

REPORT

FINAL REPORT

Money Follows the Person Demonstration: Overview of State Grantee Progress, July to December 2013

September 11, 2014

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I. OVERVIEW AND KEY FINDINGS

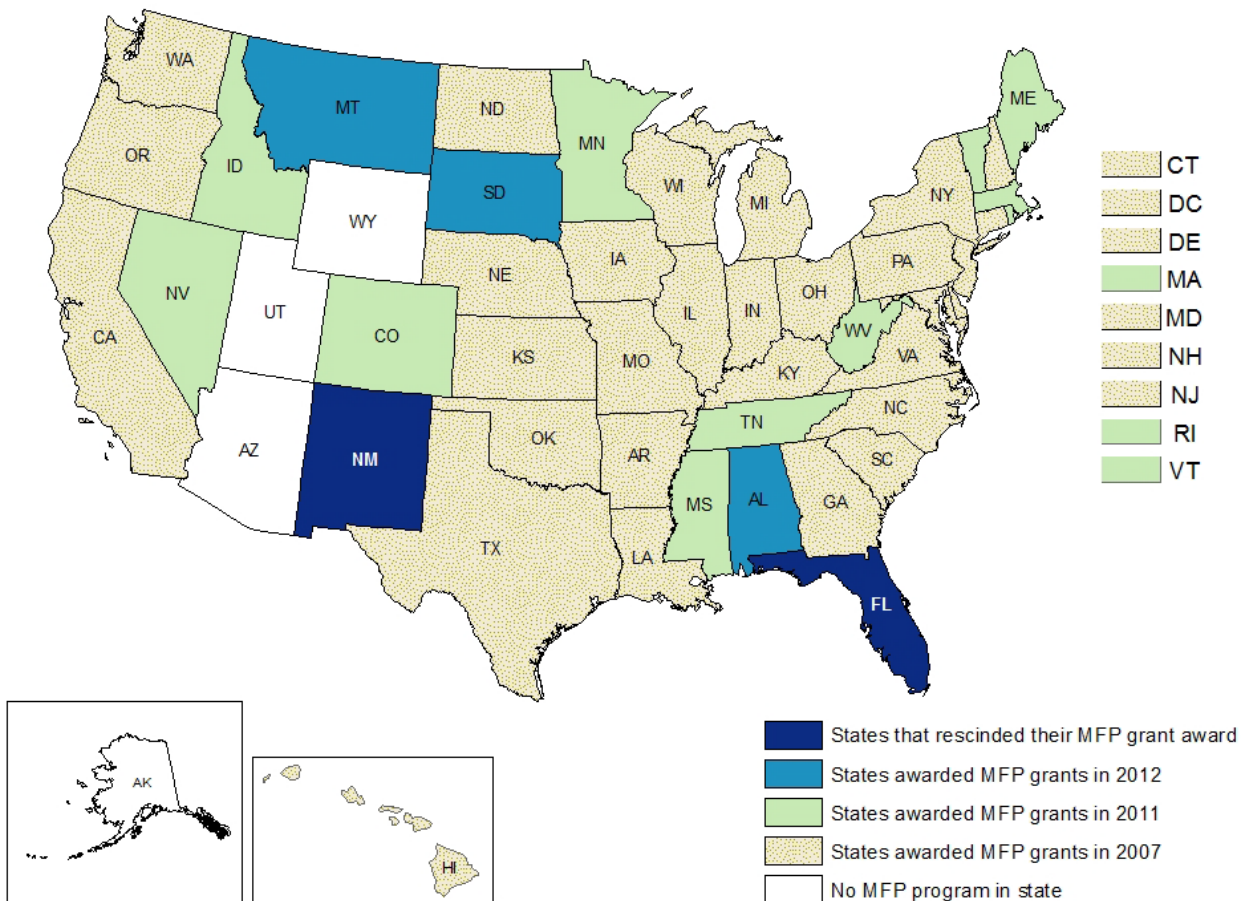
The Money Follows the Person (MFP) demonstration, first established by Congress through the 2005 Deficit Reduction Act (DRA), provides state Medicaid programs the opportunity to help transition Medicaid beneficiaries living in long-term care (LTC) institutions into the community and gives people with disabilities greater 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 (FFY) 2018, and they may provide services under the demonstration using MFP grant funds until the end of FFY 2019.² As of December 31, 2013, 45 states received MFP grants; Florida and New Mexico were awarded MFP grants in 2011 but later rescinded them. Among the 45 MFP grantees, two (Montana and South Dakota) were in the program-planning phase, and one original grantee (Oregon) had temporarily suspended full operations. During the second half of 2013, 42 states were actively transitioning participants through their MFP programs; one of these states (Alabama) began transitioning individuals to the community for the first time.

Each state participating in the MFP demonstration must establish a program that (1) has a transition program that identifies Medicaid beneficiaries in institutional care who wish to live in the community and helps them make this transition, and (2) offers an initiative designed to support the rebalancing of LTSS toward community-based care, so that Medicaid programs can rely less on institutional care. These statutory goals are outlined in the DRA and require states 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 (HCBS).

This chart book summarizes the implementation progress of the MFP demonstration in the 42 grantee states that were actively transitioning participants during the six-month period from July 1 to December 31, 2013 (referred to as the “reporting period”). It presents key indicators of progress, including the number of new enrollees, states’ progress toward 2013 transition goals, HCBS expenditure levels, rates of self-direction and reinstitutionalization among MFP participants, types of qualified housing for new enrollees, and employment supports and services for MFP participants. This summary is based on information self-reported by state grantees in their 2013 end-of-year progress reports, which were submitted on February 28, 2014. Several MFP grantees provided corrected data after submitting their initial reports; the chart book presents state-reported data submitted by April 11, 2013. The end of the report contains technical notes and a discussion of data limitations. Data tables are available in Appendix A.

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.

Figure I.1. MFP grantees, by year of award**A. Key findings**

Transitions during 2013. Forty-two MFP states transitioned 5,485 new participants during the second half of 2013, bringing the year's total to 10,243 transitions. This volume represents an 11 percent increase over the number of new participants in 2012, when 37 grantee states transitioned 9,208 individuals. Among new participants who transitioned in 2013, 38 percent were older adults, 38 percent were younger than 65 with physical disabilities (PD), 17 percent were individuals with intellectual disabilities (ID), 8 percent were individuals with mental illness, and 2 percent were individuals with other types of impairments such as traumatic brain injuries or dual diagnoses (physical disability combined with mental illness).³

Cumulative MFP transitions to date. Calendar year 2013 marks the sixth full year of the MFP demonstration. From January 2008 to December 2013, the cumulative number of individuals that ever transitioned to the community through MFP totaled 40,693, which represents a growth of 35 percent over the cumulative number as of December 2012 (30,141). The number of cumulative transitions varied widely across the 42 grantee states included in this report, ranging from 7 in Minnesota, which started transitioning individuals in 2013, to 8,081 in

³ Percentages may not add up to 100 percent because of rounding.

Texas. 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 2013 transition goals. In the aggregate, MFP grantees achieved 88 percent of the total transition goal for the year, having transitioned 10,243 new participants of the 11,581 planned for 2013. This performance is lower than what the state grantees achieved in 2012 (102 percent) and 2011 (111 percent). The recent decline in grantees' progress toward achieving their 2013 transition goal partly reflects grantees setting more ambitious transition goals in 2013 than in previous years. Also, several states awarded MFP grants in 2011 or 2012 began to implement their programs in the past two years and the pace of their transitions was slower than expected during 2013.

Qualified HCBS expenditure goals. MFP grantees reported their total qualified HCBS expenditures (total federal and state funds spent on HCBS for all Medicaid beneficiaries, including but not limited to MFP participants) in 2013. Overall, 42 grantee states reported qualified HCBS expenditures for 2013 totaling approximately \$63 billion (Appendix A, Table A.5), an increase of 6.7 percent from 2012 (\$59 billion). In 2013, states achieved 91 percent of the aggregate spending goal that they set for themselves (Figure IV.1). States reported several barriers to achieving HCBS goals, including delayed data reporting, implementing cost control measures that slowed growth, and temporary injunctions to transitioning individuals.

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 (ICF-ID), or institution for mental diseases, regardless of length of stay. During the second half of 2013, a total of 460 participants were reinstitutionalized for more than 30 days; older adults and people with physical disabilities experienced most of these reinstitutionalizations and comprised 46 and 36 percent of the total, respectively (Appendix A, Table A.7).

Self-direction. Of the 42 MFP grantees that were actively transitioning participants during the period, 38 offered self-direction service options to MFP participants. Among the 37 states with usable data, 23 percent of MFP participants were reported to be self-directing services. The number of participants self-directing services ranged from 1 in each of 4 grantee states to all participants in Delaware and Ohio (Appendix A, Table A.9).

Employment supports and services. MFP programs provide a range of employment services and supports as part of the diverse set of HCBS that individuals' can access after transitioning to community living. Through 2012, a small share of participants (409 total) ever utilized employment support services.⁴ During the second half of 2013, 24 grantees provided some type of employment service or support to assist participants with finding or maintaining employment. Job coaching or support planning was the service reported most commonly provided by states to all populations except older adults and budgeting was the service most commonly offered to older adults (reported by 9 grantees). For additional information on the employment services and supports offered to MFP participants including the number of participants in select states using employment supports and services, see the Money Follows the Person 2012 Annual Evaluation Report (Irvin et al. 2013).

Community residence type. Most MFP participants who transitioned to the community during this period moved into a home (36 percent), an apartment (33 percent), or a group home (19 percent); 9 percent moved into apartments in qualified assisted-living facilities; and 3 percent moved into an unknown type of residential setting. Most states reported an insufficient supply of affordable accessible housing (26 states) and an insufficient supply of rental vouchers (22 states) as the biggest challenges to transitioning participants to community housing. Grantee states pursued several strategies to overcome these barriers, including developing state or local coalitions of housing and human service organizations to create housing initiatives (15 states) and developing an inventory of accessible affordable housing (12 states).

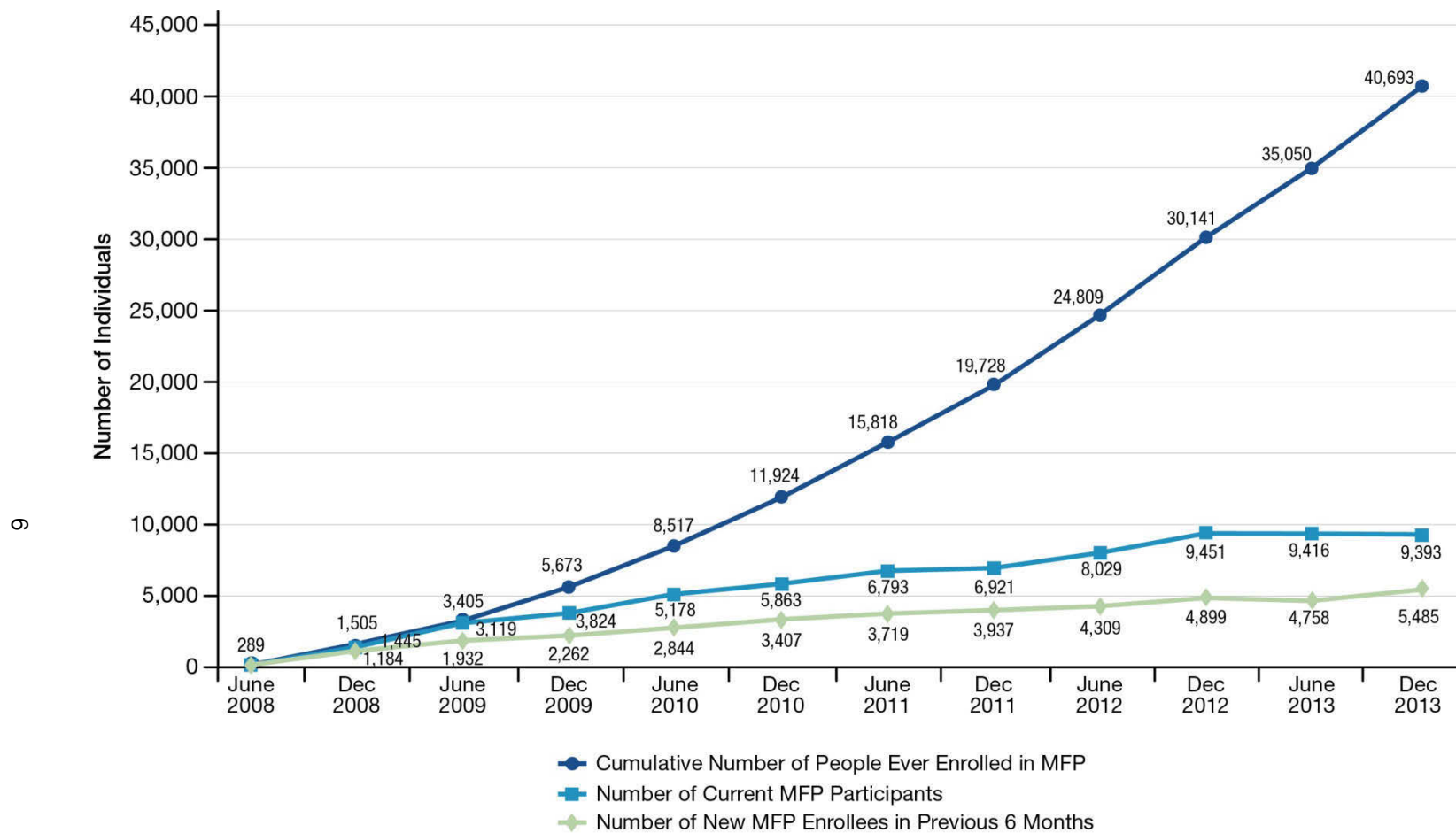
⁴ Irvin, Carol V., Noelle Denny-Brown, Matthew Kehn, Rebecca Sweetland Lester, Debra Lipson, Wilfredo Lim, Jessica Ross, Alex Bohl, Victoria Peebles, Samuel Simon, Bailey Orshan, Susan R. Williams, Eric Morris, and Christal Stone. "Money Follows the Person 2012 Annual Evaluation Report." Cambridge, MA: Mathematica Policy Research, October 2013. This report is located at: http://www.mathematica-mpr.com/publications/pdfs/health/MFP_2012_Annual.pdf. Note that the Annual Report and this Overview report analyze different time periods.

II. MFP ENROLLMENT, PARTICIPATION, AND TRANSITIONS

A. Cumulative number of transitions since program start

Overall, MFP enrollment continues to grow across most measures. By the end of 2013, 40,693 individuals had enrolled in MFP and transitioned to community living. This figure represents a 16 percent increase over cumulative enrollment (35,050) as of June 2013 and a 35 percent increase over cumulative enrollment (30,141) as of December 2012 (Figure II.1 and Appendix A, Table A.1). Since 2011, the cumulative number of individuals ever enrolled in MFP has increased by about 5,000 during each six-month reporting period.

Figure II.1. MFP transitions and current MFP participants, June 2008 to December 2013



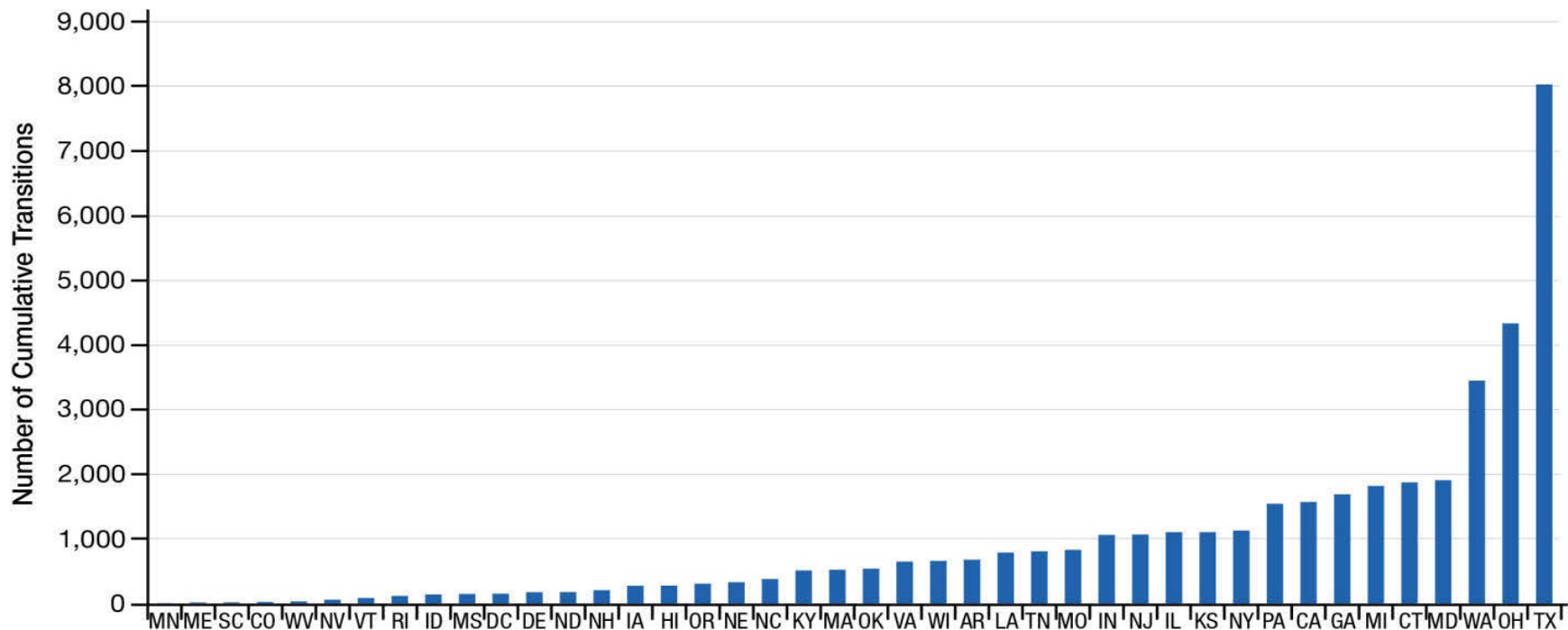
Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2008–2013.

Note: Numbers in the figure may not match numbers from previous reports due to efforts to improve data quality retrospectively.

N = 10 states in June 2008; 30 states in December 2008, 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; and 42 states in December 2013.

State Variation. The number of cumulative transitions across states varied considerably, ranging from 7 in Minnesota to 8,081 in Texas, and reflects the variation across state programs in sizes of state populations, implementation start dates, program design, infrastructure and capacity, and availability of affordable and accessible housing. As of December 2013, the 3 states with the largest programs (Ohio, Texas, and Washington) accounted for 39 percent of cumulative transitions, and the 14 states with more than 1,000 cumulative transitions each accounted for more than 78 percent of MFP transitions to date (Figure II.2 and Appendix A, Table A.1).

Figure II.2. Cumulative MFP transitions by state, January 2008 to December 2013



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2008–2013.

Note: We excluded Alabama from this graph because the state began implementing its program during the reporting period; the state had eight transitions during the reporting period. Oregon is not currently transitioning individuals, but this figure includes the state’s previously reported transitions.

N = 42 states.

B. Total transitions during the reporting period

Overall. From July to December 2013, MFP grantee states transitioned 5,485 new participants to the community, 14 percent more than the number of new participants transitioned in the first half of 2013 (4,758). More than two-thirds of the grantees (31) conducted more transitions in the second half of 2013 than in the first half of the year. This increase may be partially attributable to new outreach efforts or program changes reported by grantee states. For example, Maryland increased the number of new transitions during the second half of the year (from 162 to 209) after implementing a new MDS Section Q referral system and a peer outreach and support program.

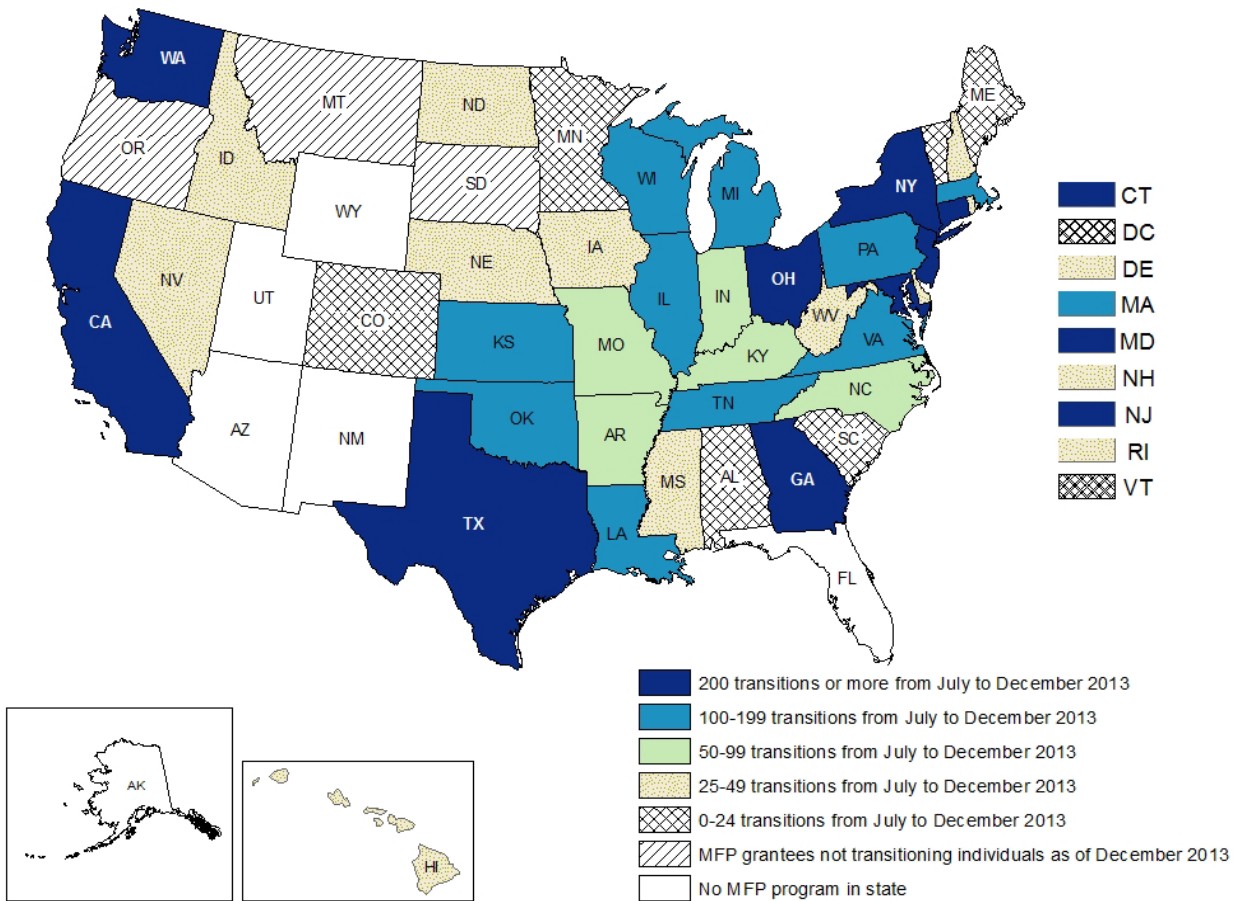
However, the rate of growth in the number of current MFP participants, those in their 365-days of MFP eligibility, on the last day of each six-month reporting period appears to have stabilized over the past year.⁵ At the close of 2013, 9,393 individuals were participating in MFP, about the same number as in December 2012 (9,451) and 26 percent more than in December 2011 (6,921) (Figure II.1 and Appendix A, Table A.3). It is too early to know whether this marks a permanent change in the upward growth in the number of current participants at a point in time or is a temporary pause.⁶

State Variation. Of the 5,485 new participants who transitioned to the community from July to December 2013, the number of new transitions varies widely across the 42 states. Nine MFP grantees (California, Connecticut, Georgia, Maryland, New Jersey, New York, Ohio, Texas, and Washington) each transitioned more than 200 people during this time period, collectively accounting for 59 percent of total new enrollment. Ten states transitioned between 100 and 199 people. Five states transitioned between 50 and 99 people, and 11 states transitioned between 25 and 49 people. Of the seven grantee states (Alabama, Colorado, District of Columbia, Maine, Minnesota, South Carolina, and Vermont) that transitioned fewer than 25 people during the second half of 2013 (Figure II.3 and Appendix A, Table A.2), only one (District of Columbia) began to transition participants to the community before 2013.

⁵ Current MFP participants exclude individuals 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

⁶ A change like this will also reflect improvements in data quality. In Washington—one of the largest MFP programs—the number of current participants dropped from 1,095 in the first half of 2013 to 747 for the second half, after the state corrected earlier data reporting errors.

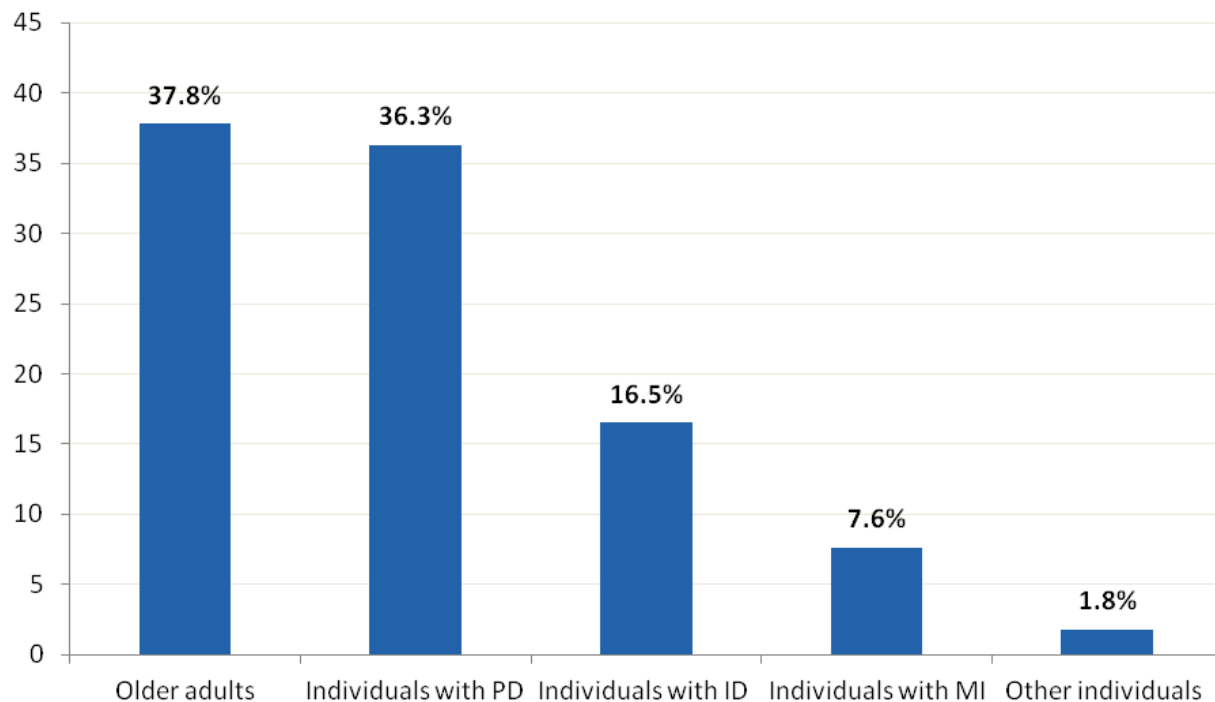
Figure II.3. Number of MFP participants transitioned, July to December 2013



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, July to December 2013.

Distribution of Transitions by Targeted Population. From July to December 2013, MFP grantee states transitioned nearly equal numbers of older adults and individuals younger than 65 with physical disabilities. About 38 percent were older adults (ages 65 and older), 36 percent were individuals with physical disabilities, 17 percent were individuals with intellectual disabilities, 8 percent were individuals with mental illness, and 2 percent were “other” individuals (Figure II.4). Compared with the January to June 2013 period, the distribution of new participants during the second half of 2013 represents a slight (3 percentage points) decrease in the proportion of individuals with physical disabilities and a slight (2 percentage points) increase in the proportion of individuals with intellectual disabilities.

Figure II.4. Distribution of MFP participants transitioned between July and December 2013, by population subgroup



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, July to December 2013.

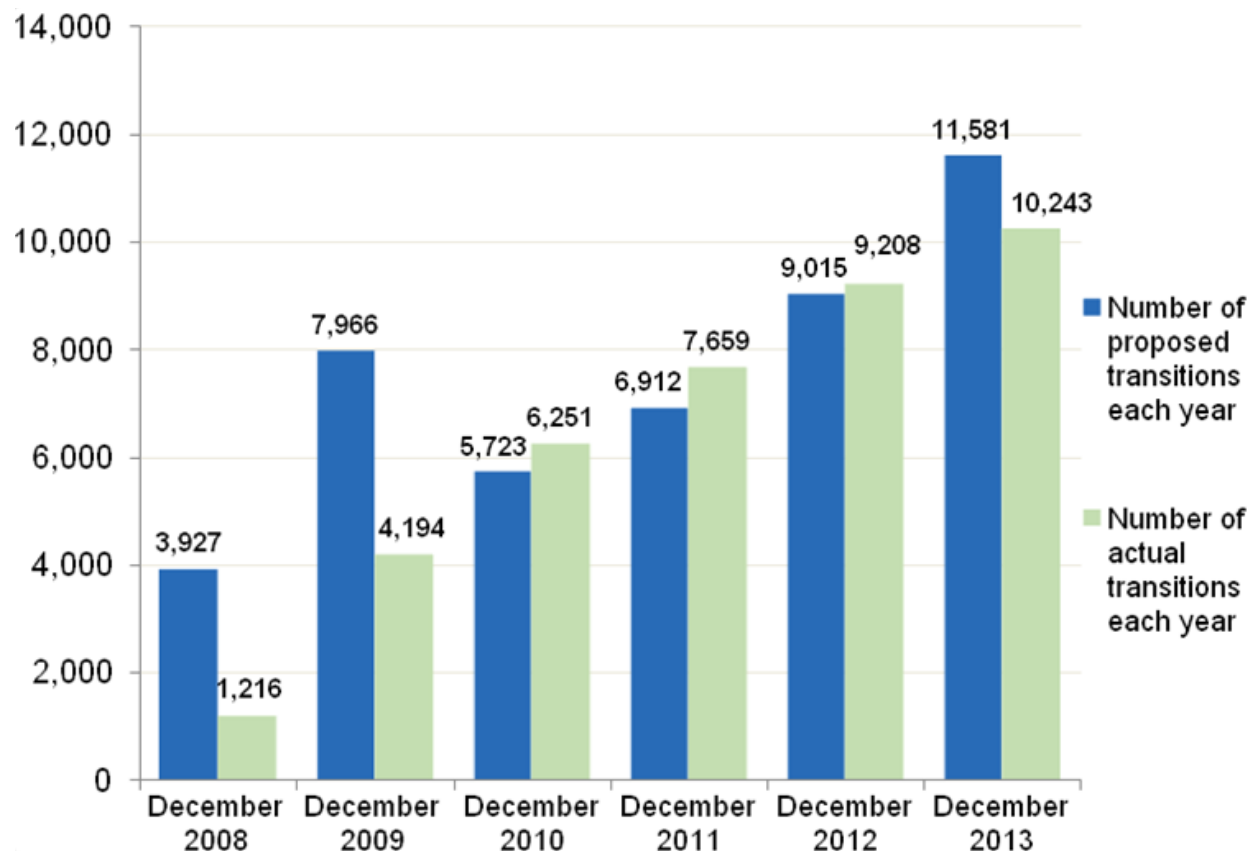
N = 42; ID = intellectual disabilities; MI = mental illness; PD = physical disabilities.

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III. ACHIEVEMENT OF 2013 ANNUAL TRANSITION GOALS

Overall. Each grantee is required to establish transition goals for each year of program operations. MFP grantees' progress toward their annual transition goals improved from 2008 to 2011, and then declined in 2012 and 2013. In 2008 and 2009, MFP grantees achieved 31 and 53 percent, respectively, of their overall annual transition goals. In contrast, grantees exceeded their overall annual transition goals in 2010 and 2011; they achieved 109 percent of their annual transition goal (6,251 transitions of 5,723) at the end of 2010 and 111 percent of their annual goal (7,659 transitions of 6,912 planned) by the end of 2011. MFP grantees achieved 102 percent of their transition goal in 2012 and 88 percent of the transition goal in 2013, marking a decline in grantees' rate of progress from the two previous years (Figure III.1).

Figure III.1. Actual versus proposed annual number of MFP transitions, 2008 to 2013



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2008–2013.

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

The 42 MFP grantees actively transitioning participants in 2013 achieved 88 percent of the transition goal for 2013, transitioning 10,243 people out of the 11,581 transitions planned for the year. Although MFP grantees fell short of their transition goal in 2013, the total number of individuals they transitioned to community living (10,243) through MFP in 2013 is the highest

since the inception of the MFP demonstration. The failure to meet transition goals may be due in part to the number of proposed transitions in recent years, which increased by 30 percent from 2011 (6,912) to 2012 (9,015), and by 28 percent from 2012 to 2013 (11,581). Additionally, several states began transitions in 2012 and 2013 and set transition goals that were ambitious, mirroring what earlier states did during the initial years of the demonstration (2008 and 2009). Collectively, the nine states that started transitions in 2012 (Maine, Mississippi, Nevada, and Vermont) or 2013 (Alabama, Colorado, Minnesota, South Carolina, and West Virginia) achieved 46 percent (295 of 643) of their transition goals in 2013. Based on experience in other states, fewer than expected transitions occur during the start-up phase when procedures and systems are not fully implemented. In addition, during the second half of 2013, more than half of all MFP grantees reported challenges transitioning the projected number of individuals they proposed to transition during 2013.⁷

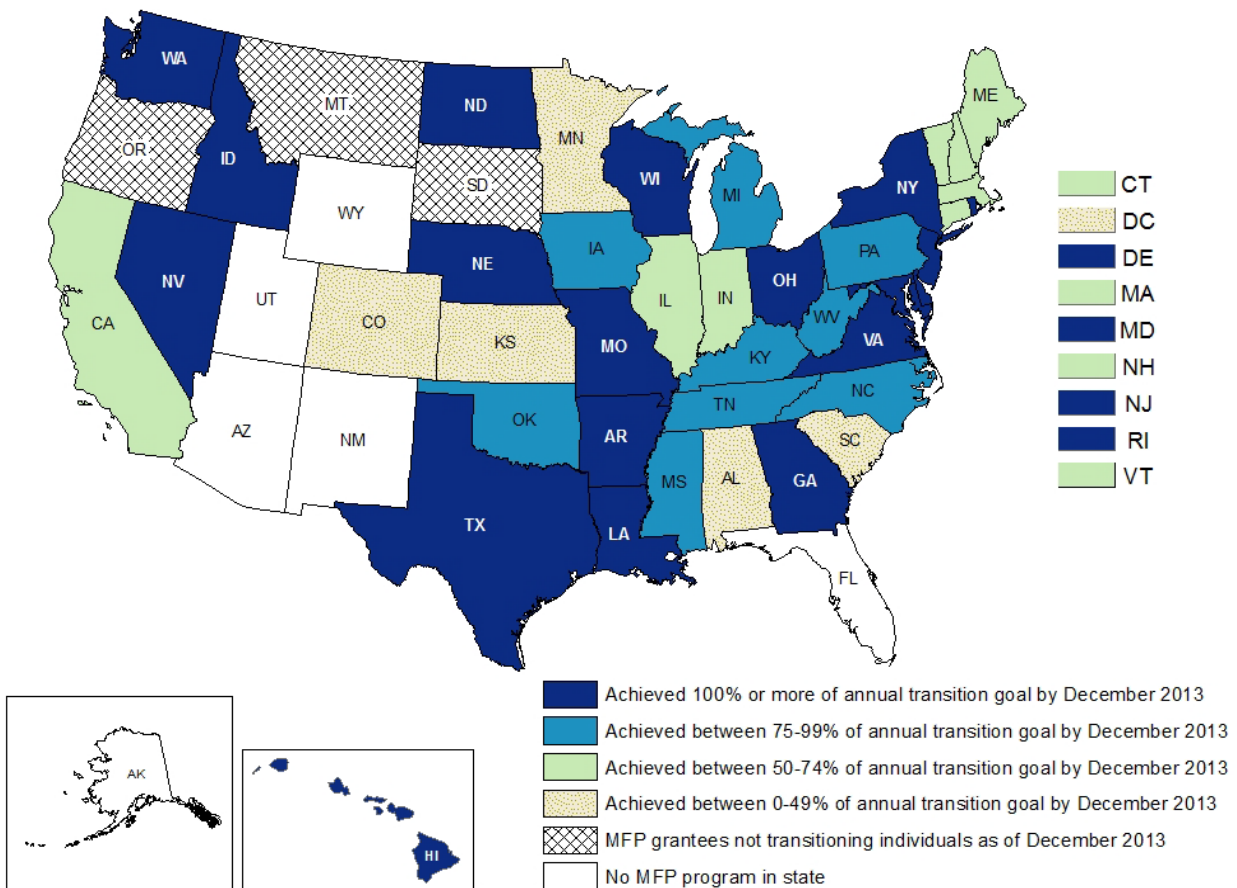
State Variation in the Achievement of Transition Goals. MFP grantee states vary in the degree to which they attained their transition goals for 2013 (Figure III.2 and Appendix A, Table A.4). A total of 19 MFP grantee states achieved 100 percent or more of their annual transition goals by the end of December 2013. Of these grantee states, 5 (Arkansas, Delaware, Nevada, Virginia, and Washington) achieved 125 percent or more of their annual transition goals. Among the remaining 23 grantee states, 8 (Iowa, Kentucky, Michigan, Mississippi, North Carolina, Pennsylvania, Tennessee, and West Virginia) achieved between 75 and 99 percent of their annual transition goals, 9 (California, Connecticut, Illinois, Indiana, Maine, Massachusetts, New Hampshire, Oklahoma, and Vermont) achieved between 50 and 75 percent of their transition goals, and the remaining 6 achieved less than 50 percent of their goals (Alabama, Colorado, District of Columbia, Kansas, Minnesota, and South Carolina). It is worth noting that Colorado, Minnesota, South Carolina, and West Virginia transitioned their first participants during the first half of 2013, while Alabama transitioned its first participant in July 2013. The state grantees achieving less than 75 percent of their goals may need to adjust program design or future transition goals so as not to jeopardize their receipt of supplemental MFP grant funds.⁸ Twelve MFP grantees reported that they intend to change their transition goals in 2014 or subsequent years.⁹

⁷ Challenges cited by MFP grantees included the reduction in the number of referrals received; staff shortages, including transition coordinators; housing challenges; delays in the closure of one or more ICFs-ID; inadequate HCBS capacity; procurement delays or change in vendor contracts; implementation of managed-care programs; and changes in the nursing facility level-of-care standards that has led to an increase in diversions from nursing homes to HCBS.

⁸ According to CMS guidance, when grantees do not reach at least 75 percent of annual transition goals they become ineligible for a supplemental grant award. Grantees not on pace to meet 90 percent of their annual transition goal after another six months must submit an action plan describing how they will meet the goal by the end of the calendar year.

⁹ Five states (District of Columbia, Maine, New Hampshire, Tennessee, and Vermont) plan to reduce their transition goals, and two states (Idaho and Wisconsin) intend to increase their transition goals. Two states (Alabama and Minnesota) plan to revise their goals to reflect the delayed start date of their program, and three states (Louisiana, New York, and South Carolina) did not specify how they would amend their transition goals.

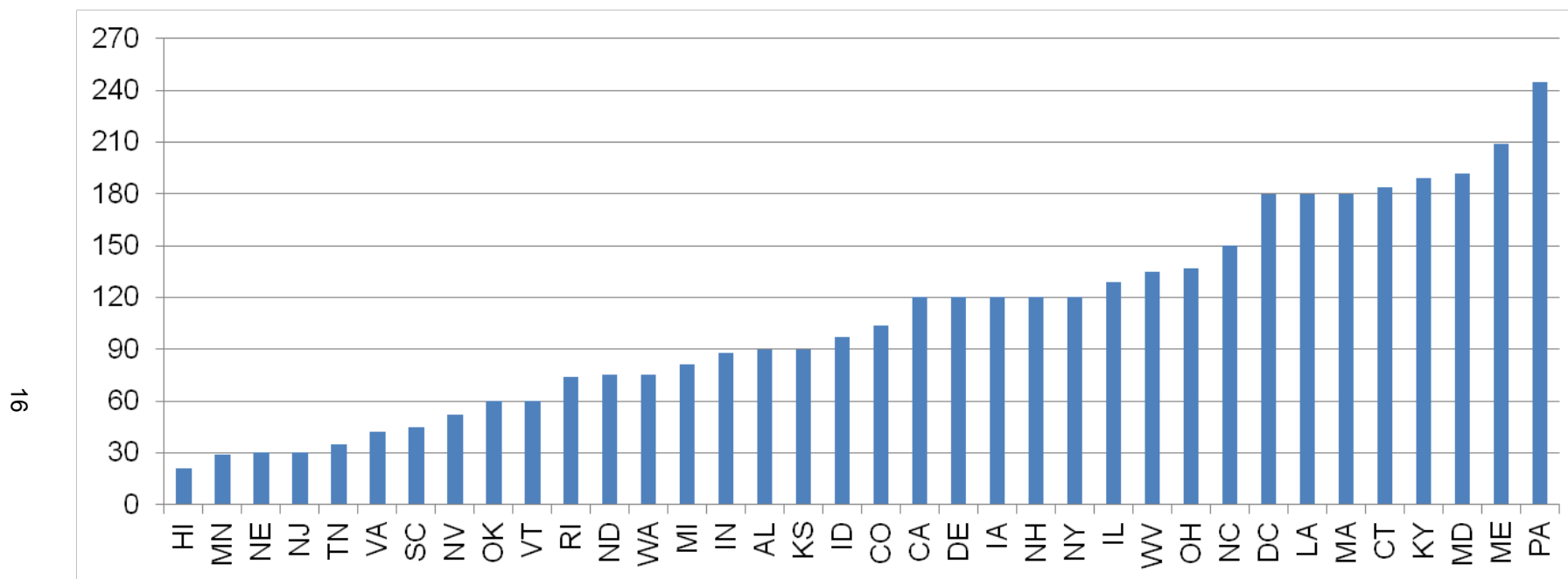
Figure III.2. MFP grantees' achievement of 2013 transition goals, January to December 2013, by state



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2013.

One reason that states may not have met their 2013 transition goals is that the time it takes from referral to transition varies and could be longer than expected, making it difficult to project the number of transitions accurately. The average number of days from the time of assessment to actual transition of MFP participants varied from 21 days in Hawaii to 245 days in Pennsylvania (Figure III.3). Ten states (Hawaii, Minnesota, Nebraska, Nevada, New Jersey, Oklahoma, South Carolina, Tennessee, Vermont, and Virginia) reported that the average length of time required from assessment to actual transition was two months or less (0–60 days). Half of the states in this group met or exceeded their transition goals, and of the remaining states, many were relatively new to the MFP program. Twenty-one states reported an average length of time of two to six months (61–180 days); and five states (Connecticut, Kentucky, Maine, Maryland, and Pennsylvania) reported more than six months (181 days or more) from the time of assessment to actual transition. Of the five states that reported an average of more than six months from assessment to actual transition, only one state (Maryland) achieved its transition goal for 2013.

Figure III.3. Average number of days from time of initial assessment to actual transition, July to December 2013, by state



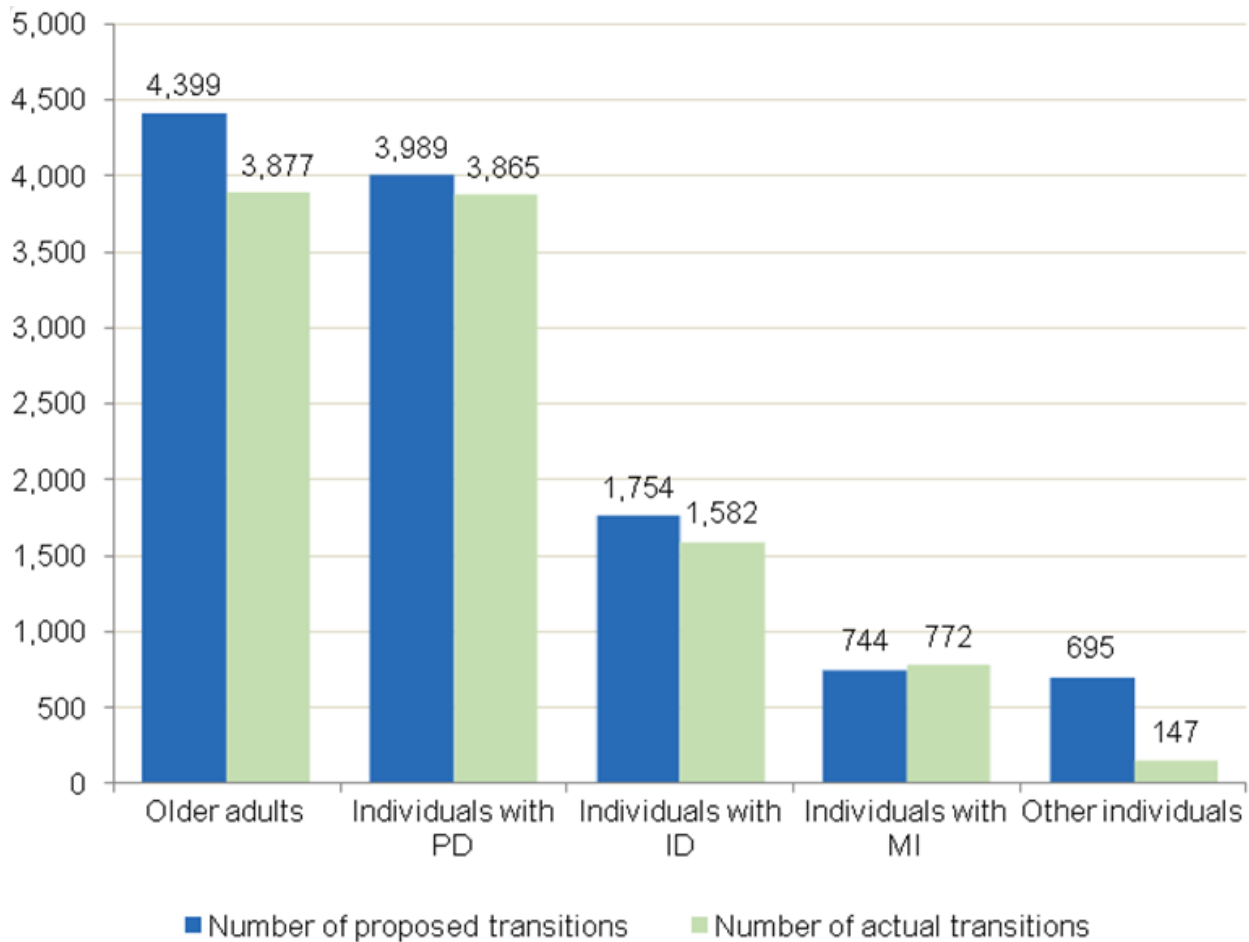
Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, July to December 2013.

Note: Arkansas, Georgia, Mississippi, Missouri, Texas, and Wisconsin did not report the average number of days from the time of assessment to transition.

N = 36.

Variation in the Achievement of Transition Goals by Targeted Population. With regard to achieving 2013 transition goals by population subgroups, grantee states surpassed their 2013 transition goals for people with mental illness, achieving 104 percent of the aggregate goal for this population. This progress is largely driven by Ohio, which transitioned the majority (73 percent) of individuals with mental illness during the year. During 2013, MFP grantees transitioned 3,865 (of the 3,989 proposed) individuals under 65 with physical disabilities, achieving 97 percent of the 2013 transition goal (Figure III.4). MFP grantees fell short of meeting their 2013 transition goals for the populations of older adults, people with intellectual disabilities, and people with “other” disabling impairments.

Figure III.4. MFP grantees’ progress toward 2013 transition goals, by population subgroup



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, July to December 2013.

N = 42; PD = physical disabilities; ID = intellectual disabilities; MI = mental illness.

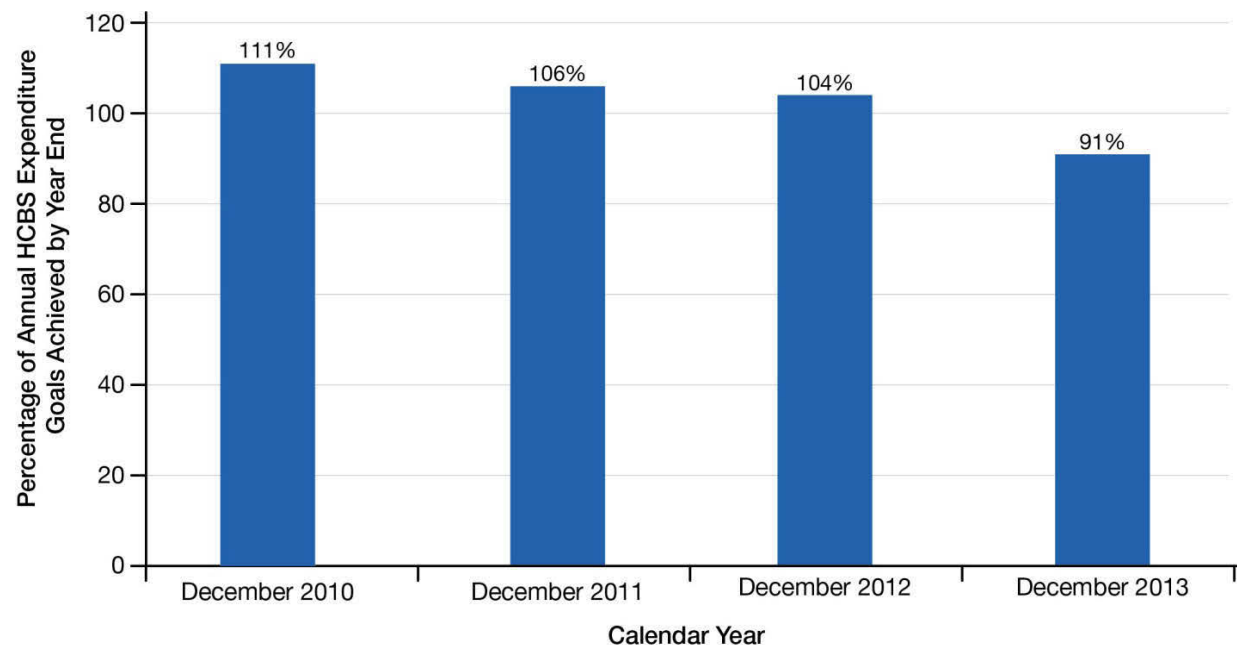
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IV. QUALIFIED HCBS EXPENDITURE GOALS

Grantee states report their total qualified HCBS expenditures each year. Total Medicaid HCBS expenditures include all federal and state funds spent on 1915(c) waiver services; home health, personal care, and other HCBS provided as state-plan optional benefits for all Medicaid beneficiaries; and all HCBS spending on MFP participants (qualified, demonstration, and supplemental services).¹⁰

Overall, Forty-two grantee states reported \$63 billion in qualified HCBS expenditures in 2013 (Appendix A, Table A.5), a 6 percent increase from 2012 when states reported HCBS expenditures of \$59 billion. While this increase is less than the 14 percent increase that occurred between 2011 and 2012 (when expenditures increased from \$52 billion to \$59 billion), it is an underestimate of the increase in spending because the 2013 expenditures for several states were incomplete. The 2013 expenditure data for one state (Illinois) were missing due to the delayed submission of fourth quarter spending data and five other states reported their 2013 data were incomplete due to delays in the receipt of complete information. At the time of this report, 2013 marks the first time in recent years the state grantees did not exceed their aggregate expenditure goal, achieving less than 100 percent of aggregate 2013 spending goals across all grantees compared to 104 percent in 2012, 106 percent in 2011, and 111 percent in 2010 (Figure IV.1).

Figure IV.1. MFP grantees' progress toward annual HCBS expenditure goals, December 2010 to December 2013



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2010 to 2013.

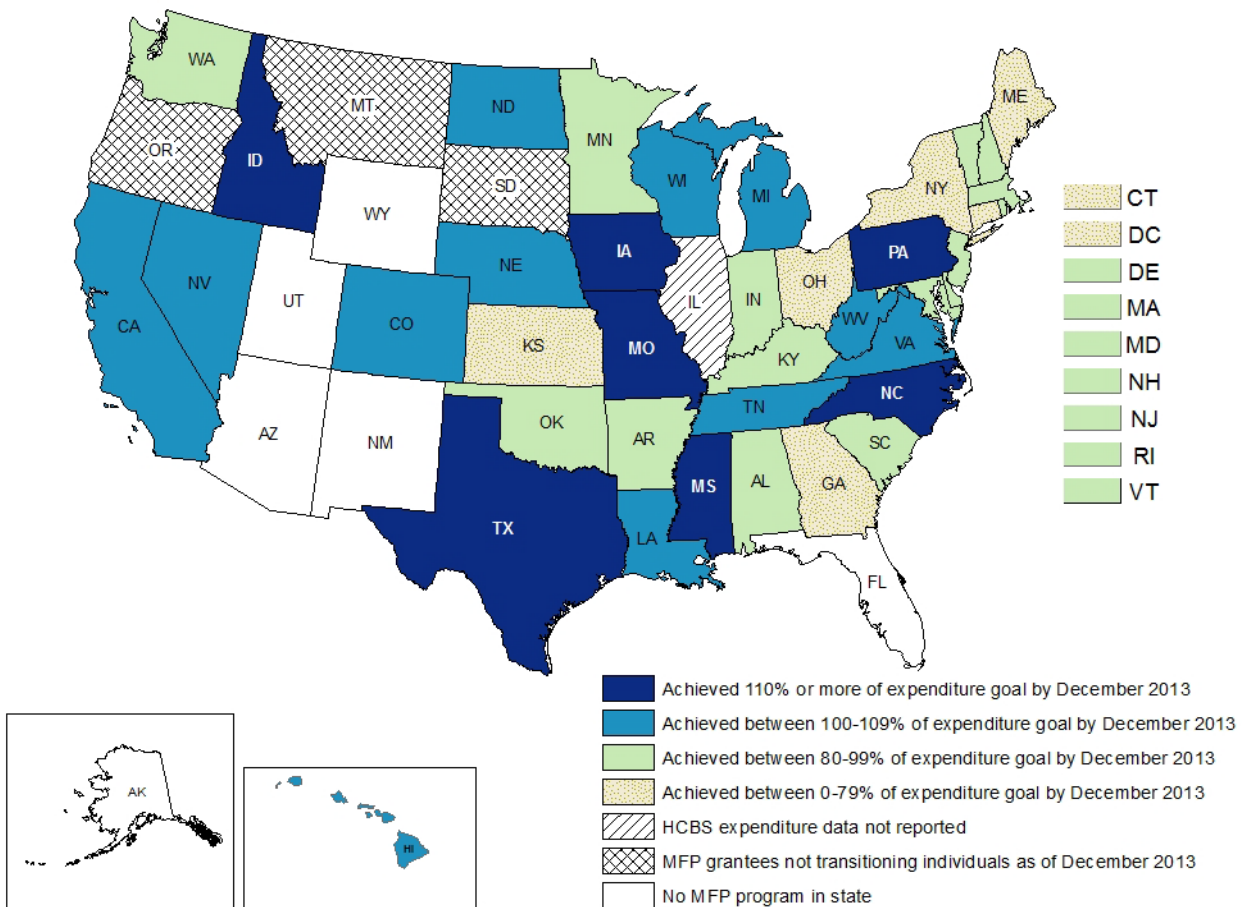
N = 29 states in 2010; 33 states in 2011; 35 states in 2012; 42 states in 2013.

HCBS = home- and community-based services

¹⁰ Other optional state-plan HCBS include services such as adult day care, private duty nursing, and residential care.

State Variation in the Achievement of HCBS Expenditure Goals. For 2013, the percentage of HCBS expenditure targets achieved ranged from 35 percent (Connecticut) to 149 percent (Mississippi).¹¹ Excluding Oregon, nineteen grantee states met or exceeded their spending targets. Seven of these states (Idaho, Iowa, Mississippi, Missouri, North Carolina, Pennsylvania, and Texas) achieved more than 110 percent of their targeted level of spending in 2013. Conversely, of the 22 states that spent below their targets, 7 achieved less than 80 percent of their 2013 targeted level of spending (see Appendix A, Table A.5).

Figure IV.2. MFP grantees' progress toward 2013 HCBS expenditure goals, by state



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, July to December 2013.

¹¹ Oregon reported achieving 233 percent of its HCBS expenditure target. The target includes only older adults and individuals with physical disabilities; however, the state-reported HCBS expenditures also include those for individuals with intellectual disabilities.

Of the 21 states that did not achieve their HCBS expenditure targets, 9 provided further details about their rates of progress. Six states (Connecticut, Kansas, Maine, Illinois, New Hampshire, and New Jersey) reported that their 2013 HCBS expenditure totals are incomplete due to delays receiving data or exclusion of costs for certain populations or services. Other states expect their reported 2013 expenditures to change in response to claims lags. Other states reported barriers to achieving their HCBS goals including the implementation of cost control measures that slowed growth (District of Columbia), a change in contractor (Indiana), and a delay in completing transitions for the population with intellectual disabilities due to a temporary injunction (Oklahoma).

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V. REINSTITUTIONALIZATIONS OVER 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, ICF-ID, or institution for mental diseases, regardless of the length of stay. Because short-term hospital admissions lasting less than 30 days are common among this population and MFP participants are disenrolled 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 days.^{12,13}

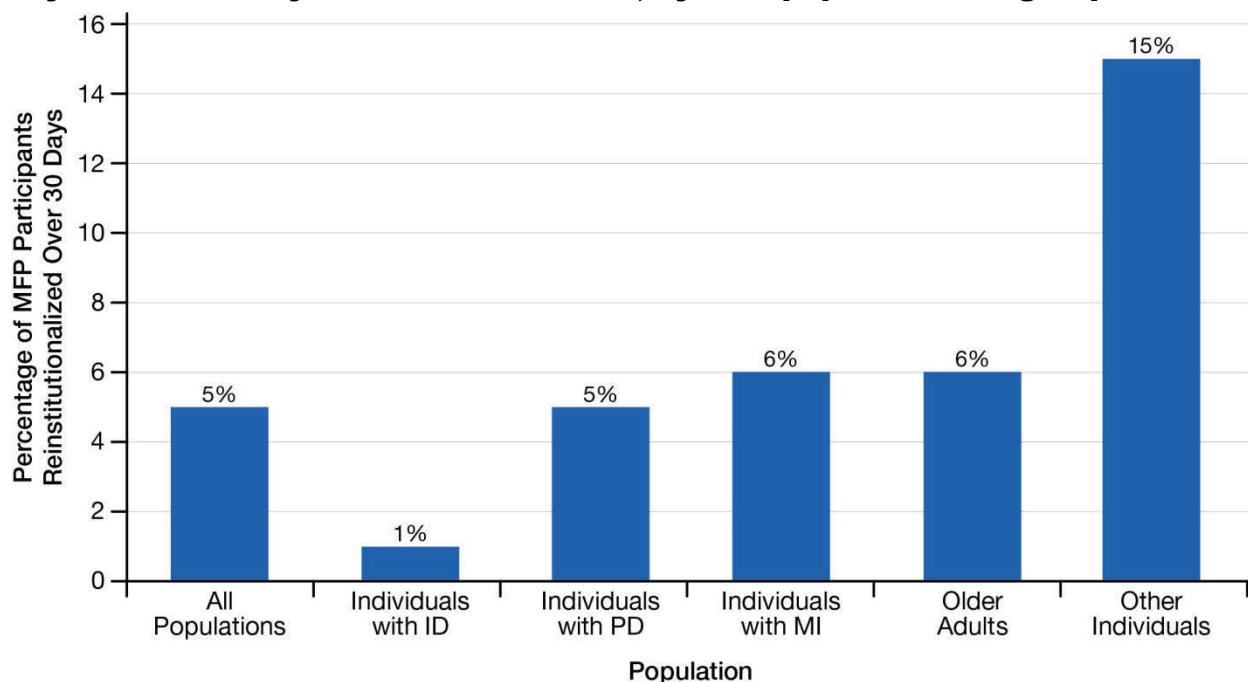
Overall. Among all current participants (9,393), 5 percent were reinstitutionalized for more than 30 days during the period (Figure V.1). Overall, older adults and people with physical disabilities make up the majority of reinstitutionalizations over 30 days, comprising 46 and 36 percent of all reinstitutionalizations, respectively. (See Appendix A, Tables A.6 and A.7. Table A.6 includes state-by-state data for reinstitutionalizations for any length of stay.) Of the population subgroups, “other” individuals had the highest percentage (15 percent) of participants reinstitutionalized over 30 days as of December 31, 2013.¹⁴ All of these reinstitutionalizations were within New York’s “other” population, which includes individuals with dual diagnoses and/or traumatic brain injuries. Older adults and individuals with mental illness had the next highest percentages (6 percent each) of participants reinstitutionalized for more than 30 days. These populations were followed by individuals with physical disabilities (4 percent) and individuals with intellectual disabilities (1 percent).

¹² Walsh, Edith G., Joshua M. Wiener, Susan Haber, Arnold Bragg, Marc Freiman, and Joseph G. Ouslander. “Potentially Avoidable Hospitalizations of Dually eligible Medicare and Medicaid Beneficiaries from Nursing Facility Home- and Community-Based Services Waiver Programs.” *Journal of the American Geriatrics Society*, vol. 60, no. 5, May 2012, pp. 821–829.

¹³ “Reinstitutionalized” refers to participants admitted to an inpatient facility, such as a hospital, nursing home, ICF-ID, or institution for mental diseases, for a stay of any length. If an MFP participant is admitted for more than 30 days, CMS guidance requires that the individual be disenrolled from MFP. Former MFP participants who were disenrolled prior to the completion of 365 days in the demonstration may re-enroll in MFP without meeting the 90-consecutive-day institutional residency requirement, provided they meet any applicable state requirements for re-enrollment.

¹⁴ The percentage of participants reinstitutionalized over 30 days is calculated by dividing the total number of participants reinstitutionalized for more than 30 days during the reporting period by the total number of current participants as of the end of the reporting period.

Figure V.1. Percentage of participants reinstitutionalized for more than 30 days between July and December 2013, by MFP population subgroup



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, July to December 2013.

N = 42 states; ID = intellectual disabilities; MI = mental illness; PD = physical disabilities.

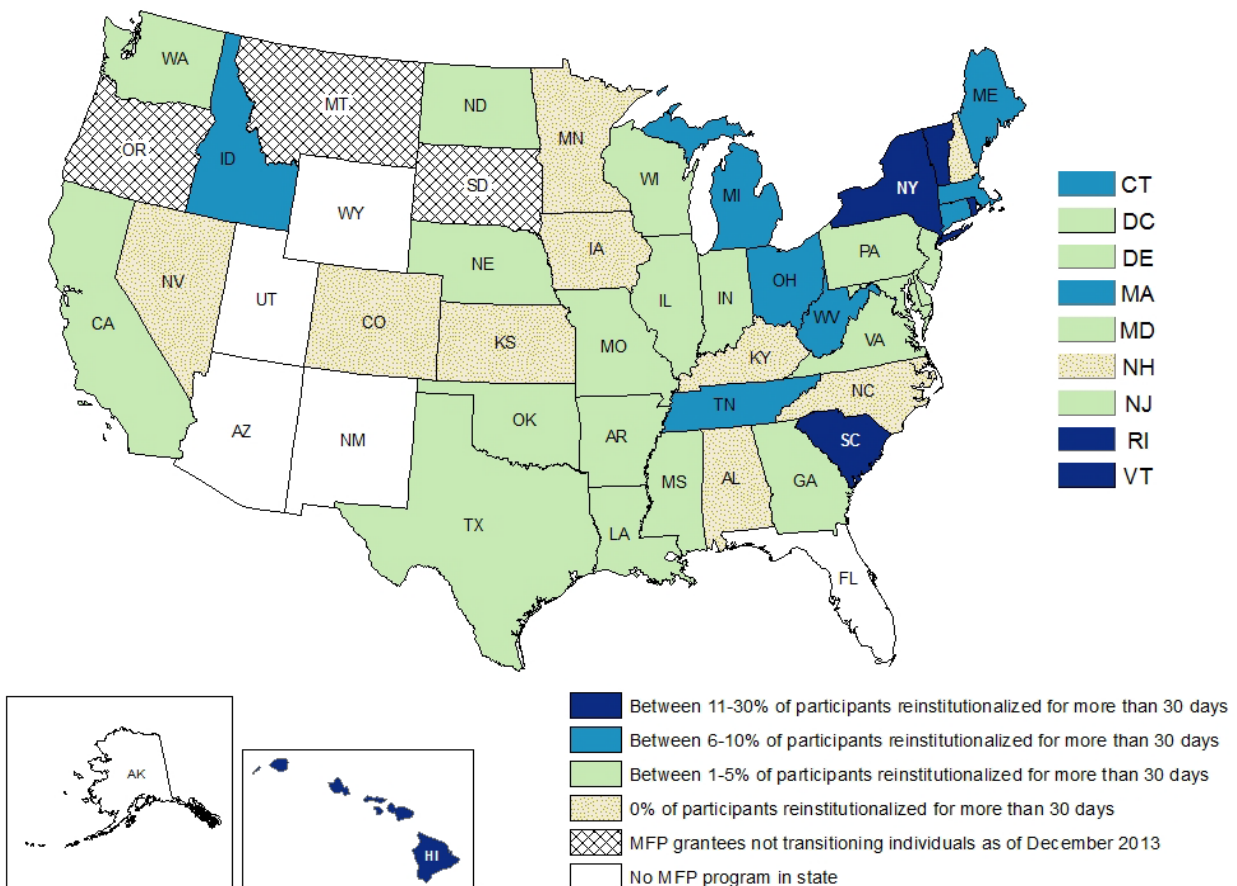
State Variation in Reinstitutionalizations. The percentage of participants reinstitutionalized for more than 30 days ranged from zero to 29 percent in the grantee states. Although we do not know all of the reasons for this variability, we believe it is partly attributable to differing level-of-care needs of participants in each state and differences in grantee reporting of these events.¹⁵ Almost two-thirds of grantee states had up to 5 percent of participants reinstitutionalized over 30 days. The six grantee states (Hawaii, Rhode Island, South Carolina, New York, District of Columbia, and Vermont) with the highest percentages ranged between 11 and 29 percent of current MFP participants (Figure V.2). Rhode Island was also among the states with the highest percentage of participants reinstitutionalized for more than 30 days during the last period (January to June 2013). However, its rate fell 24 percentage points between the first and second half of 2013. Nine states reported that no participants were reinstitutionalized for more than 30 days. Common reasons for reinstitutionalization are included in Table V.1.

¹⁵ 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.

Table V.1. Common reasons for reinstitutionalization reported by states between July and December 2103

Reasons for reinstitutionalization	Number of grantees reporting reason
Deterioration in physical or mental health status	24
Events (for example, acute medical events, falls, or accidents) that led to a hospitalization	17
Inadequate community or family member support	7
Requests by either the family or the participant to return to an institutional setting	7
The existence of a complex or chronic condition	3
Issues with eligibility for Medicaid	3

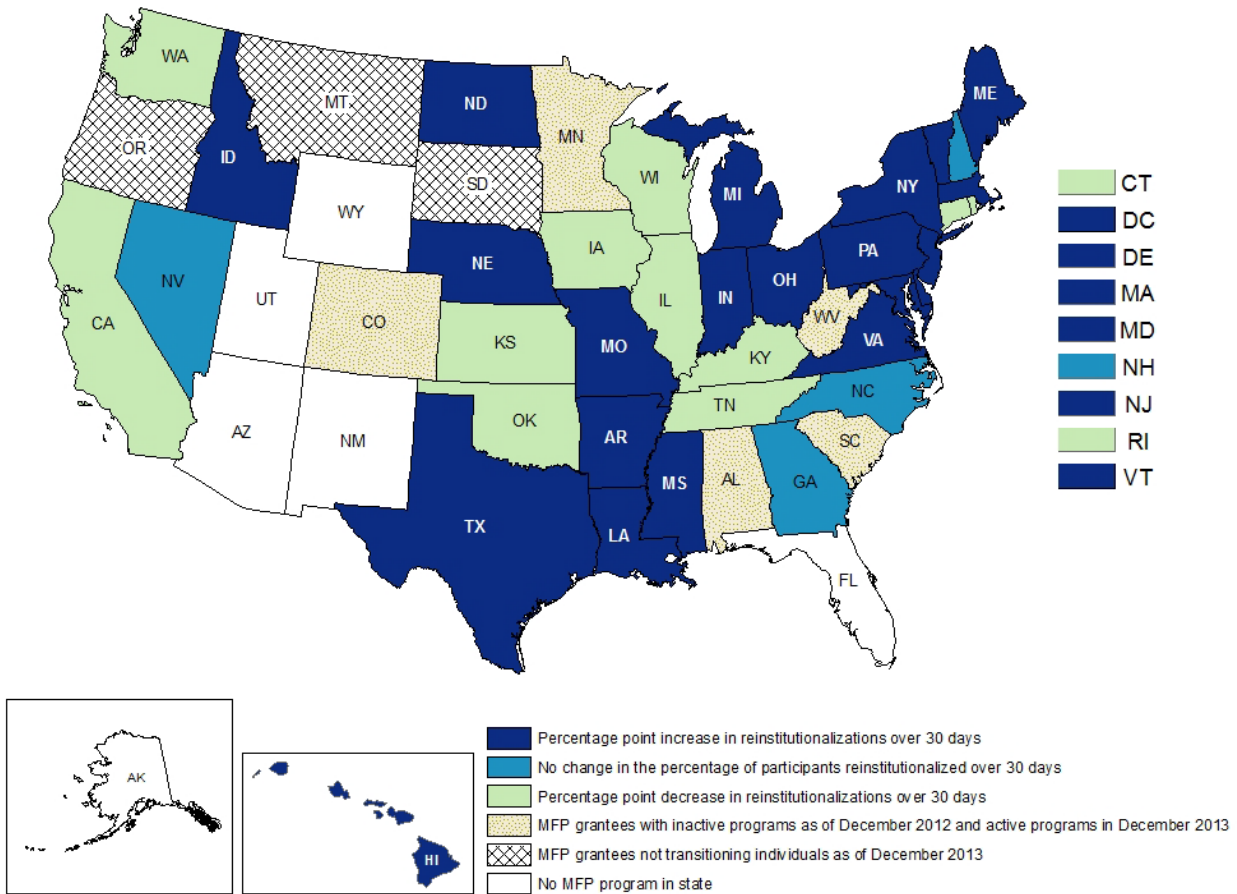
Figure V.2. Percentage of current participants reinstitutionalized for more than 30 days, July to December 2013, by state



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, July to December 2013.

Of the 37 states that submitted a progress report for the second six months for both 2012 and 2013, 12 states experienced a decrease in their percentage of reinstitutionalizations over 30 days, and 5 showed no change. The other 20 state grantees experienced an increase in the percentage reinstitutionalized (Figure V.3). Vermont had the largest percentage point increase (24 percentage points), and Rhode Island, as in the previous reporting period (January to June 2013), saw the largest percentage point decrease (14 percentage points) of participants reinstitutionalized over the year period.

Figure V.3. Percentage point change in participants reinstitutionalized for more than 30 days, between the July to December 2012 and July to December 2013 reporting periods, by state

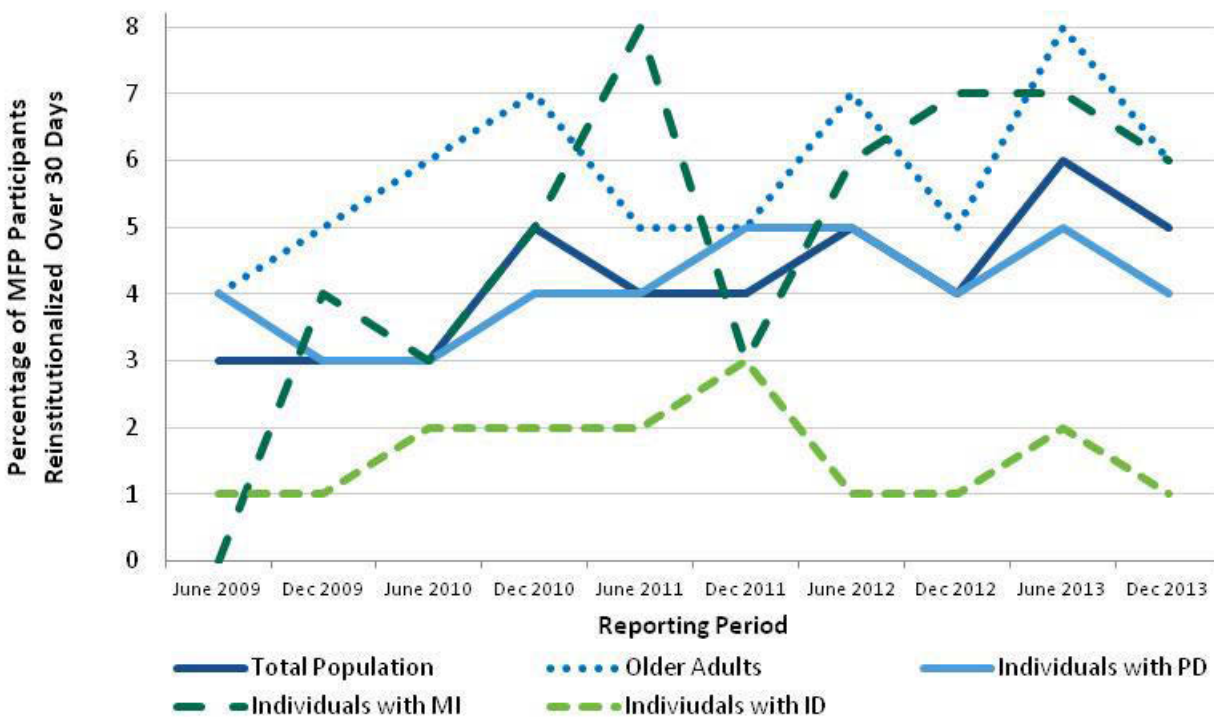


Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, July to December 2012 and July to December 2013 reporting periods.

Variation in Reinstitutionalizations by Targeted Population. During the last six months of 2013, the percentage of participants reinstitutionalized over 30 days decreased for the total population and all subgroups (Figure V.4). Within the older adult population, the percentage of participants reinstitutionalized over 30 days varies by state, from zero percent in 15 states (Alabama, Colorado, Delaware, Georgia, Illinois, Kansas, Kentucky, Maine, Minnesota, North Carolina, Nevada, New Hampshire, Oklahoma, South Carolina, and Wisconsin) to more than 24

percent in three states (Mississippi, Vermont, and West Virginia). The percentage of participants with physical disabilities reinstitutionalized for more than 30 days also varies among states. Twelve states (Alabama, Colorado, District of Columbia, Kansas, Kentucky, Massachusetts, Minnesota, Mississippi, Nevada, New Hampshire, North Carolina, and North Dakota) reported zero reinstitutionalizations for individuals with physical disabilities, and one state (South Carolina) reported that 67 percent of participants were reinstitutionalized during the period. However, it is important to note that this statistic is substantially influenced by the small number of participants with physical disabilities in South Carolina (3).

Figure V.4. Percentage of participants reinstitutionalized over 30 days for the total population and subpopulations, June 2009 to December 2013



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2009 to 2013.

Note: 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 2013. We made these calculations both for the total population of MFP participants and for the populations of older adults and individuals with physical disabilities.

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; and 42 states in December 2013.

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

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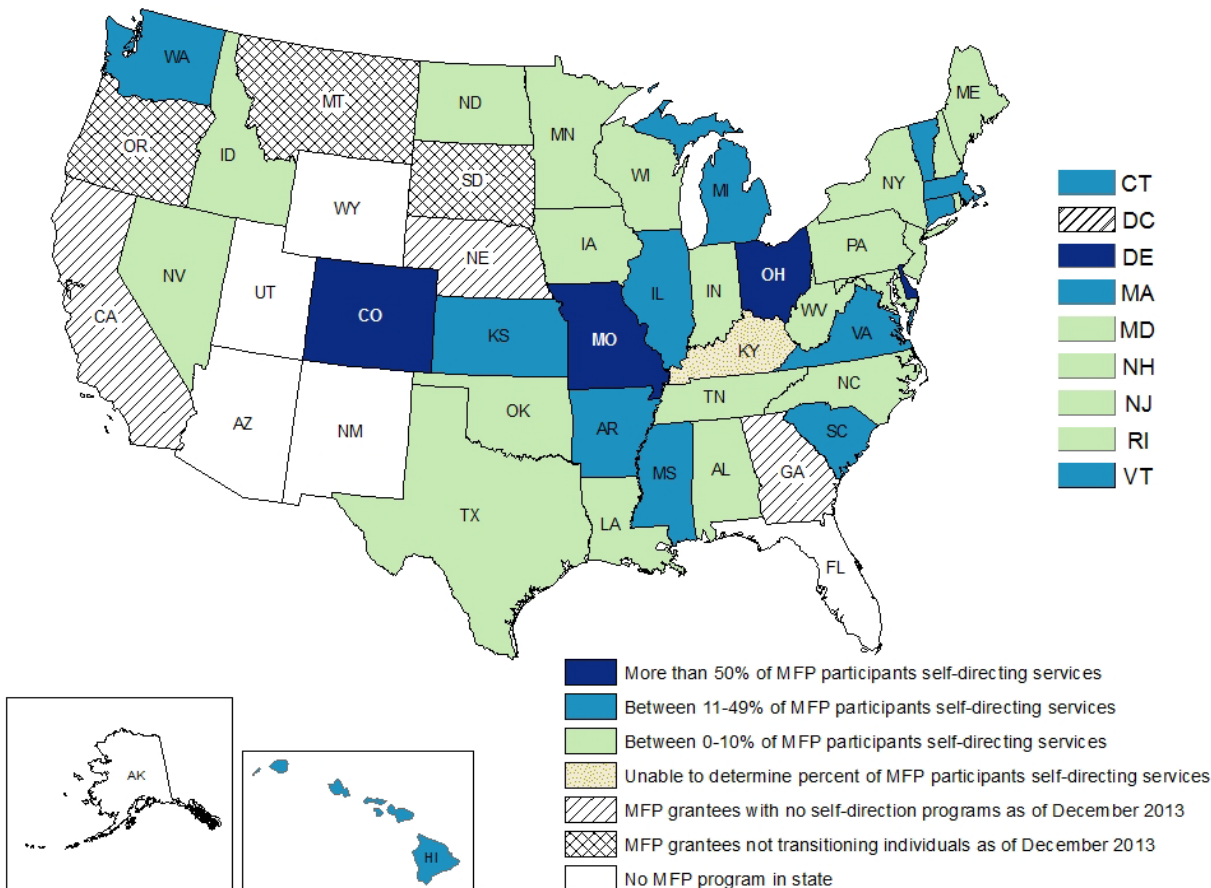
VI. SELF-DIRECTION

Of the 42 grantee states that were actively transitioning MFP participants during the period, 38 reported offering participants the option to self-direct their services (Figure VI.1). Among the 37 states with usable data, 23 percent of MFP participants were reported to be self-directing services, ranging from zero in 5 grantee states to 100 percent in Delaware and Ohio.¹⁶ 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 service does not meet the definition of participant-directed services as defined in the Medicaid HCBS Taxonomy approved by CMS because participants do not appear to be self-directing their services through an employer of record or a Fiscal employer agent within their individual support plan.¹⁷ The majority (26) of the 37 grantee states offering a self-direction program reported that 33 percent or fewer of their MFP participants are enrolled in the state's program. Four states (Colorado, Delaware, Missouri, and Ohio) reported more than half their participants self-directing services. Nine states had a self-direction program but reported that no participants chose to self-direct their services during the period.

¹⁶ We did not include Kentucky in this analysis, because the state reported its self-direction data differently from other states, and we were unable to determine the percent of current participants self-directing their services.

¹⁷ Services supporting participant self-direction as defined in the HCBS taxonomy are those "Services that assist a person and/or his or her representative in managing participant-directed services, as identified in the Participant Direction of Services section of the 1915(c) waiver or 1915(i) State Plan Amendment application. Financial management services include assistance to help a person and/or representative manage participant-directed services by a) performing financial tasks to facilitate the employment of staff; b) managing the disbursement of funds in a participant-directed budget; and/or c) performing fiscal accounting and making expenditure reports to the person, representative, and/or state authorities"

Figure VI.1. Percentage of MFP participants self-directing services, July to December 2013, by state

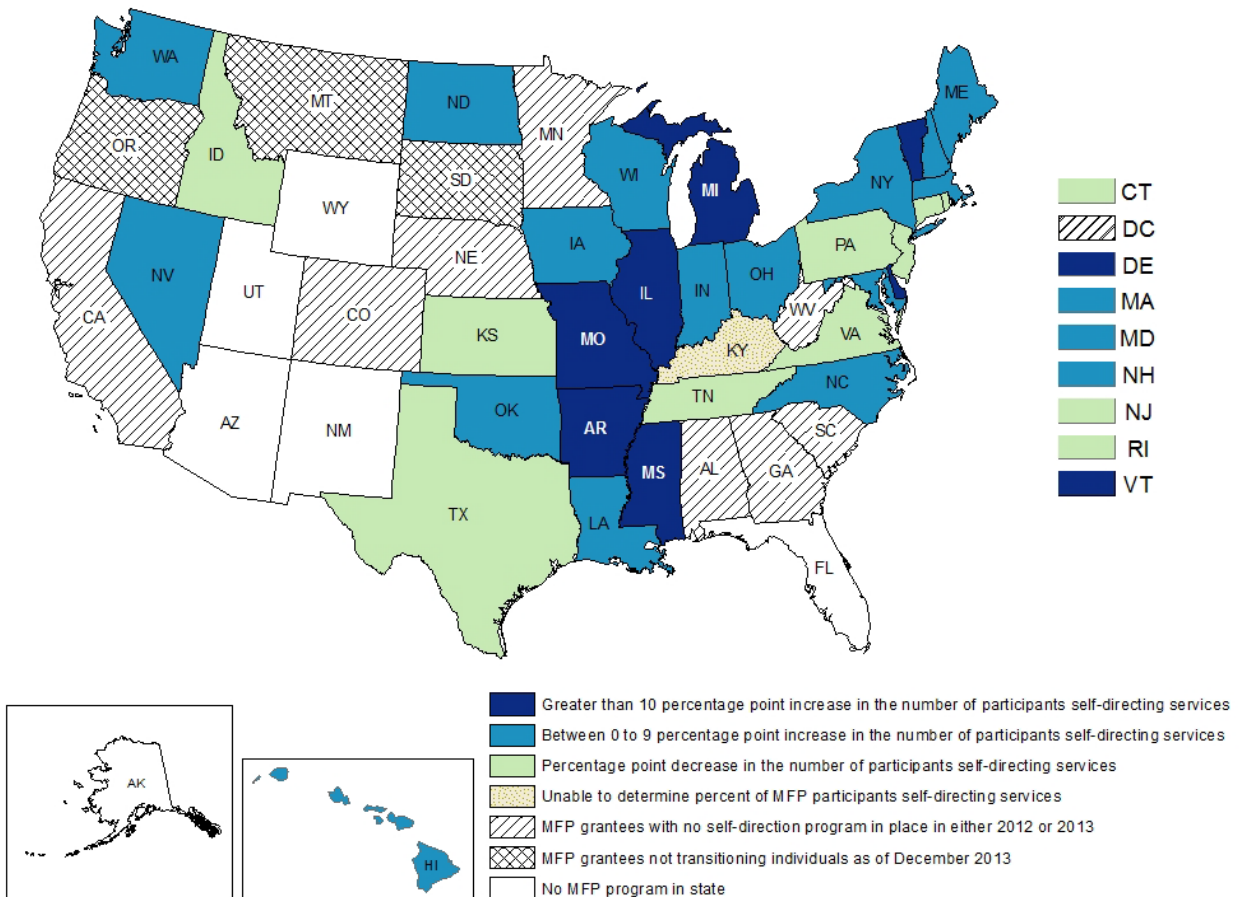


Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, July to December 2013.

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

Among the 33 states that offered MFP participants the option to self-direct their services in both 2012 and 2013, 16 states experienced an increase in the percentage of MFP participants self-directing HCBS (Figure VI.2). Increases in the number of participants self-directing ranged from less than one percentage point in Wisconsin to 33 percentage points in Illinois. Nine states reported decreases ranging from less than one (Texas) to 15 percentage points (Pennsylvania).

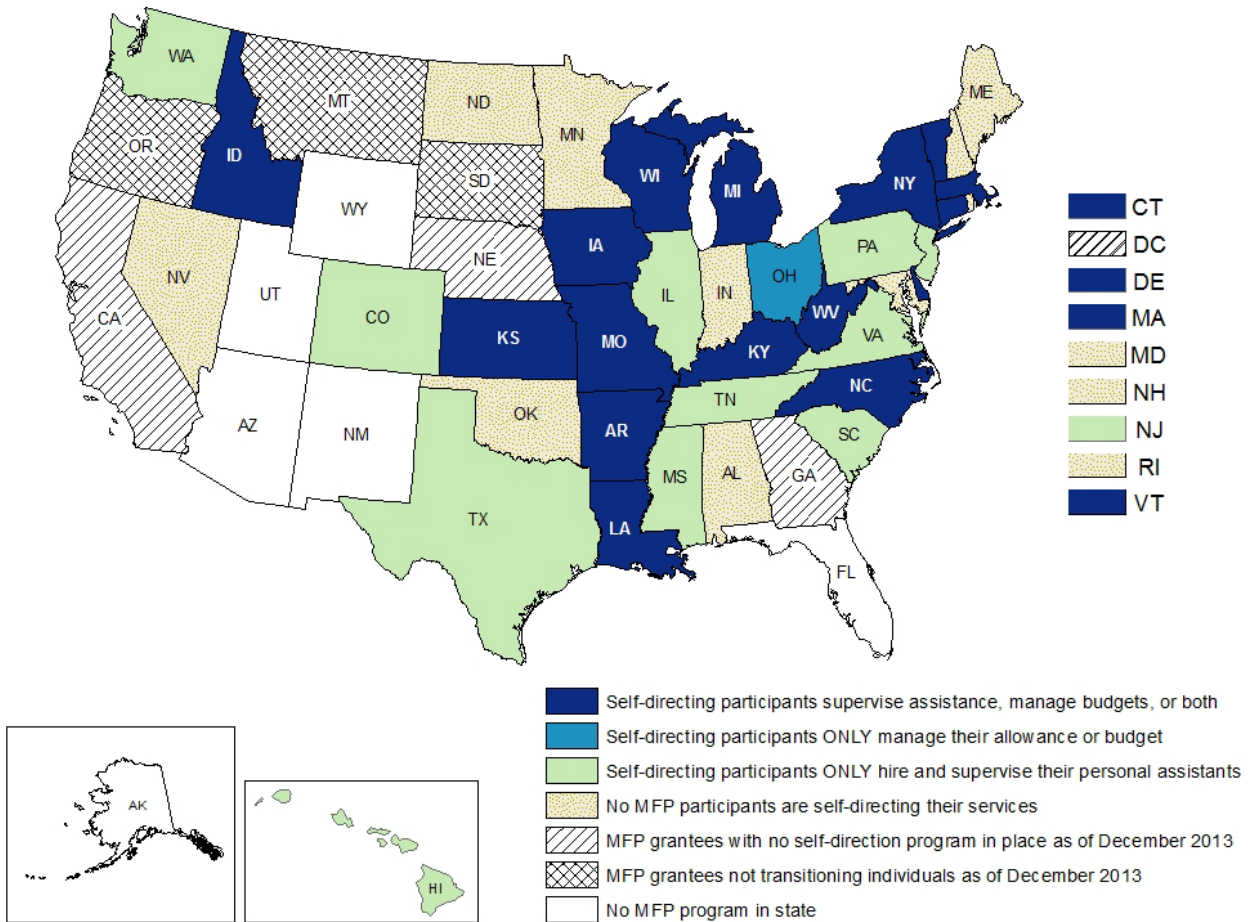
Figure VI.2. Percentage point change between December 2012 and December 2013 in MFP participants self-directing services, by state



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, July to December 2012 and July to December 2013 reporting periods.

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 38 states with self-direction programs, 28 reported that at least one MFP participant was self-directing his or her HCBS in some manner (Figure VI.3). Most of these states (Arkansas, Connecticut, Delaware, Idaho, Iowa, Kansas, Kentucky, Louisiana, Massachusetts, Michigan, Missouri, New York, North Carolina, Vermont, West Virginia, and Wisconsin) offered participants the option to hire and supervise staff, manage their budgets, or do both. Eleven states (Colorado, Hawaii, Illinois, Mississippi, New Jersey, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, and Washington) reported that they offer their MFP participants only the option to hire and supervise staff, and one (Ohio) reported that it offers its MFP participants only the option to manage their budget for one-time moving expenses (Appendix A, Table A.9).

Figure VI.3. Types of self-direction service options used by MFP participants, July to December 2013, by state



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, July to December 2013.

VII. EMPLOYMENT SUPPORTS AND SERVICES

CMS encourages MFP grantee states to implement initiatives to promote employment for MFP participants.¹⁸ Employment can increase individuals' financial independence and well-being and help ensure successful integration into the community. As reported in the Money Follows the Person 2012 Annual Evaluation Report (Irvin et al. 2013), through the end of 2012 grantee states provided employment supports to a small share of participants (409, or approximately one percent of the number of participants ever enrolled in MFP at that time).¹⁹ Beginning in 2012, grantees were asked to report in their semiannual reports on 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. In this chapter, we present information on (1) the types of employment supports and services that grantee states provide to participants by population subgroup to help them find or maintain employment, (2) how states are using MFP grant funds to support participants' employment goals, and (3) the types of collaborative relationships that MFP programs have established with state employment agencies.

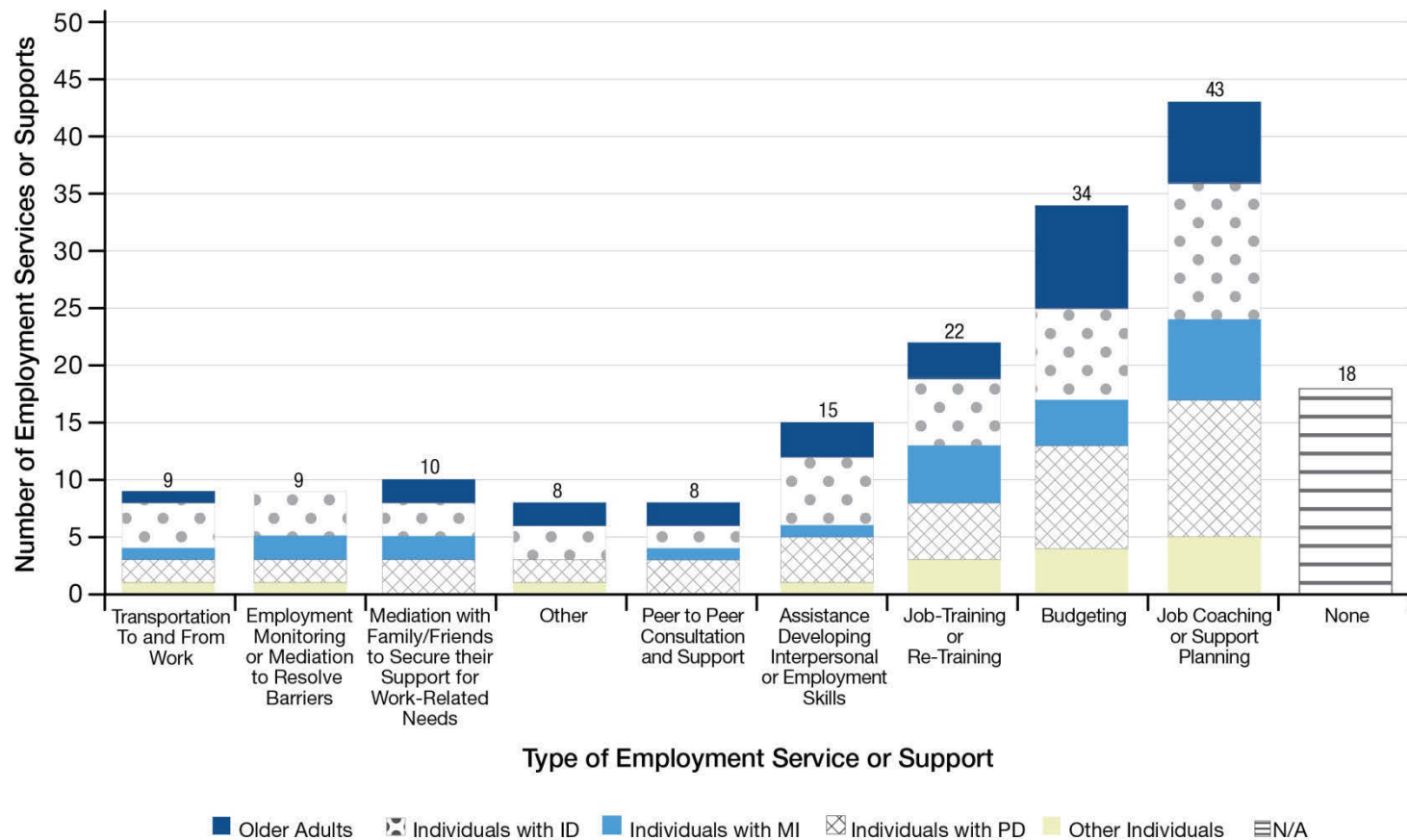
MFP programs provide a range of employment services and supports as part of the diverse set of HCBS that individuals can access after transitioning to community living.²⁰ States report the services and supports they offer by population subgroup, and the same service can be offered to more than one population (Figure VII.1). Job coaching or support planning was the service most commonly reported by states (43 services) and was most frequently offered to every population subgroup except older adults. Budgeting was the service most commonly offered to older adults (9 grantees). Grantee states also reported employment services and supports that did not fall into common categories. For example, Illinois and Washington assisted individuals with intellectual disabilities with starting their own businesses or identifying employment opportunities through volunteer positions, respectively. Hawaii, which reported little participant interest in employment services, assisted MFP participants with pursuing vocational training. And Maine offered customized employment assistance to participants upon request. Eighteen states did not offer employment services and supports to participants, an increase from 15 states during the first half of 2013.

¹⁸ CMS issued policy guidance to MFP grantee states on May 31, 2011, summarizing several ways they can promote employment among participants as part of their rebalancing plans.

¹⁹ Irvin, Carol V., Noelle Denny-Brown, Matthew Kehn, Rebecca Sweetland Lester, Debra Lipson, Wilfredo Lim, Jessica Ross, Alex Bohl, Victoria Peebles, Samuel Simon, Bailey Orshan, Susan R. Williams, Eric Morris, and Christal Stone. "Money Follows the Person 2012 Annual Evaluation Report." Cambridge, MA: Mathematica Policy Research, October 2013. This report is located at the following location: http://www.mathematica-mpr.com/publications/pdfs/health/MFP_2012_Annual.pdf. Note that the Annual Report and this Overview report analyze different time periods.

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

Figure VII.1. Employment services and supports offered by states to MFP participants, by population subgroup and type of support, July to December 2013



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, July to December 2013.

Notes: Grantee states may select more than one type of employment service/support.

“Other” types of employment services and supports encompass vocational training for former MFP participants, a pilot project to help individuals with intellectual disabilities start their own businesses, assistance offered and addressed at the individual level, and an employment project for individuals with intellectual disabilities.

N = 42.

MFP grantee states are also asked to describe activities funded by MFP resources to support the employment goals of MFP participants during the period. Two states (Idaho and Minnesota) reported on these activities for the first time this period. Eight states (Connecticut, Georgia, Idaho, Iowa, Minnesota, Missouri, Mississippi, and Washington) created training materials or delivered employment training to MFP staff, transition coordinators, or waiver staff. Four of these states funded training activities with federal MFP administrative funds (no state match required), one state funded them as MFP demonstration services, and the remaining three states as a mix of funding resources. Seven states (Connecticut, Iowa, Idaho, Massachusetts, Minnesota, New Jersey, and Wisconsin) addressed barriers to employment by paying for services or supports (adaptive equipment, transportation, and personal assistance services) to help people commute to work or function in the workplace. Of these, five used qualified HCBS funding, and the remaining two used a mix of funding. Five grantee states (Iowa, Idaho, Louisiana, Massachusetts, and New Jersey) leveraged Medicaid Infrastructure Grant program resources or funds (via supplemental grants or no-cost extensions of previous grants) to support employment of participants with disabilities. Five states (Idaho, Kentucky, Massachusetts, Minnesota, and New Jersey) incorporated information into outreach materials—activities supported by “other” funds in Massachusetts and federal administrative funds in the remaining four states. Finally, New Jersey hired an employment specialist and a peer mentor during the period using 100 percent federal administrative funds for both activities.

Grantee states are also asked to report each period on their progress toward establishing collaborative relationships with state employment agencies such as state departments of labor, vocational rehabilitation, workforce development, or commissions for the blind. Among the 19 states that reported collaborating with a state employment agency during the second half of 2013, 9 reported that MFP program staff participated in multiagency workgroups that address employment for individuals with disabilities, and 5 participated in cross-agency awareness trainings. More than half of all grantee states (22) reported no progress establishing collaborative relationships with state employment agencies.

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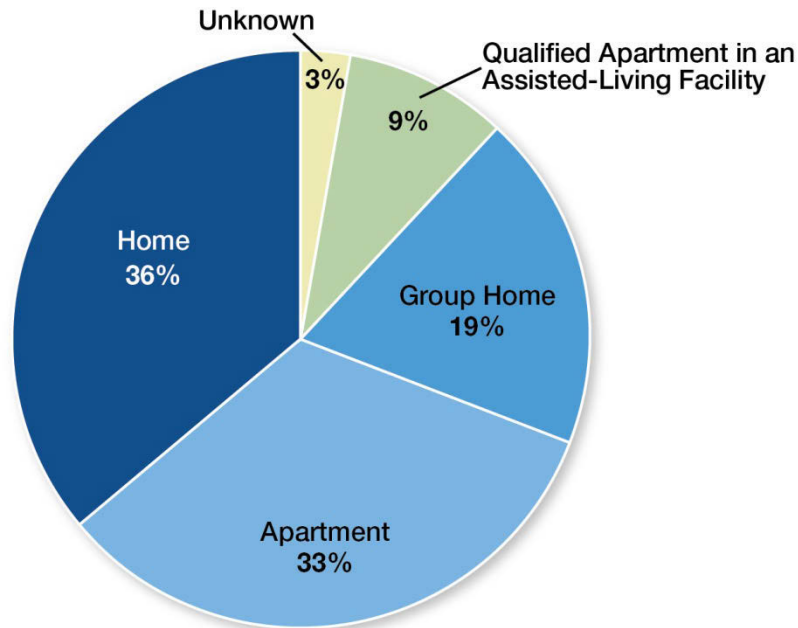
VIII. HOUSING FOR MFP PARTICIPANTS

This section presents the types of qualified residences to which new MFP participants transition and breaks down housing types by population subgroup. It also explores the challenges states reported encountering when securing housing for MFP participants and the strategies being used to overcome these challenges.

Of the 5,485 MFP participants who transitioned to the community during the second half of 2013, 36 percent (1,992 individuals) moved to a home and 33 percent (1,821 individuals) moved to an apartment (Figure VIII.1 and Appendix A, Table A.10). About 17 percent (932 individuals) of newly transitioned participants moved to group home settings with four or fewer residents, and about 9 percent (461 individuals) transitioned to a qualified assisted-living facility. The residence type was not reported for about 5 percent (280 individuals) of newly transitioned participants.²¹ These distributions are consistent with the previous reporting period.

²¹ Within each 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 states, the total number of newly transitioned participants with an identified type of qualified housing was lower than the total number of newly transitioned participants. The reason most commonly cited for this discrepancy is delays in data entry; states may not have known the type of housing for all newly transitioned participants at the time the report was submitted.

Figure VIII.1. Percentage of new MFP participants who transitioned to each type of qualified residence, July 1 to December 31, 2013



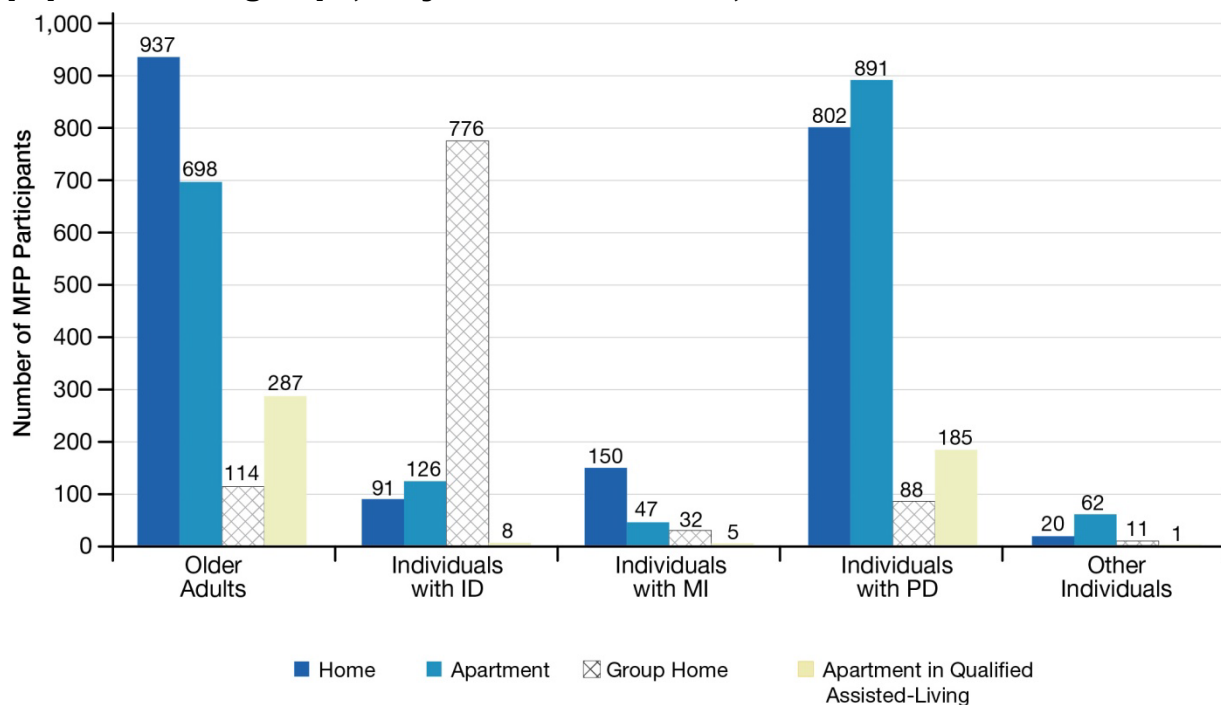
Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, July to December 2013.

Note: Percentages are based on data reported by the 42 grantee states that reported transitions during the reporting period.

N = 42.

The types of qualified residences chosen by MFP participants are similar for older adults and individuals with physical disabilities, but differ for the remaining three population subgroups (Figure VIII.2). Most older adults and individuals with physical disabilities transitioned to a home or an apartment during the period; a slightly higher proportion of older adults moved into a home, and a higher proportion of individuals with physical 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. States did not report any subgroups that transitioned in large numbers to apartments in qualified assisted-living facilities, although this housing type is most popular among older adults.

Figure VIII.2. Type of qualified residence by new MFP participants, by population subgroups, July 1 to December 31, 2013



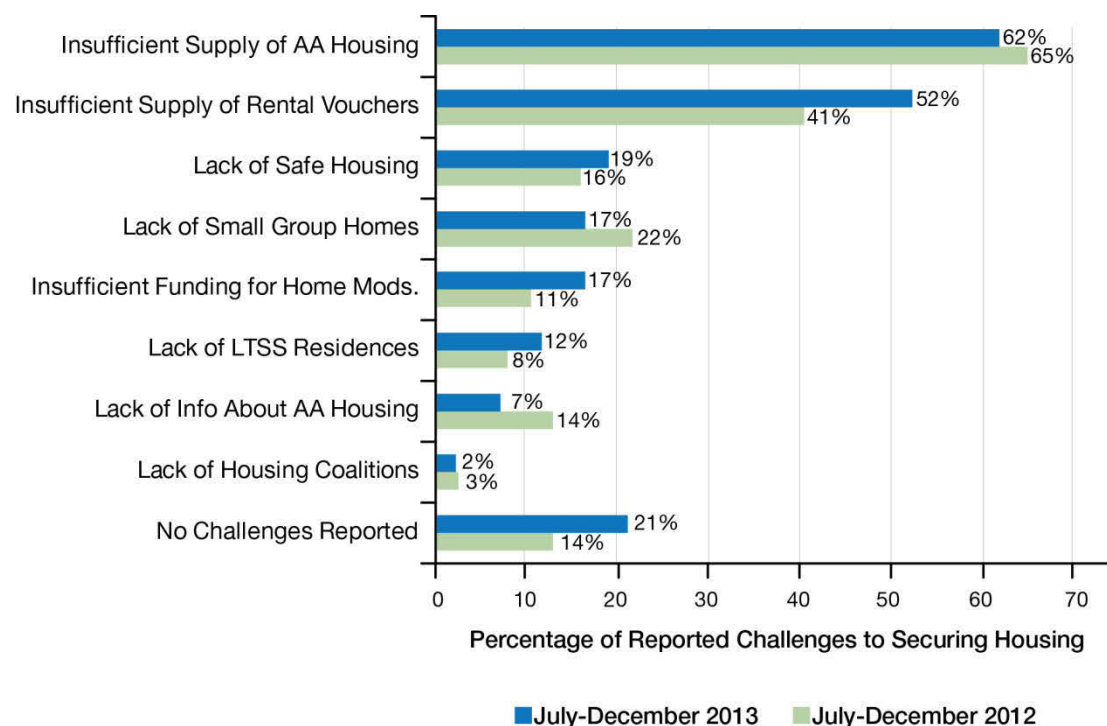
Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, July to December 2013.

Note: This figure does not reflect the 280 new transitions for which the housing type was unknown at the time of reporting.

N = 42; ID = intellectual or developmental disabilities; MI = mental illness; PD = physical disabilities.

Thirty-three out of 42 grantee states encountered challenges securing housing for MFP participants during the second half of 2013. By far, the two most common challenges facing states were an insufficient supply of affordable accessible housing (62 percent of all reported challenges) and an insufficient supply of rental vouchers (52 percent). These two challenges have been persistent since the beginning of the MFP program and are reported regularly by the large majority of states (Figure VIII.3, Appendix A, Table A.11). Other commonly reported challenges include a lack of affordable accessible housing that is safe (19 percent of reported challenges), a lack of small group homes that qualify for MFP (four or less individuals) (17 percent), and insufficient funding for home modifications (17 percent).

Figure VIII.3. MFP grantees' reported challenges securing housing for participants, by type of challenge, July to December 2013 and July to December 2012



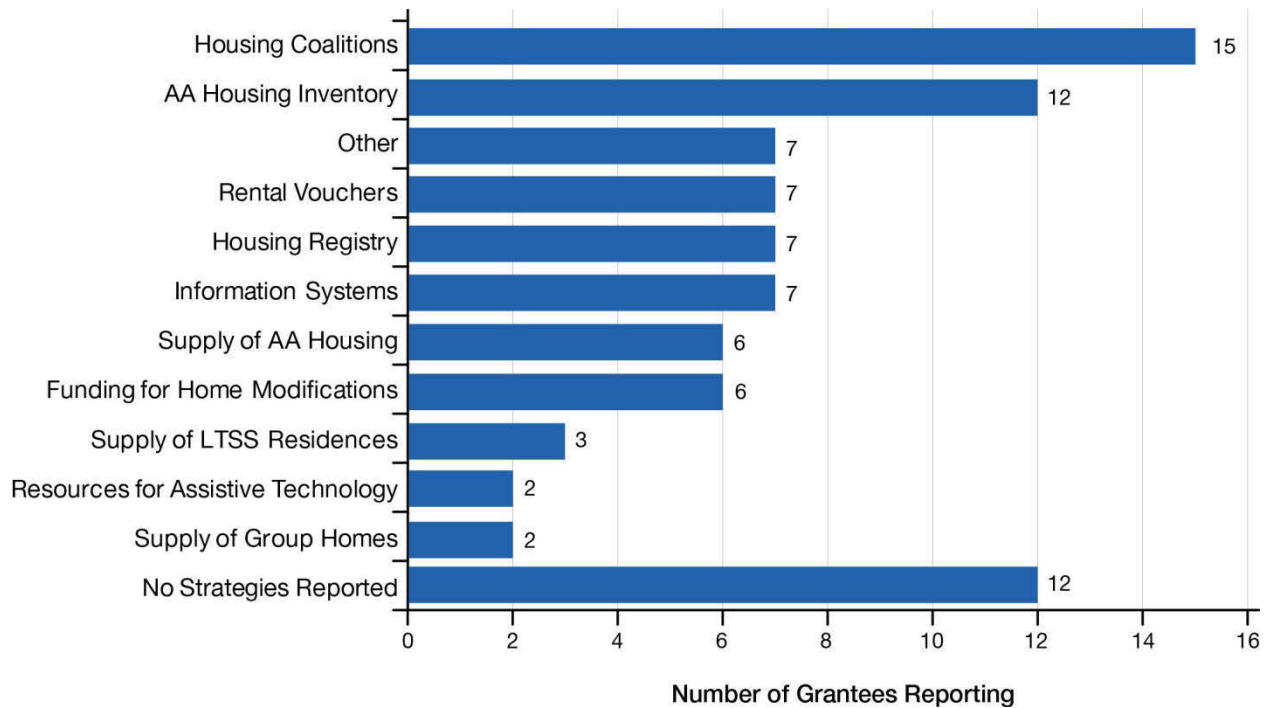
Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, July to December 2013 and July to December 2012.

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

N = 37 states in 2012 and 42 states in 2013; AA = affordable and accessible; LTSS = long-term services and supports; mods. = modifications.

Thirty of 42 states reported implementing at least one housing strategy aimed at addressing housing challenges and improving housing options for MFP participants during the second half of 2013 (Figure VIII.4). By far, the most frequently reported strategies were the development of state or local coalitions of housing and human service organizations to create housing initiatives (15 states) and the development of an inventory of accessible affordable housing (12 states). These two strategies have been the most commonly reported strategies for the past several reporting periods (Appendix A, Table A.11). Other strategies commonly reported included an increase in the number of rental vouchers (7 states), development of a statewide housing registry (7 states), and improvements to housing related information systems (7 states).

Figure VIII.4. MFP grantees' efforts to improve housing for participants, by type of strategy, July 1 to December 31, 2013



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, July to December 2013.

Notes: Grantee states may report more than one type of effort to improve housing.

Seven states reported “other” housing related achievements, including the hiring of a housing specialist, outreach to and engagement of various community stakeholders, and the coordination of stakeholder seminars and trainings on housing-related issues.

N = 42; AA = affordable and accessible; LTSS = long-term services and supports.

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IX. CONCLUSIONS

Calendar year 2013 marked the sixth year of the MFP demonstration and key indicators suggest the program is still growing. During the year, the 42 grantee states with active transition programs helped 10,423 Medicaid beneficiaries move from institutional to community residences, which represented an 11 percent growth in the annual number of transitions over 2012. By the end of 2013, the cumulative total number of MFP transitions since 2007 stood at 40,693, a number that was 35 percent higher than the cumulative total at the end of 2012. Part of the growth in transitions is due to the five states that just started their transition programs in 2013, including Alabama, Colorado, Minnesota, South Carolina, and West Virginia. Total HCBS expenditures also grew by nearly 7 percent, from \$59 billion in 2012 to \$63 billion in 2013.

Despite this growth, grantees achieved 88 percent of the transition goal they set for 2013 and 91 percent of their annual aggregate HCBS expenditure goal. Missing these goals is partly attributable to states setting overly ambitious goals, a common issue during the early years when states underestimated the time needed to bring their programs to full scale, as well as barriers that were not anticipated such as unexpected declines in referrals. In addition, state performance on their HCBS expenditures goal should only be considered a preliminary estimate because some states cited lags in billing and claims information as reasons for missing their HCBS expenditures goal. Presumably, once the expenditure data are complete, HCBS expenditures for the year will be closer to the goal grantees set for this indicator.

The other indicators in this chartbook suggest that most transitions are successful, only 5 percent of transitions during the period resulted in a reinstitutionalization of 30 days or more. However, MFP programs continue to face a number of difficult challenges including inadequate supplies of affordable and accessible housing which holds back the growth of their transition programs. The data in this chartbook also suggest that MFP programs need to do more to help participants become fully integrated into their communities. While all MFP programs provide a range of employment services and supports and two-thirds of participants are under age 65, only a small share of MFP participants use the employment supports offered.

We continue to expect to see the MFP demonstration grow in the next year. A few more states are expected to start their MFP transition programs, including Montana and South Dakota, and Oregon is expected to restart its transition program. In addition, five MFP programs are participating in a Tribal Initiatives (Minnesota, North Dakota, Oklahoma, Washington, and Wisconsin) and during 2014 they will be launching efforts to help tribal groups in their states establish transition programs for their communities that are culturally sensitive and tailored to the unique needs of each participating tribe.

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X. 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 period from July to December 2013. Data were self-reported by MFP grantees in January and February 2014 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 HCBS. 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 prior 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, multiple factors may explain comparisons across MFP grantee state's progress toward the key performance indicators.

B. 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 the report—using 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 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. Finally, we note that states occasionally submit corrections to their data. This report cannot reflect changes in data that occur after the date of publication.

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APPENDIX A
DATA TABLES

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Table A.1. Cumulative number of MFP grant transitions, start of program through December 31, 2013

State	Cumulative total	Older adults	People with physical disabilities	People with intellectual or developmental disabilities	People with mental illness	Other
Alabama ^a	8	1	7	0	0	0
Arkansas	676	106	192	377	1	0
California	1,562	370	660	440	26	66
Colorado	23	2	11	4	4	2
Connecticut	1,862	876	733	68	185	0
Delaware	173	68	92	8	5	0
District of Columbia	150	21	27	102	0	0
Georgia	1,679	464	588	572	55	0
Hawaii	276	146	119	11	0	0
Idaho	140	47	59	34	0	0
Illinois	1,099	293	356	111	339	0
Indiana	1055	653	381	0	21	0
Iowa	273	0	0	273	0	0
Kansas	1,099	248	598	208	0	45
Kentucky	509	136	129	181	6	57
Louisiana	783	263	332	188	0	0
Maine	16	4	8	0	0	4
Maryland	1,899	925	715	212	0	47
Massachusetts	520	351	108	34	27	0
Michigan	1,807	956	851	0	0	0
Minnesota	7	1	1	1	3	1
Mississippi	147	17	39	91	0	0
Missouri	827	182	353	262	0	30
Nebraska	328	126	113	71	0	18
Nevada	59	17	39	3	0	0

A.3

Table A.1 (continued)

State	Cumulative total	Older adults	People with physical disabilities	People with intellectual or developmental disabilities	People with mental illness	Other
New Hampshire	212	78	77	13	3	41
New Jersey	1,060	399	255	406	0	0
New York	1,232	359	404	94	0	375
North Carolina	379	132	105	142	0	0
North Dakota	177	41	61	74	0	1
Ohio	4391	812	1788	461	1,330	0
Oklahoma	536	108	220	208	0	0
Oregon ^b	306	105	144	50	0	7
Pennsylvania	1,535	1,020	381	134	0	0
Rhode Island	116	80	36	0	0	0
South Carolina	17	11	6	0	0	0
Tennessee	801	408	353	40	0	0
Texas	8,081	3,028	3,066	1987	0	0
Vermont	84	56	28	0	0	0
Virginia	647	118	112	417	0	0
Washington	3,453	1,764	1,480	158	51	0
West Virginia	31	10	21	0	0	0
Wisconsin	658	243	305	110	0	0
TOTAL	40,693	15,045	15,353	7,545	2,056	694

Source: State MFP Grantee Semiannual Progress Reports for July 1 to December 31, 2013. Submitted April 11, 2014.

^a Alabama implemented its MFP transition program during the reporting period.

^b Oregon temporarily suspended its MFP program effective October 1, 2010, when it stopped enrolling new participants.

Table A.2. Number of institutional residents who transitioned under MFP during the reporting period from July 1 to December 31, 2013

State	Total number	Older adults	People with physical disabilities	People with intellectual or developmental disabilities	People with mental illness	Other
Alabama ^a	8	1	7	0	0	0
Arkansas	77	14	24	39	0	0
California	204	61	122	19	2	0
Colorado	20	2	10	4	2	2
Connecticut	288	167	96	12	13	0
Delaware	30	16	14	0	0	0
District of Columbia	8	4	1	3	0	0
Georgia	216	57	83	38	38	0
Hawaii	44	26	16	2	0	0
Idaho	42	10	21	11	0	0
Illinois	177	42	80	24	31	0
Indiana	89	54	25	0	10	0
Iowa	40	0	0	40	0	0
Kansas	110	23	66	14	0	7
Kentucky	53	13	16	15	3	6
Louisiana	140	64	59	17	0	0
Maine	12	2	6	0	0	4
Maryland	209	122	72	9	0	6
Massachusetts	157	120	26	0	11	0
Michigan	148	78	70	0	0	0
Minnesota	6	1	1	0	3	1
Mississippi	41	5	11	25	0	0
Missouri	84	20	49	13	0	2
Nebraska	48	28	15	2	0	3
Nevada	34	9	22	3	0	0

A.5

Table A.2 (continued)

State	Total number	Older adults	People with physical disabilities	People with intellectual or developmental disabilities	People with mental illness	Other
New Hampshire	25	10	9	1	0	5
New Jersey	217	73	49	95	0	0
New York	241	42	53	84	0	62
North Carolina	58	27	9	22	0	0
North Dakota	30	9	13	8	0	0
Ohio	630	109	180	53	288	0
Oklahoma	115	6	18	91	0	0
Oregon ^b	0	0	0	0	0	0
Pennsylvania	126	84	35	7	0	0
Rhode Island	37	25	12	0	0	0
South Carolina	13	10	3	0	0	0
Tennessee	171	84	78	9	0	0
Texas	774	326	319	129	0	0
Vermont	23	12	11	0	0	0
Virginia	102	8	15	79	0	0
Washington	461	243	182	21	15	0
West Virginia	25	8	17	0	0	0
Wisconsin	152	58	77	17	0	0
TOTAL	5,485	2,073	1,992	906	416	98

Source: State MFP Grantee Semiannual Progress Reports for July 1 to December 31, 2013. Submitted April 11, 2014.

^a Alabama implemented its MFP transition program during the reporting period.

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

Table A.3. Current MFP participation, June 30, 2012 through December 31, 2013

State	As of December 2013	As of June 2013	As of December 2012	As of June 2012
Alabama ^a	8			
Arkansas	141	143	88	86
California	390	357	380	316
Colorado ^b	23	3	n.a.	n.a.
Connecticut	576	579	510	440
Delaware	70	25	35	33
District of Columbia	16	47	50	40
Georgia	315	266	271	332
Hawaii	66	55	61	51
Idaho	69	278	268	194
Illinois	295	528	411	310
Indiana	352	43	47	52
Iowa	42	90	65	30
Kansas	183	172	254	225
Kentucky	86	76	74	105
Louisiana	377	243	234	95
Maine ^c	13	155	162	151
Maryland	326	289	325	331
Massachusetts	165	3	1	n.a.
Michigan ^c	281	322	251	261
Minnesota ^b	6	1	n.a.	n.a.
Mississippi	37	148	205	143
Missouri	150	44	56	5
Nebraska	69	46	60	42
Nevada ^c	47	153	151	117
New Hampshire	46	350	307	200
New Jersey	395	275	297	261
New York	334	40	58	43
North Carolina	146	75	79	56
North Dakota	51	21	5	n.a.
Ohio	1058	1,106	973	875
Oklahoma	144	83	130	154
Oregon ^d	0	0	0	0
Pennsylvania	302	309	268	154
Rhode Island	51	28	31	28

Table A.3 (continued)

State	As of December 2013	As of June 2013	As of December 2012	As of June 2012
South Carolina ^b	13	4	n.a.	n.a.
Tennessee	338	371	368	209
Texas	1187	1,233	1,223	1,142
Vermont	17	144	99	171
Virginia	182	36	20	7
Washington	747	1,095	1,227	1,019
West Virginia ^b	29	174	157	126
Wisconsin	250	6	n.a.	n.a.
TOTAL	9,527	9,416	9,201	7,804

Source: State MFP Grantee Semiannual Progress Reports for January 1 to June 30, 2012; July 1 to December 31, 2012; January 1 to June 30, 2013; and July 1 to December 31, 2013.

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 HCBS 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 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 and Nevada implemented new MFP programs during the reporting period from July 1 to December 31, 2012.

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

^e Michigan provided updated data after the publication of previous reports. Therefore, the data reported in this table may not match data in previous reports.

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

Table A.4. MFP states' progress toward yearly transition goals, 2013 and 2012

State ^a	January to December 2013 MFP transition activity			January to December 2012 MFP transition activity		
	Percentage of 2013 transition target achieved as of December 2013	Total 2013 transition goals	Total number of transitions in 2013	Percentage of 2012 transition goal achieved as of December 2012	Total 2012 transition goals	Total number of transitions in 2012
Delaware	224.0	25	56	172.0	25	43
Nevada ^d	154.3	155	54	50.0	10	5
Washington	146.3	557	815	137.7	557	767
Arkansas	130.8	117	153	142.8	138	197
Virginia	129.9	120	187	125.8	120	151
Nebraska	118.5	81	96	121.0	81	98
Wisconsin	116.7	215	251	112.1	165	185
Georgia	116.3	350	407	163.3	275	449
Ohio	116.1	1,262	1,250	119.0	868	1,033
Louisiana	115.0	274	315	105.4	184	194
Missouri	114.7	218	164	128.3	173	222
Idaho	113.9	65	74	108.8	57	62
New Jersey	111.9	387	433	69.3	397	275
Maryland	111.8	332	371	81.4	404	329
North Dakota	110.6	47	52	120.5	39	47
New York	110.4	336	371	127.4	263	335
Rhode Island	106.7	60	64	36.7	120	44
Hawaii	104.6	66	69	90.4	73	66
Texas	100.5	1,359	1,366	112.0	1,125	1,260
West Virginia ^c	96.9	100	31	n.a.	n.a.	0

A.9

Table A.4 (continued)

State ^a	January to December 2013 MFP transition activity			January to December 2012 MFP transition activity		
	Percentage of 2013 transition target achieved as of December 2013	Total 2013 transition goals	Total number of transitions in 2013	Percentage of 2012 transition goal achieved as of December 2012	Total 2012 transition goals	Total number of transitions in 2012
Iowa	91.1	443	51	87.5	56	49
Michigan	89.3	375	335	103.1	350	361
North Carolina	85.9	135	116	130.0	80	104
Kentucky	81.5	130	106	53.6	166	89
Tennessee	80.7	420	339	102.0	391	399
Mississippi	80.0	110	88	90.8	65	59
Pennsylvania	79.0	380	300	67.1	334	224
Vermont	74.3	70	52	120.0	25	30
Maine ^d	71.4	21	15	4.5	22	1
Oklahoma	69.9	246	172	85.0	127	108
Indiana	66.5	367	246	122.7	286	351
California	66.2	594	393	61.0	543	331
New Hampshire	61.4	70	43	126.5	49	62
Connecticut	60.6	947	574	105.7	440	465
Massachusetts	56.5	56	255	51.2	443	227
Illinois	51.6	632	326	78.4	357	280
Kansas	41.4	440	182	193.2	147	284
South Carolina ^c	34.0	50	17	n.a.	n.a.	n.a.
District of Columbia	30.0	60	18	36.7	60	22
Colorado ^c	23.0	100	23	n.a.	n.a.	n.a.
Alabama ^b	13.3	60	8	n.a.	n.a.	n.a.
Minnesota ^c	4.2	221	7	n.a.	n.a.	n.a.
Oregon ^c	—	0	0	—	0	0
TOTAL	88.4	11,581	10,243	102.1	9,015	9,208

A.10

Table A.4 (continued)

Source: State MFP Grantee Semiannual Progress Reports for January 1 to June 30, 2012; July 1 to December 31, 2012; January 1 to June 30, 2013; and July 1 to December 31, 2013.

^a States are sorted by the percentage of 2013 transition targets achieved as of December 31, 2013.

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

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

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

^e Oregon temporarily suspended its MFP program effective October 1, 2010.

n.a. = not applicable.

Table A.5. 2013 qualified HCBS expenditures

State	Percentage of 2013 spending target achieved as of December 2013	2013 target level of spending	Qualified HCBS expenditures as of December 2013	2013 Notes	Percentage of 2012 spending target achieved as of December 2012	2012 target level of spending	Qualified HCBS expenditures as of December 2012
Alabama ^a	91.1	\$651,223,976	\$593,124,952	-	n.a.	n.a.	n.a.
Arkansas	84.6	\$342,003,542	\$289,364,648	-	NR	\$325,717,659	NR
California	103.8	\$9,929,720,109	\$10,310,281,149	-	103.9	\$9,453,720,509	\$9,819,315,380
Colorado ^b	107.3	\$841,587,755	\$902,847,972	-	n.a.	n.a.	n.a.
Connecticut	34.5	\$3,939,000,000	\$1,357,869,500	Complete 2013 financial data was not available at time of submission	110.3	\$3,900,000,000	\$4,301,824,725
Delaware	83.0	\$123,250,844	\$102,327,432	-	89.5	\$116,964,570	\$104,699,997
District of Columbia	75.9	\$727,615,683	\$552,126,899	-	64.7	\$630,570,376	\$407,729,935
Georgia	78.2	\$1,209,803,459	\$945,837,785	-	n.a.	n.a.	\$1,091,322,670
Hawaii	109.2	\$184,223,845	\$201,189,927	-	n.a.	n.a.	\$183,453,638
Idaho	119.1	\$202,582,436	\$241,366,809	-	120.1	\$187,576,330	\$225,280,528

A.12

Table A.5 (continued)

State	Percentage of 2013 spending target achieved as of December 2013	2013 target level of spending	Qualified HCBS expenditures as of December 2013	2013 Notes	Percentage of 2012 spending target achieved as of December 2012	2012 target level of spending	Qualified HCBS expenditures as of December 2012
Illinois	0.0	\$1,690,978,646	\$0	Illinois's data are incomplete due to delays in claim submissions.	94.1	\$1,580,353,875	\$1,486,642,184
Indiana	84.4	\$1,012,000,000	\$853,703,487	-	83.5	\$1,007,000,000	\$841,087,179
Iowa	110.5	\$633,800,000	\$700,516,038	-	106.0	\$601,100,000	\$637,203,118
Kansas	68.1	\$614,671,623	\$418,667,500	Kansas's 2013 expenditure data are incomplete due to lack of complete encounter data.	96.1	\$605,227,307	\$581,625,068
Kentucky	84.1	\$755,300,000	\$635,238,537	-	87.4	\$638,100,000	\$557,621,639

A.13

Table A.5 (continued)

State	Percentage of 2013 spending target achieved as of December 2013	2013 target level of spending	Qualified HCBS expenditures as of December 2013	2013 Notes	Percentage of 2012 spending target achieved as of December 2012	2012 target level of spending	Qualified HCBS expenditures as of December 2012
Louisiana	103.3	\$809,320,493	\$836,384,603	-	102.1	\$782,831,382	\$799,438,763
Maine ^c	72.1	\$456,478,819	\$329,090,619	Reported 2013 expenditures do not include spending for MFP participants.	NR	\$43,356,963	NR
Maryland	97.6	\$1,019,259,852	\$994,386,322	-	90.0	\$966,129,077	\$869,801,085
Massachusetts	97.2	\$3,639,000,000	\$3,536,769,981	-	107.3	\$3,297,000,000	\$3,538,657,330
Michigan	104.7	\$936,682,190	\$980,895,235	-	104.3	\$915,628,370	\$955,047,026
Minnesota ^b	97.1	\$2,838,972,589	\$2,755,244,833	-	n.a.	n.a.	n.a.
Mississippi	148.8	\$250,936,111	\$373,453,323	-	169.2	\$242,461,525	\$410,229,263
Missouri	120.7	\$1,055,314,366	\$1,273,658,732	-	114.8	\$1,014,727,475	\$1,164,955,196
Nebraska	100.8	\$337,000,000	\$339,832,806	-	96.3	\$320,100,000	\$308,129,544
Nevada ^c	108.8	\$169,822,802	\$184,736,193	-	104.1	\$165,880,999	\$172,595,409

Table A.5 (continued)

State	Percentage of 2013 spending target achieved as of December 2013	2013 target level of spending	Qualified HCBS expenditures as of December 2013	2013 Notes	Percentage of 2012 spending target achieved as of December 2012	2012 target level of spending	Qualified HCBS expenditures as of December 2012
New Hampshire	81.9	\$326,519,138	\$267,251,789	Reported MFP expenditures reflect only the elderly and adult physically disabled waiver	86.5	\$306,838,568	\$265,265,236
New Jersey	80.1	\$1,238,268,228	\$991,302,449	Reported home health and personal care services exclude costs for the 1915B and 1115 waivers.	79.9	\$1,203,551,268	\$961,231,539
New York	76.8	\$13,591,766,299	\$10,442,280,541	-	100.0	\$13,331,710,584	\$13,331,710,584
North Carolina	110.9	\$1,361,348,437	\$1,509,284,533	-	n.a.	n.a.	\$1,323,249,791
North Dakota	104.3	\$189,196,754	\$197,252,292	-	119.0	\$142,246,815	\$169,246,963

Table A.5 (continued)

State	Percentage of 2013 spending target achieved as of December 2013	2013 target level of spending	Qualified HCBS expenditures as of December 2013	2013 Notes	Percentage of 2012 spending target achieved as of December 2012	2012 target level of spending	Qualified HCBS expenditures as of December 2012
Ohio	76.8	\$3,569,000,000	\$2,683,885,108	-	72.4	\$3,366,000,000	\$2,436,977,724
Oklahoma	92.9	\$508,991,611	\$472,593,570	-	99.3	\$461,136,859	\$457,829,646
Oregon ^d	232.7	\$494,901,681	\$1,151,563,769	Oregon's target level of spending does not include expenditures for individuals with ID; 2013 reported spending is higher than target spending because it includes expenditures for these individuals.	n.a.	n.a.	\$646,564,141
Pennsylvania	115.7	\$2,910,186,000	\$3,367,084,596	-	100.0	\$2,896,484,000	\$2,896,371,697
Rhode Island	94.4	\$498,024,265	\$470,092,979	-	NR	\$66,500,000	NR

Table A.5 (continued)

State	Percentage of 2013 spending target achieved as of December 2013	2013 target level of spending	Qualified HCBS expenditures as of December 2013	2013 Notes	Percentage of 2012 spending target achieved as of December 2012	2012 target level of spending	Qualified HCBS expenditures as of December 2012
South Carolina ^b	97.0	\$542,515,040	\$526,281,987	-	n.a.	n.a.	n.a.
Tennessee	106.5	\$991,125,093	\$1,055,346,830	-	76.6	\$959,421,425	\$735,297,490
Texas	137.0	\$3,378,671,461	\$4,628,299,597	-	101.1	\$3,378,671,461	\$3,415,015,919
Vermont	99.6	\$59,188,684	\$58,934,060	-	100.3	\$58,028,121	\$58,285,915
Virginia	101.2	\$1,380,281,785	\$1,396,893,011	-	93.2	\$1,268,832,726	\$1,182,874,562
Washington	98.8	\$888,787,254	\$878,457,902	-	97.6	\$879,987,381	\$859,167,918
West Virginia ^b	100.0	\$618,318,105	\$618,318,105	-	n.a.	n.a.	n.a.
Wisconsin	106.3	\$2,126,133,359	\$2,260,109,412	-	99.2	\$1,980,717,228	\$1,964,438,418
TOTAL	90.6	\$69,171,219,875	\$62,684,147,812		104.2	\$56,768,855,194	\$59,158,187,220

Source: State MFP Grantee Semiannual Progress Reports for July 1 to December 31, 2013. Submitted April 11, 2014.

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

^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 and Nevada implemented new MFP programs during the reporting period from July 1 to December 31, 2012.

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

Table A.6. Number of participants reinstitutionalized for any length of stay, July 1 to December 31, 2013

State	Total number	Older adults	People with physical disabilities	People with intellectual or developmental disabilities	People with mental illness	Other
Alabama ^a	0	0	0	0	0	0
Arkansas	13	4	7	2	0	0
California	40	15	25	0	0	0
Colorado	3	0	2	0	1	0
Connecticut	160	70	77	4	9	0
Delaware	4	3	1	0	0	0
District of Columbia	8	2	4	0	2	0
Georgia	79	19	60	0	0	0
Hawaii	8	4	4	0	0	0
Idaho	65	11	36	8	10	0
Illinois	45	33	12	0	0	0
Indiana	2	0	0	2	0	0
Iowa	9	2	7	0	0	0
Kansas	7	3	4	0	0	0
Kentucky	44	16	16	8	2	2
Louisiana	14	5	7	0	2	0
Maine	17	9	6	1	1	0
Maryland	24	11	12	1	0	0
Massachusetts	1	0	1	0	0	0
Michigan	137	84	53	0	0	0
Minnesota	0	0	0	0	0	0
Mississippi	54	13	28	11	0	2
Missouri	1	1	0	0	0	0
Nebraska	1	1	0	0	0	0
Nevada	7	2	1	4	0	0

A.18

Table A.6 (continued)

State	Total number	Older adults	People with physical disabilities	People with intellectual or developmental disabilities	People with mental illness	Other
New Hampshire	10	4	3	3	0	0
New Jersey	135	45	38	6	0	46
New York	4	3	1	0	0	0
North Carolina	3	2	1	0	0	0
North Dakota	7	5	2	0	0	0
Ohio	280	27	105	2	146	0
Oklahoma	1	0	1	0	0	0
Oregon ^b	0	0	0	0	0	0
Pennsylvania	13	11	2	0	0	0
Rhode Island	17	12	5	0	0	0
South Carolina	2	0	2	0	0	0
Tennessee	114	62	51	1	0	0
Texas	107	56	41	10	0	0
Vermont	5	1	2	2	0	0
Virginia	25	15	10	0	0	0
Washington	79	51	26	2	0	0
West Virginia	10	3	5	2	0	0
Wisconsin	4	2	2	0	0	0
TOTAL	1,559	607	660	69	173	50

Source: State MFP Grantee Semiannual Progress Reports for July 1 to December 31, 2013. Submitted April 11, 2014.

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

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

Table A.7. Number of participants reinstitutionalized for more than 30 days, July 1 to December 31, 2013

State	Total number	Older adults	People with physical disabilities	People with intellectual or developmental disabilities	People with mental illness	Other
Alabama ^a	0	0	0	0	0	0
Arkansas	7	3	3	1	0	0
California	3	2	1	0	0	0
Colorado	0	0	0	0	0	0
Connecticut	55	27	24	1	3	0
Delaware	3	3	0	0	0	0
District of Columbia	2	0	1	0	1	0
Georgia	14	9	5	0	0	0
Hawaii	7	4	3	0	0	0
Idaho	2	0	1	1	0	0
Illinois	18	11	7	0	0	0
Indiana	0	0	0	0	0	0
Iowa	5	2	3	0	0	0
Kansas	0	0	0	0	0	0
Kentucky	0	0	0	0	0	0
Louisiana	8	4	4	0	0	0
Maine	10	8	0	1	1	0
Maryland	8	1	6	1	0	0
Massachusetts	1	0	1	0	0	0
Michigan	25	14	11	0	0	0

A.20

Table A.7 (continued)

State	Total number	Older adults	People with physical disabilities	People with intellectual or developmental disabilities	People with mental illness	Other
Minnesota	0	0	0	0	0	0
Mississippi	5	3	1	1	0	0
Missouri	1	1	0	0	0	0
Nebraska	0	0	0	0	0	0
Nevada	0	0	0	0	0	0
New Hampshire	10	4	3	3	0	0
New Jersey	57	14	22	0	0	21
New York	1	1	0	0	0	0
North Carolina	3	2	1	0	0	0
North Dakota	0	0	0	0	0	0
Ohio	62	6	17	0	39	0
Oklahoma	1	0	1	0	0	0
Oregon ^b	0	0	0	0	0	0
Pennsylvania	12	10	2	0	0	0
Rhode Island	6	5	1	0	0	0
South Carolina	2	0	2	0	0	0
Tennessee	24	18	6	0	0	0
Texas	62	33	22	7	0	0
Vermont	5	1	2	2	0	0
Virginia	5	4	1	0	0	0
Washington	30	18	11	1	0	0
West Virginia	3	0	2	1	0	0
Wisconsin	3	2	1	0	0	0
TOTAL	460	210	165	20	44	21

Table A.7 (continued)

Source: State MFP Grantee Semiannual Progress Reports for July 1 to December 31, 2013. Submitted April 11, 2014.

^a Alabama implemented its MFP transition program during the reporting period.

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

Table A.8. Overview of Minimum Data Set 3.0, Section Q Referrals, July to December 2013

State	Number of people referred to MFP through MDS Section Q referrals between July and December 2013	Number of people ever referred through MDS Section Q that enrolled in MFP between July and December 2013
Alabama ^a	0	8
Arkansas	22	18
California	89	8
Colorado	37	8
Connecticut	25	16
Delaware	5	31
District of Columbia	11	0
Georgia	117	98
Hawaii	9	4
Idaho	0	0
Illinois	656	10
Indiana	1	5
Iowa	0	0
Kansas	14	7
Kentucky	63	8
Louisiana	159	25
Maine	0	0
Maryland	1,252	24
Massachusetts	79	69
Michigan	282	16
Minnesota	0	0
Mississippi	5	0
Missouri	147	19
Nebraska	32	5
Nevada	0	0
New Hampshire	1	0
New Jersey	291	20
New York	243	12
North Carolina	31	7
North Dakota	2	0

Table A.8 (continued)

State	Number of people referred to MFP through MDS Section Q referrals between July and December 2013	Number of people ever referred through MDS Section Q that enrolled in MFP between July and December 2013
Ohio	301	25
Oklahoma	6	0
Oregon ^b	0	0
Pennsylvania	301	7
Rhode Island	23	4
South Carolina	15	6
Tennessee	29	1
Texas	719	695
Vermont	0	0
Virginia	89	45
Washington	0	0
West Virginia	7	3
Wisconsin	0	0
TOTAL	5,063	1,204

Source: State MFP Grantee Semiannual Progress Reports for July 1 to December 31, 2013. Submitted April 11, 2014.

^a Alabama implemented its MFP transition program during the reporting period.

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

Table A.9. Total number of current MFP participants in a self-direction program, July to December 2013

State	Total number of current MFP participants that ...		
	Chose to participate in a self-direction program	Hired/supervised their own personal assistants	Managed their own allowance/budget
Alabama ^b	0	0	0
Arkansas	38	38	23
California	0	0	0
Colorado	14	14	0
Connecticut	266	281	15
Delaware ^c	70	70	69
District of Columbia	0	0	0
Georgia	0	0	0
Hawaii	10	10	0
Idaho	1	5	5
Illinois ^a	96	90	0
Indiana	0	0	0
Iowa	3	3	3
Kansas	70	70	70
Kentucky	146	100	82
Louisiana	4	4	4
Maine	0	0	0
Maryland	0	0	0
Massachusetts	26	23	8
Michigan	59	59	59
Minnesota	0	0	0
Mississippi	4	4	0
Missouri	79	70	75
Nebraska	0	0	0
Nevada	0	0	0
New Hampshire	0	0	0
New Jersey	1	1	0
New York	1	1	1
North Carolina	7	7	7
North Dakota	0	0	0

Table A.9 (continued)

State	Total number of current MFP participants that ...		
	Chose to participate in a self-direction program	Hired/supervised their own personal assistants	Managed their own allowance/budget
Ohio ^c	1,058	0	1,058
Oklahoma	0	0	0
Oregon ^d	0	0	0
Pennsylvania	17	17	0
Rhode Island	0	0	0
South Carolina	2	2	0
Tennessee	20	20	0
Texas	9	9	0
Vermont	5	5	5
Virginia	24	24	0
Washington	111	111	0
West Virginia	1	1	1
Wisconsin	7	7	7
TOTAL	2,149	1,046	1,492

Source: State MFP Grantee Semiannual Progress Reports for July 1 to December 31, 2013. Submitted April 11, 2014.

^a The sum of participants reported to hire/supervise staff and to manage allowance/budgets is less than the total number of people self-directing their services in Illinois.

^b Alabama implemented its MFP transition program during the reporting period.

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

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

n.a. = not applicable.

Table A.10. Number of MFP transitions during the reporting period, by type of qualified community residence, July 1 to December 31, 2013

State	Homes	Apartments	Group homes	Apartment in qualified assisted living
Alabama ^a	6	2	0	0
Arkansas	21	53	3	0
California	23	100	14	67
Colorado	2	14	4	0
Connecticut	66	212	6	2
Delaware	15	16	0	0
District of Columbia	2	3	3	0
Georgia	97	79	38	2
Hawaii	12	6	26	0
Idaho	13	21	8	0
Illinois	19	66	25	27
Indiana	32	10	3	44
Iowa	1	39	0	0
Kansas	36	47	16	11
Kentucky	15	20	18	0
Louisiana	85	51	0	4
Maine	2	9	1	0
Maryland	107	78	14	10
Massachusetts	75	65	14	1
Michigan	76	59	1	0
Minnesota	1	3	2	0
Mississippi	10	10	19	2
Missouri	13	57	14	0
Nebraska	5	6	0	37
Nevada	12	19	3	0
New Hampshire	4	15	6	0
New Jersey	54	67	96	0
New York	47	118	76	0
North Carolina	41	8	9	0
North Dakota	1	25	2	2

Table A.10 (continued)

State	Homes	Apartments	Group homes	Apartment in qualified assisted living
Ohio	165	214	61	7
Oklahoma	8	20	87	0
Oregon ^b	0	0	0	0
Pennsylvania	38	71	12	3
Rhode Island	9	15	0	13
South Carolina	12	1	0	0
Tennessee	117	42	10	0
Texas	465	0	222	177
Vermont	7	15	1	0
Virginia	13	17	68	4
Washington	217	92	97	55
West Virginia	9	16	0	0
Wisconsin	47	42	45	18
TOTAL	2,000	1,823	1,024	486

Source: State MFP Grantee Semiannual Progress Reports for July 1 to December 31, 2013. Submitted April 11, 2014.

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 Alabama implemented its MFP transition program during the reporting period.

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

Table A.11. Achievements and challenges securing appropriate housing options for participants, by reporting period, 2011–2013—number of grantee states reporting each type of achievement or challenge

Response option	July to Dec. 2011	Jan. to July 2012	July to Dec. 2012	Jan. to June 2013	July to Dec. 2013
Number of Grantees Reporting Achievement ^a	25	29	31	34	30
Developed inventory of affordable and accessible housing	12	9	10	14	12
Developed local or state coalitions to identify needs or create housing-related initiatives	11	12	16	10	15
Developed statewide housing registry	4	8	5	7	7
Implemented new home ownership initiative	0	0	1	0	0
Improved funding for developing assistive technology related to housing	4	5	3	4	2
Improved information systems about affordable and accessible housing	4	3	7	6	7
Increased number of rental vouchers	8	9	6	8	7
Increased supply of affordable and accessible housing	6	9	6	6	6
Increased supply of residences that provide or arrange for long-term services or supports	0	2	3	2	3
Increased supply of small-group homes	5	4	3	2	2
Increased or improved funding for home modifications	4	5	4	3	6
Other	11	16	16	14	7
Number of Grantees Reporting Challenge ^b	32	32	33	34	33
Lack of information about affordable and accessible housing	2	5	5	4	3
Insufficient supply of affordable and accessible housing	20	22	24	27	26
Lack of affordable and accessible housing that is safe	9	8	6	10	8
Insufficient supply of rental vouchers	11	13	15	22	22
Lack of new home ownership programs	0	0	2	0	2

Table A.11 (continued)

Response option	July to Dec. 2011	Jan. to July 2012	July to Dec. 2012	Jan. to June 2013	July to Dec. 2013
Lack of small-group homes	3	6	8	8	7
Lack of residences that provide or arrange for long-term services or supports	1	1	3	2	5
Insufficient funding for home modifications	2	2	4	6	7
Unsuccessful efforts in developing local or state coalitions of housing and human services organizations to identify needs or create housing-related initiatives	0	0	1	1	1
Unsuccessful efforts in developing sufficient funding or resources to develop assistive technology related to housing	0	1	2	0	1
Other	8	6	5	6	6

A.30

Source: State MFP Grantee Semiannual Progress Reports covering the reporting periods from July 1 to December 31, 2011; January 1 to June 30, 2012; July 1 to December 31, 2012; January 1 to June 30, 2013; and July 1 to December 31, 2013.

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."

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