MFP Semi-Annual Report Crosswalk

2021 (old version)	2023 (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 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	**Section A - General Information** **Form Filtering Questions** 1. Select the reporting period. 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? **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 last report? **Project Director** 13. Project Director Name 14. Project Director Title 15. Project Director Email **CMS Project Officer** 16. CMS Project Officer Name	Added questions previously provided by file naming convention (reporting period, year) A.1. – A.3. in 2023 form. Added organizational information for Medicaid agency and Medicaid director (A.4. – A.6. in 2023 form). Added call for titles for the AOR and Project Director (A.9 & A.13)	Questions were added to capture information needed for the online form, which will allow the form to be tailored to only questions that are relevant to the specifics of the grantee's demonstration. Organization information was added to increase efficiency with communications and capture staff changes more systematically.	Neutral

MFP Semi-Annual Report Crosswalk

2021 (old version)	2023 (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. 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.	**Section B – Recruitment, Enrollment, and Transitions** 1. Number of people who signed an MFP informed consent form in the reporting period. 2. Number of MFP transitions in the reporting period. 3. Number of MFP transitions from qualified institutions in the reporting period. 4. Number of MFP transitions to qualified residences in the reporting period. 5. Total number of active MFP participants in the reporting period. 6. Number of MFP participants completing the program in the reporting period. 7. Number of people re-enrolled in MFP during the reporting period. 8. Number of MFP participants disenrolled from the program during the reporting period. 9. (Optional) Number of HCBS participants (including MFP participants) admitted to a facility from the community, by length of stay and age group.	Removed the following questions from 2023 form: 1. Please specify your MFP program's "Other" target population(s) here if applicable. 4. Cumulative number of MFP transitions to date. 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. Added question B.3. (2023 form) Revised and clarified the information being asked for in Questions B.6., B.7., and B.9. (2021 form) to Questions B.7., B.8., and B.9. (2023 form) Moved questions to the state-specific section where the goal of the questions remained but the language was revised to align with logical call for information B.10. (2021 form) to C.3.and C.5. (2023 form).	Details provided in the previous version were either determined to be redundant, no longer necessary to be provided in this report, required simplification, or that movement to another section would streamline the reporting process. Questions were added to improve ability to monitor the demonstrations effectively	Neutral

MFP Semi-Annual Report Crosswalk

2021 (old version)	2023 (new version)	Type of Change	Reason for Change	Burden Change
- 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.		Revised questions to improve clarity and logical flow but maintained the overall intent: • B.2. (2021 form) to B.1. (2023 form) • B.3. (2021 form to B.2. (2023 form) • B.5. (2021 form) to B.5. (2023 form) • B.8. (2021 form) to B.6. (2023 form)		

2021 (old version)	2023 (new version)	Type of Change	Reason for Change	Burden Change
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).	N/A	Section C (2021 form) was removed in the revised 2023 form.	This section was redundant, as the information is included in the Maintenance of Effort (MOE) form and Form CMS-64.	Reduced

2021 (old version)	2023 (new version)	Type of Change	Reason for Change	Burden Change
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)	**Section C. State- or Territory-specific initiatives** 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. 3. Were targets for performance measures or expected time frames for deliverables met? 3a. [If no] Describe progress towards reaching the target/milestone during the reporting period. How close are you to meeting the target? How do you plan to address the obstacle(s) to meeting the target? 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 not otherwise mentioned under the objective(s). Detail what impact any issues may have on the state or territory's increased ability to provide HCBS, rather than institutional services, and 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.	Initiatives outlined in Work Plan (WP) will be pre-populated in the web-based SAR (e.g., name, objectives, performance measures and targets). There is no longer a call for additional benchmarks in 2023 form; all measures will be reported under the relevant state-specific initiative reported C.1.-C.6. (2023 form). The questions listed in Section C. State-specific initiatives do not capture the full series of questions. The full set of questions is C.1. – C.8. (2023 form). C.7. – C.8. are captured in the next section of the crosswalk.	Moving questions to another section streamlines the reporting process and improves logical flow of information.	Reduced

2021 (old version)	2023 (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) Do you intend to seek CMS approval to amend your additional benchmarks in your approved Operational Protocol? Yes/No				

2021 (old version)	2023 (new version)	Type of Change	Reason for Change	Burden Change
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	**Section C. State-specific initiatives** 7. Initiative expenditures by quarter and funding source 8. Taking the lag time for reporting expenditures into account, is the state or territory on track to fully expend funds within the projected timeframe for this initiative? 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 timeframe for fully expending awarded funds.	State-specific initiatives outlined in Work Plan (WP) will be pre-populated in the web-based SAR (e.g., name, objectives, performance measures and targets). Restructured table (2021 form) to improve clarity and focus on quantitative data, which has a new requirement of quarterly reporting (C.7. in 2023 form) Revised questions to improve clarity and logical flow but maintained the overall intent: • "Explain any missing or incomplete data" (2021 form) to C.8. (2023 form) The questions listed in Section C. State-specific initiatives do not capture the full series of questions. The full set of questions is C.1. – C.8. (2023 form). C.1. – C.6. are captured in the previous section of the crosswalk.	Moving questions to another section streamlines the reporting process and improves logical flow of information. Initiative expenditures are reported quarterly as required under the Consolidated Appropriations Act, 2021.	Neutral

2021 (old version)	2023 (new version)	Type of Change	Reason for Change	Burden Change
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.	This is no longer a standalone section. Information is captured in **Section B or was removed.**	Question F.1. (2021 form) will be reported in Question B.2. (2023 form) and no longer requires reporting on how long it took from assessment to actual transition. MDS Section Q referral questions F.2. and F.3. were removed from 2023 form.	Details provided in the previous version were either determined to be redundant, no longer necessary to be provided in this report. How a grantee will use referral sources is described in the Operational Protocol. Reporting metrics for an initiative around recruitment will occur in the state-specific section (Section C) of revised 2023 form, if appropriate.	Reduced

MFP Semi-Annual Report Crosswalk

2021 (old version)	2023 (new version)	Type of Change	Reason for Change	Burden Change
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).	N/A	Section G (2021 form) was removed in the revised 2023 form.	To streamline reporting; grantees will report this information in the state-specific initiative section (Section C) if applicable in the new 2023 form.	Reduced

MFP Semi-Annual Report Crosswalk

2021 (old version)	2023 (new version)	Type of Change	Reason for Change	Burden Change
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	N/A	Section H (2021 form) was removed in the revised 2023 form.	To streamline reporting, grantees will report progress on quality initiatives in the state-specific initiative section (Section C) in the new 2023 form. To reduce burden, grantees will leverage reporting systems for their section 1915(c) waiver programs to report critical incidents (H.1. in 2021 form). To reduce redundancies, grantees will describe 24-hour back-up services and risk assessment and mitigation processes in the Operational Protocol template.	Reduced

2021 (old version)	2023 (new version)	Type of Change	Reason for Change	Burden Change
system is working as planned. A critical incident (e.g., abuse, neglect and exploitation) is an event that could bring harm, or create potential harm, to a participant. Please complete the table below to report on each type of critical incident related to the MFP program and MFP participants. 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				

2021 (old version)	2023 (new version)	Type of Change	Reason for Change	Burden Change
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 • 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				

2021 (old version)	2023 (new version)	Type of Change	Reason for Change	Burden Change
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 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				

2021 (old version)	2023 (new version)	Type of Change	Reason for Change	Burden Change
• 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.				

MFP Semi-Annual Report Crosswalk

2021 (old version)	2023 (new version)	Type of Change	Reason for Change	Burden Change
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	This is no longer a standalone section. Information is e captured in **Section B or Section C.**	Replaced I.1. and I.3. (2021 form) with Section C. state-specific initiatives (2023 form). Moved I.2. (2021 form) to B.4.(2023 form).	To streamline reporting, grantees will report this information in the state-specific initiative section (Section C) under their housing-related supports initiative. Questions moved to other sections of the form to improve logical flow of information.	Neutral

2021 (old version)	2023 (new version)	Type of Change	Reason for Change	Burden Change
2. How many MFP participants who transitioned to the community during the reporting period moved to each type of qualified residence? The sum total reported below should equal the number of individuals who transitioned to the community this period, reported in Question 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

2021 (old version)	2023 (new version)	Type of Change	Reason for Change	Burden Change
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.	**Section D - 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? 1a. [If Yes] Describe the changes below. 2. Is the Project Director an employee of the recipient agency or state/territory Medicaid agency? 2a. [If no] Provide the name of the employer and 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? 3a. [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? 5a. [If yes] Describe additional technical assistance resources or supports.	Added questions D.2. – D.4. to 2023 form.	These questions were added to improve the understanding of the organization or administration of grantee's MFP demonstration and improve technical assistance capabilities.	Increase

2021 (old version)	2023 (new version)	Type of Change	Reason for Change	Burden Change
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?	**Section E – Additional Achievements** Please 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 which have been discussed in previous sections do not need reiterated here. Use the topics below as a guide, but please 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 SDOH 1. Please describe any notable achievements or identify any promising practices by your MFP program that have not been captured elsewhere. 2. Indicate whether your state or territory has developments or changes to operations, objectives, or other aspects of MFP program administration that will amendments to the Operational Protocol. 2a. [If yes] Describe the developments or changes below.	Question K.1. (2021 form) was removed in the revised 2023 form.	Details provided in the previous version were either determined to be redundant, no longer necessary to be provided in this report.	Reduced

MFP Semi-Annual Report Crosswalk

2021 (old version)	2023 (new version)	Type of Change	Reason for Change	Burden Change
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:	N/A	Section L (2021 form) was removed in the revised 2023 form.	It was determined that, although these questions are important to address, grantees will report on funding sources for sustained state-specific initiatives in the Work Plan.	Reduced

MFP Semi-Annual Report Crosswalk

2021 (old version)	2023 (new version)	Type of Change	Reason for Change	Burden Change
• 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. • 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

2021 (old version)	2023 (new version)	Type of Change	Reason for Change	Burden Change
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	N/A	Section M (2021 form) was removed in the revised 2023 form.	To streamline reporting, grantees will report this information in the state-specific initiative section (Section C) if applicable in the new form.	Reduced

2021 (old version)	2023 (new version)	Type of Change	Reason for Change	Burden Change
management within the Tribal Initiative this reporting period. Include reported critical incidents as a subset of those identified in question H.1. Describe the challenges related to the development of adequate service plans, assessing risk implementing or assessing risk mitigation strategies, addressing emergent risks in a timely fashion and delivering services as specified in the plans. 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.				