

Section and Subsections						
B. Qualified HCBS Expenditures-All State spending on HCBS (Required benchmarks shown in bold - related progress indicators are in non-bold)						
1	Qualified HCBS expenditures during reporting period					
2	Total Annual Qualified HCBS expenditures to date					
C. Transitions (Required benchmarks shown in bold - related progress indicators are in non-bold)						
		Target Population				
		Elderly	PD	MR/DD	MI	Other ^a
1	Number assessed for MFP eligibility during reporting period					
2	Number of MFP participants during the reporting period					
3	Number of MFP transitions during reporting period					
4	Cumulative number of MFP transitions ^b					
5	Number of MFP participants reinstitutionalized during reporting period					
6	Number of MFP participants who completed one-year transition period during the reporting period__					
Challenges						
7a	Is the MFP program having difficulty transitioning the projected number of persons it proposed to transition in the Operational Protocol? [yes/no]					
7b	If yes, which target populations? <input type="checkbox"/> Elderly <input type="checkbox"/> Participants with physically disabilities <input type="checkbox"/> Participants with MR/DD <input type="checkbox"/> Participants with mental illness <input type="checkbox"/> Other, specify					
7c	Please describe your difficulties for each target population?					
7d	Do you intend to amend your projections? [yes/no]					

^aOther (specify) will allow the grantee to report multiple responses.

^bThese items will either be prepopulated using information from previous reports or calculated by the website.

^cWhen a grantee indicates they intend to amend their projections, the site will provide instructions on how to obtain approval of the change.

NA = not applicable

Section and Subsections	
D. State Optional Benchmarks (must have a min. of 3 optional benchmarks, but may have more than 3)	
1	Optional Benchmark #1 ^a Prepopulate from OP
	If numeric benchmark, __Number or percent achieved during the reporting period If qualitative benchmark, provide a self assessment of your progress. Explain.
2	Optional Benchmark #2 Prepopulate from OP
	[see above]
3	Optional Benchmark #3 Prepopulate from OP
	[see above]
4	Optional Benchmark #4 Prepopulate from OP
	[see above]
5	Optional Benchmark #5 Prepopulate from OP
	[see above]
6	Optional Benchmark #6 Prepopulate from OP
	[see above]

^a Grantees with a quality-related benchmark will be asked if your state has made timely progress on your quality management action plan.

^b States must have a minimum of three state-specific benchmarks, but may have more than three.

Section and Subsections	
E. Demonstration Policies and Procedures	
Participant Recruitment and Enrollment (for outreach see below)	
1a	Did anything change during the reporting period that made recruitment easier? [yes/no]
1b	If yes, what changed? Check all that apply by target population. <input type="checkbox"/> Type or quality of data available for identification <input type="checkbox"/> How data are used for identification <input type="checkbox"/> Obtaining provider/agency referrals <input type="checkbox"/> Obtaining self referrals <input type="checkbox"/> Obtaining family referrals <input type="checkbox"/> Assessing needs <input type="checkbox"/> Other, specify
1c	Please describe
2a	Has your program experienced <i>significant</i> challenges recruiting individuals? Significant challenges are those that affect the program's ability to transition as many people as planned. [yes/no]
2b	If yes, what types of challenges has your program experienced? Check all that apply by target population <input type="checkbox"/> Type or quality of data available for identification <input type="checkbox"/> Obtaining provider/agency referrals <input type="checkbox"/> Obtaining self referrals <input type="checkbox"/> Obtaining family referrals <input type="checkbox"/> Assessing needs <input type="checkbox"/> Lack of interest among people targeted or the families <input type="checkbox"/> Unwilling to consent to program requirements <input type="checkbox"/> Other, specify
2c	Please describe
2d	What are you doing to address the challenges?
3a	Did anything change during the reporting period that made enrollment into the MFP program easier? [yes/no] These changes may have been the result of changes in your state's Medicaid policies and procedures.
3b	If yes, what changed? Check all that apply by target population. <input type="checkbox"/> Determination of initial eligibility <input type="checkbox"/> Redetermination of eligibility after a suspension due to reinstitutionalization <input type="checkbox"/> Other, specify
3c	Please describe
4a	Has your program experienced <i>significant</i> challenges enrolling individuals? Significant challenges are those that affect the program's ability to transition as many people as planned.[yes/no]
4b	If yes, what types of challenges has your program experienced? Check all that apply by target population <input type="checkbox"/> Determining initial eligibility <input type="checkbox"/> Reestablishing eligibility after a suspension due to reinstitutionalization <input type="checkbox"/> Other, specify
4c	Please describe

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4d	What are you doing to address the challenges?
5a	<p>Number of MFP transition candidates who began but did not complete the transition process by reason (numbers in each category):</p> <p><input type="checkbox"/> Too physically ill</p> <p><input type="checkbox"/> Too cognitively impaired</p> <p><input type="checkbox"/> Mental illness</p> <p><input type="checkbox"/> Guardian refused participation</p> <p><input type="checkbox"/> Could not locate appropriate housing arrangement</p> <p><input type="checkbox"/> Could not secure affordable housing</p> <p><input type="checkbox"/> Individual did not choose MFP qualified residence</p> <p><input type="checkbox"/> Individual changed his/her mind</p> <p><input type="checkbox"/> Individual would not cooperate in care plan development</p> <p><input type="checkbox"/> Service needs greater than what could be provided in the community</p> <p><input type="checkbox"/> Other, specify:</p>
5b	Total number of people assessed for MFP but not transitioned this period ____
6	<p>Percent of MFP participants whose length of time from assessment to actual transition took:</p> <p><input type="checkbox"/> less than 2 months</p> <p><input type="checkbox"/> 2 to 6 months</p> <p><input type="checkbox"/> 6 to 12 months</p> <p><input type="checkbox"/> 12 to 18 months</p> <p><input type="checkbox"/> 18 to 24 months</p> <p><input type="checkbox"/> 24 months or more</p>
Informed Consent/Guardianship	
7a	Did anything change during the reporting period that made obtaining informed consent easier? [yes/no]
7b	<p>If yes, what changed? Check all that apply by target population.</p> <p><input type="checkbox"/> Revised inform consent documents and/or forms</p> <p><input type="checkbox"/> Provided more or enhanced training for transition coordinators</p> <p><input type="checkbox"/> Improved how guardian consent is obtained</p> <p><input type="checkbox"/> Other, specify</p>
7c	Please describe by target population
8a	Did anything change during the reporting period that improved or enhanced the role of guardians? [yes/no]
8b	<p>If yes, what changed? Check all that apply by target population.</p> <p><input type="checkbox"/> How guardians are involved in transition planning</p> <p><input type="checkbox"/> Communication and frequency of communication with guardians</p> <p><input type="checkbox"/> How guardians are involved in ongoing care planning</p> <p><input type="checkbox"/> How guardians are trained and mentored</p> <p><input type="checkbox"/> Other, specify</p>
8c	Please describe by target population
9a	Has your program experienced <i>significant</i> challenges obtaining informed consent? Significant challenges are those that affect the program's ability to transition as many people as planned. [yes/no]

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9b	If yes, what types of challenges has your program experienced? Check all that apply by target population. <input type="checkbox"/> Ensuring informed consent <input type="checkbox"/> Involving guardians in transition planning <input type="checkbox"/> Communicating and the frequency of communication with guardians <input type="checkbox"/> Involving guardians in ongoing care planning <input type="checkbox"/> Training and mentoring of guardians <input type="checkbox"/> Other, specify
9c	Please describe by target population
9d	What are you doing to address the challenges?
Outreach/Marketing/Education	
11a	Did your program have any notable achievements in outreach/marketing/education during the reporting period? [yes/no]
11b	If yes, what was the achievement(s) in? Check all that apply <input type="checkbox"/> Development of print materials <input type="checkbox"/> Implementation of a localized/targeted media campaign <input type="checkbox"/> Implementation of a statewide media campaign <input type="checkbox"/> Involvement of stakeholder state agencies in outreach and marketing <input type="checkbox"/> Involvement of discharge staff at facilities <input type="checkbox"/> Involvement of ombudsman <input type="checkbox"/> Training of frontline workers on program requirements <input type="checkbox"/> Other, specify
11c	Please describe by target population
12a	Has your program experienced <i>significant</i> challenges conducting outreach, marketing, and education activities as planned? [yes/no]
12b	If yes, what types of challenges has your program experienced? Check all that apply <input type="checkbox"/> Development of print materials <input type="checkbox"/> Implementation of a localized/targeted media campaign <input type="checkbox"/> Implementation of a statewide media campaign <input type="checkbox"/> Involvement of stakeholder state agencies in outreach and marketing <input type="checkbox"/> Involvement of discharge staff at facilities <input type="checkbox"/> Involvement of ombudsman <input type="checkbox"/> Training of frontline workers on program requirements <input type="checkbox"/> Other, specify
12c	Please describe by target population
12d	What are you doing to address the challenges?
Stakeholder Involvement	

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13a	<p>Which of the following stakeholders were involved in the program during the reporting period? Check all that apply:</p> <p><input type="checkbox"/> Consumers</p> <p><input type="checkbox"/> Families</p> <p><input type="checkbox"/> Advocacy organizations</p> <p><input type="checkbox"/> HCBS providers/assns</p> <p><input type="checkbox"/> Inst. providers/assns</p> <p><input type="checkbox"/> Labor/worker assns</p> <p><input type="checkbox"/> Other state agencies, except housing</p> <p><input type="checkbox"/> Public housing agency(ies)</p> <p><input type="checkbox"/> Nonprofit housing organizations</p> <p><input type="checkbox"/> Other, specify</p>
13b	<p>How was each stakeholder involved in the program during the reporting period? Check all that apply. (Request a response for each type of stakeholder checked in 13a)</p> <p><input type="checkbox"/> Provided input on MFP policies or procedures</p> <p><input type="checkbox"/> Helped to promote/market MFP program</p> <p><input type="checkbox"/> Involved in housing development</p> <p><input type="checkbox"/> Involved in quality of care assurances</p> <p><input type="checkbox"/> Attended MFP advisory meetings</p> <p><input type="checkbox"/> Other, specify</p>
14a	<p>On average, how many consumers, families, and consumer advocates attended each meeting of the MFP program's advisory group (the group that advises the MFP program)?</p> <p><input type="checkbox"/> advisory group did not meet during the reporting period</p> <p><input type="checkbox"/> program does not have an advisory group</p>
14b	<p>Has your program experienced <i>significant</i> challenges involving consumers and families in program planning and ongoing program administration? [yes/no]</p>
14c	<p>If yes, what types of challenges has your program experienced? Check all that apply</p> <p><input type="checkbox"/> Identifying willing consumers</p> <p><input type="checkbox"/> Identifying willing families</p> <p><input type="checkbox"/> Involving them in a meaningful way</p> <p><input type="checkbox"/> Keeping them involved for extended periods of time</p> <p><input type="checkbox"/> Communicating with consumers</p> <p><input type="checkbox"/> Communicating with families</p> <p><input type="checkbox"/> Other, specify</p>
14d	<p>What are you doing to address the challenges?</p>
15a	<p>Did your program make any progress during the reporting period in building a collaborative relationship with any of the following housing agencies or organizations? Check all that apply</p> <p><input type="checkbox"/> state agency that sets housing policies</p> <p><input type="checkbox"/> state housing finance agency</p> <p><input type="checkbox"/> public housing agency(ies)</p> <p><input type="checkbox"/> non-profit agencies involved in housing issues</p> <p><input type="checkbox"/> Other housing organizations (such as, landlords, realtors, lenders, and mortgage brokers)</p> <p><input type="checkbox"/> Other, specify</p>
15b	<p>If yes, please describe the progress made?</p>

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16a	Has your program experienced <i>significant</i> challenges in building a collaborative relationship with any of the agencies involved in setting state housing policies, financing, or implementation of housing programs? [yes/no]
16b	If yes, please describe the challenges?
Benefits and Services - Medicaid Program and Policy Issues	
17a	Was any progress made during the reporting period on Medicaid programmatic and policy issues that increased the availability of home and community-based services DURING the one-year transition period? [yes/no]
17b	If yes, what type of progress was made? Check all that apply by target population: <input type="checkbox"/> Increased capacity of HCBS waiver programs to serve MFP participants (for example, amended existing waiver program, added slots to existing programs, developed new waiver program, secured additional state funds) <input type="checkbox"/> Added a self-direction option <input type="checkbox"/> Developed State Plan Amendment to add or modify benefits needed to serve MFP participants in HCBS settings <input type="checkbox"/> Developed or expanded managed LTC programs to serve MFP participants <input type="checkbox"/> Obtained authority to transfer Medicaid funds from institutional to HCBS line items to serve MFP participants <input type="checkbox"/> Legislative or executive authority for more funds or slots or both <input type="checkbox"/> Improved state funding for pre-transition services (such as targeted case management) <input type="checkbox"/> Other, _____
17c	If no, explain why (for example, briefly describe Medicaid program or policy changes already approved or in the process of being implemented that assure the availability of Medicaid HCBS programs and benefits to MFP participants DURING the one-year transition period.)
18a	Did your program experience any significant challenges or barriers to guaranteeing that MFP participants can be served in Medicaid HCBS DURING the one-year transition period? [yes/no]
18b	If yes, what types of challenges or barriers has your program experienced? Check all that apply by target population: <input type="checkbox"/> Efforts to increase capacity of HCBS waiver programs to serve more individuals are delayed or disapproved (for example, proposals to add slots to existing programs, develop new waiver programs, or secure additional state funds were rejected) <input type="checkbox"/> Efforts to add a self-direction option are delayed or disapproved <input type="checkbox"/> State Plan Amendment to add or modify benefits needed to serve people in HCBS settings is delayed or disapproved <input type="checkbox"/> Plans to develop or expand managed LTC programs to serve or include people needing HCBS are delayed or disapproved <input type="checkbox"/> 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 <input type="checkbox"/> Legislative or executive authority for more funds or slots are delayed or disapproved <input type="checkbox"/> State funding for pre-transition services (such as targeted case management) have been delayed or disapproved <input type="checkbox"/> Other, specify
18c	Please describe
18d	What are you doing to address the challenges?

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19a	Was any progress 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? [yes/no]
19b	<p>If yes, what type of progress was made? Check all that apply by target population:</p> <p><input type="checkbox"/> Increased capacity of HCBS waiver programs to serve MFP participants (for example, added slots to existing programs, developed new waiver program, secured additional state funds)</p> <p><input type="checkbox"/> Added a self-direction option</p> <p><input type="checkbox"/> Developed State Plan Amendment to add or modify benefits needed to serve MFP participants in HCBS settings</p> <p><input type="checkbox"/> Developed or expanded managed LTC programs to serve MFP participants</p> <p><input type="checkbox"/> Obtained authority to transfer Medicaid funds from institutional to HCBS line items to serve MFP participants</p> <p><input type="checkbox"/> Legislative or executive authority for more funds or slots or both</p> <p><input type="checkbox"/> Improved state funding for pre-transition services (such as targeted case management)</p> <p><input type="checkbox"/> Other, _____</p>
19c	If no, explain why (for example, briefly describe Medicaid program or policy changes already approved or in the process of being implemented that assure the availability of Medicaid HCBS programs and benefits to MFP participants DURING the one-year transition period.)
20a	Did your program experience any significant challenges or barriers to guaranteeing continuity of care for MFP participants in Medicaid HCBS AFTER the one-year transition period? [yes/no]
20b	<p>If yes, what types of challenges or barriers has your program experienced? Check all that apply by target population:</p> <p><input type="checkbox"/> Efforts to increase capacity of HCBS waiver programs to serve more individuals are delayed or disapproved (for example, proposals to add slots to existing programs, develop new waiver programs, or secure additional state funds were rejected)</p> <p><input type="checkbox"/> Efforts to add a self-direction option are delayed or disapproved</p> <p><input type="checkbox"/> State Plan Amendment to add or modify benefits needed to serve people in HCBS settings is delayed or disapproved</p> <p><input type="checkbox"/> Plans to develop or expand managed LTC programs to serve or include people needing HCBS are delayed or disapproved</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> Legislative or executive authority for more funds or slots are delayed or disapproved</p> <p><input type="checkbox"/> State funding for pre-transition services (such as targeted case management) have been delayed or disapproved)</p> <p><input type="checkbox"/> Other, specify</p>
20c	Please describe
20d	What are you doing to address the challenges?
Participant Access to Services	
21a	Did the program or state take any steps during the reporting period to improve or enhance the ability of MFP participants to access home and community based services? [yes/no]

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21b	<p>If yes, what were those steps? Check all that apply</p> <p><input type="checkbox"/> Increased the number of transition coordinators</p> <p><input type="checkbox"/> Increased the number of home and community-based service providers contracting with Medicaid</p> <p><input type="checkbox"/> Increased access requirements for managed care LTC providers</p> <p><input type="checkbox"/> Increased payment rates to HCBS providers</p> <p><input type="checkbox"/> Increased the supply of direct service workers</p> <p><input type="checkbox"/> Improved transportation options</p> <p><input type="checkbox"/> Added or expanded managed LTC programs or options</p> <p><input type="checkbox"/> Other, specify</p>														
21c	Please describe														
22a	<p>What are MFP participant's most <i>significant</i> barriers to accessing home and community-based services? These are barriers 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. Check all that apply by target population.</p> <p><input type="checkbox"/> Insufficient supply of HCBS providers</p> <p><input type="checkbox"/> Insufficient supply of direct service workers</p> <p><input type="checkbox"/> Preauthorization requirements</p> <p><input type="checkbox"/> Limits on amount, scope, or duration of HCBS allowed under Medicaid state plan or waiver program</p> <p><input type="checkbox"/> Lack of appropriate transportation options or unreliable transportation options</p> <p><input type="checkbox"/> Insufficient availability of home and community-based services (provider capacity does not meet demand)</p> <p><input type="checkbox"/> Other, specify</p>														
22b	Please describe														
22c	What are you doing to address these barriers? Please describe by target population.														
Self-Direction – If your State does not have self-direction programs in effect, do not fill in this section of the report.															
23	<p>How many MFP participants were in a self-direction program during the reporting period?</p> <p><input type="checkbox"/> Elderly</p> <p><input type="checkbox"/> Physically disabled</p> <p><input type="checkbox"/> MR/DD</p> <p><input type="checkbox"/> Mental illness</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Not applicable</p>														
24	<p>Of those MFP participants in a self-direction program, how many hired or supervised their own personal assistants? Managed their allowance or budget?</p> <table border="0"> <thead> <tr> <th>Hired/Supervised Assistants</th> <th>Managed allowance</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Elderly</td> <td><input type="checkbox"/> Elderly</td> </tr> <tr> <td><input type="checkbox"/> Physically disabled</td> <td><input type="checkbox"/> Physically disabled</td> </tr> <tr> <td><input type="checkbox"/> MR/DD</td> <td><input type="checkbox"/> MR/DD</td> </tr> <tr> <td><input type="checkbox"/> Mental illness</td> <td><input type="checkbox"/> Mental illness</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Not applicable</td> <td><input type="checkbox"/> Not applicable</td> </tr> </tbody> </table>	Hired/Supervised Assistants	Managed allowance	<input type="checkbox"/> Elderly	<input type="checkbox"/> Elderly	<input type="checkbox"/> Physically disabled	<input type="checkbox"/> Physically disabled	<input type="checkbox"/> MR/DD	<input type="checkbox"/> MR/DD	<input type="checkbox"/> Mental illness	<input type="checkbox"/> Mental illness	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable
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<input type="checkbox"/> Mental illness	<input type="checkbox"/> Mental illness														
<input type="checkbox"/> Other	<input type="checkbox"/> Other														
<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable														

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25	<p>How many MFP participants in a self-direction program during the reporting period reported abuse or experienced an accident?</p> <p>Number by target population that</p> <p><input type="checkbox"/> Reported being abused by an assistant, job coach, or day program staff</p> <p><input type="checkbox"/> Experienced an accident (such as a fall, burn, medication error)</p> <p><input type="checkbox"/> Other, specify</p>
26a	<p>How many MFP participants in a self-direction program disenrolled from the program during the reporting period?</p> <p><input type="checkbox"/> Elderly</p> <p><input type="checkbox"/> Physically disabled</p> <p><input type="checkbox"/> MR/DD</p> <p><input type="checkbox"/> Mental illness</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Not applicable</p>
26b	<p>Of the MFP participants who were disenrolled from a self-direction program, why were they disenrolled?</p> <p><input type="checkbox"/> Opted-out</p> <p><input type="checkbox"/> Inappropriate spending</p> <p><input type="checkbox"/> Unable to self-direct</p> <p><input type="checkbox"/> Abused their worker</p> <p><input type="checkbox"/> Other, specify</p>
Quality Management and Improvement	
27a	<p>Did your program or state make any notable improvements to your HCBS quality management systems that affect MFP participants? [yes/no] These improvements may include improvements to quality management systems for your state's waiver programs.</p>
27b	<p>If yes, what improvements occurred? Check all that apply by target population.</p> <p><input type="checkbox"/> Improved intra/inter departmental coordination</p> <p><input type="checkbox"/> Implemented /Enhanced data collection instruments</p> <p><input type="checkbox"/> Implemented/Enhanced information technology applications</p> <p><input type="checkbox"/> Implemented/Enhanced consumer complaint processes</p> <p><input type="checkbox"/> 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)</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Enhanced a risk management process</p> <p><input type="checkbox"/> Other, specify</p>
27c	<p>Please describe</p>

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28	<p>How many calls did you have 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.)</p> <p>Number calling regarding:</p> <p><input type="checkbox"/> Transportation: to get to medical appointments</p> <p><input type="checkbox"/> Life-support equipment repair/replacement</p> <p><input type="checkbox"/> Critical health services</p> <p><input type="checkbox"/> Direct service/support workers not showing up</p> <p><input type="checkbox"/> Other, specify:</p> <p><input type="checkbox"/> Total for the reporting period</p>
29	For what percentage of the calls received were you able to provide the assistance that was needed when it was needed? (done in a timely manner)___
30a	Have you had to change your back-up services or quality management systems due to an identified problem or challenge in the operation of your back-up system(s)? [yes/no]
30b	If yes, please describe the changes you have made, as well as the effectiveness of these changes.
31a	Has your program experienced any <i>significant</i> challenges with Discovery processes? Significant challenges include difficulty identifying, in a timely fashion, incidents that place a participant at risk/danger to themselves or others. [yes/no]
31b	<p>If yes, what types of challenges has your program experienced? Check all that apply by target population.</p> <p><input type="checkbox"/> Identifying whether participants are receiving adequate supports/services</p> <p><input type="checkbox"/> Identifying whether services/supports are delivered as intended</p> <p><input type="checkbox"/> Identifying in a timely manner when participants' health and welfare is not achieved</p> <p><input type="checkbox"/> Other, specify</p>
31c	Please describe
31d	What are you doing to address your challenges?
32a	Has your program experienced any <i>significant</i> challenges with Remediation processes? Significant challenges include difficulty acting promptly to address an identified risk/danger at the individual level. [yes/no]
32b	<p>If yes, what types of challenges has your program experienced? Check all that apply by target population.</p> <p><input type="checkbox"/> Addressing an identified risk/danger in a timely manner</p> <p><input type="checkbox"/> Providing additional services when needed</p> <p><input type="checkbox"/> Other, specify</p>
32c	Please describe
32d	What are you doing to address your challenges?
33a	Has your program experienced any <i>significant</i> challenges 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. [yes/no]

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33b	If yes, what types of challenges has your program experienced? Check all that apply by target population. <input type="checkbox"/> Gathering information to identify trends <input type="checkbox"/> Designing system improvements <input type="checkbox"/> Implementing system improvements <input type="checkbox"/> Other, specify
33c	Please describe
33d	What are you doing to address your challenges?
34a	Did any MFP participant experience a critical incident during the reporting period? Critical incidents include abuse, neglect exploitation; hospitalizations; emergency room visits; deaths; involvement with the criminal justice system; medication errors. [yes/no]
34b	If yes, what critical incidents occurred during the reporting period that required investigation? Check all that apply by target population. <input type="checkbox"/> Abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Exploitation <input type="checkbox"/> Hospitalizations <input type="checkbox"/> Emergency room visits <input type="checkbox"/> Deaths (preventable, questionable, or unexpected) <input type="checkbox"/> Involvement with the criminal justice system <input type="checkbox"/> Medication administration errors <input type="checkbox"/> Other, specify
34c	What was the result of investigation(s) of incident(s) for individual consumers?
34d	Has the state made changes, either for the consumer(s) or its system, as a result of the analysis of critical incidents? [yes/no]
34e	If yes, please describe
Housing for Participants	
35a	Did your program or state make any notable achievements in improving housing options for MFP participants? [yes/no]
35b	If yes, what was the achievement(s) in? Check all that apply by target population. <input type="checkbox"/> Developed statewide housing registry <input type="checkbox"/> Developed inventory of affordable and accessible housing <input type="checkbox"/> Improved information systems about affordable and accessible housing <input type="checkbox"/> Increased supply of affordable and accessible housing <input type="checkbox"/> Increased number of rental vouchers <input type="checkbox"/> Implemented new home ownership initiatives <input type="checkbox"/> Increased supply of small group homes <input type="checkbox"/> Increased supply of residences that provide or arrange for long term services and/or supports <input type="checkbox"/> Increased/Improved funding for home modifications <input type="checkbox"/> Developed local or state coalitions of housing and human service organizations to identify needs and/or create housing-related initiatives <input type="checkbox"/> Improved funding or resources for developing assistive technology related to housing <input type="checkbox"/> Other, specify
35c	Please describe

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36a	Has your program experienced <i>significant</i> challenges 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. [yes/no]
36b	If yes, what types of challenges has your program experienced? Check all that apply <input type="checkbox"/> Lack of information about affordable and accessible housing <input type="checkbox"/> Insufficient supply of affordable and accessible housing <input type="checkbox"/> Lack of affordable and accessing housing that is safe <input type="checkbox"/> Insufficient supply of rental vouchers <input type="checkbox"/> Lack of new home ownership programs <input type="checkbox"/> Lack of small group homes <input type="checkbox"/> Lack of residences that provide or arrange for long term services and/or supports <input type="checkbox"/> Insufficient funding for home modifications <input type="checkbox"/> Unsuccessful efforts in developing local or state coalitions of housing and human services organizations to identify needs and/or create housing related initiatives <input type="checkbox"/> Unsuccessful efforts in developing sufficient funding or resources to develop assistive technology related to housing <input type="checkbox"/> Other, specify
36c	Please describe by target population
36d	What are you doing to address the challenges?
37	How many MFP participants are living in each type of qualified residential type? (report by target population) <input type="checkbox"/> Home (owned or leased by individual or family) <input type="checkbox"/> Apartment (individual lease, lockable access, etc.) <input type="checkbox"/> Group home or other residence in which 4 or fewer unrelated individuals live
38	How many MFP participants changed their community residence during the reporting period? (report by target population) _____
39a	Have any MFP participants received a housing supplement during the reporting period? [yes/no]
39b	If yes, what sources have been used for these supplements? Check all that apply by target population. <input type="checkbox"/> Low income housing tax credits <input type="checkbox"/> HOME dollars <input type="checkbox"/> CDBG funds <input type="checkbox"/> Housing choice vouchers (such as tenant based, project based, mainstream, or homeownership vouchers) <input type="checkbox"/> Housing trust funds <input type="checkbox"/> Section 811 <input type="checkbox"/> 202 funds <input type="checkbox"/> USDA rural housing funds <input type="checkbox"/> Veterans Affairs housing funds <input type="checkbox"/> Funds for home modifications <input type="checkbox"/> Funds for assistive technology as it relates to housing <input type="checkbox"/> Other, specify

NA = not applicable

Section and Subsections	
F. Organization and Administration	
Interagency communication and coordination	
1a	What interagency issues were addressed during this reporting period? (Check all that apply) <input type="checkbox"/> Common screening/assessment tools or criteria <input type="checkbox"/> Common system to track MFP enrollment across agencies <input type="checkbox"/> Timely collection and reporting of MFP service or financial data <input type="checkbox"/> Common service definitions <input type="checkbox"/> Common provider qualification requirements <input type="checkbox"/> Financial management issues <input type="checkbox"/> Quality assurance <input type="checkbox"/> Other, specify:
1b	Which agencies were involved? (request for each item checked in 1a)
2a	Did your program have any notable achievements in interagency communication and coordination during the reporting period? [yes/no]
2b	If yes, what was the achievement(s) in?
3a	Has your program experienced <i>significant</i> challenges in interagency communication and coordination? [yes/no]
3b	If yes, what types of challenges has your program experienced? <input type="checkbox"/> Interagency relations <input type="checkbox"/> Privacy requirements that prevent the sharing of data <input type="checkbox"/> Technology issues that prevent the sharing of data <input type="checkbox"/> Transitions in key staff in other agency <input type="checkbox"/> Transitions in key Medicaid staff <input type="checkbox"/> Other, specify:
3c	What are you doing to address the challenges?
G. Overall Challenges and New Developments	
1a	Has your program been affected by overall challenges that affect almost all aspects of the program? [yes/no]
1b	If yes, what types of challenges has your program experienced? Check all that apply. <input type="checkbox"/> Downturn in the state economy <input type="checkbox"/> Worsening state budget <input type="checkbox"/> Transition of key position(s) in Medicaid agency <input type="checkbox"/> Transition of key position(s) in other state agencies <input type="checkbox"/> Executive shift in policy <input type="checkbox"/> Other, specify
1c	Please describe
2a	Are there any other new developments, policies, or programs in your state's long-term care system that are not MFP initiatives, but affect the MFP demonstration program's transition efforts? [yes/no]

Section and Subsections							
2b	<p>If yes, what are these new developments, policies or programs? Check all that apply by target population:</p> <p><input type="checkbox"/> Institutional closure/downsizing initiative</p> <p><input type="checkbox"/> New/revised CON policies for LTC institutions</p> <p><input type="checkbox"/> New or expanded nursing home diversion program</p> <p><input type="checkbox"/> Expanded single point-of-entry/ADRC system</p> <p><input type="checkbox"/> New or expanded HCBS waiver capacity</p> <p><input type="checkbox"/> New Medicaid State Plan options (DRA or other)</p> <p><input type="checkbox"/> New managed LTC options (PACE, SNP, other), or mandatory enrollment in managed LTC</p> <p><input type="checkbox"/> Other, specify:</p>						
2c	<p>Please describe these developments, policies or programs, and how they affect the MFP demonstration program, and whether they make it easier or harder to transition individuals from institutions.</p>						
H. Independent Evaluation							
1	<p>What outputs/products did the independent state evaluation (if applicable) produce during this period?</p> <p>___</p>						
I. Technical Assistance Received during this period							
1	<p>What type of TA did you receive during the reporting period? Check all that apply and indicate how the TA was delivered (group by teleconference, group in person, individual by telephone, individual in person, or peer-to-peer)</p> <p><input type="checkbox"/> TA on quality issues</p> <p><input type="checkbox"/> TA on housing</p> <p><input type="checkbox"/> TA on self-direction issues</p> <p><input type="checkbox"/> TA on other programmatic issues</p> <p><input type="checkbox"/> TA on evaluation</p> <p><input type="checkbox"/> TA on data management and/or submission</p> <p><input type="checkbox"/> Other, specify</p>						
2	<p>For each type of TA and each delivery method, describe the focus of the TA you received</p>						
3	<p>For each type of TA and form of TA, how useful was the TA?</p> <table> <tbody> <tr> <td><input type="checkbox"/> Very useful</td> <td>Describe what changed as a result</td> </tr> <tr> <td><input type="checkbox"/> Useful</td> <td>Describe what changed as a result</td> </tr> <tr> <td><input type="checkbox"/> Not useful</td> <td>Explain why</td> </tr> </tbody> </table>	<input type="checkbox"/> Very useful	Describe what changed as a result	<input type="checkbox"/> Useful	Describe what changed as a result	<input type="checkbox"/> Not useful	Explain why
<input type="checkbox"/> Very useful	Describe what changed as a result						
<input type="checkbox"/> Useful	Describe what changed as a result						
<input type="checkbox"/> Not useful	Explain why						