

REPORT

FINAL REPORT

Money Follows the Person Demonstration: Overview of State Grantee Progress, January to December 2015

June 15, 2016

Eric Morris
Rebecca Coughlin
Brynn Hagen
Ciara He
Allison Steiner
Noelle Denny-Brown
Lisa McCusker
Jason Smoot
Rebecca Sweetland Lester
Susan R. Williams

Submitted to:
Centers for Medicare & Medicaid Services
Division of Community Systems Transformation
Disabled and Elderly Health Programs Group
7500 Security Blvd
Baltimore, MD 20244-1850
Project Officer: Effie George
Contract Number: HHSM-500-2010-000261

Submitted by:
Mathematica Policy Research
955 Massachusetts Avenue
Suite 801
Cambridge, MA 02139
Telephone: (617) 491-7900
Facsimile: (617) 491-8044
Project Director: Carol Irvin
Reference Number: 40137

This page left blank for double-sided copying.

CONTENTS

I.	OVERVIEW AND KEY FINDINGS.....	1
II.	MFP ENROLLMENT, PARTICIPATION, AND TRANSITIONS	7
	A. Number of transitions over time.....	7
	B. Total transitions during 2015	11
III.	ACHIEVEMENT OF 2015 ANNUAL TRANSITION GOALS	15
	A. Overall	15
	B. State Variation in the Achievement of Transition Goals	16
	C. Variation in the Achievement of Transition Goals by Targeted Population	18
IV.	QUALIFIED COMMUNITY-BASED LTSS EXPENDITURE GOALS	21
V.	SPENDING AND USE OF REBALANCING FUNDS.....	23
VI.	REINSTITUTIONALIZATIONS LASTING MORE THAN 30 DAYS	27
VII.	SELF-DIRECTION	35
VIII.	EMPLOYMENT SUPPORTS AND SERVICES	39
IX.	HOUSING FOR MFP PARTICIPANTS.....	43
X.	CONCLUSIONS.....	49
XI.	TECHNICAL NOTES	51
	A. Source data	51
	B. Annualizing data	51
	C. Data limitations	51
	REFERENCES.....	53
	APPENDIX A DATA TABLES	55

This page left blank for double-sided copying.

TABLES

VI.1	Common reasons for reinstitutionalization reported by states in 2015.....	27
A.1	Cumulative number of MFP grant transitions, start of program through December 31, 2015	A-3
A.2	Number of institutional residents who transitioned under MFP during the reporting period from January 1 to December 31, 2015	A-5
A.3	Current MFP participation, June 30, 2014 through December 31, 2015	A-8
A.4	MFP states' progress toward yearly transition goals, 2015 and 2014	A-10
A.5	2015 and 2014 qualified community-based LTSS expenditures	A-13
A.6	Use of rebalancing funds through December 31, 2014	A-16
A.7	Number of participants reinstitutionalized for any length of stay, January 1 to June 30, 2015	A-20
A.8	Number of participants reinstitutionalized for any length of stay, July 1 to December 31, 2015.....	A-22
A.9	Number of participants reinstitutionalized for more than 30 days, January 1 to June 30, 2015	A-24
A.10	Number of participants reinstitutionalized for more than 30 days, July 1 to December 31, 2015.....	A-26
A.11	Overview of Minimum Data Set 3.0, Section Q Referrals, January to June 2015 and July to December 2015	A-28
A.12	Total number of current MFP participants in a self-direction program, June 30, 2015 and December 31, 2015	A-31
A.13	Number of MFP transitions during the reporting period, by type of qualified community residence, January 1 to June 30, 2015	A-34
A.14	Number of MFP transitions during the reporting period, by type of qualified community residence, July 1 to December 31, 2015.....	A-36
A.15	Achievements and challenges securing appropriate housing options for participants, by reporting period, 2013–2015—number of grantee states reporting each type of achievement or challenge	A-38

This page left blank for double-sided copying.

FIGURES

I.1	MFP grantees, by year of award.....	2
II.1	MFP transitions and current MFP participants, June 2008 to December 2015.....	8
II.2	Cumulative MFP transitions by state and year MFP transitions began, January 2008 to December 2015.....	10
II.3	Number of MFP participants transitioned, January to December 2015.....	12
II.4	Distribution of MFP participants transitioned by population subgroup, 2014 and 2015.....	13
III.1	Actual versus proposed annual number of MFP transitions, 2008 to 2015.....	16
III.2	MFP grantees' achievement of 2015 transition goals, January to December 2015, by state.....	17
III.3	Average number of days from time of initial assessment to actual transition, January to December 2015, by state and year program began.....	19
III.4	MFP grantees' progress toward 2015 transition goals, by population subgroup.....	20
IV.1	Projected and actual qualified community-based LTSS expenditures, December 2010 to December 2014.....	22
V.1	Cumulative expenditures of state rebalancing funds between December 2009 and December 2014.....	24
V.2	Types of rebalancing initiatives in 2014.....	25
VI.1	Percentage of participants reinstitutionalized for more than 30 days between January and December 2015, by MFP population subgroup.....	28
VI.2	Percentage of current participants reinstitutionalized for more than 30 days, January to December 2015, by state.....	30
VI.3	Percentage point change in participants reinstitutionalized for more than 30 days, between the January to December 2014 and January to December 2015 reporting periods, by state.....	31
VI.4	Percentage of participants reinstitutionalized for more than 30 days for the total population and subpopulations, June 2009 to December 2015.....	32
VII.1	Percentage of MFP participants self-directing services, January to December 2015, by state.....	36
VII.2	Types of self-direction service options used by MFP participants, January to December 2015, by state.....	37
VIII.1	Employment services and supports offered by states to MFP participants, by population subgroup and type of support, January to December 2015.....	40
IX.1	Percentage of new MFP participants who transitioned to each type of qualified residence, January 1 to December 31, 2015.....	44

IX.2	Type of qualified residence by new MFP participants, by population subgroup, January 1 to December 31, 2015.....	45
IX.3	MFP grantees' reported challenges securing housing for participants, by type of challenge, January to June 2015 and July to December 2015.....	46
IX.4	MFP grantees' efforts to improve housing for participants, by type of strategy, January 1 to December 31, 2015.....	47

I. OVERVIEW AND KEY FINDINGS

The Money Follows the Person (MFP) demonstration, established by Congress through the 2005 Deficit Reduction Act, provides state Medicaid programs the opportunity to help Medicaid beneficiaries who live in long-term care institutions transition into the community and gives people with disabilities more choice in deciding where to live and receive long-term services and supports (LTSS). In 2007, the Centers for Medicare & Medicaid Services (CMS) awarded MFP demonstration grants to 30 states and the District of Columbia.¹ As part of the Affordable Care Act, Congress in 2010 increased total MFP program funding to \$4 billion. This additional funding allowed CMS to award grants to 13 more states in 2011 and 3 more states in 2012, to reach a total of 47 grantees (Figure I.1). Congress also extended the demonstration to 2016. MFP grantee states can enroll and transition people through MFP until the end of federal fiscal year 2018, and they may provide services under the demonstration using MFP grant funds until the end of federal fiscal year 2019.² Among the 47 grantee states, Florida and New Mexico were awarded MFP grants in 2011 but later rescinded them. Oregon implemented its program in 2008 but suspended operations in 2010 and later rescinded its MFP grant.

At the end of 2015, 44 grantee states had active MFP grants and were transitioning participants through their MFP programs. Each state participating in the MFP demonstration must establish (1) a transition program that identifies Medicaid beneficiaries in institutional care who wish to live in the community and helps them make the transition and (2) an initiative designed to support the rebalancing of long-term services and supports toward community-based care. These statutory goals are outlined in the 2005 Deficit Reduction Act and specify that states are to make progress rebalancing their system and increasing the percentage of state Medicaid expenditures for long-term care services spent on home- and community-based services.

This chartbook summarizes the implementation progress of the MFP demonstration in the 44 grantee states that were actively transitioning participants from January 1 to December 31, 2015 (referred to as the “reporting period”)—the eighth full year of operation since the demonstration was launched. It compares performance data during 2015 to the previous year, and in some cases to five-year annual trends. For more information about annual trends, see the Money Follows the Person Annual Evaluation Reports.³ This chartbook presents key indicators of progress, including the number of transitions to the community, grantees’ progress toward achieving 2015 transition goals, aggregate community-based LTSS expenditure levels, rates of self-direction and re-institutionalization among MFP participants, types of qualified housing new enrollees move into upon transition, employment supports and services for MFP participants, and the prevalence of deaths and critical incidents among current participants. For most of these

¹ In the remainder of this report, we refer to the District of Columbia as a grantee state.

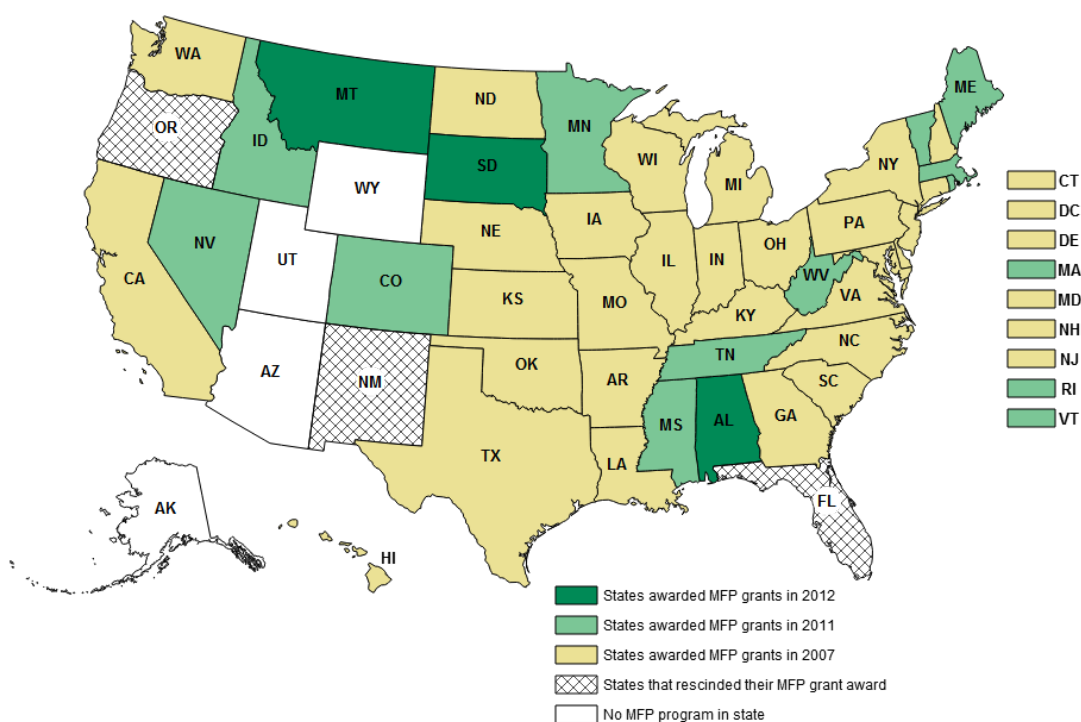
² MFP grant awards are available to grantee states for the fiscal year in which they received the award and subsequent years of the demonstration. Any unused grant funds awarded are available to states until September 30, 2020.

³ These reports are available at <http://www.mathematica-mpr.com/our-publications-and-findings/projects/research-and-evaluation-of-the-money-follows-the-person-mfp-demonstration-grants>.

indicators, the report provides numbers or rates for each of the five major groups of MFP participants: older adults age 65 and older; individuals with physical disabilities who are younger than age 65, individuals with IID, individuals with SMI, and individuals that do not fall into one of the other categories (other).

This summary is based on self-reported information by state grantees in their 2015 progress reports, which were submitted August 31, 2015, and February 29, 2016. Several MFP grantees provided corrected data after submitting their initial reports; the chartbook presents state-reported data submitted by March 31, 2016. The end of the report contains technical notes and a discussion of data limitations. Data tables presenting state-level data on indicators of progress are available in Appendix A.

Figure I.1. MFP grantees, by year of award



Note: South Carolina was awarded an MFP grant in 2007, rescinded the grant, and reinstated their MFP program in 2011.

Key findings

Cumulative MFP transitions to date. Enrollment into the MFP demonstration continued to grow through 2015. From January 2008 to December 2015, the cumulative number of individuals that ever transitioned to the community through MFP during the eight years of its operation totaled 63,337, a 23 percent increase over the cumulative number as of December 2014 (51,676).

The number of cumulative transitions varied widely across the 44 grantee states included in this report, ranging from fewer than 50 participants in Alabama and South Dakota, which started transitioning individuals in July 2013 and 2014 respectively, to 10,342 in Texas. Seven MFP grantees (California, Connecticut, Maryland, Michigan, Ohio, Texas, and Washington) with the largest programs comprised more than half (54 percent) of cumulative transitions. Variations in transition activity across state programs reflect, among other things, differences in the size of state populations, implementation start dates, program design, state infrastructure and capacity, and availability of affordable and accessible housing.

Progress toward 2015 transition goals. In the aggregate, MFP grantees achieved 95 percent of the total transition goal for the year, having transitioned 11,440 new participants of the 11,985 planned for 2015. This performance is considerably higher than what the state grantees achieved in 2014 (86 percent) and 2013 (88 percent). Stronger achievement toward reaching their transition goals in 2015 may reflect maturation of MFP programs in addition to grantees setting more realistic transition goals in 2015 compared to 2014. Also, as several states awarded MFP grants in 2011 or 2012 began to implement their programs in the past two years, the pace of their transitions increased during 2015. Conversely, if transitions take longer than expected it may be difficult to reach transition goals. States that reported longer amounts of time to transition an individual after receiving the initial referral or assessment tended to be less successful at achieving their transition goals.

Qualified community-based LTSS expenditure goals. All state MFP grantees must set annual goals for Medicaid community-based LTSS spending. Qualified community-based LTSS expenditures include all federal and state funds spent on 1915(c) waiver services; home health, personal care, and other community-based expenditures provided as state-plan optional benefits for all Medicaid beneficiaries; and all demonstration dollars spent on MFP participants (qualified, demonstration, and supplemental services). Overall, the 44 grantee states reported qualified community-based LTSS expenditures for 2015 of approximately \$74.5 billion (Appendix A, Table A.5), 98 percent of the aggregate spending goal and an increase of 5 percent from 2014 (\$71.0 billion) and an 8 percent increase from 2013 (\$69.2 billion) (Figure IV.1). However, total community-based LTSS expenditures for 2015 are likely to be underestimated because of incomplete information and lags in data reporting. Several states reported barriers to achieving community-based LTSS spending goals, including state budget shortfalls that slowed growth and delays in implementation of new services.

MFP rebalancing funds. MFP rebalancing funds represent extra federal funds received by each state from the enhanced Federal Medical Assistance Percentage matching rate on the qualified and demonstration community-based LTSS they provide to MFP participants. In 2015, MFP grantees reported their total rebalancing spending and activities through December 2014. Total rebalancing funds grew 106 percent between 2013 and 2014, increasing from \$111.7 million at the end of 2013 (with 22 of the 44 states reporting) to \$229.6 million by the end of 2014 (with 27 of the 44 states reporting). Among the 27 MFP grantees that reported any rebalancing fund expenditures, cumulative state spending through 2014 ranged from a low of \$3,750 in Vermont to a high of about \$54.5 million in Michigan.

Reinstitutionalizations. MFP grantees track the rate of reinstitutionalization among their participant populations, defined as any admission to a hospital, nursing home, intermediate care facility for people with intellectual disabilities, or institution for mental diseases, regardless of length of stay. During 2015, a total of 3,554 participants were reinstitutionalized for any length of time. Of these, nearly a third, or 996 participants, were reinstitutionalized for more than 30 days; older adults and people with physical disabilities experienced most of these reinstitutionalizations and comprised 53 and 35 percent of the total, respectively (Appendix A, Tables A.9 and A.10). Overall, approximately 5 percent of participants were reinstitutionalized for more than 30 days in 2015.

Self-direction. Of the 44 MFP grantees that were transitioning participants during 2015, 39 offered self-direction service options to MFP participants, and in 33 of these states, MFP participants hired and supervised staff, managed their budgets, or did both. (Appendix A, Table A.12). Among these grantee states, the majority (31 states) reported that 25 percent or fewer of their MFP participants were enrolled in the state's self-direction program although three states (Kentucky, Maine, and Ohio) reported more than half of their participants were self-directing their care.

Employment supports and services. MFP programs provide a range of employment services and supports as part of the diverse set of community-based LTSS that individuals can access after transitioning to community living. In 2015, 30 grantees provided some type of employment service or support to help participants find or maintain employment. The most common services offered by states included job coaching or support planning offered by 17 grantees. Assistance with budgeting and financial management for participants who express an interest in working was the next most common service, offered by 12 states in 2015.

Community residence type. Most MFP participants who transitioned to the community during this period moved into a home (33 percent), an apartment (42 percent), or a small group home (14 percent); 10 percent moved into apartments in qualified assisted-living facilities. Compared to other populations, individuals with intellectual or developmental disabilities were more likely to move to a small group home when they transitioned to the community. Nearly all grantee states reported challenges securing housing for participants; the most common challenges were an insufficient supply of (1) affordable accessible housing (30 states January to June 2015; 29 states July to December 2015) and (2) rental vouchers (reported by 17 states in both reporting periods). Grantee states pursued several strategies to overcome these barriers; the most common strategy was development of state or local coalitions of housing and human service organizations to create housing initiatives (15 states January to June 2015; 12 states July to December 2015).

Tribal Initiative activity. In 2014, 5 states (Minnesota, North Dakota, Oklahoma, Washington, and Wisconsin) launched efforts through the MFP Tribal Initiative (TI) to improve access to community-based long-term services and supports for eligible tribal members. Through the TI, Tribes or Tribal Organizations can serve as a waiver provider or perform LTSS administrative functions on behalf of state Medicaid agencies, allowing members to access long-term care in the setting of their choice. In calendar year 2015, no eligible TI participants transitioned to the community, and the cumulative total of participants transitioned through the

TI remains unchanged since 2014 (one participant transitioned in 2014). States continue to work with tribal partners to build relationships with tribes in the initiative. Washington reported that the Medicaid system and tribal infrastructure might have to be modified to make it easier for tribal organizations to provide LTSS. Minnesota jointly hosted a meeting for all TI grantees with the White Earth Nation to discuss the Medicaid service system within the tribal context. States are working with tribal partners to develop operational protocols and identify service needs.

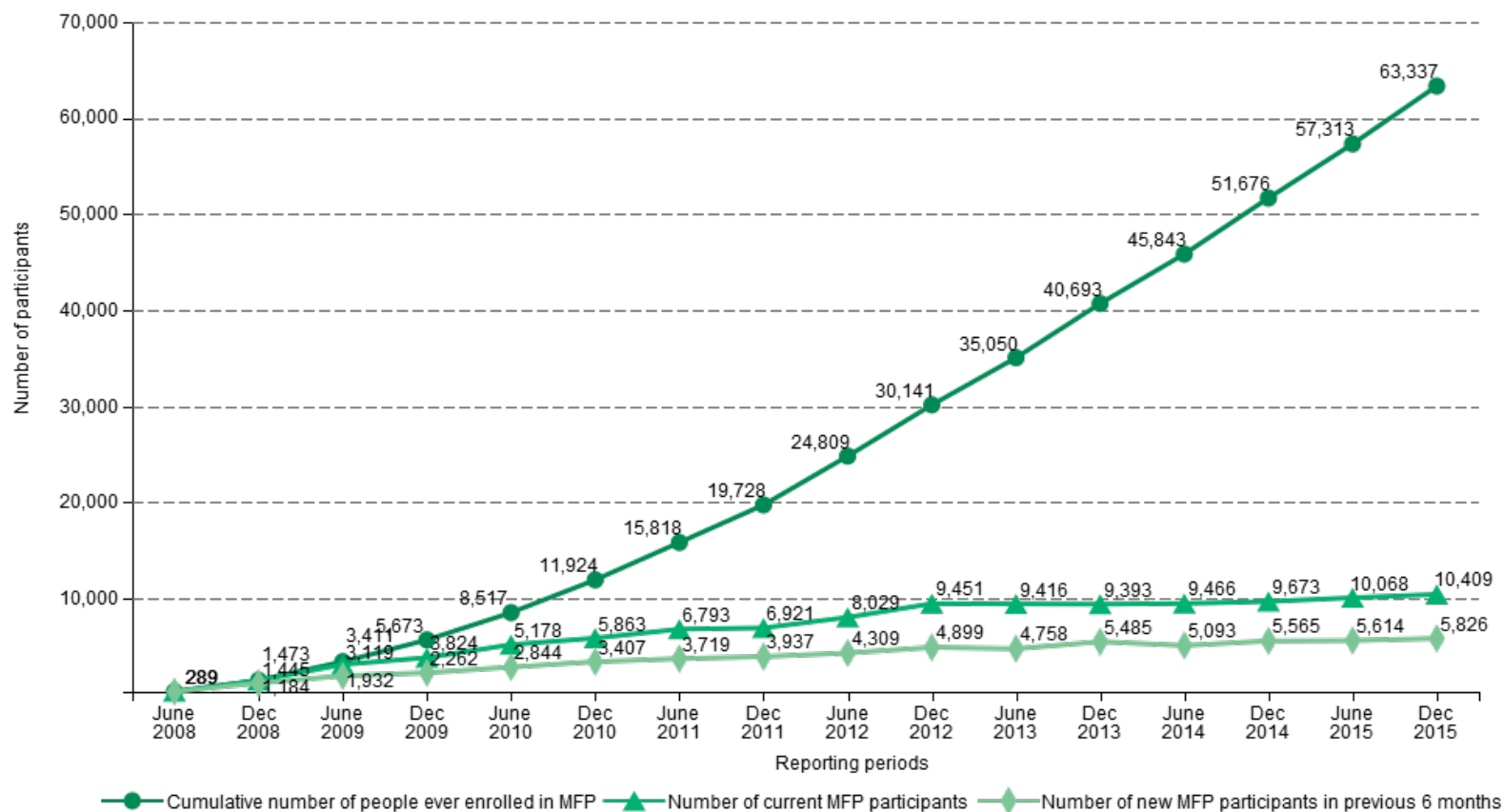
This page left blank for double-sided copying.

II. MFP ENROLLMENT, PARTICIPATION, AND TRANSITIONS

A. Number of transitions over time

Overall, MFP enrollment continues to grow—in cumulative transitions, new annual transitions, and current participants. By the end of 2015, 63,337 individuals had ever enrolled in MFP and transitioned to community living since transitions began in 2008. There was a 23 percent increase in cumulative enrollment during the year (from 51,676 as of December 2014 to 63,337 as of December 2015), continuing a strong trend in growth from the previous year (27 percent increase from December 2013 to December 2014) (Figure II.1 and Appendix A, Table A.1). Between 2008 and 2012, the number of current participants, or those in their 365-day period of MFP eligibility, rose steadily each year, peaking at 9,451 at the close of 2012. The number of current MFP participants stabilized in both reporting periods of 2013 and in June 2014 at about 9,400 participants, and then began to slowly increase again reaching 10,409 at the end of 2015, a small increase relative to December 2014 (9,673). (Figure II.1 and Appendix A, Table A.3). In general, the number of current participants and the number of new participants are gradually increasing over time.

Figure II.1. MFP transitions and current MFP participants, June 2008 to December 2015



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2008–2015.

Note: Numbers in the figure may not match numbers from previous reports due to efforts to improve data quality retrospectively. N = 10 grantee states in June 2008; 30 grantee states in December 2008 through June 2011; 34 grantee states in December 2011; 35 grantee states in June 2012; 37 grantee states in December 2012; 41 grantee states in June 2013; 42 grantee states in December 2013; 43 grantee states in June 2014; and 44 grantee states in December 2014 and December 2015.

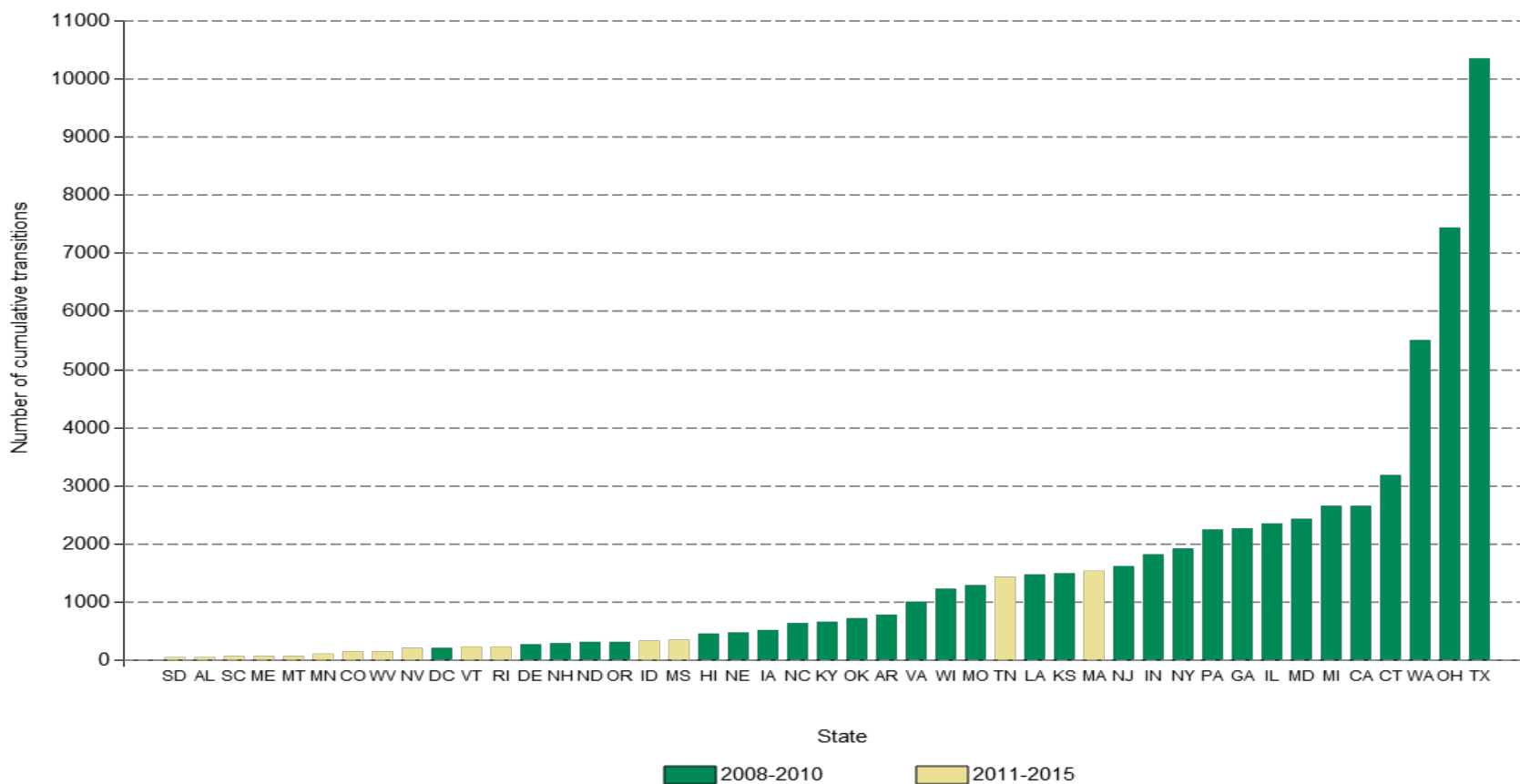
State variation. The number of cumulative transitions greatly varies across states, ranging from fewer than 50 participants (South Dakota and Alabama⁴) to 10,342 in Texas. Variation in program size reflects differences in program start dates and design, a state's history with transition programs, program infrastructure and capacity, and availability of affordable and accessible housing, among other factors.

The majority of MFP enrollment is concentrated in a subset of the 44 grantees states; as of December 2015, 7 states with the largest programs (California, Connecticut, Maryland, Michigan, Ohio, Texas, and Washington) accounted for slightly more than half (54 percent) of cumulative transitions. The next 15 states transitioned between 714 and 2,350 participants each, collectively accounting for 36 percent of the total number of cumulative transitions. The remaining 22 states with the smallest number of cumulative participants comprised 9 percent of cumulative enrollment; many of these states began to transition individuals in 2012 or later (Figure II.2 and Appendix A, Table A.1).

⁴ Alabama began transitioning participants in July 2013 and South Dakota began MFP transitions in July 2014.

Figure II.2. Cumulative MFP transitions by state and year MFP transitions began, January 2008 to December 2015

10



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2008–2015.

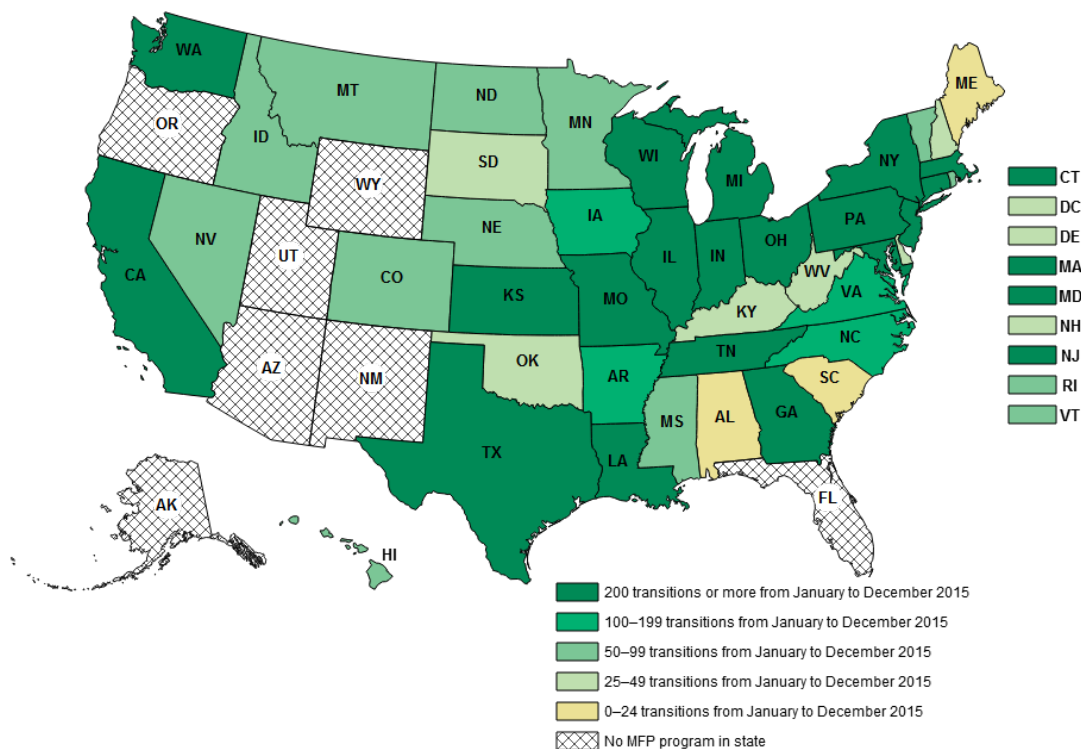
Note: Oregon suspended program operations in 2010 and later rescinded its MFP grant; however, this figure includes the state’s previously reported transitions. N = 45 states.

B. Total transitions during 2015

Overall. In 2015, MFP grantee states transitioned 11,440 new participants to the community, the largest number of people to enroll in MFP during a one-year period since inception of the program. The number of new participants during 2015 represents a 7 percent increase from 2014 (10,658) and a 12 percent increase compared to 2013 (10,243). The three states with the largest percentage increases in transitions from 2014 to 2015 were Montana, South Dakota, and Minnesota. All three programs are relatively young and continue to grow their programs; Minnesota began transitioning participants in 2013, and Montana and South Dakota began transitioning participants in 2014. Among the remaining programs, Iowa was the only state to increase transitions by more than 60 percent relative to the prior year (93 percent increase compared to 2014). Iowa attributed the increase in enrollment to the closure of a large facility, which resulted in many people transitioning to the community through MFP.

State variation. The number of new transitions varied widely across the 44 grantee states. Two MFP grantees (Ohio and Texas) transitioned more than 1,000 people each during 2015 and accounted for 24 percent of new transitions nationally; 21 states transitioned between 100 and 999 participants, comprising the majority (67 percent) of new transitions; and 21 states transitioned fewer than 100 people each, accounting for 10 percent of new participants. As expected, newer MFP programs transitioned fewer individuals during the year; 11 of the 15 active grantee states that started transitions in 2011 or later transitioned 75 or fewer people during 2015 (Figure II.3 and Appendix A, Table A.2).

Figure II.3. Number of MFP participants transitioned, January to December 2015

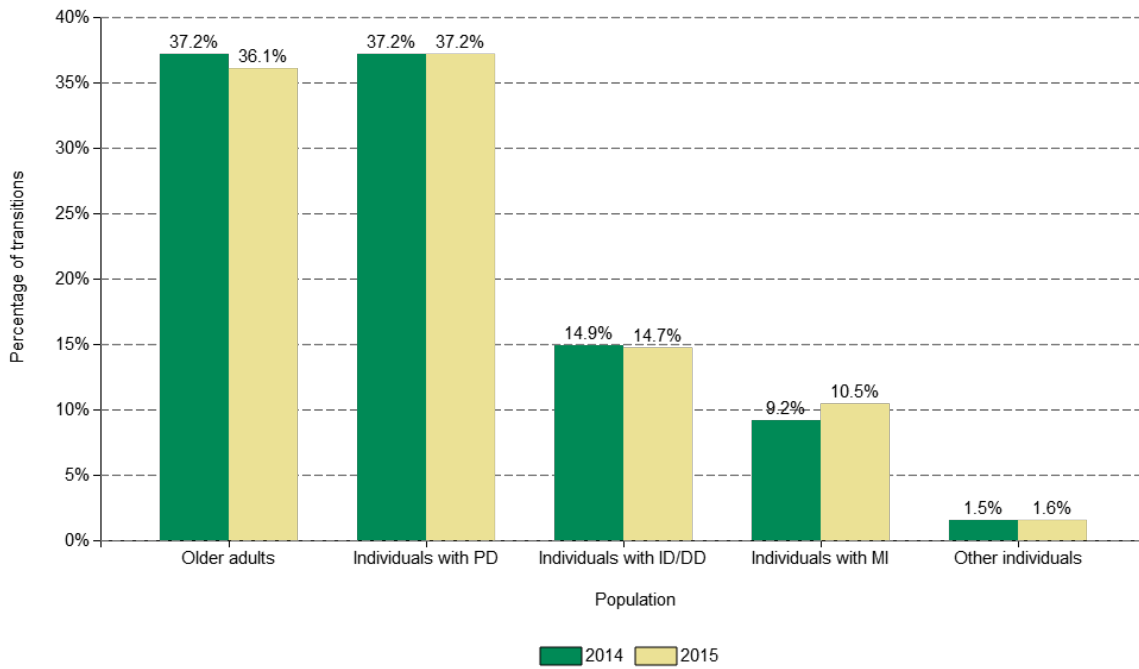


Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2015.

Distribution of transitions by targeted population. Similar to trends seen in prior years, the majority of MFP participants who transitioned in 2015 were individuals under the age of 65 with physical disabilities (37 percent) or older adults (36 percent). Grantee states transitioned smaller numbers of individuals with intellectual or developmental disabilities (15 percent), mental illness (11 percent), and other individuals⁵ (2 percent) (Figure II.4).

⁵ States can identify other target populations in their operational protocols, in addition to the four populations specified by CMS. These other populations include individuals with dual diagnoses, AIDS/HIV related conditions, or traumatic brain injuries, among others.

Figure II.4. Distribution of MFP participants transitioned by population subgroup, 2014 and 2015



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2014 and 2015.

N = 44; ID/DD = intellectual or developmental disabilities; MI = mental illness; PD = physical disabilities.

This page left blank for double-sided copying.

III. ACHIEVEMENT OF 2015 ANNUAL TRANSITION GOALS

A. Overall

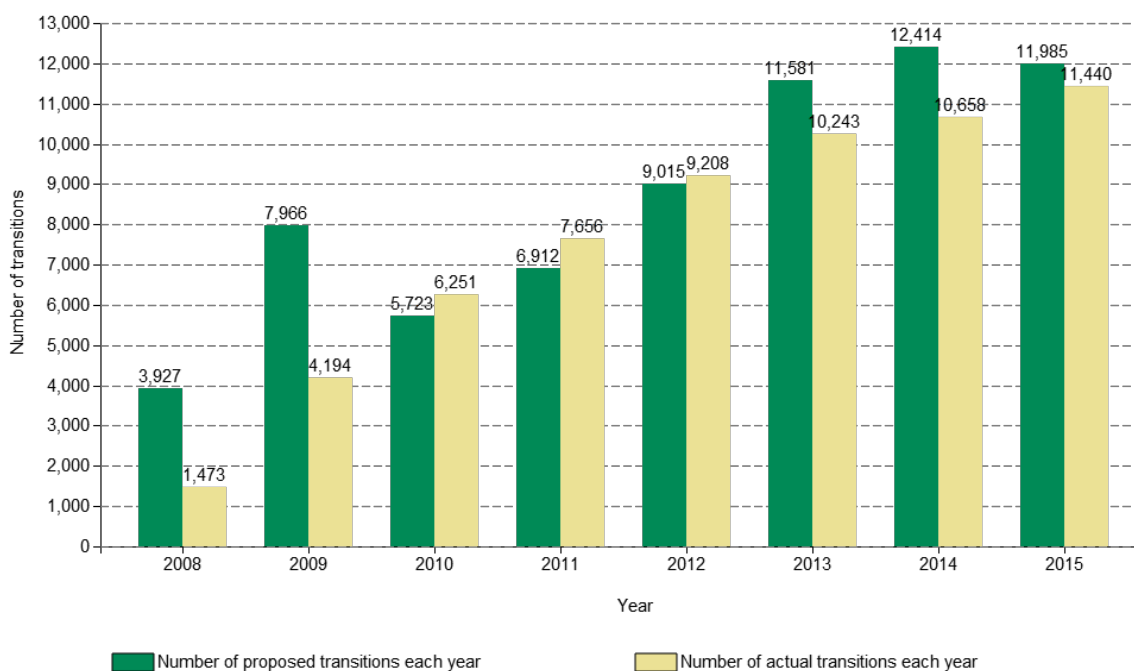
Each MFP grantee state is required to establish annual transition goals for each targeted population group. Grantee states' progress toward their annual proposed goals increased slightly from the previous year; in 2015 they achieved 95 percent of the total annual transition goal (11,440 transitions of 11,985 planned), compared to 86 percent in 2014 (Figure III.1). This marks the highest achievement for this goal since 2012, when grantees achieved 102 percent of the annual transition goal. This year's achievement may be due in part to a reduction in the overall transition target from 2014 (12,414) to 2015 (11,985), the first year since 2010 that the total transition goal decreased compared to the previous year.⁶ In addition, new grantee states tend to propose ambitious transition goals in the initial years of program operation, making it difficult for new grantees to meet or exceed their annual goals. Over time, states grantees propose more realistic annual transition goals, based on their previous experience.

Two factors have generally explained state grantees' inability to meet the total annual transition goal since 2012. First, several states that began their transition programs in the 2012 to 2014 period set transition goals that were ambitious, as did states that began programs in the early years of the demonstration (2008 and 2009). Collectively, the seven states that began transitioning participants to the community in 2013 (Alabama, Colorado, Minnesota, South Carolina, and West Virginia) and 2014 (Montana and South Dakota) achieved 43 percent (301 transitions of 701 planned) of their transition goals in 2015. Based on the experiences of other states, fewer than expected transitions occur during the start-up phase when procedures and systems are not fully implemented. Second, in 2015, 52 percent of all MFP grantees (23 states) reported unanticipated challenges transitioning the projected number of individuals they proposed to transition during 2015.⁷

⁶ In 2015, 25 grantee states increased their transition goals by a total of 1,299 transitions and 12 states reduced their goals by a total of 1,728 transitions. Seven states did not change their goals.

⁷ Challenges cited by MFP grantee states included the reduction in the number of referrals received; staff shortages, including transition coordinators and case managers; housing challenges, especially availability; lengthy transition periods; lack of cooperation from relevant state agencies; and a decrease in the number of available housing vouchers.

Figure III.1. Actual versus proposed annual number of MFP transitions, 2008 to 2015



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2008–2015.

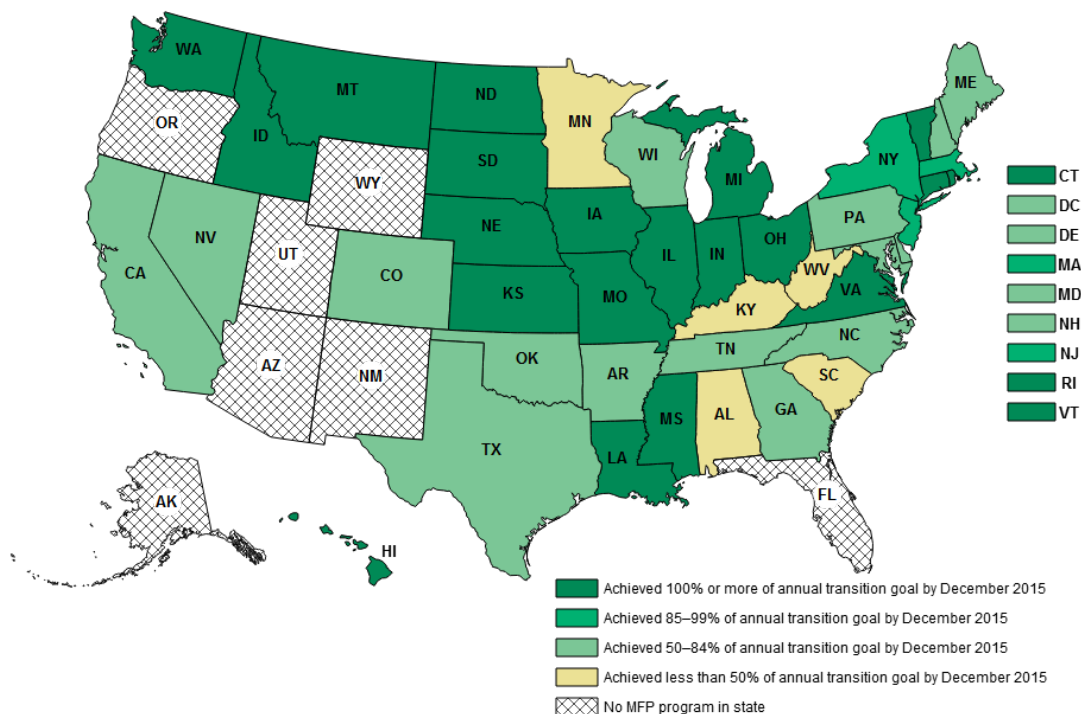
N = 30 states in 2009 and 2010; 34 states in 2011; 37 states in 2012; 42 states in 2013; 44 states in 2014 and 2015.

B. State Variation in the Achievement of Transition Goals

MFP grantee states varied in the degree to which they attained their transition goals for 2015 (Figure III.2 and Appendix A, Table A.4). Twenty grantee states achieved 100 percent or more of their annual transition goals by the end of December 2015. Of these, six (Iowa, Michigan, North Dakota, Ohio, Vermont, and Washington) achieved 125 percent or more of their annual transition goals. Among the 24 grantee states that did not achieve their transition goals, four (Massachusetts, Nevada, New Jersey, and New York) achieved between 85 and 99 percent of their 2015 transition goals, 15 (Arkansas, California, Colorado, District of Columbia, Delaware, Georgia, Maryland, Maine, North Carolina, New Hampshire, Oklahoma, Pennsylvania, Tennessee, Texas, and Wisconsin) achieved between 50 and 84 percent of their 2015 transition goals, and the remaining five (Alabama, Kentucky, Minnesota, South Carolina, and West Virginia) achieved less than 50 percent of their goals. Montana and South Dakota, which did not start transitioning participants until 2014, exceeded their 2015 transition goals. The state grantees achieving less than 85 percent of their goals over a two-year period may need to adjust program design or future transition goals so as not to jeopardize their receipt of supplemental MFP grant

funds.⁸ For this reason, 16 MFP grantees reported that they intend to change their transition goals in 2016 or subsequent years.⁹

Figure III.2. MFP grantees' achievement of 2015 transition goals, January to December 2015, by state



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2015.

⁸ According to CMS guidance, when grantees do not reach at least 85 percent of their average annual transition goals over a two-year period (the first year of program operations may be excluded), they are required to provide to CMS an Action Plan describing how the transition goals will be achieved over the next year. A grantee may then receive a full supplemental grant award once the Action Plan is approved.

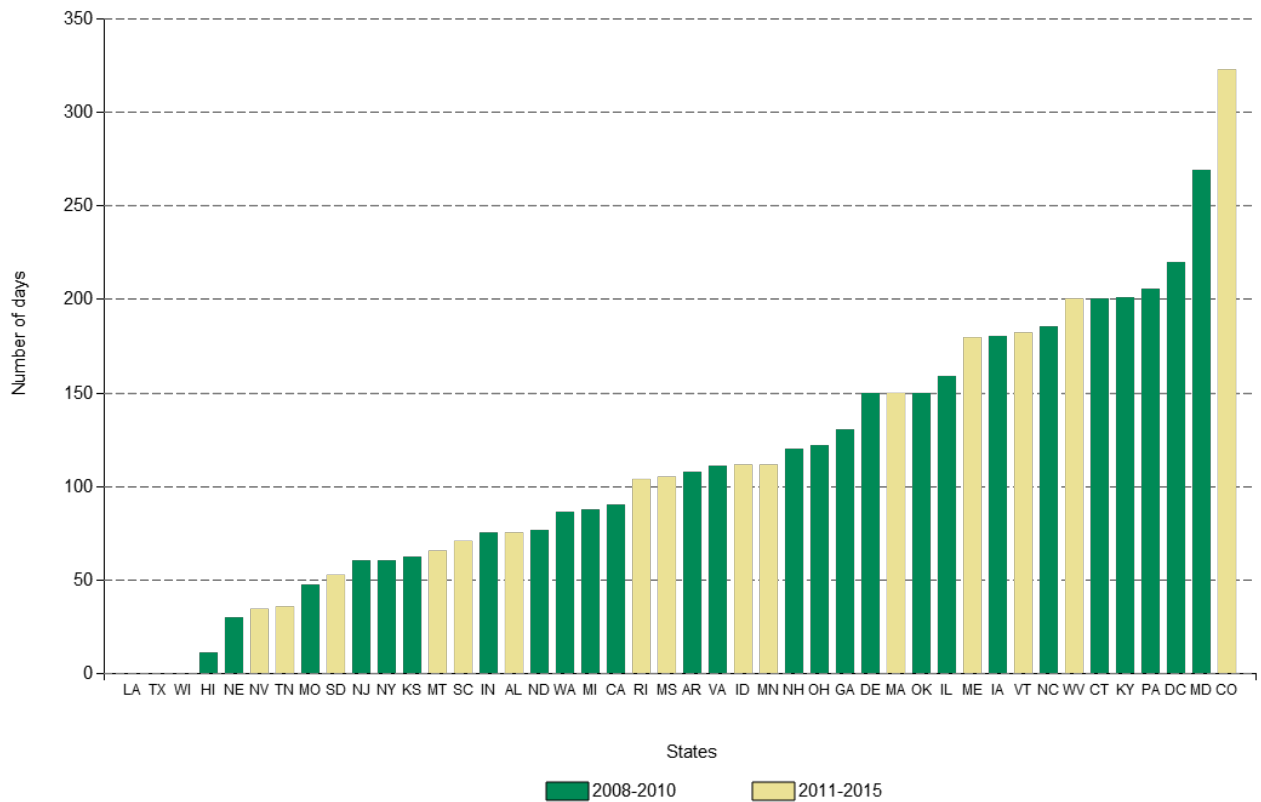
⁹ North Carolina intends to increase its transition goal for individuals with IDD. Five states (Montana, North Dakota, New Hampshire, Nevada, and Texas) intend to make adjustments regarding their MFP program end date. Four states (Maryland, Minnesota, Tennessee, and West Virginia) intend to decrease their transition goals. The remaining six states (Colorado, Indiana, Kentucky, Maine, South Carolina, and Vermont) did not specify how they would amend their transition goals.

Another reason that states did not meet their 2015 transition goals is that it can take longer than expected to transition an individual after receiving the initial referral or assessment, which makes it difficult to accurately project the number of transitions that will occur over the year. The average number of days from the time of assessment to actual transition of MFP participants varied from 11 days in Hawaii to 323 days, or almost 11 months, in Colorado. During 2015, eight states (Hawaii, Missouri, Nebraska, New Jersey, New York, Nevada, South Dakota, and Tennessee) reported that the average length of time required from assessment to actual transition was two months or less (0 – 60 days). Half of these eight states met or exceeded their transition goals, and each of the four remaining states in this group (New Jersey, New York, Nevada, and Tennessee) transitioned more than 80 percent of their 2015 transition goals. Twenty-four states reported an average length of time of two to six months (61 – 180 days), and nine states (Colorado, Connecticut, District of Columbia, Kentucky, Maryland, North Carolina, Pennsylvania, Vermont, and West Virginia) reported more than six months (181 days or more) from the time of assessment to actual transition. Of the nine states that reported an average of more than six months from assessment to actual transition, only two states (Connecticut and Vermont) achieved their transition goals for 2015.

C. Variation in the Achievement of Transition Goals by Targeted Population

With regard to achieving 2015 transition goals by population subgroups, grantee states surpassed 120 percent of their 2015 transition goals for individuals with mental illness. This progress is largely driven by Ohio, which accounted for 60 percent of all individuals with mental illness transitioned during the year and exceeded its annual transition goal for this group by 20 percent. During 2015, MFP grantee states in aggregate transitioned 4,250 (of the 4,059 proposed) individuals under 65 with physical disabilities, achieving 105 percent of the total 2015 transition goal (Figure III.4). MFP grantees fell short of meeting the total 2015 transition goals for the older adults by 2%, individuals with intellectual disabilities by 15%, and people with “other” disabling impairments by 75%.

Figure III.3. Average number of days from time of initial assessment to actual transition, January to December 2015, by state and year program began

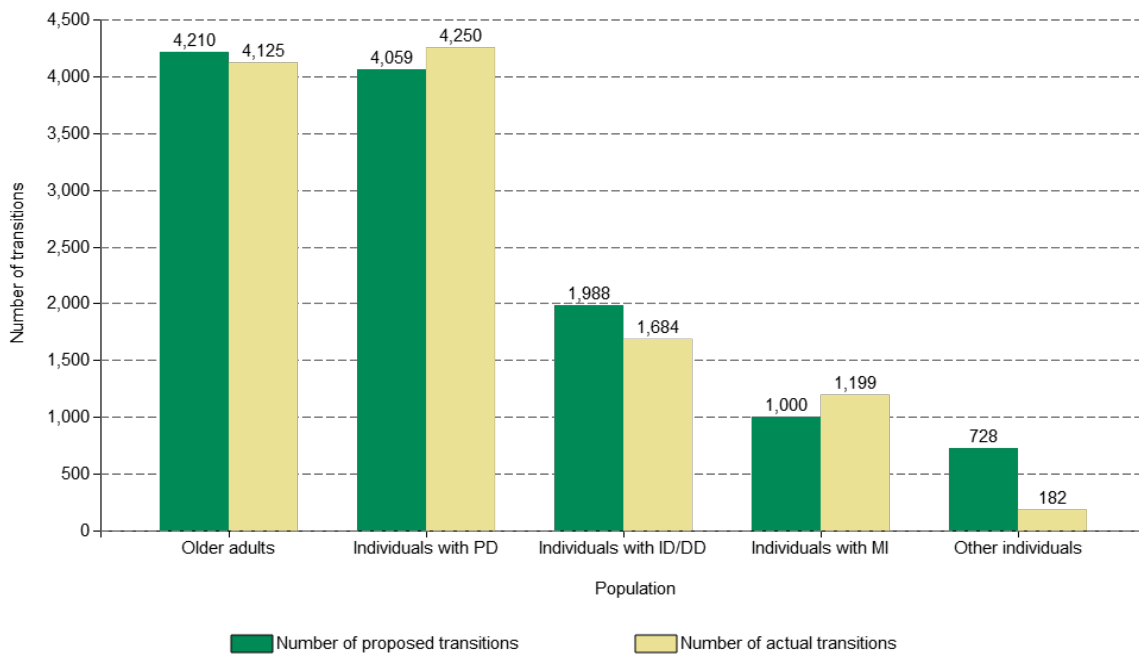


Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2015.

Note: Louisiana, Texas, and Wisconsin did not report an overall average number of days from the time of assessment to transition for all participants. Delaware, Iowa, Mississippi, Nebraska, New York, and New Hampshire did not report the average number of days from the time of assessment to transition for either the first or second period of 2015. In these cases, the graph displays the value from the one period where information was reported. For these states, an average across both periods is not shown.

N = 44.

Figure III.4. MFP grantees' progress toward 2015 transition goals, by population subgroup



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2015. N = 44; PD = physical disabilities; ID/DD = intellectual and developmental disabilities; MI = mental illness.

IV. QUALIFIED COMMUNITY-BASED LTSS EXPENDITURE GOALS

The federal statute establishing MFP requires grantee states to set an annual goal for total Medicaid spending on qualified community-based LTSS, and report actual spending relative to this goal.¹⁰ Qualified Medicaid community-based LTSS expenditures include spending for all Medicaid beneficiaries (in other words, not limited to MFP participants), including: (1) all federal and state funds spent on 1915(c) waiver services; (2) home health, personal care, and other community-based LTSS expenditures provided as state-plan optional benefits for all Medicaid beneficiaries; and (3) all spending on community-based LTSS services for MFP participants (qualified, demonstration, and supplemental services).¹¹

Overall. Community-based LTSS expenditures by all grantee states totaled \$74.5 billion in 2015, a five percent increase from 2014 (\$71.0 billion) and an 8 percent increase from 2013 (\$69.2 billion) (see Figure IV.1). Actual community-based expenditures for 2015 by the 44 grantees represented 98.1 percent of the aggregate expenditure goal (\$76.0 billion) for the year, about the same as 2014 (98.5 percent) and 2013 (100 percent).^{12, 13}

States reported an additional \$2.1 billion in spending on qualified community-based LTSS for 2014 when they updated their expenditure data in the 2015 progress reports. This updated information for 2014 included \$107 million in expenditures for Delaware, which was missing in 2014 reports, as well as increases for 2014 expenditures in Idaho, Michigan, and Pennsylvania. These 2014 updates suggest that when more complete data become available for 2015, the growth experienced in 2015 will be greater than the 3 percent cited above.

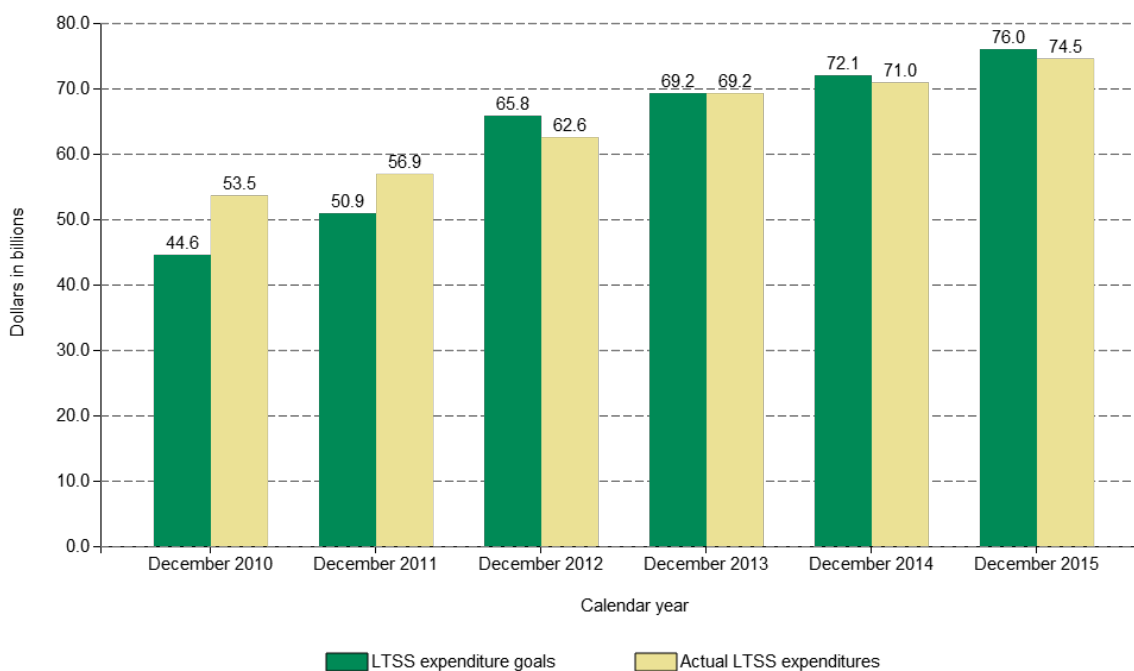
¹⁰ Qualified community-based LTSS are services that each grantee state provides to all Medicaid beneficiaries who need these services, including MFP participants. These services may be provided through a 1915(c) waiver program or through the state plan.

¹¹ The MFP demonstration includes three types of community-based LTSS: (1) qualified services, which are services that are already available through a state plan or waiver program and which MFP participants would have received regardless of their status as an MFP participant; (2) demonstration services, which are allowable Medicaid services but not otherwise included in the state's approved community-based LTSS, (for example, transition coordination and crisis intervention); and (3) supplemental services, which are intended to help participants transition to the community but might not otherwise be reimbursed by Medicaid programs (for example, vehicle modification, moving assistance, and service animals) (Peebles and Kehn 2014).

¹² Some states experience lags in their systems when trying to process claims, and provide updated expenditure reports once their systems are able to process all claims associated with a given year. As a result, spending for 2015 may be underestimated and prior year expenditures might not be consistent with amounts reported in previous MFP reports.

¹³ This is the first year that Oregon was not included in the total spending.

Figure IV.1. Projected and actual qualified community-based LTSS expenditures, December 2010 to December 2014



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2015.

Notes: N = 29 states in 2010; 33 states in 2011; 37 states in 2012; 42 states in 2013; 45 states in 2014; 44 states in 2015.

HCBS = home- and community-based services

LTSS = long-term support services

State variation in the achievement of community-based LTSS expenditure goals. Spending as a percentage of 2015 goals ranged from 41 percent (Connecticut) to 215 percent (New Jersey). These two states also bookended the range in 2014. Twenty-four grantee states met or exceeded their spending goals in 2015. Of them, 10 states (Idaho, Iowa, Kansas, Michigan, Missouri, Nevada, New Jersey, North Dakota, Texas, and Washington) achieved 110 percent or more of their goals. Conversely, of the 20 states that spent below their goals, 11 (Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Indiana, Kentucky, Maine, New Hampshire, and Ohio) achieved less than 90 percent of their 2015 expenditure targets (see Appendix A, Table A.5). Reasons for lower-than-expected achievement of expenditure targets included (1) incomplete claims data due to processing lags in state systems, (2) state budget issues, and (3) delays in the implementation of new services.

V. SPENDING AND USE OF REBALANCING FUNDS

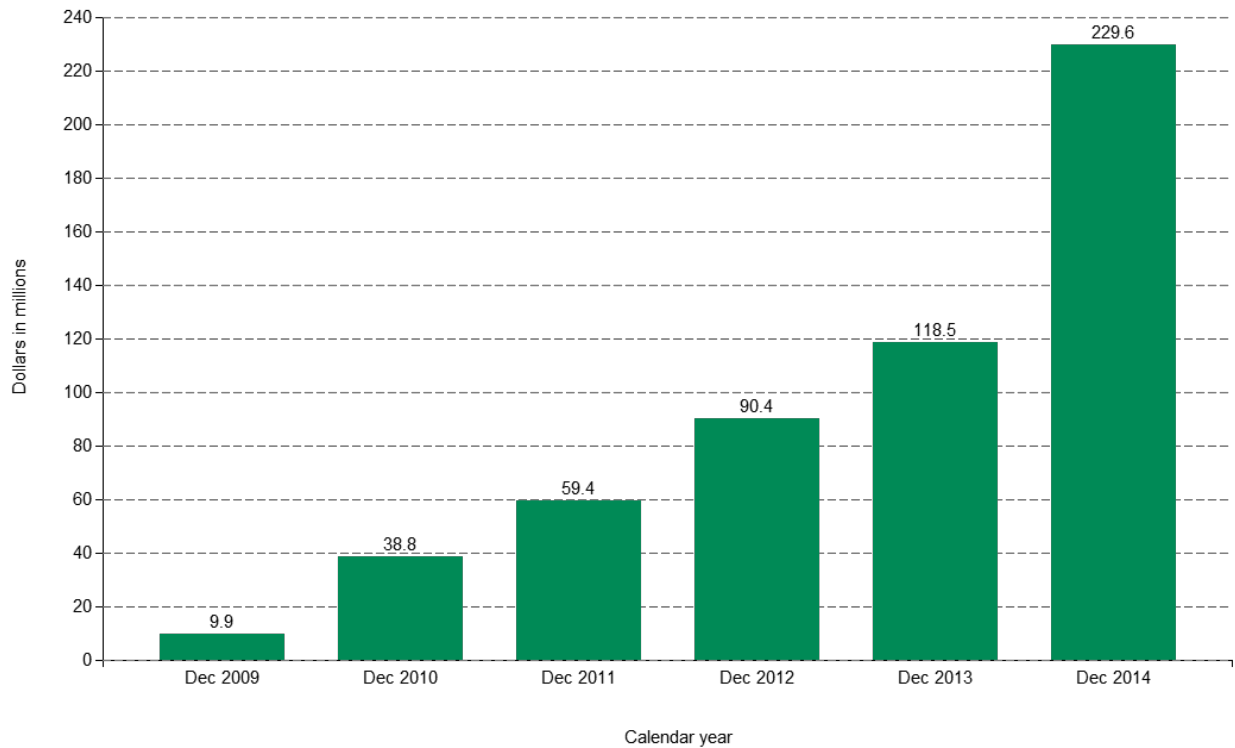
Once a year, MFP grantees report on their cumulative spending and use of rebalancing funds, which represent extra federal funds each state receives from the enhanced Federal Medical Assistance Percentages matching rate on the qualified and demonstration community-based LTSS they provide to MFP participants during their 365 days of MFP eligibility.¹⁴ Grantees are required to reinvest these funds in initiatives that will help rebalance the long-term care system toward community-based care. In 2015, MFP grantees reported their total rebalancing spending and activities through December 2014.

MFP rebalancing fund expenditures have continued to steadily increase since the demonstration was launched (see Figure V.1). Total spending grew to \$229.6 million by the end of 2014, a 106 percent increase from 2013, when 22 MFP grantee states reported spending \$111.7 million. Among the MFP grantees that reported any rebalancing fund expenditures, state spending through 2014 ranged from a low of \$3,750 in Vermont to a high of about \$54.5 million in Michigan. Some MFP grantees saw significant growth in cumulative spending between 2013 and 2014. Of the 44 states participating in the demonstration in 2015, 27 reported spending of MFP rebalancing funds in 2014, an increase from 22 in 2013. Six states (Maine, Massachusetts, Montana, Nevada, Rhode Island, and Tennessee) reported the amount spent from MFP rebalancing funds for the first time.

Among the 17 states that did not report MFP rebalancing fund expenditures, three (California, Georgia, and South Dakota) had not begun rebalancing initiatives by the end of 2014, and fourteen described rebalancing efforts but did not report cumulative spending for 2014. Among these fourteen, nine (Alabama, Colorado, Idaho, Louisiana, Minnesota, Mississippi, New Hampshire, South Carolina, and West Virginia) had never reported rebalancing spending, and five (Delaware, Indiana, Kansas, Kentucky, and Texas) had reported cumulative spending in prior years (See Table A.6 in the Appendix).

¹⁴ Supplemental services not otherwise covered by Medicaid are reimbursed at the regular Federal Medicaid Assistance Percentages matching rate.

Figure V.1. Cumulative expenditures of state rebalancing funds between December 2009 and December 2014



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2015

Note: N = 16 states in 2009; 19 states in 2010; 20 states in 2011; 25 states in 2012; 22 states in 2013; and 27 states in 2014.

MFP grantees are required to invest their rebalancing funds in programs or initiatives that help shift the balance toward community-based LTSS. Forty-one MFP grantees reported a wide range of rebalancing initiatives that were either planned or already under way by the end of 2014 (see Figure V.2 and Table A.6 in the Appendix). These activities can be broadly classified under the following common themes:

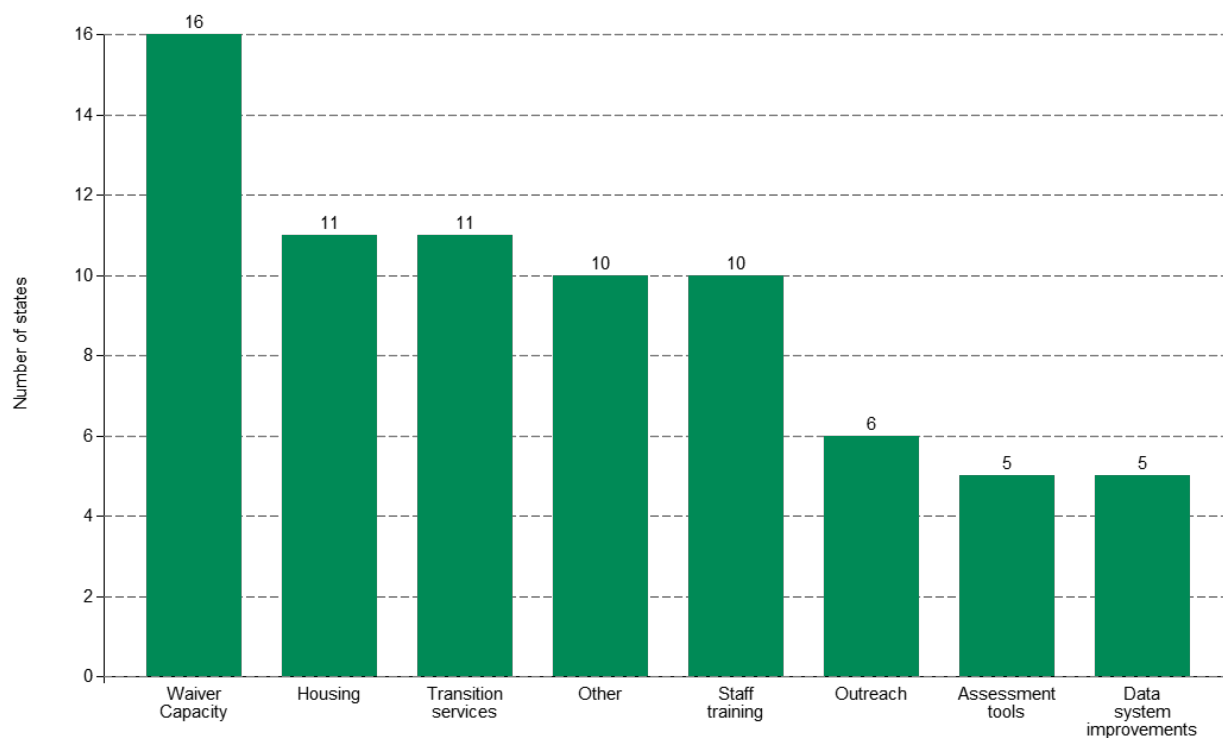
- (1) Expanding or enhancing community-based LTSS waiver programs (16 states)
- (2) Promoting awareness, use, or access to transition services (11 states)
- (3) Improving participants' access to affordable and accessible housing (11 states)
- (4) Training direct care workers and medical professionals (10 states)
- (5) Outreach (6 states)

(6) Supporting the development or use of tools to assess consumer needs and preferences (5 states)

(7) Developing or improving administrative data or tracking systems (5 states)

Ten states also detailed other types of rebalancing initiatives, such as strategic planning, increasing wages for direct service workers, or creating a loan program for durable medical equipment for participants who have transitioned and await delivery of permanent equipment.

Figure V.2. Types of rebalancing initiatives in 2014



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2015.

Notes: States may spend rebalancing funds on multiple types of initiatives and can be counted in multiple categories.

N = 41 states.

This page left blank for double-sided copying.

 VI. REINSTITUTIONALIZATIONS LASTING MORE THAN 30 DAYS

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, which is defined as any admission to a hospital, nursing home, intermediate care facility for people with intellectual disabilities, or institution for mental diseases, regardless of the length of stay. Common reasons for reinstitutionalization are listed in Table VI.1. Because short-term hospital admissions lasting fewer than 30 days are common among this population and many states disenroll MFP participants from the program when they are readmitted to institutional care for more than 30 days, the analysis focuses on reinstitutionalizations that last more than 30 days¹⁵ (Irvin et al. 2015).

Table VI.1. Common reasons for reinstitutionalization reported by states in 2015

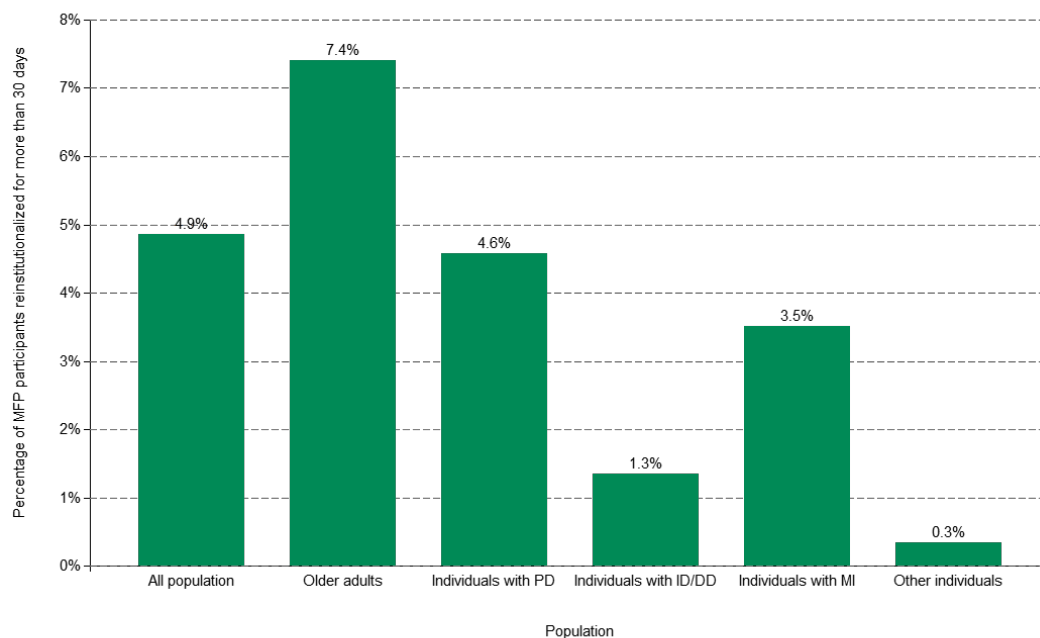
Reasons for reinstitutionalization (admissions lasting more than 30 days)	January to June 2015	July to December 2015
	Number of grantees reporting reason	
Deterioration in physical or mental health status	30	23
Events (for example, acute medical events, falls, or accidents) that led to a hospitalization	16	11
Inadequate community or family member support	9	7
Requests by either the family or the participant to return to an institutional setting	9	5
The existence of a complex or chronic condition	6	3

Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2015.

¹⁵ Reinstitutionalization refers to participants admitted to an inpatient hospital, or to other institutions, such as nursing home, intermediate care facility for people with intellectual disabilities, or institution for mental diseases, for a stay of any length. If an MFP participant is admitted for more than 30 days, CMS guidance issued in June 2011 gives states discretion to disenroll or suspend an individual from MFP, which “stops the clock,” allowing them to receive MFP services for up to 365 days (need not be continuous). Individuals who are disenrolled or suspended from MFP may reenroll without meeting the 90-day institutional residency requirement, provided they meet any applicable state requirements for reenrollment.

Overall. Approximately 5 percent of MFP participants, or 996 individuals, were reinstitutionalized for more than 30 days during 2015 (Figure VI.1).¹⁶ Overall, older adults and people with physical disabilities made up the majority of reinstitutionalizations of more than 30 days, comprising 53 and 35 percent of all reinstitutionalizations, respectively. (See Appendix A, Tables A.9 and A.10. Tables A.7 and A.8 include state-level data for reinstitutionalizations for any length of stay.) Among the five main populations targeted by MFP programs, older adults also had the highest percentage (7 percent) of participants reinstitutionalized for more than 30 days in 2015. Individuals with physical disabilities and individuals with mental illness had the next-highest percentages (5 percent and 4 percent, respectively) of participants reinstitutionalized for more than 30 days. These populations were followed by individuals with intellectual disabilities or developmental disabilities (1 percent) and “other” individuals (one reinstitutionalization of more than 30 days in 2015).

Figure VI.1. Percentage of participants reinstitutionalized for more than 30 days between January and December 2015, by MFP population subgroup



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2015.

Notes: N = 44 states.

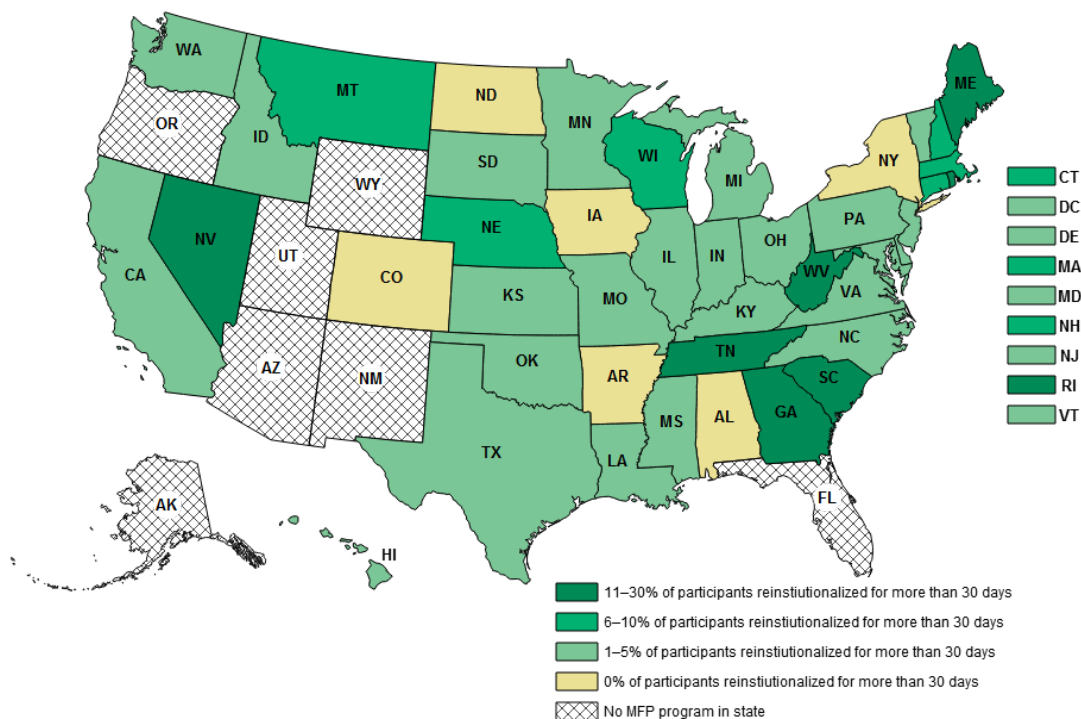
ID/DD = intellectual or developmental disabilities; MI = mental illness; PD = physical disabilities.

¹⁶ The percentage of participants reinstitutionalized for more than 30 days is calculated by dividing the total number of participants reinstitutionalized for more than 30 days during each reporting period of 2015 by the total number of current participants as of the end of each reporting period and averaging the results.

State variation in reinstitutionalizations. The percentage of participants reinstitutionalized for more than 30 days ranged from 0 to 25 percent in the grantee states. Although we do not know all of the reasons for this variability, it is likely due to differences in participants' level of care across states and in grantee reporting of these events.¹⁷ Nearly two-thirds of grantee states reported less than 5 percent of participants reinstitutionalized for more than 30 days. The three grantee states with the highest percentages (Nevada, South Carolina, and Tennessee) ranged between 15 and 25 percent of current MFP participants (Figure VI.2). Of those states, only Tennessee was also among the states with the highest percentage of participants reinstitutionalized for more than 30 days in 2014, although all three are small programs where only a few reinstitutionalizations result in a higher-than-average rate. Five states reported that less than 1 percent of participants were reinstitutionalized for more than 30 days in 2015; of these, three states (Alabama, Iowa, and North Dakota) reported that no participant was reinstitutionalized for more than 30 days in 2015.

¹⁷ State-level variation in reported participants that experienced reinstitutionalization may also be attributable to differences in the quality and completeness of data. States vary in their ability to accurately track and report the number of participants reinstitutionalized and the number of current participants. Also, for states with a small number of current participants, a few reinstitutionalizations can inflate the percentage of reinstitutionalizations among current participants.

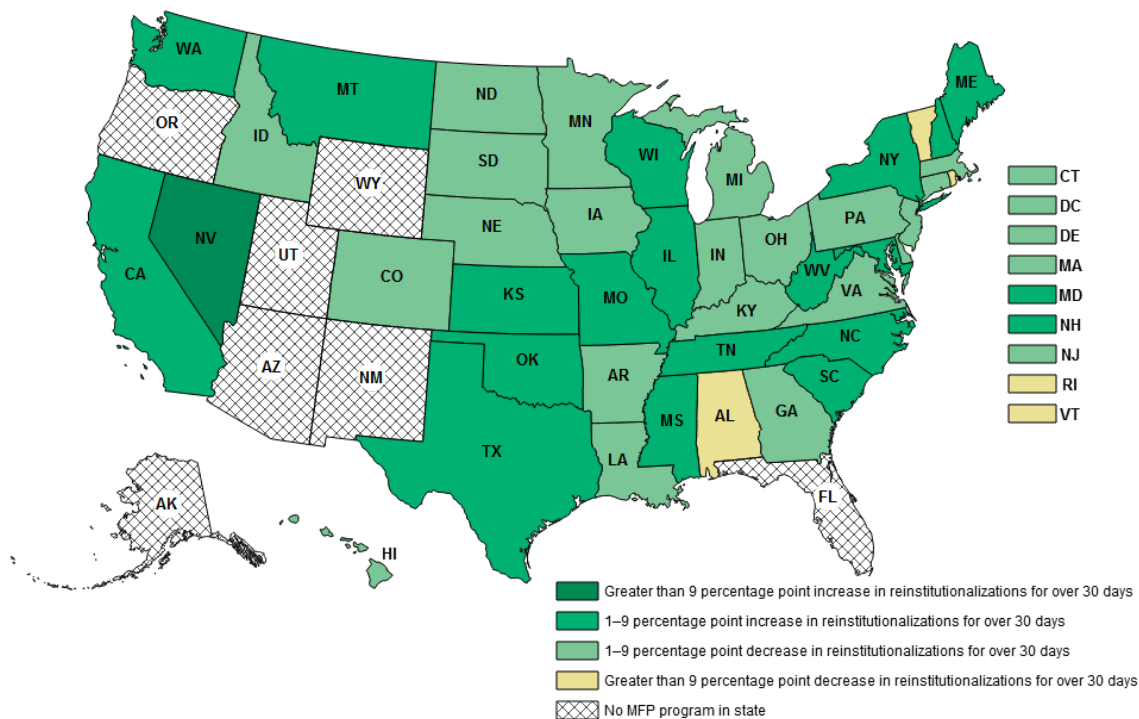
Figure VI.2. Percentage of current participants reinstitutionalized for more than 30 days, January to December 2015, by state



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2015.

Between 2014 and 2015, 25 states experienced a decrease in their percentage of reinstitutionalizations of more than 30 days. The other 19 state grantees experienced an increase in the percentage reinstitutionalized (Figure VI.3). States with low enrollment are more likely to have greater annual rates of changes. For example, Nevada had the largest percentage point increase (19 percentage points) in reinstitutionalizations longer than 30 days, which likely reflects the small size of the program (73 current participants as of the end of 2014 and 50 as of December 2015). Vermont, another state with relatively few MFP participants, saw the largest percentage point decrease (16 percentage points) of participants reinstitutionalized from 2014 to 2015.

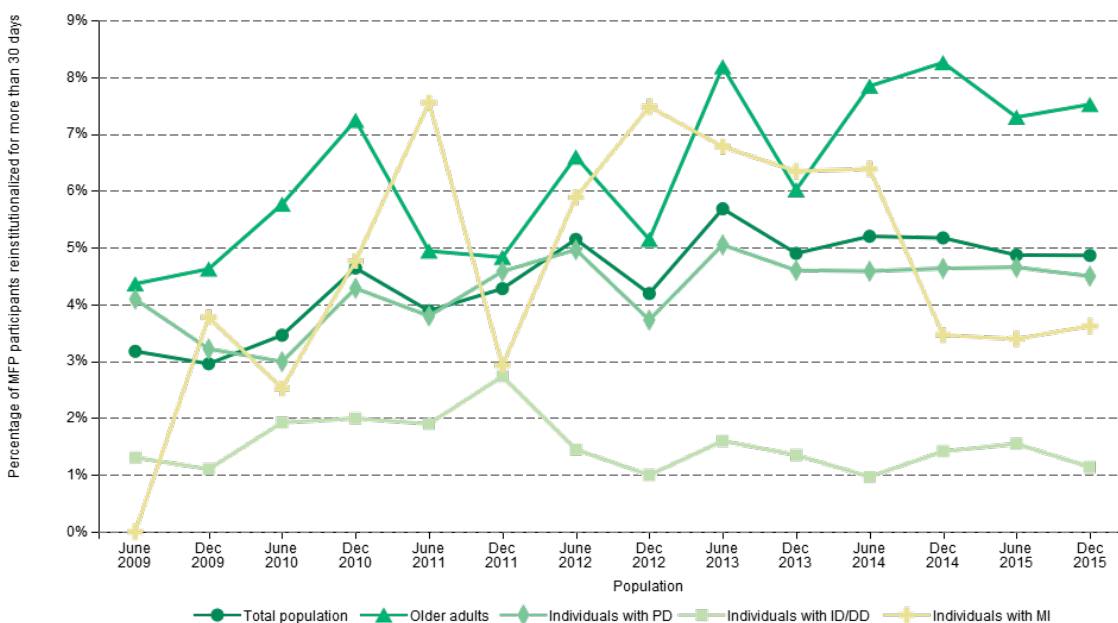
Figure VI.3. Percentage point change in participants reinstitutionalized for more than 30 days, between the January to December 2014 and January to December 2015 reporting periods, by state



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2014 and 2015.

Variation in reinstitutionalizations by targeted population. The overall percentage of all participants reinstitutionalized for more than 30 days was close to 5 percent for the fifth straight period, below the high of 6 percent in June 2013 (Figure VI.4). That percentage has not varied significantly for any of the target groups. The reinstitutionalization rates for older adults increased from 6 percent at the end of 2013 to more than 8 percent at the end of 2014 before falling to 7 percent in December 2015. The reinstitutionalization rate has ranged between 3 and 5 percent of participants over time for individuals with physical disabilities, settling around 5 percent since June 2013. After December 2011, the reinstitutionalization rates for individuals with intellectual and developmental disabilities declined and then remained relatively stable at about 1 percent, a trend that continued in 2015. Variations in reinstitutionalization rates over time could be caused by changes in quality of care or as community-based providers develop more experience with serving these populations, as well as by improved data reporting systems, superior data collection procedures, the implementation of increasingly successful supports as programs mature, or changes in the makeup of MFP participants as maturing programs recruit new populations over time.

Figure VI.4. Percentage of participants reinstitutionalized for more than 30 days for the total population and subpopulations, June 2009 to December 2015



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2009-2015.

Notes: We calculated the percentage of participants reinstitutionalized by dividing the aggregate number of participants reinstitutionalized for more than 30 days reported by MFP grantees by the total number of current participants at the end of each reporting period from 2009 to 2015.

N = 30 states in June 2009, December 2009, June 2010, December 2010, and June 2011; 34 states in December 2011; 35 states in June 2012; 37 states in December 2012; 41 states in June 2013; 42 states in December 2013, 43 states in June 2014; 44 states in December 2014; 44 states in June 2015; and 44 states in December 2015.

PD = physical disabilities; ID/DD = intellectual or developmental disabilities; MI = mental illness.

Older adults and individuals younger than age 65 with physical disabilities are the two largest groups transitioning through the MFP demonstration. There was considerable state variation in the percentage of participants from these populations reinstitutionalized for more than 30 days in 2015. Within the older adult population, the percentage of participants reinstitutionalized for more than 30 days ranged from 0 percent in 7 states (Alabama, Colorado, Iowa, Idaho, Minnesota, North Dakota, and New York) to 20 percent or greater in 4 states (Georgia, Nevada, South Dakota, and West Virginia). Nine states (Alabama, Arkansas, Delaware, District of Columbia, Iowa, Kentucky, New York, North Dakota, and South Dakota) reported zero reinstitutionalizations for more than 30 days for individuals with physical disabilities, and 2 states (Nevada and South Carolina) reported that 20 percent or more of

individuals with physical disabilities were reinstitutionalized for more than 30 days during the period. However, this does not necessarily equate to poor quality or performance because the rates are skewed by the small number of participants with physical disabilities in those states (26 and 4 current participants as of December 2015, respectively).

This page left blank for double-sided copying.

VII. SELF-DIRECTION

Self-directed or participant-directed service models allow MFP participants to have more choice and control over the delivery of their long-term services and supports than what might be available to them when an agency or provider manages services on behalf of the participant. Of the 44 grantee states that were actively transitioning MFP participants during 2015, 39 reported offering participants the option to self-direct their services during at least one period of 2015 (Figure VII.1).

States design their self-direction programs to allow participants to hire and supervise their personal care assistants, manage their allowance or budget, or both. Of the 39 states with self-direction programs, 33 reported that at least one MFP participant was self-directing his or her community-based LTSS in some manner (Figure VII.2). Of these, 32 reported that at least one MFP participant had hired or was supervising his or her own personal assistant in 2015, and 22 reported that at least one participant managed his or her own budget. Eleven states (Connecticut, Hawaii, Massachusetts, Maryland, Maine, New Jersey, South Carolina, Tennessee, Texas, Virginia, and Washington) reported that participants only hired and supervised staff, and one state (Ohio) reported that participants only managed their budget for one-time moving expenses (Appendix A, Table A.12).

More than 23 percent of all MFP participants were reported to be self-directing services in 2015, ranging from 0 percent in 6 of the grantee states that offer self-direction services to 100 percent in Ohio. All MFP participants in Ohio receive \$2,000 for one-time moving expenses to use as they wish and are considered self-directing. However, this does not meet Medicaid's self-direction guidelines requiring an individualized budget and person-centered planning process.¹⁸

The majority (31) of the 39 grantee states offering a self-direction program reported that 25 percent or fewer of their MFP participants are enrolled in the state's program. Three states (Kentucky, Maine, and Ohio) reported more than half of their participants self-directing services.¹⁹ Six states (Alabama, Minnesota, North Dakota, New Hampshire, Nevada, and Rhode Island) offered a self-direction program throughout 2015 but reported that no MFP participant chose to self-direct services during the year.

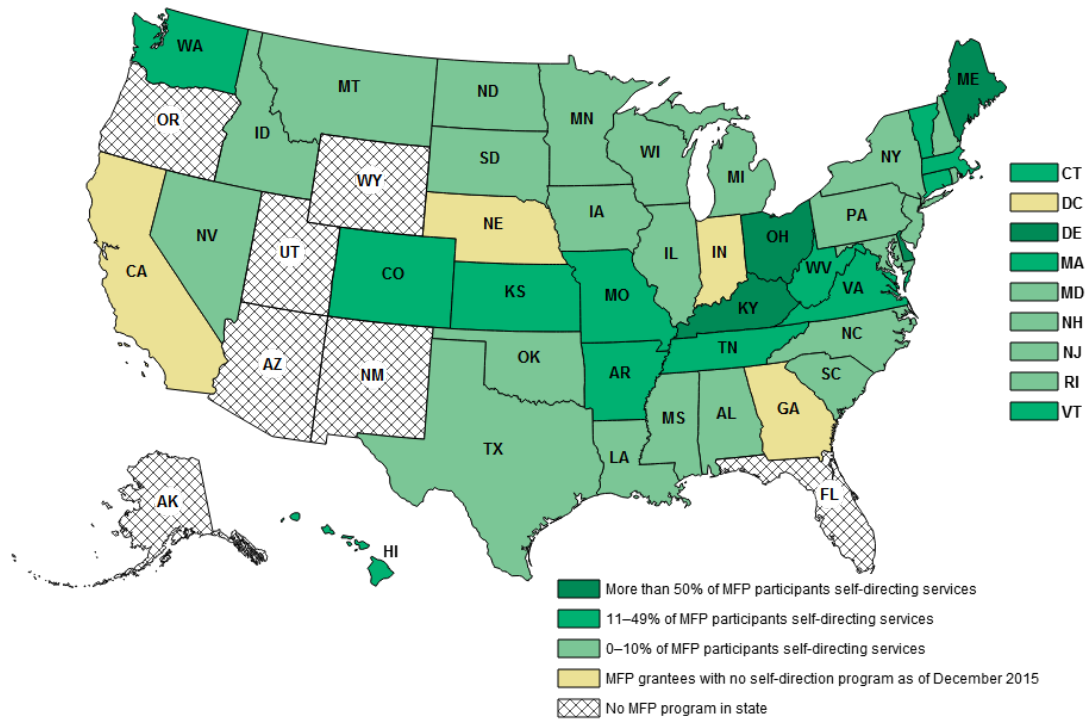
Several grantees reported large changes in the percentage of participants self-directing their services between the 2014 and 2015, although this reflects the small number of participants in these particular states. Among the 38 states that offered self-direction programs for all of 2014 and 2015, 21 reported increases over the percentage of participants self-directing in 2014,

¹⁸ More information about Medicaid's self-direction guidelines can be found at <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/delivery-systems/self-directed-services.html>. The Medicaid Home and Community-Based Services (HCBS) Taxonomy definition of participant self-direction can be found at: <https://wms-mmdl.cdsfdc.com/WMS/help/TaxonomyCategoryDefinitions.pdf>.

¹⁹ Note that Delaware reported more than 600 percent of participants self-directing their services during the first half of 2015, a percentage far above what the state reported in prior years and possibly a reporting error.

ranging from less than 1 percentage point (Massachusetts, New York, Texas, and Washington) to more than 40 percentage points (Vermont). In contrast, the percentage of participants self-directing their services decreased in 11 states during 2015, with decreases ranging from less than 1 percentage point (Mississippi and Wisconsin) to 45 percentage points in Connecticut.

Figure VII.1. Percentage of MFP participants self-directing services, January to December 2015, by state



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2015.

Note: Ohio considers all of its participants to be self-directing care because every participant receives \$2,000 for one-time moving expenses.

This page left blank for double-sided copying.

VIII. EMPLOYMENT SUPPORTS AND SERVICES

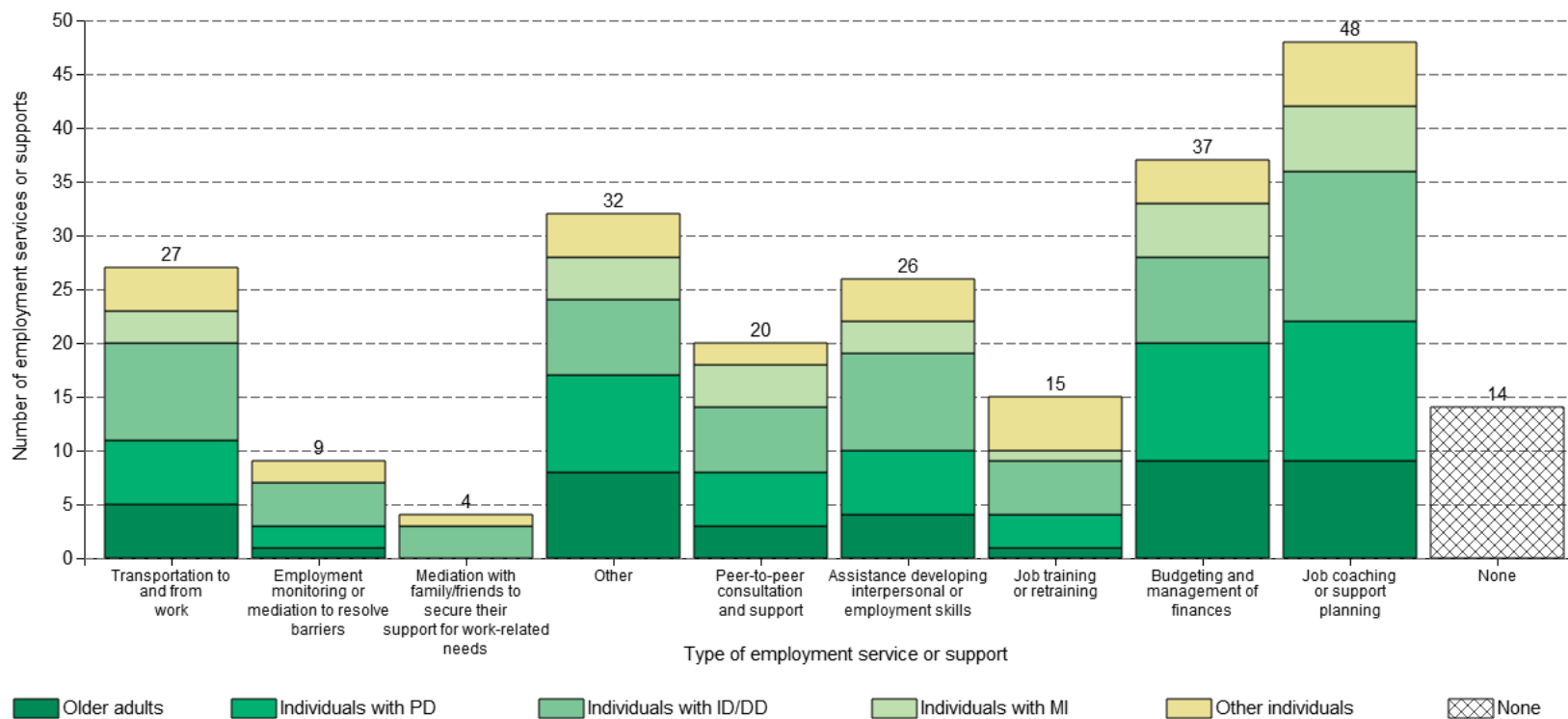
Employment can increase individuals' financial independence and well-being and help them successfully integrate into the community, and CMS encourages MFP grantee states to implement initiatives that promote employment for MFP participants. Beginning in 2012, grantees were asked to report the types of employment services and supports offered to participants, the activities or progress made using MFP resources to support participants' employment goals, and progress made to establish collaborative relationships with state employment agencies.

Types of employment supports and services. MFP programs provide a range of employment services and supports as part of the diverse set of community-based LTSS that individuals can access after transitioning to community living.²⁰ States report the services and supports they offer by population subgroup, and the same service can be offered to more than one population (Figure VIII.1). In 2015, 30 states provided at least one kind of employment service or support. The most common services offered by grantee states included job coaching, offered by 17 states during the 2015 calendar year. Assistance with budgeting and management of personal finances was the next most common service, offered by 12 states in 2015. Twelve states provided "other services," including vocational rehabilitation, individualized assessments and support, referrals to other departments, and application assistance.

²⁰ Employment services available to MFP participants through a community-based LTSS 1915(c) waiver or the optional state plan most often supplement core services funded by other systems, such as vocational rehabilitation, state agencies serving individuals with intellectual disabilities, and one-stop career centers, which are supported by the Workforce Investment Act.

Figure VIII.1. Employment services and supports offered by states to MFP participants, by population subgroup and type of support, January to December 2015

40



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2015.

Notes: Grantee states may select more than one type of employment service/support. One service can also be selected for multiple populations.

“Other” services include vocational rehabilitation, individualized assessments and support, referrals to other departments, and application assistance among others.

N = 44 states.

PD = physical disabilities; ID/DD = intellectual or developmental disabilities; MI = mental illness.

Use of MFP grant funds for employment services and supports. Half of the 44 MFP grantee states (22) funded a variety of activities to support the employment goals of MFP participants throughout 2015. The remaining 22 states reported no activities or progress in either period of 2015 in using MFP resources to support the employment goals of MFP participants.

Fifteen states produced training resources or delivered employment training sessions to MFP staff, transition coordinators, or waiver staff. The majority (10) of these grantees (Idaho, Iowa, Maine, Massachusetts, Michigan, Minnesota, Mississippi, New Jersey, Texas, and Virginia) paid for this activity through administrative funding; four states funded it as an MFP demonstration service (Idaho, Indiana, Tennessee, and Washington), and two states (Michigan and Missouri) classified these services as qualified community-based LTSS. Indiana, North Carolina, and Washington also used other funding to support employment training. Seven states incorporated information about disability- and employment-related agencies and services into outreach materials during 2015. Four states (Minnesota, Montana, New Jersey, and Texas) supported these activities through administrative funding; the other 3 states (Michigan, Missouri, and Virginia) used MFP Demonstration Services, qualified community-based LTSS expenditures, and “other” funds.

Eight states financed services or supports to help address barriers to employment, the majority funded as an MFP demonstration service. One state, Connecticut, hired employment specialists, funded as an MFP demonstration service.

Grantee states also reported other types of activities and supports, such as a customized employment program (Minnesota covered them as either a demonstration service or qualified community-based LTSS), a skills development program for business service consultants to help individuals speak with employers and prepare for work (Wisconsin used using “other” funding), and the inclusion of employment and volunteer goals in transition plans (West Virginia covered it as a demonstration service).

MFP-state employment agency collaboration. More than half of all grantee states reported progress toward establishing collaborative relationships with state employment agencies, such as state departments of labor, vocational rehabilitation, workforce development, or commissions for the blind. States participated in multiagency working groups that address employment for individuals with disabilities (15 states), participated in cross-agency awareness training (12 states), and shared enrollment information to determine eligibility for services (7 states). Twenty-one states report not making any progress in either period toward establishing collaborative relationships.

This page left blank for double-sided copying.

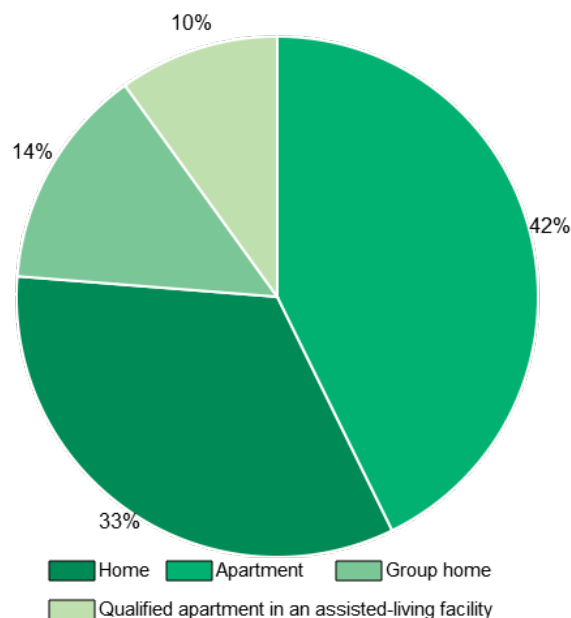
IX. HOUSING FOR MFP PARTICIPANTS

This section presents the types of qualified residences to which new MFP participants transitioned during 2015 and breaks down housing types by population subgroup. It also examines the challenges that states faced in trying to secure affordable, accessible housing for MFP participants and the strategies used to overcome these challenges.

Of the 11,440 MFP participants who transitioned to the community during 2015, 33 percent (3,807 individuals) moved to a home and 42 percent (4,854 individuals) moved to an apartment (Figure IX.1 and Appendix A, Tables A.13 and A.14). About 14 percent (1,570 individuals) of newly transitioned participants moved to group home settings with four or fewer residents; about 10 percent (1,127 individuals) transitioned to a qualified assisted-living facility.²¹ These distributions are similar to what state grantees had reported previously, with slightly higher percentages transitioning to apartments and qualified assisted-living facilities, and slightly lower percentages transitioning to homes and group homes.

²¹ Within each grantee state, the number of MFP participants that transitioned during the reporting period should equal the total number of individuals who moved to all qualified residences during that period. In several grantee states, the total number of newly transitioned participants with an identified type of qualified housing did not match the total number of newly transitioned participants. The reason most commonly cited for this discrepancy is delays in data entry; grantees may not have known the type of housing for all newly transitioned participants at the time they submitted their semiannual progress reports.

Figure IX.1. Percentage of new MFP participants who transitioned to each type of qualified residence, January 1 to December 31, 2015



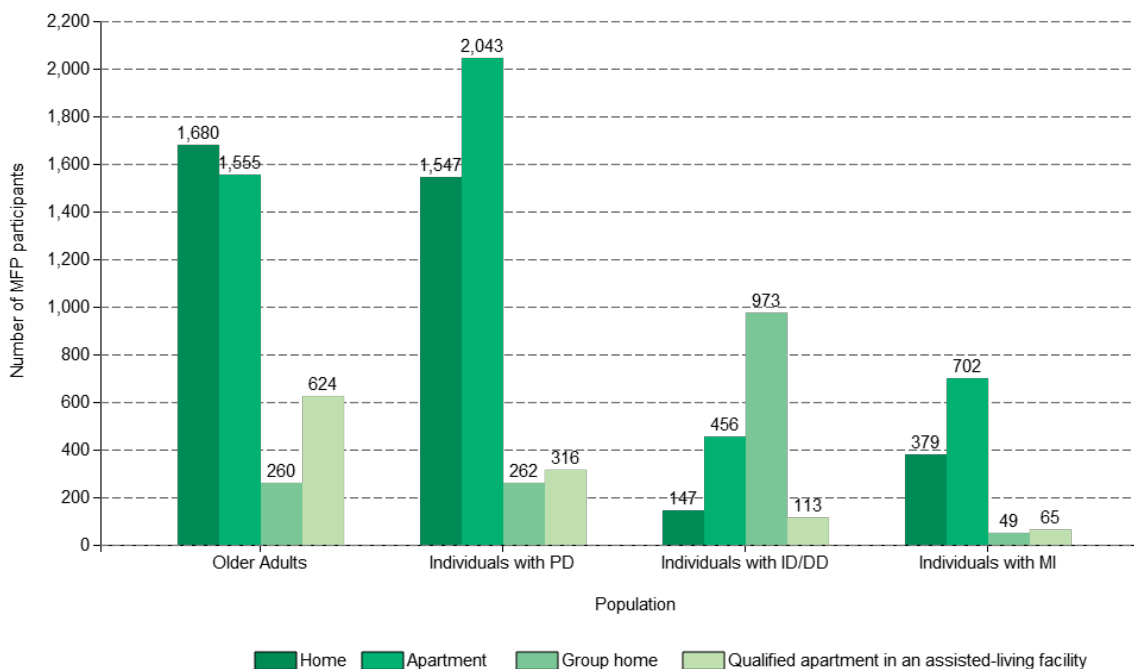
Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2015.

Notes: Percentages are based on data reported for both reporting periods in 2015 and the data reported by states in each reporting period was summed.

N = 44 states.

The types of qualified residences chosen by MFP participants are similar for older adults, individuals with physical disabilities, and individuals with mental illness, but differ for individuals with intellectual or developmental disabilities (Figure IX.2). The vast majority of older adults (79 percent) and individuals with physical disabilities (86 percent) transitioned to a home or an apartment during the year; a slightly higher proportion of older adults moved into a home, and a higher proportion of individuals with physical disabilities moved into an apartment. Most individuals with intellectual disabilities transitioned to a qualified group home, and the majority of individuals with mental illness moved to an apartment. Except for individuals with intellectual disabilities, a qualified group home was the least common type of housing among the subgroups.

Figure IX.2. Type of qualified residence by new MFP participants, by population subgroup, January 1 to December 31, 2015



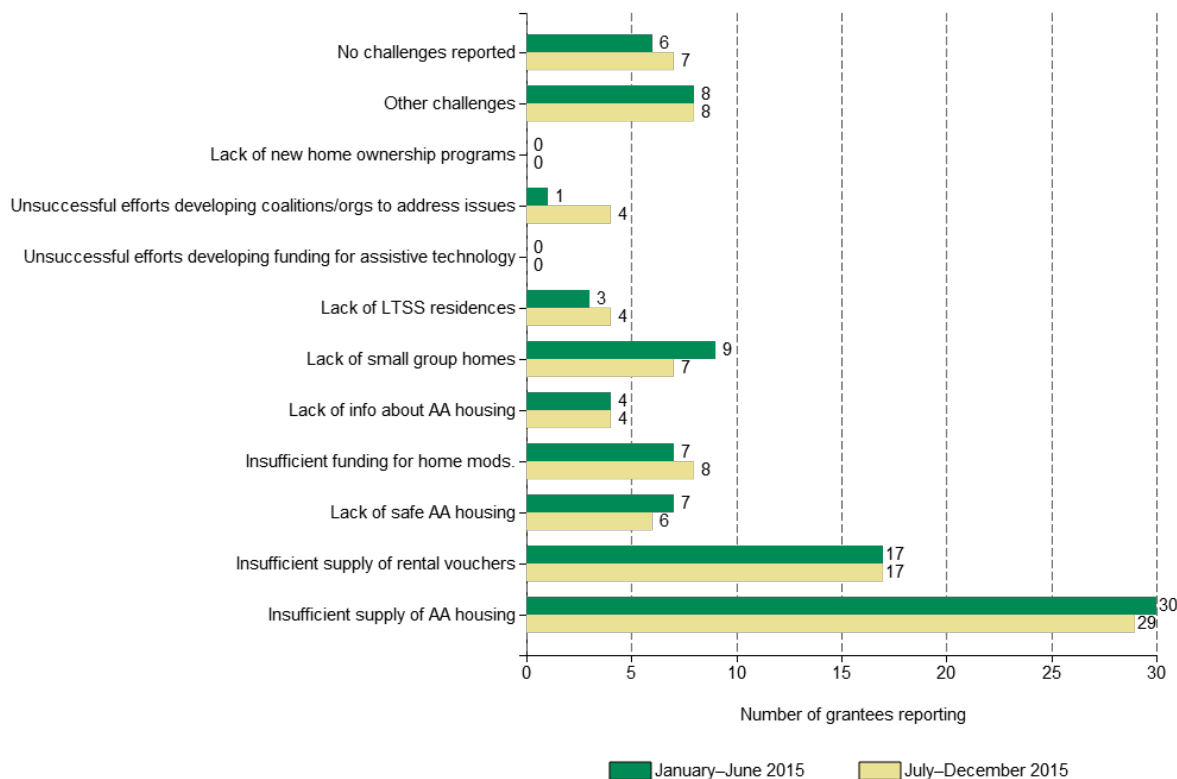
Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2015.

Note: N = 44 states.

ID/DD = intellectual or developmental disabilities; MI = mental illness; PD = physical disabilities.

Thirty-nine out of 44 grantee states that transitioned individuals during 2015 reported at least one challenge securing housing for MFP participants during the year. By far, the two most common challenges states encountered during both periods in 2015 were (1) an insufficient supply of affordable accessible housing (30 states January to June 2015; 29 states July to December 2015) and (2) an insufficient supply of rental vouchers (17 states January to June 2015; 17 states July to December 2015). States have consistently faced these two challenges since the beginning of the MFP demonstration (Figure IX.3, Appendix A, Table A.15). The third most commonly reported challenge during both reporting periods in 2015 was a lack of small group homes (9 states January to June 2015; 7 states July to December 2015).

Figure IX.3. MFP grantees’ reported challenges securing housing for participants, by type of challenge, January to June 2015 and July to December 2015



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2015.

Notes: Grantee states may report more than one type of challenge.

Other challenges included: difficulty filling open housing positions within the states; variation among housing and resources available in different regions within a state; unwillingness of some landlords to accept vouchers; discontinuation of a voucher program; difficulty obtaining priority for MFP participants for housing; and difficulty accessing available funds for home modifications.

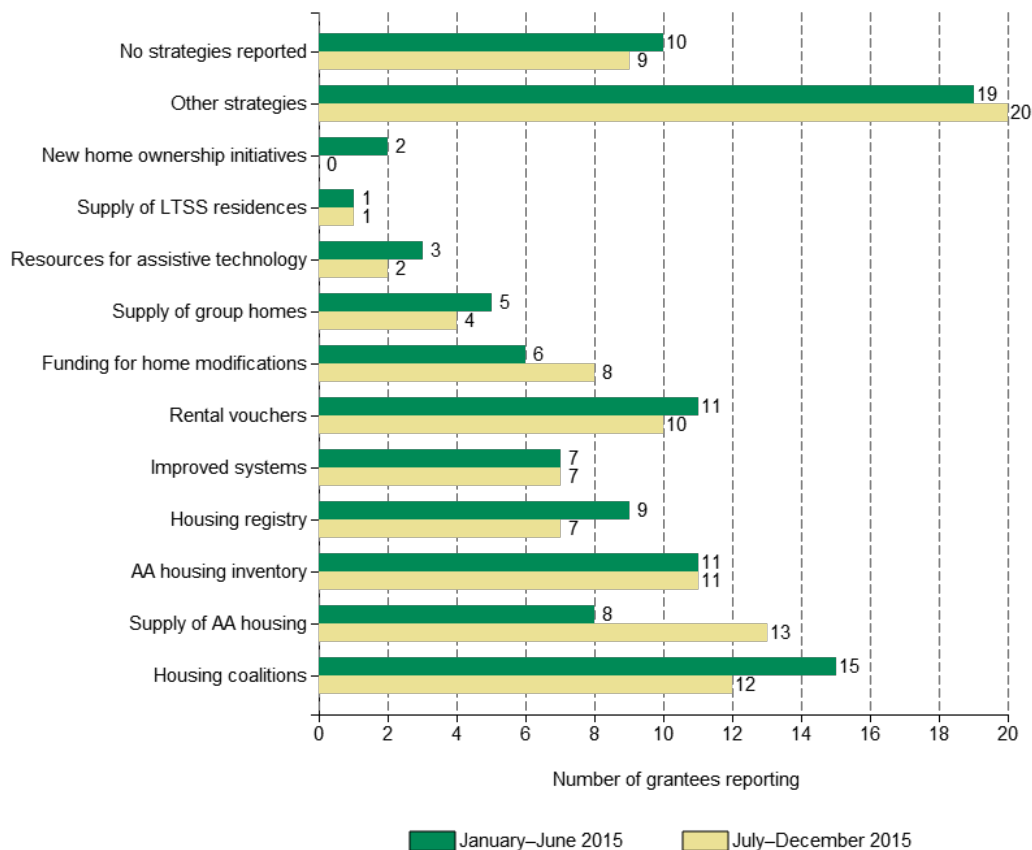
N = 44 states.

AA = affordable and accessible; LTSS = long-term services and supports; mods. = modifications.

Thirty-seven of the 44 states that transitioned individuals during 2015 reported implementing at least one housing strategy aimed at addressing housing challenges and improving housing options for MFP participants during the year (Figure IX.4). The most frequently reported strategy for both 2015 reporting periods was the development of state or local coalitions of housing and human service organizations to create housing initiatives (15 states January to June 2015; 12 states July to December 2015). This was also the most common

strategy in previous reporting periods. During 2015, many states also reported other strategies for addressing housing challenges, including developing partnerships with other agencies or landlords/developers to discuss the needs of the MFP population, exploring home modification options, increasing housing staff, training, holding housing conferences, and conducting education and outreach activities.

Figure IX.4. MFP grantees' efforts to improve housing for participants, by type of strategy, January 1 to December 31, 2015



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2015.

Notes: Grantee states may report more than one type of effort to improve housing. Other housing-related achievements included developing partnerships with other agencies or landlords/developers to discuss the needs of the MFP population, exploring home modification options, increasing housing staff, training, holding housing conferences, and conducting education and outreach activities. N = 44 states. AA = affordable and accessible.

This page left blank for double-sided copying.

X. CONCLUSIONS

Calendar year 2015 marked the eighth year of the MFP demonstration, and the majority of the 44 state grantee programs have reached maturity. These states helped more than 11,400 individuals move into community residences from institutional settings in 2015, representing a 7 percent increase over 2014 in the annual number of transitions. By the end of 2015, MFP transitioned a cumulative total of 63,337 individuals into the community, 23 percent more than the cumulative total as of the end of 2014. More than half of the cumulative transitions were in the seven largest and most mature programs, all of which started transitioning participants in 2008 or 2009.

Grantees sustained high levels of expenditures on qualified community-based LTSS in 2015, achieving 98 percent of the goal they set for the year (similar to 99 percent in 2014). Because of lags in billing and claims processing some states are unable to fully report community-based LTSS expenditures by the time of publication, so grantees most likely achieved their aggregate expenditure goal for the year. State spending of MFP rebalancing funds increased in 2014, with total spending nearly doubling from \$111.7 million by the end of 2013 to \$229.6 million by the end of 2014. In 2014, the number of states reporting spending on rebalancing efforts increased to 27 (from 22 in 2013). Additionally, three of the newer MFP grantee states, which had not yet begun to spend rebalancing funds by the end of 2014, reported that they had established initiatives or were in the process of planning initiatives.

In general, the indicators reported by grantee states support the conclusion that most transitions are successful. Among all MFP participants, only 5 percent experienced a reinstitutionalization lasting more than 30 days during calendar year 2015. Nevertheless, states reported several challenges that impede program growth, including insufficient rental vouchers and affordable and accessible housing. The data in this chartbook suggest that few participants use some services and supports available to them, such as employment services and the option to self-direct services. These findings suggest that MFP programs can do more to help participants fully integrate into their communities.

Calendar year 2016 will mark the last year of the MFP demonstration,²² and we expect to see grantees shift their focus to sustaining their efforts to transition more individuals to community living and rebalancing their long-term care (LTC) systems. Additionally, more states are moving from fee-for-service delivery to managed long-term services and supports. As of May 2015, 22 MFP states operated managed long-term services and supports programs, and we expect this number to grow in 2016. Our findings show that MFP programs continue to grow and mature. We expect the number of transitions, community-based LTSS expenditures, and spending on rebalancing efforts to increase in 2016, even as grantees focus more directly on sustaining their efforts beyond the end of the demonstration and move to managed care systems.

²² Although the demonstration will end after calendar year 2016, many states will continue to provide services through 2020 through no-cost extensions of their grant award.

This page left blank for double-sided copying.

XI. TECHNICAL NOTES

A. Source data

All data presented in this report were derived from each MFP grantee's web-based semiannual progress report for the periods January to June 2015 and July to December 2015. Data were self-reported by MFP grantees in August 2015 and February 2016 and represent a point in time. These 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 community-based LTSS. The reports also capture information on states' progress and challenges encountered in all dimensions of the program.

MFP programs differ in program design, infrastructure, and service capacity, as well as experience implementing transition programs for populations with disabling impairments. MFP programs are also at various stages of maturation, a result of differences in the year in which states received MFP grant awards and began transitioning participants to the community. For these reasons, variations across MFP grantee states' progress toward the key performance indicators can be explained by multiple factors.

B. Annualizing data

Grantee states report the number of current participants enrolled in MFP program at the end of each reporting period (June 30 and December 31) of each year. Throughout this report, when we calculated an annual percentage of enrolled participants in a given state, we divided the numerator of interest by the number of current participants at the end of each reporting period and averaged the numbers. For example, to calculate the percentage of participants reinstitutionalized among all states in 2015, we divided the sum of all participants reinstitutionalized in the first reporting period by the total number of current participants as of the end of the first reporting period. We then performed the same calculation for the second reporting period and averaged the results to calculate the annual reinstitutionalization rate.

C. Data limitations

Some states do not report on all data elements each period, and some data are reported more consistently than others. We have indicated throughout this report—by the use of color coding on the maps and explanatory footnotes—which states have not reported a particular data element, thus excluding it from aggregate MFP program totals or MFP state averages. In addition to missing data, variations in reporting practices may explain some of the observed differences in data across states. For example, wide variation in the rate of reinstitutionalization over 30 days across states is likely due to actual differences in the rates of reinstitutionalization over 30 days as well as differences in states' data collection and reporting. Within each chapter, we have indicated when differences in state reporting practices may have contributed to differences in rates. We note that some states occasionally submit corrections to their data that are not reflected in the data in this report because they were received after the date of publication. Data from submissions after the date of publication will be incorporated into future reports.

This page left blank for double-sided copying.

REFERENCES

- Irvin, Carol, Noelle Denny-Brown, Alex Bohl, John Schurrer, Andrea Wysocki, Rebecca Coughlin, and Susan R. Williams. “Money Follows the Person 2014 Annual Evaluation Report.” Final report submitted to the Centers for Medicare & Medicaid Services, Division of Community Services Transformation, Disabled and Elderly Health Programs Group. Cambridge, MA: Mathematica Policy Research. 2015.
- Peebles, Victoria, and Matthew Kehn. “Innovations in Home- and Community-Based Services: Highlights from a Review of Services Available to Money Follows the Person Participants.” National Evaluation of the Money Follows the Person Demonstration Grant Program, Reports from the Field No. 14. Washington, DC: Mathematica Policy Research, September 2014. Available at <https://www.mathematica-mpr.com//our-publications-and-findings/publications/mfp-innovations-in-home-and-community-based-services>. Accessed on April 25, 2016.

This page left blank for double-sided copying.

APPENDIX A
DATA TABLES

This page left blank for double-sided copying.

Table A.1. Cumulative number of MFP grant transitions, start of program through December 31, 2015

State	Cumulative total	Older adults	People with physical disabilities	People with intellectual or developmental disabilities	People with mental illness	Other
Alabama	49	22	27	0	0	0
Arkansas	773	143	225	404	1	0
California	2,656	743	1,017	770	38	88
Colorado	133	12	44	38	30	9
Connecticut	3,177	1,504	1,255	154	264	0
Delaware	267	107	125	28	7	0
District of Columbia	213	67	41	105	0	0
Georgia	2,261	603	860	610	167	21
Hawaii	444	245	187	12	0	0
Idaho	321	96	155	53	17	0
Illinois	2,350	591	739	295	725	0
Indiana	1,822	1,003	521	110	188	0
Iowa	507	0	0	471	0	36
Kansas	1,490	345	838	253	0	54
Kentucky	645	167	190	203	10	75
Louisiana	1,466	600	565	301	0	0
Maine	59	15	31	0	0	13
Maryland	2,428	1,138	956	267	0	67
Massachusetts	1,529	795	598	44	92	0
Michigan	2,640	1,426	1,214	0	0	0
Minnesota	109	6	29	4	36	34
Mississippi	350	46	98	206	0	0
Missouri	1,277	309	580	351	0	37
Montana ^a	68	22	25	9	9	3
Nebraska	472	209	164	74	0	25

Table A.1 (continued)

State	Cumulative total	Older adults	People with physical disabilities	People with intellectual or developmental disabilities	People with mental illness	Other
Nevada	210	70	124	16	0	0
New Hampshire	287	118	108	14	3	44
New Jersey	1,615	524	405	686	0	0
New York	1,912	492	512	366	0	542
North Carolina	624	190	183	251	0	0
North Dakota	300	72	116	103	0	9
Ohio	7,444	1,399	2,699	736	2,610	0
Oklahoma	714	135	266	313	0	0
Oregon ^b	306	105	144	50	0	7
Pennsylvania	2,243	1,362	619	197	0	65
Rhode Island	223	144	79	0	0	0
South Carolina	55	32	23	0	0	0
South Dakota ^a	43	6	19	18	0	0
Tennessee	1,436	733	615	88	0	0
Texas	10,342	3,937	3,960	2,445	0	0
Vermont	219	152	67	0	0	0
Virginia	1,001	170	195	636	0	0
Washington	5,494	2,758	2,387	275	74	0
West Virginia	136	58	78	0	0	0
Wisconsin	1,227	453	559	214	1	0
Total	63,337	23,124	23,642	11,170	4,272	1,129

Source: State MFP Grantee Semiannual Progress Reports, 2015.

^a Montana and South Dakota started transitioning individuals during 2014.

^b Oregon suspended program operations in 2010 and later rescinded its grant award.

Table A.2. Number of institutional residents who transitioned under MFP during the reporting period from January 1 to December 31, 2015

State	Total number	Older adults	People with physical disabilities	People with intellectual or developmental disabilities	People with mental illness	Other
Alabama	24	11	13	0	0	0
Arkansas	132	37	38	57	0	0
California	344	140	183	13	8	0
Colorado	55	5	18	16	12	4
Connecticut	750	340	329	37	44	0
Delaware	35	14	16	4	1	0
District of Columbia	36	26	10	0	0	0
Georgia	228	57	125	3	43	0
Hawaii	83	46	37	0	0	0
Idaho	81	26	41	14	0	0
Illinois	641	179	194	72	196	0
Indiana	456	186	67	107	96	0
Iowa	154	0	0	135	0	19
Kansas	235	55	143	30	0	7
Kentucky	36	12	11	0	1	12
Louisiana	380	175	118	87	0	0
Maine	19	5	12	0	0	2
Maryland	275	111	125	28	0	11
Massachusetts	549	205	298	7	39	0
Michigan	426	245	181	0	0	0

Table A.2 (continued)

State	Total number	Older adults	People with physical disabilities	People with intellectual or developmental disabilities	People with mental illness	Other
Minnesota	75	2	20	2	22	29
Mississippi	99	14	35	50	0	0
Missouri	249	64	120	61	0	4
Montana ^a	53	20	22	3	8	0
Nebraska	83	48	31	1	0	3
Nevada	66	26	37	3	0	0
New Hampshire	40	20	18	0	0	2
New Jersey	258	68	108	82	0	0
New York	325	61	41	150	0	73
North Carolina	128	26	31	71	0	0
North Dakota	64	14	28	17	0	5
Ohio	1,658	288	511	139	720	0
Oklahoma	35	6	17	12	0	0
Pennsylvania	353	183	114	45	0	11
Rhode Island	62	36	26	0	0	0
South Carolina	15	10	5	0	0	0
South Dakota ^a	33	4	15	14	0	0
Tennessee	359	186	138	35	0	0
Texas	1,038	440	400	198	0	0
Vermont	75	51	24	0	0	0
Virginia	175	30	44	101	0	0
Washington	964	550	340	65	9	0
West Virginia	46	24	22	0	0	0
Wisconsin	248	79	144	25	0	0
Total	11,440	4,125	4,250	1,684	1,199	182

Table A.2 (*continued*)

Source: State MFP Grantee Semiannual Progress Reports for January 1 to December 31, 2015.

^a Montana and South Dakota started transitioning individuals during 2014.

Table A.3. Current MFP participation, June 30, 2014 through December 31, 2015

State	As of December 2015	As of June 2015	As of December 2014	As of June 2014
Alabama	32	4	21	0
Arkansas	113	111	122	123
California	202	126	278	362
Colorado	77	72	68	35
Connecticut	612	602	513	437
Delaware	69	11	39	52
District of Columbia	34	38	26	13
Georgia	178	268	290	358
Hawaii	66	83	79	85
Idaho	69	78	170	68
Illinois	590	549	533	423
Indiana	628	584	454	411
Iowa	142	133	76	75
Kansas	222	232	201	190
Kentucky	33	45	75	91
Louisiana	508	403	338	355
Maine	17	14	21	18
Maryland	251	250	210	272
Massachusetts	432	374	324	231
Michigan	497	466	267	168
Minnesota	67	63	27	12
Mississippi	92	92	95	43
Missouri	320	252	169	127
Montana ^b	43	22	12	2
Nebraska	59	53	52	87
Nevada	50	63	73	58
New Hampshire	33	33	33	35
New Jersey	243	202	277	362
New York	239	241	321	364
North Carolina	113	166	114	102

Table A.3 (continued)

State	As of December 2015	As of June 2015	As of December 2014	As of June 2014
North Dakota	57	44	51	56
Ohio	1,458	1,342	1,151	1,124
Oklahoma	30	76	127	176
Pennsylvania	310	273	250	275
Rhode Island	42	40	36	42
South Carolina	11	15	17	16
South Dakota ^a	31	28	13	0
Tennessee	324	275	258	303
Texas	916	980	1,108	1,184
Vermont	58	55	40	45
Virginia	169	170	163	164
Washington	702	803	884	866
West Virginia	37	51	51	44
Wisconsin	233	286	246	212
Total	10,409	10,068	9,673	9,466

Source: State MFP Grantee Semiannual Progress Reports for January 1 to June 30, 2014; July 1 to December 31, 2014; January 1 to June 30, 2015; and July 1 to December 31, 2015.

Note: 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 community-based LTSS on that day. It excludes 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.

^a South Dakota implemented its MFP transition program during the reporting period from July 1 to December 21, 2014.

^b Montana implemented its MFP transition program during the reporting period from January 1 to June 30, 2014.

n.a. = not applicable.

Table A.4. MFP states' progress toward yearly transition goals, 2015 and 2014

State	January to December 2015 MFP transition activity			January to December 2014 MFP transition activity		
	Percentage of 2015 transition target achieved as of December 2015	Total 2015 transition goals	Total number of transitions in 2015	Percentage of 2014 transition goal achieved as of December 2014	Total 2014 transition goals	Total number of transitions in 2014
Iowa	205.3%	75	154	142.9%	56	80
Michigan	142.0%	300	426	128.3%	290	372
Vermont	141.5%	53	75	105.8%	52	55
North Dakota	136.2%	47	64	127.7%	47	60
Washington	133.1%	724	964	203.0%	558	1,133
Ohio	133.0%	1,247	1,658	105.1%	1,236	1,299
Hawaii	122.1%	68	83	127.3%	66	84
Louisiana	116.6%	326	380	95.7%	302	289
Missouri	114.2%	218	249	106.4%	172	183
Montana ^c	112.8%	47	53	65.2%	23	15
Illinois	111.1%	577	641	76.7%	787	604
South Dakota ^b	110.0%	30	33	90.9%	11	10
Connecticut	107.1%	700	750	59.7%	947	565
Kansas	106.8%	220	235	43.2%	505	218
Mississippi	104.2%	95	99	109.5%	95	104
Virginia	104.2%	168	175	114.7%	156	179
Rhode Island	103.3%	60	62	75.0%	60	45
Nebraska	102.5%	81	83	74.1%	81	60
Indiana	101.3%	450	456	87.4%	356	311
Idaho	100.0%	81	81	115.0%	80	92

Table A.4 (continued)

State	January to December 2015 MFP transition activity			January to December 2014 MFP transition activity		
	Percentage of 2015 transition target achieved as of December 2015	Total 2015 transition goals	Total number of transitions in 2015	Percentage of 2014 transition goal achieved as of December 2014	Total 2014 transition goals	Total number of transitions in 2014
New Jersey	89.9%	287	258	68.8%	432	297
Massachusetts	89.4%	614	549	123.3%	373	460
New York	89.3%	364	325	70.7%	482	341
Nevada	84.6%	78	66	121.4%	70	85
Wisconsin	82.7%	300	248	99.7%	300	299
North Carolina	82.6%	155	128	85.9%	135	116
Tennessee	82.2%	437	359	70.7%	392	277
New Hampshire	81.6%	49	40	71.4%	49	35
California	80.9%	425	344	41.3%	767	317
Arkansas	80.5%	164	132	92.7%	150	139
Dist. of Columbia	80.0%	45	36	77.1%	35	27
Texas	76.9%	1,350	1,038	97.2%	1,200	1,166
Maryland	75.3%	365	275	76.5%	332	254
Maine	73.1%	26	19	88.9%	27	24
Colorado ^a	68.8%	80	55	35.0%	100	35
Georgia	65.1%	350	228	86.0%	350	301
Delaware	63.6%	55	35	122.0%	50	61
Pennsylvania	62.8%	562	353	70.6%	418	295
Oklahoma	51.5%	68	35	100.0%	136	136
West Virginia ^a	41.8%	110	46	107.3%	55	59

Table A.4 (continued)

State	January to December 2015 MFP transition activity			January to December 2014 MFP transition activity		
	Percentage of 2015 transition target achieved as of December 2015	Total 2015 transition goals	Total number of transitions in 2015	Percentage of 2014 transition goal achieved as of December 2014	Total 2014 transition goals	Total number of transitions in 2014
Minnesota ^a	40.5%	185	75	7.4%	365	27
Kentucky	36.0%	100	36	64.7%	150	97
South Carolina ^a	34.1%	44	15	21.7%	106	23
Alabama	11.7%	205	24	48.3%	60	29
Total	95.5%	11,985	11,440	85.9%	12,414	10,658

Source: State MFP Grantee Semiannual Progress Reports for January 1 to June 30, 2014; July 1 to December 31, 2014; January 1 to June 30, 2015; and July 1 to December 31, 2015.

Note: States are sorted by the percentage of 2015 transition targets achieved as of December 31, 2015.

^a Colorado, Minnesota, South Carolina, and West Virginia implemented MFP programs during the reporting period from January 1 to June 30, 2013.

^b South Dakota implemented its MFP transition program during the reporting period from July 1 to December 21, 2014.

^c Montana implemented its MFP transition program during the reporting period from January 1 to June 30, 2014.

n.a. = not applicable.

Table A.5. 2015 and 2014 qualified community-based LTSS expenditures

State	Percentage of 2015 spending target achieved as of December 2015	2015 target level of spending	Qualified expenditures as of December 2015	Percentage of 2014 spending target achieved as of December 2014	2014 target level of spending	Qualified expenditures as of December 2014
Alabama ^a	93.6%	\$693,589,356	\$648,938,137	92.4%	\$671,969,757	\$620,996,435
Arkansas	86.3%	\$377,058,905	\$325,409,206	86.4%	\$359,103,719	\$310,241,296
California	84.2%	\$10,966,784,300	\$9,232,928,761	87.4%	\$10,441,061,182	\$9,126,286,212
Colorado ^b	107.3%	\$879,998,546	\$943,893,163	106.8%	\$860,577,412	\$918,846,260
Connecticut	40.5%	\$4,018,173,900	\$1,628,247,668	36.3%	\$3,978,390,000	\$1,443,462,871
Delaware	84.0%	\$137,194,160	\$115,245,992	82.4%	\$129,976,186	\$107,062,934
District of Columbia	48.7%	\$829,935,911	\$404,300,878	54.5%	\$777,093,548	\$423,793,456
Georgia	86.7%	\$1,328,066,955	\$1,151,994,007	89.9%	\$1,238,290,867	\$1,113,054,488
Hawaii	102.9%	\$187,569,867	\$192,931,797	107.3%	\$185,889,200	\$199,495,754
Idaho	182.9%	\$236,292,154	\$432,153,015	169.1%	\$218,789,031	\$370,068,174
Illinois	95.8%	\$1,999,835,896	\$1,915,873,272	111.8%	\$1,834,711,831	\$2,050,547,538
Indiana	71.5%	\$1,230,000,000	\$879,506,675	98.5%	\$1,169,000,000	\$1,151,721,270
Iowa	109.7%	\$736,939,093	\$808,047,005	109.7%	\$700,171,275	\$768,098,278
Kansas	151.8%	\$633,840,897	\$961,882,529	141.0%	\$624,209,889	\$879,965,976
Kentucky	77.0%	\$973,200,000	\$749,669,149	81.6%	\$869,200,000	\$709,464,134
Louisiana	98.8%	\$858,558,030	\$847,971,858	101.7%	\$840,751,010	\$855,202,330
Maine ^c	76.0%	\$479,167,111	\$364,107,562	77.5%	\$464,064,621	\$359,846,464
Maryland	101.1%	\$1,134,447,621	\$1,147,099,433	98.3%	\$1,075,312,473	\$1,056,511,778
Massachusetts	108.6%	\$4,417,000,000	\$4,797,088,555	93.4%	\$3,998,000,000	\$3,735,320,858
Michigan	120.7%	\$976,080,750	\$1,178,348,149	177.6%	\$956,182,220	\$1,698,309,303

Table A.5 (continued)

State	Percentage of 2015 spending target achieved as of December 2015	2015 target level of spending	Qualified expenditures as of December 2015	Percentage of 2014 spending target achieved as of December 2014	2014 target level of spending	Qualified expenditures as of December 2014
Minnesota ^b	96.3%	\$3,221,477,903	\$3,101,125,449	96.2%	\$3,040,416,307	\$2,925,597,621
Mississippi	96.1%	\$453,774,657	\$436,119,409	97.0%	\$438,768,765	\$425,612,820
Missouri	132.8%	\$1,141,423,514	\$1,515,511,457	126.7%	\$1,097,524,733	\$1,390,326,473
Montana ^d	104.5%	\$142,638,922	\$149,042,840	95.8%	\$139,159,924	\$133,360,929
Nebraska	100.9%	\$351,100,000	\$354,182,097	99.4%	\$344,100,000	\$341,976,302
Nevada	121.4%	\$177,706,407	\$215,754,035	117.8%	\$173,764,605	\$204,660,420
New Hampshire	78.9%	\$369,651,010	\$291,670,948	83.2%	\$347,416,363	\$288,930,348
New Jersey	215.1%	\$1,309,124,519	\$2,815,739,975	157.7%	\$1,274,570,926	\$2,010,522,253
New York	100.7%	\$14,121,780,984	\$14,220,886,848	96.1%	\$13,855,120,128	\$13,315,836,102
North Carolina ^e	108.8%	\$1,582,507,210	\$1,721,039,554	104.9%	\$1,509,284,533	\$1,582,507,210
North Dakota	116.6%	\$203,706,386	\$237,506,401	102.7%	\$192,798,820	\$198,017,524
Ohio	73.3%	\$4,086,000,000	\$2,995,642,908	92.5%	\$3,819,000,000	\$3,531,746,015
Oklahoma	98.1%	\$615,148,224	\$603,371,259	89.7%	\$569,904,854	\$511,250,334
Pennsylvania	100.0%	\$3,868,963,022	\$3,868,963,022	129.5%	\$2,925,320,000	\$3,786,902,026
Rhode Island	98.3%	\$502,016,427	\$493,703,136	97.6%	\$500,016,362	\$488,063,881
South Carolina ^b	106.2%	\$560,950,017	\$595,578,720	102.0%	\$553,049,313	\$564,033,555
South Dakota ^f	102.8%	\$130,093,754	\$133,733,410	100.3%	\$125,937,806	\$126,288,798
Tennessee	106.1%	\$1,062,468,177	\$1,126,942,659	107.7%	\$1,019,726,904	\$1,097,773,660
Texas	157.4%	\$3,378,671,461	\$5,316,995,139	142.9%	\$3,378,671,461	\$4,828,328,398
Vermont	103.2%	\$61,579,906	\$63,529,390	98.0%	\$60,372,457	\$59,174,153
Virginia	91.0%	\$1,634,172,053	\$1,487,652,130	95.7%	\$1,501,749,884	\$1,436,785,471
Washington	115.9%	\$906,651,878	\$1,050,827,532	104.9%	\$897,675,127	\$941,773,582
West Virginia ^b	97.3%	\$675,406,454	\$657,153,751	97.6%	\$641,368,822	\$626,069,203
Wisconsin	100.8%	\$2,351,559,388	\$2,369,616,619	100.7%	\$2,269,183,127	\$2,285,962,392

Table A.5 (continued)

State	Percentage of 2015 spending target achieved as of December 2015	2015 target level of spending	Qualified expenditures as of December 2015	Percentage of 2014 spending target achieved as of December 2014	2014 target level of spending	Qualified expenditures as of December 2014
TOTAL	98.1%	\$76,002,305,725	\$74,547,925,499	98.5%	\$72,067,645,442	\$70,999,795,279

Source: State MFP Grantee Semiannual Progress Reports for July 1 to December 31, 2015.

^a Alabama implemented its MFP transition program during the reporting period from July 1 to December 31, 2013.

^b Colorado, Minnesota, South Carolina, and West Virginia implemented new MFP programs during the reporting period from January 1 to June 30, 2013.

^c Maine's 2014 expenditure data does not include the first and second quarter of calendar year 2014. Target level of spending was established using budget caps and not actual utilization.

^d Montana implemented its MFP transition program during the reporting period covering January 1 to June 30, 2014.

^e North Carolina's 2014 expenditure data includes Program of All-Inclusive Care for the Elderly (PACE) and private duty nursing spending.

^f South Dakota implemented its MFP transition program during the reporting period from July 1 to December 31, 2014. Reported 2014 expenditures do not include spending for MFP participants.

n.a. = not applicable; NR = not reported; ID = intellectual or developmental disabilities

Table A.6. Use of rebalancing funds through December 31, 2014

State ^a	Cumulative rebalancing expenditures as of December 2014	Cumulative rebalancing expenditures as of December 2013	Cumulative rebalancing expenditures as of December 2012	Type of activities
Alabama ^b	NR	\$0	n.a	(1) Waiver
Arkansas	\$2,100,000	\$2,100,000	\$270,962	(1) Assessment
California ^c	NR	NR	NR	
Connecticut	\$12,600,000	\$9,266,750	\$2,216,750	(1) Housing; (2) Transition Services
Delaware ^c	NR	NR	\$24,436	(1) Waiver
District of Columbia ^d	\$43,811	\$1,372	\$1,858,159	(1) Transition Services
Georgia ^c	\$0	NR	NR	
Hawaii ^c	\$1	NR	\$253,573	(1) Waivers
Idaho	\$0	\$0	\$0	(1) Assessment Tools
Illinois	\$1,019,596	\$338,157	\$176,388	(1) Housing; (2) Transition Services
Indiana	NR	\$3,417,208	\$1,270,846	
Iowa	\$7,309,571	\$4,816,787	\$4,309,902	(1) Assessment; (2) Data system improvements; (3) Staff Training; (4) Other
Kansas ^c	NR	NR	\$5,754,441	
Kentucky ^c	NR	NR	\$3,476,700	(1) Waiver
Maine ^e	\$64,588	\$0	\$0	(1) Housing; (2) Staff Training

Table A.6 (continued)

State ^a	Cumulative rebalancing expenditures as of December 2014	Cumulative rebalancing expenditures as of December 2013	Cumulative rebalancing expenditures as of December 2012	Type of activities
Maryland	\$16,178,056	\$14,234,333	\$11,654,600	(1) Assessment Tools; (2) Housing; (3) Data system improvements; (4) Outreach; (5) Staff Training; (6) Waivers
Massachusetts	\$1,181,111	\$0	\$0	(1) Data system improvements; (2) Other
Michigan	\$54,583,409	\$1,570,153	\$5,425,421	(1) Waivers
Mississippi ^e	\$0	\$0	\$0	(1) Staff Training
Missouri	\$51,325,696	\$28,513,753	\$2,801,506	(1) Assessment Tools; (2) Transition Services; (3) Waivers; (4) Other
Montana ^g	\$48,638	\$0	\$0	(1) Waiver
Nebraska	\$150,404	\$940,709	\$400,548	(1) Data system improvements; (2) Waiver
Nevada ^e	\$7,478	\$0	\$0	(1) Transition Services
New Hampshire ^c	NR	NR	NR	(1) Waiver
New Jersey	\$4,908,646	\$1,499,729	\$1,105,813	(1) Housing; (2) Staff Training
New York	\$10,330,420	\$8,922,440	\$3,137,169	(1) Housing; (2) Outreach; (3) Transition Services; (4) Waiver; (5) Other
North Carolina	\$54,584	\$32,591	\$0	(1) Outreach

Table A.6 (continued)

State ^a	Cumulative rebalancing expenditures as of December 2014	Cumulative rebalancing expenditures as of December 2013	Cumulative rebalancing expenditures as of December 2012	Type of activities
North Dakota	\$316,656	\$11,275	\$75,000	(1) Housing; (2) Outreach; (3) Staff Training; (4) Transition Services
Ohio ^d	\$4,037,264	\$3,277,049	\$7,057,324	(1) Assessment Tools; (2) Housing; (3) Outreach; (4) Staff Training; (5) Other
Oklahoma	\$6,456,024	\$3,720,256	\$1,208,564	(1) Waiver
Oregon ^f	n.a.	NR	\$3,645,299	
Pennsylvania	\$14,028,377	\$9,764,731	\$5,724,375	(1) Waiver
Rhode Island ^h	\$8,600	\$0	\$0	(1) Staff Training
Tennessee	\$11,010	\$0	\$0	(1) Housing; (2) Staff Training
Texas ^d	NR	\$3,566,567	\$2,145,973	(1) Staff Training; (2) Waiver; (3) Other
Vermont ^d	\$3,750	\$8,000	\$2,787,994	(1) Other
Virginia	\$13,925,957	\$10,901,660	\$8,470,547	(1) Transition Services
Washington ^d	\$23,478,106	\$4,401,114	\$15,096,970	(1) Data system improvements; (2) Housing; (3) Staff Training; (4) Transition Services; (5) Waiver; (6) Other
Wisconsin ^c	\$5,442,401	\$417,757	NR	(1) Outreach; (2) Waiver; (3) Other

Table A.6 (continued)

State ^a	Cumulative rebalancing expenditures as of December 2014	Cumulative rebalancing expenditures as of December 2013	Cumulative rebalancing expenditures as of December 2012	Type of activities
Total	\$229,614,153	\$111,722,391	\$90,349,260	--

Source: MFP semiannual progress reports covering the reporting periods from January 1 to June 30, 2012; January 1 to June 30, 2013; January 1 to June 30, 2014; and January 1 to June 30, 2015.

^a South Dakota started transitioning participants in 2014; Colorado, Minnesota, South Carolina, and West Virginia started transitioning participants in 2013; and Louisiana started transitioning participants in 2009. These states were not included in this table because they did not have any rebalancing expenditures to report through December 2014.

^b Alabama started transitioning participants in 2013.

^c California, Delaware, Georgia, Indiana, Kansas, Kentucky, New Hampshire, Texas, and Wisconsin reported cumulative expenditures in previous reporting periods but did not report spending through December 2014.

^d Cumulative expenditures reported in later years were lower than what had been reported in earlier years because the state changed or corrected earlier methods of tracking.

^e Maine, Mississippi, and Nevada started transitioning participants in 2012.

^f Oregon suspended program operations in 2010 and later rescinded its grant award.

^g Montana started transitioning participants in 2014.

^h Rhode Island started transitioning participants in 2011.

ⁱ Indiana provided rebalancing expenditures after the production of this report began. These data will be included in future reports.

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

Table A.7. Number of participants reinstitutionalized for any length of stay, January 1 to June 30, 2015

State	Total number	Older adults	People with physical disabilities	People with intellectual or developmental disabilities	People with mental illness	Other
Alabama	1	1	0	0	0	0
Arkansas	19	10	5	4	0	0
California	17	3	12	1	1	0
Colorado	4	0	2	0	2	0
Connecticut	150	85	51	6	8	0
Delaware	0	0	0	0	0	0
District of Columbia	1	1	0	0	0	0
Georgia	44	36	5	0	3	0
Hawaii	16	8	8	0	0	0
Idaho	2	0	2	0	0	0
Illinois	117	18	29	35	35	0
Indiana	73	49	21	3	0	0
Iowa	4	0	0	4	0	0
Kansas	42	12	28	2	0	0
Kentucky	26	11	14	0	0	1
Louisiana	9	7	2	0	0	0
Maine	3	1	2	0	0	0
Maryland	23	15	7	1	0	0
Massachusetts	67	38	27	0	2	0
Michigan	132	48	84	0	0	0
Minnesota	1	0	1	0	0	0
Mississippi	1	0	0	1	0	0
Missouri	66	27	33	6	0	0
Montana ^a	4	3	1	0	0	0
Nebraska	3	2	1	0	0	0

Table A.7 (continued)

State	Total number	Older adults	People with physical disabilities	People with intellectual or developmental disabilities	People with mental illness	Other
Nevada	21	10	11	0	0	0
New Hampshire	2	2	0	0	0	0
New Jersey	4	2	2	0	0	0
New York	23	1	0	22	0	0
North Carolina	7	4	1	2	0	0
North Dakota	1	0	1	0	0	0
Ohio	257	47	85	2	123	0
Oklahoma	6	1	4	1	0	0
Pennsylvania	23	18	4	1	0	0
Rhode Island	17	9	8	0	0	0
South Carolina	5	2	3	0	0	0
South Dakota ^a	1	1	0	0	0	0
Tennessee	131	71	58	2	0	0
Texas	110	61	39	10	0	0
Vermont	2	1	1	0	0	0
Virginia	11	2	4	5	0	0
Washington	202	138	61	3	0	0
West Virginia	14	4	10	0	0	0
Wisconsin	74	25	37	12	0	0
TOTAL	1,736	774	664	123	174	1

Source: State MFP Grantee Semiannual Progress Reports for January 1 to June 30, 2015.

^a Montana and South Dakota started transitioning individuals during 2014.

Table A.8. Number of participants reinstitutionalized for any length of stay, July 1 to December 31, 2015

State	Total number	Older adults	People with physical disabilities	People with intellectual or developmental disabilities	People with mental illness	Other
Alabama	1	1	0	0	0	0
Arkansas	18	4	8	6	0	0
California	44	15	27	1	1	0
Colorado	29	0	22	2	4	1
Connecticut	184	80	90	5	9	0
Delaware	4	2	0	0	2	0
District of Columbia	1	1	0	0	0	0
Georgia	34	23	10	0	1	0
Hawaii	3	2	1	0	0	0
Idaho	2	2	0	0	0	0
Illinois	164	43	42	24	55	0
Indiana	92	58	19	14	1	0
Iowa	4	0	0	2	0	2
Kansas	5	1	4	0	0	0
Kentucky	4	2	2	0	0	0
Louisiana	15	12	3	0	0	0
Maine	1	0	1	0	0	0
Maryland	6	0	3	2	0	1
Massachusetts	76	42	30	0	4	0
Michigan	148	87	61	0	0	0
Minnesota	2	0	2	0	0	0
Mississippi	6	1	4	1	0	0
Missouri	62	15	41	6	0	0
Montana ^a	7	3	3	0	1	0
Nebraska	6	5	1	0	0	0

Table A.8 (continued)

State	Total number	Older adults	People with physical disabilities	People with intellectual or developmental disabilities	People with mental illness	Other
Nevada	29	16	13	0	0	0
New Hampshire	4	2	2	0	0	0
New Jersey	7	6	1	0	0	0
New York	16	0	1	15	0	0
North Carolina	27	7	13	7	0	0
North Dakota	2	0	1	1	0	0
Ohio	252	30	82	2	138	0
Oklahoma	0	0	0	0	0	0
Pennsylvania	24	16	8	0	0	0
Rhode Island	39	21	18	0	0	0
South Carolina	7	4	3	0	0	0
South Dakota ^a	1	1	0	0	0	0
Tennessee	139	82	50	7	0	0
Texas	103	53	45	5	0	0
Vermont	25	12	13	0	0	0
Virginia	5	1	4	0	0	0
Washington	121	77	39	5	0	0
West Virginia	17	9	8	0	0	0
Wisconsin	82	24	44	14	0	0
TOTAL	1,818	760	719	119	216	4

Source: State MFP Grantee Semiannual Progress Reports for July 1 to December 31, 2015.

^a Montana and South Dakota started transitioning individuals during 2014.

Table A.9. Number of participants reinstitutionalized for more than 30 days, January 1 to June 30, 2015

State	Total number	Older adults	People with physical disabilities	People with intellectual or developmental disabilities	People with mental illness	Other
Alabama	0	0	0	0	0	0
Arkansas	0	0	0	0	0	0
California	1	0	1	0	0	0
Colorado	0	0	0	0	0	0
Connecticut	36	29	5	0	2	0
Delaware	0	0	0	0	0	0
District of Columbia	1	1	0	0	0	0
Georgia	8	1	4	0	3	0
Hawaii	4	2	2	0	0	0
Idaho	2	0	2	0	0	0
Illinois	14	4	2	5	3	0
Indiana	33	21	9	3	0	0
Iowa	0	0	0	0	0	0
Kansas	10	7	3	0	0	0
Kentucky	1	1	0	0	0	0
Louisiana	9	7	2	0	0	0
Maine	3	1	2	0	0	0
Maryland	18	12	5	1	0	0
Massachusetts	21	13	7	0	1	0
Michigan	23	8	15	0	0	0
Minnesota	1	0	1	0	0	0
Mississippi	0	0	0	0	0	0
Missouri	10	4	6	0	0	0
Montana ^a	1	0	1	0	0	0
Nebraska	3	2	1	0	0	0

A-24

Table A.9 (continued)

State	Total number	Older adults	People with physical disabilities	People with intellectual or developmental disabilities	People with mental illness	Other
Nevada	7	4	3	0	0	0
New Hampshire	2	2	0	0	0	0
New Jersey	4	2	2	0	0	0
New York	0	0	0	0	0	0
North Carolina	7	4	1	2	0	0
North Dakota	0	0	0	0	0	0
Ohio	62	19	13	0	30	0
Oklahoma	5	1	4	0	0	0
Pennsylvania	6	6	0	0	0	0
Rhode Island	5	3	2	0	0	0
South Carolina	4	2	2	0	0	0
South Dakota ^a	1	1	0	0	0	0
Tennessee	46	28	18	0	0	0
Texas	54	30	15	9	0	0
Vermont	2	1	1	0	0	0
Virginia	7	2	2	3	0	0
Washington	44	26	18	0	0	0
West Virginia	3	2	1	0	0	0
Wisconsin	32	12	18	2	0	0
Total	490	258	168	25	39	0

Source: State MFP Grantee Semiannual Progress Reports for January 1 to June 30, 2015.

^a Montana and South Dakota started transitioning individuals during 2014.

Table A.10. Number of participants reinstitutionalized for more than 30 days, July 1 to December 31, 2015

State	Total number	Older adults	People with physical disabilities	People with intellectual or developmental disabilities	People with mental illness	Other
Alabama	0	0	0	0	0	0
Arkansas	2	1	0	1	0	0
California	3	1	2	0	0	0
Colorado	1	0	1	0	0	0
Connecticut	51	31	16	1	3	0
Delaware	2	1	0	0	1	0
District of Columbia	0	0	0	0	0	0
Georgia	34	23	10	0	1	0
Hawaii	1	0	1	0	0	0
Idaho	0	0	0	0	0	0
Illinois	24	13	3	1	7	0
Indiana	22	19	0	2	1	0
Iowa	0	0	0	0	0	0
Kansas	0	0	0	0	0	0
Kentucky	0	0	0	0	0	0
Louisiana	9	7	2	0	0	0
Maine	1	0	1	0	0	0
Maryland	6	0	3	2	0	1
Massachusetts	28	19	8	0	1	0
Michigan	28	18	10	0	0	0
Minnesota	1	0	1	0	0	0
Mississippi	6	1	4	1	0	0
Missouri	7	3	4	0	0	0
Montana ^a	4	3	1	0	0	0
Nebraska	6	5	1	0	0	0

Table A.10 (continued)

State	Total number	Older adults	People with physical disabilities	People with intellectual or developmental disabilities	People with mental illness	Other
Nevada	19	10	9	0	0	0
New Hampshire	3	2	1	0	0	0
New Jersey	7	6	1	0	0	0
New York	3	0	0	3	0	0
North Carolina	4	1	3	0	0	0
North Dakota	0	0	0	0	0	0
Ohio	53	7	21	1	24	0
Oklahoma	0	0	0	0	0	0
Pennsylvania	9	7	2	0	0	0
Rhode Island	4	4	0	0	0	0
South Carolina	1	0	1	0	0	0
South Dakota ^a	1	1	0	0	0	0
Tennessee	41	23	17	1	0	0
Texas	57	31	22	4	0	0
Vermont	1	1	0	0	0	0
Virginia	3	1	2	0	0	0
Washington	35	16	17	2	0	0
West Virginia	8	7	1	0	0	0
Wisconsin	21	9	12	0	0	0
Total	506	271	177	19	38	1

Source: State MFP Grantee Semiannual Progress Reports for July 1 to December 31, 2015.

^a Montana and South Dakota started transitioning individuals during 2014.

Table A.11. Overview of Minimum Data Set 3.0, Section Q Referrals, January to June 2015 and July to December 2015

State	Number of people referred to MFP through MDS Section Q referrals between January and June 2015	Number of people ever referred through MDS Section Q that enrolled in MFP between January and June 2015	Number of people referred to MFP through MDS Section Q referrals between July and December 2015	Number of people ever referred through MDS Section Q that enrolled in MFP between July and December 2015
Alabama	0	0	0	0
Arkansas	14	7	6	5
California	96	11	76	9
Colorado	28	6	60	37
Connecticut	37	10	35	10
Delaware	0	0	41	5
District of Columbia	87	5	10	20
Georgia	125	109	168	113
Hawaii	0	0	2	0
Idaho	0	0	0	0
Illinois	428	15	412	10
Indiana	0	0	0	0
Iowa	0	0	0	0
Kansas	6	1	0	0
Kentucky	20	5	10	3
Louisiana	183	33	153	25
Maine	1	0	1	0
Maryland	3,306	12	2,741	18
Massachusetts	128	17	89	33
Michigan	317	11	269	12

A-28

Table A.11 (continued)

State	Number of people referred to MFP through MDS Section Q referrals between January and June 2015	Number of people ever referred through MDS Section Q that enrolled in MFP between January and June 2015	Number of people referred to MFP through MDS Section Q referrals between July and December 2015	Number of people ever referred through MDS Section Q that enrolled in MFP between July and December 2015
Minnesota	0	0	0	0
Mississippi	6	1	2	0
Missouri	169	24	149	14
Montana ^a	0	0	0	0
Nebraska	23	3	3	0
Nevada	6	3	1	1
New Hampshire	6	0	3	3
New Jersey	99	16	203	24
New York	250	0	572	16
North Carolina	61	42	104	8
North Dakota	2	2	3	0
Ohio	229	82	513	79
Oklahoma	0	0	0	0
Pennsylvania	277	12	224	12
Rhode Island	17	7	45	10
South Carolina	15	3	9	3
South Dakota ^a	0	0	1	1
Tennessee	0	0	0	0
Texas	684	75	540	64
Vermont	4	2	2	0
Virginia	17	10	10	3
Washington	0	0	0	0
West Virginia	7	2	7	1
Wisconsin	0	0	0	0

Table A.11 (*continued*)

State	Number of people referred to MFP through MDS Section Q referrals between January and June 2015	Number of people ever referred through MDS Section Q that enrolled in MFP between January and June 2015	Number of people referred to MFP through MDS Section Q referrals between July and December 2015	Number of people ever referred through MDS Section Q that enrolled in MFP between July and December 2015
Total	6,648	526	6,464	539

Source: State MFP Grantee Semiannual Progress Reports for January 1 to June 30, 2015 and July 1 to December 31, 2015.

^a Montana and South Dakota started transitioning individuals during 2014.

MDS = minimum data set

Table A.12. Total number of current MFP participants in a self-direction program, June 30, 2015 and December 31, 2015

State	Total number of current MFP participants as of June 30, 2015 that ...			Total number of current MFP participants as of December 31, 2015 that ...		
	Chose to participate in a self-direction program	Hired/supervised their own personal assistants	Managed their own allowance/budget	Chose to participate in a self-direction program	Hired/supervised their own personal assistants	Managed their own allowance/budget
Alabama	0	0	0	0	0	0
Arkansas	15	15	15	8	6	6
California	0	0	0	0	0	0
Colorado	2	2	2	27	27	2
Connecticut	173	147	0	229	187	0
Delaware	73	125	125	68	68	68
District of Columbia	0	0	0	0	0	0
Georgia	0	0	0	0	0	0
Hawaii	9	9	0	11	11	0
Idaho	5	5	5	7	7	7
Illinois	31	22	20	44	35	30
Indiana	0	0	0	0	0	0
Iowa	4	4	4	9	9	9
Kansas	73	72	73	91	91	91
Kentucky	34	34	34	23	23	13
Louisiana	6	4	4	10	10	10
Maine	7	6	0	10	6	0
Maryland	38	38	0	0	0	0
Massachusetts	139	139	0	173	173	0
Michigan	44	44	44	44	44	44
Minnesota	0	0	0	0	0	0

A-31

Table A.12 (continued)

State	Total number of current MFP participants as of June 30, 2015 that ...			Total number of current MFP participants as of December 31, 2015 that ...		
	Chose to participate in a self-direction program	Hired/supervised their own personal assistants	Managed their own allowance/budget	Chose to participate in a self-direction program	Hired/supervised their own personal assistants	Managed their own allowance/budget
Mississippi	2	2	2	4	3	3
Missouri	48	41	47	41	55	59
Montana	2	2	1	3	3	3
Nebraska	0	0	0	0	0	0
Nevada	0	0	0	0	0	0
New Hampshire	0	0	0	0	0	0
New Jersey	0	0	0	12	12	0
New York	2	1	1	3	1	1
North Carolina	11	11	11	15	15	15
North Dakota	0	0	0	0	0	0
Ohio ^a	1,342	0	1,342	1,458	0	1,458
Oklahoma	1	1	1	1	1	0
Pennsylvania	6	6	1	10	4	0
Rhode Island	0	0	0	0	0	0
South Carolina	3	3	0	0	0	0
South Dakota ^b	0	0	0	2	2	2
Tennessee	46	46	0	25	25	0
Texas	10	10	0	13	11	0
Vermont	9	9	9	44	44	7
Virginia	19	20	0	18	18	0
Washington	84	84	0	115	115	0
West Virginia	7	7	7	9	9	9
Wisconsin	4	4	4	2	2	2

Table A.12 (continued)

State	Total number of current MFP participants as of June 30, 2015 that ...			Total number of current MFP participants as of December 31, 2015 that ...		
	Chose to participate in a self-direction program	Hired/supervised their own personal assistants	Managed their own allowance/budget	Chose to participate in a self-direction program	Hired/supervised their own personal assistants	Managed their own allowance/budget
Total	2,249	913	1,752	2,529	1,017	1,839

Source: State MFP Grantee Semiannual Progress Reports for January 1 to June 30, 2015 and July 1 to December 31, 2015.

^a 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. Delaware also considers all MFP participants to be self-directing.

^b South Dakota implemented its MFP transition program during the second half of 2014.

n.a. = not applicable.

Table A.13. Number of MFP transitions during the reporting period, by type of qualified community residence, January 1 to June 30, 2015

State	Homes	Apartments	Group homes	Apartment in qualified assisted living
Alabama	3	1	0	0
Arkansas	15	25	4	10
California	11	48	14	62
Colorado	1	18	3	0
Connecticut	69	271	13	5
Delaware	0	0	0	0
District of Columbia	7	8	0	1
Georgia	64	48	1	5
Hawaii	22	1	26	0
Idaho	6	25	12	0
Illinois	9	215	59	58
Indiana	73	111	4	78
Iowa	7	88	0	1
Kansas	38	39	11	36
Kentucky	3	12	4	0
Louisiana	94	35	0	27
Maine	3	2	0	0
Maryland	67	43	18	19
Massachusetts	73	129	34	13
Michigan	78	82	47	3
Minnesota	12	17	8	3
Mississippi	10	14	15	0
Missouri	17	68	25	0
Montana	3	7	1	7
Nebraska	12	6	0	28
Nevada	13	14	1	0
New Hampshire	5	14	0	0
New Jersey	24	40	40	0
New York	30	49	47	0
North Carolina	19	11	26	0

Table A.13 (*continued*)

State	Homes	Apartments	Group homes	Apartment in qualified assisted living
North Dakota	4	23	0	0
Ohio	271	474	50	13
Oklahoma	11	8	2	0
Pennsylvania	55	92	10	2
Rhode Island	8	11	0	8
South Carolina	3	3	0	0
South Dakota ^a	3	7	5	3
Tennessee	83	32	26	0
Texas	319	65	107	0
Vermont	20	16	4	0
Virginia	12	36	34	6
Washington ^b	139	202	104	111
West Virginia	8	14	0	0
Wisconsin	24	44	38	9
TOTAL	1,748	2,468	793	508

Source: State MFP Grantee Semiannual Progress Reports for January 1 to June 30, 2015.

Note: The total 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.

^a South Dakota implemented its MFP transition program during the second half of 2014.

^b Washington ceased distinguishing between homes and apartments beginning the second half of 2014. All residents transitioning to apartments are classified as transitioning to homes.

Table A.14. Number of MFP transitions during the reporting period, by type of qualified community residence, July 1 to December 31, 2015

State	Homes	Apartments	Group homes	Apartment in qualified assisted living
Alabama	16	4	0	0
Arkansas	22	46	4	6
California	14	71	2	122
Colorado	0	21	12	0
Connecticut	112	266	4	10
Delaware	2	33	0	0
District of Columbia	7	11	0	2
Georgia	50	53	6	0
Hawaii	12	2	20	0
Idaho	10	15	13	0
Illinois	21	190	18	58
Indiana	61	33	6	90
Iowa	13	0	0	45
Kansas	29	41	12	29
Kentucky	3	9	5	0
Louisiana	140	84	0	0
Maine	3	10	1	0
Maryland	63	32	16	17
Massachusetts	86	152	56	6
Michigan	90	79	18	29
Minnesota	1	18	5	11
Mississippi	15	19	26	0
Missouri	17	84	38	0
Montana	6	12	0	17
Nebraska	9	11	1	19
Nevada	16	19	3	0
New Hampshire	5	13	0	0
New Jersey	53	56	45	0
New York	42	62	95	0
North Carolina	25	17	30	0

Table A.14 (*continued*)

State	Homes	Apartments	Group homes	Apartment in qualified assisted living
North Dakota	10	25	2	0
Ohio	270	505	9	62
Oklahoma	2	12	0	0
Pennsylvania	54	83	50	0
Rhode Island	8	23	0	4
South Carolina	5	4	0	0
South Dakota	1	8	6	0
Tennessee	151	41	26	0
Texas	289	111	89	0
Vermont	18	11	6	0
Virginia	13	33	33	8
Washington	242	0	93	73
West Virginia	13	11	0	0
Wisconsin	40	56	27	11
TOTAL	2,059	2,386	777	619

Source: State MFP Grantee Semiannual Progress Reports for July 1 to December 31, 2015

Note: The total 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.

Table A.15. Achievements and challenges securing appropriate housing options for participants, by reporting period, 2013–2015—number of grantee states reporting each type of achievement or challenge

Response option	July to Dec. 2013	Jan. to June 2014	July to Dec. 2014	Jan. to June 2015	July to Dec. 2015
Number of Grantees Reporting Achievement^a	30	32	36	34	35
Developed inventory of affordable and accessible housing	12	9	9	11	11
Developed local or state coalitions to identify needs or create housing-related initiatives	15	12	16	15	12
Developed statewide housing registry	7	7	9	9	7
Implemented new home ownership initiative	0	0	1	2	0
Improved funding for developing assistive technology related to housing	2	1	2	3	2
Improved information systems about affordable and accessible housing	7	9	5	7	7
Increased number of rental vouchers	7	5	7	11	10
Increased supply of affordable and accessible housing	6	9	6	8	13
Increased supply of residences that provide or arrange for long-term services or supports	3	1	3	1	1
Increased supply of small-group homes	2	4	4	5	4
Increased or improved funding for home modifications	6	5	7	6	8
Other	7	13	17	19	20
Number of Grantees Reporting Challenge^b	33	38	37	38	37
Lack of information about affordable and accessible housing	3	5	5	4	4
Insufficient supply of affordable and accessible housing	26	32	33	30	29
Lack of affordable and accessible housing that is safe	8	9	11	7	6
Insufficient supply of rental vouchers	22	19	16	17	17
Lack of new home ownership programs	2	0	1	0	0

Table A.15 (continued)

Response option	July to Dec. 2013	Jan. to June 2014	July to Dec. 2014	Jan. to June 2015	July to Dec. 2015
Lack of small-group homes	7	5	9	9	7
Lack of residences that provide or arrange for long-term services or supports	5	3	4	3	4
Insufficient funding for home modifications	7	6	3	7	8
Unsuccessful efforts in developing local or state coalitions of housing and human services organizations to identify needs or create housing-related initiatives	1	1	0	1	4
Unsuccessful efforts in developing sufficient funding or resources to develop assistive technology related to housing	1	2	1	0	0
Other	6	7	4	8	8

Source: State MFP Grantee Semiannual Progress Reports covering the reporting periods from July 1 to December 31, 2013; January 1 to June 30, 2014; July 1 to December 31, 2014; January 1 to June 30, 2015; and July 1 to December 31, 2015.

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

^b Report 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."

www.mathematica-mpr.com

Improving public well-being by conducting high quality,
objective research and data collection

PRINCETON, NJ ■ ANN ARBOR, MI ■ CAMBRIDGE, MA ■ CHICAGO, IL ■ OAKLAND, CA ■ WASHINGTON, DC

MATHEMATICA
Policy Research

Mathematica® is a registered trademark
of Mathematica Policy Research, Inc.