MFP Semi-Annual Progress Report Crosswalk

2023 (old version)	2026 (new version)	Type of Change	Reason for Change	Burden Change
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	**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	N/A	N/A	None
Section B – Recruitment, Enrollment, and Transitions	**Recruitment, Enrollment, and Transitions**	N/A	N/A	None

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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.	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.			
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	**State or Territory-Specific Initiatives** Your initiatives are auto-populated from your most recent approved MFP Work Plan. Select an initiative below to report the status.	Removed the following question from the 2026 form: 6. List and describe any collaborations you have with any external parties to run the initiative tasks	Details provided in the previous version were either determined to be redundant, no longer necessary to be provided in this report, or required simplification.	Reduced

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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	Recipients must report on the progress of initiatives that were ongoing during the current reporting period. For each initiative, recipients must report on the 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. **Initiative Progress** Describe any progress made under this initiative during the reporting period Describe any issues or challenges that have impacted the development and implementation of the initiative during the reporting period **Initiative Evaluation** • Report Key Metrics actuals	or to achieve initiative goals. Removed questions 7 and 8 regarding expenditure reporting		

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initiative tasks or to achieve initiative goals. 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.				
N/A	**Findings and Sustainability** Describe any qualitative findings detailed in your Work Plan Did the initiative achieve its expected results? • Yes • No • Partially Do you plan to sustain this initiative? • Yes • No Unsure	Added the following questions to the 2026 form: • Do you plan to sustain this initiative?	Questions were added to improve ability to monitor the demonstrations effectively.	Increase
N/A	**Use of Findings** Describe how you will use the evaluation results for program improvement or decision-making	Added the following questions to the 2026 form: • Describe how you will use the evaluation	Questions were added to improve ability to monitor the demonstrations effectively.	Increase

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		results for program improvement or decision-making		
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).	**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).	N/A	N/A	None

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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.	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.			
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	**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	N/A	N/A	None

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• 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.	• 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.			