

DEHPG.Net Money Follows the Person (MFP) Grantee Help File

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For Assistance via Email (click at bottom of any page in web report):

[Send Comments to Money Follows the Person Grants Administrator](#)
Site design by Thomson Healthcare



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For Optimal Web Report View:

Instructions for Microsoft Windows / PC Users:

From the Control Panel on your computer, choose Display, and then Settings.

From Settings, under Screen Resolution, move the slider to the right, from "Less" to "More," until the resolution is *at least* **1024 x 768** or higher.

NOTE: A computer's Screen Resolution may be changed at any time.

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Getting Started

The address for the MFP web-based report system is <http://dehpg.net/>. This will bring you to the DEHPG homepage.

Click on [MFP Grants](#) (towards the bottom of the page; it is the last web application listed). This will take you to the *Login* screen for the MFP web-based report.

Important Note: *When navigating within the web report, **do not** use your browser's back and forward functions. Instead, use the navigational links (i.e. Save | Previous | Next at the top and bottom of*

each webpage) within the application itself to browse through the web report. **Using the browser's navigational tools will cause an error message and will not save your web report properly.**

***Do not log in via the "Log In" button in the upper left hand corner. That log in/log out is strictly for changing/updating your password.

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Logging In

At the Login screen, type in your User Name and Password –*passwords are case sensitive* –and then select/click the [Log In](#) button.

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Password Change

Go to the DEHPG homepage <http://dehpg.net/>.

In the upper left hand corner, where it says "Welcome! DEHPG Users," click on the "Log In" button.

At the Login screen, type in your User Name and Password –*passwords are case sensitive* –and then select/click the [Log In](#) button.

At the bottom of the screen, a "[Change password and set preferences](#)" menu option should appear. Left click once to select.

The next screen will request your current password, and then your new password – *which must contain letters –plus at least one number and one symbol –with no spaces; passwords are also case sensitive*. After you have typed in all the requested information, select/click the "Change Password" button.

You will receive a confirmation message (in red font/text). To return to the DEHPG homepage, click on either "DEHPG.Net Home" in the upper left corner or "Back to DEHPG.Net Portal" in the lower right corner.

Select "Log Out" in the upper left hand corner. *****You must log out.** ***You may now log back in with your new password (see "[Getting Started](#)" directions [above]).

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MFP Finder (Home Page) Screen

To access an MFP Report, select the appropriate [Reporting Period](#) from the drop-down menu and then click on the appropriate [Grant Number](#), which will transfer you to the *General Information* screen, the first page of the MFP web-based reporting system. You may now enter your data in the web-based report.

Important Note: *When working within the web report, **SAVE** your work any time you stop working on the report, as **the system times out every 30 minutes**, and also **SAVE** your work if you have been on the same page for a period of time, **as typing or keystrokes are not recognized as "activity" within the report**. Your work will be saved each time you choose Save | Previous | Next at the top and bottom of each webpage within the application itself. **Again, using the browser's navigational tools will cause an error message and will not save your web report properly.***

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MFP Data Report Documents –Download

To access an MFP Document, select [Documents](#) from menu of options along the top left of the MFP Web Report, (options include: [DEHPG Home](#), [MFP Home](#), and [Logout](#)), which will transfer you to the *MFP Document Archive* screen. Data reports for your state are posted on this web page; *each grantee state will be accessing two reports (one for your individual state and one that displays national data)*. Select/left-click on the appropriate document; a pop window will appear and you may Open, Save, or Cancel your MFP data document download.

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General Guide for Entering State Grant Reporting Data

A. General Information

General information is the information that provides readers the critical information on the organization of the grant and key personnel.

Items on this page will be pre-populated after the first report, and grantees will be prompted in subsequent reports to update the information as necessary.

A. Organization Information.

- 1) Full Name of Grantee Organization.
- 2) Program's Public Name.
- 3) Program's Website.

B. Project Director.

- 4) Project Director Name. The name of the individual responsible for the day-to-day operation of the grant.
- 5) Project Director Title.
- 6) Project Director Phone. [*numeric response here*]
- 7) Project Director Fax. [*numeric response here*]
- 8) Project Director Email.
- 9) Project Director Status Date: *Change date if status is different from last report.* [*check the appropriate box here*]
 - i) Full Time.
 - ii) Acting.
 - iii) Vacant.
 - iv) New Since Last Report.
- 10) Project Director Status Date: *Change date if status is different from last report.* [*move the cursor inside the Date box and left-click once → a calendar will drop down → select a date from the calendar by left-clicking once on the appropriate date → To scroll to a different month within the calendar, left-click on the arrows in the upper left- and right-hand corners of the calendar*]

[*If there is any change in status since last report, a date must be provided.*]

C. Grantee Signatory.

- 11) Grantee Signatory Name. The name of the individual empowered by the state to receive and sign (approve) ... grant agreements between CMS and the state receiving the grant.
- 12) Grantee Signatory Title.
- 13) Grantee Signatory Phone. [*numeric response here*]
- 14) Grantee Signatory Fax. [*numeric response here*]
- 15) Grantee Signatory Email.
- 16) Has the Grantee Signatory changed since last report? [*check the appropriate box here*]
 - i) Yes.
 - ii) No.

D. Other State Contact.

- 17) Other State Contact Name.
- 18) Other State Contact Title.
- 19) Other State Contact Phone. [*numeric response here*]
- 20) Other State Contact Fax. [*numeric response here*]
- 21) Other State Contact Email.

E. Independent State Evaluator.

- 22) Independent State Evaluator Name.
- 23) Independent State Evaluator Title and Organization.
- 24) Independent State Evaluator Phone. [*numeric response here*]
- 25) Independent State Evaluator Fax. [*numeric response here*]
- 26) Independent State Evaluator Email.

F. Report Preparer.

27) Report Preparer Name. The name of the person who is responsible for the content of this report. This is the person whom CMS will contact with questions about a particular report.

28) Report Preparer Title.

29) Report Preparer Phone. [*numeric response here*]

30) Report Preparer Fax. [*numeric response here*]

31) Report Preparer Email.

G. CMS Project Officer.

32) CMS Project Officer Name.

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B. Transitions

If the pre-populated benchmark data do not appear to be accurate, please contact your CMS project officer to amend your projections, or contact your MATHEMATICA liaison.

- All figures are for the current reporting period, _____ through _____.

Specify Other Population: Please specify your MFP program's "other" target population(s) here. Once "other" population(s) has been specified in this location, it need not be specified again, and the specification will carry forward throughout the report any time "other" target population is selected as an option.

The target populations already designated in the report are: Elderly, PD (Physically Disabled), MR/DD (Mental Retardation/Developmentally Disabled), and MI (Mental Illness).

[Please specify in provided text box.]

Please note the characteristics and/or diagnoses of your MFP program's "other" target population(s).

[Please specify in provided text box.]

- 3) Number of people assessed for MFP Enrollment during this reporting period. Definition:** "Number of people assessed for MFP enrollment" refers to those people that have signed an informed consent form indicating their desire to transition to the community and enroll in the State's MFP program. The number assessed includes individuals who are determined to be candidates for MFP enrollment because they: 1) expressed interest in leaving the institution and returning to a home or community residence, 2) are eligible for MFP by virtue of having been institutionalized for six months or more, and 3) met with a MFP transition coordinator or other individual to begin or complete a full assessment of transition service needs and housing options.
- The number assessed for MFP enrollment consists of three groups: (a) those assessed but did not yet transition because arrangements were not yet complete; (b)

those who were assessed **and** made the transition during the reporting period, and (c) those who were assessed but cannot be transitioned (for reasons that are recorded in [Question #6](#) on the Recruitment and Enrollment page).

The number assessed for MFP enrollment does **not** include people who: 1) were provided general information about the MFP program, 2) were screened and found **not** to meet MFP eligibility criteria, i.e. have not been in an institution for six months or more or are not Medicaid-eligible for at least one month prior to discharge from an institution.

Please note: If a participant was assessed for MFP enrollment during the reporting period, and then re-assessed for enrollment after a re-institutionalization that lasted longer than 30 days, count this as one assessment to avoid double counting.

Source of data: State MFP programs may track the number assessed in a variety of ways, including referral forms to the state MFP program office, signed MFP informed consent forms indicating the individual's desire to transition to the community and enroll in the state's MFP program, or transition coordinator assessments recorded in program files or databases.

- a) Number of people assessed for MFP enrollment. [*please provide a number for each target population (if applicable for this reporting period) in the appropriate box; if reporting for January-June, complete the First Period row; if reporting for July-December, complete the Second Period row*]
 - i) First Period
 - ii) Second Period
- b) Total For This Year [*page will perform calculation –choose "Recalculate" button*]
- c) Cumulative Number Assessed [*page will perform calculation –choose "Recalculate" button*]
- d) Transition Target, all grant years (by population and total) [*page will pre-populate from Required Benchmarks –choose "Recalculate" button*]
- e) Cumulative Number Assessed as a Percent of Total Transition Target. (Number assessed as a percent of number proposed to be transitioned overall.) [*page will perform calculation –choose "Recalculate" button*]
- f) Please indicate what constitutes an assessment for MFP versus any other transition program. [*please use the provided text box to explain further –if necessary*]

4) Of the number assessed this period, number whose stay in an institution was more than 90 days but less than six months. [This question may be skipped if data is not available.]

- a) Of the number assessed this period, number whose stay in an institution was more than 90 days but less than six months. [*please provide a number for each target population (if applicable for this reporting period) in the appropriate box; if reporting for January-June, complete the First Period row; if reporting for July-December, complete the Second Period row*]
 - i) First Period
 - ii) Second Period
- b) Total For This Year [*page will perform calculation –choose "Recalculate" button*]

5) Number of institutional residents who transitioned during this reporting period and enrolled in MFP. Definition: The number of transitions includes people who were discharged from an institution to the community during the reporting period, formally enrolled in MFP, and began using HCBS during the 365-day MFP transition period.

Please note: If a participant was enrolled in MFP during the reporting period, and then re-enrolled into the program after a re-institutionalization that lasted longer than 30 days, count this as one enrollment to avoid double counting.

It does **not** include those who (a) were transitioned in a previous reporting period (unless their enrollment into MFP was not recorded in a previous report, in which case you can add them to the current report) and (b) MFP participants who have yet to complete their 365 days of MFP enrollment (these individuals are recorded in [Question #7](#) on this page).

- a) Number of institutional residents who transitioned during this reporting period and enrolled in MFP. [*please provide a number for each target population (if applicable for this reporting period) in the appropriate box; if reporting for January-June, complete the First Period row; if reporting for July-December, complete the Second Period row*]
 - i) First Period
 - ii) Second Period
- b) Total For This Year [*page will perform calculation –choose “Recalculate” button*]
- c) Annual Transition Target [*page will pre-populate from Required Benchmarks –choose “Recalculate” button*]
- d) % of Annual Transition Target Achieved (Number assessed as a percent of number proposed to be transitioned for the year.) [*page will perform calculation –choose “Recalculate” button*]

6) Number of institutional residents who transitioned during this reporting period and enrolled in MFP whose stay in an institution was more than 90 days but less than 6 months. [Specify number in each population subgroup and Total][This question may be skipped if data is not available.]

- a) Number of institutional residents who transitioned during this reporting period and enrolled in MFP whose stay in an institution was more than 90 days but less than 6 months. [*please provide a number for each target population (if applicable for this reporting period) in the appropriate box; if reporting for January-June, complete the First Period row; if reporting for July-December, complete the Second Period row*]
 - i) First Period
 - ii) Second Period
- b) Total For This Year [*page will perform calculation –choose “Recalculate” button*]

7) Cumulative Number of MFP transitions to Date. Definition: The cumulative number of MFP transitions to date includes all people ever transitioned and enrolled in MFP, regardless of current enrollment status.

- a) The reporting system automatically calculates cumulative transitions to date from new transition counts in each reporting period. If your records show different cumulative transition counts than those below, you can change them by checking 'yes' below. *[check the appropriate box here]*
 - i) Yes
 - (1) Please describe why the adjustments were necessary.
 - ii) No
- b) Cumulative Number of MFP transitions to Date.
 - i) Adjustment value for cumulative transitions *[***only if necessary*** numeric response here]*
 - ii) Adjusted Cumulative Total *[page will calculate –choose "Recalculate" button]*
 - iii) Transition Targets, all grant years (by population and total) *[page will calculate –choose "Recalculate" button]*

8) Total number of current MFP Participants. Definition: Current MFP Participants consists of people who are currently enrolled in the MFP demonstration, including those who: (a) transitioned during this reporting period (from [Question #5](#) on this page), b) transitioned during an earlier reporting period, and continued to be eligible for 365 days of MFP covered HCBS during the current reporting period, and c) re-enrolled into the MFP program after an institutional stay of 30 days or more. The term "MFP Participant" can be used interchangeably with the term "MFP Enrollee".

It does **not** include those who: a) completed their 365 days of MFP eligibility, b) died before they exhausted 365 days of eligibility; c) were institutionalized for 30 days or more.

- a) Total number of current MFP Participants. *Current MFP participants excludes individuals whose enrollment in the MFP demonstration ended because they completed their 365 days of MFP eligibility, died before they exhausted their 365 days of eligibility, or were institutionalized for 30 days or more and did not subsequently re-enroll in the MFP program. [please provide a number for each target population (if applicable for this reporting period) in the appropriate box; if reporting for January-June, complete the First Period row; if reporting for July-December, complete the Second Period row]*
 - i) First Period
 - ii) Second Period

9) Number of MFP participants re-institutionalized during the reporting period. Definition: The term "re-institutionalized" means admission to a hospital, nursing home, ICF-MR, or institution for mental disease for a stay of less than or more than 30 days. If an MFP participant is admitted for more than 30 days, CMS guidance requires that the individual be dis-enrolled from MFP. These individuals may re-enroll in MFP without meeting the 6-month institutional residency requirement and meet any applicable state requirements for re-enrollment. Note that CMS does not permit a participant to be re-enrolled in the MFP demonstration once their 365 days of eligibility have been used. If an MFP participant had two or more admissions involving less than 30 days AND more than 30 days, please record them only once in the more than 30 day category.

- a) Number of MFP participants re-institutionalized. [*please provide a number for each target population (if applicable for this reporting period) in the appropriate box*]
 - i) For less than 30 days:
 - ii) For more than 30 days: Dis-enrolled from MFP, but may re-enroll in MFP without meeting the 6-month institutional residency requirement if they have not used all 365 days of eligibility and meet your state's qualifying conditions for re-enrollment.
 - iii) Length of stay as yet unknown:
- b) Total re-institutionalized for any length of time (total of above). [*page will calculate –choose "Recalculate" button*]
- c) Number of MFP participants re-institutionalized as a percent of all current MFP participants. [*page will calculate –choose "Recalculate" button*]
- d) Number of MFP participants re-institutionalized as a percent of cumulative transitions. [*page will calculate –choose "Recalculate" button*]
- e) Please indicate any factors that contributed to re-institutionalization. [*please use the provided text box to explain further –if necessary*]

10) Number of MFP participants re-institutionalized for longer than 30 days, who were re-enrolled in the MFP program during the reporting period. This refers to the number of MFP participants who were re-institutionalized for a stay of more than 30 days, dis-enrolled from MFP, and then subsequently re-enrolled in MFP during the reporting period, upon returning to a community setting.

- a) Number of MFP participants re-institutionalized for longer than 30 days, who were re-enrolled in the MFP program during the reporting period. [*please provide a number for each target population (if applicable for this reporting period) in the appropriate box; if reporting for January-June, complete the First Period row; if reporting for July-December, complete the Second Period row*]
 - i) First Period
 - ii) Second Period
- b) Total For This Year [*page will perform calculation –choose "Recalculate" button*]

11) Number of MFP participants who died this reporting period. This refers to the number of current MFP participants who died during the reporting period, including those individuals who died while re-institutionalized for a stay of less than 30 days.

- a) Number of MFP participants who died this reporting period. [*please provide a number for each target population (if applicable for this reporting period) in the appropriate box; if reporting for January-June, complete the First Period row; if reporting for July-December, complete the Second Period row*]
 - i) First Period
 - ii) Second Period
- b) Total For This Year [*page will perform calculation –choose "Recalculate" button*]
- c) If you wish, please provide information on the circumstances surrounding the reported deaths. [*please use the provided text box to explain further – if necessary*]

12) **Number of MFP participants -who ever transitioned -who completed the 365-day transition period during the reporting period (leave blank for first report).** **Definition:** This refers to the number of people who ever transitioned and enrolled in MFP (from Cumulative Transitions reported in [Question #3](#) on this page), and completed 365 days of MFP enrollment during the reporting period.

Note: [Cumulative transitions ([Question #3](#))] **minus** [MFP participants who were re-institutionalized ([Question #9](#))] **minus** [MFP participants who completed the 365-day transition period ([Question #12](#))] **should be approximately equal to** [Current Participants ([Question #8](#))] -- not taking into account MFP participants who died during the reporting period, or dis-enrolled at their choice, or for other reasons.

- a) Number of MFP participants -who ever transitioned -who completed the 365-day transition period. [*please provide a number for each target population (if applicable for this reporting period) in the appropriate box; if reporting for January-June, complete the First Period row; if reporting for July-December, complete the Second Period row*]
 - i) First Period
 - ii) Second Period
- b) Total For This Year [*page will perform calculation -choose "Recalculate" button*]
- c) Please indicate any factors that contributed to participants not completing the 365-day transition period. [*please use the provided text box to explain further -if necessary*]

13) **Did your program have difficulty transitioning the projected number of persons it proposed to transition in the Operational Protocol? If yes, please check the target populations that apply.**

- a) Yes
 - i) Please indicate target population(s) by checking appropriate box.
 - ii) Please describe your difficulties for each target population.
- b) No.

14) **Does your state have other nursing home transition programs that currently operate alongside the MFP program?** This refers to transition programs (other than MFP) that are currently in place to help eligible nursing home residents re-locate from the nursing home to a community setting with the support of home and community-based services. Eligibility requirements for these programs may be different than MFP eligibility requirements.

- a) Yes.
 - i) Please approximate the number of individuals who transitioned through other transition programs during this reporting period.
 - ii) Please explain how these other transition programs differ from MFP, e.g. eligibility criteria.
- b) No.

15) **Does your state have an ICF-MR transition program that currently operates alongside the MFP program?** This refers to transition programs (other than MFP) that are currently in place to help eligible ICF-MR residents re-locate from the ICF-MR to a community setting with the support of home and community-based

services. Eligibility requirements for these programs may be different than MFP eligibility requirements.

- a) Yes.
 - i) Please approximate the number of individuals who transitioned through other transition programs during this reporting period.
 - ii) Please explain how these other transition programs differ from MFP, e.g. eligibility criteria.
- b) No.

16) **Do you intend to seek CMS approval to amend your annual or total Demonstration period transition benchmarks in your approved OP?**

- a) Yes
 - i) Please explain the proposed changes to your transition benchmarks.
- b) No.

Use this box to explain missing, incomplete, or other qualifications to the data reported on this page. Use this box to explain missing, incomplete, or other qualifications to the data reported on this page. [text box provided]

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C. Qualified HCBS Expenditures

If the pre-populated benchmark data do not appear to be accurate, please contact your CMS project officer and MATHEMATICA to amend your projections.

Do you require modifying the Actual Level of Spending for last period?

- a) Yes
 - i. Please describe why the changes were necessary.
- b) No

Grantees may wish to modify the Actual Level of Spending in order to provide more accurate qualified HCBS expenditure data for the previous reporting period. This may occur in instances when qualified HCBS expenditure data were updated in response to additional claims run-out, or if qualified HCBS expenditure data reported in the previous reporting period are outdated or inaccurate.

- To recalculate percentages, click the Save link in the upper or lower right hand corner.

Qualified expenditures are total Medicaid HCBS expenditures (**federal and state funds**) for **all** Medicaid recipients (not just MFP participants), including: expenditures for all 1915c waiver programs, home health services, and personal care if provided as a State Plan optional service, as well as HCBS spending on MFP participants (qualified, demonstration and supplemental services), and HCBS capitated rate programs (to the extent that HCBS spending can be separated from the total capitated rate).

Qualified HCBS Expenditures: Actual level of spending for each Calendar Year (CY) or State Fiscal Year (SFY) (column 4) is the sum of: 1) HCBS expenditures for all 1915c waivers and state plan HCBS services -- from CMS 64 data and 2) MFP expenditures -- from MFP Financial Reporting Forms A and B.

Grantees should enter total annual spending ONCE each year:

- For grantees reporting on a Calendar Year basis (Jan 1 to Dec 31), enter the annual (12 month) spending amount in the end of year report (due March 1)
- For grantees reporting on a State Fiscal Year basis, enter the annual (12 month) spending amount in the mid-year report (due Sept 1)
- Please specify the period (CY or SFY) and the dates of your SFY in the text box below the chart.

When making updates or corrections to actual spending amounts reported for the previous year, please check the 'yes' box at the top of this page to flag such changes.

A. Enter numeric Qualified HCBS Expenditures data in the box for the appropriate year.

- 1) 4th column from left, labeled "Total Spending for the Calendar Year"
- 2) The formulas for columns 5 and 6 [*page will perform calculation –choose "Save" button*] are:
 - a. Formula for 5th column (from the left), labeled "% Annual Change (From Previous Year) =
(1) "Total Spending for the Calendar Year (Current Year, e.g. 2009)"
divided by "Total Spending for the Calendar Year (Previous Year, e.g. 2008)"
 - b. Formula for 6th column (from the left), labeled "% of Target Reached =
(1) "Total Spending for the Calendar Year (Current Year, e.g. 2009)"
divided by "Target Level of Spending (Current Year, e.g. 2009)"
- 3) **Please explain your Year End rate of progress:** [*text box provided*]
- 4) **Please specify the period (CY or SFY) and the dates of your SFY here:** [*text box provided*]

B. Do you intend to seek CMS approval to amend your annual benchmarks for Qualified HCBS Expenditures in your approved OP?

- 1) Yes –Please explain the proposed changes to your Qualified HCBS Expenditures benchmark.
- 2) No.

Use this box to explain missing, incomplete, or other qualifications to the data reported on this page. Use this box to explain missing, incomplete, or other qualifications to the data reported on this page. [*text box provided*]

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D.1 Additional Benchmarks

If the pre-populated benchmark data do not appear to be accurate, please contact your CMS project officer and MATHEMATICA to amend your projections.

- This section requests information and data on progress made towards achieving the state's additional MFP benchmarks, at least one of which reflects the state's reinvestment of savings generated under MFP to rebalance the state's long-term care system. The information below reflects each state's additional benchmarks as described in the CMS-approved Operational Protocol. If your state has not achieved the benchmark measure for this reporting period, please use the provided text box to explain the barriers or challenges that have hindered progress, and plans to address them.
- To recalculate percentages, click the Save link in the upper or lower right hand corner.

A. For Quantitative Additional Benchmarks

- 1) Click the tab of the Benchmark you wish to view or edit (e.g. Benchmark #1)
- 2) For the 1st Semi-Annual Report, please provide numeric data under the "Measure: First Period" column for the appropriate year and Measure
- 3) For the 2nd Semi-Annual Report, please provide numeric data under the "Measure: Second Period" column for the appropriate year and Measure
- 4) Complete the "Please explain your Year End rate of progress" text box provided at the bottom of each Measure
- 5) Choose "Save" to save your work
- 6) "Next" will take you to the next webpage [D.2 Rebalancing Efforts] and "Previous" will take you to the previous webpage [C. Qualified HCBS Expenditures
- 7) To edit or view another Benchmark, choose the tab of another Benchmark (e.g. Benchmark #2)

B. For Qualitative Additional Benchmarks

- 1) Click the tab of the Benchmark you wish to view or edit (e.g. Benchmark #1)
- 2) For the 1st Semi-Annual Report, please complete the "Please explain your Year End rate of progress" text box provided at the bottom of each Measure
- 3) For the 2nd Semi-Annual Report, please complete the "Please explain your Year End rate of progress" text box provided at the bottom of each Measure
- 4) Choose "Save" to save your work
- 5) "Next" will take you to the next webpage [D.2 Rebalancing Efforts] and "Previous" will take you to the previous webpage [C. Qualified HCBS Expenditures
- 6) To edit or view another Benchmark, choose the tab of another Benchmark (e.g. Benchmark #2)

C. Do you intend to seek CMS approval to amend your Additional Benchmarks in your approved OP?

- 1) Yes
 - i) Please explain the proposed changes to your additional benchmarks.
- 2) No.

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D.2 Rebalancing Efforts

All MFP grantees are required to complete this section during this period to report on the cumulative amount spent to date and use of rebalancing funds. MFP "Rebalancing Funds" refers to the net revenue each state receives from the enhanced FMAP rate (over the state's regular FMAP) for qualified and demonstration HCBS services provided to MFP participants. MFP grantees are required to reinvest the rebalancing funds in initiatives that will help to rebalance the long-term care system. The rebalancing fund amount is calculated on your annual Worksheet for Proposed Budget --- see "Rebalancing Fund Calculation" box in the middle of the Excel Worksheet.

Click on the link below to begin entering information on expenditures and activities, whether continuing from prior reporting periods or initiated during this current reporting period, for each rebalancing initiative. If there are more than 6 rebalancing initiatives, please combine related programs and initiatives so that there are no more than 6.

If you have not spent any rebalancing funds to date, click on the link below and enter "\$0.00" in the Total Actual Expenditures box, and in the text box, describe how your state intends to spend rebalancing funds, and indicate when the state expects to begin spending these funds.

[Click here to add another rebalancing initiative.](#)

Sample Rebalancing Initiative:

Brief Description of the Initiative (If the grantee only has one large initiative, please list all sub-initiatives or components within this description): <i>[text box]</i>	
<i>[text box]</i>	
Total Actual Expenditures for this initiative (that is, cumulative spending from start of MFP grant program through end of last calendar year)	<input type="text" value="\$0.00"/>

Use this box to explain missing, incomplete, or other qualifications to the data reported on this page. Use this box to explain missing, incomplete, or other qualifications to the data reported on this page. *[text box provided]*

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E. Demonstration Policies and Procedures

E.1 Recruitment and Enrollment

1) Did anything change during the reporting period that made recruitment easier? Choose from the list below and check all target populations that apply. Check "None" if nothing has changed. (NOTE: "nothing has changed" could mean nothing has changed from the last reporting period) For all selected changes: i) please indicate target population(s) by checking appropriate box; and ii) Please describe changes by target population.

- a) Type or quality of data available for identification.
- b) How data are used for identification.
- c) Obtaining provider/agency referrals or cooperation.
- d) Obtaining self referrals.
- e) Obtaining family referrals.
- f) Assessing needs.
- g) Other, specify below.
- h) None.

2) What significant challenges did your program experience in recruiting individuals? Significant challenges are those that affect the program's ability to transition as many people as planned. Choose from the list below and check all target populations that apply. For all selected challenges: i) please indicate target population(s) by checking appropriate box; ii) Please describe challenges by target population; iii) Please describe what you are doing to address the challenges; and iv) For the selected status, ["resolved," "in progress" (still working on it), or "abandoned" (not resolved and no longer pursuing it)], please describe the current status of the challenge: (1) If resolved, please describe how was it resolved, e.g. received CMS approval to change approach, revised strategy/developed a work around; or (2) If not resolved and no longer pursuing it, please describe why are you no longer pursuing it.

- a) Type or quality of data available for identification.
- b) Obtaining provider/agency referrals or cooperation.
- c) Obtaining self referrals.
- d) Obtaining family referrals.
- e) Assessing needs.
- f) Lack of interest among people targeted or the families.
- g) Unwilling to consent to program requirements.
- h) Other, specify below.
- i) None.

3) Did anything change during the reporting period that made enrollment into the MFP program easier? These changes may have been the result of changes in your state's Medicaid policies and procedures. For all selected changes: i) please indicate target population(s) by checking appropriate box; and ii) Please describe changes by target population.

- a) Determination of initial eligibility.

- b) Re-determination of eligibility after a suspension due to re-institutionalization.
- c) Other, specify below.
- d) None.

4) What significant challenges did your program experience in enrolling individuals? Significant challenges are those that affect the program's ability to transition as many people as planned. For all selected challenges:

i) please indicate target population(s) by checking appropriate box; ii) Please describe challenges by target population; iii) Please describe what you are doing to address the challenges; and iv) For the selected status, ["resolved," "in progress" (still working on it), or "abandoned" (not resolved and no longer pursuing it)], please describe the current status of the challenge: (1) If resolved, please describe how was it resolved, e.g. received CMS approval to change approach, revised strategy/developed a work around; or (2) If not resolved and no longer pursuing it, please describe why are you no longer pursuing it.

- a) Determining initial eligibility.
- b) Reestablishing eligibility after a suspension due to re-institutionalization.
- c) Other, specify below.
- d) None.

5) Total number of MFP candidates assessed in this period, or a prior reporting period, who are currently in the transition planning process, that is "in the pipeline," and expected to enroll in MFP.

- a) Total [*numeric response here*]

6) Total number of MFP eligible individuals assessed in this period, or a prior reporting period, for whom transition planning began but were unable to transition through MFP. The total reported in [Question #7](#) must equal the number reported here in [Question #6](#).

Included in this count should be those individuals who were assessed for MFP enrollment during this reporting period, and have not/could not yet transition to the community through MFP. Also, this count should include those individuals who were assessed for MFP in **a prior reporting period** who have not yet transitioned to the community through MFP.

- a) Total [*numeric response here*]

7) How many individuals could not be enrolled in the MFP program for each of the following reasons: [*please provide numbers by category*] (For individuals with more than one reason contributing to failure to transition, please pick only one below, corresponding to the most important, so that individuals are only counted once.) The sum of reported number of individuals who could not be enrolled in the MFP program ([Question #7](#)) should equal the number reported above in [Question #6](#).

- a) Individual transitioned to the community, but did not enroll in MFP
- b) Individual's physical health, mental health, or other service needs or estimated costs were greater than what could be accommodated in the community or through the state's current waiver programs

- c) Individual could not find affordable, accessible housing, or chose a type of residence that does not meet the definition of MFP qualified residences
- d) Individual changed his/her mind about transitioning, did not cooperate in the planning process, had unrealistic expectations, or preferred to remain in the institution
- e) Individual's family member or guardian refused to grant permission, or would not provide back-up support
- f) Other, please specify. *[This option may be modified with a brief explanation –if necessary. Examples of other reasons include individuals died before transitioning to the community or they were not eligible for waiver services in the community (even though they were determined eligible for MFP.)]*
- g) If necessary, please explain further why individuals could not be transitioned or enrolled in the MFP program. *[please use the provided text box to explain further]*

8) Number of MFP participants transitioned during this period whose length of time from assessment to actual transition took: *[please provide a number for each option (if applicable for this reporting period) in the appropriate box] [choosing the "Recalculate" button will produce the percentage of people transitioning in each time period]*

- a) Less than 2 months.
- b) 2 to 6 months.
- c) 6 to 12 months.
- d) 12 to 18 months.
- e) 18 to 24 months.
- f) 24 months or more.
- g) Please indicate the average length of time required from assessment to actual transition. *[please use the provided text box to explain further –if necessary]*

Percentage of MFP participants transitioned during this period whose length of time from assessment to actual transition took (denominator from total of **Question #5, Transitions):**

- a) Less than 2 months.
- b) 2 to 6 months.
- c) 6 to 12 months.
- d) 12 to 18 months.
- e) 18 to 24 months.
- f) 24 months or more.

[Page will calculate –choose Recalculate button]

9) Total number of individuals who were referred to the MFP program through MDS 3.0 Section Q referrals during the reporting period. Please report an unduplicated count.

- a) Total *[numeric response here]*

10) Of the MDS 3.0 Section Q referrals ever received by the MFP program, number of individuals who subsequently enrolled in MFP and transitioned to the community during this reporting period.

a) Total [*numeric response here*]

11) What types of activities were supported by ADRC/MFP Supplemental Funding Opportunity C grant funds during this reporting period, awarded in 2010 to 25 MFP grantee states to support activities that help to expand the capacity of ADRCs to assist with MFP transition efforts, and partner in utilizing the revised Minimum Data Set (MDS) 3.0 Section Q referrals? Choose from the list below. Check "Not Applicable" if your State did not receive this grant.

- a) Develop or improve Section Q referral tracking systems—electronic or other
- b) Education and outreach to nursing facility or other LTC system staff to generate referrals to MFP or other transition programs
- c) Develop or expand options counseling or transition planning and assistance
- d) Train current or new ADRC staff to do transition planning in MFP or other transition programs
- e) Expansion of ADRC program in State
- f) Other activities
 - i) Please describe in the provided text box
- g) Not applicable – state did not receive this grant

12) Please describe progress in implementing the activities identified in [Question #11](#) during this past reporting period, and how they have helped your state achieve MFP goals. In addition, describe the results or outcomes of these activities; if you specified numerical targets in your grant proposal, please provide counts during the reporting period.

[please use the provided text box]

13) Please describe any barriers or challenges in implementing the activities proposed in your grant application and the steps you are taking to resolve them.

[please use the provided text box]

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E. Demonstration Policies and Procedures

E.2 Informed Consent and Guardianship

1) What changed during the reporting period that made obtaining informed consent easier? For all selected changes: i) please indicate target population(s) by checking appropriate box; and ii) Please describe changes by target population.

- a) Revised inform consent documents and/or forms.
- b) Provided more or enhanced training for transition coordinators.
- c) Improved how guardian consent is obtained.
- d) Other, specify below.

e) Nothing.

2) What changed during the reporting period that improved or enhanced the role of guardians? For all selected changes: i) please indicate target population(s) by checking appropriate box; and ii) Please describe changes by target population.

- a) The nature by which guardians are involved in transition planning.
- b) Communication or frequency of communication with guardians.
- c) The nature by which guardians are involved in ongoing care planning.
- d) The nature by which guardians are trained and mentored.
- e) Other, specify below.
- f) Nothing.

3) What significant challenges did your program experience in obtaining informed consent? For all selected challenges: i) please indicate target population(s) by checking appropriate box; ii) Please describe challenges by target population; iii) Please describe what you are doing to address the challenges; and iv) For the selected status, ["resolved," "in progress" (still working on it), or "abandoned" (not resolved and no longer pursuing it)], please describe the current status of the challenge: (1) If resolved, please describe how was it resolved, e.g. received CMS approval to change approach, revised strategy/developed a work around; or (2) If not resolved and no longer pursuing it, please describe why are you no longer pursuing it.

- a) Ensuring informed consent.
- b) Involving guardians in transition planning.
- c) Communication or frequency of communication with guardians.
- d) Involving guardians in ongoing care planning.
- e) Training and mentoring of guardians.
- f) Other, specify below.
- g) None.

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E. Demonstration Policies and Procedures

E.3 Outreach/Marketing/Education

1) What notable achievements in outreach, marketing or education did your program accomplish during the reporting period? For all selected achievements: i) please indicate target population(s) by checking appropriate box; and ii) Please describe achievements by target population.

- a) Development of print materials.
- b) Implementation of localized/targeted media campaign.
- c) Implementation of statewide media campaign.
- d) Involvement of stakeholder state agencies in outreach and marketing.
- e) Involvement of discharge staff at facilities.
- f) Involvement of ombudsman.

- g) Training of frontline workers on program requirements.
- h) Other, specify below.
- i) None.

2) What significant challenges conducting outreach, marketing, and education activities did you experience during this reporting period? For all selected challenges: i) please indicate target population(s) by checking appropriate box; ii) Please describe challenges by target population; iii) Please describe what you are doing to address the challenges; and iv) For the selected status, ["resolved," "in progress" (still working on it), or "abandoned" (not resolved and no longer pursuing it)], please describe the current status of the challenge: (1) If resolved, please describe how was it resolved, e.g. received CMS approval to change approach, revised strategy/developed a work around; or (2) If not resolved and no longer pursuing it, please describe why are you no longer pursuing it.

- a) Development of print materials.
- b) Implementation of a localized / targeted media campaign.
- c) Implementation of a statewide media campaign.
- d) Involvement of stakeholder state agencies in outreach and marketing.
- e) Involvement of discharge staff at facilities.
- f) Involvement of ombudsman.
- g) Training of frontline workers on program requirements.
- h) Other, specify below.
- i) None.

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E. Demonstration Policies and Procedures

E.4 Stakeholder Involvement

1) How are consumers and families involved in MFP during this period and how did their efforts contribute to MFP goals and benchmarks, or inform MFP and LTC policies?

a) Check the appropriate boxes in the Stakeholder Involvement table provided:

	Provided input on MFP policies or procedures	Helped to promote or market MFP program	Involved in Housing Development	Involved in Quality of Care assurance	Attended MFP Advisory Meeting(s)	Other (describe)
Consumers						
Families						
Advocacy Organizations						
HCBS Providers						
Institutional Providers						
Labor/Worker Association						
Public Housing						

Agency(ies)						
Other State Agencies (except Housing)						
Non-profit Housing Assn.						
Other: (specify)						

- b) Please explain the nature of consumers' and families' involvement in MFP during this period and how it contributed to MFP goals and benchmarks, or informed MFP and LTC policies. [*Please explain in provided text box.*]
- c) Please explain the nature of others' (non-consumers) involvement in MFP during this period and how it contributed to MFP goals and benchmarks, or informed MFP and LTC policies. [*Please explain in provided text box.*]

2) On average, how many consumers, family members, and consumer advocates attended each meeting of the MFP program's advisory group (the group that advises the MFP program) during the reporting period?

Choose one option of the three (3) provided. If the MFP program's advisory group met during the reporting period, choose "Specific Amount" and provide the average number of attendees.

- a) Specific Amount:
 - i) Please Indicate the Amount of Attendance
- b) Advisory group did not meet during the reporting period.
- c) Program does not have an advisory group.

3) What types of challenges has your program experienced involving consumers and families in program planning and ongoing program administration? For all selected challenges: i) please describe what you are doing to address the challenge.

- a) Identifying willing consumers.
- b) Identifying willing families.
- c) Involving them in a meaningful way.
- d) Keeping them involved for extended periods of time.
- e) Communicating with consumers.
- f) Communicating with families.
- g) Other, specify below.
- h) None.

4) Did your program make any progress during the reporting period in building a collaborative relationship with any of the following housing agencies or organizations? For all selected: i) please describe any new developments.

- a) State agency that sets housing policies.
- b) State housing finance agency.
- c) Public housing agency(ies).
- d) Non-profit agencies involved in housing issues.
- e) Other housing organizations (such as landlords, realtors, lenders and mortgage brokers).

f) None.

5) Has your program experienced significant challenges in building a collaborative relationship with any of the agencies involved in setting state housing policies, financing, or implementation of housing programs?

- a) Yes
 - i) Please describe.
- b) No.

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E. Demonstration Policies and Procedures

E.5 Benefits and Services - Medicaid Program and Policy Issues

This section asks about progress pertaining to state Medicaid policies and rules that allow people needing long-term services and supports to choose the setting and types of services they wish to receive. The next set of questions in E.6 concern changes in the availability or accessibility of home and community-based services and providers.

1) What progress was made during the reporting period regarding Medicaid programmatic and policy issues that increased access to home and community-based services DURING the one-year transition period? For all selected progress: i) please indicate target population(s) by checking appropriate box; and ii) please describe by target population.

- a) Increased capacity of HCBS waiver programs to serve MFP participants.
- b) Added a self-direction option.
- c) Developed State Plan Amendment to add or modify benefits needed to serve MFP participants in HCBS settings.
- d) Developed or expanded managed LTC programs to serve MFP participants.
- e) Obtained authority to transfer Medicaid funds from institutional to HCBS line items to serve MFP participants.
- f) Legislative or executive authority for more funds or slots or both.
- g) Improved state funding for pre-transition services (such as targeted case management).
- h) Other, specify below.
- i) None.

2) What significant challenges or barriers did your program experience in guaranteeing MFP participants have access to Medicaid HCBS DURING the one-year transition period? For all selected challenges: i) please indicate target population(s) by checking appropriate box; ii) Please describe challenges by target population; iii) Please describe what you are doing to address the challenges; and iv) For the selected status, ["resolved," "in progress" (still working on it), or "abandoned" (not resolved and no longer pursuing it)], please describe the current status of the challenge: (1) If resolved, please describe how

was it resolved, e.g. received CMS approval to change approach, revised strategy/developed a work around; or (2) If not resolved and no longer pursuing it, please describe why are you no longer pursuing it.

- a) Efforts to increase capacity of HCBS waiver programs to serve more individuals are delayed or disapproved.
- b) Efforts to add a self-direction option are delayed or disapproved.
- c) State Plan Amendment to add or modify benefits needed to serve people in HCBS settings are delayed or disapproved.
- d) Plans to develop or expand managed LTC programs to serve or include people needing HCBS are delayed or disapproved.
- e) Efforts to obtain authority to transfer Medicaid funds from institutional to HCBS line items to serve people transitioning out of MFP are delayed or disapproved.
- f) Legislative or executive authority for more funds or slots are delayed or disapproved.
- g) State funding for pre-transition services (such as targeted case management) have been delayed or disapproved.
- h) Other, specify below.
- i) None.

3) What progress was made during the reporting period on Medicaid programmatic and policy issues to assure continuity of home and community based services AFTER the one-year transition period? For all selected progress: i) please indicate target population(s) by checking appropriate box; and ii) please describe by target population.

- a) Increased capacity of HCBS waiver programs to serve more Medicaid enrollees.
- b) Added a self-direction option.
- c) Developed State Plan Amendment to add or modify benefits needed to serve more Medicaid enrollees in HCBS settings.
- d) Developed or expanded managed LTC programs to serve more Medicaid enrollees.
- e) Obtained authority to transfer Medicaid funds from institutional to HCBS line items to serve more Medicaid enrollees.
- f) Legislative or executive authority for more funds or slots or both.
- g) Improved state funding for pre-transition services, such as targeted case management.
- h) Other, specify below.
- i) None.

4) What significant challenges or barriers did your program experience in guaranteeing continuity of care for MFP participants in Medicaid HCBS AFTER the one-year transition period? For all selected challenges: i) please indicate target population(s) by checking appropriate box; ii) Please describe challenges by target population; iii) Please describe what you are doing to address the challenges; and iv) For the selected status, ["resolved," "in progress" (still working on it), or "abandoned" (not resolved and no longer pursuing it)], please describe the current status of the challenge: (1) If resolved, please describe how was it resolved, e.g. received CMS approval to change approach,

revised strategy/developed a work around; or (2) If not resolved and no longer pursuing it, please describe why are you no longer pursuing it.

- a) Efforts to increase capacity of HCBS waiver programs to serve more individuals are delayed or disapproved.
- b) Efforts to add a self-direction option are delayed or disapproved.
- c) State Plan Amendment to add or modify benefits needed to serve people in HCBS settings is delayed or disapproved.
- d) Plans to develop or expand managed LTC programs to serve or include people needing HCBS are delayed or disapproved.
- e) Efforts to obtain authority to transfer Medicaid funds from institutional to HCBS line items to serve people transitioning out of MFP are delayed or disapproved.
- f) Legislative or executive authority for more funds or slots are delayed or disapproved.
- g) State funding for pre-transition services have been delayed or disapproved.
- h) Other, specify below.
- i) None.

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E. Demonstration Policies and Procedures

E.6 Participant Access to Services

This section concerns the supply and availability of home and community based services, or the ease of receiving HCBS covered by Medicaid programs and policies.

1) What steps did your program or state take during the reporting period to improve or enhance the ability of MFP participants to receive home and community based services? For all selected steps: i) please indicate target population(s) by checking appropriate box; and ii) Please describe the steps taken.

- a) Increased the number of transition coordinators.
- b) Increased the number of home and community-based service providers contracting with Medicaid.
- c) Increased access requirements for managed care LTC providers.
- d) Increased payment rates to HCBS providers.
- e) Increased the supply of direct service workers.
- f) Improved or increased transportation options.
- g) Added or expanded managed LTC programs or options.
- h) Other, specify below.
- i) None.

2) What are MFP participants' most significant challenges to accessing home and community-based services? These are challenges that either make it difficult to transition as many people as you had planned or make it difficult for MFP participants to remain living in the community. For all selected challenges: i) please indicate target population(s) by checking

appropriate box; ii) Please describe challenges by target population; iii) Please describe what you are doing to address the challenges; and iv) For the selected status, ["resolved," "in progress" (still working on it), or "abandoned" (not resolved and no longer pursuing it)], please describe the current status of the challenge: (1) If resolved, please describe how was it resolved, e.g. received CMS approval to change approach, revised strategy/developed a work around; or (2) If not resolved and no longer pursuing it, please describe why are you no longer pursuing it.

- a) Insufficient supply of HCBS providers.
- b) Insufficient supply of direct service workers.
- c) Preauthorization requirements.
- d) Limits on amount, scope, or duration of HCBS allowed under Medicaid state plan or waiver program.
- e) Lack of appropriate transportation options or unreliable transportation options.
- f) Insufficient availability of home and community-based services (provider capacity does not meet demand).
- g) Other, specify.
- h) None.

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E. Demonstration Policies and Procedures

E.7 Self-Direction

Did your state have any self-direction programs in effect during this reporting period? *[please check the appropriate box]*

- a) Yes
- b) No –Please skip this section if your state did not have any self-direction programs in effect during the reporting period.

1) How many MFP participants were in a self-direction program during the reporting period? Please provide a number for each target population (if applicable for this reporting period) in the appropriate box.

2) Of those MFP participants in a self-direction program how many: Please provide a number for each target population (if applicable for this reporting period) in the appropriate box.

- a) Hired or supervised their own personal assistants during the reporting period.
- b) Managed their allowance or budget during the reporting period.

3) How many MFP participants in a self-direction program during the reporting period reported abuse or experienced an accident? Please provide a number for each target population (if applicable for this reporting period) in the appropriate box.

- a) Reported being abused by an assistant, job coach, or day program staff.

- b) Experienced an accident (such as a fall, burn, medication error).
 - c) Other, please specify. [*this option may be modified with a brief explanation – if necessary*]
- 4) **How many MFP participants in a self-direction program dis-enrolled from the self-direction program during the reporting period?** Please provide a number for each target population (if applicable for this reporting period) in the appropriate box.
- 5) **Of the MFP participants who were dis-enrolled from a self-direction program, how many were dis-enrolled for each reason below?** Please provide a number for each target population (if applicable for this reporting period) in the appropriate box.
- a) Opted-out voluntarily.
 - b) Involuntary dis-enrollment due to inappropriate spending.
 - c) Involuntary dis-enrollment due to inability to self-direct.
 - d) Involuntary dis-enrollment due to abusing their worker.
 - e) Other, please specify. [*this option may be modified with a brief explanation – if necessary*]

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E. Demonstration Policies and Procedures

E.8 Quality Management and Improvement

Do you want the information on critical incidents in [Questions #8](#) and [#9](#) on this page to appear in the print version of the report?

- a) Yes –Check the box.
- b) No –Do not check the box.

- 1) **What notable improvements did your program make to your HCBS quality management systems that affect MFP participants? These improvements may include improvements to quality management systems for your state’s waiver programs.** For all selected improvements:
i) please indicate target population(s) by checking appropriate box; and ii) Please describe the improvement.
- a) Improved intra/inter departmental coordination.
 - b) Implemented/Enhanced data collection instruments.
 - c) Implemented/Enhanced information technology applications.
 - d) Implemented/Enhanced consumer complaint processes.

- e) Implemented/Enhanced quality monitoring protocols DURING the one-year transition period (that is, methods to track quality-related outcomes using identified benchmarks or identifying participants at risk of poor outcomes and triggering further review at a later point in time).
 - f) Enhanced a critical incident reporting and tracking system. A critical incident (e.g., abuse, neglect and exploitation) is an event that could bring harm, or create potential harm, to a waiver participant.
 - g) Enhanced a risk management process.
 - h) Other, specify below.
 - i) None.
- 2) **How many calls did your program receive from MFP participants for emergency back-up assistance during the reporting period by type of assistance needed? Emergency refers to situations that could endanger the health or well-being of a participant and may lead to a critical incident if not addressed. (Please note this question only captures calls that were considered to be emergencies and not those that are informational or complaints.)** Please provide a number for each target population (if applicable for this reporting period) in the appropriate box.
- a) Transportation: to get to medical appointments.
 - b) Life-support equipment repair/replacement.
 - c) Critical health services.
 - d) Direct service/support workers not showing up.
 - e) Other, please specify. [*this option may be modified with a brief explanation – if necessary*]
 - f) Total –for each target population [*page will calculate –when you click Save | Previous | Next at top or bottom of page*]
- 3) **For what percentage of the calls received were you able to provide the assistance that was needed when it was needed?** Please provide a number for each target population (if applicable for this reporting period) in the appropriate box.
- 4) **Did your program have to change back-up services or quality management systems due to an identified problem or challenge in the operation of your back-up systems?**
- a) Yes
 - i) Please describe the changes you have made, as well as the effectiveness of these changes.
 - b) No.
- 5) **What significant challenges did your program experience with Discovery (i.e. uncovering problems as they happen) processes? Significant challenges include difficulty identifying, in a timely fashion, incidents that place a participant at risk/danger to themselves or others.** For all selected challenges: i) please indicate target population(s) by checking appropriate box; ii) Please describe challenges by target population; iii) Please describe what you are doing to address the challenges; and iv) For the selected status, [“resolved,” “in progress” (still working on it), or “abandoned” (not resolved and no longer pursuing it)], please describe the current status of the

challenge: (1) If resolved, please describe how was it resolved, e.g. received CMS approval to change approach, revised strategy/developed a work around; or (2) If not resolved and no longer pursuing it, please describe why are you no longer pursuing it.

- a) Identifying whether participants are receiving adequate supports/services.
- b) Identifying whether services/supports are delivered as intended.
- c) Identifying in a timely manner when participants' health and welfare is not achieved.
- d) Other, specify below.
- e) None.

6) **What significant challenges did your program experience with Remediation processes? Significant challenges include difficulty acting promptly to address an identified risk/danger at the individual level.** For all selected challenges: i) please indicate target population(s) by checking appropriate box; ii) Please describe challenges by target population; iii) Please describe what you are doing to address the challenges; and iv) For the selected status, ["resolved," "in progress" (still working on it), or "abandoned" (not resolved and no longer pursuing it)], please describe the current status of the challenge: (1) If resolved, please describe how was it resolved, e.g. received CMS approval to change approach, revised strategy/developed a work around; or (2) If not resolved and no longer pursuing it, please describe why are you no longer pursuing it.

- a) Addressing an identified risk/danger in a timely manner.
- b) Providing additional services when needed.
- c) Other, specify below.
- d) None.

7) **What significant challenges did your program experience with Improvement processes? Significant challenges include difficulty gathering or analyzing information from Discovery activities to identify trends that affect an entire population of individuals / participants, or difficulty designing system improvements to prevent or reduce the occurrences of quality issues.** For all selected challenges: i) please indicate target population(s) by checking appropriate box; ii) Please describe challenges by target population; iii) Please describe what you are doing to address the challenges; and iv) For the selected status, ["resolved," "in progress" (still working on it), or "abandoned" (not resolved and no longer pursuing it)], please describe the current status of the challenge: (1) If resolved, please describe how was it resolved, e.g. received CMS approval to change approach, revised strategy/developed a work around; or (2) If not resolved and no longer pursuing it, please describe why are you no longer pursuing it.

- a) Gathering information to identify trends.
- b) Designing system improvements.
- c) Implementing system improvements.
- d) Other, specify below.
- e) None.

- 8) **How many critical incidents occurred during the reporting period?**
[please provide a number in the provided number box]
- 9) **Please describe (in the text box below). Further detail regarding the nature of each critical incident may be provided with [Question #10](#) (below, on this page).** [please use the provided text box to explain further]
- 10) **Please describe the nature of each critical incident that occurred.** [CMS defines a critical incident or event as an alleged, suspected, or actual occurrence of: (a) abuse (including physical, sexual, verbal and psychological abuse); (b) mistreatment or neglect; (c) exploitation; (d) serious injury; (e) death other than by natural causes; (f) other events that cause harm to an individual; and, (g) events that serve as indicators of risk to participant health and welfare such as hospitalizations, medication errors, use of restraints or behavioral interventions.]

Choose from the list below: For these selected critical incidents ([Abuse](#), [Neglect](#), [Exploitation](#), [Deaths \(preventable, questionable, or unexpected\)](#), [Involvement with the criminal justice system](#), [Medication administration errors](#), [Other](#)): i) Please specify the number of times this type of critical incident occurred [please provide a number in the provided number box]; ii) Please explain if the state make changes, either for the consumer(s) or its system, as a result of the analysis of critical incidents?; and iii) Please specify the status of the critical incident: ["resolved," "in progress" (still working on it), or "abandoned" (not resolved and no longer pursuing it)].

For these selected critical incidents ([Hospitalizations](#), [Emergency Room visits](#)): i) Please specify the number of times this type of critical incident occurred; and ii) Please answer the question associated with the critical incident.

- a) Abuse.
- b) Neglect.
- c) Exploitation.
- d) Hospitalizations.
 - i) Please specify the number of times this type of critical incident occurred [please provide a number in the provided number box]
 - ii) Of these hospitalizations, approximately how many occurred within 30 days of discharge from a hospital or other institutional setting?
- e) Emergency Room visits.
 - i) Please specify the number of times this type of critical incident occurred [please provide a number in the provided number box]
 - ii) Of these emergency room visits, approximately how many occurred within 30 days of discharge from a hospital or other institutional setting?
- f) Deaths (preventable, questionable, or unexpected).
- g) Involvement with the criminal justice system.
- h) Medication administration errors.
- i) Other, specify below.
- j) None.

Use this box to explain missing, incomplete, or other qualifications to the data reported on this page. Use this box to explain missing, incomplete, or other qualifications to the data reported on this page. [text box provided]

E. Demonstration Policies and Procedures

E.9 Housing for Participants

- 1) **What notable achievements in improving housing options for MFP participants did your program accomplish during the reporting period?**
For all selected improvements: i) please indicate target population(s) by checking appropriate box; and ii) Please describe the achievement.
 - a) Developed inventory of affordable and accessible housing.
 - b) Developed local or state coalitions of housing and human service organizations to identify needs and/or create housing-related initiatives.
 - c) Developed statewide housing registry.
 - d) Implemented new home ownership initiatives.
 - e) Improved funding or resources for developing assistive technology related to housing.
 - f) Improved information systems about affordable and accessible housing.
 - g) Increased number of rental vouchers.
 - h) Increased supply of affordable and accessible housing.
 - i) Increased supply of residences that provide or arrange for long term services and/or supports.
 - j) Increased supply of small group homes.
 - k) Increased/Improved funding for home modifications.
 - l) Other, specify below.
 - m) None.

- 2) **What significant challenges did your program experience in securing appropriate housing options for MFP participants? Significant challenges are those that affect the program's ability to transition as many people as planned or to keep MFP participants in the community.** For all selected challenges: i) please indicate target population(s) by checking appropriate box; ii) Please describe challenges by target population; iii) Please describe what you are doing to address the challenges; and iv) For the selected status, ["resolved," "in progress" (still working on it), or "abandoned" (not resolved and no longer pursuing it)], please describe the current status of the challenge: (1) If resolved, please describe how was it resolved, e.g. received CMS approval to change approach, revised strategy/developed a work around; or (2) If not resolved and no longer pursuing it, please describe why are you no longer pursuing it.
 - a) Lack of information about affordable and accessible housing.
 - b) Insufficient supply of affordable and accessible housing.
 - c) Lack of affordable and accessible housing that is safe.
 - d) Insufficient supply of rental vouchers.
 - e) Lack of new home ownership programs.
 - f) Lack of small group homes.
 - g) Lack of residences that provide or arrange for long term services and/or supports.

- h) Insufficient funding for home modifications.
 - i) Unsuccessful efforts in developing local or state coalitions of housing and human services organizations to identify needs and/or create housing related initiatives.
 - j) Unsuccessful efforts in developing sufficient funding or resources to develop assistive technology related to housing.
 - k) Other, specify below.
 - l) None.
- 3) **How many current MFP participants are living in each type of qualified residence as of the end of the reporting period?** [This question is optional.] Please provide a number for each target population (if applicable for this reporting period) in the appropriate box.
- a) Home (owned or leased by individual or family).
 - b) Apartment (individual lease, lockable access, etc.).
 - c) Group home or other residence in which 4 or fewer unrelated individuals live.
- 4) **How many MFP participants who transitioned to the community during the reporting period moved to each type of qualified residence? The sum total reported below should equal the number of individuals who transitioned to the community this period, reported in **Question #5 (Transitions)**.** [This question is required.] Please provide a number for each target population (if applicable for this reporting period) in the appropriate box.
- a) Home (owned or leased by individual or family).
 - b) Apartment (individual lease, lockable access, etc.).
 - c) Group home or other residence in which 4 or fewer unrelated individuals live.
- 5) **Have any MFP participants received a housing supplement during the reporting period? Choose from the list of sources below and check all target populations that apply.** Included in this count should be housing supplements that were awarded during the reporting period, but not yet dispensed. For all selected sources of housing supplements: i) please indicate target population(s) by checking appropriate box.
- a) 202 funds.
 - b) CDBG funds.
 - c) Funds for assistive technology as it relates to housing.
 - d) Funds for home modifications.
 - e) HOME dollars.
 - f) Housing choice vouchers (such as tenant based, project based, mainstream, or homeownership vouchers).
 - g) Housing trust funds.
 - h) Low income housing tax credits.
 - i) Section 811.
 - j) USDA rural housing funds.
 - k) Veterans Affairs housing funds.
 - l) Other, please specify. [*this option may be modified with a brief explanation – if necessary*]
 - m) None.

Use this box to explain missing, incomplete, or other qualifications to the data reported on this page. Use this box to explain missing, incomplete, or other qualifications to the data reported on this page. [text box provided]

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F. Organization and Administration

1) Were there any changes in the organization or administration of the MFP program during this reporting period? For example, did Medicaid agency undergo a reorganization that altered the reporting relationship of the MFP Project Director?

- a) Yes
 - i) Please describe the changes.
- b) No.

2) What interagency issues were addressed during this reporting period?

For all selected interagency issues: i) please indicate which agencies were involved. *[please use the provided text box to explain further]*

- a) Common screening/assessment tools or criteria.
- b) Common system to track MFP enrollment across agencies.
- c) Common screening/assessment tools or criteria.
- d) Timely collection and reporting of MFP service or financial data.
- e) Common service definitions.
- f) Common provider qualification requirements.
- g) Financial management issues.
- h) Quality assurance.
- i) Other, specify below.
- j) None.

3) Did your program have any notable achievements in interagency communication and coordination during the reporting period?

- a) Yes
 - i) What were the achievements in?
- b) No.

4) What significant challenges in interagency communication and coordination did your program experience during the reporting period?

For all selected challenges: i) Please describe challenges and (if applicable) what agencies were involved; ii) Please describe what you are doing to address the challenges; and iii) For the selected status, ["resolved," "in progress" (still working on it), or "abandoned" (not resolved and no longer pursuing it)], (iv) please describe the current status of the challenge: (1) If resolved, please describe how was it resolved, e.g. received CMS approval to change approach, revised strategy/developed a work around; or (2) If not resolved and no longer pursuing it, please describe why are you no longer pursuing it.

- a) Interagency relations.
- b) Privacy requirements that prevent the sharing of data.
- c) Technology issues that prevent the sharing of data.
- d) Transitions in key Medicaid staff.
- e) Transitions in key staff in other agency.
- f) Other, specify below.
- g) None.

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G. Challenges and Developments

- 1) **What types of overall challenges have affected almost all aspects of the program?** For all selected challenges: i) please describe the effects of the challenge.
 - a) Downturn in the state economy.
 - b) Worsening state budget.
 - c) Transition of key position(s) in Medicaid agency.
 - d) Transition of key position(s) in other state agencies.
 - e) Executive shift in policy.
 - f) Other, specify below.
 - g) None.

- 2) **What other new developments, policies, or programs (in your state's long-term care system) have occurred that are not MFP initiatives, but have affected the MFP demonstration program's transition efforts?** For all selected new developments, policies, or programs that have occurred: i) please describe the efforts that are not MFP initiatives and their affect on the MFP demonstration program.
 - a) Institutional closure/downsizing initiative.
 - b) New/revised CON policies for LTC institutions.
 - c) New or expanded nursing home diversion program.
 - d) Expanded single point-of-entry/ADRC system.
 - e) New or expanded HCBS waiver capacity.
 - f) New Medicaid State Plan options (DRA or other).
 - g) New managed LTC options (PACE, SNP, other), or mandatory enrollment in managed LTC.
 - h) Other, specify below.
 - i) None.

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H. Independent Evaluation

1) Is your state conducting an independent evaluation of the MFP program, separate from the national evaluation by Mathematica Policy Research?

- a) Yes –Please describe.
- b) No –If this box is checked, please skip to Section I – Technical Assistance.

2) Were there any outputs/products produced from the independent state evaluation (if applicable) during this period?

- a) Yes –Please describe.
- b) No.

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I. State-specific Technical Assistance

What type of state-specific programmatic TA did you receive during the reporting period? This could include TA provided to a group of states, such as all-state TA teleconference calls hosted by one of the TA contractors. This could also include individual TA received by one of the TA contractors or Mathematica Policy Research. Do not use this section to report on all-grantee meetings or events, or individual contacts with your CMS project officer.

Add an event for each type of issue (quality, housing, self-direction, other programmatic issues, evaluation, and data management/submission; any others) and indicate how the TA was delivered (group by teleconference, group in person, individual by telephone, individual in person, or peer-to-peer).

You may add more than one event of the same type to indicate different delivery methods.

- 1) **Date:** Jan 6, 2007.
- 2) **Type:** Quality
- 3) **Delivery:** Group Teleconference
- 4) **Describe the focus of the TA Event:**
- 5) **Usefulness:**
- a) Very Useful –If useful, describe what changed as a result.
 - b) Useful –If useful, describe what changed as a result.
 - c) Not Useful –If not useful, explain why.

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J. Overall Lessons & MFP-related LTC System Change

Are there any other comments, observations or lessons learned from your experience to date with MFP program design or implementation?

You can use this section to explain how MFP is contributing to long-term care system reform or rebalancing that is not captured by any of the other questions in this report. [*please use the provided text box to explain further –if necessary*]

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