MFP Work Plan Crosswalk

2023 (old version)	2026 (new version)	Type of Change	Reason for Change	Burden Change
A. General Information	**General Information**	N/A	N/A	None
B. Transition Benchmark 1. Provide the projected number of transitions for each target population during each quarter. This number includes qualified institutional residents who enroll in MFP, and are anticipated to be discharged from an institution to a qualified residence during the reporting period in the quarter. • 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 population (e.g., HIV/AIDS, brain injury)	**Transition Benchmark** Provide the projected number of transitions for each target population during each quarter. This number includes qualified institutional residents who enroll in MFP, and are anticipated to be discharged from an institution to a qualified residence during the reporting period in the quarter. • 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 population (e.g., HIV/AIDS, brain injury)	N/A	N/A	None
Transition Benchmark Strategy 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	**Transition Benchmark Strategy** 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. For new/restarting programs or when adding a new target population(s), explain the baseline period used to establish projections. For existing programs, summarize the trend from	Removed question 3	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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a required state or territory-specific initiative.	previous reporting periods and how these inform your updated benchmarks.			
Section C. State or territory-specific initiatives Are self-directed initiatives applicable to your state or territory? ○ Yes ○ No Are Tribal Initiatives to your state or territory? ○ Yes ○ No	**State or Territory-Specific Initiatives**	Removed the following questions from the 2026 form: • Are self-directed initiatives applicable to your state or territory? • Are Tribal Initiatives to your state or territory?	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
I. Initiative description 1. Initiative name: _____ 2. Describe the initiative, including key activities. 3. Work plan topic: [select one per initiative] ○ 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	**Add initiative** Provide the name of the initiative. You will then be asked to complete details for this initiative including a description, evaluation plan, and funding sources. Initiative name MFP Work Plan topic: ○ 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	Removed SDOH as a work plan topic from the 2026 form	MFP Work Plan topic removed to align with CMS priorities for the MFP demonstration.	Neutral

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○ 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, please specify (e.g., HIV/AIDS, brain injury): _____ 5. Start date: _____ *Enter projected start month/year for future initiatives or enter past start month/year for initiatives currently in process.* 6. Projected end date: _____ *Enter projected end date or enter "not applicable" if initiative will be ongoing without a set end point.*	○ 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 ○ Other, specify **Describe Initiative** Describe the initiative, including the gap, challenge, or opportunity it aims to address. **Key Activities** List the key activities currently in progress or planned for future implementation that must occur within the timeframe for starting and completing the initiative. Potential activities could include, but are not limited to, data collection and analysis to inform the initiative, coordination with internal divisions/agencies and external partners, any training required for the initiative (ex., training care coordinators), establishment of new contracts required for the initiative, and gathering data (through key metrics, informational interviews, surveys, etc.) to evaluate the success of the initiative. An initiative must			

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	have been implemented, tested, and evaluated to be considered completed. Target population(s): Enter the expected or actual start date for the initiative. Enter the date when the initiative was or will be completed.			
II. Evaluation plan 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. 3. Provide targets for the performance measures or indicators listed above. Include milestones and expected time frames for key deliverables. a. Does the performance measure include quantitative targets? Y/N b. [If yes] Complete the quarterly fields below. 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	**Initiative Evaluation** In this section, please provide information on a limited set of evaluation elements, including the evaluation's purpose and goals, key metrics and indicators, qualitative evaluation methods, and anticipated funding sources related to sustainability. You do not need to submit a comprehensive evaluation plan, or address all components described above. Purpose and Goals Briefly describe the purpose of your evaluation (1-3 sentences): **Add Key Metrics** • Performance indicator • Data Source ○ Surveys ○ Interviews ○ Administrative data ○ Focus groups ○ Service records ○ Observations ○ Other, specify	Removed the following questions from 2026 form: • 1. Objective • 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.	Details provided in the previous version were either determined to be redundant, no longer necessary to be provided in this report or required simplification Questions were added to improve ability to monitor the demonstrations effectively	Neutral

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territory agency parties and any key external partners for achieving this objective.	• Baseline Value • Baseline reporting state date • Baseline reporting period end date • Target/Benchmark Value • Projected date to achieve benchmark value **Qualitative Methods**	Added the following questions to the 2026 form: • Key activities • Purpose and goals • Baseline value • Performance indicator data source		
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 another funding source	**Funding Sources** Identify funding source(s): ○ MFP administrative cooperative agreement funding ○ MFP funding for qualified HCBS and demonstration services ○ MFP funding for supplemental services ○ State or territory funds equivalent to the MFP-enhanced Federal Medical Assistance Percentage (FMAP) ○ MFP capacity building funding	Removed table requesting projected quarterly expenditures for each initiative from the 2026 form	Details provided in the previous version were either determined to be redundant and captured in other reports	Reduced

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IV: Initiative Close-Out Complete the section below for initiatives with an end date during the upcoming semi-annual reporting period. 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 • Indicate reason for termination ○ Sustaining initiative through a Medicaid authority • Indicate alternative funding source	**Close-out** Projected end date Actual end date 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 ○ Sustaining initiative through a Medicaid authority	Removed the following questions from 2026 form: • Indicate reason for termination • Indicate alternative funding source	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