



Money Follows the Person Demonstration Program 2021 HCBS Intensive: Expanding Access to Home and Community-Based Services through MFP



*Division of Community Systems
Transformation
Disabled & Elderly Health
Programs Group
Center for Medicaid & CHIP
Services*

December 7, 2021
2:00pm – 5:30pm EST

Agenda

- **Welcome & Opening Remarks** – Jean Close, Deputy Director, Division of Community Systems Transformation, CMS
- **Overview of MFP Evaluation and Technical Assistance Contracts** – Jessica Ross & Susan Williams, Mathematica
- **MFP Semi-Annual Report Changes** – Victoria Peebles, Mathematica
- **Break**
- **Expanding Access to HCBS through MFP Capacity Building Initiatives**
 - Alabama – Ginger Wettingfeld
 - Washington – Liz Prince
 - Rhode Island – Karen Statser
 - Missouri – Shawn Brice
 - West Virginia – Marcus Canaday
- **Break**
- **MFP 2022 Budget Process** – Geoffrey Ntosi & Monica Anderson, CMS Office of Acquisition & Grants Management (OAGM)
- **Open Q&A** – John Sorensen, facilitator
- **Closing** – Jen Bowdoin, Director, Div. of Community Systems Transformation, CMS

MFP Grantee Meeting: Expanding Access to HCBS through the MFP Demonstration

2021 HCBS Conference

Jessica Ross, Susan Williams, and Victoria Peebles

December 7, 2021



Agenda

2:00pm

CMS Welcome

2:05 – 2:40pm

Overview of New MFP Evaluation and Technical Assistance (TA) Contracts

- Evaluation objectives and activities
- TA objectives and activities
- Questions

2:40 – 3:15pm

Introduction to the Revised Semi-Annual Report

- Background information
- Introducing the revised report
- Major changes
- The Help file and user guide
- Questions



Overview of New MFP National Evaluation





MFP Evaluation: Objectives

1. Identify whether MFP demonstration is achieving desired aims, and factors associated with successes or challenges
2. Modernize data collection and reporting tools to support ongoing CMS and state monitoring of MFP program
3. Identify and share information on successful nursing facility discharges to the community during COVID-19 public health emergency (PHE)





MFP Evaluation: Objectives

- / Build on lessons learned and findings from first MFP National Evaluation, which drew on data through 2015**
- / Fresh perspective, and consideration of how the current environment differs from the first MFP National Evaluation**
 - State rebalancing progress
 - Modernization and improvement of Medicaid data reporting via T-MSIS
 - New HCBS quality frameworks and measures
 - Stressors and opportunities for LTSS created by COVID-19 PHE

LTSS = long-term services and supports; PHE = public health emergency; T-MSIS = Transformed Medicaid Statistical Information System.



MFP Evaluation: Activities

/ Objective #1 - Identify whether the MFP demonstration is achieving desired aims, and factors associated with successes or challenges

- National Evaluation Design and Methodology – 2022
- Best Practices Report to Congress – 2022
- National Evaluation Report – 2024
- Draft Report to Congress – 2025
- Final Report to Congress – 2026



MFP Evaluation: National Design and Methodology

/ Assess impact and effectiveness of the MFP demonstration and LTSS system rebalancing

New or Expanded Focus Areas

- Equity
- Participant experience
- MFP Tribal Initiative
- HCBS measurement advancements
- MFP program sustainability

Continued Focus Areas

- Service utilization
- Participant outcomes
- Expenditures
- HCBS infrastructure and capacity building
- LTSS system rebalancing



MFP Evaluation: National Design and Methodology

/ Key data sources for national evaluation

MFP program characteristics, participants, service utilization & expenditures

- **MFP program data from T-MSIS**
- Medicaid and Medicare enrollment and claims data
- Semi-Annual Reports
- Operational Protocols
- Sustainability Plans

Context about local communities and overall LTSS system

- Community-level socio-economic and socio-demographic status indicators
- State LTSS infrastructure
- COVID-19 PHE
- Availability of affordable and accessible housing



MFP Evaluation: Best Practices Report

/ Identify best practices that have proven effective in the 8 areas specified in the Consolidated Appropriations Act





MFP Evaluation: Activities

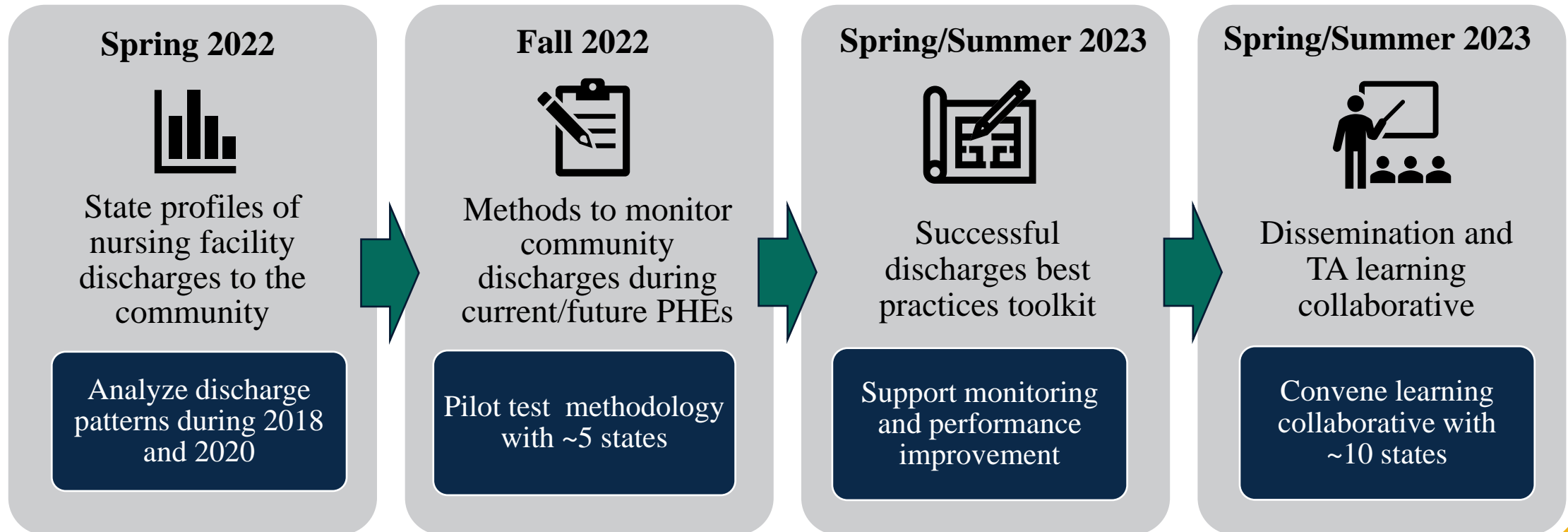
/ Objective #2 - Modernize MFP data collection and reporting, and deploy new digital tools by August 2023

Report or Tool	2022	2023
MFP Data Dashboard for CMS and states	<ul style="list-style-type: none">- Solicit state input on MFP dashboard uses/content (TA Team)	<ul style="list-style-type: none">- Develop and deploy dashboard to support monitoring and policy decision-making
Semi-Annual Reports	<ul style="list-style-type: none">- Recommend content and format updates (TA Team)	<ul style="list-style-type: none">- Develop and deploy new web-based reporting tool
Operational Protocols	<ul style="list-style-type: none">- Review and recommend revised or new data elements- Develop standardized, simplified template	<ul style="list-style-type: none">- None currently planned
T-MSIS Reporting	<ul style="list-style-type: none">- Propose new elements for quarterly transition reports	<ul style="list-style-type: none">- Produce updated quarterly MFP transition reports



MFP Evaluation: Activities

/ Objective #3 - Identify and share information on successful nursing facility discharges to the community during COVID-19 PHE





MFP Evaluation: Opportunities for Engagement with MFP Grantees

/ **Best Practices Report**

- Initial survey fielded to all MFP grantees
- Follow-up interviews and focus groups on specific topics

/ **Modernize MFP data collection and reporting**

- Solicit feedback about current MFP reports content and format
- Understand states' goals for developing MFP data dashboard
- Engage states in user testing for new reporting tools and dashboard

/ **Nursing Facility Successful Discharges to the Community**

- Pilot testing of methodology (~5 states)
- Learning collaborative (~10 states)



Overview of New MFP Technical Assistance Support for Grantees





MFP Technical Assistance: Objectives

- / Assist states and CMS with the implementation of MFP demonstrations**
- / Help grantees build capacity for data-driven quality monitoring and improvement activities**
- / Advance MFP goals and overall HCBS systems change for states**



MFP Technical Assistance: Activities

/ **Activity #1 – Support states with MFP financial and programmatic requirements**

- Complete initial assessment to identify opportunities to improve report content and format to reduce burden on states
- Implement updates to the reporting forms based on recommendations from the assessment
- Conduct a webinar with MFP grantees to walk through updates to reporting forms



MFP Technical Assistance: Activities

/ **Activity #2 – Highlight data strategies to improve program outcomes**

- Develop an instructional brief that explores how MFP grantees can better use data to understand and improve program outcomes
- Conduct a webinar with MFP grantees to share how to use data-driven decision making to improve performance



MFP Technical Assistance: Activities

/ **Activity #3 – Learning collaborative (LC) to support capacity building**

- Focus on supporting MFP grantees with data management needs
- Conduct learning sessions with grantees, allowing for the presentation of material as well as engagement with other participants
- Allow for time between the sessions to give MFP staff time to apply strategies and report back on the results
- Launch in mid-2022 and run for one year



MFP Technical Assistance: Activities

/ **Activity #4 – Collect stakeholder input on an MFP data dashboard**

- Gather input on the structure and format of a dashboard, types of measures to include, and ways MFP programs can use a dashboard to improve quality and inform MFP operations
- Conduct a virtual roundtable with various stakeholders to inform the development of an interactive, online data dashboard



Questions?

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Money Follows the Person (MFP)



*Introduction to the Revised
Semi-Annual Report*

December 7, 2021

Agenda

- Background information
 - What is the MFP Semi-Annual Report?
 - Why did CMS revise the report?
- Introduction to the revised report
- Major changes:
 1. Streamlined how grantees report updates & challenges
 2. Reformatted quality section
 3. Added one new section on sustainability
 4. Moved Tribal Initiative questions to the end of the report
- The Help File and User Guide
- Questions

Background

- The MFP Semi-Annual report is submitted twice a year
 - First period: July/August for Period 1 data (January – June)
 - Second period: January /February for Period 2 data (July – December)
- Includes data on transitions, reinstitutionalizations, and critical incidents
- Covers programmatic updates, new developments, and challenges from the previous six months
 - Grantees can use text fields to describe updates, versus just reporting numbers
- Each state reports additional benchmarks
 - Developed by the state and tailored to the states' needs

Background

- CMS contracted with Mathematica to review and update the semi-annual report
 - Mathematica interviewed a select number of states and performed a document review of the reports to understand which fields were often being skipped or left blank

Background (cont.)

- Findings from Mathematica's interviews and document review:
 - The states interviewed had processes in place to complete the report, so CMS limited the amount of new information added to the revised report
 - Overall, states reported few challenges with the current report. The challenges reported included:
 - Length of the report
 - Ease of navigating sections and keeping track of which sections are complete
 - Viewing long open-ended questions
 - Repetitiveness of some sections throughout the report (especially related to population types)

- To address these challenges, CMS reviewed every section and question in the semi-annual report and significantly shortened the length of the form
- Free text fields were also expanded to allow grantees more space to enter text
- CMS will send the revised report and help file to grantees on December 8th to be used for the 2021 Period 2 report, due February 28, 2022.

Introduction to the Revised Report

Report length has decreased from 123 pages to 41 pages!

A.	General Information
B.	Transitions
C.	Qualified HCBS Expenditures
D.1.	Additional Benchmarks
D.2.	Rebalancing Efforts
E.1.	Recruitment and Enrollment
E.2.	Informed Consent and Guardianship
E.3.	Outreach/Marketing/Education
E.4.	Stakeholder Involvement
E.5.	Benefits and Services - Medicaid Program and Policy Issues
E.6.	Participant Access to Services
E.7.	Self-Direction
E.8.	Quality Management and Improvement
E.9.	Housing for Participants
E.10.	Employment Supports and Services
F.	Organization and Administration
G.	Challenges and Developments
H.	Independent Evaluation
I.	State-specific Technical Assistance
J.	Overall Lessons & MFP-related LTC System Change



A.	General Information
B.	Transitions
C.	Total Expenditures for Home & Community-Based Services
D.	Additional Benchmarks
E.	Rebalancing Efforts
F.	Recruitment and Enrollment
G.	Self-Direction
H.	Quality Management and Improvement
I.	Housing for Participants
J.	Organization and Administration
K.	Challenges & Developments
L.	Sustainability
M.	Tribal Initiative

Major Changes

Major changes to the revised report:

1. Streamlined how grantees report updates & challenges
2. Reformatted quality section
 - (Now Section H. MFP Quality Requirements)
3. Added one new section on sustainability
4. Moved Tribal Initiative questions to the end of the report

Updates & Challenges: Previous Form

Questions in Section E were reviewed to streamline how grantees report updates and challenges

E.2. Informed Consent & Guardianship

1. What changed during the reporting period that made obtaining informed consent easier?
Choose from the list below and describe by target population for each checked box.

- Revised inform consent documents and/or forms

Populations Affected

Older Adults	ID/DD	MI	PD	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe by target population.

- Provided more or enhanced training for transition coordinators

Updates & Challenges: Previous Form

The sections highlighted in grey were removed from the revised report

- A. General Information
- B. Transitions
- C. Qualified HCBS Expenditures
- D.1. Additional Benchmarks
- D.2. Rebalancing Efforts
- E.1. Recruitment and Enrollment
- E.2. Informed Consent and Guardianship
- E.3. Outreach/Marketing/Education
- E.4. Stakeholder Involvement
- E.5. Benefits and Services - Medicaid Program and Policy Issues
- E.6. Participant Access to Services
- E.7. Self-Direction
- E.8. Quality Management and Improvement
- E.9. Housing for Participants
- E.10. Employment Supports and Services
- F. Organization and Administration
- G. Challenges and Developments
- H. Independent Evaluation
- I. State-specific Technical Assistance
- J. Overall Lessons & MFP-related LTC System Change

Updates & Challenges: Revised Form

In the revised form, the removed sections have been replaced with new Section K.

K. Challenges & Developments

Please use this section to describe any challenges, achievements, or major changes to your MFP program during the reporting period. Updates may focus on, but are not limited to the following: recruitment and enrollment, informed consent and guardianship, outreach, marketing, and education, stakeholder involvement, benefits and services, participant access to services, self-direction, housing for participants, employment supports and services, organization and administration, and independent evaluation.

1. What types of overall challenges have affected almost all aspects of the program?

2. Did your program report any notable achievements during the reporting period?

Changes to Section H. Quality

- This section replaces Section E.8 in the previous form
- Questions have been streamlined to reduce repetition
- Section H. will ask about the work that your state is doing related to each of these requirements:
 1. A **critical incident reporting and management system** and a process to ensure that the system is working as planned;
 2. A **risk assessment and mitigation protocol** and a process to ensure that the protocol is working as planned; and
 3. A **backup strategy** in place that includes access to a 24 hour back up service to address a lapse in the provision of essential health and support services or other circumstances that could have a negative effect on participant health or welfare, and a process to ensure that the strategy is working as planned.

H.1 Critical incident reporting

Quality Section: Previous Form

8. How many critical incidents occurred during the reporting period?

9. Please provide information on the circumstances surrounding the reported critical incidents:

10. Please describe the nature of each critical incident that occurred. Choose from the list below.

Abuse

Please specify the number of times this type of critical incident occurred.

Did the state make changes, either for the consumer(s) or its system, as a result of the analysis of critical incidents?

What is the current status of the issue? Resolved In Progress Abandoned

(If Resolved or Abandoned) Explain status choice

Quality Section: Revised Form

Revised table format:

H.1 Critical incident reporting

1. MFP programs are required to have a critical incident (CI) and management system and a process to ensure that the system is working as planned. A critical incident (e.g., abuse, neglect and exploitation) is an event that could bring harm, or create potential harm, to a participant. Please complete the table below to report on each type of critical incident related to the MFP program and MFP participants.

Critical Incident Area	Please specify the number of times this type of critical incident occurred	Did the state make any changes, either for the consumer(s) or its system, as a result of the analysis of critical incidents?	What is the current status of the issue?	If resolved or abandoned, please explain
Abuse				
Neglect				
Exploitation				

H.2. Risk assessment and mitigation

Quality Section: Previous Form

1. What notable improvements did your program make to your HCBS quality management systems that affect MFP participants? These improvements may include improvements to quality management systems for your state's waiver programs.

- Improved intra/inter departmental coordination

Populations Affected

Older Adults	ID/DD	MI	PD	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe by target population.

- Implemented/Enhanced data collection instruments

Populations Affected

Older Adults	ID/DD	MI	PD	Other

Please describe by target population.

Quality Section: Revised Form

H.2 Risk assessment and mitigation

1. What notable improvements did your program make to your HCBS quality management systems that affect MFP participants? These improvements may include improvements to quality management systems for your state's waiver programs.

- Improved intra/inter departmental coordination
- Implemented/Enhanced data collection instruments
- Implemented/Enhanced information technology applications
- Implemented/Enhanced consumer complaint processes
- Implemented/Enhanced quality monitoring protocols DURING the one-year transition period (that is, methods to track quality-related outcomes using identified benchmarks or identifying participants at risk of poor outcomes and triggering further review at a later point in time))
- Enhanced a critical incident reporting and tracking system
- Enhanced a risk management process
- None
- Other, specify below

Please describe the improvement.

2. Please summarize any additional information on progress, challenges, or solutions related to your risk assessment and mitigation protocol.

Checkboxes have all been combined and the target population question has been removed

H.3. 24 hour back up services

Quality Section: Revised Form

H.3 24 hour back up services

- How many calls did your program receive from MFP participants for emergency back-up assistance during the reporting period by type of assistance needed? Emergency refers to situations that could endanger the health or well-being of a participant and may lead to a critical incident if not addressed. (Please note this question only captures calls that were considered to be emergencies and not those that are informational or complaints.)

	Older Adults	ID/DD	MI	PD	Other	Total
Transportation to get to medical appointments						0
Life-support equipment repair/replacement						0
Critical health services						
Direct service/support workers not showing up						
Other, Please Specify						
Total						

- For what number of the calls received were you able to provide the assistance that was needed when it was needed?

Older Adults	ID/DD	MI	PD	Other	Total
					0

- Did your program have to change back-up services or quality management systems due to an identified problem or challenge in the operation of your back-up systems?

Yes

No

(If Yes) Please Describe

These questions have not changed from the previous report

Quality Section: Previous Form

5. Did your program experience any challenges in:

- Developing adequate and appropriate service plans for participants, i.e., developing service plans that address the participant's assessed needs and personal goals

Populations Affected

Older Adults	ID/DD	MI	PD	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe by target population.

What are you doing to address the challenges?

What is the current status of the issue? Resolved In Progress Abandoned

(If Resolved or Abandoned) Explain status choice

Quality Section: Revised Form

4. Did your program experience any challenges in:

- Developing adequate and appropriate service plans for participants, i.e., developing service plans that address the participant's assessed needs and personal goals
- Assessing participants' risk
- Developing, implementing, or adjusting risk mitigation strategies
- Addressing emergent risks in a timely fashion
- Delivering all the services and supports specified in the service plan
- Modifying the service plan to accommodate participants' changing needs or circumstances, i.e., increasing units of a service, adding a different type of service, changing time of day when services are delivered, etc.
- Identifying threats to participants' health or welfare
- Addressing threats to participants' health or welfare
- None
- Other, describe below.

5. Please summarize any additional information on progress, challenges, or solutions related to your 24 hour back up services and systems.

New Section on Sustainability

The only new section included in the revised form is Section L on sustainability updates

- Only reported during the second period and during the program's closeout

L. Sustainability: Revised Form

L. Sustainability

Completed during the second reporting period (July-December) only and at close-out.

1. Please indicate any MFP staff positions that will be sustained at the end of the demonstration. Check all that apply.

Administrative staff

Data analyst

Housing coordinator

Outreach staff

Quality and monitoring staff

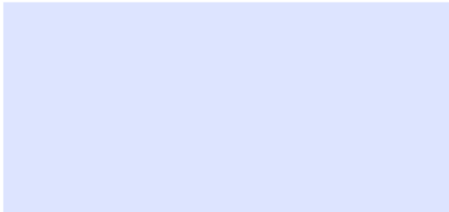
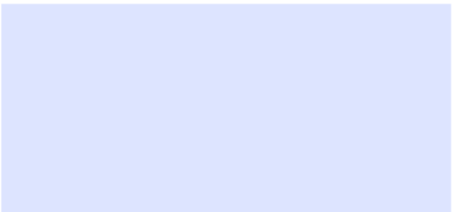


Social workers

Transition coordinator

Other. Please describe below:

L. Sustainability: Revised Form

2. Please indicate any MFP demonstration or supplemental services that will be sustained at the end of the demonstration, the target population, and under what Medicaid authority the service will be sustained.

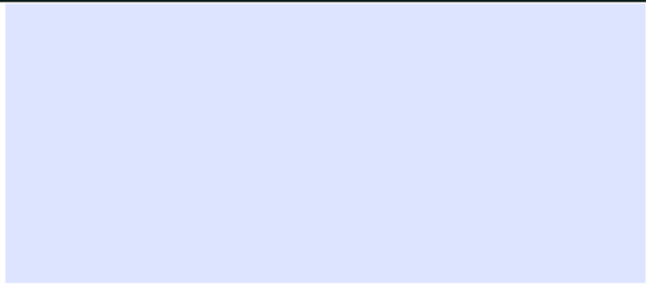
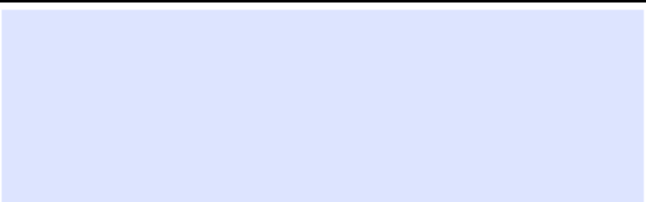
MFP Service	Target Population (check all that apply)	Medicaid authority (for example Section 1915(c))
1. 	<input type="checkbox"/> Older Adults <input type="checkbox"/> ID/DD <input type="checkbox"/> MI <input type="checkbox"/> PD <input type="checkbox"/> Other	
2. 	<input type="checkbox"/> Older Adults <input type="checkbox"/> ID/DD <input type="checkbox"/> MI <input type="checkbox"/> PD	

3. Please describe any additional detail on MFP services that will be sustained in the text box below.



L. Sustainability: Revised Form

4. Please indicate what demonstration or supplemental services will not be sustained, and why.

MFP services that will not be sustained	Reason (select all that apply)
1. 	<input type="checkbox"/> Lack of funding <input type="checkbox"/> Lack of staff <input type="checkbox"/> Lack of utilization by MFP participants <input type="checkbox"/> Other. Please describe.
2. 	<input type="checkbox"/> Lack of funding <input type="checkbox"/> Lack of staff <input type="checkbox"/> Lack of utilization by MFP participants <input type="checkbox"/> Other. Please describe.

5. Please enter any additional description below related to what demonstration services will not be sustained.



L. Sustainability: Revised Form

6. Indicate how your program assesses participants' experience of care:

MFP participants are included in a survey through our HCBS waiver program.

MFP participants complete a unique MFP experience of care survey or standard survey.

MFP participants are not surveyed about their experience of care at this time.

Our MFP participants continue to complete the MFP Quality of Life Survey.

L. Sustainability: Revised Form

7. What are the major barriers to sustaining activities and initiatives implemented through your current MFP program?

- Lack of, or insufficient funding
- Restrictions on the benefits that can be provided under existing Medicaid authorities
- Staff turnover or lack of staff resource
- Difficulties with referrals or lack of participation
- Housing challenges
- State legislative authority
- Other. Please describe below.

L. Sustainability: Revised Form

8. What efforts have you made *during the reporting period* to advance sustainability of program activities and initiatives? [Note: Programs that plan to discontinue, do not need to complete this question.]



9. What activities do you have planned for the *next six months* to advance your sustainability of program activities and initiatives? [Note: Programs that plan to discontinue, do not need to complete this question.]



Tribal Initiative Questions

Tribal initiative questions have been moved to the end of the report

- The questions have not changed since the previous report
- All other grantees can leave this section blank

A.	General Information.....
B.	Transitions.....
C.	Total Expenditures for Home & Community-Based Services.....
D.	Additional Benchmarks.....
E.	Rebalancing Efforts.....
F.	Recruitment and Enrollment.....
G.	Self-Direction.....
H.	Quality Management and Improvement.....
I.	Housing for Participants.....
J.	Organization and Administration.....
K.	Challenges & Developments.....
L.	Sustainability.....
M.	Tribal Initiative.....

User Guide and Help File

- The *User Guide and Help File* has been updated to reflect the changes made to the report
 - Includes technical guidance on how to access and save the editable PDF
 - Also includes detailed guidance on each question
- CMS will send this file to project directors via email and through a GrantSolutions note.

Questions?

10 minute Break

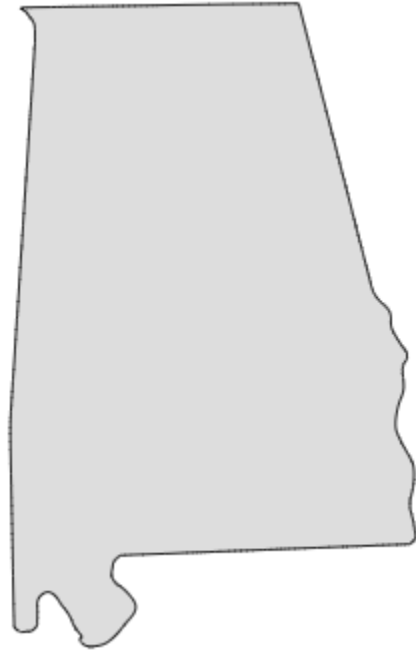


MFP Capacity Building

Expanding Access to HCBS through MFP Capacity Building Initiatives

MFP Capacity Building

Alabama



Diversion Strategies to Prevent Nursing Facility Admission; Alabama's Hospital to Home (H2H) Initiative



Capacity Building Funding Supports:

- Experienced Lead Statewide H2H Coordinator
- One H2H Case Manager per Area Agency on Aging (AAA) Region
- Phase in of additional AAA's over time; Begin with 1-3 then 13 by 2024

H2H Target Population:

- Currently in the Hospital with imminent discharge
- Meet Nursing Facility Level of Care
- Meet financial eligibility for Long Term Care
- Have safe, suitable, accessible, and affordable housing in which to return
- Have willing and able caregiver
- Individuals will be transitioned to the Alabama Community Transition Waiver (1915c)

AAA H2H Case Manager must:

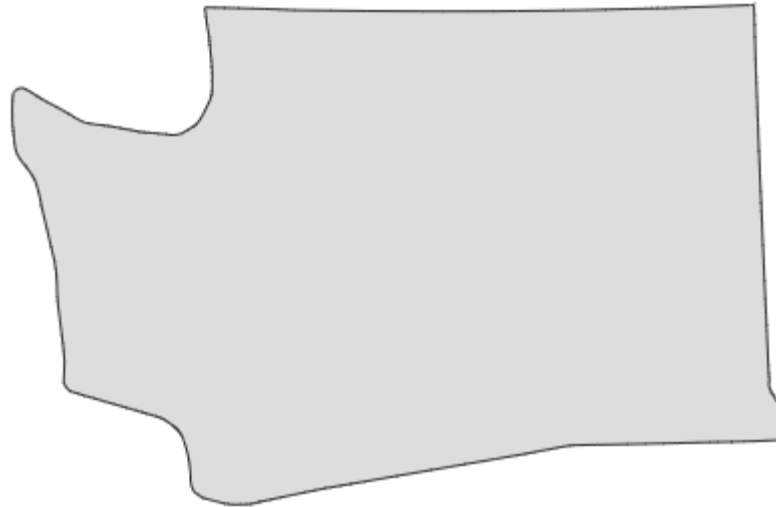
- Perform outreach to local hospital case management/discharge planners
- Prescreen and assist individuals identified by hospital case management
- Coordinate with existing MFP Transition Coordinator for expedited assessment

H2H Transitions:

- Are a much quicker condensed process than traditional Money Follows the Person transitions
- Usually have 1-3 days maximum notice of imminent hospital discharge

MFP Capacity Building

Washington



MFP Capacity Building Grant Opportunity – WA State

HCS Acute Care Hospital Transitions: Transitions from acute care hospital settings to home

HCS Service Experience Team enhancement: Include client voice in full range of service development

DDA Strengthening Services for At-Risk Populations: Reduce number of DDA clients moving into state hospitals

Contact: Liz Prince, MFP Project Director, prince@dshs.wa.gov

HCS Workforce Retention and Expansion:

Ensuring an ongoing adequate supply of qualified in-home personal care workers

Contact: Kim Maki, Program Manager, kimberly.maki@dshs.wa.gov

MFP Capacity Building

Rhode Island



Rhode Island Capacity Building - Housing Opportunities

Affordable, accessible housing is the most significant barrier to nursing facility transition in Rhode Island

Housing stock issues include:

- High rental costs
- Third oldest housing stock in the nation
- Lack of accessible housing
- Few permanent supportive housing units

SASH

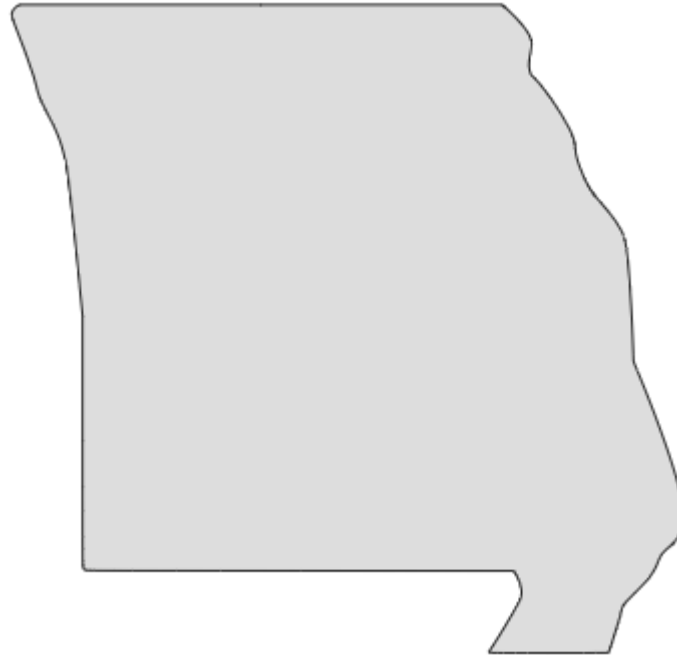
- SASH is a nationally recognized program with proven results, keeping people living independently in the community, reducing hospitalizations, and reducing time spent in nursing facilities.
- Operates as a two-year pilot with a budget of \$1,441,000.
- The project will:
 - Expand RI's current SASH program capacity from 100 to 500 participants.
 - Add up to six new SASH sites.
- Collaboration with new housing sites includes shared administration, achieving savings for the program.
- The pilot will provide opportunity to gather data about program outcomes.
- A separate Capacity Building grant project will assist in building a sustainability plan for SASH in Rhode Island.

Supportive Housing Development

- Housing development will provide housing opportunity for low-income elders and individuals with disabilities.
- With a \$800,000 budget, funding will support debt service, administrative, and supportive services costs for a local Community Development Corporation's elderly/disabled tax-credit project development.
- Nursing Home Transition Program participants will have waiting list preference for 10 units in the development.
- The housing site will serve older adults and individuals with disabilities.
- The thirty-year tax credit project could yield as many as 120 transition placements over its life and sixteen through the life of the MFP Capacity Building funds.
- Funds awarded for this project will not support direct development or rental subsidies.

MFP Capacity Building

Missouri



Missouri Money Follows the Person Demonstration

Capacity Building

Housing Partnerships: Development of housing partnerships with public and private provider systems to facilitate development and access to housing for Medicaid recipients with disabilities and older citizens.

Across Missouri, there is a shortage of rental homes that are affordable and available to extremely low-income households.

Discriminatory density ordinances are and will continue to be a problem for MFP providers trying to find appropriate community-based homes. It is important that we discuss and create the necessary actions to remove this obstacle for individuals participating in the MFP program.

Transform the Rental Application Process: A city-wide effort to create a unified application process for rental housing that can serve as a replication model throughout the state, helping to ease the burden of excessive and discriminatory application fees for low-income individuals and people who participate in the Money Follows the Person program.

ASSETS for AIP: The Age-friendly Sustainable Smart and Equitable Technologies for Aging In Place will demonstrate that Missouri's rural older adults and those with disabilities can successfully remain in their community homes when technology-enhanced tailored support by an occupational therapist, registered nurse, social work care coordinators, and handy worker is provided. ASSETs for AIP will enhance independence at home by meeting individual support needs and preferences. Former MFP participants who are one-year outside of participation are given the opportunity to participate. This is the timeframe wherein issues could present that reduce independence, and this is an opportunity to reduce possible return to institutional settings.

Marketing Campaign and Rebrand: A comprehensive television and social networking media campaign, in partnership with State of Missouri and a professional marketing company will increase awareness across our state. This campaign will help to grow the public understanding of the way aging and utilization of HCBS has changed, and not only increases participation in the program but can shift the way Missourians think about long-term care. A rebrand of the program name will be designed to refocus attention away from the word "money," which aligns with many other participating MFP states' approaches.

MFP Capacity Building

West Virginia



West Virginia Money Follows the Person Demonstration Capacity Building

West Virginia's MFP Capacity Building grant proposal included funds for projects that support LTSS system transformation design and implementation and the expansion of HCBS capacity in West Virginia. The specific projects included in our approved Capacity Building grant include:

1. Support the implementation of the state's No Wrong Door (NWD) 3-Year Strategic Plan.
2. Develop and implement an online Waiver Case Management system that supports Person-Centered Planning principles and practice.
3. Develop and implement an information campaign about CMS's expectations for Person-Centered Planning targeting consumers, HCBS providers and key access point staff.
4. Support the efforts of the WV TBI Waiver NCAPPS Brain Injury Learning Collaborative.
5. Develop an LTSS Reform Strategic Plan.
6. Develop and distribute realistic Job Preview Videos.
7. Support a three-phase project to evaluate the use of telehealth technologies in WV's HCBS delivery system.
 - a. Phase 1: Explore factors leading to the adoption or rejection of telehealth services by participants in the previous telehealth pilot.
 - b. Phase 2: Survey HCBS waiver participants regarding their interest in and factors associated with willingness to use telehealth services.
 - c. Phase 3: Implement an updated and expanded telehealth pilot for HCBS waiver participants.

10 minute Break



Annual MFP Budget Submission

CY 2022 Budget Process and Overview

Geoffrey Ntosi & Monica Anderson

CMS Office of Acquisition & Grants Management (OAGM)

Agenda

- Overview of Calendar Year (CY) 2022 Maximum Budget Amount
- GrantSolutions Budget Amendment Process: How to submit the Supplemental Application?
- Tips to help expedite processing of your application
- Additional Information
- Q&A

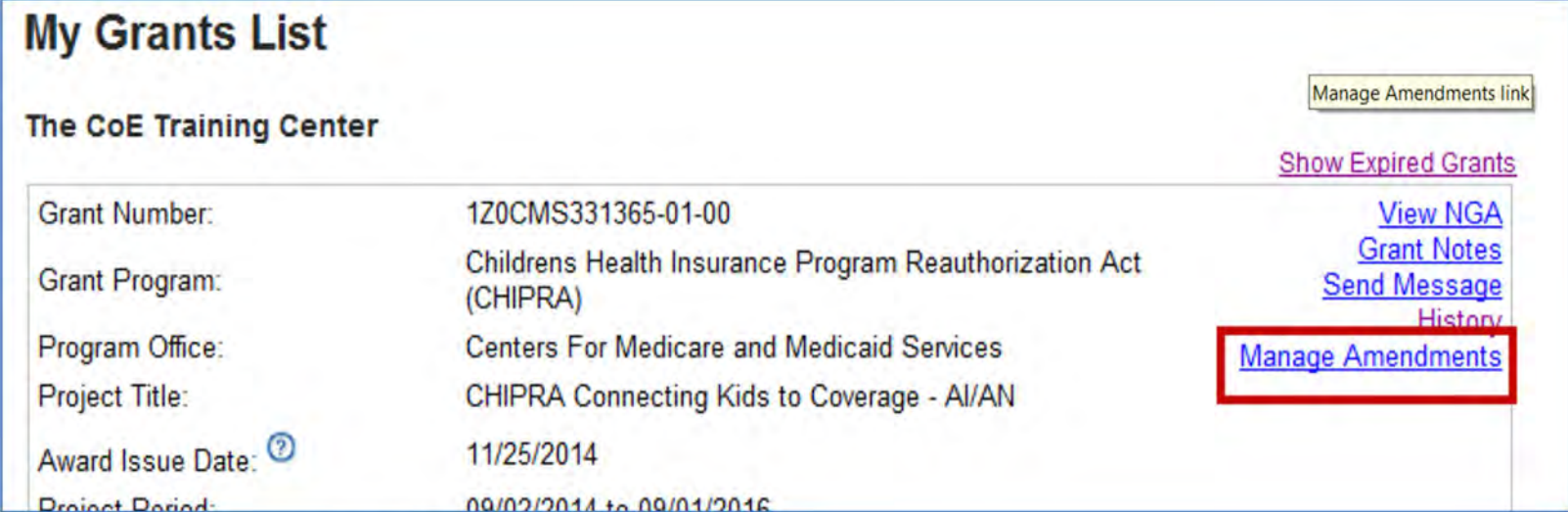
Overview of CY 2022 Maximum Budget Amount

- Maximum Allowable Amount
 - CMS has calculated a maximum allowable budget amount for CY 2022 based on each grantee's most recently approved budget amount or the maximum budget amount for CY 2021 (whichever is higher) multiplied by 120%.
 - The Maximum Allowable Amount does not include your Capacity Building Award.

GrantSolutions Budget Amendment Process: How to submit the supplemental application?

To view amendments in progress or to initiate a new amendment, follow the below steps:

1. From the “My Grants List” screen, click the link Manage Amendments.



The screenshot shows the 'My Grants List' interface. At the top left is the title 'My Grants List'. Below it is the organization name 'The CoE Training Center'. On the right side, there is a 'Manage Amendments link' button. Below the organization name, there are several links: 'Show Expired Grants', 'View NGA', 'Grant Notes', 'Send Message', and 'History'. The 'Manage Amendments' link is highlighted with a red rectangular box. The main content area displays the following grant details:


Grant Number:	1Z0CMS331365-01-00
Grant Program:	Childrens Health Insurance Program Reauthorization Act (CHIPRA)
Program Office:	Centers For Medicare and Medicaid Services
Project Title:	CHIPRA Connecting Kids to Coverage - AI/AN
Award Issue Date: 	11/25/2014
Project Period:	09/02/2014 to 09/01/2016

Figure 53: Manage Amendments link

Note: If more than one grant is available from the My Grants List screen, scroll through the page until the desired grant is located.

GrantSolutions Budget Amendment Process (continued)

- The “Manage Amendments” screen appears. All amendments are initiated and tracked from this screen. To begin a new amendment action, click the New button.

Manage Amendments

Grant Number: 1Z0CMS331365
The CoE Training Center
Project Title: CHIPRA Connecting Kids to Coverage - AI/AN
Project Start Date: 09/02/2014
Project End Date: 09/01/2016
Last Issued NGA: 11/25/2014 [\(View NGA\)](#)

Amendment #	Status	Submitted Date	Type	Budget Period	Action
(There are no Amendments found for this Grant.)					

Figure 54: Manage Amendments screen - New button

GrantSolutions Budget Amendment Process (continued)

- The “Select Amendment Type” screen appears. Click the radio button to the left of the desired Amendment type, and then click **Create Amendment** button...

GrantSolutions.gov ShowMe

Grants List Funding Opportunities Applications Awards Grants Management Insight System Management Online Data Collection Help/Support

Select Amendment Type

Grant Number	1LICMS300140-1
Project Period	01/01/2007 to 09/30/2025
Budget Period	01/01/2007 to 09/30/2025
Amendment Type	<input type="radio"/> Extension with Funds (Type 4) <input type="radio"/> Extension without Funds (Type 4) <input type="radio"/> Grant Closeout (Type 6) <input checked="" type="radio"/> MEP Directed Supplement (Type 3) <input type="radio"/> Revision (Budget) (Type 6) <input type="radio"/> Revision (Carryover) (Type 6) <input type="radio"/> Revision (Change in Scope) (Type 3) <input type="radio"/> Revision (Change of Address) (Type 6) <input type="radio"/> Revision (Change of PI/PO) (Type 6) <input type="radio"/> Revision (EIN) (Type 6) <input type="radio"/> Revision (NoA Other) (Type 6) <input type="radio"/> Supplement (Administrative) (Type 3) <input type="radio"/> Supplement (Programmatic) (Type 3)

Create Amendment Cancel

GrantSolutions Budget Amendment Process (continued)

4. The “GrantSolutions Amendment Application Control Checklist” screen appears. The checklist screen contains the following information:

Print Application:
[Original Submission](#)

Applicant	HEALTH, NEW YORK DEPARTMENT OF
Grant Number	1LICMS300140
Application Number	(To be assigned)
Action	MFP Directed Supplement
Project Title	New York State Department of Health- Money Follows the Person Demonstration Program

Online Forms	Enclosure(s)	Attachment(s)	Status
SF-424 Application for Federal Assistance (Version 3.0)	Enter Online	0 Uploaded Files 0 Mail-in Items	
SF-424A Budget Information - Non-Construction	Enter Online	N/A	
SF-424B Assurances - Non-Construction	Enter Online	N/A	
SF-LLL Disclosure of Lobbying Activities (Version 2.0)	Enter Online	0 Uploaded Files 0 Mail-in Items	
Additional Information to be Submitted	Enclosure(s)	Attachment(s)	Status
Cover Letter (upload)		0 Uploaded Files 0 Mail-in Items	
MFP Budget Narrative and Budget Workbook updated 12.2020	View PDF View Original Version	0 Uploaded Files 0 Mail-in Items	
Maintenance of Effort (MOE)	View PDF View Original Version	0 Uploaded Files 0 Mail-in Items	
Attachment X - Conference Request and Approval Form	View PDF View Original Version	0 Uploaded Files 0 Mail-in Items	
Travel Log	View PDF View Original Version	0 Uploaded Files 0 Mail-in Items	
Negotiated Indirect Cost Rate Agreement(s) (upload)		0 Uploaded Files 0 Mail-in Items	
Miscellaneous Information (upload)		0 Uploaded Files 0 Mail-in Items	
Grant Announcement	Enclosure(s)	Attachment(s)	Status
2022 Supplemental Budget Announcement	View PDF View Original Version	N/A	

Amendment Package Status: Received (Post Award Paper Submission)

[Application Notes](#) [Verify Submission](#) [Close](#)

Submission Notice

GrantSolutions does not hold any responsibility for data loss prior to your submission. Your electronic submission components will be confirmed by an on-line acknowledgement and you will also receive an acknowledgement of receipt by regular postal mail when all mail-in attachments of the application package have been received. Please be aware that even if you submit the electronic portion of your application, GrantSolutions will NOT consider your application complete unless GrantSolutions receives all the required attachments by the

GrantSolutions Budget Amendment Process (continued)

5A. To electronically complete a form in the GrantSolutions Grants Management Module (GMM), click the Enter Online link for the desired form (i.e. SF-424A).

Print Application:

[Original Submission](#)

Applicant	HEALTH, NEW YORK DEPARTMENT OF
Grant Number	1LICMS300140
Application Number	(To be assigned)
Action	MFF Directed Supplement
Project Title	New York State Department of Health- Money Follows the Person Demonstration Program

Online Forms	Enclosure(s)	Attachment(s)	Status
SF-424 Application for Federal Assistance (Version 3.0)	Enter Online	0 Uploaded Files 0 Mail-In Items	
SF-424A Budget Information - Non-Construction	Enter Online	N/A	
SF-424B Assurances - Non-Construction	Enter Online	N/A	
SF-LLL Disclosure of Lobbying Activities (Version 2.0)	Enter Online	0 Uploaded Files 0 Mail-In Items	

Additional Information to be Submitted	Enclosure(s)	Attachment(s)	Status
Cover Letter (upload)		0 Uploaded Files 0 Mail-In Items	
MFF Budget Narrative and Budget Workbook updated 12/2020	View PDF View Original Version	0 Uploaded Files 0 Mail-In Items	
Maintenance of Effort (MOE)	View PDF View Original Version	0 Uploaded Files 0 Mail-In Items	
Attachment X - Conference Request and Approval Form	View PDF View Original Version	0 Uploaded Files 0 Mail-In Items	
Travel Log	View PDF View Original Version	0 Uploaded Files 0 Mail-In Items	
Negotiated Indirect Cost Rate Agreement(s) (upload)		0 Uploaded Files 0 Mail-In Items	
Miscellaneous Information (upload)		0 Uploaded Files 0 Mail-In Items	

Grant Announcement	Enclosure(s)	Attachment(s)	Status
2022 Supplemental Budget Announcement	View PDF View Original Version	N/A	

Amendment Package Status: Received (Post Award Paper Submission)

[Application Notes](#) [Verify Submission](#) [Close](#)

Submission Notice

GrantSolutions does not hold any responsibility for data loss prior to your submission. Your electronic submission components will be confirmed by an on-line acknowledgement and you will also receive an acknowledgement of receipt by regular postal mail when all mail-in attachments of the application package have been received. Please be aware that even if you submit the electronic portion of your application, GrantSolutions will NOT consider your application complete unless GrantSolutions receives all the required attachments by the due date requirements specified in the grant announcement. Please be sure to label all your correspondence with the correct application number.

GrantSolutions Budget Amendment Process (continued)

5B. The online form opens. Enter all data. When entering dollar amount, do not use the dollar sign (\$) or commas

SF-424A

OMB Number 4040-0006
Expiration Date 06/30/2014

BUDGET INFORMATION - NON CONSTRUCTION PROGRAMS

** Indicates a required field.*

<p>Organization Name The CoE Training Center</p> <p>Application Number (To be assigned)</p>	<p>Project Title CHIPRA Connecting Kids to Coverage - AIJAN</p> <p>Project Period 09/02/2014 to 09/01/2016</p>	<p>Budget Period</p> <p>Start Date * 09/02/2014</p> <p>End Date * 09/01/2015</p>
---	--	--

SF-424A

[424A Instructions](#)

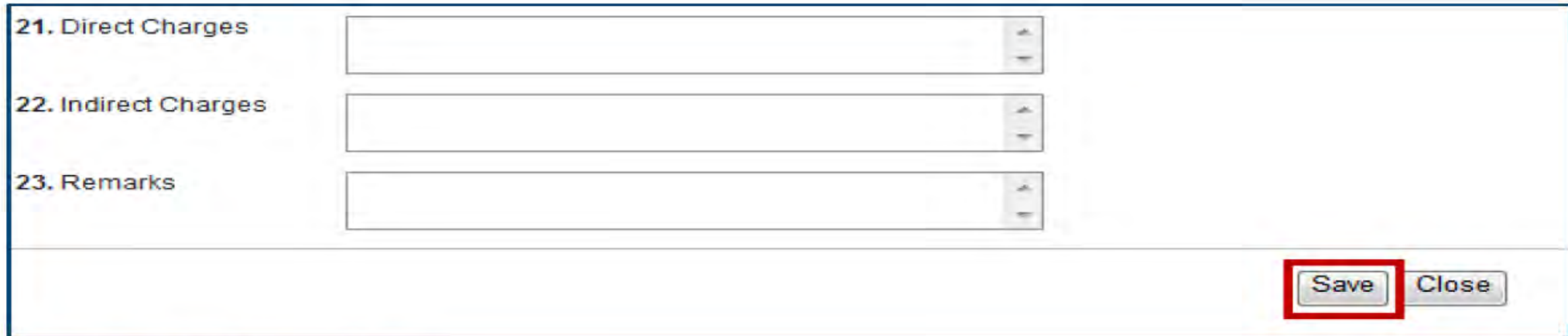
Section A Budget Summary

	Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
			Federal (c)	Non Federal (d)	Federal (e)	Non Federal (f)	
1.	Childrens Health Insurance Program	93.797 - Children's Health In	\$ 0.00	\$ 0.00	\$ 100000.00	\$ 0.00	\$100,000.00
2.	Childrens Health Insurance	Please select a CFDA	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$0.00

Figure 60: SF-424A Online Form

GrantSolutions Budget Amendment Process (continued)

- When done, scroll to the bottom of the screen and click the Save button.



The screenshot shows a web form with three input fields: "21. Direct Charges", "22. Indirect Charges", and "23. Remarks". Each field has a small arrow icon on the right side. At the bottom right of the form, there are two buttons: "Save" and "Close". The "Save" button is highlighted with a red rectangular border.

Figure 61: SF-424A - Save button

GrantSolutions Budget Amendment Process (continued)

7. (SF-424A only) – The “would you like to transfer your budget total information to the SF-424 form” message appears. Click yes.

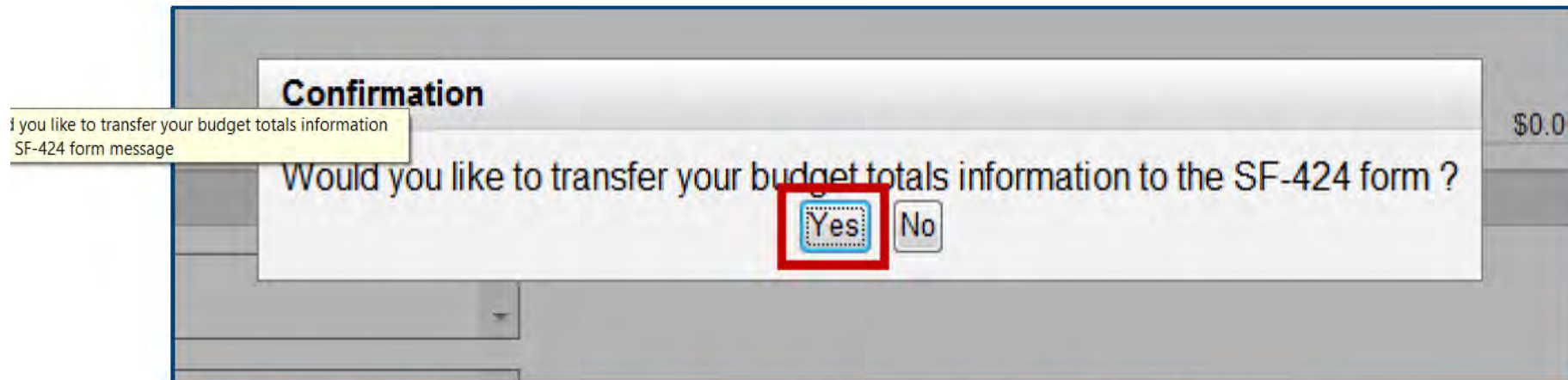



Figure 62: Would you like to transfer your budget totals information to the SF-424 form message

12. If there are no errors, the *Save Successful* message appears at the bottom of the screen.

Note: If there are problems, an error icon (red circle with white exclamation point)  appears next to the cells that need corrections. To view the error text, point to the error icon with the mouse. Make change and then click the Save button again.

GrantSolutions Budget Amendment Process (continued)

If there are errors, point to the error icon with the mouse. Make changes and then click the Save button again.

8. Click the **Close** button.

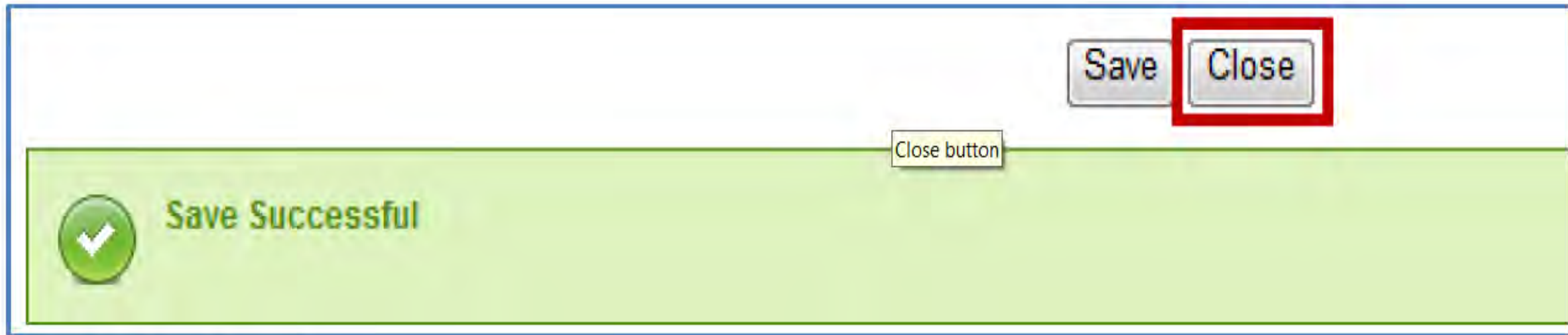


Figure 63: Close button

GrantSolutions Budget Amendment Process (continued)

9. The “GrantSolutions Amendment Application Control Checklist” screen opens. Additionally, the status column contains a green check mark, indicating the form was successfully saved. From here on, your AOR will be notified to submit the application. The AOR begins by clicking “**Verify Submission**”.

SF-424A Budget Information - Non-Construction	Enter Online Print Completed Enter Comments	N/A	✓
Information for the Applicant	Enclosure(s)	Attachment(s)	Status
CMS Amendment Types & Guidance for Submission	View PDF View Original Version	N/A	—
Program Narrative	Enclosure(s)	Attachment(s)	Status
Budget Narrative		1 Uploaded Files 0 Mail-in Items	✓
Additional Information to be Submitted	Enclosure(s)	Attachment(s)	Status
Cover Letter		0 Uploaded Files 0 Mail-in Items	—

Amendment Package Status: Work In Progress (Post Award)

Verify Submission

Close

GrantSolutions Budget Amendment Process (continued)

10. The “GrantSolutions Amendment Submission Verification” screen appears. The AOR reviews the page to ensure all online forms are listed and all additional information to be submitted have been uploaded. The AOR then Click “**Final Submission.**”

GrantSolutions Amendment Submission Verification

You are about to submit the following application:

Applicant	The CoE Training Center
Grant Number	1Z0CMS331365
Project Title	CHIPRA Connecting Kids to Coverage - AI/AN
Action	Revision (Budget)

GrantSolutions Amendment Submission Verification screen

Online Forms

SF-424A Budget Information - Non-Construction

Program Narrative

Budget Narrative

---- (Upload) Budget Narrative

Final Submission Cancel

GrantSolutions Budget Amendment Process (continued)

11. A dialog box appears asking if sure AOR wants to submit application.

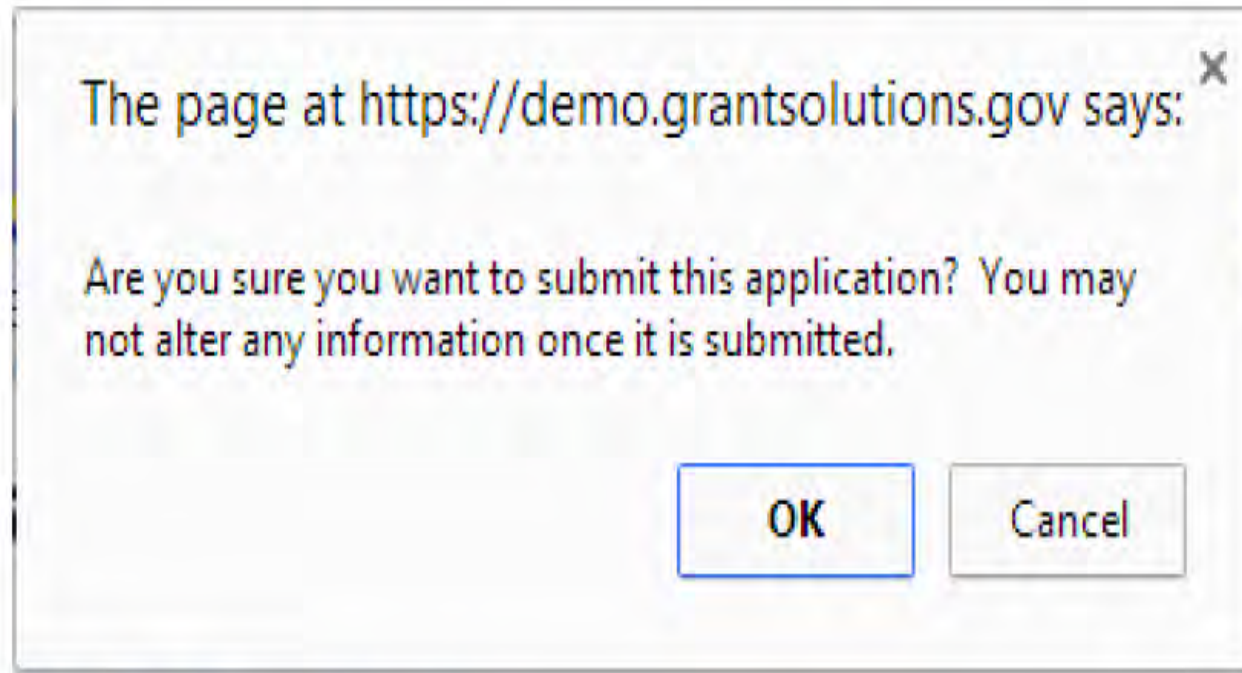


Figure 71: Warning Message

GrantSolutions Budget Amendment Process (continued)

Reminder:

- Application Due Date: Thursday, March 31, 2022
- Federal Financial Report (SF-425) must be submitted in Payment Management System (PMS) before request will be processed.
- Semi-annual progress report must be submitted by email to your CMS Project Officer

Budget Summary Tab

A change was made to the Budget Summary tab in the Budget workbook. There are two columns for unobligated balances (Column C and D). This will allow you to separate the unobligated balance of Capacity Building Award from that of your Annual Award.

	A	B	C	D	E	F	G
1	Budget Summary						
2							
3	Object Class Categories	CY 2022 Federal Cost	CY 2021 Unobligated Balance	Capacity Building Unobligated Balance	CY 2022 Supplemental	CY 2022 Non-Federal Match	Total (sum of columns B and F)
4	a. Personnel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5	b. Fringe Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6	c. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7	d. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8	e. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9	f. Sub Recipient	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10	g. Services - Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11	Total Direct Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12	h. Indirect Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13	Total Project Costs (Direct + Indirect)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14							
15							
16	Additional Detail						
17	For this table, you must manually complete column C (CY 2021 Unobligated Balance) and F (CY 2022 Non-Federal Match). Column B will have information on the projected budget for the different categories and column F will have information on the state share of the budget for the different categories. The CY 2022 Federal Cost column (column B) will be auto-filled when all the categorical tabs in red are completed.						
18	Please include unobligated balance information for the MFP Capacity Building funding opportunity in column D. Note that this information must not be included in column C. However, cell C13 plus cell D13 must equal the unobligated amount in line 10h of the Federal Financial Report (SF-425) for period ending December 31.						
19							

Tips to help expedite processing of your application

- Justification! Justification!! Justification!!!
- New initiative justification (This may signal a change of scope which requires prior approval).
- Categorical breakdown of unobligated balance
- Travel (travel log, food, etc.)
- Supplies (marketing & promotional Items, etc.)
- Sub-awards, Agreements and Contracts
- Review last NOA for remarks and outstanding information.

Additional Information

- Access to GrantSolutions <https://www.grantsolutions.gov/>
- GrantSolutions User Guide
<https://www.grantsolutions.gov/support/pdf/Recipient%20Grants%20List%20and%20Details%20User%20Guide.pdf>
- Grant Recipient Support and Reference
<https://home.grantsolutions.gov/home/grant-recipient-support-and-reference/>
- Setting up a user profile <https://home.grantsolutions.gov/home/getting-started-request-a-user-account/>
- Training <https://home.grantsolutions.gov/home/recipient-gmm-training-resources/>

Q & A



Thank You

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Open Question & Answer



Closing Remarks

Thank you

