Money Follows the Person Demonstration: Overview of State Grantee Progress, July to December 2012

Final Report

July 30, 2013

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I. OVERVIEW

The Money Follows the Person (MFP) Demonstration, first established by Congress through the 2005 Deficit Reduction Act, provides state Medicaid programs the opportunity to help transition Medicaid beneficiaries living in long-term care (LTC) institutions into the community and to give people with disabilities greater choice in where to live and receive long-term services and supports. In 2007, the Centers for Medicare & Medicaid Services (CMS) awarded MFP demonstration grants to 30 states and the District of Columbia.[1] In 2010, Congress increased total MFP program funding to $4 billion, which allowed CMS to award grants to 13 more states in 2011 and 3 more states in 2012, for a total of 47 grantees (Figure I.1). Congress also extended the demonstration to 2016. MFP grantee states have until the end of federal fiscal year (FFY) 2019 to enroll and transition people through MFP and until the end of FFY 2020 to expend all grant funds.[2] As of the end of December 2012, 37 states had an active MFP program; 5 (Alabama, Colorado, Montana, South Carolina, and South Dakota) were in the program planning stage, 3 (Florida, Minnesota, and West Virginia) were at varying stages of implementation, one original grantee (Oregon) had temporarily suspended full operations, and one grantee (New Mexico) rescinded its grant.

Each state participating in the MFP demonstration must establish a program that has two components: (1) a transition program that identifies Medicaid beneficiaries in institutional care who wish to live in the community and helps them do so, and (2) an initiative designed to support Medicaid LTC systems in rebalancing toward community-based care.

This chartbook summarizes the implementation progress of the MFP Demonstration by 37 active grantee states for the six-month period from July 1 to December 31, 2012 (referred to as "this reporting period"). It presents key indicators of progress, including the number of transitions, progress towards annual transition goals, reinstitutionalization rates, home and community based services (HCBS) expenditure levels, rates of self-direction among MFP participants, and type of housing. This summary is based on information self-reported by state grantees in their 2012 end-of-year progress reports, which were submitted on March 1, 2013. Some MFP grantees provided corrected data after their reports were submitted; the chartbook presents state-reported data submitted by April 10, 2013. Technical notes and data limitations are found at the end. Data tables are available in the Appendix.

Key Findings

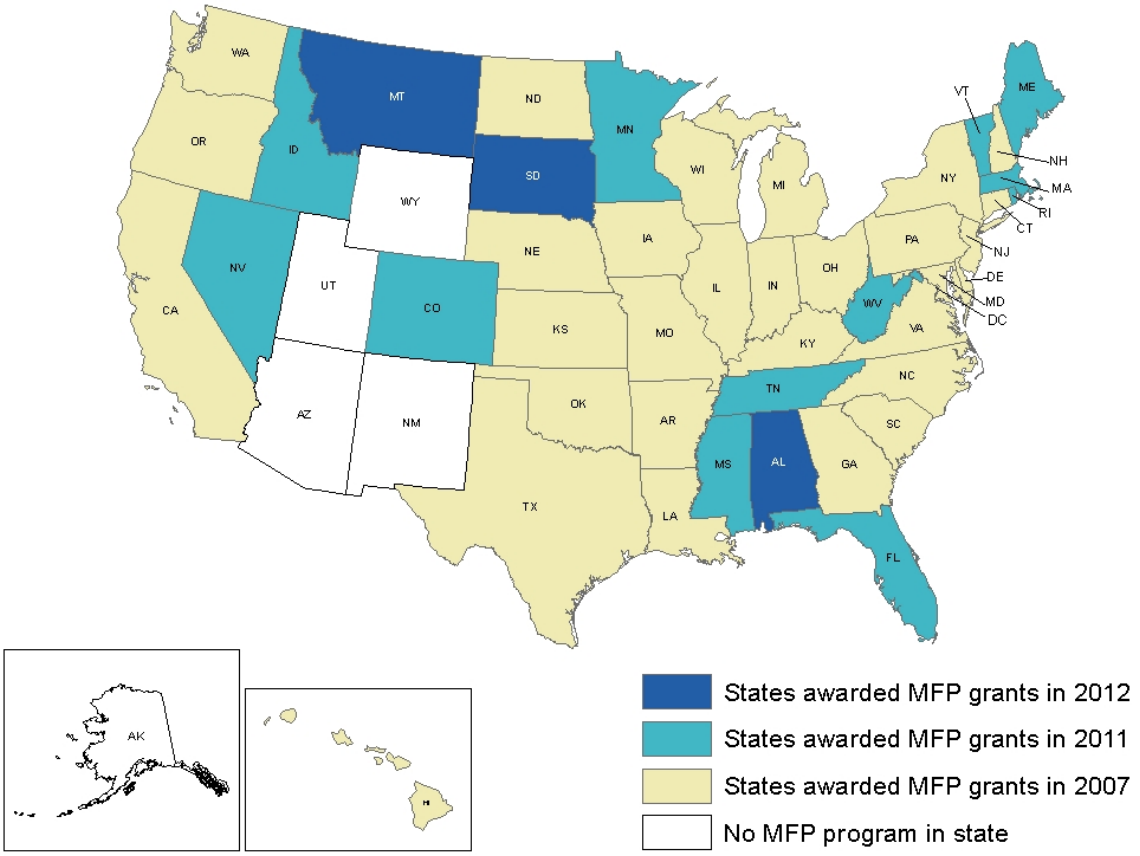
Transitions during 2012. By the end of 2012, the fifth full year of the MFP demonstration, the number of MFP transitions continued to grow by all measures. From July to December 2012, the number of new transitions (4,882) increased by 13 percent compared to the previous six month period (January to June 31, 2012). Current enrollment at the end of December 2012 was

1 One 2007 grantee, South Carolina, had not implemented its program as of 2012. In the remainder of this report, the District of Columbia is referred to as a grantee state.

2 MFP grant awards are available to grantee states for the fiscal year they received the award and subsequent years of the demonstration. Any unused grant funds awarded in 2016 are available to states until September 31, 2020.

9,201, an increase of 18 percent over June 2012. Among those who transitioned during this period, 40 percent were older adults aged 65 and older, 38 percent were younger than 65 with physical disabilities, 13 percent have intellectual disabilities, 6 percent have mental illness, and 2 percent were "other" individuals.[3]

Figure I.1. MFP Grantees, by Year of Award



Cumulative MFP transitions to date. As of the end of December 2012, a total of 30,141 people had transitioned to the community and enrolled in MFP, a 21 percent increase in cumulative enrollment since June 30, 2012, and a 53 percent increase since December 31, 2011. The makeup of MFP participants has shifted over the five years of the demonstration. From 2008 to 2012, the proportion of individuals with intellectual disabilities among all MFP participants who ever transitioned to the community showed the largest change with a decrease from 37 percent to just 12 percent. In contrast, the proportions of older adults, individuals with physical

3 MFP guidelines establish how individuals with co-occurring conditions should be counted to ensure that they are only counted in one category and that all states apply the same methods for making these determinations.

disabilities, and individuals with mental illness among all ever-enrolled MFP participants have all increased over those five years (Figure II.4).

Progress toward 2012 transition goals. MFP grantees exceeded the aggregate transition goal across the 37 states that reported this period, achieving 102 percent of the annual goal (9,185 transitions of 9,015 planned). This is slightly lower than the level of performance achieved by the end of 2011 (111 percent).

Qualified HCBS expenditure goals. In this period, MFP grantees reported their total qualified HCBS expenditures (total federal and state funds spent on HCBS for all Medicaid beneficiaries, including but not limited to MFP participants) in 2012. Overall, 35 grantee states reported qualified HCBS expenditures for 2012 totaling approximately $59 billion (Table A.5), which was 104 percent of the aggregate spending goal (Figure IV.1). Performance on this goal is slightly lower than in 2011, when states achieved 106 percent of expenditure benchmarks, and reflects a bigger drop from 2010, when states achieved 111 percent of expenditure benchmarks. Among the 31 states that reported both HCBS expenditure targets and actual spending (spending targets were not available for 4 of the 35 states reporting expenditures), the range of spending as a percentage of the 2012 goal ranged from 65 percent (District of Columbia) to 169 percent (Mississippi).

Reinstitutionalizations. The number of participants who remain in the community throughout the first year after transition is a key indicator of the extent to which MFP transitions are successful and how MFP participants fare in the community. Consequently, MFP grantees track the rate of reinstitutionalization, defined as any admission to a hospital, nursing home, intermediate care facility for people with intellectual disabilities (ICF-ID), or institution for mental diseases, regardless of length of stay. However, admissions over 30 days are a better indicator of transition success, since short-term hospital admissions are common among this population. As of December 31, 2012, individuals with mental illness had the highest rate (7 percent) of reinstitutionalization over 30 days among current participants, followed by participants in the "other" category (6 percent). Adults over the age of 65 had the third-highest rate (5 percent) of reinstitutionalization between July and December 2012.

MDS Section Q referrals. Access to the MFP program can come from a variety of sources. Since October 2010, when a new version of the nursing home resident assessment called the Minimum Data Set (MDS) became effective, residents must be asked directly if they are interested in returning to the community and if so, whether they want to be referred to someone to discuss the options. Thirty-one MFP grantee states reported a total of 4,584 MDS 3.0 Section Q referrals this period, a decrease from the number in the previous reporting period (5,223 referrals). The total number of MDS 3.0 Section Q referrals varies widely by state, from a high of 1,265 in Maryland to a low of 2 in New Hampshire. During the July to December 2012 reporting period, 712 individuals transitioned to the community through MFP as a result of referrals received through MDS 3.0 Section Q (an increase from such 658 transitions between January and June 2012).

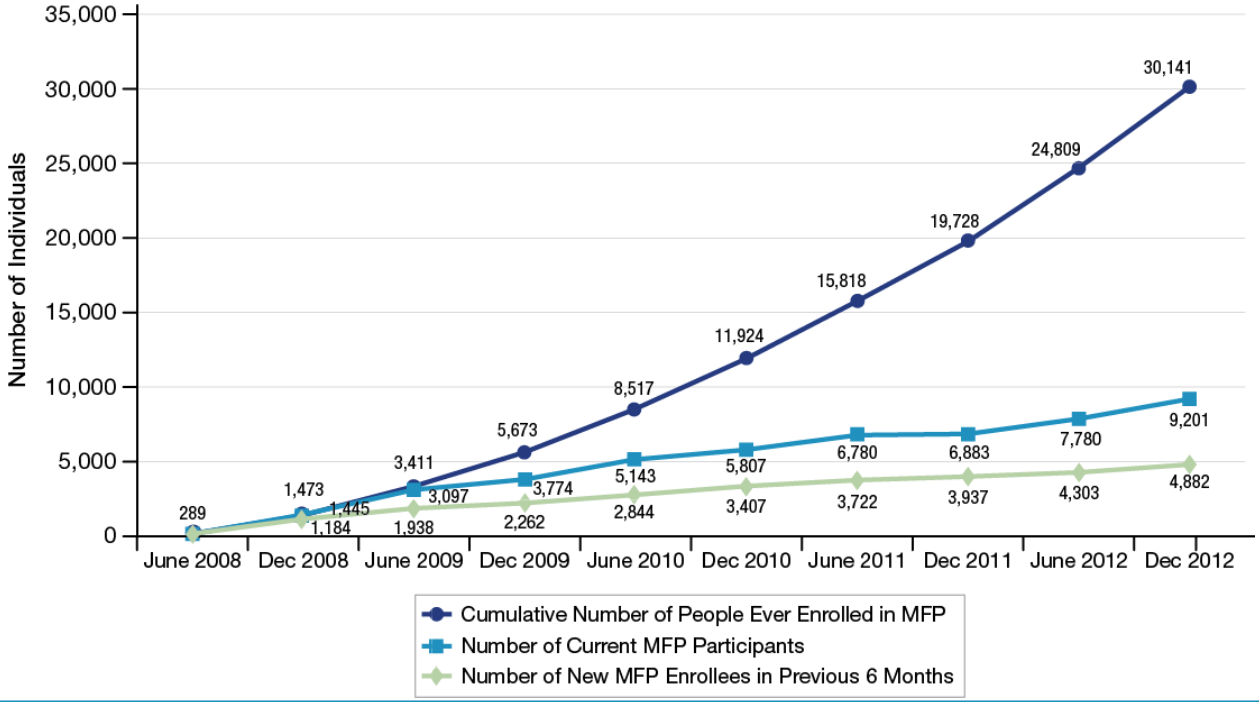
Self-direction. Of the 37 MFP grantees with active programs during the period, 29 offer self-direction service options to MFP participants. However, the proportion of MFP participants self-directing HCBS varied considerably, ranging from zero in six grantee states to 82 percent in Delaware. Ohio considers all of their MFP participants as self-directing because individuals can decide how to spend a $2,000 one-time allowance for moving costs.

Community residence type. Most MFP participants who transitioned to the community during this period moved into an apartment (40 percent) or a home (37 percent); 12 percent moved into apartments in qualified assisted-living facilities, and 11 percent moved into group homes.

II. MFP TRANSITIONS AND ENROLLEES

By the end of December 2012, the fifth full year of the MFP demonstration, the number of people that enrolled in MFP and transitioned to the community stood at 30,141. This represents a 21 percent increase over cumulative enrollment (24,809) as of June 30, 2012, and a 53 percent increase over cumulative enrollment (19,728) as of December 31, 2011 (Figure II.1 and Table A.1). Excluding the two MFP grantees (Maine and Nevada) that began operations in the second half of 2012, the number of cumulative transitions across states varied considerably, ranging from 30 in Vermont to 6,715 in Texas. This variation is attributable to several factors, such as differences in size of state populations, program design, infrastructure and capacity, availability of affordable and accessible housing, and implementation start dates.

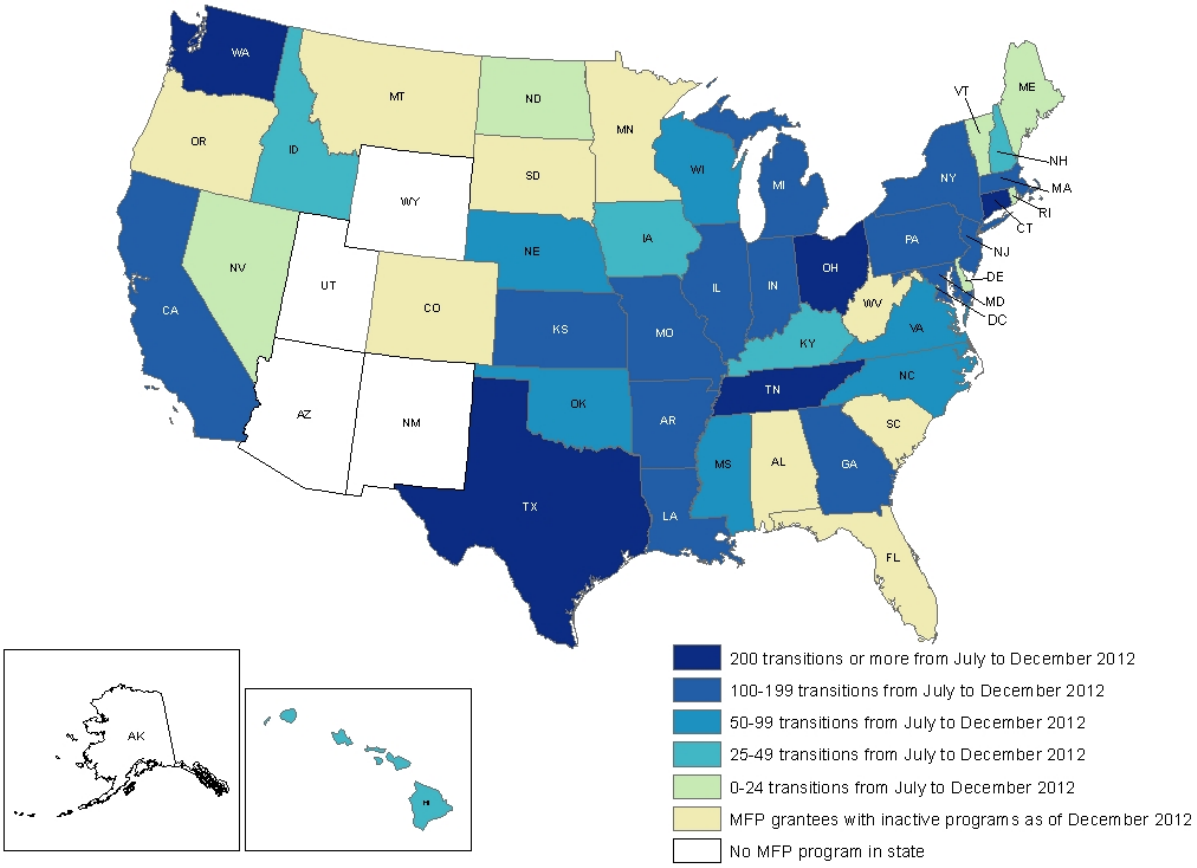
Figure II.1. MFP Transitions and Current MFP Participants, June 2008 to December 2012



Source: Mathematica analysis of state MFP grantee semiannual progress reports, 2008 to 2012.

After increased enrollment rates of over 15 percent in each period through December 2010, growth in new enrollees (individuals enrolled for the first time during the six-month reporting period) stabilized in 2011, increasing between 6 and 9 percent each period from June 2011 and June 2012 (Figure II.1). In the second half of 2012, the number of new enrollees grew by 13.5 percent, which is likely due to the fact that eight new grantees started MFP programs since mid 2011 that have moved beyond early start-up phases and transitioning higher counts of individuals. The increase of new enrollees in 2012 can also be seen with a parallel increase in the count of current MFP participants. At the close of 2012, there were 9,201 current MFP participants (Table A.3), 34 percent more than in December 2011 (6,883) and 58 percent more than in December 2010 (5,807).

Figure II.2. Number of MFP Participants Transitioned, July to December 2012, by State



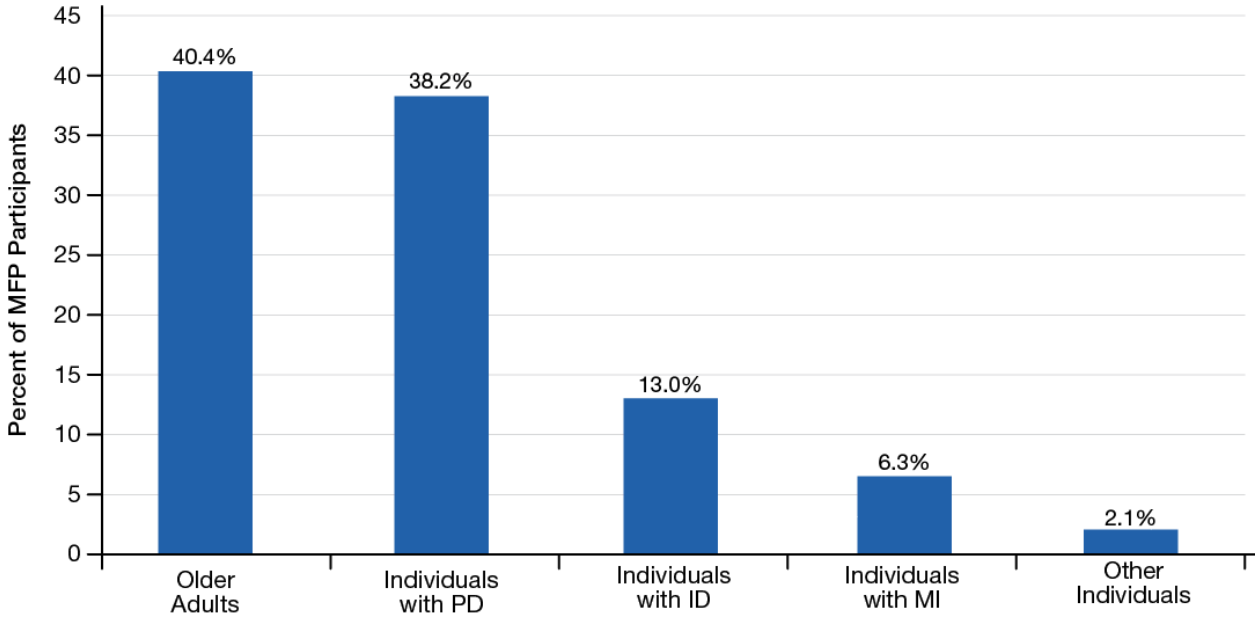
Source: Mathematica analysis of state MFP grantee semiannual progress reports, July to December 2012.

Of the 4,882 new enrollees who transitioned to the community from July to December 2012, the number of new transitions varies widely across the 37 states, ranging from one in Maine (which began operations in the second half of 2012) to 643 in Texas. Five MFP grantees (Connecticut, Ohio, Tennessee, Texas, and Washington) each transitioned more than 200 people between July and December 2012; collectively, these five states transitioned 2,048 people, accounting for 42 percent of total new enrollment during the reporting period. Fourteen MFP grantees transitioned between 100 and 199 people, making up nearly half of new enrollment in the second half of 2012. Seven MFP grantees transitioned fewer than 25 people during the second half of 2012, two of which (Maine and Nevada) were new programs that began to implement their programs in late 2012.

Among the 4,882 people transitioned by MFP programs during the second half of 2012, 40 percent were older adults (ages 65 and older), 38 percent were individuals younger than 65 with physical disabilities, 13 percent were individuals with intellectual disabilities, 6 percent were individuals with mental illness, and 2 percent were "other" individuals (Figure II.3 and Table A.2). Compared to the January to June 2012 period, this distribution of participants represents slight increases in the proportions of older adults, individuals with mental illness, and individuals

with intellectual disabilities, with a corresponding decrease (3 percentage points) in the proportion of individuals with physical disabilities.

Figure II.3. Distribution of New MFP Participants Between July and December 2012, by Population Subgroup

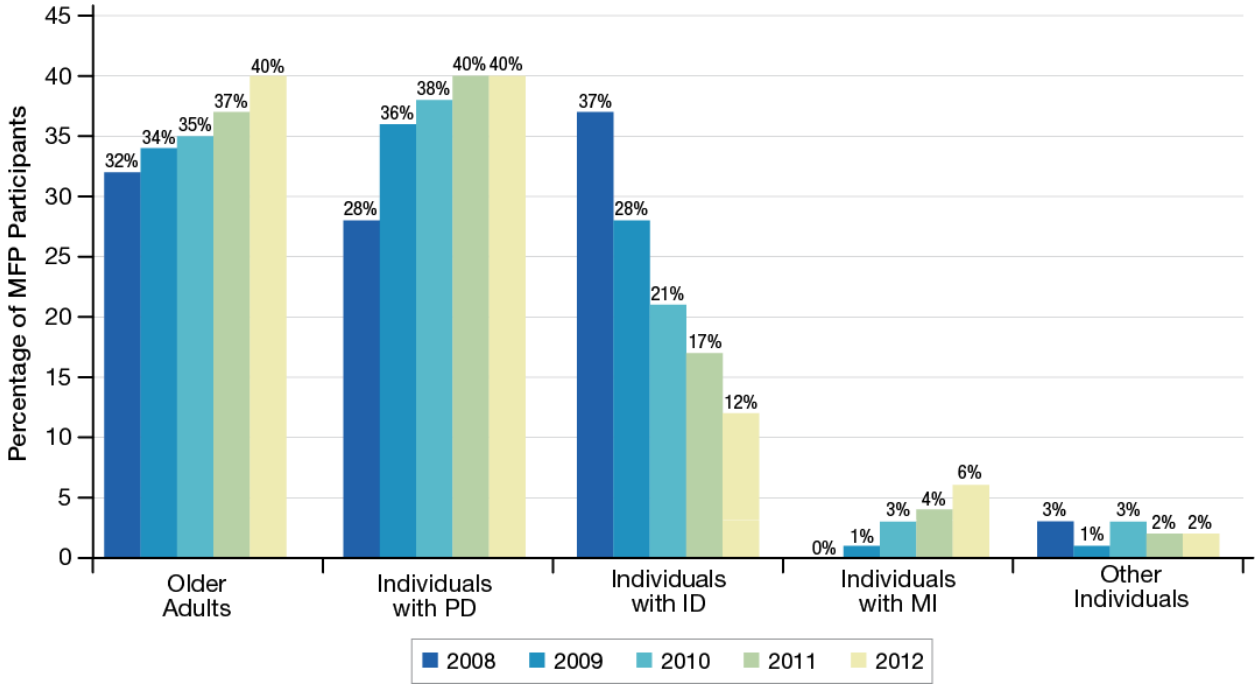


Source: Mathematica analysis of state MFP grantee semiannual progress reports, July to December 2012.

ID = intellectual disabilities, MI = mental illness, PD = physical disabilities.

The makeup of MFP participants has shifted over the five years of the demonstration. Since 2008, the proportion of older adults has incrementally increased from 32 percent of participants in 2008 to 40 percent at the end of 2012. Among individuals younger than 65 with physical disabilities, we see a similar trend during the same time period, as the share for this group has increased from 28 percent in 2008 to 40 percent in 2012. By contrast, the proportion of individuals with intellectual disabilities transitioning to the community through MFP has decreased 25 percentage points (from 37 percent to 12 percent) since 2008. Over time, the share of individuals with mental illness transitioning to the community through MFP has increased slightly, from almost none in 2008 to 6 percent of new participants transitioned in 2012 (Figure II.4).

Figure II.4. Annual Percentage Distribution of MFP Participants, by Population Subgroup, 2008 to 2012



Source: Mathematica analysis of state MFP grantee semiannual progress reports, 2008 to 2012.

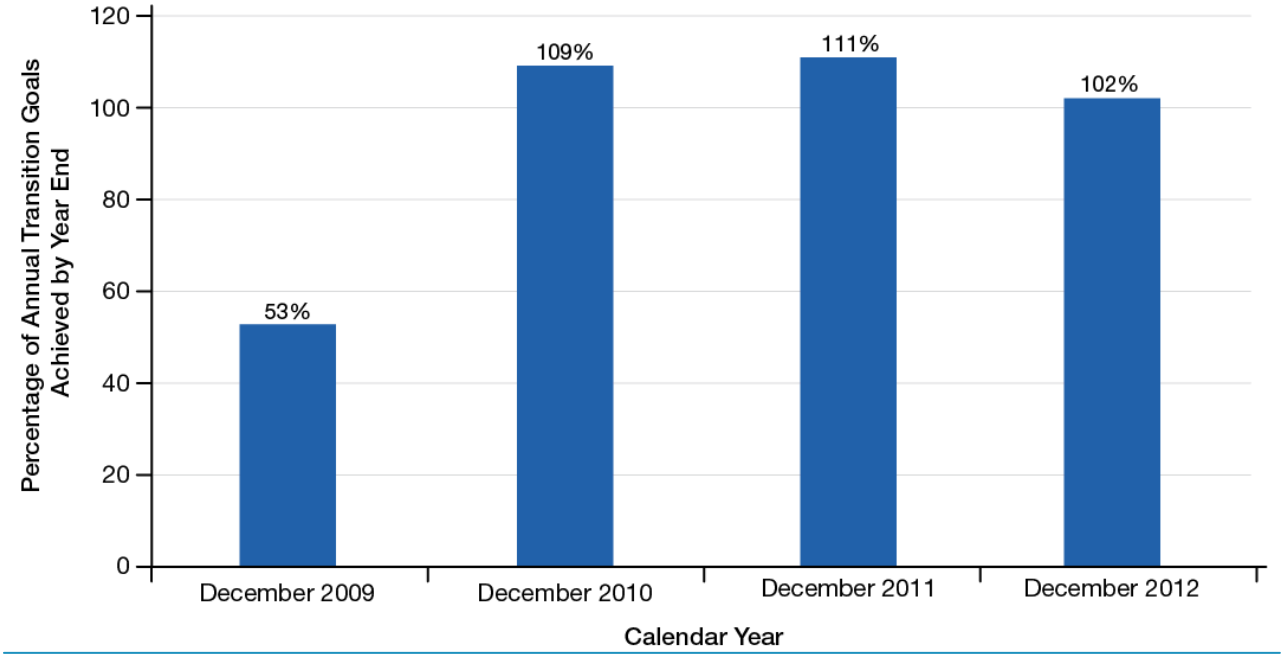
ID = intellectual disabilities, MI = mental illness, PD = physical disabilities.

III. ACHIEVEMENT OF ANNUAL TRANSITION GOALS, 2011 TO 2012

Overall, MFP grantees' progress towards meeting their annual transition goals improved from 2009 to 2011 but dropped slightly in 2012 (Figure III.1). By December 2009, MFP grantees had achieved only 53 percent of the annual transition goal for that year. At the end of 2010, they achieved 109 percent of the annual transition goal (6,251 transitions compared to 5,723 planned); and by the end of 2011, grantees achieved 111 percent of the annual transition goal (7,656 transitions compared to 6,912 planned).

In 2012, MFP grantee states achieved 102 percent of the aggregate yearly transition goal (9,185 transitions versus 9,015 planned transitions across all 37 states with active programs), a small decline in their rate of progress from the two previous years. The slight decline may be due to the addition of six new grantees which had just launched their programs in late 2011 and early 2012; based on experience in other states, there are fewer transitions than expected in the start-up phase, when procedures and systems are not fully implemented. Despite these challenges, in the aggregate MFP grantees exceeded their annual transition goals in 2012, as they had done in the previous two years.

Figure III.1. MFP Grantees' Progress Toward Annual Transition Goals, December 2009 to December 2012

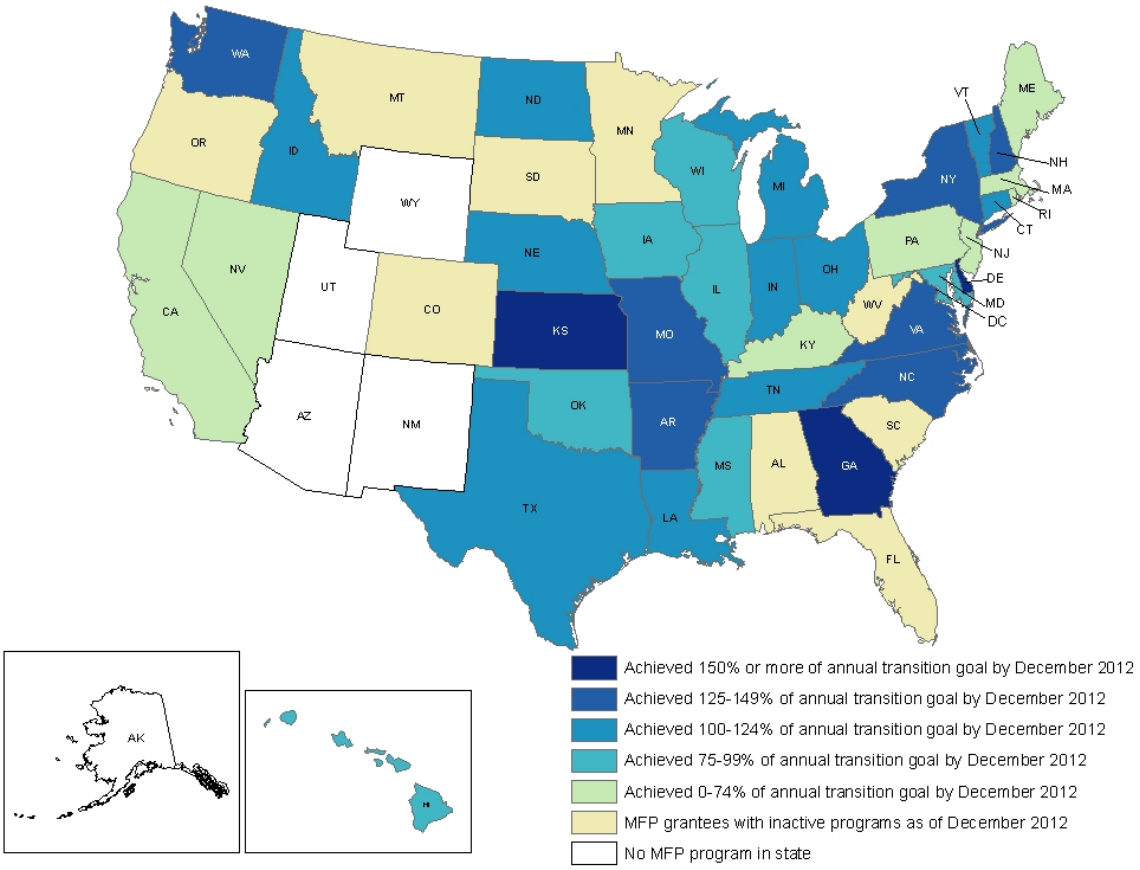


Source: Mathematica analysis of state MFP grantee semiannual progress reports, 2009 to 2012.

States vary in the degree to which they attained their transition goals for 2012 (Figure III.2 and Table A.4). Twenty-one states achieved 100 percent or more of their annual transition goals by the end of December. Of these 21 states, 3 (Delaware, Georgia, and Kansas) exceeded 150 percent of their transition goals. Among the 16 states that did not reach their annual transition goal, 7 (Hawaii, Illinois, Iowa, Maryland, Mississippi, Oklahoma, and Wisconsin) achieved between 75 and 99 percent of their goals; the remaining 9 (California, District of Columbia, Kentucky, Maine, Massachusetts, New Jersey, Nevada, Pennsylvania, and Rhode Island) achieved less than 75 percent of their transition goals. It is worth noting, however, that Maine

and Nevada are new grantee states that spent most of 2012 focused on implementation activities and had their first transitions during the July through December 2012 reporting period. The remaining 7 states that achieved less than 75 percent of their goals may need to adjust program design or future transition goals so as not to jeopardize their receipt of supplemental MFP grant funds.[4]

Figure III.2. MFP Grantees' Progress Toward 2012 Transition Goals, January to December 2012, by State



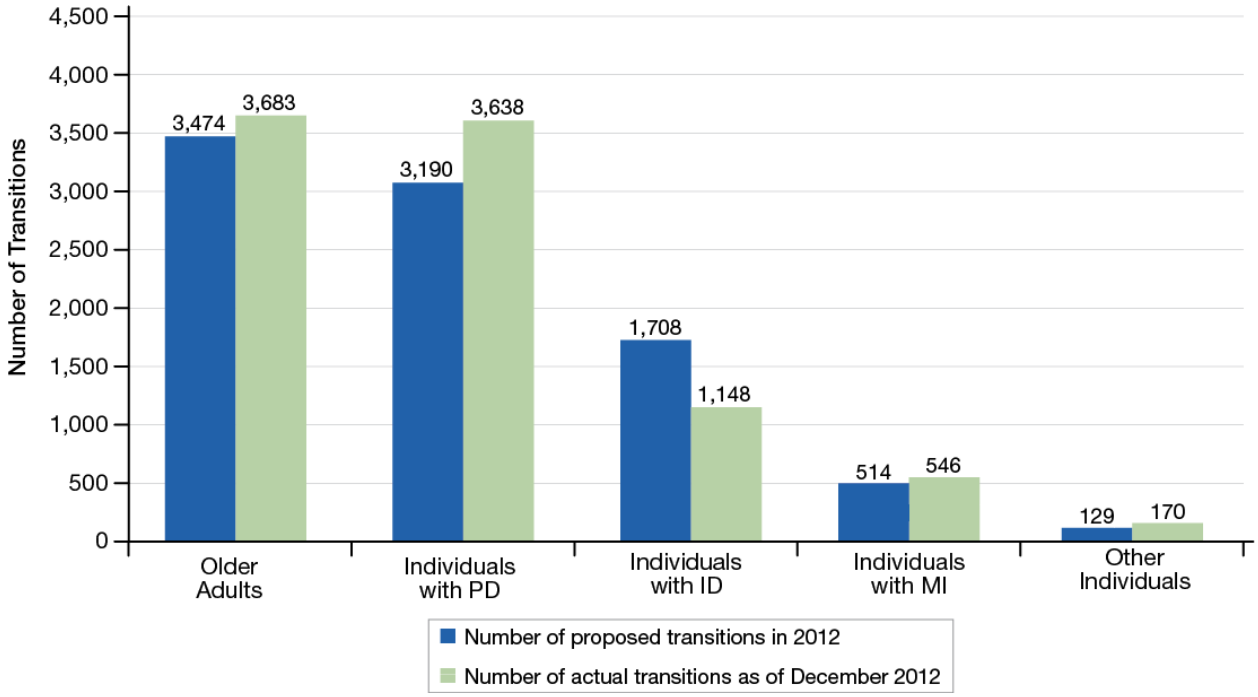
Source: Mathematica analysis of state MFP grantee semiannual progress reports, January to December 2012.

With regard to achieving transition goals by population subgroups, grantee states are, overall, achieving a higher percentage of transition goals for older adults, people with physical disabilities, people with mental illness, and people with other types of impairments compared to people with intellectual disabilities (Figure III.3). Although individuals with an intellectual

4 According to CMS guidance, grantees that fail to meet at least 75 percent of annual transition goals are not eligible for a supplemental grant award. Grantees that are not on a pace to meet their annual transition goal after another six months must submit an action plan describing how they will meet the goal by the end of the calendar year.

disability made up approximately 13 percent of 2012 transitions, this group should have comprised 19 percent if states were close to the number of planned transitions. The difference may be due in part to the closure of ICFs-ID in recent years, which has meant fewer people available to transition, or these individuals transition with other supports instead of the benefit of MFP.

Figure III.3. MFP Grantees' Progress Toward 2012 Transition Goals, by Population Subgroup



Source: Mathematica analysis of state MFP grantee semiannual progress reports, January to June 2012.

ID = intellectual disabilities, MI = mental illness, PD = physical disabilities.

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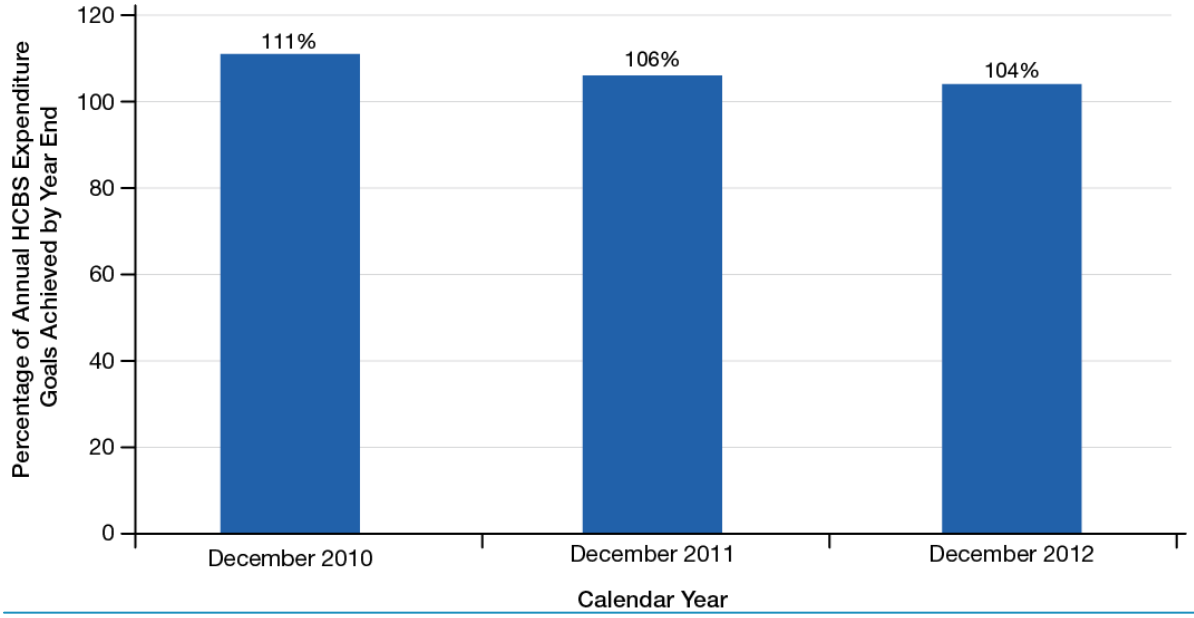
IV. QUALIFIED HCBS EXPENDITURE GOALS

As required, grantee states reported their total qualified HCBS expenditures for the year. Total Medicaid HCBS expenditures include all federal and state funds spent on 1915(c) waiver services; home health, personal care, and other HCBS provided as state plan optional benefits for all Medicaid beneficiaries; and all HCBS spending on MFP participants (qualified, demonstration, and supplemental services).

Overall, 35 grantee states reported qualified HCBS expenditures for 2012 totaling approximately $59 billion (Table A.5), which was 104 percent of the aggregate spending goal (Figure IV.1). Exceeding the annual spending goal in 2012 continues a pattern from earlier years when states achieved 106 percent of expenditure benchmarks in 2011, and 111 percent of expenditure benchmarks in 2010. Three states (Arkansas, Maine, and Rhode Island) did not report expenditures in 2012, and four states (Georgia[5], Hawaii, North Carolina, and Oregon) did not have 2012 expenditure targets available. Oregon, although it suspended MFP operations and withdrew its expenditure target, reported some expenditures for services supporting MFP transitions completed before that suspension for MFP participants still enrolled and living in the community.

Figure IV.1. MFP Grantees' Progress Toward Annual HCBS Expenditure Goals, December 2010 to December 2012

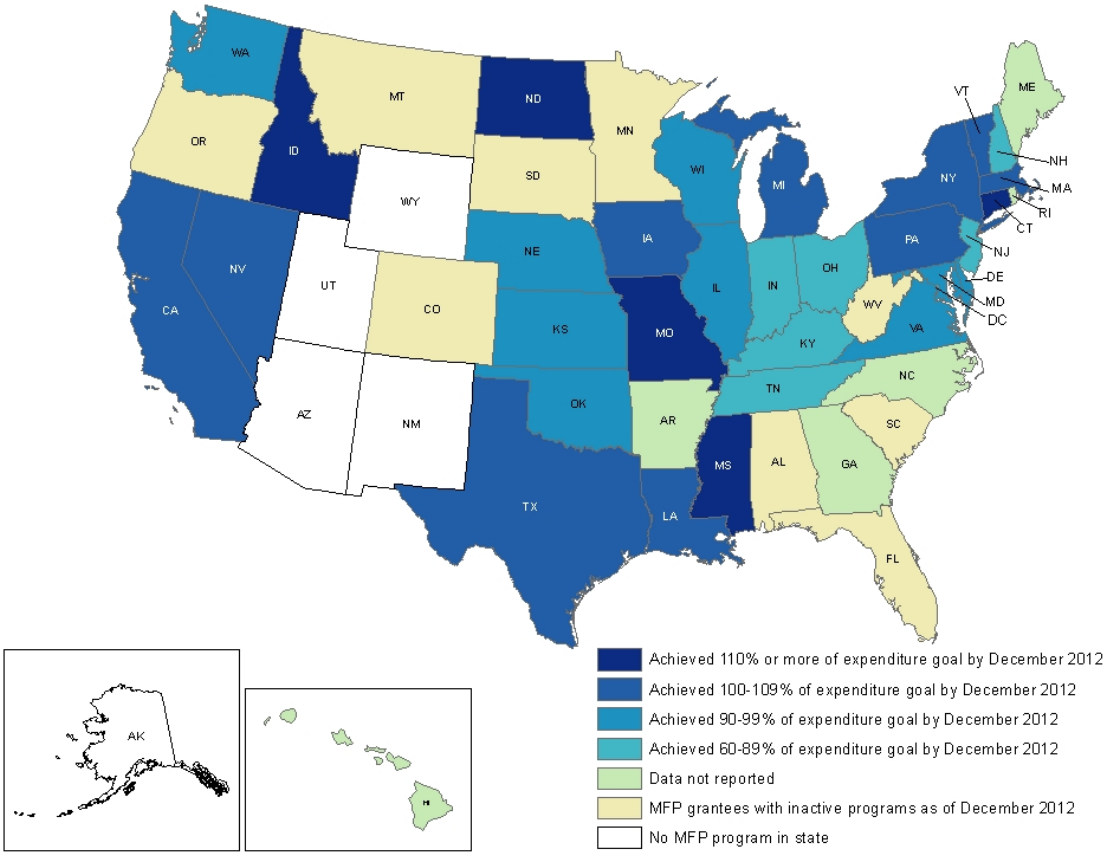


Source: Mathematica analysis of state MFP grantee semiannual progress reports, 2009 to 2012.

HCBS = home and community based services.

5 Georgia's qualified HCBS expenditures for 2011 are currently under review because the total may not include all HCBS spending categories reported in previous years.

Figure IV.2. MFP Grantees' Progress Toward 2012 HCBS Expenditure Goals, by State



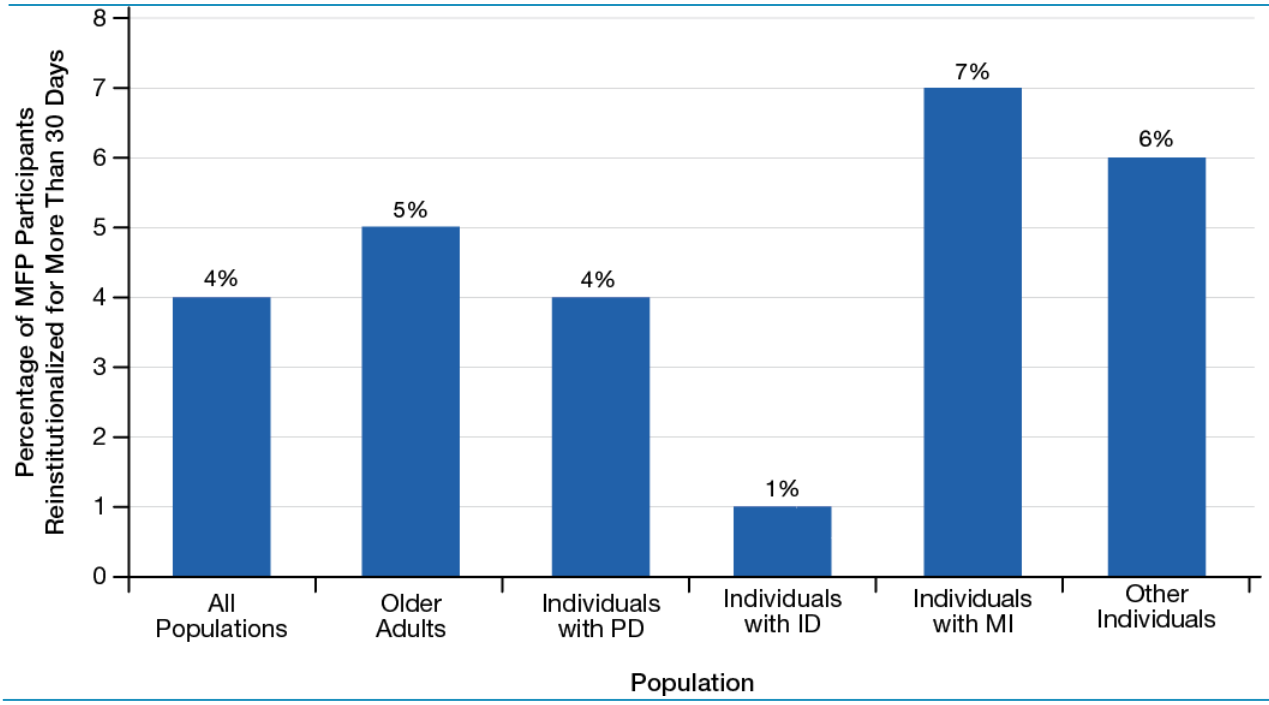
Source: Mathematica analysis of state MFP grantee semiannual progress reports, July to December 2012.

Among the 31 states that reported both HCBS expenditure targets and actual spending, spending as a percentage of 2012 targets ranged from 65 percent (District of Columbia) to 169 percent (Mississippi). Fifteen grantee states met or exceeded their spending targets. Of these, 5 states (Connecticut, Idaho, Mississippi, Missouri, and North Dakota) achieved 110 percent or higher. Conversely, of the 16 states that spent below their targets, 8 achieved less than 90 percent of their 2012 expenditure target.

V. REINSTITUTIONALIZATIONS OVER 30 DAYS

Of the MFP target populations, individuals with mental illness had the highest rate (7 percent) of reinstitutionalization over 30 days among current participants as of December 31, 2012. That group was followed by participants in the "other" category (6 percent) and by adults over 65 (5 percent) (Figure V.1). Overall, older adults and people with physical disabilities make up the majority of reinstitutionalizations over 30 days, with 48 and 37 percent of all reinstitutionalizations over 30 days, respectively (Table A.7).

Figure V.1. Rates of Reinstitutionalization over 30 Days Between July and December 2012, by MFP Population Subgroup



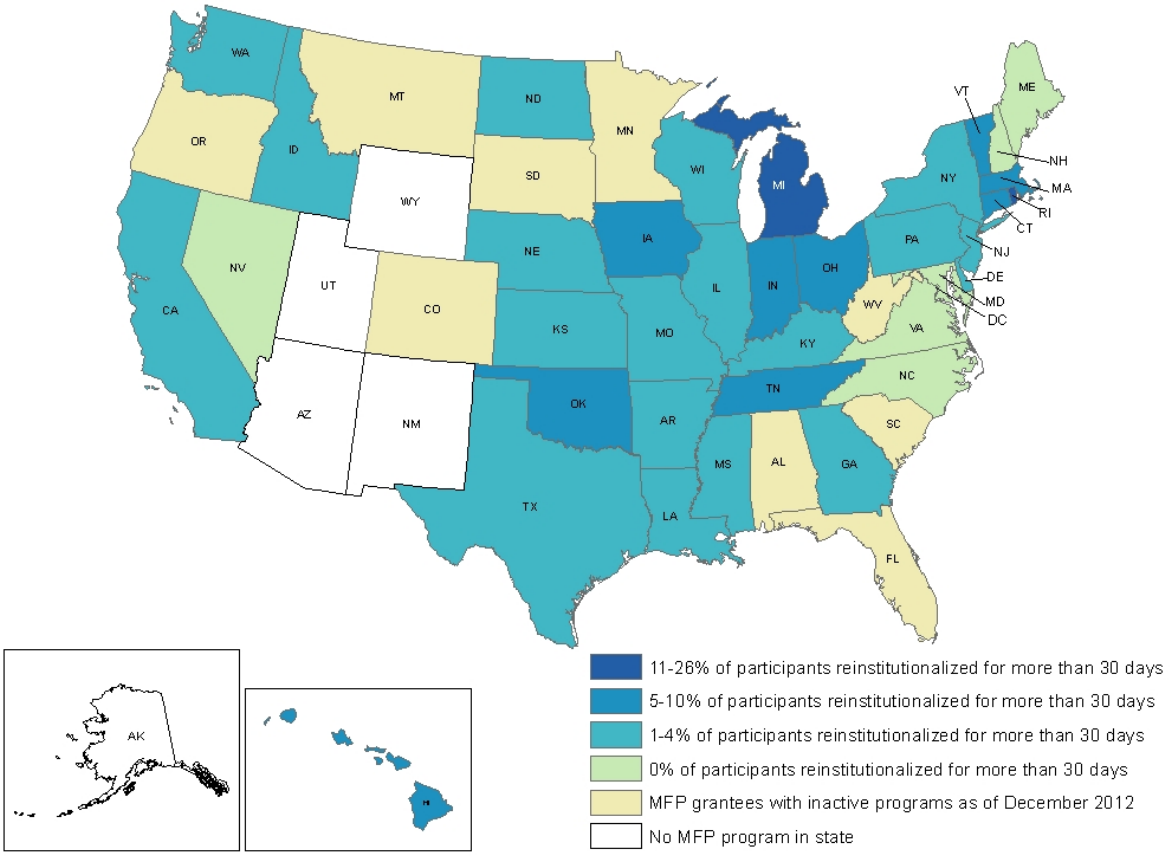
Source: Mathematica analysis of state MFP grantee semiannual progress reports, July to December 2012.

ID = intellectual disabilities, MI = mental illness, PD = physical disabilities.

The rate of reinstitutionalization over 30 days in the MFP grantee states ranged from zero to 26 percent. Over half of the grantee states with active programs had over 30 day reinstitutionalization rates between 1 and 4 percent. Three grantee states (Connecticut, Michigan, and Rhode Island) had the highest rates, ranging between 10 and 26 percent of current MFP participants. Two of these states, Connecticut and Michigan, joined Oklahoma in having the highest rates of reinstitutionalization over 30 days during the last reporting period (January to June 2012). Seven states reported no reinstitutionalizations over 30 days; two of these had few participants because they began operations in late 2012. More analysis needs to be conducted to better understand state variance of reinstitutionalization rates, but it is believed that some differences may be due to varying abilities of states to correctly track and report this information. Common reasons for reinstitutionalization include (1) deterioration in physical or mental health status, reported by 21 states; (2) medical events or declines in health that led to a hospitalization, reported by 9 states; (3) inadequate community support or informal support from family

members, reported by 6 states; (4) requests by either the family or the participant to return to an institutional setting, reported by 6 states; (5) the existence of a complex or chronic condition, reported by 4 states; and (6) the loss of a primary caretaker, reported by 2 states.

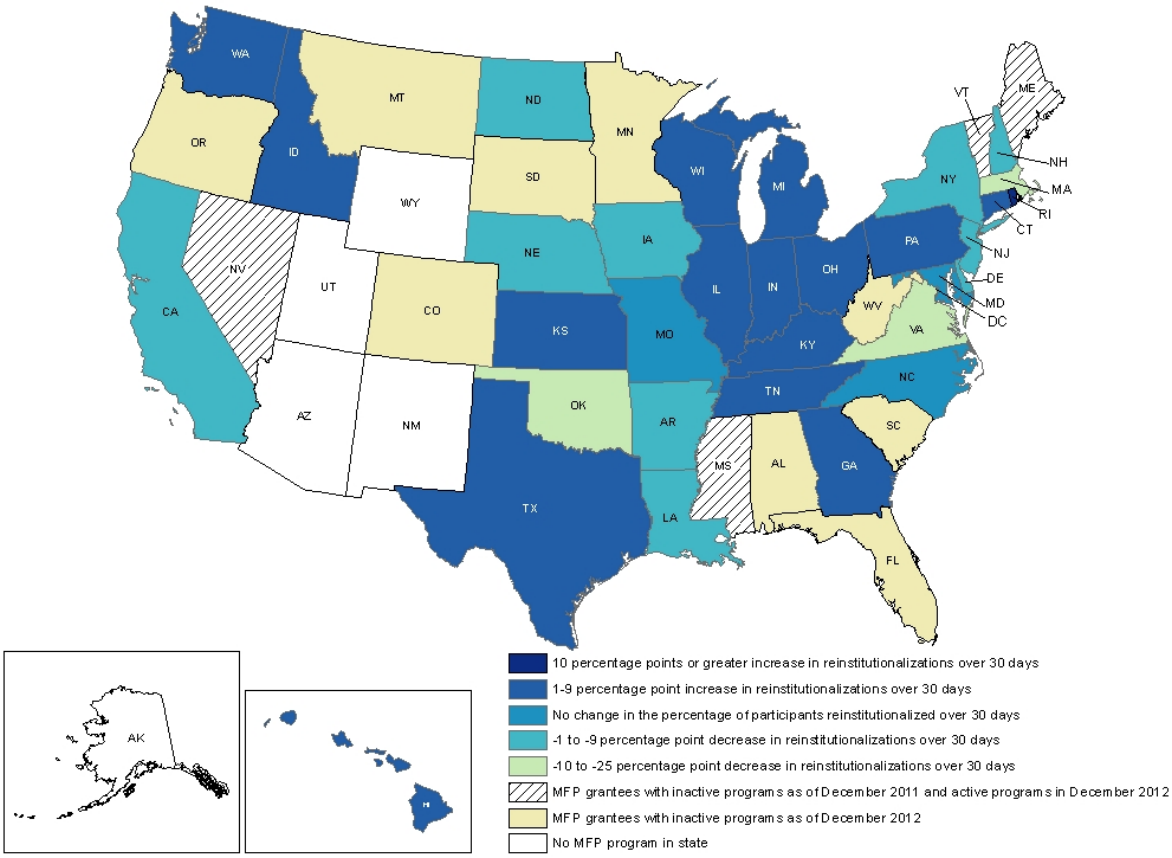
Figure V.2. Percentage of Current Participants Reinstitutionalized over 30 Days, July to December 2012, by State



Source: Mathematica analysis of state MFP grantee semiannual progress reports, July to December 2012.

Of the 33 states that submitted a progress report in the second periods of both 2011 and 2012, over half (20) experienced either no change or a decrease in the rate of reinstitutionalization over 30 days from 2011 to 2012. Since December 2011, 13 states decreased their reinstitutionalization rate and 7 showed no change in this rate. The other 13 states had increased rates (Figure V.3). Of the states that increased their rate of reinstitutionalization over 30 days, Rhode Island had the largest increase (26 percentage points) and Massachusetts the largest decrease (25 percentage points).

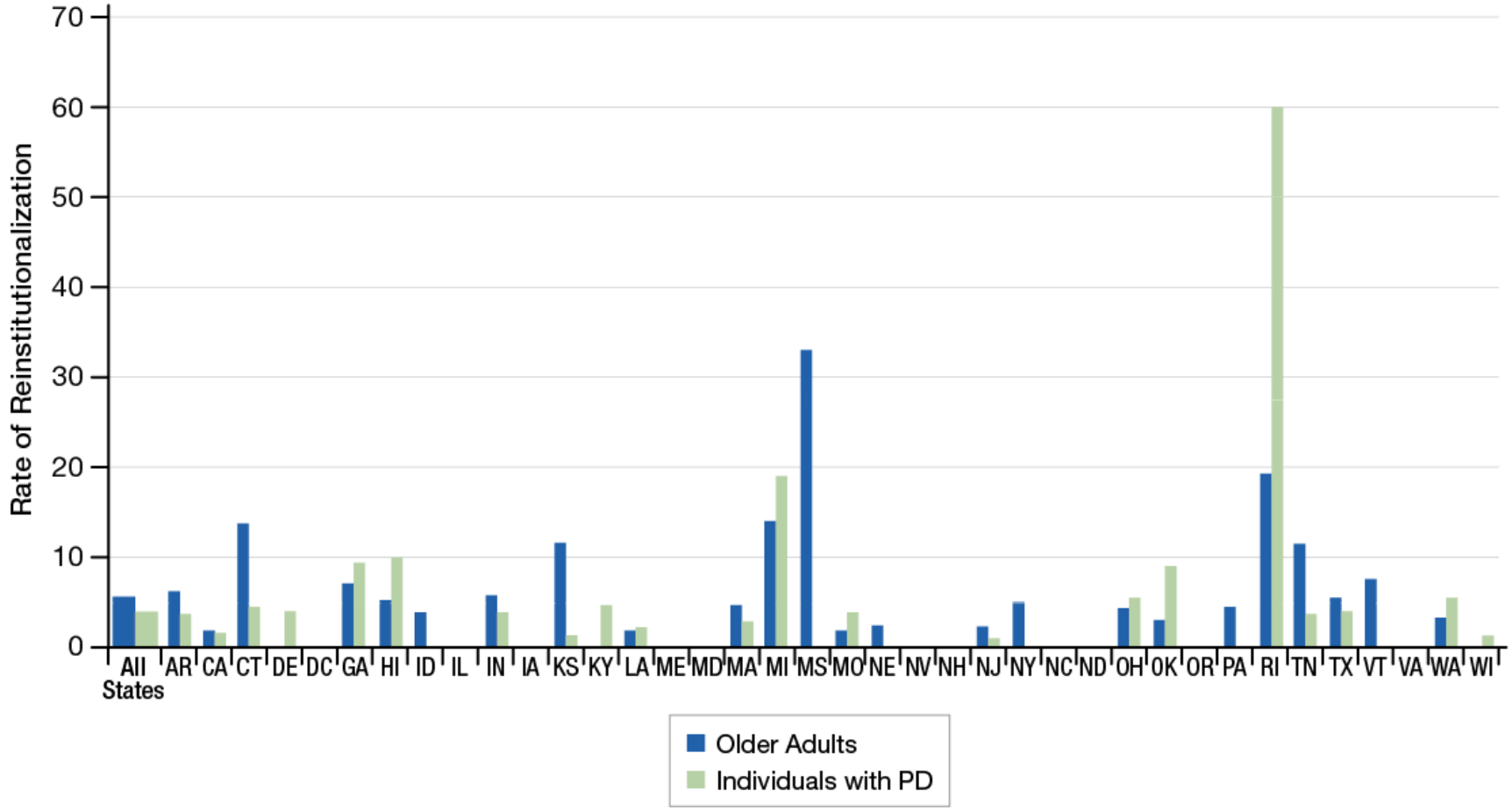
Figure V.3. Percentage Point Change in Rate of Reinstitutionalization over 30 Days, from July to December 2011 to July to December 2012 Reporting Periods, by State



Source: Mathematica analysis of state MFP grantee semiannual progress reports, July to December 2011 and July to December 2012 reporting periods.

Focusing on only older adults and participants with physical disabilities, Rhode Island had the highest rate of reinstitutionalization over 30 days for individuals with physical disabilities (60 percent) and Mississippi had the highest rate for older adults (33 percent) (Figure V.4). During this reporting period, an additional 5 states (Tennessee, Kansas, Connecticut, Michigan, and Rhode Island) had reinstitutionalization rates over 10 percent for older adults, and only 2 (Hawaii and Michigan) had rates 10 percent or higher for people with physical disabilities. Eleven grantee states (District of Columbia, Illinois, Iowa, Maine, Maryland, Nevada, New Hampshire, North Carolina, North Dakota, Oregon, and Virginia) reported no reinstitutionalizations over 30 days among either older adults or individuals with physical disabilities. Of these, Maine and Nevada began operations in the second half of 2012 and have small numbers of MFP participants. Iowa's program does not serve either older adults or participants with physical disabilities.

Figure V.4. Rate of Reinstitutionalization over 30 Days Among Older Adults and People with Physical Disabilities from July to December 2012, by State



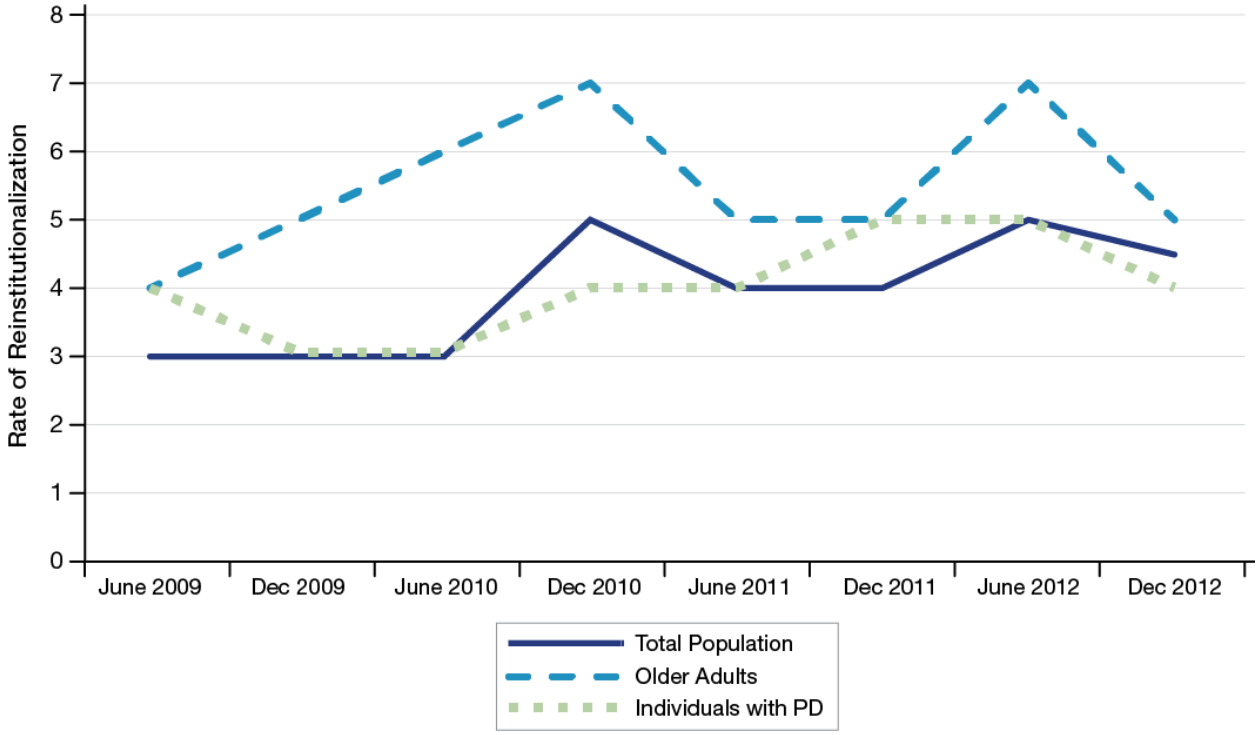
Source: Mathematica analysis of state MFP grantee semiannual progress reports, July to December 2012.

Note: The District of Columbia, Illinois, Iowa, Maine, Maryland, Nevada, New Hampshire, North Carolina, North Dakota, Oregon, and Virginia reported zero reinstitutionalizations over 30 days among older adults and individuals with physical disabilities during the July to December 2012 reporting period. Delaware, Kentucky, and Wisconsin reported zero reinstitutionalizations for older adults, and Idaho, Nebraska, New York, Pennsylvania, and Vermont reported zero reinstitutionalizations for individuals with physical disabilities.

PD = physical disabilities.

The rate of reinstitutionalization has remained within a range of 3 to 7 percent during the last few years. After peaking in December 2010, the rates of reinstitutionalization over 30 days decreased slightly in early 2011, quickly rose again in early 2012, and then fell again at the end of 2012 (Figure V.5). From the last reporting period (January to June 2012) to the current reporting period (July to December 2012), the rate of reinstitutionalization fell from over 5 percent to over 4 percent among current participants with physical disabilities and the overall population. For older adults, the rate decreased from 7 percent in June 2012 to 5 percent at the end of 2012.

Figure V.5. Rates of Reinstitutionalization over 30 Days for All Populations, Older Adults, and People with Physical Disabilities Between June 2009 and December 2012



Source: Mathematica analysis of state MFP grantee semiannual progress reports, 2009 to 2012.

Note: The reinstitutionalization rate was calculated by dividing the aggregate number of reinstitutionalizations over 30 days reported by MFP grantees by the total number of current participants, older adults, and people with physical disabilities as of the end of each reporting period from 2009 to 2012.

PD = physical disabilities.

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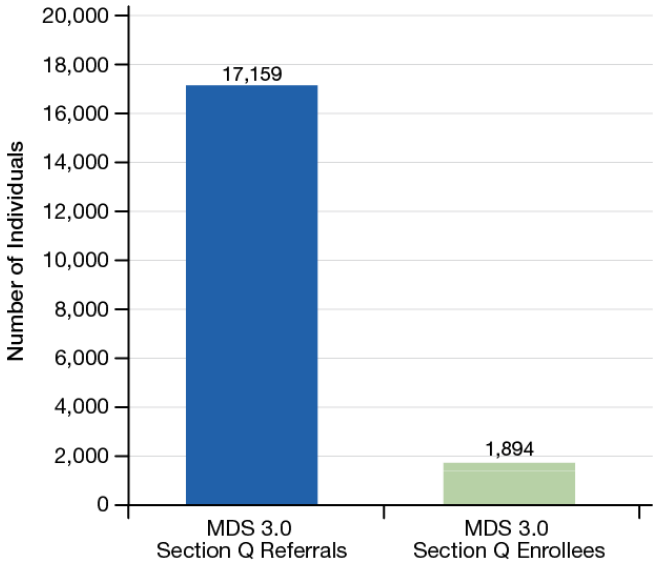
VI. MINIMUM DATA SET, 3.0, SECTION Q REFERRALS

Access to the MFP program can come from a variety of sources. The Minimum Data Set (MDS) is the nursing facility resident assessment instrument used for all nursing facility residents. MDS Section Q questions (effective October 1, 2010) require that all residents be asked directly if they would like to speak with someone about moving back to a home or community residence. If the resident responds affirmatively, nursing home assessors must make a referral to a state or local contact agency, which then arranges for someone to speak to the resident about community living options. If residents initially decline an offer to learn about options for living outside the nursing facility, their request must still be accommodated if they change their mind at a later time. Since the introduction of MDS Section Q, states reported a total of 17,159 MDS 3.0 Section Q referrals over a two-year period; 1,894 of those referrals (11 percent) transitioned to the community through MFP by the end of December 2012 (Figure VI.1). During the second half of 2012, 31 of 37 grantee states with active programs reported a total of 4,584 MDS 3.0 Section Q referrals (Table A.8). This represents a decrease from the previous reporting period, during which states reported 5,223 referrals. In the period from July to December 2012, 712 individuals transitioned to the community through MFP from referrals ever received through MDS 3.0 Section Q, an increase from 658 such transitions in the period from January to June 2012.

Figure VI.1. Total MDS 3.0 Section Q Referrals and Subsequent Enrollees

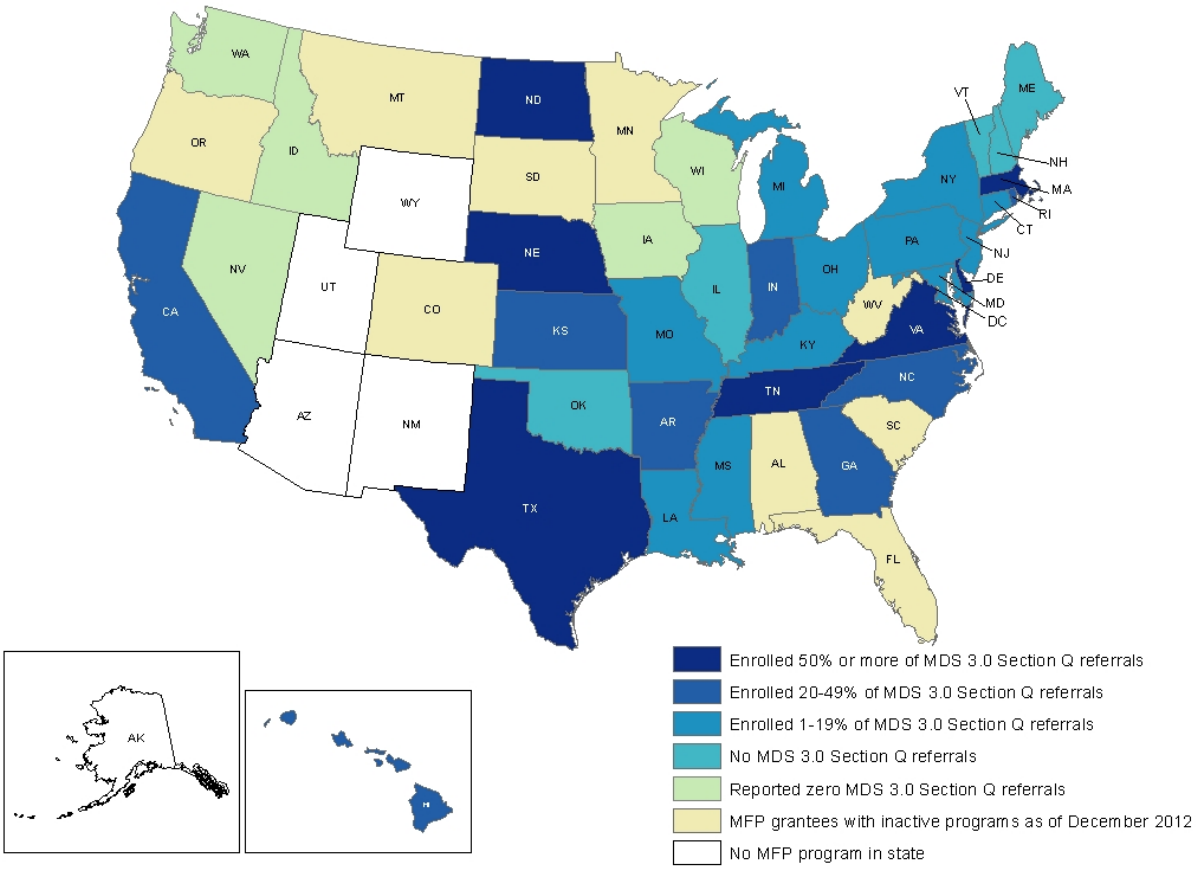


Source: Mathematica analysis of state MFP grantee semiannual progress reports, January to June 2011, July to December 2011, January to June 2012, and July to December 2012.

MDS = Minimum Data Set.

The total number of MDS 3.0 Section Q referrals varies widely by state, from a high of 1,265 in Maryland to a low of 2 in New Hampshire (Table A.8). The percentage of MFP transitions among Section Q referrals also varies greatly by state (Figure VI.2). In the second half of 2012, 7 states enrolled 50 percent or more of their MDS 3.0 Section Q referrals, compared to one in the second half of 2011. However, the referrals themselves could have been received in an earlier reporting period. Five states had no Section Q referrals enroll in MFP during the period.

Figure VI.2. Percentage of MFP Participants Enrolled as a Result of MDS 3.0 Section Q Referrals Ever Received, July to December 2012, by State



Source: Mathematica analysis of state MFP grantee semiannual progress reports, July to December 2012.

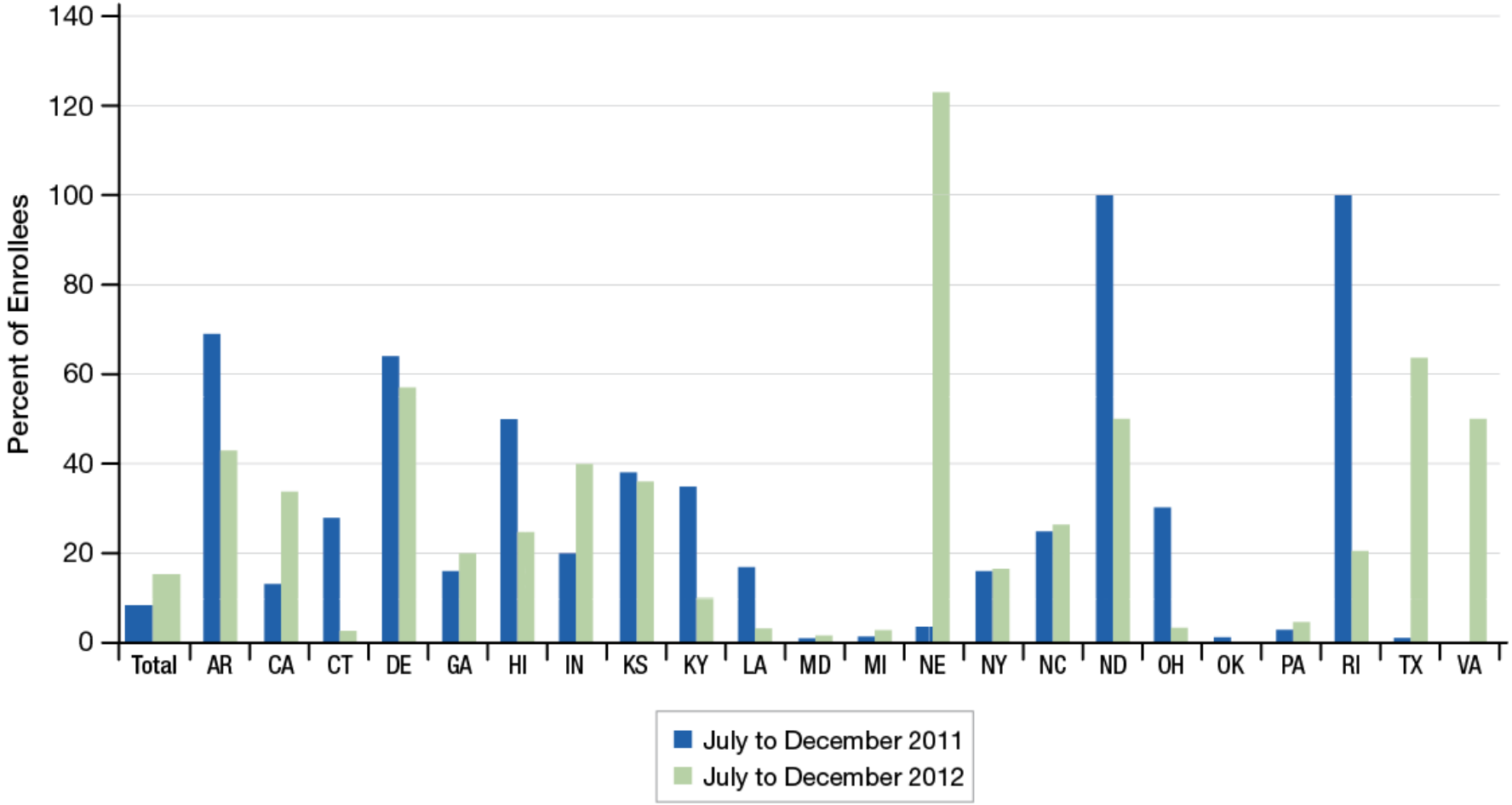
Note: States are asked to report how many individuals enrolled as a results of MDS 3.0 Section Q referrals ever received, not only those received during the time period; therefore, states may have more enrollees than referrals during the reporting period.

MDS = Minimum Data Set.

The percentage of people who transitioned as a result of a Section Q referral received at any time has increased since December 2011. During the second half of 2011, 9 percent of people ever referred from MDS 3.0 Section Q enrolled in MFP. This figure increased to 13 percent during the first half of 2012 and increased again to 16 percent during the second half of 2012.

Although Section Q transitions as a percentage of total referrals have increased across the MFP program overall, experience at the state level varies. Figure VI.3 compares the percentage of MDS 3.0 Section Q referrals that enrolled in MFP between July and December 2011 to those that enrolled between July and December 2012. As noted earlier, the referrals could have been received during any reporting period. Of the 22 grantee states that reported MDS 3.0 Section Q referrals in both reporting periods, 11 saw an increase in the share of referrals that transitioned between 2011 and 2012, and 11 saw a decrease.

Figure VI.3. MDS 3.0 Section Q Enrollees as a Percentage of MDS 3.0 Section Referrals, December 2011 Versus December 2012, by State



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, July to December 2011 and July to December 2012.

Notes: Figure presents MDS 3.0 Section Q data from 22 states that reported MDS 3.0 Section Q referrals in both reporting periods (July to December 2011 and July to December 2012). The reported data do not include New Hampshire because this state had no Section Q referrals that resulted in MFP transitions during either time period.

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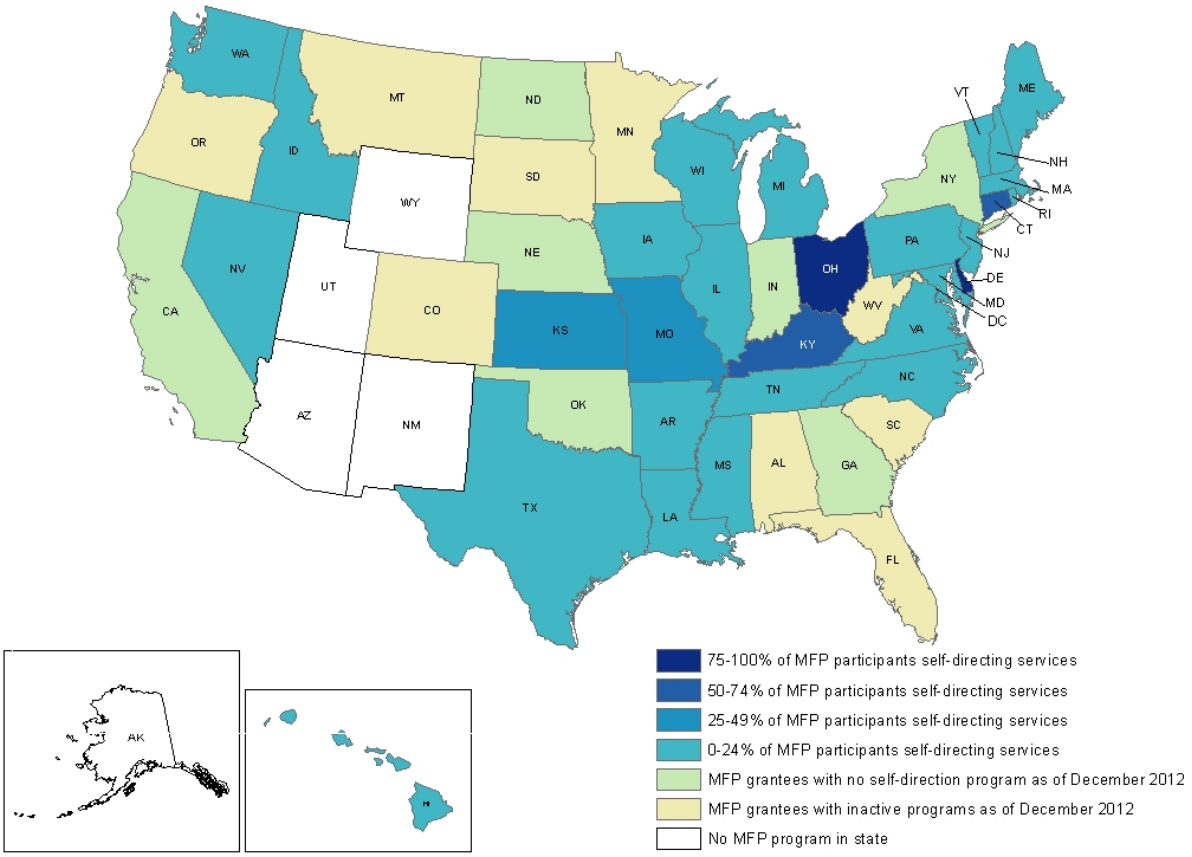
VII. SELF-DIRECTION

Of the 37 grantee states with active MFP programs during the reporting period, 29 had self-direction programs (Figure VII.1). Among these 29, the percentage of MFP participants self-directing services varied considerably, ranging from no one in 6 grantee states to 82 percent in Delaware. All MFP participants in Ohio are considered to be self-directing, because they all receive $2,000 for one-time moving expenses to use as they wish. Four states reported more than half their participants self-directing services (Connecticut, Delaware, Kentucky, and Ohio). The majority of grantee states with active MFP programs (23) reported that less than 25 percent of their MFP participants are enrolled in a self-direction program.

Figure VII.1. Percentage of MFP Participants Self-Directing Services, July to December 2012



Source: Mathematica analysis of state MFP grantee semiannual progress reports, July to December 2012.

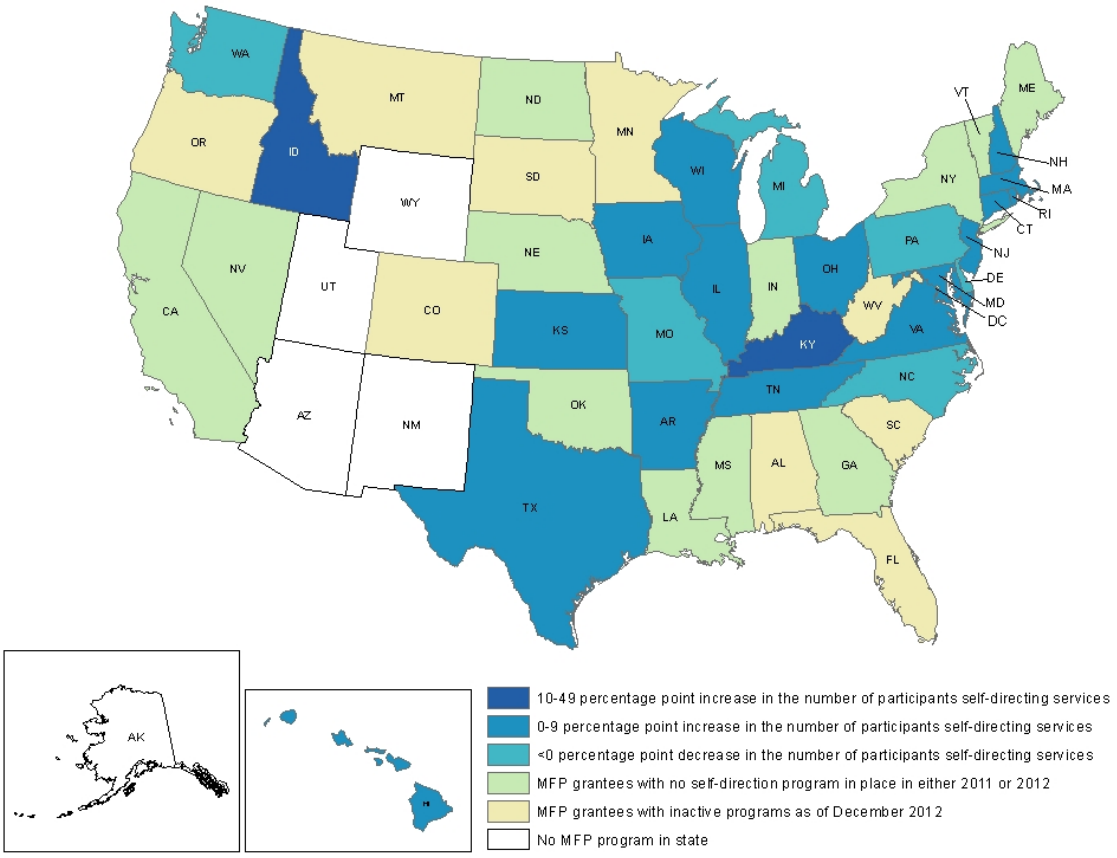
Notes: Illinois did not report the number of MFP participants that self-direct services.

N = 29 MFP grantee states with self-direction programs.

Among the 24 states that had MFP self-direction programs in both 2011 and 2012, 15 states experienced an increase in the percentage of MFP participants self directing HCBS (Figure

VII.2). These increases were relatively small and ranged from 0.18 percent in Texas to 12.3 percent in Idaho. Six states reported decreases ranging from 1.5 to 32.4 percentage points.

Figure VII.2. Percentage Point Change Between December 2011 and December 2012 in MFP Participants Self-Directing Services



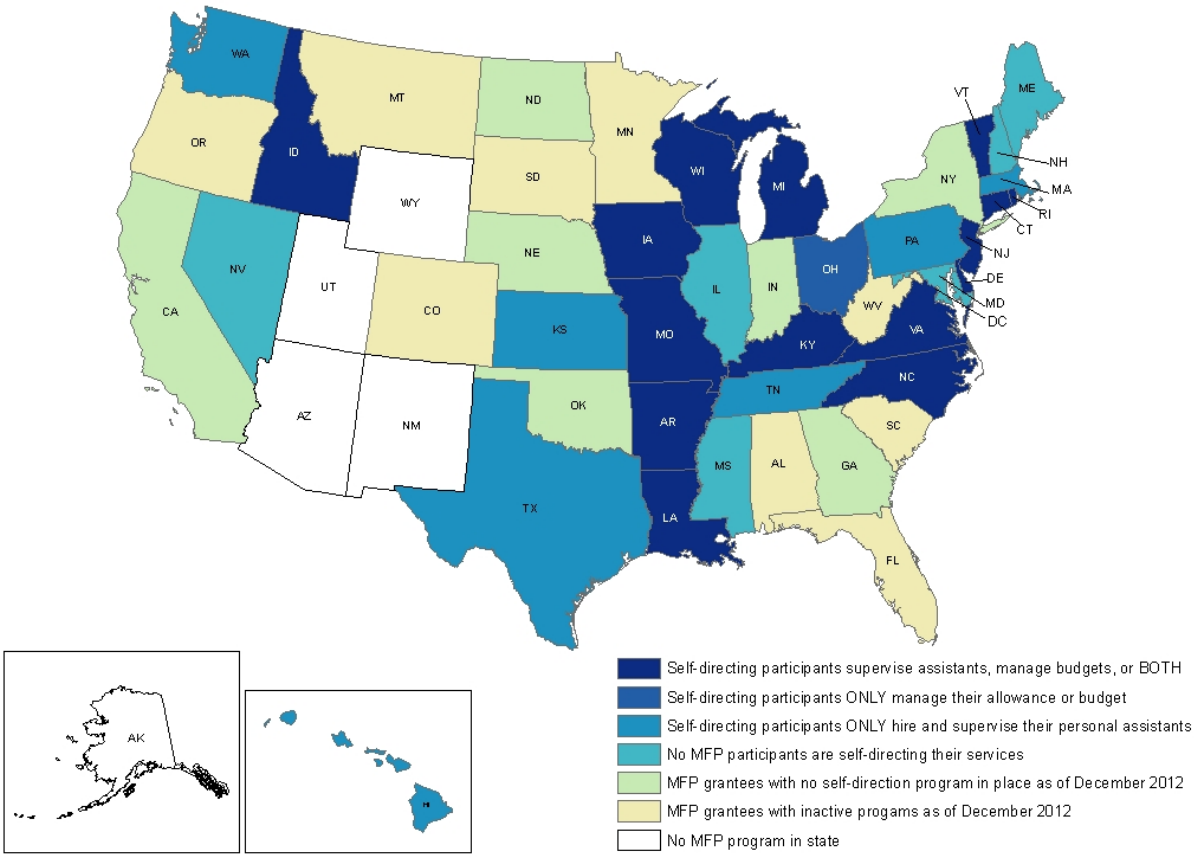
Source: Mathematica analysis of state MFP grantee semiannual progress reports, July to December 2011 and July to December 2012.

Notes: Illinois did not report the number of MFP participants that self-direct services. Maine, Mississippi, Nevada, and Vermont did not have active MFP programs in 2011. Louisiana did not have a self-direction program in 2011.

N = 24 MFP grantee states.

Self-direction programs can be designed to allow participants to hire and supervise their personal assistants, manage their allowance or budget, or both. Of the 29 states with self direction programs, 23 reported MFP participants were self-directing their HCBS (Figure VII.3). The majority of these states (14) had a mix of participants choosing to either hire and supervise staff, manage their budgets, or both. One state (Idaho) had participants that managed their staff or budgets, but did not do both. Seven (Hawaii, Kansas, Massachusetts, Pennsylvania, Tennessee, Texas, and Washington) reported that their MFP participants only hired and supervised staff, and one (Ohio) reported that their MFP participants only managed their budget as part of the $2,000 provided to participants for one-time moving expenses (Table A.9).

Figure VII.3. Types of Self-Direction Service Options Utilized by MFP Participants, July to December 2012



Source: Mathematica analysis of state MFP grantee semiannual progress reports, July to December 2012.

Notes: Illinois did not report the number of MFP participants that self-direct services.

N = 29 MFP grantee states.

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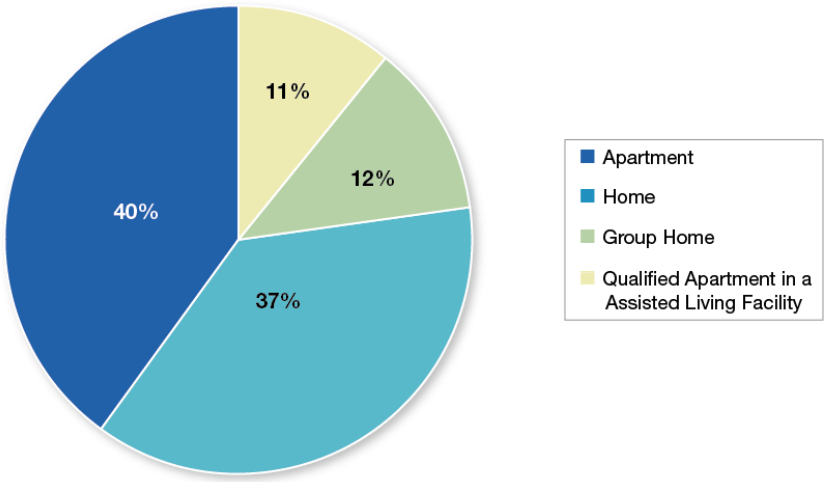
VIII. HOUSING FOR MFP PARTICIPANTS

Of the 4,882 MFP participants who transitioned to the community during the second half of 2012, nearly 40 percent (1,920 individuals) chose to live in an apartment, and 37 percent (1,810 individuals) moved to a home (Figure VIII.1 and Table A.10). About 12 percent (597 individuals) chose to live in group home settings with four or fewer residents, and about 11 percent (507 individuals) chose to live in an apartment in a qualified assisted-living facility.

Figure VIII.1. Percentage of New MFP Participants Who Transitioned to Each Type of Qualified Residence, July to December 2012

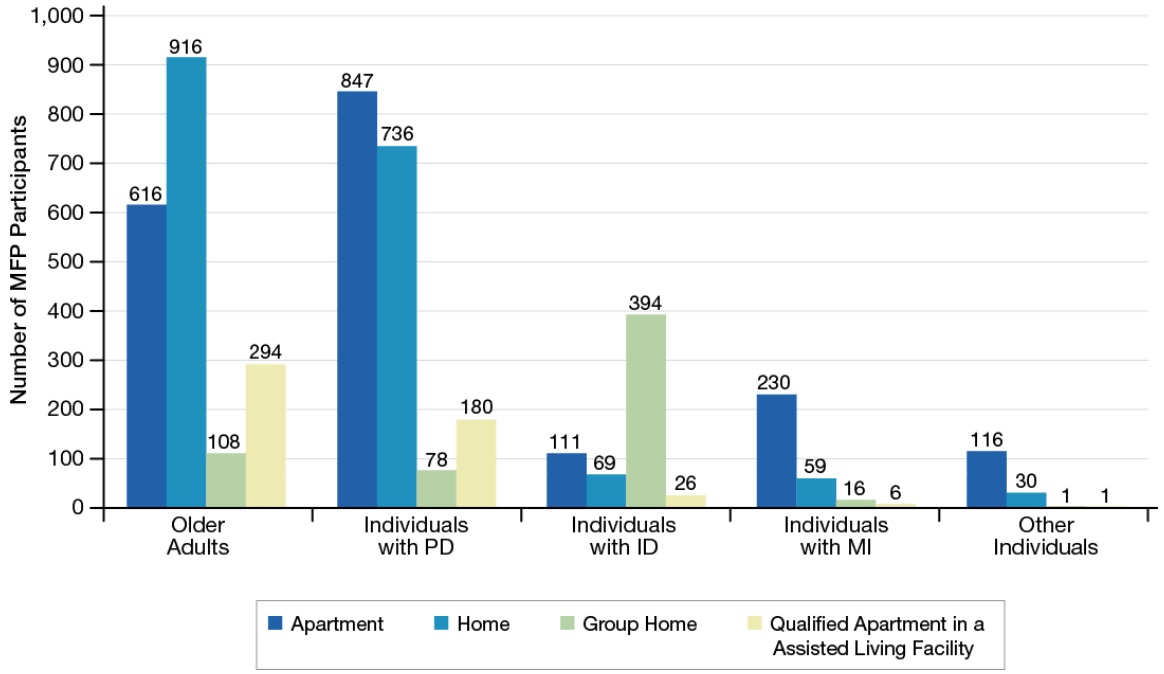


Source: Mathematica analysis of state MFP grantee semiannual progress reports, July to December 2012.

The types of qualified residences chosen by new MFP participants vary by population subgroups (Figure VIII.2). The large majority of older adults and individuals with physical disabilities transitioned to a home or an apartment, with a slightly larger proportion of older adults choosing homes and a larger proportion of individuals with physical disabilities choosing apartments. The large majority of individuals with intellectual disabilities chose a qualified group home, and the large majority of individuals with mental illness transitioned into an apartment. Qualified apartments in assisted living facilities were not reported in high numbers for any subgroup.

To address housing-related challenges and to improve housing options for MFP participants, 31 out of 38 states reported implementing at least one housing strategy during the second half of 2012 (Figure VIII.4). By far, the most commonly reported strategies were (1) developing state or local coalitions of housing and human service organizations to create housing initiatives (16 states), and (2) developing or improving inventories of accessible and affordable housing (10 states). These two strategies have been the most commonly reported strategies for the past several reporting periods, as noted in Table A.11. Other common strategies were improvements to housing-related information systems (7 states), an increase in the number of rental vouchers (6 states), an increase in the supply of affordable and accessible housing (6 states), and development of a statewide housing registry (5 states).

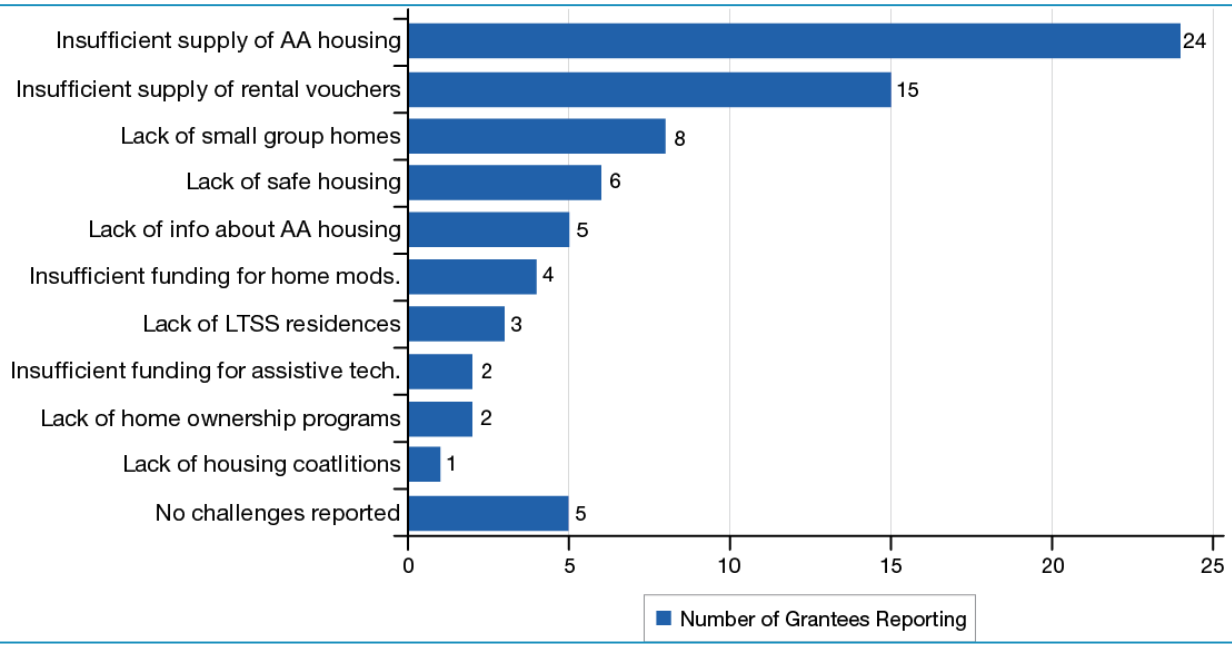
Figure VIII.2. Type of Qualified Residence Selected by New MFP Participants, by Population Subgroup, July to December 2012



Source: Mathematica analysis of state MFP grantee semiannual progress reports, July to December 2012.

ID = intellectual disabilities, MI = mental illness, PD = physical disabilities

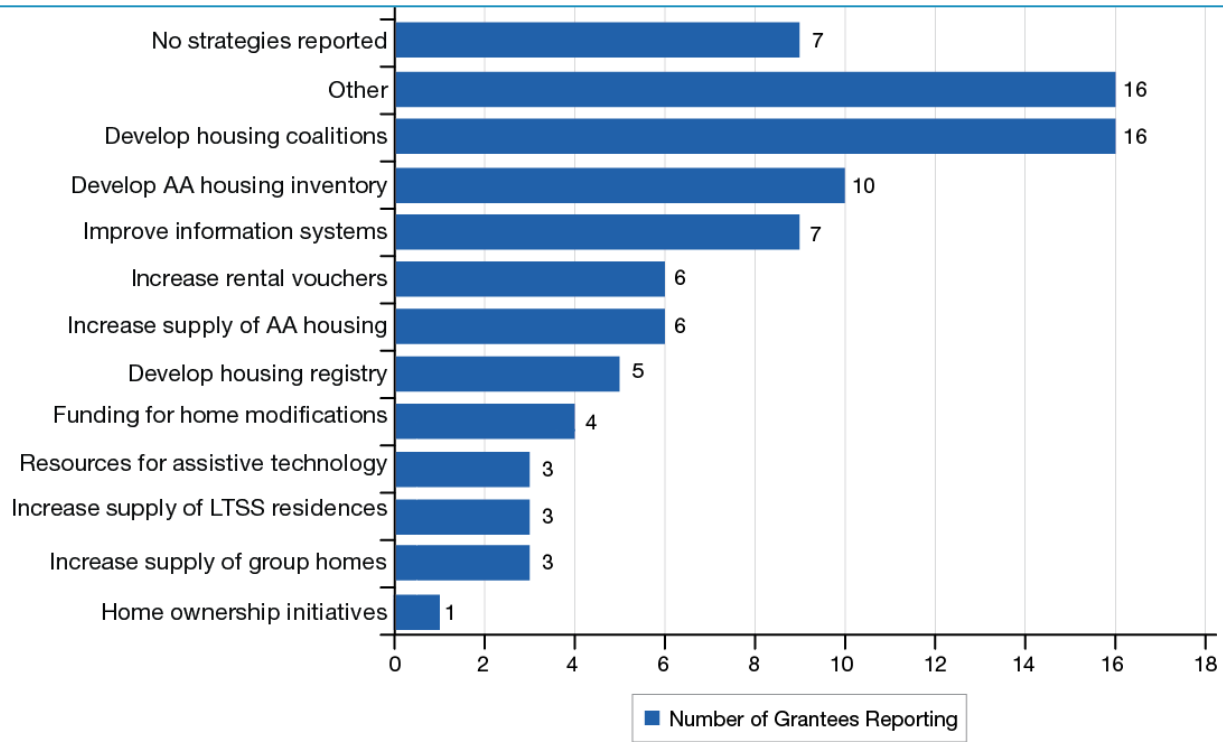
Figure VIII.3. MFP Grantees' Reported Challenges Securing Housing for Participants, by Type of Challenge, July to December 2012



Source: Mathematica analysis of state MFP grantee semiannual progress reports, July to December 2012.

AA = affordable and accessible, LTSS = long-term services and supports.

Figure VIII.4. MFP Grantees' Reported Strategies to Improve Housing for Participants, by Type of Strategy, July to December 2012



Source: Mathematica analysis of state MFP grantee semiannual progress reports, July to December 2012.

AA = affordable and accessible, LTSS = long-term services and supports.

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IX. TECHNICAL NOTES

A. Source Data

All data presented in this report were derived from Mathematica's review of each MFP grantee's semiannual web-based progress report for the period from July to December 2012. Data were self-reported by MFP grantees in March 2013 and represent a point in time. The progress reports are designed to capture information on states' progress toward their annual goals to transition eligible individuals to the community and increase state Medicaid support for HCBS. The reports also capture information on states' progress and challenges encountered in all dimensions of the program. Occasionally, states submit corrections to their data past the publication date of this report that are not incorporated into this presentation.

MFP programs differ in program design, infrastructure, and service capacity, as well as prior experience implementing transition programs for populations with disabling impairments. MFP programs are also at various stages of maturation, a result of differences in when states received MFP grant awards and began transitioning participants to the community. For these reasons, readers should be cautious when comparing individual MFP grantee's progress toward the key performance indicators that are presented in this report.

B. Data Limitations

Not all states report on all data elements each period; some data are reported more consistently than others. We have indicated throughout the chart book— by color coding of the maps and inserting footnotes—where states have not reported a particular data element, such as qualified HCBS expenditures, and thus prevented its inclusion in our analysis. In addition to missing data, variations in reporting practices may explain some observed differences in data across states. Within each chapter, we have included, to the degree possible, a discussion of where we suspect differences in reporting practices may have contributed to data differences.

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APPENDIX A

DATA TABLES

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Table A.1. Cumulative Number of MFP Grant Transitions Through December 31, 2012

	Cumulative Number of Transitions from Program Start to December 31, 2012					
State	Cumulative Total	Older Adults	People with Physical Disabilities	People with Intellectual Disabilities	People with Mental Illness	Other
Arkansas	469	68	128	272	1	0
California	1,088	245	439	314	24	66
Connecticut	1,270	551	534	40	145	0
Delaware	108	42	53	8	5	0
District of Columbia	132	9	24	99	0	0
Georgia	1,195	322	387	486	0	0
Hawaii	207	109	89	9	0	0
Idaho	66	26	24	16	0	0
Illinois	1,055	207	425	147	276	0
Indiana	811	521	290	0	0	0
Iowa	222	0	0	222	0	0
Kansas	903	210	478	179	0	36
Kentucky	403	111	96	149	0	47
Louisiana	468	123	184	161	0	0
Maine[a]	1	0	1	0	0	0
Maryland	1,502	689	583	191	0	39
Massachusetts	279	196	51	22	10	0
Michigan	1,446	762	684	0	0	0
Mississippi	59	5	12	42	0	0
Missouri	672	149	258	237	0	28
Nebraska	235	77	81	65	0	12
Nevada[a]	5	1	4	0	0	0
New Hampshire	169	57	61	12	3	36
New Jersey	626	233	161	232	0	0
New York	841	263	307	0	0	271
North Carolina	263	76	82	105	0	0
North Dakota	125	27	43	54	0	1
Ohio	2,999	609	1,350	330	710	0
Oklahoma	370	96	181	93	0	0
Oregon[b]	306	105	144	50	0	7
Pennsylvania	1,162	814	267	81	0	0
Rhode Island	52	39	13	0	0	0
Tennessee	462	247	198	17	0	0
Texas	6,715	2,447	2,497	1,771	0	0

Table A.1 (*continued*)

State	Cumulative Number of Transitions from Program Start to December 31, 2012					
	Cumulative Total	Older Adults	People with Physical Disabilities	People with Intellectual Disabilities	People with Mental Illness	Other
Vermont	30	18	12	0	0	0
Virginia	460	99	72	289	0	0
Washington	2,604	1,314	1,163	119	8	0
Wisconsin	361	128	167	65	1	0
TOTAL	30,141	10,995	11,543	5,877	1,183	543

Source: MFP semiannual web-based progress reports for July 1 to December 31, 2012. Submitted March 1, 2013.

[a] Maine and Nevada implemented new MFP programs during the reporting period.

[b] Oregon temporarily suspended its MFP program effective October 1, 2010, and stopped enrolling new participants.

Table A.2. Number of Institutional Residents Who Transitioned Under MFP During the Reporting Period from July 1, 2012, to December 31, 2012

	Number of New MFP Participants That Transitioned During the Reporting Period					
State	Total Number	Older Adults	People with Physical Disabilities	People with Intellectual Disabilities	People with Mental Illness	Other
Arkansas	132	25	30	77	0	0
California	171	64	106	0	1	0
Connecticut	258	136	99	8	15	0
Delaware	18	8	8	2	0	0
District of Columbia	13	5	5	3	0	0
Georgia	181	80	82	19	0	0
Hawaii	36	24	10	2	0	0
Idaho	36	14	15	7	0	0
Illinois	182	31	40	70	41	0
Indiana	190	123	67	0	0	0
Iowa	30	0	0	30	0	0
Kansas	149	34	98	9	0	8
Kentucky	43	17	14	12	0	0
Louisiana	112	29	66	17	0	0
Maine[a]	1	0	1	0	0	0
Maryland	171	101	49	17	0	4
Massachusetts	111	71	26	7	7	0
Michigan	186	105	81	0	0	0
Mississippi	53	3	11	39	0	0
Missouri	126	43	52	25	0	6
Nebraska	50	22	20	5	0	3
Nevada[a]	5	1	4	0	0	0
New Hampshire	36	12	19	1	2	2
New Jersey	164	68	42	54	0	0
New York	179	55	45	0	0	79
North Carolina	66	24	25	17	0	0
North Dakota	20	6	7	6	0	1
Ohio	553	77	200	34	242	0
Oklahoma	55	18	28	9	0	0
Oregon[b]	0	0	0	0	0	0
Pennsylvania	130	88	21	21	0	0
Rhode Island	19	15	4	0	0	0
Tennessee	223	118	101	4	0	0

Table A.2 *(continued)*

State	Number of New MFP Participants That Transitioned During the Reporting Period					
	Total Number	Older Adults	People with Physical Disabilities	People with Intellectual Disabilities	People with Mental Illness	Other
Texas	643	303	258	82	0	0
Vermont	23	16	7	0	0	0
Virginia	62	11	16	35	0	0
Washington	371	199	158	12	2	0
Wisconsin	84	26	48	10	0	0
TOTAL	4,696	1,972	1,863	634	310	103

Source: MFP semiannual web-based progress reports for July 1 to December 31, 2012. Submitted March 1, 2013.

[a] Maine and Nevada implemented new MFP programs during the reporting period.

[b] Oregon temporarily suspended its MFP program effective October 1, 2010, and stopped enrolling new participants.

Table A.3. Current MFP Participation, June 30, 2011, through December 31, 2012

State	Total Number of Current Participants[a]			
	As of December 2012	As of June 2012	As of December 2011	As of June 2011
Arkansas	88	86	59	101
California	380	316	244	268
Connecticut	510	440	402	305
Delaware	50	40	29	26
District of Columbia	35	33	35	21
Georgia	271	332	134	220
Hawaii	61	51	55	55
Idaho[d]	65	30	4	n.a.
Illinois	268	194	187	174
Indiana	411	310	254	274
Iowa	47	52	51	65
Kansas	254	225	224	233
Kentucky	74	105	123	135
Louisiana	234	95	155	133
Maine[b]	1	n.a.	n.a.	n.a.
Maryland	325	331	343	292
Massachusetts[d]	162	151	52	n.a.
Michigan	251	261	218	230
Mississippi[c]	56	5	n.a.	n.a.
Missouri	205	143	96	148
Nebraska	79	56	21	20
Nevada[b]	5	n.a.	n.a.	n.a.
New Hampshire	60	42	33	27
New Jersey	307	200	174	157
New York	297	261	221	190
North Carolina	151	117	47	108
North Dakota	58	43	29	29
Ohio	973	875	711	521
Oklahoma	130	154	52	108
Oregon[e]	0	0	0	42
Pennsylvania	268	154	219	243
Rhode Island[d]	31	28	6	n.a.
Tennessee[d]	368	209	60	n.a.
Texas	1,223	1,142	1,420	1,572
Vermont[c]	20	7	n.a.	n.a.

Table A.3 (*continued*)

State	Total Number of Current Participants[a]			
	As of December 2012	As of June 2012	As of December 2011	As of June 2011
Virginia	99	171	209	280
Washington	1,227	1,019	960	760
Wisconsin	157	126	56	43
TOTAL	9,201	7,780	6,883	6,780

Source: MFP semiannual web-based progress reports for January 1 to June 30, 2011; July to December 31, 2011; January 1 to June 30, 2012; and July 1 to December 31, 2012.

[a] Current MFP enrollees are counted on the last day of each six-month reporting period and include MFP participants who transitioned in the current or any previous period and were living in the community and receiving HCBS on that day. It excludes any MFP participants who (1) completed the full 365 days of MFP eligibility, (2) were reinstitutionalized for 30 days or more, (3) died, or (4) withdrew from the program or became ineligible for other reasons before the end of 365 days of program eligibility.

[b] Maine and Nevada implemented new MFP programs during the reporting period from July 1 to December 31, 2012.

[c] Mississippi and Vermont implemented new MFP programs during the reporting period from January 1 to June 30, 2012.

[d] Idaho, Massachusetts, Rhode Island, and Tennessee implemented new MFP programs during the reporting period from July 1 to December 31, 2011.

[e] Oregon temporarily suspended its MFP program effective October 1, 2010, and stopped enrolling new participants.

HCBS = home and community based services; n.a. = not applicable.

Table A.4. MFP States' Progress Toward Yearly Transition Goals, 2012 and 2011

State	January to December 2012 MFP Transition Activity			January to December 2011 MFP Transition Activity		
	Percentage of 2012 Transition Target Achieved as of December 2012[a]	Total 2012 Transition Goals	Total Number of Transitions in 2012	Percentage of 2011 Transition Goal Achieved as of December 2011	Total 2011 Transition Goals	Total Number of Transitions in 2011
Kansas	193.2	147	284	171.4	147	252
Delaware	172.0	25	43	70.0	40	28
Georgia	163.3	275	449	152.0	200	304
Arkansas	142.8	138	197	156.4	78	122
Washington	137.7	557	767	146.5	557	816
North Carolina	130.0	80	104	110.0	80	88
Missouri	128.3	173	222	61.4	228	140
New York	127.4	263	335	129.5	193	250
New Hampshire	126.5	49	62	110	30	33
Virginia	125.8	120	151	88.9	135	120
Indiana	122.7	286	351	98.0	251	246
Nebraska	121.0	81	98	34.0	106	36
North Dakota	120.5	39	47	82.1	39	32
Vermont[c]	120.0	25	30	n.a.	n.a.	n.a.
Ohio	119.0	868	1033	205.7	332	683
Texas	112.0	1,125	1260	126.4	1,362	1,721
Idaho[d]	108.8	57	62	50.0	8	4
Connecticut	105.7	440	465	63.1	609	384
Louisiana	105.4	184	194	107.7	155	167
Tennessee[d]	102.1	391	399	112.7	55	62
Michigan	103.1	350	361	104.3	300	313
Wisconsin	98.2	165	162	67.5	120	81
Mississippi[c]	90.8	65	59	n.a.	n.a.	n.a.
Hawaii	90.4	73	66	91.7	72	66
Iowa	87.5	56	49	73.3	75	55
Oklahoma	85.0	127	108	93.9	115	108
Maryland	81.4	404	329	102.3	351	359
Illinois	78.4	357	280	102.1	233	238
New Jersey	69.3	397	275	303.3	61	185
Pennsylvania	67.1	334	224	74.2	310	230
California	61.0	543	331	135.6	205	278
Kentucky	53.6	166	89	123.4	128	158

Table A.4 (*continued*)

State	January to December 2012 MFP Transition Activity			January to December 2011 MFP Transition Activity		
	Percentage of 2012 Transition Target Achieved as of December 2012[a]	Total 2012 Transition Goals	Total Number of Transitions in 2012	Percentage of 2011 Transition Goal Achieved as of December 2011	Total 2011 Transition Goals	Total Number of Transitions in 2011
Massachusetts[d]	51.2	443	227	33.1	157	52
Nevada[b]	50.0	10	5	n.a.	n.a.	n.a.
Dist. of Columbia	36.7	60	22	25.0	140	35
Rhode Island[d]	36.7	120	44	15.0	40	6
Maine[b]	4.5	22	1	n.a.	n.a.	n.a.
Oregon[e]	0	0	0	0	0	7
TOTAL	101.9	9,015	9,185	110.8	6,912	7,659

Source: MFP semiannual web-based progress reports for January 1 to June 30, 2011; July to December 31, 2011; January 1 to June 30, 2012; and July 1 to December 31, 2012.

[a] States are sorted by the percentage of 2012 transition targets achieved as of December 31, 2012.

[b] Maine and Nevada implemented new MFP programs during the reporting period from July 1 to December 31, 2012.

[c] Mississippi and Vermont implemented new MFP programs during the reporting period from January 1 to June 30, 2012.

[d] Idaho, Massachusetts, Rhode Island, and Tennessee implemented new MFP programs during the reporting period from July 1 to December 31, 2011.

[e] Oregon temporarily suspended its MFP program effective October 1, 2010, withdrawing its 2011 transition goal.

n.a. = not applicable.

Table A.5. 2012 Qualified HCBS Expenditures

State	2012 Target Level of Spending	Qualified HCBS Expenditures as of December 2012	Percentage of 2012 Spending Target Achieved as of December 2012	Notes
Arkansas	$ 325,717,659	NR	NR	-
California	$ 9,453,720,509	$9,819,315,380	103.9	California expects 2012 total spending to increase due to a lag in reporting transitions and MFP-eligible costs.
Connecticut	$ 3,900,000,000	$ 4,301,824,725	110.3	-
Delaware	$116,964,570	$104,699,997	89.5	-
District of Columbia	$ 630,570,376	$407,729,935	64.7	-
Georgia	n.a.	$1,091,322,670	n.a.	Georgia does not have 2012 expenditure targets.
Hawaii	n.a.	$183,453,638	n.a.	Hawaii does not have 2012 expenditure targets.
Idaho	$187,576,330	$225,280,528	120.1	-
Illinois	$1,580,353,875	$1,486,642,184	94.1	Illinois expects 2012 total spending to increase in the next reporting period due to additional claims not yet processed.
Indiana	$1,007,000,000	$841,087,179	83.5	-
Iowa	$601,100,000	$637,203,118	106.0	-
Kansas	$605,227,307	$581,625,068	96.1	-
Kentucky	$638,100,000	$557,621,639	87.4	-
Louisiana	$782,831,382	$799,438,763	102.1	-
Maine	$43,356,963	NR	NR	-
Maryland	$966,129,077	$869,801,085	90.0	Maryland expects 2012 total spending to increase due to additional claims not yet processed.
Massachusetts	$3,297,000,000	$3,538,657,330	107.3	-
Michigan	$915,628,370	$955,047,026	104.3	-
Mississippi	$242,461,525	$410,229,263	169.2	-
Missouri	$1,014,727,475	$1,164,955,196	114.8	-
Nebraska	$320,100,000	$308,129,544	96.3	-
Nevada	$165,880,999	$172,595,409	104.1	-
New Hampshire	$306,838,568	$265,265,236	86.5	-
New Jersey	$1,203,551,268	$961,231,539	79.9	-
New York	$13,331,710,584	$13,331,710,584	100.0	-
North Carolina	n.a.	$1,323,249,791	n.a.	North Carolina does not have 2012 expenditure targets.
North Dakota	$142,246,815	$169,246,963	119.0	-
Ohio	$3,366,000,000	$2,436,977,724	72.4	-
Oklahoma	$461,136,859	$457,829,646	99.3	-
Oregon	n.a.	$646,564,141	n.a.	Oregon temporarily suspended its MFP program in 2010 but continues to report some expenditures.

Table A.5 (*continued*)

State	2012 Target Level of Spending	Qualified HCBS Expenditures as of December 2012	Percentage of 2012 Spending Target Achieved as of December 2012	Notes
Pennsylvania	$2,896,484,000	$2,896,371,697	100.0	-
Rhode Island	$66,500,000	NR	NR	-
Tennessee	$959,421,425	$735,297,490	76.6	Tennessee's fiscal year runs from July 1 to June 30. The state will recalculate its progress toward the target level of spending in July.
Texas	$3,378,671,461	$3,415,015,919	101.1	-
Vermont	$58,028,121	$61,070,402	105.2	-
Virginia	$1,268,832,726	$1,182,874,562	93.2	-
Washington	$879,987,381	$859,167,918	97.6	Washington's HCBS expenditures are based on SFY (July–June) using month of service, and might not exactly equal those reported on the CMS-64 and MFP Financial Reporting Forms A and B due to different reporting structure.
Wisconsin	$1,980,717,228	$1,964,438,418	99.2	Wisconsin's CY 2012 number is an estimate based on data available at this time. It might change as a result of claims lag and reconciliation of costs.
TOTAL	$56,768,855,194	$59,162,971,707	104.2	-

Source: MFP semiannual web-based progress reports for July 1 to December 31, 2012. Submitted March 1, 2013.

CMS = Centers for Medicare & Medicaid Services; CY = calendar year; HCBS = home and community based services; SFY = state fiscal year. NR = not reported; n.a. = not applicable.

Table A.6. Number of Reinstitutionalizations for Any Length of Stay, July 1 to December 31, 2012

	Number of MFP Participants Reinstitutionalized During the Reporting Period for Any Length of Stay					
State	Total Number	Older Adults	People with Physical Disabilities	People with Intellectual Disabilities	People with Mental Illness	Other
Arkansas	2	1	1	0	0	0
California	31	6	24	1	0	0
Connecticut	102	62	27	4	9	0
Delaware	2	1	1	0	0	0
District of Columbia	3	1	2	0	0	0
Georgia	12	5	7	0	0	0
Hawaii	14	4	9	1	0	0
Idaho	1	1	0	0	0	0
Illinois	48	9	24	5	10	0
Indiana	21	15	6	0	0	0
Iowa	3	0	0	3	0	0
Kansas	9	6	3	0	0	0
Kentucky	61	33	20	6	0	2
Louisiana	4	1	3	0	0	0
Maine[a]	0	0	0	0	0	0
Maryland	5	3	2	0	0	0
Massachusetts	11	5	3	1	2	0
Michigan	251	118	133	0	0	0
Mississippi[b]	1	1	0	0	0	0
Missouri	61	15	35	10	0	1
Nebraska	2	2	0	0	0	0
Nevada[a]	0	0	0	0	0	0
New Hampshire	0	0	0	0	0	0
New Jersey	5	3	1	1	0	0
New York	159	66	58	0	0	35
North Carolina	6	3	2	1	0	0
North Dakota	2	2	0	0	0	0
Ohio	322	37	133	1	151	0
Oklahoma	7	1	6	0	0	0
Oregon[b]	0	0	0	0	0	0
Pennsylvania	10	9	1	0	0	0
Rhode Island	14	11	3	0	0	0
Tennessee	121	69	49	3	0	0
Texas	95	53	39	3	0	0

Table A.6 (*continued*)

State	Number of MFP Participants Reinstitutionalized During the Reporting Period for Any Length of Stay					
	Total Number	Older Adults	People with Physical Disabilities	People with Intellectual Disabilities	People with Mental Illness	Other
Vermont	6	3	3	0	0	0
Virginia	4	1	3	0	0	0
Washington	190	96	94	0	0	0
Wisconsin	6	3	2	1	0	0
TOTAL	1,591	646	694	41	172	38

Source: MFP semiannual web-based progress reports for July 1 to December 31, 2012. Submitted March 1, 2013.

[a] Maine and Nevada implemented new MFP programs during the reporting period.

[b] Oregon temporarily suspended its MFP program effective October 1, 2010, and stopped enrolling new participants.

Table A.7. Number of Reinstitutionalizations for over 30 Days, July 1 to December 31, 2012

	Number of MFP Participants Reinstitutionalized During the Reporting Period for over 30 Days					
State	Total Number	Older Adults	People with Physical Disabilities	People with Intellectual Disabilities	People with Mental Illness	Other
Arkansas	2	1	1	0	0	0
California	6	2	4	0	0	0
Connecticut	14	34	9	2	6	0
Delaware	1	0	1	0	0	0
District of Columbia	0	0	0	0	0	0
Georgia	12	5	7	0	0	0
Hawaii	5	2	2	1	0	0
Idaho	1	1	0	0	0	0
Illinois	2	0	0	0	2	0
Indiana	21	15	6	0	0	0
Iowa	3	0	0	3	0	0
Kansas	7	5	2	0	0	0
Kentucky	3	0	1	1	0	1
Louisiana	4	1	3	0	0	0
Maine[a]	0	0	0	0	0	0
Maryland	0	0	0	0	0	0
Massachusetts	9	5	1	1	2	0
Michigan	41	19	22	0	0	0
Mississippi	1	1	0	0	0	0
Missouri	4	1	3	0	0	0
Nebraska	1	1	0	0	0	0
Nevada[a]	0	0	0	0	0	0
New Hampshire	0	0	0	0	0	0
New Jersey	5	3	1	1	0	0
New York	4	4	0	0	0	9
North Carolina	0	0	0	0	0	0
North Dakota	1	1	0	0	0	0
Ohio	57	6	20	1	30	0
Oklahoma	7	1	6	0	0	0
Oregon[b]	0	0	0	0	0	0
Pennsylvania	8	8	0	0	0	0
Rhode Island	8	5	3	0	0	0
Tennessee	28	22	6	0	0	0
Texas	53	29	23	1	0	0
Vermont	1	1	0	0	0	0

Table A.7 (*continued*)

State	Number of MFP Participants Reinstitutionalized During the Reporting Period for over 30 Days					
	Total Number	Older Adults	People with Physical Disabilities	People with Intellectual Disabilities	People with Mental Illness	Other
Virginia	0	0	0	0	0	0
Washington	51	22	29	0	0	0
Wisconsin	2	0	1	1	0	0
TOTAL	408	195	151	12	40	10

Source: MFP semiannual web-based progress reports for July 1 to December 31, 2012. Submitted March 1, 2013.

[a] Maine and Nevada implemented new MFP programs during the reporting period.

[b] Oregon temporarily suspended its MFP program effective October 1, 2010, and stopped enrolling new participants.

Table A.8. Overview of Minimum Data Set 3.0, Section Q Referrals, July 1 to December 31, 2012

State	Number of People Referred to MFP Through MDS Section Q Referrals Between July to December 2012	Number of People Ever Referred Through MDS Section Q That Enrolled in MFP Between July to December 2012	Percentage of People Ever Referred from MDS Section Q That Enrolled in MFP Between July to December 2012	State Comments on Status of MDS 3.0 Referral Tracking Systems
Arkansas	7	3	42.9	-
California	62	21	33.9	California's staff resources were expanded to include Health Program Specialist focused on the MDS 3.0 Section Q referrals process.
Connecticut	38	1	2.6	-
Delaware	7	4	57.1	Delaware cross-references referrals from MDS 3.0 Section Q to the actual referrals the state receives from facilities to ensure everyone saying yes is referred for assessment.
District of Columbia	0	0	0	-
Georgia	128	26	20.3	-
Hawaii	20	5	25.0	Hawaii's MDS 3.0 Section Q local contact agency was delayed until 2013. The MDS 3.0 Section Q transition implementation is projected to start before June 30, 2013.
Idaho	0	0	n.a.	Idaho provided training to the local ombudsman on the MDS 3.0 Section Q processes and procedures.
Illinois	44	0	n.a.	-
Indiana	15	6	40.0	-
Iowa	0	0	n.a.	Iowa's MFP currently services residents of ICFs-ID, which are not required to perform MDS assessments.
Kansas	11	4	36.4	-
Kentucky	49	5	10.2	-
Louisiana	141	5	3.5	-
Maine[a]	3	0	0.0	Maine's Long Term Care Ombudsman Program (LTCOP) tracks all Section Q referrals. Two webinars were held in July with a specific focus on Section Q and MFP. A survey of 40 nursing homes helped to create the content of the webinars. The LTCOP has also hosted a series of in-person information sessions across the state.
Maryland	1,265	20	1.6	Maryland has used the established contracts between three ADRC lead agencies to purchase options counseling services from the Centers for Independent Living (CILs) as a prototype for the implementation of MDS 3.0 Section Q options counseling.

Table A.8 (*continued*)

State	Number of People Referred to MFP Through MDS Section Q Referrals Between July to December 2012	Number of People Ever Referred Through MDS Section Q That Enrolled in MFP Between July to December 2012	Percentage of People Ever Referred from MDS Section Q That Enrolled in MFP Between July to December 2012	State Comments on Status of MDS 3.0 Referral Tracking Systems
Massachusetts	24	24	100.0	-
Michigan	469	13	2.8	-
Mississippi	34	4	11.8	-
Missouri	143	24	16.8	-
Nebraska	13	16	123.1	Nebraska uses an electronic form for its MDS Section Q referrals. The manual for using the MDS Section Q electronic referral system was distributed to users and posted on the ADRC website during this period. Also, the state completed outreach and education to the nursing facility staff about changes in MDS 3.0 Section Q implemented in April 2012. Finally, the state's MFP program provided funding to the ADRC for Area Agencies on Aging (AAA) and the Centers for Independent Living (CIL) to develop a protocol for responding to MDS Section Q referrals. The protocol submission has helped initiate discussion between AAAs and CILs related to the development of a common response tool for responding to MDS Section Q referrals.
Nevada[a]	0	0	n.a.	-
New Hampshire	2	0	0.0	New Hampshire offered statewide training session to nursing facilities on the MDS 3.0 Section Q Referral Process and Toolkit. The toolkit includes the Section Q Reference Manual, forms, fact sheets and other educational materials. Also, the state established a webpage for online access to the MDS 3.0 Section Q Referral Process and all related Section Q tools and related information.
New Jersey	315	9	2.9	-
New York	102	17	16.7	-
North Carolina	15	4	26.7	North Carolina worked with the Division of Aging and Adult Services to develop a reporting system to determine the number of referrals that have come through MDS 3.0 Section Q.
North Dakota	4	2	50.0	-

Table A.8 (*continued*)

State	Number of People Referred to MFP Through MDS Section Q Referrals Between July to December 2012	Number of People Ever Referred Through MDS Section Q That Enrolled in MFP Between July to December 2012	Percentage of People Ever Referred from MDS Section Q That Enrolled in MFP Between July to December 2012	State Comments on Status of MDS 3.0 Referral Tracking Systems
Ohio	550	19	3.5	Ohio developed an electronic version of the Community Living Plan Addendum (CLPA), which helps the state achieve its goals by increasing the efficiency and quality of interview information resulting from the MDS 3.0 Section Q referral process.
Oklahoma	4	0	0.0	-
Oregon [b]	0	0	n.a.	-
Pennsylvania	370	17	4.6	-
Rhode Island	19	4	21.1	-
Tennessee	18	12	66.7	-
Texas	678	432	63.7	In Texas, the high turnover rate of nursing facility staff creates the need for continuous education about the MDS 3.0 Section Q reporting requirements.
Vermont	4	0	0.0	Vermont has experienced challenges accessing data that is reported on the MDS to determine whether the NF database outlining Section Q referrals to the LCAs matches those actually received and reported by the LCAs.
Virginia	30	15	50.0	Virginia updated MDS 3.0 Section Q referral processes and directions and is planning for training and outreach.
Washington	0	0	n.a.	
Wisconsin	0	0	n.a.	
TOTAL	4,584	712	15.5	-

Source: MFP semiannual web-based progress reports for July 1 to December 31, 2012. Submitted March 1, 2013.

[a] Maine and Nevada implemented new MFP programs during the reporting period.

[b] Oregon temporarily suspended its MFP program effective October 1, 2010 and stopped enrolling new participants.

ADRC = aging and disability resource center, ICFs-ID = intermediate care facilities for people with intellectual disabilities, LCA = least costly alternative, MDS = minimum data set, n.a. = not applicable, NF = nursing facility, NR = not recorded.

Table A.9. Total Number of Current MFP Participants in a Self-Direction Program, July 1 through December 31, 2012

State	Total Number of Current MFP Participants That …		
	Chose to Participate in a Self-Direction Program	Hired/Supervised Their Own Personal Assistants	Managed Their Own Allowance/Budget
Arkansas[a]	11	4	2
California	n.a.	n.a.	n.a.
Connecticut[a]	293	146	8
Delaware[a]	41	40	40
District of Columbia	n.a.	n.a.	n.a.
Georgia	n.a.	n.a.	n.a.
Hawaii	8	8	0
Idaho	8	6	2
Illinois	NR	NR	NR
Indiana	n.a.	n.a.	n.a.
Iowa	2	2	2
Kansas	120	120	0
Kentucky[a]	47	2	2
Louisiana	1	1	1
Maine[b]	0	0	0
Maryland	0	0	0
Massachusetts	15	15	0
Michigan	48	48	48
Mississippi	0	0	0
Missouri	68	62	65
Nebraska	n.a.	n.a.	n.a.
Nevada[b]	0	0	0
New Hampshire	0	0	0
New Jersey	1	1	1
New York	n.a.	n.a.	n.a.
North Carolina	6	6	6
North Dakota	n.a.	n.a.	n.a.
Ohio[c]	973	0	973
Oklahoma	n.a.	n.a.	n.a.
Oregon[d]	n.a.	n.a.	n.a.
Pennsylvania	54	54	0
Rhode Island	1	1	1
Tennessee	27	27	0
Texas[a]	10	1	0
Vermont	2	2	2

Table A.9 (*continued*)

State	Total Number of Current MFP Participants That …		
	Chose to Participate in a Self-Direction Program	Hired/Supervised Their Own Personal Assistants	Managed Their Own Allowance/Budget
Virginia[a]	14	5	5
Washington	113	113	0
Wisconsin	4	4	4
TOTAL	1,487	668	742

Source: MFP semiannual web-based progress reports for July 1 to December 31, 2012. Submitted March 1, 2013.

[a] The sum of participants reported to hire/supervise staff and to manage allowance/budgets is less than the total number of people self-directing their services in Arkansas, Connecticut, Delaware, Kentucky, Texas, and Virginia.

[b] Maine and Nevada implemented new MFP programs during the reporting period.

[c] Ohio considers all MFP participants to be self-directing because they all receive a small amount of money for one-time moving expenses to use as they wish.

[d] Oregon temporarily suspended its MFP program effective October 1, 2010, and stopped enrolling new participants.

n.a. = not applicable; NR = not reported.

Table A.10. Number of MFP Transitions During the Reporting Period, by Type of Qualified Community Residence the Participant Transitioned to, July 1 through December 31, 2012

	Number of New MFP Participants That Transitioned During the Reporting Period to a Qualified Residence[a]			
State	Homes	Apartments	Group Homes	Apartment in Qualified Assisted Living
Arkansas	24	47	17	4
California	39	96	4	32
Connecticut	35	214	4	5
Delaware	3	13	2	0
District of Columbia	6	4	3	0
Georgia	58	87	32	3
Hawaii	6	5	25	0
Idaho	13	17	4	2
Illinois	8	51	70	42
Indiana	34	11	7	109
Iowa	2	28	0	0
Kansas	51	67	8	23
Kentucky	12	19	12	0
Louisiana	46	65	0	3
Maine[b]	0	1	0	0
Maryland	95	53	23	0
Massachusetts	37	44	19	11
Michigan	99	64	3	0
Mississippi	29	28	0	11
Missouri	23	72	30	0
Nebraska	10	11	4	52
Nevada[b]	1	1	0	3
New Hampshire	15	23	1	0
New Jersey	61	47	56	0
New York	69	228	0	0
North Carolina	44	15	7	0
North Dakota	6	11	0	3
Ohio	117	391	34	11
Oklahoma	5	42	9	0
Oregon[c]	0	0	0	0
Pennsylvania	43	57	26	3
Rhode Island	6	9	0	4
Tennessee	145	74	4	0
Texas	405	0	87	151

Table A.10 (*continued*)

State	Number of New MFP Participants That Transitioned During the Reporting Period to a Qualified Residence[a]			
	Homes	Apartments	Group Homes	Apartment in Qualified Assisted Living
Vermont	8	14	1	0
Virginia	8	11	38	5
Washington	247	0	67	57
Wisconsin	NR	NR	NR	NR
TOTAL	1,810	1,920	597	507

Source: MFP semiannual web-based progress reports for July 1 to December 31, 2012. Submitted March 1, 2013.

[a] The sum of participants residing in all types of MFP-qualified housing does not equal the total of new people who transitioned to the community during this period for each state, because some states reported either more or fewer transitioned people than types of residences.

[b] Maine and Nevada implemented new MFP programs during the reporting period.

[c] Oregon temporarily suspended its MFP program effective October 1, 2010, and stopped enrolling new participants.

NR=Not Reported.

Table A.11. Achievements and Challenges Securing Appropriate Housing Options for Participants, by Reporting Period, 2010–2012—Number of Grantee States Reporting Each Type of Achievement or Challenge

Response Option	July to Dec. 2010	Jan. to June 2011	July to Dec. 2011	Jan. to July 2012	July to Dec. 2012
Number of Grantees Reporting Achievements[a]	18	23	25	29	31
Developed inventory of affordable and accessible housing	3	5	12	9	10
Developed local or state coalitions to identify needs or create housing-related initiatives	6	3	11	12	16
Developed statewide housing registry	1	3	4	8	5
Implemented new home ownership initiative	0	0	0	0	1
Improved funding for developing assistive technology related to housing	2	2	4	5	3
Improved information systems about affordable and accessible housing	3	4	4	3	7
Increased number of rental vouchers	9	11	8	9	6
Increased supply of affordable and accessible housing	2	1	6	9	6
Increased supply of residences that provide or arrange for long-term services or supports	1	1	0	2	3
Increased supply of small-group homes	3	8	5	4	3
Increased or improved funding for home modifications	1	5	4	5	4
Other	8	9	11	16	16
Number of Grantees Reporting Challenges[b]	23	26	32	32	33
Lack of information about affordable and accessible housing	0	2	2	5	5
Insufficient supply of affordable and accessible housing	17	18	20	22	24
Lack of affordable and accessible housing that is safe	3	3	9	8	6
Insufficient supply of rental vouchers	14	11	11	13	15
Lack of new home ownership programs	0	0	0	0	2
Lack of small-group homes	4	6	3	6	8
Lack of residences that provide or arrange for long-term services or supports	3	3	1	1	3
Insufficient funding for home modifications	2	3	2	2	4
Unsuccessful efforts in developing local or state coalitions of housing and human services organizations to identify needs or create housing-related initiatives	3	1	0	0	1
Unsuccessful efforts in developing sufficient funding or resources to develop assistive technology related to housing	0	0	0	1	2
Other	5	9	8	6	5

Source: MFP semiannual web-based progress reports covering the reporting periods from July 1 to December 31, 2010; January 1 to June 30, 2011; July 1 to December 31, 2011; January 1 to June 30, 2012; and July 1 to December 31, 2012.

Notes: The progress reports were designed to capture information on states' progress and challenges encountered in all dimensions of the program. Information presented was based on self-reports and reflected the challenges encountered during the reporting period.

[a] Report question asked, "What achievements in improving housing options for MFP participants did your program accomplish during the reporting period?"

[b] Report question asked, "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."

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