MFP ABCD Form Crosswalk

2025 (old version)	2026 (new version)	Type of Change	Reason for Change	Burden Change
N/A	**General Information** Contact name Contact email address	This section was added to 2026 form	This section was added to the form now that the form is being submitted to the Medicaid Data Collection Tool to support CMS outreach to state submitters when needed.	Increase
N/A	**FMAP Percentages**	This information is asked for earlier in the reporting process. Previously a user needed to report this information in each form.	Details provided in the previous version required simplification	Reduced
Form A (Services) User reports Total Computable, Total State/Territory Share, Enhanced FMAP for Qualified HCBS, Enhanced FMAP for Demonstration Services, MFP Grant Funded Supplemental Services, Adjustments for Prior Periods – Qualified HCBS, Adjustments for Prior Periods – Demonstration Services, Adjustments for Prior Periods – Supplemental Services, and narrative for State Plan Services, Waiver Services, Supplemental Services, and Demonstration Services **I. State Plan Services** - Clinic Services* - Targeted Case Management for Long Term Care*	**Qualified HCBS: State Plan and 1915c Waiver Services** User reports Total Computable for State Plan Services and Waiver Services **I. State Plan Services** - Clinic Services - Targeted Case Management for Long Term Care - PACE (Programs of All-Inclusive Care for the Elderly) - Rehabilitative Services - Home Health Services - Hospice - Personal Care Services - Physical Therapy Services - Occupational Therapy Services - Services For Speech, Hearing, And Language Disorders	Removed reporting for adjustments for prior periods (Qualified HCBS) Removed the following State Plan Services from the 2026 form: • OPTIONAL MEDICAID STATE PLAN SERVICES Removed "(in home only)" from the Private Duty Nursing State Plan Service to align with the revised MFP Program Terms and Conditions Removed the following Waiver Services from the 2026 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.	Reduced

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- PACE* (Program for All Inclusive Care for the Elderly)
- Rehabilitative Services*
- Home Health Services
- Hospice*
- Personal Care Services
- Physical Therapy Services
- Occupational Therapy Services
- Services For Speech, Hearing, And Language Disorders
- Self-Directed Personal Care Services
- Private Duty Nursing (In-Home Only)
- Other Licensed Practitioner Services
- Preventive Services
- Health Home For Enrollees with Chronic Conditions
- Health Home For Enrollees with Substance Use Disorder
- Optional Medicaid State Plan Services* (detail on Form B)
II. Wavier Services
- Case management
- Homemaker services
- Home health aide services
- Personal care
- Adult day health
- Habilitation
  ○ Residential habilitation
  ○ Day habilitation
- Expanded habilitation services (42 CFR §440.180(c))
	- Self-Directed Personal Care Services
	- Private Duty Nursing
	- Other Licensed Practitioner Services
	- Preventive Services
	- Health Home For Enrollees with Chronic Conditions
	- Health Home For Enrollees with Substance Use Disorder
	1915c Wavier Services
	- Case Management
	- Homemaker Services
	- Home Health Aide Services
	- Personal Care
	- Adult Day Health
	- Habilitation: Residential Habilitation
	- Habilitation: Day Habilitation
	- Expanded Habilitation Services (42 CFR §440.180(c)): Prevocational Services
	- Expanded Habilitation Services (42 CFR §440.180(c)): Supported Employment
	- Expanded Habilitation Services (42 CFR §440.180(c)): Education
	- Respite Care
	- Day Treatment
	- Partial Hospitalization
	- Psychosocial Rehabilitation
	- Clinic Services
		• OTHER
		
		Added narrative section for this form which previously was reported in Form D		

2025 (old version)	2026 (new version)	Type of Change	Reason for Change	Burden Change
○ Prevocational services ○ Supported employment ○ Education - Respite care - Day treatment - Partial hospitalization - Psychosocial rehabilitation - Clinic services - Live-in caregiver (42 CFR §441.303(f)(8)) - Capitated payments for long term care services - 15. Other* (detail on form b)	- Live-In Caregiver (42 CFR §441.303(f)(8)) - Capitated Payments For Long Term Care Services Narrative Additional notes/comments (optional)			
N/A	**Demonstration Services: State Plan and 1915c Waiver Services** User reports Total Computable for State Plan Services and Waiver Services **I. State Plan Services** - Clinic Services - Targeted Case Management for Long Term Care - PACE (Programs of All-Inclusive Care for the Elderly) - Rehabilitative Services - Home Health Services - Hospice - Personal Care Services - Physical Therapy Services - Occupational Therapy Services	Removed reporting for adjustments for prior periods (Demonstration Services HCBS) Removed the following State Plan Services from the 2026 form: • OPTIONAL MEDICAID STATE PLAN SERVICES Removed "(in home only)" from the Private Duty Nursing State Plan Service to align with the revised MFP Program Terms and Conditions	This information was previously reported in Form A (Services). Displays differently in 2026 version to support web form features 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.	Reduced

2025 (old version)	2026 (new version)	Type of Change	Reason for Change	Burden Change
	- Services For Speech, Hearing, And Language Disorders - Self-Directed Personal Care Services - Private Duty Nursing - Other Licensed Practitioner Services - Preventive Services - Health Home For Enrollees with Chronic Conditions - Health Home For Enrollees with Substance Use Disorder **1915c Wavier Services** - Case Management - Homemaker Services - Home Health Aide Services - Personal Care - Adult Day Health - Habilitation: Residential Habilitation - Habilitation: Day Habilitation - Expanded Habilitation Services (42 CFR §440.180(c)): Prevocational Services - Expanded Habilitation Services (42 CFR §440.180(c)): Supported Employment - Expanded Habilitation Services (42 CFR §440.180(c)):Education - Respite Care - Day Treatment - Partial Hospitalization - Psychosocial Rehabilitation	Removed the following Waiver Services from the 2026 form: • OTHER Added narrative section for this form which previously was reported in Form D		

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	- Clinic Services - Live-In Caregiver (42 CFR §441.303(f)(8)) - Capitated Payments For Long Term Care Services Narrative Additional notes/comments (optional)			
N/A	**Supplemental Services** User reports Total Computable for supplemental services Narrative Additional notes/comments (optional)	Removed reporting for adjustments for prior periods (Supplemental Services) Added narrative section for this form which previously was reported in Form D	This information was previously reported in Form A (Services). Content displays differently in 2026 version to support web form features 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.	Reduced
Form C (Admin) User reports Total Computable, Total State/Territory Share, Administrative FMAP (Normal Rate 50%, SPMP 75%, Enhanced 90% and Other 100%) Capacity	**Administrative Costs** User reports Total Computable for Administrative Costs - Personnel - Fringe Benefits - Travel - Equipment	Removed reporting for adjustments for prior periods Added subcategories for types of administrative costs	This information was previously reported in Form C (Admin). Content displays differently in 2026 version to support web form features	

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Building 100%, and Adjustments for Prior Periods	- Supplies - Indirect Costs - Misc. Costs		Details provided in the previous version were either determined to be redundant, no longer necessary to be provided in this report, or improve ability to monitor demonstrations effectively	
N/A	**User reports:** Subrecipient information, including statement of work and expenditures	This section is new to the 2026 form	Questions were added to improve ability to monitor the demonstrations effectively.	Increase
N/A	**User reports:** Personnel information - Position title - Number of budgeted FTEs - Number of filled FTEs	This section is new to the 2026 form	Questions were added to improve ability to monitor the demonstrations effectively.	Increase
User enters the date Capacity Building funds were received	N/A	This question was removed from the 2026 form	Details provided in the previous version were either determined to be no longer necessary to be provided in this report and required simplification	Reduced