roles, please provide the names of those individuals here.

4. Describe the technical assistance activities MFP staff have engaged in during the reporting period.
★ **Guidance:** List the technical assistance opportunities that MFP staff participated in during the grant period. Examples include participation in the housing learning collaborative or other capacity-building activities.

5. Are there additional technical assistance resources or supports that your state or territory would benefit from?
   → [If Yes] Describe additional technical assistance resources or supports.

E. Additional Achievements

★ **Guidance:** Achievements or topics discussed in previous sections do not need to be reiterated in this section. 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.

★ **Guidance:** For example, recipients may describe new financial arrangements with managed care plans that have increased enrollment in MFP, new partnerships that have increased availability of housing for MFP participants, or new efforts to use demographic data to inform decision-making.

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.
   → [If yes] Describe any developments or changes below.

★ **Guidance:** Briefly describe the developments or changes. Indicate the status of the changes and whether outreach by the recipient's project officers is needed.