MONEY FOLLOWS THE PERSON (MFP)
WORK PLAN

A. General Information

The Money Follows the Person (MFP) Demonstration Work Plan (WP) is the state or territory's road map for accomplishing the rebalancing objective described in section 6071(a)(1) of the Deficit Reduction Act as "increasing the use of home and community-based, rather than institutional, long-term care services." The WP presents MFP Demonstration initiatives that support the state or territory's unique rebalancing goals and objectives. The WP enables states or territories and Centers for Medicare & Medicaid Services (CMS) to monitor state or territory-specific initiatives throughout the grant and make course corrections where needed. While the WP describes state or territory initiatives and sets performance measures, the Semi-Annual Progress Report (SAR) will capture progress on these initiatives and performance measures, alongside other information.

CMS reserves the right to amend or add new WP fields during the demonstration period. For additional guidance on completing this form, please see the associated User Guide and Help File.

B. Transition Benchmark

1. Provide the projected number of transitions for each target group during each quarter. This number includes institutional residents who are discharged from an institution to a qualified residence during the reporting period, enroll in MFP, and begin using Medicaid home and community-based services (HCBS).

    Select the target populations applicable to your MFP Demonstration project:

    ☐ Older adults

    ☐ Individuals with physical disabilities (PD)

    ☐ Individuals with intellectual and developmental disabilities (I/DD)

    ☐ Individuals with mental health and substance use disorders (MH/SUD)

    ☐ Other

    o Specify other target population (e.g., HIV/AIDS, brain injury): _____

Calendar year quarter	Older adults	PD	I/DD	MH/SUD	Other	Total
2023 Q3						
2023 Q4						
2024 Q1						
2024 Q2						
2024 Q3						
2024 Q4						
2025 Q1						
2025 Q2						
2025 Q3						
2025 Q4						
2026 Q1						
2026 Q2						
Total transitions for target group						

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

2. Explain how you formulated your projected numbers, which should include descriptions of the data sources used, the time period for the analysis, and the methods used to project the number of transitions.

3. Provide additional detail on strategies or approaches the state or territory will use to achieve transition targets here and through a required state or territory-specific initiative.

C. State or Territory-Specific Initiatives

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. 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 or territory equivalent funds attributable to the MFP-enhanced match

Recipients must identify and describe the required initiatives below, and they have the option to identify additional initiatives on other topics.

Required initiatives[a]	Optional initiatives
- Transitions and transition coordination services - Housing-related supports - Quality measurement and improvement - Self-direction (if applicable) - Tribal Initiative (if applicable)	- Recruitment and enrollment - Person-centered planning and services - No Wrong Door systems - Community transition support - Direct service workforce and caregivers - Employment support - Convenient and accessible transportation options - Data-based decision-making - Financing approaches - Stakeholder engagement - Equity and social determinants of health (SDOH) - Other

[a]Required by Program Terms and Conditions.

For each initiative, recipients will be asked to provide:

I.   Initiative description, including target populations and timeframe
II. An evaluation plan, including measurable objectives
III. Funding sources, with projected quarterly expenditures
IV. Close-out information, to be completed as appropriate during WP revisions

The WP should establish one or more demonstrable objectives for each initiative, set associated performance measures or indicators to monitor progress, and clearly articulate the actions necessary to achieve the objectives. Progress toward meeting these objectives indicates a state or territory's increased capacity to provide HCBS rather than institutional long-term care services.

The recipient must identify the MFP funding source(s) for each initiative and provide quarterly projected spending by funding source. Funding sources for initiatives include state or territory funds equivalent to the MFP-enhanced Federal Medical Assistance Percentage (FMAP); MFP capacity building funding; MFP funding for qualified HCBS, demonstration services, and supplemental services; or MFP administrative cooperative agreement funding.

If a recipient updates the WP to indicate that an initiative will no longer be sustained with MFP funding or state or territory-equivalent funding, the recipient must explain whether the initiative will be terminated or sustained through another funding source.

Answer the following questions regarding required initiative topics.

Are self-directed initiatives applicable to your state or territory?

- ○ Yes
- ○ No

Are Tribal Initiatives applicable to your state or territory?

- ○ Yes
- ○ No

I.   Initiative description

1. Initiative name: _____

2. Describe the initiative, including key activities.

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3. Work plan topic: [select one topic per initative]
   - ○ Transitions and transition coordination services
   - ○ Housing-related supports
   - ○ Quality measurement and improvement
   - ○ Self-direction
   - ○ Tribal Initiative
   - ○ Recruitment and enrollment
   - ○ Person-centered planning and services
   - ○ No Wrong Door systems
   - ○ Community transition support
   - ○ Direct service workforce and caregivers
   - ○ Employment support

○ Convenient and accessible transportation options

○ Data-based decision-making

○ Financing approaches

○ Stakeholder engagement

○ Equity and SDOH

○ Other: _____

4. Target population(s): [select all that apply]

☐ Older adults

☐ Individuals with PD

☐ Individuals with I/DD

☐ Individuals with MH/SUD

☐ Other

5. Start date: _____

Enter projected start month/year for future initiatives or enter past start month/year for initiatives in process.

6. Projected end date: _____

Enter projected end date or enter "not applicable (N/A)" if the initiative will be ongoing without a set end point.

II. Evaluation plan

The evaluation plan captures expected results for each state or territory-specific initiative. Recipients should identify one or more objectives per initiative and set associated performance measures or indicators to monitor progress toward each objective and evaluate success. In addition, recipients must articulate how they will achieve targets and meet milestones. For more information on developing objectives and identifying appropriate performance measures, see "Using Data to Improve Money Follows the Person Program Performance."

Identify one or more objectives. Objectives should be framed as SMART goals and have associated time-bound measures of success, including targets or milestones. SMART stands for:

Specific	Specifies the activities, actors, and beneficiaries
Measurable	Defines how a change will be measured
Achievable	Confirms the feasibility of implementing the intervention as planned
Realistic/relevant	Ensures the intervention relates to the goal
Time-bound	Specifies when the results are expected

1. Objective: _____

2. Describe the performance measures or indicators your state or territory will use to monitor progress toward achieving this objective, including details on the calculation of measures (e.g., data sources and limitations), if relevant. Describe any key deliverables.

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3. Provide targets for the performance measures or indicators listed above. Include milestones and expected time frames for key deliverables.

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   a. Does the performance measure include quantitative targets?
   ○ Yes
   ○ No

   b. [If yes] Complete the quarterly fields below.

2023 Q3	2023 Q4	2024 Q1	2024 Q2	2024 Q3	2024 Q4	2025 Q1	2025 Q2	2025 Q3	2025 Q4	2026 Q1	2026 Q2

Note: Table uses calendar year quarters.

4. Provide additional detail on strategies/approaches the state or territory will use to achieve targets and/or meet milestones (building on the initiative description). List the responsible state or territory agency parties and any key external partners for achieving this objective.

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[CLICK TO ADD ADDITIONAL OBJECTIVE]

III. Funding sources

In the section below, provide projected quarterly expenditures, by funding source, for this initiative. Actual quarterly expenditures will be reported in the recipient's SAR.

1. Funding source(s): [select all that apply]
   - ○ MFP cooperative agreement funds for qualified HCBS and demonstration services
   - ○ MFP cooperative agreement funds for supplemental services
   - ○ MFP cooperative agreement funds for administrative activities
   - ○ MFP cooperative agreement funds for capacity-building initiatives
   - ○ State or territory equivalent funds attributable to the MFP-enhanced match
   - ○ Other

     - Specify an other funding source: _____

Funding source	2023 Q3	2023 Q4	2024 Q1	2024 Q2	2024 Q3	2024 Q4	2025 Q1	2025 Q2	2025 Q3	2025 Q4	2026 Q1	2026 Q2
[Each funding source selected above will be pre-populated as a row in this table]												
[Funding source selected above]												
[Funding source selected above]												

Note: Table uses calendar year quarters.

IV. Initiative close-out

Complete the section below for initiatives with an end date during the upcoming semi-annual reporting period.

Projected end date: [populated from C.I.8]

1. Actual initiative end date: _____

2. For initiatives that will no longer be sustained with MFP funding or state or territory-equivalent funding, indicate the status below:
   - ○ Completed initiative

   - ○ Discontinued initiative

     - [If selected] Indicate reason for termination.

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○ Sustaining initiative through a Medicaid authority

- [If selected] Indicate alternative funding source.

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[CLICK TO ADD ANOTHER INITIATIVE]