

# Appendix A

March 3, 2015

State Money Follows the Person Program Directors:

The Kaiser Family Foundation’s Commission on Medicaid and the Uninsured (KCMU) is conducting a survey of state Money Follows the Person (MFP) demonstrations as part of a larger effort to track states’ Medicaid long-term services and supports rebalancing efforts. This is the sixth survey conducted since 2008 that seeks to collect basic program information and highlight states’ progress in transitioning Medicaid beneficiaries to home and community-based settings.

We would greatly appreciate your assistance with completing the survey. Should you have any questions, please contact: Molly O’Malley Watts at [molly@wattshealthpolicy.com](mailto:molly@wattshealthpolicy.com) (or 703-371-8596) or Erica Reaves at 202-347-5270.

**Please return completed surveys by Tuesday, April 14<sup>th</sup> to [EricaR@kff.org](mailto:EricaR@kff.org).**

Thank you!

## State Contact Information

**State:** \_\_\_\_\_

**Program Director:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

## Basic Program Information

**1. Date MFP demonstration became operational (MM/DD/YYYY):** \_\_\_\_\_

**2. Total MFP funding earned as of March 2015: \$**\_\_\_\_\_

## MFP Services

**3. Do MFP participants in your state receive the following services? (check all that apply)**

**a. HCBS waiver** .....  Yes    No

**b. State plan** .....  Yes    No

**c. Demonstration** .....  Yes    No

**d. Supplemental** .....  Yes    No

**4. Did your state add or modify MFP services over the past year? If so, please explain the changes:**

---

---

**5. Describe the most critical strategies or innovative services that help MFP beneficiaries successfully transition to the community and on an ongoing basis (within the following categories):**

**a. Pre-transition strategy/services:**

---

**b. Housing supports:**

---

**c. Post-transition strategy/services:**

---

**d. Other:**

---

**e. Does your state offer employment supports and services to MFP beneficiaries?**

Yes    No

**If yes, please describe:**

---

## Tracking MFP Progress Through 2015

	Total	Seniors	Individuals with Physical Disabilities	Individuals with Intellectual/Developmental Disabilities	Individuals with Mental Illness
Cumulative Transitions Completed					
Transitions in Progress					
Rate of reinstitutionalization in past year					
Average age of MFP participants					
Average number of days to transition to community					
Housing option most likely to transition					

6. Is your program on pace with annual transition targets?  Yes  No

a. If no, please describe why? \_\_\_\_\_

7. How do you expect the rate of MFP enrollment growth to change in the year ahead?

Increase  Decrease  No Change  Do Not Know

8. Describe your state's most successful outreach strategies used to identify potential MFP participants:

---



---

9. Is your state trying to increase transitions for people with mental illness?  Yes  No

a. If yes, please describe those efforts: \_\_\_\_\_

10. Does your demonstration offer self-directed options to MFP participants?  Yes  No

a. If yes, what percentage of MFP participants self-direct some or all of their services?

\_\_\_\_\_%

How has this percentage changed over the past year?

Increased  Decreased  No change

11. Describe the key steps your state has taken to provide safe, affordable, and accessible housing for MFP participants:

---

---

---

12. Does your state employ a housing coordinator under MFP to help with transitions?

Yes  No

13. In addition to a program director (and housing coordinator, if applicable), describe additional program staff positions that are supported with MFP administrative funds:

---

---

**14. MFP Participant Per Capita Costs**

	Total	Seniors	Individuals with Physical Disabilities	Individuals with Intellectual/Developmental Disabilities	Individuals with Mental Illness
Average Monthly Cost					

a. How does this total cost compare to the cost for institutional beneficiaries?

Higher  Comparable  Lower

b. How does this total cost compare to the cost for other HCBS beneficiaries?

Higher  Comparable  Lower

**15. Please describe current quality and/or evaluation processes in place (new or long-standing) that are used to track progress under the MFP demonstration:**

---

---

**a. Has your state used results from the Quality of Life survey to make changes to your MFP demonstration?**

Yes    No

**If yes, please describe:** \_\_\_\_\_

**16. Does your state have an adequate supply of direct services workers?**       Yes    No

**a. Describe strategies used to meet workforce demands:**

---

## Health and Delivery System Reform

**17. Given new state options under the Affordable Care Act to broaden access to Medicaid HCBS (e.g., the Balancing Incentive Program, § 1915(k) Community First Choice state plan option, and the § 1915(i) HCBS state plan option), how has the MFP demonstration helped create new or build on existing LTSS rebalancing reforms?**

---

---

---

**18. Is your state operating or planning to implement a Medicaid managed LTSS (MLTSS) program that will include MFP participants?**       Yes    No

**a. If yes, briefly describe the program and its impact on MFP participants:**

---

---

**b. If yes, is your state experiencing any challenges coordinating an MLTSS program with MFP?**

Yes    No

**If yes, describe the challenges:** \_\_\_\_\_

## Lessons Learned and Future Outlook

**19. Did your state have a nursing facility diversion and/or other transition program in place prior to implementing MFP?**  Yes  No

**a. If yes, how have your state's diversion/transition efforts changed as a result of participation in MFP?**

---

---

---

---

**20. What are the most significant challenges or issues related to MFP in your state?**

---

---

---

---

**21. What impact will the expiration of MFP in 2016 have on state rebalancing efforts and the beneficiary transition experience?**

---

---

---

**22. Has your state developed a sustainability plan to maintain transition efforts when MFP funding expires?**  Yes  No

**a. If yes, please describe:**

---

---

---

**Thank you for your participation in this survey!**