Money Follows the Person (MFP)
Work Plan Help File

CONTENTS

Detailed Content Guidance for Entering Recipient Program Data

Questions included in the Work Plan are numbered and listed below in black text. **Definitions** of terms and **guidance** for reporting on specific questions are indicated in this guide with a star (★) and teal text.

A.   General Information

★ **Guidance:** No information is collected in this section, which consists of a brief overview of the Work Plan and its purpose.

B.   Transition Benchmark

1. Provide the projected number of transitions for each target population during each quarter. This number includes qualified institutional residents who enroll in MFP, and are anticipated to be discharged from an institution to a qualified residence during the reporting period in the quarter.

   Select the target populations applicable to your MFP Demonstration project:
   ☐ Older adults
   ☐ Individuals with physical disabilities (PD)
   ☐ Individuals with intellectual and developmental disabilities (I/DD)
   ☐ Individuals with mental health and substance use disorders (MH/SUD)
   ☐ Other

   → *Specify other target population (e.g., HIV/AIDS, brain injury)*

★ **Guidance:** For each population, select if the target population is applicable to the recipient's MFP Demonstration and for which your MFP program will set transition benchmarks.

★ To complete the transition benchmark form, project the number of transitions for each target group per calendar year quarter.

★ Note that transitions will be assigned to a quarter based on the discharge date.

2. Explain how you formulated your projected numbers, which should include descriptions of the data sources used, the time period for the analysis, and the methods used to project the number of transitions.

★ **Guidance:** Recipients may use a variety of data sources, including previous years' MFP transitions, number of Medicaid-eligible residents in nursing facilities or other inpatient facilities, administrative data from waiver programs, or other sources.

★ Time period for the analysis refers to the years examined in the data sources to inform the projection (e.g., using data from calendar year (CY) 2019–CY2023).

★ Recipients may use a variety of methods to project the number of transitions, such as applying a percentage increase or decrease to the previous period's transitions, or calculating the projected number as a percentage of the MFP eligible population.

3. Please provide additional detail on strategies or approaches the state or territory will use to achieve transition targets here and through a required state or territory specific initiative.

★ **Guidance:** Responses should provide an overview of the approach the recipient will take to meet projected transition benchmarks, particularly if the recipient projects an increase in transitions or transitions in new target groups. For example, if the recipient calculated benchmarks based on enrolling 5 percent more individuals with I/DD, the recipient may describe plans to increase outreach within Intermediate Care Facilities.

★ Additional information on strategies to achieve transition targets will be included in the state or territory-specific initiative on transitions and transition coordination services in the section below.

C.   State or Territory-Specific Initiatives

★ **Guidance:** Recipients should complete the questions in the State or Territory-Specific Initiatives section (I–IV) separately for each proposed initiative. Please refer to the Work Plan for the list of required and optional initiatives.

Answer the following questions regarding required initiative topics.

★ **Guidance**: These questions are necessary in order to track completion of required initiatives.

★ States with a self-direction option specified in their Operational Protocols should select "yes" for the first option.

★ States with a Tribal Initiative should select "yes" for the second option.

- Are self-directed initiatives applicable to your state or territory?
  ○ Yes
  ○ No

- Are Tribal Initiatives applicable to your state or territory?
  ○ Yes
  ○ No

I. Define Initiative

1. Initiative name

2. Work plan topic:
   - ○ Transitions and transition coordination services
   - ○ Housing-related supports
   - ○ Quality measurement and improvement
   - ○ Self-direction (*if applicable)
   - ○ Tribal Initiative (*if applicable)
   - ○ Recruitment and enrollment
   - ○ Person-centered planning and services
   - ○ No Wrong Door systems
   - ○ Community transition support
   - ○ Direct service workforce and caregivers
   - ○ Employment support
   - ○ Convenient and accessible transportation options
   - ○ Data-based decision-making
   - ○ Financing approaches
   - ○ Stakeholder engagement
   - ○ Equity and social determinants of health (SDOH)
   - ○ Other

   → *Please specify any other initiative topic addressed, if applicable.*

   ★ **Guidance:** Select one topic per initiative. Recipients must identify and describe required initiatives, and they have the option to identify additional initiatives on other topics. Required initiatives are as follows: transitions and transition coordination services; housing-related supports; quality measurement and improvement; self-direction (if listed in the Operational Protocol); and Tribal Initiative (if listed in the Operational Protocol). A single initiative cannot fulfill more than one requirement.

3. Describe the initiative, including key activities.

   ★ **Guidance:** Identify the gap, challenge, or opportunity the initiative aims to address (reference information in section A.1.1, "Summary of state or territory LTSS system and gap analysis" in the Operational Protocol, if relevant). Describe how the initiative will address this area, including key activities.

4. Target population(s): [select all that apply]
   - ☐ Older adults
   - ☐ Individuals with PD
   - ☐ Individuals with I/DD
   - ☐ Individuals with MH/SUD
   - ☐ HCBS infrastructure/system-level development
   - ☐ Other

   ★ **Guidance:** Select one or more target populations based on the group(s) intended to benefit from the initiative described. "Other" target populations identified in Section B will populate as additional response options.

5. Start date: _____

★ **Guidance:** For initiatives that have not yet begun, enter the projected month, day, and year it will start. The projected start month should allow at least 30 days for Centers for Medicare & Medicaid Services (CMS) review and approval of the Work Plan before implementation.

★ For initiatives in progress, enter the month, day, and year the initiative began. If the exact month is unknown, provide an estimate.

6. Does the initiative have a projected end date? If yes, enter the projected end date: _____

★ **Guidance:** If the initiative has a projected or scheduled end date, enter that month, day, and year.

★ If the initiative will be ongoing without a set or projected end point, select "No." Initiatives without a projected end date will continue to be populated in the recipient's SAR until a projected end date is updated in the Work Plan.

II. Evaluation Plan

★ **Guidance:** Recipients may enter one or more objectives for each initiative. Recipients should input information in the evaluation plan separately for each objective. After inputting information about each objective, recipients can either add another objective or move on to the funding sources section for an initiative.

1. Objective: _____

★ **Guidance:** List one objective for the initiative. Objectives should be framed as SMART goals (specific, measurable, achievable, realistic/relevant, and time-bound).

★ Objectives should be indicators of improvements in the recipient's MFP program and/or the recipient's ability to provide Medicaid HCBS rather than institutional long-term care services.

★ For example: "Increase number of direct care workers operating in under-resourced rural areas by 15 percent by 2025."

★ Recipients will have an opportunity to add additional objectives after completing the questions for the first objective.

2. Describe the performance measures or indicators your state or territory will use to monitor progress toward achieving this objective, including details on the calculation of measures (e.g., data sources and limitations), if relevant. Describe any key deliverables.

★ **Guidance:** In the response, recipients should identify a performance measure that will indicate progress towards the objective. In addition, the recipient should specify:
   a. The data that will be used for the performance measure
   b. How this data will be collected or obtained
   c. How the recipient will calculate the performance measure based on the data
   d. Any limitations in the data
   e. If the measure is quantitative, please indicate the data label (e.g., percent, individuals) for the information reported in question C.II.4, below.

★ Indicate key deliverables for this objective, if relevant.

3. Provide targets for the performance measures or indicators listed above. Include milestones and expected time frames for key deliverables.

★ **Guidance:** For all key deliverables listed in question 2, provide the projected completion date (month, year) in the text box.

4. Does the performance measure include quantitative targets?
   ○ Yes
   ○ No

   • [If yes] Complete the quarterly fields below.

★ **Guidance:** Recipients should select "yes" if performance measures have quantitative results. Quantitative targets should be populated in the quarterly fields provided.
★ If quantitative targets are not appropriate for the selected performance measure or indicator, select "no" and provide quarterly qualitative targets in the text box for question 3.

5. Provide additional detail on strategies/approaches the state or territory will use to achieve targets and/or meet milestones (building on initiative description).

★ **Guidance:** List the responsible state or territory agency parties and any key external partners for achieving this objective. When listing recipient agencies and key external partners, please describe their role and whether these partnerships are established or planned.
★ Recipients may reference information provided in the Operational Protocol, if relevant.

III. Funding Sources

1. Funding source(s): [select all that apply]
   ☐ MFP cooperative agreement funds for qualified HCBS and demonstration services
   ☐ MFP cooperative agreement funds for supplemental services
   ☐ MFP cooperative agreement funds for administrative activities
   ☐ MFP cooperative agreement funds for capacity-building initiatives
   ☐ State or territory equivalent funds attributable to the MFP-enhanced match
   ☐ Other
      → *Specify other funding source: _____.*

★ **Definition:** The MFP Cooperative Agreement is an alternative assistance instrument used whenever substantial federal involvement with the recipient during performance is anticipated. The difference between grants and cooperative agreements is the degree of federal programmatic involvement rather than the type of administrative requirements imposed.

IV. Initiative Close-Out

★ **Guidance:** When updating the Work Plan, recipients should complete this section for initiatives with an end date during the following semi-annual reporting period.

1. Actual end date: _____
★ **Guidance**: The projected end date is populated from C.I.6. List the actual date that the initiative concluded.

2. For initiatives that will no longer be sustained with MFP funding and/or state or territory-equivalent funding, indicate the status below: *[select one]*
   - ○ Completed initiative
   - ○ Discontinued initiative
     - → *Indicate reason for termination*: _____
   - ○ Sustaining initiative through a Medicaid authority
     - → *Indicate alternative funding source*: _____

- ★ **Guidance:** If "discontinued initiative" is selected, indicate the reason the initiative was discontinued.
- ★ If "sustaining initiative" is selected, indicate alternative funding source/Medicaid authority in text box below.