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Section A. Systems Assessment and Organization & Administration **Systems Assessment** 1. Describe the current LTC support systems that provide institutional and home and community-based services, including any major legislative initiatives that have affected the system. What State legislative and/or regulatory changes need to be made to further rebalance the LTC system and promote HCBS? 2. An assessment of what Medicaid programs and services are working together to rebalance the State's resources and a description of any institutional diversion and/or transitions programs or processes that are currently in operation. What additional Medicaid programs and services are needed to increase HCBS and decrease the use of institutional care? 3. Describe the number of potential participants who are now living in institutions including the number of residents in nursing homes who have indicated they would like to transition into the community. 4. Describe any current efforts to provide individuals with opportunities to self-direct their services and supports. Would your State be developing additional opportunities for participants to self- direct? 5. Describe the stakeholder involvement in your LTC system. How will you include consumers and	**Section A. MFP Program Overview** A.1. State or territory system and gap analysis • A 1.1. Summary of state or territory LTSS system and gap analysis o The summary must address these components: ▪ Identify LTSS population needs ▪ Identify geographic area(s) of need ▪ Identify ways the state or territory can test new approaches and flexibilities in its Medicaid programs to strengthen HCBS through the MFP Demonstration ▪ Identify ways to provide opportunities to furnish MFP Demonstration services in a more equitable manner ▪ Identify and determine measurable, attainable, and timely MFP Demonstration goals and outcomes A.2. Service areas and target groups of MFP Program • A.2.1. Service areas o Specify the service area(s) in which the MFP program operates. • A.2.2. Target groups o Complete Table A.1.2 to indicate the MFP target population(s) included in the state or territory's program and indicate the corresponding state or territory Medicaid agency administering Medicaid HCBS services and supports. Please note that target groups falling into the "Other" category must be defined here and throughout the OP. o Describe reasons for targeting certain MFP populations. Include geographic strategies, considerations specific to rural areas, provider network considerations, and alignment with	The new template more clearly describes the specific information requested. Responses to A.2.1 and A.2.2 are streamlined with the use of checkboxes and tables.	This section was redesigned to standardize and streamline responses.	Neutral

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families as well as other stakeholders in the implementation of the MFP program?	state or territory Olmstead plans and rebalancing strategies. A.3. Other information If needed, provide other information regarding the state or territory's service area(s), target populations, or reporting that is not addressed elsewhere in the template. **<u>Section G. Self-direction and nformal Caregiving</u>** G.1. Self-direction Describe any opportunities for MFP participants to receive HCBS as self-directed services. • G.1.1. Termination of self-direction ○ Describe how the state or territory accommodates a participant who voluntarily terminates self-direction to receive services through an alternate service delivery method, including how the state or territory assures continuity of services and participant health and welfare during the transition from self-direction to the alternative service delivery method. Describe the circumstances under which the state or territory will involuntarily terminate the use of self-direction and thus require the participant to receive provider-managed services instead. Specify procedures for switches from self-direction to provider-managed or other service delivery systems. G.2. Other information If needed, provide other information regarding self-direction and informal caregiving that is not addressed elsewhere in the template. **<u>Section D. Stakeholder Engagement</u>** Describe how the state or territory will engage a broad community of stakeholders, including but not limited to,			

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	Medicaid agency leadership, participants in HCBS programs, residents in long-term care facilities, long-term care facility staff, family members and other caregivers, HCBS providers, the aging and disability network, MCPs, housing providers, and the direct care workforce, to inform the state or territory's approach to the design of the MFP Demonstration and the ways in which the state or territory can leverage the MFP Demonstration to expand and enhance the HCBS system. Include a description of the state or territory's strategy(s), structure of the stakeholder process, engagement tools, communication process, and how the stakeholder process will be strengthened throughout the MFP program period of performance. D.1. Stakeholders States or territories may use Example Table D.1 to list stakeholders engaged in the design and implementation of the MFP Demonstration; to indicate the OP element(s) the stakeholders will be engaged with; and a brief description of the engagement structure, including the type and frequency of engagement and role(s) in the engagement process. D.2. Other Information If needed, provide other information regarding the state or territory's approach to stakeholder engagement that is not addressed elsewhere in the template.			
Administrative structure Describe the Administrative structure that will oversee the demonstration. Include the oversight of the Medicaid Director, which agency will be the lead agency, all departments and services that will partner together, the administrative support agencies that will provide data and finance support and what formal commitments will be made and by what method, (i.e. Memorandum of Agreement, reorganization).	**<u>Section B. Project Administration</u>** B.1.2. Administrative structure ○ Describe how the state or territory will structure the administration of the MFP program, including how roles and responsibilities will be coordinated across state or territory operating agencies and managed care plans (MCP) (if applicable). Clearly indicate how the organizational and structural administration will function to implement,	The new template more clearly describes the specific information requested, such as coordination between Medicaid agencies and managed care plans.	This section was redesigned to standardize and streamline responses.	Neutral

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	operate, and monitor the OP elements of the Demonstration. B.5. Other information If needed, provide other information regarding the state or territory's MFP Demonstration administration that is not addressed elsewhere in the template.	Responses to B.1.2 will be streamlined with the use of a table.		
Section B. Benchmarks *Provide a list of proposed annual benchmarks that establish empirical measures to assess the State's progress in transitioning individuals to the community and rebalancing its long-term care system. In the application, two specific benchmarks were required by all awardees. These two benchmarks are:* *• Meet the projected number of eligible individuals transitioned in each target group from an inpatient facility to a qualified residence during each calendar year of the demonstration.* *• Increase State Medicaid expenditures for HCBS during each calendar year of the demonstration program.* *In addition, awardees must propose, at a minimum, three additional measurable benchmarks which address elements of rebalancing. These benchmarks should be measures of the progress made by the State to direct savings from the enhanced FMAP provided by this project towards the development of systems improvements and enhancing ways in which money can follow the person into the community.* *The benchmarks must be stated as measurable, annual outcomes.*	**N/A**	The benchmarks section was removed and is now included in the MFP Work Plan.	Benchmarks are updated more frequently than the OPs and are conceptually appropriate for the MFP Work Plan.	Reduced

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B.1 Participant Recruitment and Enrollment *Describe:* *How the service provider will be selected and does the State intend to engage the State's Centers for Independent Living in some role in the transition process.* *Participant selection mechanism including the criteria and processes utilized to identify individuals for transitioning.* *Process to identify eligible individuals for transition from an inpatient facility to a qualified residence. Discuss the information/data that will be utilized (i.e., use of MDS Section "Q" or other institutional data); how access to facilities and residents will be accomplished; and the information that will be provided to individuals to explain the transition process and their options, as well as the state process for dissemination of such information.* *The qualified institutional settings that individuals will be transitioning from, including geographical considerations and targeting. If targeting certain facilities, name them and explain how the facilities being targeted meet the statutory requirements of an eligible institution.* *How state will verify minimum residency period conforms to federal requirements, and who is responsible for assuring that this requirement has been met.* *Process (who and when) for assuring that the MFP participant has been eligible for Medicaid at least*	**<u>Section C. Recruitment, Enrollment, Outreach, and Education</u>** C.1. MFP qualified inpatient facility recruitment • C.1.1. MFP qualified inpatient facility types ○ In Table C.1.1, describe how the state or territory will collect and verify that MFP participants are transitioning to the community from an MFP-qualified inpatient facility. Describe the process for each target population and inpatient facility type. If there are multiple "other" populations to note, illustrate the type(s) of inpatient facilities separately for each "other" population with a new row. • C.1.2. Institution for mental diseases (IMD) exclusion ○ For MFP programs transitioning MFP participants from an IMD (see PTC 14), provide a description of how the state or territory will verify that the: ▪ Individual meets the MFP individual eligibility criteria ▪ Individual is receiving one of these benefits: • Services for individuals ages 65 and older in an IMD, referred to as "IMD over 65" • Inpatient psychiatric services for individuals younger than 21, referred to as "psych under 21" • Medicaid beneficiaries ages 21 through 64 residing in an IMD who are receiving services that are covered under a	The new template more clearly describes the specific information requested. Added question C.1.2 about the IMD exclusion. Responses to C.1.1 are streamlined with the use of checkboxes and a table.	This section was redesigned to standardize and streamline responses.	Neutral

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one day prior to transition from the institution to the community. *Process for determining that the provision of HCBS to a participant enables that participant to live in the community . . . via an assessment that takes into consideration the readiness for an individual to transition in order to assure a sustainable transition.* *Processes to ensure participants and their families will have the requisite information to make informed choices about supports and services, i.e. how participants (or others) can notify appropriate authorities of abuse, neglect or exploitation.* *State policy re: re-enrollment into the demonstration, i.e. if a participant completes 12 months of demonstration services and is readmitted to an institution including a hospital, is that participant a candidate for another 12 months of demonstration services? If so, describe the provisions that will be taken to identify and address any existing conditions that led to re-institutionalization in order to assure a sustainable transition.*	Substance Use Disorder or Serious Mental Illness section 1115 demonstration • C.1.3. Strategies for recruiting MFP-qualified inpatient facilities o Describe strategies for recruiting MFP-qualified inpatient facilities to engage in the development and implementation of person-centered transition programs that offer residents the choice of leaving the facility to return to the community. Include geographic strategies, considerations specific to rural areas, alignment with state or territory Olmstead plans and rebalancing strategies, and facility access and engagement approaches. C.2. MFP participant recruitment and enrollment • C.2.1. Eligibility criteria for participation in MFP o Describe any state or territory-specific MFP eligibility criteria. For example, describe your state or territory's requirements for individuals' length of stay in an MFP-qualified inpatient facility if more than 60 consecutive days. See section IV of the MFP PTC for a description of MFP eligibility criteria. • C.2.2. Participant recruitment and enrollment processes o Describe the MFP participant recruitment and enrollment process, indicating differences as applicable for each target group and inpatient facility type identified in C.1.1. Include the following: ▪ Describe process to identify eligible individuals interested in transitioning from an inpatient facility to a qualified residence.			

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	▪ Describe the role of No Wrong Door (NWD) systems to recruit and enroll MFP participants. ▪ Describe how the state or territory will verify MFP individual eligibility criteria. ▪ Describe the provider(s) rendering services to recruit and enroll individuals into MFP. ▪ Describe how the state or territory will ensure a person-centered planning process during the MFP recruitment and enrollment process. The person-centered planning process must include a person-centered service plan that identifies the individual's needs and individualized strategies and interventions for meeting those needs, and be led by the individual and the individual's authorized representative if applicable. • C.2.3. Data sources for recruiting MFP participants o Describe how the state or territory will process and organize data sources to identify and recruit MFP participants. The description must include the use of the Minimum Data Set (MDS) Section Q and must describe any variability among MFP target populations, MFP-qualified inpatient facilities, and state or territory operating agencies. C.3. Outreach and Marketing to Participants, Providers, and Stakeholders • C.3.1. Marketing plan o Describe how the state or territory will develop and implement a marketing plan to recruit and enroll MFP participants. Include a description of the following:			

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	▪ Strategy or strategies to provide cultural, linguistic, and disability competency in the production and dissemination of marketing materials ▪ Types of marketing materials and tools ▪ Types of media approaches (print, radio, television, direct mail, social media, search engine, and so on) ○ Upload printed marketing materials or provide an external link to the materials in the appendix, as appropriate. • C.3.2. Outreach and education plan ○ Describe how the state or territory will develop and implement an outreach and education plan to recruit MFP inpatient facility providers, service providers, affordable and accessible housing providers, community-based organizations, and other relevant stakeholders. Include a description of the following: ▪ Methods and tools ▪ Collaboration opportunities ▪ Types of events and trainings ○ Upload outreach and education materials into the appendix or provide an external link • C.5.2. Re-enrollment ○ Describe the state or territory's MFP re-enrollment policy (1) for individuals who have been re-institutionalized or hospitalized prior to completing their 365-day MFP enrollment period, and (2) for individuals who have been re-institutionalized after completing their 365-day MFP enrollment period. Include actions that occur at 30- and 60-day intervals during an individual's institutional or hospital stay. C.6. Other information			

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	If needed, provide other information regarding the state or territory's approach to recruitment, enrollment, outreach, and education that is not addressed elsewhere in the template.			

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B. 2 Informed Consent and Guardianship *Describe the procedures used to obtain informed consent from participants to enroll in the demonstration. Specifically include the State's criteria for who can provide informed consent and what the requirements are to "represent" an individual in this matter.* *In addition, the informed consent procedures must ensure all demonstration participants are aware of all aspects of the transition process, have full knowledge of the services and supports that will be provided both during the demonstration year and after the demonstration year, and are informed of their rights and responsibilities as a participant of the demonstration. Include copies of all informed consent forms and informational materials.* *Provide the policy and corollary documentation to demonstrate that the MFP demonstration participants' guardians have a known relationship and do interact with the participants on an ongoing basis; and have recent knowledge of the participants' welfare if the guardians are making decisions on behalf of these participants. The policy should specify the level of interaction that is required by the State.*	**Section C. Recruitment, Enrollment, Outreach, and Education** C.4. Informed Consent • C.4.1 Informed consent criteria o Describe how the state or territory will implement procedures for obtaining informed consent. Include the following: ▪ Process for ensuring that each eligible individual or the individual's authorized representative will be provided the opportunity to make an informed choice regarding whether to participate in the MFP Demonstration ▪ Process for ensuring that each eligible individual or the individual's authorized representative will have input into, and approve the selection of, the qualified residence in which the individual will reside and the setting in which the individual will receive HCBS ▪ Process for ensuring individuals are informed about all aspects of the transition process; have full knowledge of the services and supports that will be provided both during and after the program year; and are informed of their rights and responsibilities as a participant, including the right to file reports or complaints regarding violation of their rights or other critical incidents ▪ Method(s) for obtaining informed consent (written, verbal, digital, and so on) o Provide an external link to informed consent forms and informational material. Alternatively, paste or embed those materials into the	The new template more clearly describes the specific information requested.	This section was redesigned to standardize and streamline responses.	Neutral

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	appendix or the text box below. If using the appendix, use the text box to indicate where in the appendix these materials can be found. C.5. Authorized representatives • C.5.1. Procedures for MFP engagement with an authorized representative o Describe how the MFP Demonstration will engage with an authorized representative and how the process aligns with state or territory policy. Include the following: ▪ Procedures for engaging with an authorized representative as part of an individual's person-centered planning process during the transition period and the 365-day MFP enrollment period ▪ Specific strategies and approaches when working with inpatient facility administrators who are serving as an authorized representative, particularly around identifying and eliminating conflict of interest concerns ▪ Process for verifying that an MFP participant's authorized representative has (1) a known relationship with the individual; (2) ongoing interaction with the individual; and (3) recent knowledge of the individual's welfare C.6. Other Information If needed, provide other information regarding the state or territory's approach to recruitment, enrollment, outreach, and education that is not addressed elsewhere in the template			
B.3 Outreach, Marketing and Education *Describe:*	**<u>Section C. Recruitment, Enrollment, Outreach, and Education</u>**	The new template more clearly describes the	This section was redesigned to standardize and	Reduced

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The information that will be communicated to enrollees, participating providers, and State outreach /education or intake staff (such as social services workers and caseworkers); *Types of media to be used;* *Specific geographical areas to be targeted;* *Locations where such information will be disseminated;* *Staff training plans, plans for State forums or seminars to educate the public;* *The availability of bilingual materials/interpretation services and services for individuals with special needs;* *How eligible individuals will be informed of cost sharing responsibilities (if any)*	C.3. Outreach and marketing to participants, providers, and stakeholders • C.3.1. Marketing plan ○ Describe how the state or territory will develop and implement a marketing plan to recruit and enroll MFP participants. Include a description of the following: ▪ Strategy or strategies to provide cultural, linguistic, and disability competency in the production and dissemination of marketing materials ▪ Types of marketing materials and tools ▪ Types of media approaches (print, radio, television, direct mail, social media, search engine, and so on) ○ Upload printed marketing materials or provide an external link to the materials in the appendix, as appropriate. • C.3.2. Outreach and education plan ○ Describe how the state or territory will develop and implement an outreach and education plan to recruit MFP inpatient facility providers, service providers, affordable and accessible housing providers, community-based organizations, and other relevant stakeholders. Include a description of the following: ▪ Methods and tools ▪ Collaboration opportunities ▪ Types of events and trainings ○ Upload outreach and education materials into the appendix or provide an external link. • C.3.3. Stevens Amendment and accessibility requirements ○ Select the boxes below to confirm the state or territory adheres to the requirements regarding the Stevens Amendment and complies with accessibility laws.	specific information requested. The new template streamlines response with the option to hyperlink to or embed relevant materials. Added question C.3.3., a request for confirmation that the state is compliant with the Stevens amendment. This section now reduces redundancy in the original template instructions where marketing, outreach, and education questions with content overlap were previously included in several sections (B.1 Participant Recruitment and Enrollment, B.3 Outreach, Marketing, and Education, and B.6 Consumer Supports).	streamline responses and remove redundancy to reduce reporting burden.	

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	▪ The state or territory affirms that it has established procedures for complying with the requirement in Section 26.G and 26.H of the CMS Standard Terms and Conditions (STC) regarding the Stevens Amendment, which describes actions Federal award recipients must take when engaging in public reporting and acknowledgement of sponsors. ▪ The state or territory acknowledges responsibility for complying with federal laws regarding accessibility (Attachment B of CMS STC). C.6. Other information If needed, provide other information regarding the state or territory's approach to recruitment, enrollment, outreach, and education that is not addressed elsewhere in the template			
B.4 Stakeholder Involvement *How the State will involve stakeholders including consumer representatives in the Implementation Phase of this demonstration, and how these stakeholders will be meaningfully involved throughout the life of the demonstration grant.* *Please include:* *a. A chart that reflects how the stakeholders relate to the organizational structure of the grant and how they influence the project.* *b. A brief description of how consumers' will be involved in the demonstration.* *c. A brief description of community and institutional providers' involvement in the demonstration.*	**<u>Section D. Stakeholder Engagement</u>** Describe how the state or territory will engage a broad community of stakeholders, including but not limited to, Medicaid agency leadership, participants in HCBS programs, residents in long-term care facilities, long-term care facility staff, family members and other caregivers, HCBS providers, the aging and disability network, MCPs, housing providers, and the direct care workforce, to inform the state or territory's approach to the design of the MFP Demonstration and the ways in which the state or territory can leverage the MFP Demonstration to expand and enhance the HCBS system. Include a description of the state or territory's strategy(s), structure of the stakeholder process, engagement tools, communication process, and how the stakeholder process will be strengthened throughout the MFP program period of performance. D.1. Stakeholders	The new template more clearly describes the specific information requested. Responses to D.1 will be streamlined with the use of a table.	This section was redesigned to standardize and streamline responses.	Reduced

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d. A description of the consumers' and community and institutional providers' roles and responsibilities throughout the demonstration. *e. The operational activities in which the consumers and community and institutional providers are involved.*	States or territories may use Example Table D.1 to list stakeholders engaged in the design and implementation of the MFP Demonstration; to indicate the OP element(s) the stakeholders will be engaged with; and a brief description of the engagement structure, including the type and frequency of engagement and role(s) in the engagement process. D.2. Other information If needed, provide other information regarding the state or territory's approach to stakeholder engagement that is not addressed elsewhere in the template.			
B.5 Benefits and Services *Describe* *The service delivery system(s) used for each population that the State will serve through the MFP Demonstration.* *Include both the delivery mechanism (fee-for-service, managed care, self-directed, etc.) and the Medicaid mechanism through which qualified HCBS will be provided at the termination of the demonstration period (1915 a, b, c or combination waiver, 1115 demonstration, Medicaid State Plan, 1915i and 1915j, etc.).* *For all HCBS demonstration services and supplemental demonstration services State must detail the plan for providers or the network used to deliver these services. Some demonstration services may be added to existing 1915 waivers during the MFP program period, but the services that are not added and the supplemental services not paid for through Medicaid will end at the 365th day for each individual participant.*	**<u>Section E. Benefits and Services</u>** Describe how the MFP Demonstration will provide opportunities for MFP participants to receive high-quality services in their own home or community rather than institutions. The state or territory must describe qualified HCBS (PTC 16 and Attachment A in the PTCs), Demonstration services (PTC 17), and supplemental services (PTC 24) that it will provide under the MFP Demonstration. E.1. Qualified HCBS The qualified HCBS program is the Medicaid service package(s) that the state or territory will make available to an MFP participant when they move to a community-based residence. This program can be comprised of any Medicaid home and community-based state plan services and HCBS waiver program services. MFP-qualified HCBS are listed and described in Attachment A to the MFP PTC. • The state or territory must describe: ○ Qualified HCBS available to MFP participants ○ Target population ○ Any proposed Medicaid coverage strategy to amend and implement changes to the state plan or HCBS waiver program(s) to carry out the	The new template more clearly describes the specific information requested. Added additional questions about transition coordination services and housing-related services and supports in Section F. Responses to most questions in Section E and F.1.3 will be streamlined with the use of checkboxes or a table.	This section was redesigned to standardize and streamline responses. Transition coordination and housing-related supports were previously referenced in various sections (B.5 Benefits and Services and B.6 Consumer Supports) but an increased focus on these services necessitates dedicated questions.	Increased

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List the service package that will be available to each population served by the Demonstration program. Include only services that are provided through the demonstration (home and community-based long-term care services and supplemental services). ***Do not include acute care service or institutional services that will be paid for through the regular Medicaid program****.* *In a chart, divide the service list(s) into Qualified Home and Community-Based Program Services, HCBS demonstration services, and supplemental demonstration services reflecting the categories of MFP services. If any qualified HCBS are not currently available to Medicaid recipients (and therefore not included in the State's maintenance of effort calculations), explain when and how they will be added to the Medicaid program.* *For HCBS demonstration services and supplemental demonstration services, indicate the billable unit of service and the rate proposed by the State. For supplemental demonstration services, provide any medical necessity criteria that will be applied as well as the provider qualifications.*	Demonstration; these descriptions must indicate: ○ The specific HCBS program that will be changed or amended ▪ Which authority the HCBS program operates under ▪ When the change or amendment will occur ○ The state or territory may insert information using (1) Example Table E.1, (2) a description in the text response box below, or (3) a combination of both a table and separate text description. E.2.MFP Demonstration services • E.2.1. Demonstration service description ○ MFP Demonstration services are qualified HCBS that could be provided, but are not currently provided, under the state or territory's Medicaid program. Demonstration services must be reasonable and necessary, not available to the participant through other means, and clearly specified in the participant's service plan. The state or territory is expected to test and evaluate Demonstration services. Demonstration services are not required to continue after the conclusion of the MFP Demonstration or for the participant at the end of the 365-day enrollment period. Demonstration service descriptions must include: ▪ The qualified HCBS Medicaid authority under which the service could be covered ▪ The target population(s) receiving the service ▪ For a new Demonstration service not currently covered under the state or			

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	territory's HCBS program, a description of the scope of the service including a definition of the discrete service; a complete list and description of any goods and services that will be provided; any conditions that apply to the provision of the service; and eligibility or medical necessity criteria ▪ For a Demonstration service currently authorized under the state or territory's Medicaid program, a description of how the service complements or supplements the authorized HCBS in an amount, frequency, scope, or duration greater than allowed under the state or territory's Medicaid program ▪ A description of how the state or territory will test and evaluate the service to determine whether the service contributes to the successful transition and community functioning of an MFP participant ○ The state or territory may insert information using (1) Example Table E.2.1, (2) a description in the text response box, or (3) a combination of both a table and separate text description. E.3. MFP supplemental services • E.3.1 Supplemental service descriptions ○ Supplemental services are one-time services to support an MFP participant's transition that are otherwise not allowable under the Medicaid program. Supplemental services must be reasonable and necessary, not available to the participant through other means, and clearly specified in the participant's service plan. Supplemental services are not required to			

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	continue after the conclusion of the MFP Demonstration or for the participant at the end of the 365-day enrollment period. The state or territory is expected to test and evaluate supplemental services. Supplemental service descriptions must include: ▪ The target population(s) receiving the service ▪ The category of the supplemental service (short-term housing assistance, food security, payment for activities prior to transitioning from an MFP-qualified inpatient facility, payment for securing a community-based-home) ▪ The scope of the service, including a definition of the discrete service (for example, if providing payment for activities prior to transitioning from an MFP-qualified inpatient facility, describe each discrete activity under this category, such as home accessibility modifications, vehicle adaptations, and home cleaning) ▪ An assurance that services are responsive to a person's needs and wants described in a person-centered plan ▪ A complete list and description of any goods and services that will be provided ▪ Any conditions that apply to the provision of the service ▪ How the state or territory will test and evaluate the service to determine whether the service contributes to the successful transition and community functioning of an MFP participant			

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	▪ Under the payment for activities prior to transitioning from an MFP-qualified inpatient facility, please include the following information for each discrete activity: ▪ Specify the time period for when payment to a provider for rendering the supplemental service will occur (e.g., up to 15 days prior to discharge/transition to the community date) ▪ Specify the time-period for when the service will be rendered (e.g., up to 15 days prior to discharge/transition date) o The state or territory must insert information using Example Table E.3.1, and may provide additional information in the text response box below. E.4. Managed Long-Term Services and Supports Check the box below to indicate whether your state or territory operates an Medicaid MLTSS program. ▪ Yes, the state or territory operates an MLTSS program that includes providing HCBS to these populations: (check all that apply). o Older adults o Adults with PD o Individuals with I/DD o Individuals with MH/SUD o Other, please specify (e.g., HIV/AIDS, brain injury) For states or territories that selected "Yes", describe how the state or territory implements the MFP Demonstration under managed care programs. Clearly indicate the qualified HCBS, Demonstration, and supplemental services that are delivered under managed care. Additionally, describe how the MFP Demonstration supports or complements the state or territory's MLTSS strategy for expanding HCBS, promoting			

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	community integration, ensuring quality, and increasing efficiency. E.2. MFP Demonstration Services • E.2.1. Demonstration Service Description ○ MFP Demonstration services are qualified HCBS that could be provided, but are not currently provided, under the state or territory's Medicaid program. Demonstration services must be reasonable and necessary, not available to the participant through other means, and clearly specified in the participant's service plan. The state or territory is expected to test and evaluate Demonstration services. Demonstration services are not required to continue after the conclusion of the MFP Demonstration program or for the participant, at the end of the 365-day enrollment period. Demonstration service descriptions must include: ▪ The qualified HCBS Medicaid authority under which the service could be covered ▪ The target population(s) receiving the service ▪ For a new Demonstration service not currently covered under the state or territory's HCBS program, a description of the scope of the service including a definition of the discrete service; a complete list and description of any goods and services that will be provided; any conditions that apply to the provision of the service; and eligibility or medical necessity criteria ▪ For a Demonstration service currently authorized under the state or			

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	territory's Medicaid program, a description of how the service complements or supplements the authorized HCBS in an amount, frequency, scope, or duration greater than allowed under the state or territory's Medicaid program ▪ A description of how the state or territory will test and evaluate the service to determine whether the service contributes to the successful transition and community functioning of an MFP participant ○ The state or territory may insert information using: (1) Example Table E.3.1; (2) a description in the text response box; or (3) utilize a combination of both a table and separate text description. • E.3.2. Supplemental servies housing plan and food security plan ○ If providing short-term housing assistance or food pantry stocking, upload the required housing plan or food security plan that describes how these services will be administered and sustained. See the March 31, 2022 Note to MFP Recipients: Announcement of Certain Changes to Supplemental Services under the MFP Demonstration for specific requirements for the housing and food security plans. E.5. Service providers • E.5.1. Qualified HCBS, MFP Demonstration, and supplemental service providers ○ For each qualified HCBS, MFP Demonstration, and supplemental service, include the following:			

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	▪ Describe how the MFP Demonstration will ensure that MFP participants are offered the choice of a qualified Medicaid provider under a person-centered planning process. ▪ Describe how the state or territory will ensure that providers have sufficient experience and training in the provision of their applicable supplemental services. ▪ Describe how the state or territory provides access to needed services or manages a waiting list when provider shortages or other barriers prevent timely provision of HCBS, MFP Demonstration, and supplemental services. ▪ Describe how the MFP program will ensure that MFP participants are offered the choice of a Medicaid-qualified provider under a person-centered planning process of the Medicaid authority limiting participants' choice of provider. ○ The state or territory may insert information using (1) Example Table E.5.1, (2) a description in the text response box, or (3) a combination of both a table and separate text description. E.6. Other information If needed, provide other information regarding the state or territory's benefits and services that is not addressed elsewhere in the template. **<u>Section F. Transition and Housing Services</u>** F.1. Transition services • F1.1. Comprehensive transition coordination services			

OP INSTRUCTIONS (July 2010)	OP Template (July 2023)	Type of change	Reason for Change	Burden Change
	○ Describe how the state or territory's MFP Demonstration will implement comprehensive transition coordination services during these three phases: (1) pre-transition, (2) transition, and (3) during an MFP participant's 365-day enrollment period. Include the following: ▪ Description of transition case management activities ▪ Description of person-centered planning in the transition coordination process, including: • How the state or territory's MFP program will ensure that each MFP participant's service plan is individualized to provide the services and supports needed to live in the community • How MFP participants and (as appropriate) their chosen support network will direct or otherwise provide input to the development of their service plan ▪ Steps in the transition coordination process ▪ Communication process between MFP transition coordination and Medicaid HCBS programs ▪ How transition coordination services advance health for all people served ▪ How transition coordination services promote community-integration ○ Use discrete descriptions for each target population. • F.1.2. Transitions under managed care plans			

OP INSTRUCTIONS (July 2010)	OP Template (July 2023)	Type of change	Reason for Change	Burden Change
	○ If MFP participants are required to enroll in a managed long-term care or comprehensive managed care plan, clearly describe how the MFP Demonstration will coordinate the delivery of comprehensive transition coordination services with the MCP. Include the following: ▪ Describe the roles and responsibilities for the MCP during each transition phase: (1) pre-transition, (2) transition phase, and (3) during an MFP participant's 365-day enrollment period ▪ Describe how the MFP program will ensure that MCPs provide all data and related documentation necessary to monitor and evaluate MFP transition coordination services, including identifying MFP managed care encounters through the Transformed Medicaid Statistical Information System (T-MSIS). • F.1.3. Housing-related services and supports ○ Describe how the state or territory will structure, organize, and implement housing-related supports and services to increase affordable and accessible housing opportunities for MFP participants. Account for any differences between target population groups and geographic service areas, specifically in rural service areas. ○ Select the following housing-related services and supports available to MFP participants. See the State Health Official letter #21-001 RE: Opportunities in Medicaid and CHIP to Address Social Determinants of Health (SDOH) for a description of housing-related services and supports.			

OP INSTRUCTIONS (July 2010)	OP Template (July 2023)	Type of change	Reason for Change	Burden Change
	▪ Home accessibility modifications (provide a dollar amount available per participant) ▪ One-time community transition costs (provide a dollar amount available per participant) ▪ Pre-tenancy supports ▪ Tenancy supports			
B.6 Consumer Supports *Describe:* *Process and activities that the state will implement to ensure that the participants have access to the assistance and support that is available under the demonstration including back–up systems and supports, and supplemental support services that are in addition to the usual HCBS package of services.* *Provide:* *a. A description of the educational materials used to convey procedures the State will implement in order for demonstration participants to have needed assistance and supports and how they can get the assistance and support that is available;* *b. A description of any 24 hour backup systems accessible by demonstration participants including critical services and supports that are available and how the demonstration participants can access the information (such as a toll free telephone number and/or website).* *Include:* *Information for back-up systems including but not limited to: i. Transportation;* *ii. Direct service workers;*	**<u>Section I. Quality Measurement, Assurance, and Monitoring</u>** I.2. Additional MFP quality assurance requirements • Describe how the state or territory will address the three additional MFP quality assurance requirements for (1) 24-hour backup systems for crucial services, (2) risk assessment and mitigation, and (3) incident management. For each requirement, describe how the state or territory will monitor its use and effectiveness and explain any variations by target population, geography, or any other factor. Describe the protocol for the reporting of incidents to the state or territory's critical incident systems for the state's HCBS program(s). • I.2.1. 24-hour back-up systems for critical services o Using the table shell below, describe any 24-hour backup systems accessible by Demonstration participants, as well as how participants can access the systems (for example, toll-free telephone number or website). The state or territory should describe, at a minimum, the backup systems related to (1) critical services, (2) transportation, (3) direct care workers, (4) repair and replacement for durable medical equipment (DME) and other equipment (including provision of loaning equipment while repairs are being made), and (5) access to medical care (including how participants are assisted with initial appointments, how to make appointments, and how to deal with appointment or care issues).	The new template moved questions about educational material to Section C (Recruitment, Enrollment, Outreach, and Marketing) and questions about quality measurement, assurance, and monitoring to an expanded Quality section (Section I). As a result, there is no Consumer Supports section in the template. The new template more clearly describes the specific information requested. Responses to I.1.2 and I.2.1 will be streamlined with the use of checkboxes or a table.	There is no Consumer Supports section in the template because the questions in these sections were moved to other sections to reduce redundancy and improve the logical placement of these topics. These sections were redesigned to standardize and streamline responses.	Reduced

OP INSTRUCTIONS (July 2010)	OP Template (July 2023)	Type of change	Reason for Change	Burden Change
iii. Repair and replacement for durable medical and other equipment (and provision of loan equipment while repairs are made); and iv. Access to medical care: individual is assisted with initial appointments, how to make appointments and deal with problems and issues with appointments and how to get care issues resolved. *A copy of the complaint and resolution process when the back–up systems and supports do not work and how remediation to address such issues will occur.*	Add as many rows as needed to capture all backup systems available to Demonstration participants. ○ Describe the organization of 24-hour backup systems. Explain which state, territory, or local agencies are responsible for providing 24-hour, seven day per week emergency backup in all geographical areas in which the MFP Demonstration will operate and for each target group if it varies. ○ Describe the process for receiving and resolving participant complaints when the backup systems and supports do not work. **Section C. Recruitment, Enrollment, Outreach, and Education** C.4. Informed consent • C.4.1. Informed consent criteria ○ Describe how the state or territory will implement procedures for obtaining informed consent. Include the following: ▪ Process for ensuring that each eligible individual or the individual's authorized representative will be provided the opportunity to make an informed choice regarding whether to participate in the MFP Demonstration ▪ Process for ensuring that each eligible individual or the individual's authorized representative will have input into, and approve the selection of, the qualified residence in which the individual will reside and the setting in which the individual will receive HCBS ▪ Process for ensuring individuals are informed about all aspects of the transition process; have full knowledge of the services and supports that will			

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	be provided both during and after the program year; and are informed of their rights and responsibilities as a participant, including the right to file reports or complaints regarding violation of their rights or other critical incidents ▪ Method(s) for obtaining informed consent (written, verbal, digital, and so on) ○ Provide an external link to informed consent forms and informational material. Alternatively, paste or embed those materials into the appendix or the text box below. If using the appendix, use the text box to indicate where in the appendix these materials can be found.			
B.7 Self-Direction *Sub-Appendix I is considered part of the Operational Protocol and is required for States using self-direction for MFP demonstration participants.* *CMS requires that adequate and effective self-directed supports are in place. Provide a description of the self-direction opportunities under the demonstration [before the Institutional Review Board (IRB) approval?]* *Describe how the State accommodates a participant who voluntarily terminates self-direction in order to receive services through an alternate service delivery method, including how the State assures continuity of services and participant health and welfare during the transition from self-direction to the alternative service delivery method.*	**Section G. Self-Direction and Informal Caregiving** G.1. Self-direction Describe any opportunities for MFP participants to receive HCBS as self-directed services. • G.1.1. Termination of self-direction ○ Describe how the state or territory accommodates a participant who voluntarily terminates self-direction to receive services through an alternate service delivery method, including how the state or territory assures continuity of services and participant health and welfare during the transition from self-direction to the alternative service delivery method. Describe the circumstances under which the state or territory will involuntarily terminate the use of self-direction and thus require the participant to receive provider-managed services instead. Specify procedures for switches from self-direction to provider-managed or other service delivery systems.	The new template more clearly describes the specific information requested. Removed the question about the MFP Demonstration's self-direction goal.	This section was redesigned to standardize and streamline responses. The self-direction goal question was removed because specific goal targets are updated more frequently than the OPs.	Reduced

OP INSTRUCTIONS (July 2010)	OP Template (July 2023)	Type of change	Reason for Change	Burden Change
Specify the circumstances under which the State will involuntarily terminate the use of self-direction and thus require the participant to receive provider-managed services instead. Please include information describing how continuity of services and participant health and welfare will be assured during the transition. *Specify the State's goal for the unduplicated number of demonstration participants who are expected to avail themselves of the demonstration's self-direction opportunities.*				
B.8 Quality *Describe the State's quality Improvement system (QI S) for MFP participants during the 365-day demonstration period, and what system they will be transitioned to after the 365 day demonstration period.* *Demonstrate how services during the 365 day transition period will: inform the CMS evaluation of the state's MFP demonstration; and meet or exceed the guidance for a QIS in version 3.5 of 1915(c) HCBS waiver application.* *If the State plans to integrate the MFP demonstration into a* ***new or existing 1915(c) waiver*** *or* ***HCBS SPA,*** *the State must provide written assurance that the MFP demonstration program will incorporate, at a minimum, the same level of quality assurance and improvement activities articulated in Appendix H of the existing 1915(c) HCBS waiver application during the*	**<u>Section I. Quality Measurement, Assurance, and Monitoring</u>** I.1. Quality Assurance and improvement • I.1.1. Quality management strategy ○ Provide as an appendix a comprehensive and integrated quality management strategy. Describe how the state or territory assures quality and continuously improves the quality of HCBS under the state Medicaid program, and assures the health and welfare of individuals participating in the MFP Demonstration. Include state or territory initiatives to improve the quality of services received by individuals receiving HCBS through the MFP Demonstration and the systems that serve them. Include how the state or territory monitors and evaluates the quality of services provided to MFP participants (including supplemental services), the roles and responsibilities of all agencies involved, and remediation and improvement processes. ○ Describe the program's targeted system performance requirements to which the critical services apply, aligning with assurances defined	The new template more clearly describes the specific information requested. Added question about the HCBS quality measures set (I.1.3), which was released in 2022. Responses to I.1.2 and I.2.1 will be streamlined with the use of checkboxes or a table.	This section was redesigned to standardize and streamline responses.	Neutral

OP INSTRUCTIONS (July 2010)	OP Template (July 2023)	Type of change	Reason for Change	Burden Change
transition and during the 12 month demonstration period in the community. *The state need not provide documentation of the QMS already in place that will be utilized for the demonstration. But, [do] provide assurances that: i. this system will be employed under the demonstration; and ii. items in section (C) below are addressed.* *Briefly describe how existing waiver QIS will be modified to ensure adequate oversight/monitoring of MFP participants.* *If the State plans to utilize existing **1915(b), State Plan Amendment (SPA) or an 1115 waiver** to serve individuals during and after the MFP transition year, t provide written assurance that the MFP demonstration program will incorporate the same level of quality assurance and improvement activities required under the 1915(c) waiver program during the individual's transition and for the first year the individual is in the community. Explain how the (1915(b), SPA, or 1115 program will address items below.* *C. The QIS under the MFP demonstration must address the waiver assurances in version 3.5 of the 1915(c) HCBS waiver application: i. Level of care determinations; ii. Service plan description; iii. Identification of qualified HCBS providers for those participants being transitioned; iv. Health and welfare; v. Administrative authority; and vi. Financial accountability.*	within the section 1915(c) HCBS waiver program, including that (1) the state or territory conducts level-of-care need determinations consistent with the need for institutionalization, (2) plans of care are responsive to participants' needs, (3) qualified providers serve participants, (4) health and welfare of participants is protected, (5) state or territory Medicaid agency retains administrative authority over the program, and (6) the state or territory provides financial accountability of the program. ○ If the state or territory plans to integrate the MFP program into a new or existing section 1915(c) HCBS waiver program, section 1915(i) state plan HCBS, section 1915(j) self-directed personal care services, section 1915(k) Community First Choice, or a section 1115 demonstration, provide a link to the approved quality improvement system (QIS), for example as found in: ▪ Appendix H of the section 1915(c) HCBS waiver application ▪ QIS information provided in the section 1915(i) state plan application ▪ The quality assurance and improvement plan used to monitor and evaluate the section 1915(j) self-directed option ▪ The quality assurance and improvement strategy used to monitor the section 1915(k) Community First Choice State Plan option ▪ Section IV of the section 1115 demonstration application, describing how delivery system reforms will impact quality, access, cost of care,			

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	and health status of the covered populations ○ Describe how the HCBS state or territory plan, section 1115 demonstration, or waiver program's existing QIS is or will be modified to ensure adequate oversight and monitoring of the MFP program. • I.1.2. Quality assurance attestation ○ Select this box to indicate the state or territory will cooperate in carrying out activities to develop and implement continuous quality assurance and quality improvement systems for HCBS and LTSS. • I.1.3. HCBS quality measures ○ Describe how your state or territory plans to select an experience of care survey or surveys and report on the HCBS Quality Measure Set. ○ Describe any limitations in the data sources or calculations used to report the HCBS Quality Measure Set, as well as any other anticipated challenges for reporting. ○ Describe how HCBS Quality Measure Set data will be used to support MFP program monitoring and improvement. ○ Please list the responsible party and any key partners for reporting on the HCBS Quality Measure Set and driving improvement. I.2. Additional MFP quality assurance requirements Describe how the state or territory will organize the three additional MFP quality assurance requirements for (1) 24-hour back-up systems for crucial services, (2) risk assessment and mitigation, and (3) incident management. For each requirement, describe how the state or territory will monitor its use and effectiveness and explain any variations by target population, geography, or any other factor. Describe the protocol for the reporting of incidents to the state or			

OP INSTRUCTIONS (July 2010)	OP Template (July 2023)	Type of change	Reason for Change	Burden Change
	territory's critical incident systems that serves the Medicaid waiver program. • I.2.1. 24-hour back-up systems for critical services ○ Using the table shell below, describe any 24-hour backup systems accessible by Demonstration participants, as well as how participants can access the systems (for example, toll-free telephone number or website). The state or territory should describe, at a minimum, the backup systems related to (1) critical services, (2) transportation, (3) direct care workers, (4) repair and replacement for durable medical equipment (DME) and other equipment (including provision of loaning equipment while repairs are being made), and (5) access to medical care (including how participants are assisted with initial appointments, how to make appointments, and how to deal with appointment or care issues). Add as many rows as needed to capture all backup systems available to Demonstration participants. ○ Describe the organization of 24-hour backup systems. Explain which state, territory, or local agencies are responsible for providing 24-hour, seven day per week emergency backup in all geographical areas in which the MFP Demonstration will operate and for each target group if it varies. ○ Describe the process for receiving and resolving participant complaints when the backup systems and supports do not work. • I.2.2. Risk assessment and mitigation ○ Describe the organization of risk assessment and mitigation processes for all program participants, including monitoring. • I.2.3. Incident management system			

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	○ Assure that MFP critical incidents are reported through the state or territory's incident management systems for Medicaid HCBS. Describe the organization of the incident management system used to monitor the health and welfare of MFP participants. Identify the state entity responsible for receiving, reviewing, and responding to MFP critical incident reports and investigating consumer complaints regarding violation of their rights. If applicable, clearly describe how the policy differs by situation (for instance, by participant population group, qualified institutional setting, or operating division). I.3. OtheriInformation ○ If needed, provide other information regarding the state or territory's approach to quality that is not addressed elsewhere in the template.			
B.9 Housing *Describe process for documenting the type of residence in which each participant is living (See chart for examples in Sub-Appendix II). The process should categorize each setting in which an MFP participant resides by its type of "qualified residence" and by how the State defines the supported housing setting, such as:* *i. Owned or rented by individual,* *ii. Group home,* *iii. Adult foster care home,* *iv. Assisted living facility, etc.* *If appropriate, identify how each setting is regulated.* *Describe how the State will plan to achieve a supply of qualified residences so that each eligible*	**<u>Section F. Transition and Housing Services</u>** F.2. Partnerships with state or territory and local housing entities • Describe how the state or territory will develop and sustain partnerships with state or territory and local housing agencies to increase access to affordable and accessible housing for MFP participants. Include the following: ○ How the state or territory will put in place partnership arrangements with state or territory and local housing entities ○ How the state or territory will work with those entities to assist MFP participants to obtain affordable and accessible housing ○ Description of the proposed infrastructure expenditures to support housing partnerships; examples of infrastructure expenditures include:	The new template more clearly describes the specific information requested.	This section was redesigned to standardize and streamline responses.	Neutral

OP INSTRUCTIONS (July 2010)	OP Template (July 2023)	Type of change	Reason for Change	Burden Change
individual or the individual's authorized representative can choose a qualified residence prior to transitioning. *This narrative must:* *i. Describe existing or planned inventories and/or needs assessments of accessible and affordable community housing for persons with disabilities/chronic conditions; and* *ii. Explain how the State will plan to address any identified housing shortages for persons transitioning under the MFP demonstration grant, including:* *iii. Address how the State Medicaid Agency and other MFP stakeholders will work with Housing Finance Agencies, Public Housing Authorities and the various housing programs they fund to meet these needs; and* *iv. Identify the strategies the State is pursuing to promote availability, affordability or accessibility of housing for MFP participants.*	▪ Housing specialist position(s)—responsible for developing/maintaining system-level partnerships with state or territory and local housing entities ▪ Technology—for example, electronic referral systems, shared data platforms, screening tool, case management systems, databases/data warehouses, housing registry ▪ Workforce development—for example, training, housing coordination certification, cultural competency training Outreach, education, and stakeholder convening—for example, design and production of outreach and education materials, translation, investments in stakeholder convening F.3. MFP-qualified residence • Describe how the state or territory will verify and document the type of MFP-qualified residence (see PTC 15) an MFP participant resides in during the 365-day enrollment period. Use discrete descriptions for each target population if applicable. Include the following: o Description of the process for identifying MFP-qualified residences o Description of the provider(s) responsible for verifying and documenting the type of MFP-qualified residence o Assessments or tools for screening MFP-qualified residences, including: ▪ Name and description of the assessments of tools ▪ Embed any assessments or tools below or in the appendix, or provide a link to the source			

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	F.4. Other information If needed, provide other information regarding the state or territory's transition coordination and housing processes and services that is not addressed elsewhere in the template.			
B.10 Continuity of Care Post Demonstration *Describe how the following waiver provisions or amendments to the State plan will be utilized to promote effective outcomes from the demonstration and to ensure continuity of care:* *a. Managed Care/Freedom of Choice (Section 1915(b)) – for participants eligible for managed care/freedom of choice services, provides evidence that: i. 1915(b) waivers and managed care contracts are amended to include the necessary services ii. appropriate HCBS are ensured for the eligible participants; or iii. a new waiver will be created.* *b. Home and Community-Based (Section 1915(c)) – for participants eligible for "qualified home and community-based program" services, provide evidence that: i. capacity is available under the cap; ii. A new waiver will be created; or iii. There is a mechanism to reserve a specified capacity for people via an amendment to the current 1915(c) waiver.* *c. Research and Demonstration (Section 1115) – for participants eligible for the research and demonstration waiver services, provide evidence that: i. Slots are available under the cap; ii. A new waiver will be created; or*	**<u>Section J. Continuity of Care Post-Demonstration</u>** In accordance with section 6071(c)(2) of the Deficit Reduction Act of 2005, the MFP Demonstration must operate in connection with a qualified HCBS program to assure continuity of services for eligible individuals. Select this box: • The state or territory affirms that it has established procedures and processes for ensuring that the provision of HCBS will continue for an MFP participant at the conclusion of the 365-day enrollment period for as long as an individual remains eligible for medical assistance.	Required confirmation via checkbox that state or territory has established appropriate continuity of care post-demonstration procedures and processes.	The template removes the requirement for a written response because it is sufficient for states and territories to attest to the existence of established procedures and processes.	Reduced

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iii. There is a mechanism to reserve a specified number of slots via an amendment to the current Section 1115 waiver. *d. State Plan and Plan Amendments - for participants eligible for the State plan optional HCBS services, provide evidence that there is a mechanism where there would be no disruption of services when transitioning eligible participants from the demonstration program*				
C. Project Administration **C.1 Staffing** *Provide a description of the day to day organizational and structural project administration that will be in place to implement, monitor, and operate the demonstration.* *Include the following:* *1. Organizational Chart that describes the entity that is responsible for the day to day management of this grant and how that entity relates to all other departments, agencies and service systems that will provide care and supports and have interface with the eligible beneficiaries under this grant. Show specifically the relationship of the organizational structure to the Medicaid Director and Medicaid agency.* *2. Staffing Plan: that includes:* *a. A written assurance that the Project Director for the demonstration will be a full-time position and provide the Project Director's resume or Job*	**Section B. Project Administration** B.1. Administrative structure • B.1.1. Organization chart ○ Provide an organizational chart that shows the entity responsible for the management of the MFP cooperative agreement and the Authorized Organizational Representative; how the management entity relates to all other departments, agencies, and service systems providing HCBS to MFP participants; and the relationship of the organizational structure to the state or territory Medicaid agency and state or terrority Medicaid director (SMD). Upload the organizational chart into either the appendix, text box, or provide an external link. B.2. Staffing • B.2.1. Project director and data and quality analyst ○ Upload the job description and performance evaluation criteria for these positions into the appendix or provide an external link. • B.2.2. Other project staff ○ Complete Example Table B.2.2 for all non-contract positions. Describe the MFP role, responsibilities, and relevant OP element(s) for each position in the last column on the table.	The new template more clearly describes the specific information requested. Responses to most questions in B.2.2 will be streamlined with the use of a table.	This section was redesigned to standardize and streamline responses.	Neutral

OP INSTRUCTIONS (July 2010)	OP Template (July 2023)	Type of change	Reason for Change	Burden Change
Description including performance evaluation criteria *b. The number and title of dedicated positions paid for by the grant and a justification of need. Please indicate the key staff assigned to the grant, if they have been identified.* *c. Percentage of time each individual/position is dedicated to the grant.* *d. Brief description of role/responsibilities of each position.* *e. Identify any positions providing in-kind support to the grant.* *f. Number of contracted individuals supporting the grant.* *g. Provide a detailed staffing timeline.* *h. Specify the entity that is responsible for the assessment of performance of the staff involved in the demonstration.*	Responses for the last column may be provided as table text, embedded documents, external links, or text indicating where the response has been added in the appendix. The relevant OP element(s) for each role are the MFP program components (as defined by the major section headers of this document; for instance, D. Stakeholder Engagement, E. Benefits and Services, and H. Reporting) on which the staff person in that position will work. • B.2.3. In-kind support ○ Describe positions providing in-kind support (that is, support from non-MFP staff) to the MFP Demonstration. Indicate the percentage of time each individual or position is dedicated to the grant and the roles and responsibilities of each position. Indicate the OP element(s) the positions will support. If a large number of staff provide in-kind support to the MFP Demonstration, describe the staff in general or aggregate terms, such as contracting specialists, fiscal staff, etc. • B.2.4. Staffing and contract execution timeline ○ Provide a hiring timeline (start and end date) for non-contract staff. For contract, consultant, or subrecipient positions, provide the contract execution date and expected expiration/end date. B.5. Other information If needed, provide other information regarding the state or territory's MFP project administration that is not addressed elsewhere in the template.			
C.2. Billing and Reimbursement Procedures *<u>Billing and Reimbursement Procedures</u>. Describe procedures for insuring against duplication of payment for the demonstration and Medicaid*	**<u>Section B. Project Administration</u>** B.3. Billing and reimbursement • B.3.1. Billing and reimbursement procedures ○ Describe how the state or territory will establish billing and reimbursement procedures to link	The new template more clearly describes the specific information requested.	This section was redesigned to standardize and streamline responses.	Neutral

OP INSTRUCTIONS (July 2010)	OP Template (July 2023)	Type of change	Reason for Change	Burden Change
programs; and fraud control provisions and monitoring.	Medicaid claims to MFP individuals. Include the following: ▪ Description of MFP identifier codes in the Medicaid Management Information System (MMIS) and if applicable in the state or territory accounting system ▪ Description of procedures for ensuring against duplication of payment for the Demonstration and Medicaid programs ▪ If the state or territory operates a managed long-term services and supports (MLTSS) program, description of your state or territory's managed care claiming methodology to determine the portion of the capitation rate that is attributable to qualified HCBS listed in Attachment A of the MFP PTC ▪ Procedures for fraud control and monitoring B.5. Other information If needed, provide other information regarding the state or territory's MFP project administration that is not addressed elsewhere in the template.			
<u>E. Project Budget</u> **MFP Budget Forms and Narrative** *Administrative Budget Presentation* *a. Personnel* *b. Fringe benefits.* *c. Contractual costs, including consultant contracts.* *d. Indirect Charges, by federal regulation.* *e. Travel*	**<u>Section B. Project Administration</u>** B.4. Budget Process • B.4.1. Budget development process o Describe how the state or territory will prepare the MFP budget. Include the following: ▪ Process for projecting annual expenditures ▪ Cross-agency roles and responsibilities for developing, reviewing, and approving the budget	The new template substantially revises this section to ask only how the state or territory will prepare its budget, whereas previously the state or territory was required to include substantial detail through budget forms and narrative responses.	This section was redesigned to substantially reduce reporting burden as states and territories separately report detailed budget information.	Reduced

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f. Supplies *g. Equipment* *h. Other costs* *Administrative Budget: Include projections for annual costs regarding the routine administration and monitoring activities directly related to the provision of services and benefits under the demonstration.* *Indicate any administrative fund request to be reimbursed fully through the grant.* *Indicate any additional actions that are required to secure State funding (e.g., appropriation by the legislature, etc.), as well as costs associated with participation with the National Evaluation and Quality initiatives implemented by CMS.* *Evaluation Budget: Please include annual estimated costs of the evaluation activities the State is proposing.* .	▪ Procedures for adjusting or reconciling the budget B.5. Other information If needed, provide other information regarding the state or territory's MFP project administration that is not addressed elsewhere in the template.			
<u>Other Application Requirements</u> **Evaluation Design** Describe evaluation design and outcome measures, identify data sources, and explain methods to isolate effects of demo from other State initiatives and characteristics	**<u>Section H. Reporting</u>** H.1. Reporting plans and procedures • Describe how the state or territory will develop and implement a reporting plan and procedure for data collection, reporting, and participation in the MFP evaluation effort. The reporting plan must include data collection plans and procedures that demonstrate the state or territory's capacity to collect and share data for reporting the required program, expenditure, and financial information. States or territories must include a description of their T-MSIS data submission status and must address how identified T-MSIS data quality issues are being addressed.	The new template more clearly describes the specific information requested. This section was redesigned to focus on how the state or territory will accomplish its reporting and evaluation requirements. Information on the evaluation design is now	This section was changed to reduce redundancy with other reports.	Reduced

OP INSTRUCTIONS (July 2010)	OP Template (July 2023)	Type of change	Reason for Change	Burden Change
	• Describe the reporting procedures for ensuring timely and complete data submissions to CMS, including quarterly, semi-annual, and annual reporting requirements; performance indicators and program outcome metrics; and continuous quality improvement and quality measures reporting. • Describe the strategies for ensuring that all partners and participants—including all affiliated departments, agencies, and providers—will participate in the project's evaluation.	submitted MFP Work Plan.		
Letters of Endorsement ***Required Letters of Endorsement*** *Letters of endorsement from the major partners that are not the lead agency (e.g. Department of Mental Health Services, Department of Developmental Disabilities, local Areas Agencies on Aging, Independent Living Centers, Advocacy Organizations & Consumer Groups, etc.), but will be integrally involved in developing and implementing the demonstration grant to the target population(s) are expected.*	N/A	This section was removed from the new template.	New recipients had the option of submitting "Letters of Support" when they responded to the 2022 NOFO.	Reduced
N/A	**<u>Section K. Equity</u>** Describe how your state or territory's MFP Demonstration assesses or measures equity concerns and considerations that relate to your state or territory's MFP Demonstration. These should relate to consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that historically have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans, Pacific Islanders, and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or	This section is new to the template.	Equity is an important consideration for MFP Demonstrations and this section is designed to specifically address equity issues.	Increased

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	inequality. As a reminder, please use the MFP WP to describe any initiatives relevant to this section, including specific and measurable objectives, MFP and state or territory funding, and evaluation efforts. K.1. Disparities in enrolling or participating in MFP • K.1.1. Assessing and measuring disparities in enrolling or participating in MFP ○ Describe how your state or territory's MFP Demonstration assesses or measures disparities in enrolling or participating in MFP, or your state or territory's plan to assess or measure these disparities. Include a description of the areas in which disparities are or will be measured, such as race/ethnicity, religion, geography, type of disability, gender identity, and sexual orientation. • K.1.2. Cultural competency ○ Describe how your state or territory's MFP program will assess the cultural competency of its provider network. • K.1.3. Data sources for measuring disparities ○ Describe the availability of data for measuring or assessing equity and disparities in enrolling or participating in your MFP Demonstration. Describe barriers to obtaining data on equity and disparities and how your MFP Demonstration plans to address or overcome these barriers. K.2. Social Determinants of Health • K.2.1. Assessing and measuring social determinants of health ○ Describe how the state or territory's MFP Demonstration is or will be measuring or assessing whether it is promoting, providing, or facilitating access to the social determinants of health (SDOH) and other needed services. Include a description of the specific SDOH that			

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	are or will be measured, such as food insecurity, transportation, medical devices and supplies, education, and social and community supports. • K.2.2. Data sources for measuring SDOH ○ Describe the availability of data for measuring or assessing SDOH as it relates to your MFP Demonstration. Describe barriers to obtaining data on SDOH and how your MFP Demonstration plans to address or overcome these barriers. K.3. Tribal Initiative • Indicate whether the state or territory has or is planning a Tribal Initiative within its MFP Demonstration. If it has or will have a program, please complete the next section (Section L). If the state or territory does not have a Tribal Initiative and is not planning one, please respond to the prompts below but do not complete the next section (Section L). ○ Yes, there is a Tribal Initiative to the MFP Demonstration or one is being planned ○ No, there is not a Tribal Initiative to the MFP Demonstration If the state or territory does not have a Tribal Initiative and is not planning one, describe why a Tribal Initiative is not needed in the state or territory. Responses should discuss considerations that went into the decision not to have a Tribal Initiative, including whether the state or territory has conducted any outreach to Tribal nations and communities and, if relevant, the outcomes of those outreach efforts. K.4. Other information If needed, provide other information regarding the state or territory's approach to equity that is not addressed elsewhere in the template.			

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N/A	**Section L. Tribal Initiative** If your state or territory has or is planning a Tribal Initiative, please describe the Tribal Initiative. L.1. Tribal Initiative project director • Name the project director of the Tribal Initiative, describe the percentage of time the project director spends on this initiative, and offer a brief description of the roles and responsibilities of the position. L.2. Capacity building and planning • L.2.1. Federally recognized Tribal nations ○ Name each of the federally recognized Tribal nations within the state or territory. • L.2.1. Engagement with Tribal nations ○ Describe which tribes are MFP Tribal partners and how the state or territory engages with these partners. Describe how the state ir territory engages with tribes that are not MFP Tribal partners. Include strategies and efforts to date and any anticipated or planned engagement efforts. L.3. Operations • Describe the operating details of your state or territory's Tribal Initiative. Describe any operational activities that differ from the state or territory's MFP Demonstration in terms of benefits and services available to participants through the Tribal Initiative, quality assurance, self-direction options, housing options for participants, and how continuity of care is maintained after the end of the 365-day Demonstration period. • Include in the MFP WP, specific Tribal Initiative objectives including transition benchmarks, outreach to Tribes and Tribal providers, recruitment and enrollment efforts, and workforce development	This section is new to the template.	Previously, states with Tribal Initiatives were not provided with a dedicated section to discuss them and referenced these initiatives throughout the OP. This section is intended to reduce reporting burden by specifying the information requested about Tribal Initiatives in one location.	Reduced

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	objectives including the amount of services delivered Tribally. L.4. Other information If needed, provide other information regarding the state or territory's approach to Tribal Initiatives that is not addressed elsewhere in the template.			
N/A	**Section M. Public Health Emergencies** M.1. Program adaptations in response to Public Health Emergencies (PHEs) • M.1.1. Program adaptations ○ Describe adaptations your state or territory's MFP Demonstration made in response to Public Health Emergencies (PHEs), such as the COVID-19 PHE, declared at either the state, territory, or federal level. For instance, these could include protocols for MFP participants living in the community who test positive for COVID-19, plans to prevent COVID-19 spread among participants, modifying recommendations related to infection control or immunizations (such as the COVID-19, flu, and shingles vaccines), or ways the MFP Demonstration has expanded access to or incorporated services delivered through telehealth technology. Identify adaptations that have ended and those that are ongoing. Describe how any MFP Demonstration adaptations in response to PHEs align with and use policies and procedures from the state or territory's HCBS program(s). M.2. Future PHEs Describe if and how your state or territory is planning for future PHEs in its HCBS systems and MFP Demonstration. For instance, this may include permanent adoption of measures implemented for the COVID-19 PHE. M.3. Other information	This section is new to the template.	The COVID-19 PHE revealed the importance of PHE preparedness and this section is designed to capture information about adaptations to previous PHEs and plans for future PHEs.	Increased

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	If needed, provide other information regarding the state or territory's approach to public health emergencies that is not addressed elsewhere in the template.			
N/A	**Appendix A. Hyperlinks and Glossary** States or territories may include additional information and documents that do not fit in the other template sections in the Appendix. The template provides default appendix section and subsection headings that states or territories may rename, delete, or otherwise modify as needed. States or territories may also modify the appendix section titles to meet their needs. States or territories that include hyperlinks in the OP must collect all links in the reference table below. App A.1. Summary of Hyperlinks Copy all hyperlinks used in the OP into the table below, by OP section. For each link, provide a brief description (for example, educational materials provided to participants). App A.2. Glossary Use the glossary section of the appendix to provide a comprehensive list of acronyms used by the state or territory in responses throughout the OP. Commonly used acronyms are already defined in the glossary table. As demonstrated in the example table shell below (Appendix Table A.2), the glossary can also be used to provide additional context for certain acronyms through brief descriptions	This section is new to the template.	This section will facilitate OP review by consolidating links to external documents and defining acronyms in one standardized location.	Neutral