

[Insert State or Territory]

Money Follows the Person Operational Protocol Template

OPERATIONAL PROTOCOL VERSION [INSERT VERSION #]

GRANT [INSERT GRANT #]

[Insert Date of Latest Revision]

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Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1053. The time required to amend or newly develop the Operational Protocol is estimated to average 42 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. The time required to complete an annual update of the Operational Protocol is estimated to average 16 hours per response. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

HOW TO USE THE MONEY FOLLOWS THE PERSON OPERATIONAL PROTOCOL TEMPLATE

Purpose

The Operational Protocol (OP) is the operational guide that outlines the Demonstration and addresses how the state or territory will meet the objectives of the Money Follows the Person (MFP) Demonstration. The OP describes how the state or territory will operationalize processes to ensure that the state or territory's Demonstration is equipped with the tools, infrastructure, systems, and policies to make MFP Demonstration goals and initiatives successful.

The state or territory must review and amend the OP every three years, or more frequently as needed, in response to changes in (1) federal, state, or territory law, regulation, or policy impacting MFP eligibility, enrollment, or program operations; and (2) MFP operations, inclusive of changes to any of the required MFP OP elements. Refer to MFP Program Terms and Conditions (PTC) 36 for specific requirements around amending the OP.

While the OP describes “how” the state or territory operates the MFP program, “what” the state or territory plans to do to advance MFP and Medicaid home and community-based services (HCBS) is included in the state or territory's unique MFP Work Plan. Reporting on progress is included in the state or territory's Semi-Annual Progress Report (SAR).

Instructions

The OP template consists of 13 sections. Section A is an overview of the state or territory's MFP Demonstration; sections B through M are the required operational elements of the state or territory's MFP Demonstration. Each section contains prompts for information that are labeled by section and prompt number order (for example, section A.1, prompt A.1.1). The state or territory is required to respond to prompts in each section. Each prompt provides:

- Guidance on how to insert information
- Displays and tools for formatting and inserting information:
 - **Text response boxes.** Information may be entered in multiple lines of text and, where applicable, an external document may be uploaded into a text box.
 - **Table shells.** Table shells display the layout of tables without the information or data. Some table shells contain example entries in red text. Table shell rows may be added if needed. Table shells titled “Example Table” can be modified.
 - **Checkboxes.** Checkboxes are displayed as a checklist in which to place a checkmark to make a selection.

The yellow line at left indicates instructional text and is followed either by a text response box, checkbox, or a table shell.

A few tips for entering information

- Text insertions must be clear, concise, and consistent.
- Directly address each prompt.
- Use the “Other Information” text box when additional information is necessary to further support, explain, or justify a response to a prompt.
- Limit text responses to no more than three pages.

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- Use bullet points, tables, flow charts, and diagrams to help break up long sections of text and to briefly summarize information.
- Use preferred terms and spell out first use of acronyms.
- Do not leave prompts blank. Enter “Not Applicable” for OP prompts that are not relevant to the state or territory’s MFP program.

Using hyperlinks and embedding documents

- Use hyperlinks to link to external documents that are relevant to the MFP program, including MFP marketing and educational materials, service-related documents such as assessments and program checklists, and information contained on external websites.
- Hyperlinks must be documented in Appendix A.1 of the OP.
- If you are embedding external documents within the template, follow [these instructions](#) and select “Display as icon.” This Word feature allows documents to be embedded as clickable icons and may be a preferable alternative to pasting long documents in the appendix or hyperlinking to a document.
- Accessibility features can be maintained by assigning [alt text](#) to the icons representing embedded objects.

Before submitting the OP, complete the following three steps:

1. Ensure that all hyperlinks work.
2. Update the contents of the MFP OP template above by right-clicking anywhere within the field and selecting “Update field.” This will automatically update the page numbers in the contents list.
3. If amending or updating the OP, complete the change log.

Change log

If amending or updating the OP, complete the change log by inserting entries into Table 1. The first two lines of the table provide examples of how to populate the change log.

Table 1. Change log

Section	Prompt	Date of OP submission	Changes made since last revision of OP
A	A.1.1 A.2.2	1/1/2020	Added new components of the state or territory’s LTSS system. Described a new target group of the state or territory’s MFP program.
B	B.2.1	7/1/2021	Described new performance evaluation criteria for the MFP project director role.

SECTION A. MFP PROGRAM OVERVIEW

This section briefly describes how the state or territory's MFP Demonstration is designed to meet unique state or territory long-term services and supports (LTSS) system reform efforts to increase the use of HCBS, rather than institutional LTSS. Use the prompts in this section to report on the state or territory's LTSS system assessment and gap analysis and to identify the state or territory's MFP Demonstration target population and geographic area(s) of service.

A.1. State or territory system and gap analysis

A.1.1. Summary of state or territory LTSS system and gap analysis

The summary must address these components:

- Identify LTSS population needs
- Identify geographic area(s) of need
- Identify ways the state or territory can test new approaches and flexibilities in its Medicaid programs to strengthen HCBS through the MFP Demonstration
- Identify ways to provide opportunities to furnish MFP Demonstration services in a more equitable manner
- Identify and determine measurable, attainable, and timely MFP Demonstration goals and outcomes

[Click or tap here to enter text.](#)

A.2. Service areas and target groups of the MFP program

A.2.1. Service areas

Specify the service area(s) in which the MFP Demonstration operates.

☐ State or territory-wide

☐ If not state or territory-wide, indicate specific jurisdictions:

[Click or tap here to enter text.](#)

A.2.2. Target groups

Complete Table A.2.2 to indicate the MFP target population(s) included in the state or territory's Demonstration and indicate the corresponding state or territory operating agency administering Medicaid HCBS. Please note that target groups falling into the "Other" category must be defined here and throughout the OP.

Table A.2.2. MFP target population groups

Select all that apply	Target group of eligible individuals	State or territory operating agency
<input type="checkbox"/>	Older adults	
<input type="checkbox"/>	Individuals with physical disabilities (PD)	
<input type="checkbox"/>	Individuals with intellectual and developmental disabilities (I/DD)	
<input type="checkbox"/>	Individuals with mental health and substance use disorders (MH/SUD)	

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Select all that apply	Target group of eligible individuals	State or territory operating agency
<input type="checkbox"/>	Other, please specify (e.g., HIV/AIDS, brain injury)	

Describe reasons for targeting certain MFP populations. Include geographic strategies, considerations specific to rural areas, provider network considerations, and alignment with state or territory Olmstead plans and rebalancing strategies.

[Click or tap here to enter text.](#)

A.3. Other information

If needed, provide other information regarding the state or territory's service area(s), target populations, or reporting that is not addressed elsewhere in the template.

[Click or tap here to enter text.](#)

SECTION B. PROJECT ADMINISTRATION

B.1. Administrative structure

B.1.1. Organizational chart

Provide an organizational chart that shows the entity responsible for the management of the MFP cooperative agreement and the Authorized Organizational Representative;¹ how the management entity relates to all other departments, agencies, and service systems providing HCBS to MFP participants; and the relationship of the organizational structure to the state or territory Medicaid agency and state or territory Medicaid director (SMD).

Upload the organizational chart into either the appendix or text box or provide an external link.

[Click or tap here to enter text.](#)

B.1.2. Administrative structure

Describe how the state or territory will structure the administration of the MFP program, including how roles and responsibilities will be coordinated across state or territory operating agencies and managed care plans (MCP) (if applicable). Clearly indicate how the organizational and structural administration will function to implement, operate, and monitor the OP elements of the Demonstration.

Example Table B.1.2. Administrative structure

Administrative entity (state/territory, other government entity, MCP or contractor/consultant)	OP element(s)	MFP role and key responsibilities (how the entity will implement, operate, or monitor the OP element)	Formal commitments (for example, Memorandum of Understanding)

[Click or tap here to enter text.](#)

B.2. Staffing

B.2.1. Project director and data and quality analyst

Upload the job description and performance evaluation criteria for these positions into the appendix or provide an external link.

B.2.2. Other project staff

Complete Example Table B.2.2 for all non-contract positions. Describe the MFP role, responsibilities, and relevant OP element(s) for each position in the last column on the table. Responses for the last column may be provided as table text, embedded documents, external links, or text indicating where the response has been added in the appendix. The relevant OP element(s) for each role are the MFP program components (as defined by the major section headers of this document; for instance, D.

¹ The Authorized Organizational Representative is defined in the MFP Demonstration Program Terms and Conditions (PTC 25).

Community Engagement, E. Benefits and Services, and H. Reporting) on which the staff person in that position will work.

Example Table B.2.2. MFP Demonstration staff

Number and position title	Percent of full-time equivalent	Administrative or service position (if service position, indicate whether Demonstration or supplemental)	Indicate if non-contract or contract/consultant position	MFP role, responsibilities, and relevant OP element(s)

B.2.3. In-kind support

Describe positions providing in-kind support (that is, support from non-MFP staff) to the MFP Demonstration. Indicate the percentage of time each individual or position is dedicated to the grant and the roles and responsibilities of each position. Indicate the OP element(s) the positions will support. If a large number of staff provide in-kind support to the MFP Demonstration, describe the staff in general or aggregate terms, such as contracting specialists, fiscal staff, etc.

[Click or tap here to enter text.](#)

B.2.4. Staffing and contract execution timeline

Provide a hiring timeline (start and end date) for non-contract staff. For contract, consultant, or subrecipient positions, provide the contract execution date and expected expiration/end date.

[Click or tap here to enter text.](#)

B.3. Billing and reimbursement

B.3.1. Billing and reimbursement procedures

Describe how the state or territory will establish billing and reimbursement procedures to link Medicaid claims to MFP individuals. Include the following:

- Description of MFP identifier codes in the Medicaid Management Information System (MMIS) and if applicable in the state or territory accounting system
- Description of procedures for ensuring against duplication of payment for the Demonstration and Medicaid programs
- If the state or territory operates a managed long-term services and supports (MLTSS) program, description of your state or territory's managed care claiming methodology to determine the portion of the capitation rate that is attributable to qualified HCBS listed in Attachment A of the MFP PTC
- Procedures for fraud control and monitoring

[Click or tap here to enter text.](#)

B.4. Budget process

B.4.1. Budget development process

Describe how the state or territory will prepare the MFP budget. Include the following:

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- Process for projecting annual expenditures
- Cross-agency roles and responsibilities for developing, reviewing, and approving the budget
- Procedures for adjusting or reconciling the budget

Click or tap here to enter text.

B.5. Other information

If needed, provide other information regarding the state or territory's MFP Demonstration administration that is not addressed elsewhere in the template.

Click or tap here to enter text.

SECTION C. RECRUITMENT, ENROLLMENT, OUTREACH, AND EDUCATION

C.1. MFP-qualified inpatient facility recruitment

C.1.1. MFP-qualified inpatient facility types

In Table C.1.1, describe how the state or territory will collect and verify that MFP participants are transitioning to the community from an MFP-qualified inpatient facility. Describe the process for each target population and inpatient facility type. If there are multiple “other” populations to note, illustrate the type(s) of inpatient facilities separately for each “other” population with a new row.

Table C.1.1. MFP-qualified inpatient facility type by target group

Target population(s)	MFP-qualified inpatient facility types from which the target population will transition	Description of data collection and verification procedures
Older adults	<input type="checkbox"/> Nursing facility <input type="checkbox"/> ICF/IID <input type="checkbox"/> Hospital <input type="checkbox"/> IMD	
Individuals with PD	<input type="checkbox"/> Nursing facility <input type="checkbox"/> ICF/IID <input type="checkbox"/> Hospital <input type="checkbox"/> IMD	
Individuals with I/DD	<input type="checkbox"/> Nursing facility <input type="checkbox"/> ICF/IID <input type="checkbox"/> Hospital <input type="checkbox"/> IMD	
Individuals with MH/SUD	<input type="checkbox"/> Nursing facility <input type="checkbox"/> ICF/IID <input type="checkbox"/> Hospital <input type="checkbox"/> IMD	
Other, please specify in text box below (e.g., HIV/AIDS, brain injury) Click or tap here to enter text.	<input type="checkbox"/> Nursing facility <input type="checkbox"/> ICF/IID <input type="checkbox"/> Hospital <input type="checkbox"/> IMD	

Note: MFP programs transitioning MFP participants from an IMD (see PTC 14) must provide a description in section C.1.2 of the OP of how the state or territory will verify certain requirements, such as that the individual meets MFP individual eligibility criteria.

ICF/IID = Intermediate Care Facility for Individuals with Intellectual Disabilities; IMD = Institution for Mental Diseases.

C.1.2. Institution for mental diseases (IMD) exclusion

For MFP programs transitioning MFP participants from an IMD (see PTC 14), provide a description of how the state or territory will verify that the:

- Individual meets the MFP individual eligibility criteria

- Individual is receiving one of these benefits:
 - Services for individuals ages 65 and older in an IMD, referred to as “IMD over 65”
 - Inpatient psychiatric services for individuals younger than 21, referred to as “psych under 21”
 - Medicaid beneficiaries ages 21 through 64 residing in an IMD who are receiving services that are covered under a Substance Use Disorder or Serious Mental Illness section 1115 demonstration

[Click or tap here to enter text.](#)

C.1.3. Strategies for recruiting MFP-qualified inpatient facilities

Describe strategies for recruiting MFP-qualified inpatient facilities to engage in the development and implementation of person-centered transition programs that offer residents the choice of leaving the facility to return to the community. Include geographic strategies, considerations specific to rural areas, alignment with state or territory Olmstead plans and rebalancing strategies, and facility access and engagement approaches.

[Click or tap here to enter text.](#)

C.2. MFP participant recruitment and enrollment

C.2.1. Eligibility criteria for participation in MFP

Describe any state or territory-specific MFP eligibility criteria. For example, describe your state or territory’s requirements for individuals’ length of stay in an MFP-qualified inpatient facility if more than 60 consecutive days. See section IV of the MFP PTC for a description of MFP eligibility criteria.

[Click or tap here to enter text.](#)

C.2.2. Participant recruitment and enrollment process

Describe the MFP participant recruitment and enrollment process, indicating differences as applicable for each target group and inpatient facility type identified in C.1.1. Include the following:

- Describe the process to identify eligible individuals interested in transitioning from an inpatient facility to a qualified residence.
- Describe the role of No Wrong Door (NWD) systems to recruit and enroll MFP participants.
- Describe how the state or territory will verify MFP individual eligibility criteria.
- Describe the provider(s) rendering services to recruit and enroll individuals into MFP.
- Describe how the state or territory will ensure a person-centered planning process during the MFP recruitment and enrollment process. The person-centered planning process must include a person-centered service plan that identifies the individual’s needs and individualized strategies and interventions for meeting those needs, and be led by the individual and the individual’s legally authorized representative if applicable.

[Click or tap here to enter text.](#)

C.2.3. Data sources for recruiting MFP participants

Describe how the state or territory will process and organize data sources to identify and recruit MFP participants. The description must include the use of the Minimum Data Set (MDS) Section Q and must describe any variability among MFP target populations, MFP-qualified inpatient facilities, and state or territory operating agencies.

[Click or tap here to enter text.](#)

C.3. Outreach and marketing to participants, providers, and the community

C.3.1. Marketing plan

Describe how the state or territory will develop and implement a marketing plan to recruit and enroll MFP participants. Include a description of the following:

- Strategy or strategies to provide cultural, linguistic, and disability competency in the production and dissemination of marketing materials
- Types of marketing materials and tools
- Types of media approaches (print, radio, television, direct mail, social media, search engine, and so on)

Upload printed marketing materials or provide an external link to the materials in the appendix, as appropriate.

[Click or tap here to enter text.](#)

C.3.2. Outreach and education plan

Describe how the state or territory will develop and implement an outreach and education plan to recruit MFP-inpatient facility providers, service providers, affordable and accessible housing providers, community-based organizations, and other relevant entities. Include a description of the following:

- Methods and tools
- Collaboration opportunities
- Types of events and trainings

Upload outreach and education materials into the appendix or provide an external link.

[Click or tap here to enter text.](#)

C.3.3. Stevens Amendment and accessibility requirements

Select the boxes below to confirm the state or territory adheres to the requirements regarding the Stevens Amendment and complies with accessibility laws.

- ☐ The state or territory affirms that it has established procedures for complying with the requirement in Section 26.G and 26.H of the CMS Standard Terms and Conditions (STC) regarding the Stevens Amendment, which describes actions federal award recipients must take when engaging in public reporting and acknowledgement of sponsors.
- ☐ The state or territory acknowledges responsibility for complying with federal laws regarding accessibility (Attachment B of CMS STC).

C.4. Informed consent

C.4.1. Informed consent criteria

Describe how the state or territory will implement procedures for obtaining informed consent. Include the following:

- Process for ensuring that each eligible individual or the individual's legally authorized representative will be provided the opportunity to make an informed choice regarding whether to participate in the MFP Demonstration
- Process for ensuring that each eligible individual or the individual's legally authorized representative will have input into, and approve the selection of, the qualified residence in which the individual will reside and the setting in which the individual will receive HCBS
- Process for ensuring individuals are informed about all aspects of the transition process; have full knowledge of the services and supports that will be provided both during and after the program year; and are informed of their rights and responsibilities as a participant, including the right to file reports or complaints regarding violation of their rights or other critical incidents
- Method(s) for obtaining informed consent (written, verbal, digital, and so on)

Provide an external link to informed consent forms and informational material. Alternatively, paste or embed those materials into the appendix or the text box below. If using the appendix, use the text box to indicate where in the appendix these materials can be found.

[Click or tap here to enter text.](#)

C.5. Legally authorized representative

C.5.1. Procedures for MFP engagement with a legally authorized representative

Describe how the MFP Demonstration will engage with a legally authorized representative and how the process aligns with state or territory policy. Include the following:

- Procedures for engaging with a legally authorized representative as part of an individual's person-centered planning process during the transition period and the 365-day MFP enrollment period
- Specific strategies and approaches when working with inpatient facility administrators who are serving as a legally authorized representative, particularly around identifying and eliminating conflict of interest concerns
- Process for verifying that an MFP participant's legally authorized representative has (1) a known relationship with the individual; (2) ongoing interaction with the individual; and (3) recent knowledge of the individual's welfare

[Click or tap here to enter text.](#)

C.5.2. Re-enrollment

Describe the state or territory's MFP re-enrollment policy (1) for individuals who have been re-institutionalized or hospitalized prior to completing their 365-day MFP enrollment period, and (2) for individuals who have been re-institutionalized after completing their 365-day MFP enrollment period. Include actions that occur at 30- and 60-day intervals during an individual's institutional or hospital stay.

[Click or tap here to enter text.](#)

C.6. Other information

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

[Click or tap here to enter text.](#)

SECTION D. COMMUNITY ENGAGEMENT

Describe how the state or territory will engage the broad community, including but not limited to, Medicaid agency leadership, participants in HCBS programs, residents in long-term care facilities, long-term care facility staff, family members and other caregivers, HCBS providers, the aging and disability network, MCPs, housing providers, and the direct care workforce, to inform the state or territory's approach to the design of the MFP Demonstration and how the state or territory can leverage the MFP Demonstration to expand and enhance the HCBS system. Include a description of the state or territory's strategy(s), structure of the engagement process, engagement tools, communication process, and how the process will be strengthened throughout the MFP program period of performance.

[Click or tap here to enter text.](#)

D.1. Community engagement process

States or territories may use Example Table D.1 to list those engaged in the design and implementation of the MFP Demonstration; to indicate the related OP element(s); and a brief description of the engagement structure, including the type and frequency of engagement and role(s) in the engagement process.

Example Table D.1. Description and frequency of community engagement

Entities (examples)	OP elements	Description of the engagement process
MFP participants		
Residents in inpatient facilities		
Family members and caregivers		
Centers for Independent Living		
Long-term care facilities		
HCBS providers		
Housing partners		
Managed care plans		
Aging and disability networks		
Direct care workforce		
Other		

D.2. Other information

If needed, provide other information regarding the state or territory's approach to engagement that is not addressed elsewhere in the template.

[Click or tap here to enter text.](#)

SECTION E. BENEFITS AND SERVICES

Describe how the MFP Demonstration will provide opportunities for MFP participants to receive high-quality services in their own homes or community rather than institutions. The state or territory must describe qualified HCBS (PTC 16 and Attachment A in the PTC), Demonstration services (PTC 17), and supplemental services (PTC 24) that it will provide under the MFP Demonstration.

E.1. Qualified HCBS

The qualified HCBS program is the Medicaid service package(s) that the state or territory will make available to an MFP participant when they move to a community-based residence. This program can be comprised of any Medicaid home and community-based state plan services and HCBS waiver program services. MFP-qualified HCBS are listed and described in Attachment A to the MFP PTC.

The state or territory must describe:

- Qualified HCBS available to MFP participants
- Target population
- Any proposed Medicaid coverage strategy to amend and implement changes to the state plan or HCBS waiver program(s) to carry out the Demonstration; these descriptions must indicate:
 - The specific HCBS program that will be changed or amended
 - Which authority the HCBS program operates under
 - When the change or amendment will occur

The state or territory may insert information using (1) Example Table E.1, (2) a description in the text response box below, or (3) a combination of both a table and a separate text description.

Example Table E.1. MFP-qualified HCBS

MFP-qualified HCBS	Qualified HCBS description	MFP target population(s)
HCBS under section 1905(a) state plan services		
HCBS under sections 1915(c), 1915(i), 1915(j) and 1915(k)		
Other HCBS options (describe)		

Click or tap here to enter text.

E.2. MFP Demonstration services

E.2.1. Demonstration service description

MFP Demonstration services are qualified HCBS that could be provided, but are not currently provided, under the state or territory's Medicaid program. Demonstration services must be reasonable and necessary, not available to the participant through other means, and clearly specified in the participant's service plan. The state or territory is expected to test and evaluate Demonstration services. Demonstration services are not required to continue after the conclusion of the MFP Demonstration or for the participant at the end of the 365-day enrollment period. Demonstration service descriptions must include:

- The qualified HCBS Medicaid authority under which the service could be covered
- The target population(s) receiving the service
- For a new Demonstration service not currently covered under the state or territory's HCBS program, a description of the scope of the service including a definition of the discrete service; a complete list and description of any goods and services that will be provided; any conditions that apply to the provision of the service; and eligibility criteria
- For a Demonstration service currently authorized under the state or territory's Medicaid program, a description of how the service complements or supplements the authorized HCBS in an amount, frequency, scope, or duration greater than allowed under the state or territory's Medicaid program
- A description of how the state or territory will test and evaluate the service to determine whether the service contributes to the successful transition and community functioning of an MFP participant

The state or territory may insert information using (1) Example Table E.2.1, (2) a description in the text response box, or (3) a combination of both a table and a separate text description.

Example Table E.2.1. Demonstration services

Demonstration service title	HCBS Medicaid authority	MFP target population(s)	Amount, duration, and scope of service	Service testing and evaluation

Click or tap here to enter text.

E.3. MFP supplemental services

E.3.1. Supplemental service descriptions

Supplemental services are one-time services to support an MFP participant's transition that are otherwise not allowable under the Medicaid program. Supplemental services must be reasonable and necessary, not available to the participant through other means, and clearly specified in the participant's service plan. Supplemental services are not required to continue after the conclusion of the MFP Demonstration or for

the participant at the end of the 365-day enrollment period. The state or territory is expected to test and evaluate supplemental services. Supplemental service descriptions must include:

- The target population(s) receiving the service
- The category of the supplemental service (short-term housing assistance, food security, payment for activities prior to transitioning from an MFP-qualified inpatient facility, payment for securing a community-based home)
- The scope of the service, including a definition of the discrete service (for example, if providing payment for activities prior to transitioning from an MFP-qualified inpatient facility, describe each discrete activity under this category, such as home accessibility modifications, vehicle adaptations, and home cleaning)
- An assurance that services are responsive to a person's needs and wants described in a person-centered plan
- A complete list and description of any goods and services that will be provided
- Any conditions that apply to the provision of the service
- How the state or territory will test and evaluate the service to determine whether the service contributes to the successful transition and community functioning of an MFP participant
- Under the payment for activities prior to transitioning from an MFP-qualified inpatient facility, please include the following information for each discrete activity:
 - Specify the time period for when payment to a provider for rendering the supplemental service will occur (e.g., up to 15 days prior to discharge/transition to the community date)
 - Specify the time period for when the service will be rendered (e.g., up to 15 days prior to discharge/transition date)

The state or territory must insert information using Example Table E.3.1 and may provide additional information in the text response box below.

Example Table E.3.1. Description of supplemental services

Supplemental service	Target population(s)	Amount, duration, and scope of service	Goods and services provided	Responsiveness to person-centered plan
Short-term housing assistance 1. Housing Plan (separate entry required in E.4.2) 2. Six-month rental assistance 3. Six-month utility payment assistance				
Food security 1. Food Security Plan (separate entry required in E.4.2) 2. 3.				

Supplemental service	Target population(s)	Amount, duration, and scope of service	Goods and services provided	Responsiveness to person-centered plan
Payment for activities prior to transitioning from an MFP-qualified inpatient facility 1. Home accessibility 2. Vehicle adaptations 3. Home cleaning				
Payment for securing a community-based home 1. 2. 3.				
Other supplemental service				

Click or tap here to enter text.

E.3.2. Supplemental services housing plan and food security plan

If providing short-term housing assistance or food pantry stocking, upload the required housing plan or food security plan that describes how these services will be administered and sustained. See the March 31, 2022 [Note to MFP Recipients: Announcement of Certain Changes to Supplemental Services under the MFP Demonstration](#) for specific requirements for the housing and food security plans.

Click or tap here to enter text.

E.4. Managed long-term services and supports

Select the box below to indicate whether your state or territory operates an MLTSS program.

- ☐ Yes, the state or territory operates an MLTSS program that includes providing HCBS to these populations: (select all that apply).
- ☐ Older adults
 - ☐ Adults with PD
 - ☐ Individuals with I/DD
 - ☐ Individuals with MH/SUD
 - ☐ Other, please specify (e.g., HIV/AIDS, brain injury)

For states or territories that selected “Yes”, describe how the state or territory implements the MFP Demonstration under managed care programs. Clearly indicate the qualified HCBS, Demonstration, and supplemental services that are delivered under managed care. Additionally, describe how the MFP Demonstration supports or complements the state or territory's MLTSS strategy for expanding HCBS, promoting community integration, ensuring quality, and increasing efficiency.

Click or tap here to enter text.

E.5. Service providers

E.5.1. Qualified HCBS, MFP Demonstration, and supplemental service providers

For each qualified HCBS, MFP Demonstration, and supplemental service, include the following:

- Describe how the state or territory will ensure that providers have sufficient experience and training in the provision of their applicable supplemental services.
- Describe how the state or territory provides access to needed services or manages a waiting list when provider shortages or other barriers prevent timely provision of HCBS, MFP Demonstration, and supplemental services.
- Describe how the MFP program will ensure that MFP participants are offered the choice of a Medicaid-qualified provider under a person-centered planning process or the Medicaid authority limiting participants' choice of provider.

The state or territory may insert information using (1) Example Table E.5.1, (2) a description in the text response box, or (3) a combination of both a table and separate text description.

Example Table E.5.1. Describe HCBS, MFP Demonstration, and supplemental service provider qualifications

Service	Provider qualifications

Click or tap here to enter text.

E.6. Other information

If needed, provide other information regarding the state or territory's benefits and services that is not addressed elsewhere in the template.

Click or tap here to enter text.

SECTION F. TRANSITION AND HOUSING SERVICES

F.1. Transition services

F.1.1. Comprehensive transition coordination services

Describe how the state or territory's MFP Demonstration will implement comprehensive transition coordination services during these three phases: (1) pre-transition, (2) transition, and (3) during an MFP participant's 365-day enrollment period. Include the following:

- Description of transition coordination activities
- Description of person-centered planning in the transition coordination process, including:
 - How the state or territory's MFP Demonstration will ensure that each MFP participant's service plan is individualized to provide the services and supports needed to live in the community
 - How MFP participants and their legally authorized representative (if applicable) will lead the development of their service plan
- Steps in the transition coordination process
- Communication process between MFP transition coordination and Medicaid HCBS programs
- How transition coordination services advance health for all people served
- How transition coordination services promote community integration

Use discrete descriptions for each target population.

Click or tap here to enter text.

F.1.2. Transitions under managed care plans

If MFP participants are required to enroll in a managed long-term care or comprehensive managed care plan, clearly describe how the MFP Demonstration will coordinate the delivery of comprehensive transition coordination services with the MCP. Include the following:

- Describe the roles and responsibilities for the MCP during each transition phase: (1) pre-transition, (2) transition phase, and (3) during an MFP participant's 365-day enrollment period
- Describe how the MFP program will ensure that MCPs provide all data and related documentation necessary to monitor and evaluate MFP transition coordination services, including identifying MFP managed care encounters through the Transformed Medicaid Statistical Information System (T-MSIS).

Click or tap here to enter text.

F.1.3. Housing-related services and supports

Describe how the state or territory will structure, organize, and implement housing-related supports and services to increase affordable and accessible housing opportunities for MFP participants. Account for any differences between target population groups and geographic service areas, specifically in rural service areas.

Click or tap here to enter text.

Select the following housing-related services and supports available to MFP participants. See the State Health Official letter [#21-001 RE: Opportunities in Medicaid and CHIP to Address Social Determinants of Health \(SDOH\)](#) for a description of housing-related services and supports.

- ☐ Home accessibility modifications (provide a dollar amount available per participant)

Click or tap here to enter text.

- ☐ One-time community transition costs (provide a dollar amount available per participant)

Click or tap here to enter text.

- ☐ Pre-tenancy supports

Click or tap here to enter text.

- ☐ Tenancy supports

Click or tap here to enter text.

F.2. Partnerships with state or territory and local housing entities

Describe how the state or territory will develop and sustain partnerships with state or territory and local housing agencies to increase access to affordable and accessible housing for MFP participants. Include the following:

- How the state or territory will put in place partnership arrangements with state or territory and local housing entities
- How the state or territory will work with those entities to assist MFP participants to obtain affordable and accessible housing
- Description of the proposed infrastructure expenditures to support housing partnerships; examples of infrastructure expenditures include:
 - Housing specialist position(s)—responsible for developing/maintaining system-level partnerships with state or territory and local housing entities
 - Technology—for example, electronic referral systems, shared data platforms, screening tool, case management systems, databases/data warehouses, housing registry
 - Workforce development—for example, training, housing coordination certification, cultural competency training
 - Outreach, education, and convenings—for example, design and production of outreach and education materials, translation, investments in community convenings

Click or tap here to enter text.

F.3. MFP-qualified residence

Describe how the state or territory will verify and document the type of MFP-qualified residence (see PTC 15) an MFP participant resides in during the 365-day enrollment period. Use discrete descriptions for each target population if applicable. Include the following:

- Description of the process for identifying MFP-qualified residences
- Description of the provider(s) responsible for verifying and documenting the type of MFP-qualified residence
- Assessments or tools for screening MFP-qualified residences, including:
 - Name and description of the assessments of tools
 - Embed any assessments or tools below or in the appendix, or provide a link to the source

Click or tap here to enter text.

F.4. Other information

If needed, provide other information regarding the state or territory's transition coordination and housing processes and services that is not addressed elsewhere in the template.

[Click or tap here to enter text.](#)

SECTION G. SELF-DIRECTION AND INFORMAL CAREGIVING

G.1. Self-direction

Describe any opportunities for MFP participants to receive HCBS as self-directed services.

[Click or tap here to enter text.](#)

G.1.1. Termination of self-direction

Describe how the state or territory accommodates a participant who voluntarily terminates self-direction to receive services through an alternate service delivery method, including how the state or territory assures continuity of services and participant health and welfare during the transition from self-direction to the alternative service delivery method. Describe the circumstances under which the state or territory will involuntarily terminate the use of self-direction and thus require the participant to receive provider-managed services instead. Specify procedures for switches from self-direction to provider-managed or other service delivery systems.

[Click or tap here to enter text.](#)

G.2. Other information

If needed, provide other information regarding self-direction and informal caregiving that is not addressed elsewhere in the template.

[Click or tap here to enter text.](#)

SECTION H. REPORTING

H.1. Reporting plans and procedures

Describe how the state or territory will develop and implement a reporting plan and procedure for data collection, reporting, and participation in the MFP evaluation effort. The reporting plan must include data collection plans and procedures that demonstrate the state or territory's capacity to collect and share data for reporting the required program, expenditure, and financial information. States or territories must include a description of their T-MSIS data submission status and must address how identified T-MSIS data quality issues are being addressed.

Describe the reporting procedures for ensuring timely and complete data submissions to CMS, including quarterly, semi-annual, and annual reporting requirements; performance indicators and program outcome metrics; and continuous quality improvement and quality measures reporting.

Describe the strategies for ensuring that all partners and participants—including all affiliated departments, agencies, and providers—will participate in the project's evaluation.

[Click or tap here to enter text.](#)

SECTION I. QUALITY MEASUREMENT, ASSURANCE, AND MONITORING

I.1. Quality assurance and improvement

I.1.1. Quality management strategy

Provide as an appendix a comprehensive and integrated quality management strategy. Describe how the state or territory assures quality and continuously improves the quality of HCBS under the state or territory Medicaid program, and assures the health and welfare of individuals participating in the MFP Demonstration. In the Work Plan, include state or territory initiatives to improve the quality of services received by individuals receiving HCBS through the MFP Demonstration and the systems that serve them. Include how the state or territory monitors and evaluates the quality of services provided to MFP participants (including supplemental services), the roles and responsibilities of all agencies involved, and remediation and improvement processes.

Describe the program's targeted system performance requirements, including that (1) the state conducts level-of-care need determinations consistent with the need for institutionalization, (2) plans of care are responsive to participants' needs, (3) qualified providers serve participants, (4) health and welfare of participants is protected, (5) state or territory Medicaid agency retains administrative authority over the program, and (6) the state or territory provides financial accountability of the program.

If the state or territory plans to integrate the MFP program into a new or existing section 1915(c) HCBS waiver program, section 1915(i) state plan HCBS, section 1915(j) self-directed personal care services, section 1915(k) Community First Choice, or a section 1115 demonstration, provide a link to the approved quality improvement system (QIS), for example as found in:

- Appendix H of the section 1915(c) HCBS waiver application
- QIS information provided in the section 1915(i) state plan application
- The quality assurance and improvement plan used to monitor and evaluate the section 1915(j) self-directed option
- The quality assurance and improvement strategy used to monitor the section 1915(k) Community First Choice State Plan option
- Section IV of the section 1115 demonstration application, describing how delivery system reforms will impact quality, access, cost of care, and health status of the covered populations

Describe how the HCBS state plan, section 1115 demonstration, or waiver program's existing QIS is or will be modified to ensure adequate oversight and monitoring of the MFP program.

[Click or tap here to enter text.](#)

I.1.2. Quality assurance attestation

- ☐ Select this box to indicate the state or territory will cooperate in carrying out activities to develop and implement continuous quality assurance and quality improvement systems for HCBS and LTSS.

I.1.3. HCBS quality measures

Describe how your state or territory plans to select an experience of care survey or surveys for each of the major population groups included in the state or territory's HCBS program from the [HCBS Quality Measures](#) and report on the survey data.

[Click or tap here to enter text.](#)

Describe any limitations in the data sources, sampling strategy, or calculations used to report the HCBS Quality Measure Set, as well as any other anticipated challenges for reporting.

[Click or tap here to enter text.](#)

Describe how HCBS Quality Measure Set data will be used to support MFP program monitoring and improvement.

[Click or tap here to enter text.](#)

Please list the responsible party and any key partners for reporting on the HCBS Quality Measure Set and driving improvement.

[Click or tap here to enter text.](#)

I.2. Additional MFP quality assurance requirements

Describe how the state or territory will address the three additional MFP quality assurance requirements for (1) 24-hour backup systems for crucial services, (2) risk assessment and mitigation, and (3) incident management. For each requirement, describe how the state or territory will monitor its use and effectiveness and explain any variations by target population, geography, or any other factor. Describe the protocol for the reporting of incidents to the state or territory's critical incident systems for the state or territory's HCBS program(s).

I.2.1. 24-hour backup systems for critical services

Using the table shell below, describe any 24-hour backup systems accessible by Demonstration participants, as well as how participants can access the systems (for example, toll-free telephone number or website). The state or territory should describe, at a minimum, the backup systems related to (1) critical services, (2) transportation, (3) direct care workers, (4) repair and replacement for durable medical equipment (DME) and other equipment (including provision of loaning equipment while repairs are being made), and (5) access to medical care (including how participants are assisted with initial appointments, how to make appointments, and how to deal with appointment or care issues). Add as many rows as needed to capture all backup systems available to Demonstration participants.

Table I.2.1. 24-hour backup systems

Backup system	Description of system	Participant access
Critical services		
Transportation		
Direct care workers		
Repair and replacement for DME and other equipment		
Access to medical care		
Other (describe):		

Describe the organization of 24-hour backup systems. Explain which state, territory, or local agencies are responsible for providing 24-hour, seven day per week emergency backup in all geographical areas in which the MFP Demonstration will operate and for each target group if it varies.

[Click or tap here to enter text.](#)

Describe the process for receiving and resolving participant complaints when the backup systems and supports do not work.

[Click or tap here to enter text.](#)

I.2.2. Risk assessment and mitigation

Describe the organization of risk assessment and mitigation processes for all program participants, including monitoring.

[Click or tap here to enter text.](#)

I.2.3. Incident management system

Assure that MFP critical incidents are reported through the state or territory's incident management systems for Medicaid HCBS. Describe the organization of the incident management system used to monitor the health and welfare of MFP participants. Identify the state or territory entity responsible for receiving, reviewing, and responding to MFP critical incident reports and investigating consumer complaints regarding violation of their rights. If applicable, clearly describe how the policy differs by situation (for instance, by participant population group, qualified institutional setting, or operating division).

[Click or tap here to enter text.](#)

I.3. Other information

If needed, provide other information regarding the state or territory's approach to quality that is not addressed elsewhere in the template.

[Click or tap here to enter text.](#)

SECTION J. CONTINUITY OF CARE POST-DEMONSTRATION

In accordance with section [6071\(c\)\(2\) of the Deficit Reduction Act of 2005](#), the MFP Demonstration must operate in connection with a qualified HCBS program to assure continuity of services for eligible individuals.

Select this box.

- ☐ The state or territory affirms that it has established procedures and processes for ensuring that the provision of HCBS will continue for an MFP participant at the conclusion of the 365-day enrollment period for as long as an individual remains eligible for medical assistance.

SECTION K. EQUITY

Describe how your state or territory's MFP Demonstration assesses or measures equity concerns and considerations that relate to your state or territory's MFP Demonstration. These should relate to consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that historically have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans, Pacific Islanders, and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.² As a reminder, please use the MFP Work Plan to describe any initiatives relevant to this section, including specific and measurable objectives, MFP and state or territory funding, and evaluation efforts.

K.1. Disparities in enrolling or participating in MFP

K.1.1. Assessing and measuring disparities in enrolling or participating in MFP

Describe how your state or territory's MFP Demonstration assesses or measures disparities in enrolling or participating in MFP, or your state or territory's plan to assess or measure these disparities. Include a description of the areas in which disparities are or will be measured, such as race/ethnicity, religion, geography, type of disability, gender identity, and sexual orientation.

Click or tap here to enter text.

K.1.2. Cultural competency

Describe how your state or territory's MFP Demonstration will assess the cultural competency of its provider network.

Click or tap here to enter text.

K.1.3. Data sources for measuring disparities

Describe the availability of data for measuring or assessing equity and disparities in enrolling or participating in your MFP Demonstration. Describe barriers to obtaining data on equity and disparities and how your MFP Demonstration plans to address or overcome these barriers.

Click or tap here to enter text.

K.2. Social determinants of health

K.2.1. Assessing and measuring social determinants of health

Describe how the state or territory's MFP Demonstration is or will be measuring or assessing whether it is promoting, providing, or facilitating access to the social determinants of health (SDOH) and other needed services. Include a description of the specific SDOH that are or will be measured, such as food insecurity, transportation, medical devices and supplies, education, and social and community supports.

Click or tap here to enter text.

² This definition of equity was established in the Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government. The Executive Order is available at <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/>.

K.2.2. Data sources for measuring SDOH

Describe the availability of data for measuring or assessing SDOH as it relates to your MFP Demonstration. Describe barriers to obtaining data on SDOH and how your MFP Demonstration plans to address or overcome these barriers.

Click or tap here to enter text.

K.3. Tribal Initiative

Indicate whether the state or territory has or is planning a Tribal Initiative within its MFP Demonstration. If it has or will have a program, please complete the next section (Section L). If the state or territory does not have a Tribal Initiative and is not planning one, please respond to the prompts below but do not complete the next section (Section L).

☐ Yes, there is a Tribal Initiative to the MFP Demonstration or one is being planned.

☐ No, there is not a Tribal Initiative to the MFP Demonstration.

If the state or territory does not have a Tribal Initiative and is not planning one, describe why a Tribal Initiative is not needed in the state or territory. Responses should discuss considerations that went into the decision not to have a Tribal Initiative, including whether the state or territory has conducted any outreach to Tribal nations and communities and, if relevant, the outcomes of those outreach efforts.

Click or tap here to enter text.

K.4. Other information

If needed, provide other information regarding the state or territory's approach to equity that is not addressed elsewhere in the template.

Click or tap here to enter text.

SECTION L. TRIBAL INITIATIVE

If your state or territory has or is planning a Tribal Initiative, please describe the Tribal Initiative.

L.1. Tribal Initiative project director

Name the project director of the Tribal Initiative, describe the percentage of time the project director spends on this initiative, and offer a brief description of the roles and responsibilities of the position.

[Click or tap here to enter text.](#)

L.2. Capacity building and planning

L.2.1. Federally recognized Tribal nations

Name each of the federally recognized Tribal nations within the state or territory.

[Click or tap here to enter text.](#)

L.2.2. Engagement with Tribal nations

Describe which tribes are MFP Tribal partners and how the state or territory engages with these partners. Describe how the state or territory engages with tribes that are not MFP Tribal partners. Include strategies and efforts to date and any anticipated or planned engagement efforts.

[Click or tap here to enter text.](#)

L.3. Operations

Describe the operating details of your state or territory's Tribal Initiative. Describe any operational activities that differ from the state or territory's MFP Demonstration in terms of benefits and services available to participants through the Tribal Initiative, quality assurance, self-direction options, housing options for participants, and how continuity of care is maintained after the end of the 365-day Demonstration period.

Include in the MFP Work Plan specific Tribal Initiative objectives including transition benchmarks, outreach to Tribes and Tribal providers, recruitment and enrollment efforts, and workforce development objectives including the amount of services delivered Tribally.

[Click or tap here to enter text.](#)

L.4. Other information

If needed, provide other information regarding the state or territory's approach to Tribal Initiatives that is not addressed elsewhere in the template.

[Click or tap here to enter text.](#)

SECTION M. PUBLIC HEALTH EMERGENCIES

M.1. Program adaptations in response to Public Health Emergencies

M.1.1. Program adaptations

Describe adaptations your state or territory's MFP Demonstration made in response to a Public Health Emergency (PHE), such as the COVID-19 PHE, declared at either the state, territory, or federal level. For instance, these could include protocols for MFP participants living in the community who test positive for COVID-19, plans to prevent COVID-19 spread among participants, modifying recommendations related to infection control or immunizations (such as the COVID-19, flu, and shingles vaccines), or ways the MFP Demonstration has expanded access to or incorporated services delivered through telehealth technology. Identify adaptations that have ended and those that are ongoing. Describe how any MFP Demonstration adaptations in response to PHEs align with and use policies and procedures from the state or territory's HCBS program(s).

[Click or tap here to enter text.](#)

M.2. Future PHEs

Describe if and how your state or territory is planning for future PHEs in its HCBS systems and MFP Demonstration. For instance, this may include permanent adoption of measures implemented for the COVID-19 PHE.

[Click or tap here to enter text.](#)

M.3. Other information

If needed, provide other information regarding the state or territory's approach to PHEs that is not addressed elsewhere in the template.

[Click or tap here to enter text.](#)

APPENDIX A. HYPERLINKS AND GLOSSARY

States or territories may include additional information and documents that do not fit in the other template sections in the Appendix. The template provides default appendix section and subsection headings that states or territories may rename, delete, or otherwise modify as needed. States or territories may also modify the appendix section titles to meet their needs. States or territories that include hyperlinks in the OP must collect all links in the reference table below.

App A.1. Summary of Hyperlinks

Copy all hyperlinks used in the OP into the table below, by OP section. For each link, provide a brief description (for example, “educational materials provided to participants”).

Appendix Table A.1. Summary of Hyperlinks

OP section	Link	Brief description
How to use	Embed or link to a file in Word	Instructions for embedding a file in a Word document
	Make your Word documents accessible to people with disabilities	Accessibility instructions for Word documents
A. MFP program overview		
B. Project administration		
C. Recruitment, enrollment, outreach, and education		
D. Community engagement		
E. Benefits and services	March 31, 2022 Note to MFP Recipients	Note to MFP Recipients: Announcement of Certain Changes to Supplemental Services under the MFP Demonstration
F. Transition and housing services	https://www.medicaid.gov/federal-policy-guidance/downloads/sho21001.pdf	State Health Official letter #21-001 RE: Opportunities in Medicaid and CHIP to Address Social Determinants of Health (SDOH)
G. Self-direction and informal caregiving		
H. Reporting		
I. Quality measurement, assurance, and monitoring	HCBS Quality Measure Set	Information about the HCBS Quality Measure Set
J. Continuity of care post-Demonstration	Section 6071(c)(2) of the Deficit Reduction Act	Requirement that the MFP project must operate in conjunction with a qualified and operational HCBS program
K. Equity	Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government	Definition of equity
L. Tribal Initiative		
M. Public health emergencies		
Appendix A		
Appendix B		

App A.2. Glossary

Use the glossary section of the appendix to provide a comprehensive list of acronyms used by the state or territory in responses throughout the OP. Commonly used acronyms are already defined in the glossary table. As demonstrated in the example table shell below (Appendix Table A.2), the glossary can also be used to provide additional context for certain acronyms through brief descriptions.

Appendix Table A.2. Glossary

Acronym	Meaning	Brief description (optional)
CMS	Centers for Medicare & Medicaid Services	
HCBS	Home- and community-based services	
I/DD	Intellectual and developmental disabilities	
IMD	Institution for Mental Diseases	
ICF/IID	Intermediate Care Facility for Individuals with Intellectual Disabilities	
LGBTQ+	Lesbian, gay, bisexual, transgender, and queer	
LTSS	Long-term services and supports	
MCP	Managed care plan	
MMIS	Medicaid Management Information System	
MLTSS	Medicaid managed long-term services and supports	
MH/SUD	Mental health and substance use disorders	
MDS	Minimum Data Set	
MFP	Money Follows the Person	
OP	MFP Operational Protocol	
PD	Physical disabilities	
PTC	MFP Program Terms and Conditions	
PHE	Public health emergency	
QIS	Quality improvement system	
SAR	MFP Semi-Annual Progress Report	
SDOH	Social determinants of health	
SMD	State Medicaid director	
SPA	State Plan Amendment	
STC	Standard Terms and Conditions	CMS's standard grant/cooperative agreement terms and conditions, which can be used as a reference for definitions for key terms.
T-MSIS	Transformed Medicaid Statistical Information System	
Examples of state or territory -specific acronyms		
DLTC	Division of Long-Term Care	Responsible for daily operations of MFP program
DHS	Department of Human Services	Administers Medicaid in the state or territory
FFS	Fee-for-service	

Acronym	Meaning	Brief description (optional)

App A.3. Appendix Section

App A.3.1. Appendix subsection

App A.4. Appendix Section

App A.4.1. Appendix subsection

App A.5. Appendix Section

App A.5.1. Appendix subsection

App A.5.1.1. Appendix sub-subsection

APPENDIX B. OPTIONAL SECOND APPENDIX

App B.1. Appendix Section

App B.1.1. Appendix subsection

App B.2. Appendix Section

App B.2.1. Appendix subsection

App B.3. Appendix Section

App B.3.1. Appendix subsection

App B.4. Appendix Section

App B.4.1. Appendix subsection

App B.5. Appendix Section

App B.5.1. Appendix subsection

App B.5.1.1. Appendix sub-subsection