

## **MONEY FOLLOWS THE PERSON (MFP)**

### **SEMI-ANNUAL PROGRESS REPORT**

This PDF reporting form is to be used by grantees for semi-annual reporting of MFP program data. The information provided in this report will allow CMS to monitor grantee progress and identify challenges and improvement opportunities. For additional guidance on completing this form, please see the associated User Guide and Help File, available from your CMS Project Officer.

**Please save the file to your local PC using the following naming convention: State Initials\_Reporting Year\_ Reporting Period (1 or 2) (for example, AL\_2020\_Period2). While completing the reporting form, please save your work often by selecting File >>> Save in the upper left hand corner of the PDF.**

### **A. General Information**

#### **Organization Information**

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

#### **Project Director**

4. Project Director Name
5. Project Director Email

#### **Grantee Signatory / Authorizing Official Representative (AOR)**

6. Grantee Signatory Name
7. Grantee Signatory Email
8. Has the Grantee Signatory changed since last report?

Yes

No

#### **CMS Project Officer**

9. CMS Project Officer Name

## B. Transitions

Update Section B. each period. During Period 1 reporting, leave Period 2 fields blank. During Period 2 reporting, add Period 2 data below existing Period 1 data. Red outlined cells indicate a manual calculation is required; green outlined cells indicate the PDF will auto-calculate the field.

1. Please specify your MFP program's "Other" target population(s) here if applicable.

2. Number of people assessed for MFP enrollment. *[Refer to Help file for explanation]*

	Older Adults	ID/DD	MI	PD	Other	Total
a. First period (Jan 1 – June 30)						
b. Second period (July 1 – Dec 31)						
c. Total (period 1 + period 2)						
d. Cumulative number assessed (cumulative assessments as of last period report (Q2, row d) + new assessments current period report (Q2, row c))						
e. Transition targets, all grant years (by population and total)						
f. Cumulative number assessed as a percent of total transition target (total assessed (row d) / total transition target (row e))						

3. Number of institutional residents who transitioned during this reporting period and enrolled in MFP. *[Refer to Help file for explanation]*

	Older Adults	ID/DD	MI	PD	Other	Total
a. First period (Jan 1 – June 30)						
b. Second period (July 1 – Dec 31)						
c. Total (period 1 (row a) + period 2 (row b))						
d. Annual transition target						
e. Percent of annual transition target achieved						

4. Cumulative number of MFP transitions to date. The cumulative transition total is the sum of the previous period's cumulative transitions and the current period's transitions. If you need to adjust the cumulative MFP transitions to date, please enter the positive and/or negative adjustment value in the corresponding cell of the table below. For example, if your records show 5 fewer older adult transitions than the table shows, you should enter '-5' in the adjustment value row under "Older Adults". The PDF will calculate a revised total in the "Adjusted Cumulative Total" row.

If applicable, please provide an explanation as to why your cumulative transition counts need to be updated.

	Older Adults	ID/DD	MI	PD	Other	Total
a. Cumulative transitions (previous period cumulative transitions (Q4, Row c) + current period transitions)						
b. Adjustment value for cumulative transitions						
c. Adjusted cumulative total						
d. Transition targets, all grant years (by population and total)						

5. 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 [Refer to Help file for explanation]

	Older Adults	ID/DD	MI	PD	Other	Total
a. First period (Jan 1 – June 30)						
b. Second period (July 1 – Dec 31)						

6. Number of MFP participants re-institutionalized. [Refer to Help file for explanation]

	Older Adults	ID/DD	MI	PD	Other	Total
a. For less than or equal to 30 days						
b. For more than 30 days						
c. Length of stay as yet unknown						
d. Total re-institutionalized for any length of time (total of row a + row b + row c)						
e. Number of MFP participants re-institutionalized as a percent of all current MFP participants (Total re-institutionalized (Q6, row d)/ total current (Q5))*100						
f. Number of MFP participants re-institutionalized as a percent of cumulative transitions						

Please indicate any factors that contributed to re-institutionalization.

Deterioration in physical or mental health status

Events that led to a hospitalization (for example, acute medical events, falls, or accidents)

The existence of a complex or chronic condition requiring more care than could be received at home

Inadequate community or family member support

Requests by either the family or the participant to return to an institutional setting

Loss of caregiver

Loss of housing

Lack of sufficient home care services in area

Other



7. Number of MFP participants re-institutionalized for longer than 30 days, who were re-enrolled in the MFP program during the reporting period. *[Refer to Help file for explanation]*

	Older Adults	ID/DD	MI	PD	Other	Total
a. First period (Jan 1 – June 30)						
b. Second period (July 1 – Dec 31)						
c. Total (period 1 (row a) + period 2 (row b))						

8. Number of MFP participants -who ever transitioned -who completed the 365-day transition period during the reporting period. *[Refer to Help file for explanation]*

	Older Adults	ID/DD	MI	PD	Other	Total
a. First period (Jan 1 – June 30)						
b. Second period (July 1 – Dec 31)						
c. Total (period 1 (row a) + period 2 (row b))						

Please indicate any factors that contributed to participants not completing the 365-day transition period.

9. Please specify the total number of participant deaths that occurred during the reporting period:

Older Adults	ID/DD	MI	PD	Other	Total

10. 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.

Yes

(If Yes) Please select the populations affected:

Older Adults, ID/IDD, MI, PD, Other.

No

Please describe your difficulties for each target population.

11. Do you intend to seek CMS approval to amend your annual or total Demonstration period transition benchmarks in your approved Operational Protocol?

Yes

No

(If Yes) Please explain the proposed changes to your transition benchmarks.

## C. Total Expenditures for Home & Community-Based Services

**Completed during the second reporting period (July-December) and for close-out.**

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

Yes

(If Yes) Please describe why the changes were necessary and update in the table below.

No

On the next page, grantees should report 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. It should also include 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.

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. 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.

2. Please enter data for the relevant reporting period and year. Cells outlined in red indicate a calculation is needed.

Year	Target Level of Spending	% Annual Growth Projected	Total Spending for the Calendar Year	% Annual Change (From Previous Year)	% of Target Reached

Please explain year end rate of progress for each year filled out in the table.

- 
3. Please specify (CY or SFY) and the dates of your SFY here.
  4. Use this box to explain missing, incomplete, or other qualifications to the data reported in this section (C).

## D. Additional Benchmarks

- 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 your 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 text box below to explain the barriers or challenges that have hindered progress, and plans to address them.
- Benchmarks for grantees participating in the Tribal Initiative can be added here.
- Please enter data for the relevant reporting period and year. Green outlined cells indicate the PDF will auto-calculate the field.

### Benchmark #1: [Please describe as specified in Operational Protocol]

Measure #1 [Please describe as specified in Operational Protocol]

Year	Measure Target	Measure First Period (Jan 1 June 30)	Measure Second Period (July 1 - Dec 31)	Measure Entire Year	% Achieved First Period	% Achieved Second Period	% Achieved Entire Year

Please explain your Year End rate of progress:

Measure #2 (If applicable) [Please describe as specified in Operational Protocol]

Year	Measure Target	Measure First Period (Jan 1 - June 30)	Measure Second Period (July 1 - Dec 31)	Measure Entire Year	% Achieved First Period	% Achieved Second Period	% Achieved Entire Year

Please explain your Year End rate of progress:

Measure #3 (if applicable) [Please describe as specified in Operational Protocol]

Year	Measure Target	Measure First Period (Jan 1 - June 30)	Measure Second Period (July 1 - Dec 31)	Measure Entire Year	% Achieved First Period	% Achieved Second Period	% Achieved Entire Year

Please explain your Year End rate of progress:

**Benchmark #2: [Please describe as specified in Operational Protocol]**

Measure #1: [Please describe as specified in Operational Protocol]

Year	Measure Target	Measure First Period (Jan 1 - June 30)	Measure Second Period (July 1 - Dec 31)	Measure Entire Year	% Achieved First Period	% Achieved Second Period	% Achieved Entire Year

Please explain your Year End rate of progress:



Measure #2 (if applicable) [Please describe as specified in Operational Protocol]

Year	Measure Target	Measure First Period (Jan 1 - June 30)	Measure Second Period (July 1 - Dec 31)	Measure Entire Year	% Achieved First Period	% Achieved Second Period	% Achieved Entire Year

Please explain your Year End rate of progress:

Measure #3 (if applicable) [Please describe as specified in Operational Protocol]

Year	Measure Target	Measure First Period (Jan 1 - June 30)	Measure Second Period (July 1 - Dec 31)	Measure Entire Year	% Achieved First Period	% Achieved Second Period	% Achieved Entire Year

Please explain your Year End rate of progress:

### Benchmark #3: [Please describe as specified in Operational Protocol]

Measure #1: [Please describe as specified in Operational Protocol]

Year	Measure Target	Measure First Period (Jan 1 - June 30)	Measure Second Period (July 1 - Dec 31)	Measure Entire Year	% Achieved First Period	% Achieved Second Period	% Achieved Entire Year

Please explain your Year End rate of progress:

Measure #2 (if applicable) [Please describe as specified in Operational Protocol]

Year	Measure Target	Measure First Period (Jan 1 - June 30)	Measure Second Period (July 1 - Dec 31)	Measure Entire Year	% Achieved First Period	% Achieved Second Period	% Achieved Entire Year

Please explain your Year End rate of progress:

Measure #3 (if applicable) [Please describe as specified in Operational Protocol]

Year	Measure Target	Measure First Period (Jan 1 - June 30)	Measure Second Period (July 1 - Dec 31)	Measure Entire Year	% Achieved First Period	% Achieved Second Period	% Achieved Entire Year

Please explain your Year End rate of progress:

**Do you intend to seek CMS approval to amend your additional benchmarks in your approved Operational Protocol?**

Yes

(If Yes)

No

## E. Rebalancing Efforts

**Completed only during the first period (January – June) of each year and for close-out.**

- Complete this section during the first period to report on the cumulative amount spent to date on state rebalancing efforts resulting from participating in the MFP program
- Rebalancing funds being used for specific Tribal Initiatives can be added here by participating grantees.

In the table below, enter information on expenditures and activities, whether continuing from prior reporting periods or initiated during this current reporting period, for each current, new, or expanded rebalancing initiative resulting from state savings from MFP program participation. 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 implemented rebalancing initiatives to date, enter "\$0.00" in the Total Actual Expenditures box, and in the text box, describe your state's planned rebalancing initiatives and projected expenditures for each.

Rebalancing Initiative Name	Total Actual Expenditures for this initiative (cumulative spending from start of MFP grant program through end of last calendar year).	Explain any missing or incomplete data.
1.		
2.		
3.		
4.		
5.		
6.		
Total		----

Rebalancing Initiative Name	Brief Description of Initiative
1.	
2.	
3.	
4.	
5.	
6.	

## F. Recruitment & Enrollment

1. Number and percent of MFP participants transitioned during this period whose length of time from assessment to actual transition took:

	Number	Percent
Less than 2 months		
2 to 6 months		
6 to 12 months		
12 to 18 months		
18 to 24 months		
24 months or more		

Please indicate the average length of time required from assessment to actual transition.

2. 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.

Total

3. 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.

Total

## G. Self-Direction

Did your state have any self-direction programs in effect during this reporting period?

Yes

No

1. If YES, how many MFP participants were in a self-direction program as of the last day of the reporting period?

Older Adults	ID/DD	MI	PD	Other	Total

2. Of those MFP participants in a self-direction program how many:

	Older Adults	ID/DD	MI	PD	Other	Total
Hired or supervised their own personal assistants						
Managed their allowance or budget						

Use this box to explain missing, incomplete, or other qualifications to the data reported in this section (G).



## H. MFP Quality Requirements

For every service and program that serves MFP individuals, the state must have a quality management strategy consistent with the section 1915(c) waiver requirements including the use of performance measures, remediation strategies, trending and analysis, and the implementation of quality improvement initiatives. In addition, the state must also have the following three quality requirements in place in order to assure the health and welfare of MFP participants upon discharge to a community setting:

1. A critical incident reporting and management system and a process to ensure that the system is working as planned;
2. A risk assessment and mitigation protocol and a process to ensure that the protocol is working as planned; and
3. A backup strategy in place that includes access to a 24 hour back up service to address a lapse in the provision of essential health and support services or other circumstances that could have a negative effect on participant health or welfare, and a process to ensure that the strategy is working as planned.

Section H. will ask about the work that your state is doing related to each of these requirements.

## H.1 Critical incident reporting

1. MFP programs are required to have a critical incident (CI) and management system and a process to ensure that the system is working as planned. A critical incident (e.g., abuse, neglect and exploitation) is an event that could bring harm, or create potential harm, to a participant. Please complete the table below to report on each type of critical incident related to the MFP program and MFP participants.

Critical Incident Area	Please specify the number of times this type of critical incident occurred	Did the state make any changes, either for the consumer(s) or its system, as a result of the analysis of critical incidents?	What is the current status of the issue?	If resolved or abandoned, please explain
Abuse				
Neglect				
Exploitation				
Involvement with Criminal Justice System				
Medication Administration Errors				
Deaths reported to state CI system				

2. Please summarize any additional information on progress, challenges, or solutions related to your critical incident reporting and management system.

## H.2 Risk assessment and mitigation

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.

Improved intra/inter departmental coordination

Implemented/Enhanced data collection instruments

Implemented/Enhanced information technology applications

Implemented/Enhanced consumer complaint processes

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))

Enhanced a critical incident reporting and tracking system

Enhanced a risk management process

None

Other, specify below

Please describe the improvement.

2. Please summarize any additional information on progress, challenges, or solutions related to your risk assessment and mitigation protocol.

### H.3 24 hour back up services

1. 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.)

	Older Adults	ID/DD	MI	PD	Other	Total
Transportation to get to medical appointments						
Life-support equipment repair/replacement						
Critical health services						
Direct service/support workers not showing up						
Other, Please Specify						
Total						

2. For what number of the calls received were you able to provide the assistance that was needed when it was needed?

Older Adults	ID/DD	MI	PD	Other	Total

3. 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?

Yes

No

(If Yes) Please Describe

4. Did your program experience any challenges in:

Developing adequate and appropriate service plans for participants, i.e., developing service plans that address the participant's assessed needs and personal goals

Assessing participants' risk

Developing, implementing, or adjusting risk mitigation strategies

Addressing emergent risks in a timely fashion

Delivering all the services and supports specified in the service plan

Modifying the service plan to accommodate participants' changing needs or circumstances, i.e., increasing units of a service, adding a different type of service, changing time of day when services are delivered, etc.

Identifying threats to participants' health or welfare

Addressing threats to participants' health or welfare

None

Other, describe below.

5. Please summarize any additional information on progress, challenges, or solutions related to your 24 hour back up services and systems.

## I. Housing for Participants

1. What notable achievements in improving housing options for MFP participants did your program accomplish during the reporting period? Choose from the list below and describe by target population for each checked box.

Developed inventory of affordable and accessible housing

Developed local or state coalitions of housing and human service organizations to identify needs and/or create housing-related initiatives

Developed statewide housing registry

Improved funding or resources for developing assistive technology related to housing

Improved information systems about affordable and accessible housing

Partnered with local public housing authority or state housing agency to create preferences for MFP participants and/or increase rental assistance opportunities

Increased affordable/accessible housing opportunities for MFP participants

Increased opportunities for apartments in MFP qualified assisted living settings

Increased group home opportunities qualifying for MFP

Increased/Improved funding for home modifications

Other, specify below

None

### Populations Affected

Older Adults	ID/DD	MI	PD	Other

Please describe the achievements

2. 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 B.3. (Transitions).

	Older Adults	ID/DD	MI	PD	Other	Total
Home (owned or leased by individual or family)						
Apartment (individual lease, lockable access, etc)						
Group home or other residence in which 4 or fewer unrelated individuals live						
Apartment in qualified assisted living						

3. Describe specific housing efforts associated with this initiative and housing challenges during this reporting period.



## J. Organization & Administration

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

Yes

No

(If Yes) Please describe the changes below.

## K. Challenges & Developments

Please use this section to describe any challenges, achievements, or major changes to your MFP program during the reporting period. Updates may focus on, but are not limited to the following: recruitment and enrollment, informed consent and guardianship, outreach, marketing, and education, stakeholder involvement, benefits and services, participant access to services, self-direction, housing for participants, employment supports and services, organization and administration, and independent evaluation.

1. What types of overall challenges have affected almost all aspects of the program?

2. Did your program report any notable achievements during the reporting period?

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3. Were there any major changes to your program during the reporting period?

## L. Sustainability

Completed during the second reporting period (July-December) only and at close-out.

1. Please indicate any MFP staff positions that will be sustained at the end of the demonstration. Check all that apply.

Administrative staff

Data analyst

Housing coordinator

Outreach staff

Quality and monitoring staff

Social workers

Transition coordinator

Other. Please describe below:

2. Please indicate any MFP demonstration or supplemental services that will be sustained at the end of the demonstration, the target population, and under what Medicaid authority the service will be sustained.

MFP Service	Target Population (check all that apply)	Medicaid authority (for example Section 1915(c))
1.	Older Adults ID/DD MI PD Other	
2.	Older Adults ID/DD MI PD Other	
3.	Older Adults ID/DD MI PD Other	
4.	Older Adults ID/DD MI PD Other	
5.	Older Adults ID/DD MI PD Other	
6.	Older Adults ID/DD MI PD Other	

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3. Please describe any additional detail on MFP services that will be sustained in the text box below.

4. Please indicate what demonstration or supplemental services will not be sustained, and why.

MFP services that will not be sustained	Reason (select all that apply)
1.	Lack of funding Lack of staff Lack of utilization by MFP participants Other. Please describe.
2.	Lack of funding Lack of staff Lack of utilization by MFP participants Other. Please describe.
3.	Lack of funding Lack of staff Lack of utilization by MFP participants Other. Please describe.
4.	Lack of funding Lack of staff Lack of utilization by MFP participants Other. Please describe.
5.	Lack of funding Lack of staff Lack of utilization by MFP participants Other. Please describe.
6.	Lack of funding Lack of staff Lack of utilization by MFP participants Other. Please describe.

5. Please enter any additional description below related to what demonstration services will not be sustained.

6. Indicate how your program assesses participants' experience of care:

MFP participants are included in a survey through our HCBS waiver program.

MFP participants complete a unique MFP experience of care survey or standard survey.

MFP participants are not surveyed about their experience of care at this time.

Our MFP participants continue to complete the MFP Quality of Life Survey.



7. What are the major barriers to sustaining activities and initiatives implemented through your current MFP program?

Lack of, or insufficient funding

Restrictions on the benefits that can be provided under existing Medicaid authorities

Staff turnover or lack of staff resource

Difficulties with referrals or lack of participation

Housing challenges

State legislative authority

Other. Please describe below.

8. What efforts have you made *during the reporting period* to advance sustainability of program activities and initiatives? [Note: Programs that plan to discontinue, do not need to complete this question.]

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9. What activities do you have planned for the *next six months* to advance your sustainability of program activities and initiatives? [Note: Programs that plan to discontinue, do not need to complete this question.]

## M. Tribal Initiative

This section is to be completed by Tribal Initiative grantees only.

1. Report the number of people enrolled, transitioned and re-institutionalized during the report period by population served, i.e., Older Adults, ID/DD, MI, PD, Other. Reported numbers are a subset of the total numbers reported in questions 2, 3, and 6 in Section B.

	Older Adults	ID/DD	MI	PD	Other	Total
a. Enrolled						
b. Transitioned						
c. Re-institutionalized for more than 30 days						

Did the Tribal Initiative have any difficulty transitioning the projected number of individuals it proposed in the Operational Protocol during the reporting period?

Use this box to explain missing, incomplete, or other qualifications to the data reported above.

2. Identify challenges that the program had recruiting and/or enrolling individuals during this reporting period.

- 40

6. As a subset of the totals in Question I.2 report by population where tribal members transitioned to as a results of the program.

	Older Adults	ID/DD	MI	PD	Other	Total
Home (owned or leased by individual or family)						
Apartment (individual lease, lockable access, etc)						
Group home or other residence in which 4 or fewer unrelated individuals live						
Apartment in qualified assisted living						

7. If not previously discussed, describe specific developments that you want to highlight for this program including any challenges.