

REPORT

FINAL REPORT

Money Follows the Person Demonstration: Overview of State Grantee Progress, January to December 2014

June 10, 2015

Eric Morris
Melissa Medeiros
Noelle Denny-Brown
Victoria Peebles
Bailey G. Orshan
Rebecca Coughlin
Rebecca Sweetland Lester
Susan R. Williams
Brynn Hagen

Submitted to:

Centers for Medicare & Medicaid Services
Division of Community Systems Transformation
Disabled and Elderly Health Programs Group
7500 Security Blvd
Baltimore, MD 20244-1850

Project Officer: Effie George
Contract Number: HHSM-500-2010-000261

Submitted by:

Mathematica Policy Research
955 Massachusetts Avenue
Suite 801
Cambridge, MA 02139
Telephone: (617) 491-7900
Facsimile: (617) 491-8044

Project Director: Carol Irvin
Reference Number: 40137

This page left blank for double-sided copying.

CONTENTS

I	OVERVIEW AND KEY FINDINGS.....	VIII
	A. Key findings.....	2
II	MFP ENROLLMENT, PARTICIPATION, AND TRANSITIONS	5
	A. Number of transitions over time	5
	B. Total transitions during the reporting period	9
III	ACHIEVEMENT OF 2014 ANNUAL TRANSITION GOALS	13
IV	QUALIFIED HCBS EXPENDITURE GOALS.....	19
V	SPENDING AND USE OF REBALANCING FUNDS.....	21
VI	REINSTITUTIONALIZATIONS OVER 30 DAYS.....	23
VII	SELF-DIRECTION	29
VIII	EMPLOYMENT SUPPORTS AND SERVICES	33
IX	HOUSING FOR MFP PARTICIPANTS.....	37
XI	CONCLUSIONS.....	41
XII	TECHNICAL NOTES	43
	A. Source data.....	43
	B. Annualizing data	43
	C. Data limitations.....	43
	REFERENCES	45
	APPENDIX A: DATA TABLES.....	A.1

This page left blank for double-sided copying.

FIGURES

I.1	MFP grantees, by year of award	2
II.1	MFP transitions and current MFP participants, June 2008 to December 2014	6
II.2	Cumulative MFP transitions by state and year MFP transitions began, January 2008 to December 2014	8
II.3	Number of MFP participants transitioned, January to December 2014.....	10
II.4	Distribution of MFP participants transitioned by population subgroup, calendar year 2013 and calendar year 2014	11
III.1	Actual versus proposed annual number of MFP transitions, 2008 to 2014.....	13
III.2	MFP grantees' achievement of 2014 transition goals, January to December 2014, by state	15
III.3	Average number of days from time of initial assessment to actual transition, January to December 2014, by state	16
III.4	MFP grantees' progress toward 2014 transition goals, by population subgroup.....	17
IV.1	Projected and actual qualified HCBS expenditures, December 2010 to December 2014.....	20
V.1	Cumulative expenditures of state rebalancing funds between December 2009 and December 2013	21
V.2	Types of rebalancing initiatives in 2013	22
VI.1	Percentage of participants reinstitutionalized for more than 30 days between January and December 2014, by MFP population subgroup.....	24
VI.2	Percentage of current participants reinstitutionalized for more than 30 days, January to December 2014, by state	25
VI.3	Percentage point change in participants reinstitutionalized for more than 30 days, between the January to December 2013 and January to December 2014 reporting periods, by state	26
VI.4	Percentage of participants reinstitutionalized over 30 days for the total population and subpopulations, June 2009 to December 2014.....	28
VII.1	Percentage of MFP participants self-directing services, January to December 2014, by state	30
VII.2	Types of self-direction service options used by MFP participants, January to December 2014, by state.....	31
VIII.1	Employment services and supports offered by states to MFP participants, by population subgroup and type of support, July to December 2014	34
IX.1	Percentage of new MFP participants who transitioned to each type of qualified residence, January 1 to December 31, 2014	37

IX.2	Type of qualified residence by new MFP participants, by population subgroup, January 1 to December 31, 2014.....	38
IX.3	MFP grantees' reported challenges securing housing for participants, by type of challenge, January to June 2014 and July to December 2014	39
IX.4	MFP grantees' efforts to improve housing for participants, by type of strategy, January 1 to December 31, 2014.....	40

TABLES

VI.1	Common reasons for reinstitutionalization reported by states between January and December 2014	23
A.1	Cumulative number of MFP grant transitions, start of program through December 31, 2014.....	A.3
A.2	Number of institutional residents who transitioned under MFP during the reporting period from January 1 to June 30, 2014	A.5
A.3	Number of institutional residents who transitioned under MFP during the reporting period from July 1 to December 31, 2014.....	A.8
A.4	Current MFP participation, June 30, 2013 through December 31, 2014.....	A.11
A.5	MFP states' progress toward yearly transition goals, 2014 and 2013	A.13
A.6	2014 and 2013 qualified HCBS expenditures.....	A.16
A.7	Use of rebalancing funds through December 31, 2013.....	A.19
A.8	Number of participants reinstitutionalized for any length of stay, January 1 to June 30, 2014	A.23
A.9	Number of participants reinstitutionalized for any length of stay, July 1 to December 31, 2014	A.25
A.10	Number of participants reinstitutionalized for more than 30 days, January 1 to June 30, 2014	A.27
A.11	Number of participants reinstitutionalized for more than 30 days, July 1 to December 31, 2014	A.29
A.12	Overview of Minimum Data Set 3.0, Section Q Referrals, January to June 2014 and July to December 2014.....	A.31
A.13	Total number of current MFP participants in a self-direction program, June 30, 2014 and December 31, 2014	A.34
A.14	Number of MFP transitions during the reporting period, by type of qualified community residence, January 1 to June 30, 2014	A.37
A.15	Number of MFP transitions during the reporting period, by type of qualified community residence, July 1 to December 31, 2014	A.39
A.16	Achievements and challenges securing appropriate housing options for participants, by reporting period, 2011–2014—number of grantee states reporting each type of achievement or challenge	A.41

This page left blank for double-sided copying.

I. OVERVIEW AND KEY FINDINGS

The Money Follows the Person (MFP) demonstration, first established by Congress through the 2005 Deficit Reduction Act, provides state Medicaid programs the opportunity to help transition Medicaid beneficiaries living in long-term care institutions into the community and gives people with disabilities greater choice in deciding where to live and receive long-term services and supports. In 2007, the Centers for Medicare & Medicaid Services (CMS) awarded MFP demonstration grants to 30 states and the District of Columbia.¹ As part of the Affordable Care Act, Congress in 2010 increased total MFP program funding to \$4 billion. This additional funding allowed CMS to award grants to 13 more states in 2011 and 3 more states in 2012, to reach a total of 47 grantees (Figure I.1). Congress also extended the demonstration to 2016. MFP grantee states can enroll and transition people through MFP until the end of federal fiscal year 2018, and they may provide services under the demonstration using MFP grant funds until the end of federal fiscal year 2019.² Among the 47 grantee states, Florida and New Mexico were awarded MFP grants in 2011 but later rescinded them. Oregon implemented its program in 2008 but then suspended operations in 2010 and later rescinded its MFP grant. During 2014, all 44 states were actively transitioning participants through their MFP programs; two of these states, Montana and South Dakota, began transitioning individuals to the community for the first time.

Each state participating in the MFP demonstration must establish (1) a transition program that identifies Medicaid beneficiaries in institutional care who wish to live in the community and helps them make this transition and (2) an initiative designed to support the rebalancing of long-term services and supports toward community-based care. These statutory goals are outlined in the 2005 Deficit Reduction Act and articulate that states are to make progress rebalancing their system and increasing the percentage of state Medicaid expenditures for long-term care services spent on home- and community-based services (HCBS).

This chartbook summarizes the implementation progress of the MFP demonstration in the 44 grantee states that were actively transitioning participants from January 1 to December 31, 2014 (referred to as the “reporting period”). It compares performance data during 2014 to the previous year, and in some cases to five-year annual trends. For more information about annual trends, see the Money Follows the Person Annual Evaluation Reports.³ This chartbook presents key indicators of progress, including the number of transitions to the community, states’ progress toward 2014 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 2014 progress reports, which were submitted August 29,

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

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

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

Progress toward 2014 transition goals. In the aggregate, MFP grantees achieved 85 percent of the total transition goal for the year, having transitioned 10,658 new participants of the 12,521 planned for 2014. This performance is slightly lower than what the state grantees achieved in 2013 (88 percent) and 2012 (102 percent). The recent decline in grantees' progress toward achieving their transition goals partly reflects grantees setting more ambitious transition goals in 2013 and 2014 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 2014.

Qualified HCBS expenditure goals. Overall, 43 grantee states reported qualified HCBS expenditures for 2014, totaling approximately \$70.3 billion (Appendix A, Table A.6), an increase of 3 percent from 2013 (\$68.0 billion) (Figure IV.1). In 2014, states nearly met their aggregate spending goal, achieving 98 percent of the projected spending goal that they set for themselves. However, total HCBS expenditures for 2014 are likely to be underestimated because of incomplete information and lags in data reporting. States reported several barriers to achieving HCBS goals, including cost control measures that slowed growth and temporary injunctions to transitioning individuals.

MFP rebalancing funds. MFP rebalancing funds represent extra federal funds received by each state from the enhanced Federal Medical Assistance Percentage matching rate on the qualified and demonstration HCBS they provide to MFP participants. Total rebalancing funds grew 31 percent between 2012 and 2013, increasing from \$90.4 million by the end of 2012 (with 25 of the 34 states reporting) to \$118.5 million by the end of 2013 (with 22 of the 44 states reporting). Among the 22 MFP grantees that reported any rebalancing fund expenditures, cumulative state spending through 2013 ranged from a low of \$1,371 in the District of Columbia to a high of about \$28.5 million in Missouri.

Reinstitutionalizations. MFP grantees track the rate of reinstitutionalization among their participant populations, defined as any admission to a hospital, nursing home, intermediate care facility for people with intellectual disabilities, or institution for mental diseases, regardless of length of stay. During 2014, a total of 2,879 participants were reinstitutionalized for any length of time. Of these, a third, or 990 participants, were reinstitutionalized for more than 30 days; older adults and people with physical disabilities experienced most of these reinstitutionalizations and comprised 55.3 and 32.8 percent of the total, respectively (Appendix A, Tables A.10 and A.11).

Self-direction. Of the 44 MFP grantees that were actively transitioning participants during 2014, 40 offered self-direction service options to MFP participants. Among these 40 grantee states, the majority (33 states) reported that 25 percent or fewer of their MFP participants were actually enrolled in the state's self-direction program. In total, 23 states reported that participants hired and supervised staff, managed their budgets, or did both. Eight states (Delaware, Hawaii, Maine, Pennsylvania, South Carolina, Tennessee, Texas, and Washington) reported that participants only hired and supervised staff, and 1 state (Ohio) reported that participants only managed its budget for one-time moving expenses (Appendix A, Table A.13).

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 accessed employment support services (Irvin et al. 2013). During the second half of 2014, 28 grantees provided some type of employment service or support to help participants find or maintain employment. The most common services offered by states included job coaching or support planning and “other services” (37 grantees each), which include vocational rehabilitation, individualized assessments and support, referrals to other departments, and application assistance. Among all population groups, participants with intellectual disabilities and participants with physical disabilities most often accessed employment services and supports during the second half of 2014. 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 (37 percent), an apartment (38 percent), or a group home (17 percent), and 8 percent moved into apartments in qualified assisted-living facilities. Most states reported an insufficient supply of affordable accessible housing (32 states January to June 2014; 33 states July to December 2014) and rental vouchers (19 states January to June 2014; 16 states July to December 2014) 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 (12 states January to June 2014; 16 states July to December 2014) and developing an inventory of affordable and accessible housing (9 states January to June 2014; 6 states July to December 2014). Developing state or local coalitions was also the most common strategy in previous reporting periods.

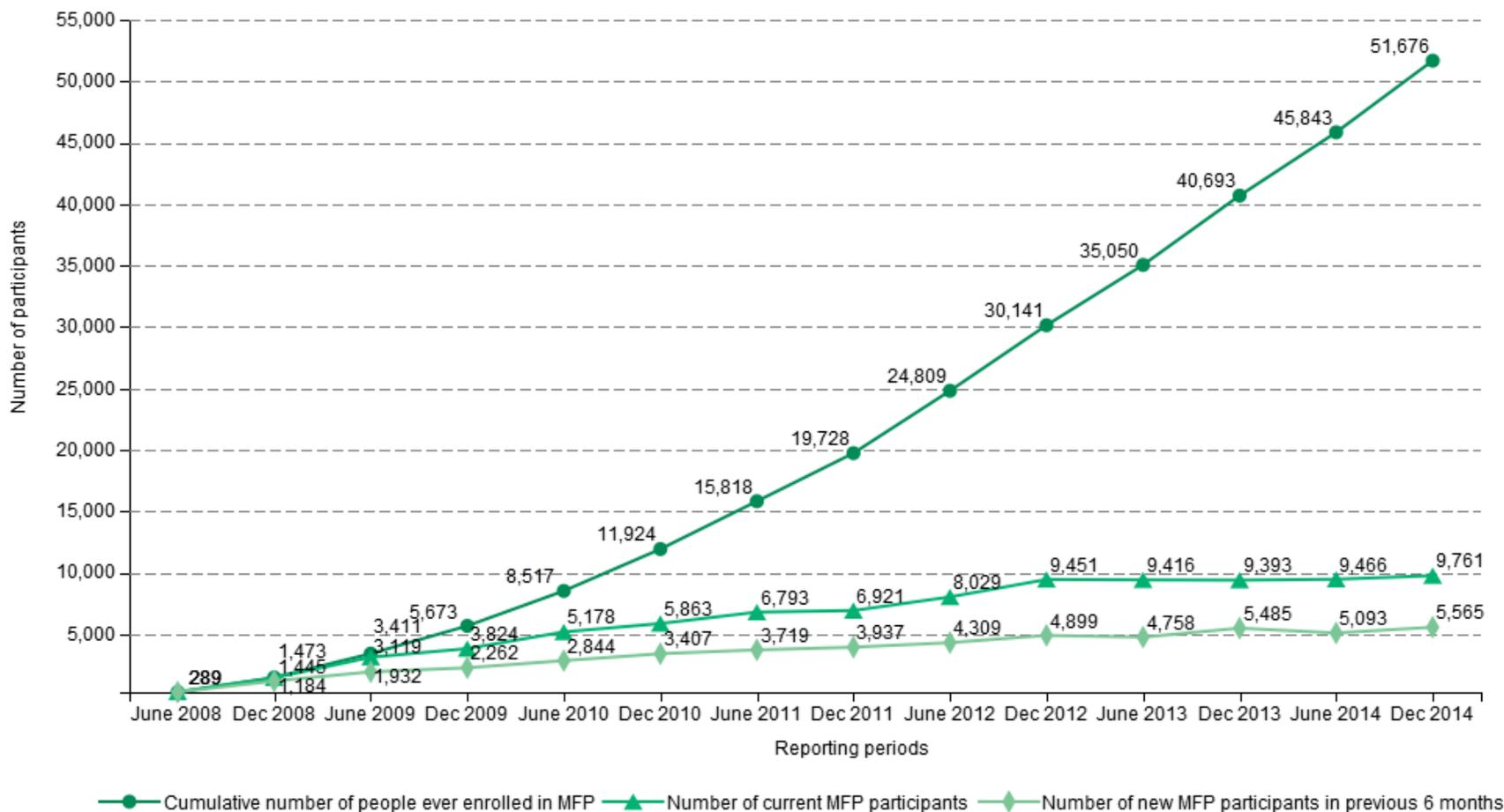
Tribal Initiative activity. In calendar year 2014, 5 states (Minnesota, North Dakota, Oklahoma, Washington, and Wisconsin) launched efforts through the MFP Tribal Initiative (TI) to improve access to community-based long-term services and supports for tribal members. As of December 2014, one participant transitioned to the community through a TI (in Minnesota). All 5 states reported TI planning efforts in 2014, including outreach to tribal members and partnering with tribal organizations. Oklahoma expressed concern about the availability of community-based services for tribal members after they complete their 365 days in the demonstration. To ensure that participants do not experience a disruption or loss in services after day 365, Washington is working with tribes to increase the number of available services and is establishing a tribal waiver.

II. MFP ENROLLMENT, PARTICIPATION, AND TRANSITIONS

A. Number of transitions over time

Overall. MFP enrollment continues to grow across most measures. By the end of 2014, 51,676 individuals had enrolled in MFP and transitioned to community living. This represents a 27 percent increase in cumulative enrollment during the year (from 40,693 as of December 2013 to 51,676 as of December 2014), which compares to the 35 percent increase that occurred from December 2012 to December 2013. (Figure II.1 and Appendix A, Table A.1). Between 2008 and 2012, the number of current participants, or those in their 365-day period of MFP eligibility, rose steadily each year. Like the percentage growth in the cumulative number of transitions, the number of current MFP participants as of the end of each six-month reporting period stabilized in 2013 and early 2014, at about 9,400 participants. At the end of 2014, there were 9,761 current participants, a slight increase relative to December 2013 (9,393). (Figure II.1 and Appendix A, Table A.4). It is too early to know whether this marks a permanent change in the upward growth in the number of current participants or if it is a temporary pause.

Figure II.1. MFP transitions and current MFP participants, June 2008 to December 2014



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2008–2014.

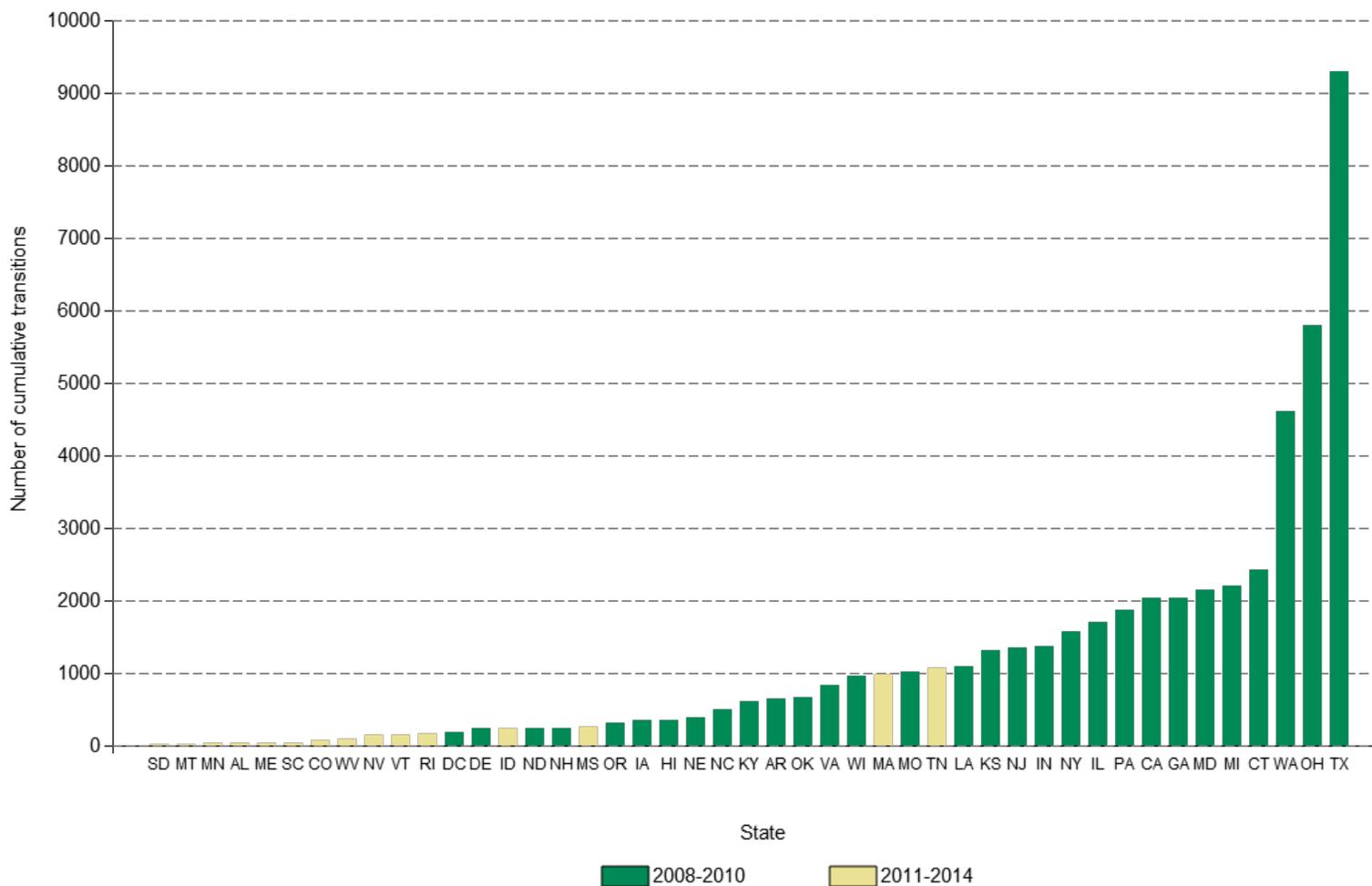
Note: Numbers in the figure may not match numbers from previous reports due to efforts to improve data quality retrospectively. N = 10 states in June 2008; 30 states in December 2008, June 2009, December 2009, June 2010, December 2010, and June 2011; 34 states in December 2011; 35 states in June 2012; 37 states in December 2012; 41 states in June 2013; 42 states in December 2013; 43 states in June 2014; and 44 states in December 2014.

State variation. MFP enrollment is concentrated in a small number of states; the number of cumulative transitions ranged from fewer than 20 participants (Montana and South Dakota⁴) to 9,289 in Texas. Variation in program size reflects differences in program start dates and design, state history with transition programs, program infrastructure and capacity, and availability of affordable and accessible housing, among other factors. As of December 2014, the 6 states with the largest programs (Connecticut, Maryland, Michigan, Ohio, Texas, and Washington) accounted for just over half (51 percent) of cumulative transitions. The next 15 states transitioned between 674 and 2,033 each, collectively accounting for 38 percent of the total number of cumulative transitions. The remaining 24 states with the smallest number of cumulative participants comprised 10 percent of cumulative enrollment; many of these states began to transition individuals in 2012 or later (Figure II.2 and Appendix A, Table A.1).

⁴Both South Dakota and Montana began transitioning individuals during 2014.

Figure II.2. Cumulative MFP transitions by state and year MFP transitions began, January 2008 to December 2014

8



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2008–2014.

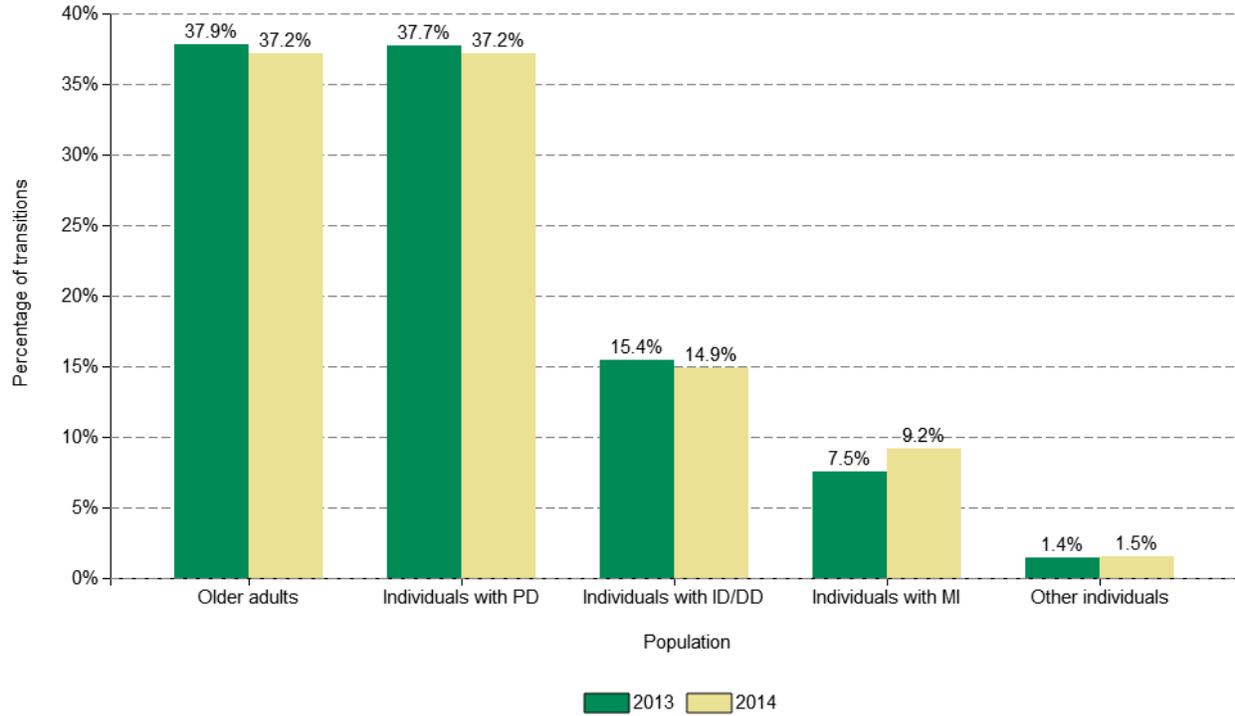
Note: Oregon suspended program operations in 2010 and later rescinded its MFP grant; however, this figure includes the state’s previously reported transitions. N = 45 states.

B. Total transitions during the reporting period

Overall. In 2014, MFP grantee states transitioned 10,658 new participants to the community; this represents a 4 percent increase compared to the number of new participants transitioned in 2013 (10,243) and a 16 percent increase compared to 2012 (9,208). The three states with the largest percentage increases in transitions from 2013 to 2014 (Alabama, Minnesota, and West Virginia) all began transitioning participants in 2013. Among more mature programs, Illinois (85 percent increase compared to 2013) and Massachusetts (80 percent) were the only states to increase transitions more than 60 percent relative to the prior year. Massachusetts credits its improvements in this area to several factors, including increased training for transition staff, the use of a specialist to determine if participants will meet the requirements for HCBS prior to transition, and a newly implemented Minimum Data Set (MDS) 3.0 Section Q referral system. Illinois reported that increases in transitions in 2014 were due in part to the use of a new cloud-based care management system that allowed for improved interagency communication, more efficient follow-up to MFP referrals, and expanded access to case-specific information.

State variation. The number of new transitions varied widely across the 44 states. Three MFP grantees (Ohio, Texas, and Washington) transitioned more than 1,000 people each during 2014 and accounted for 34 percent of new transitions; 21 states transitioned between 100 and 999 participants, comprising the majority (57 percent) of new transitions; and 20 states transitioned fewer than 100 people each, accounting for 9 percent of new participants. As would be expected, newer MFP programs transitioned fewer individuals during the year; of the 12 grantee states that transitioned fewer than 60 people during 2014 (Figure II.3 and Appendix A, Tables A.2 and A.3), all but 5 (District of Columbia, Maine, New Hampshire, Rhode Island, and Vermont) began transitioning participants to the community in 2013 or 2014.

Figure II.4. Distribution of MFP participants transitioned by population subgroup, calendar year 2013 and calendar year 2014



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, July to December 2014.

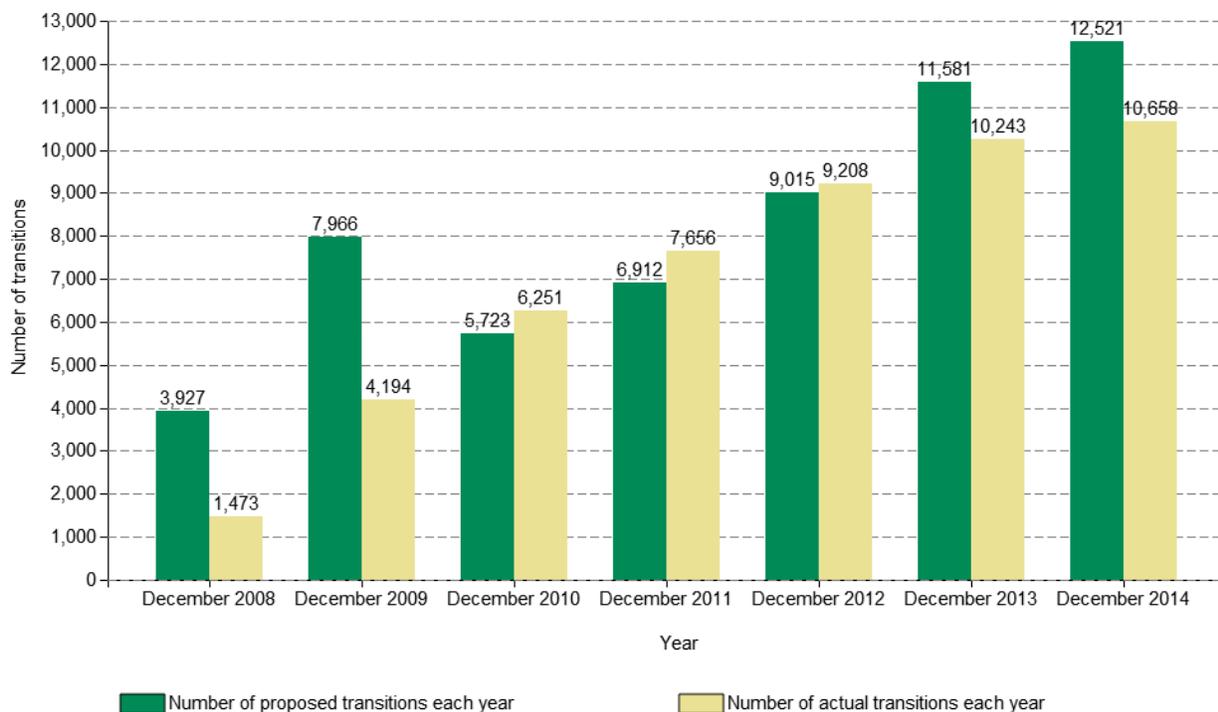
N = 45; ID/DD = intellectual or developmental disabilities; MI = mental illness; PD = physical disabilities.

This page left blank for double-sided copying.

III. ACHIEVEMENT OF 2014 ANNUAL TRANSITION GOALS

Overall. Each grantee is required to establish transition goals for each year of program operation. MFP grantees' progress toward their annual transition goals improved from 2008 to 2012 and then declined in 2013 and 2014. In 2008 and 2009, when state grantees set ambitious transition goals, MFP grantees achieved 31 and 53 percent, respectively, of their overall annual transition goals. In contrast, grantees set more-modest goals from 2010 through 2012 and were able to exceed those goals during that period; they achieved 109 percent of their annual transition goal (6,251 transitions of 5,723 planned) in 2010, 111 percent of their annual goal (7,656 transitions of 6,912 planned) in 2011, and 102 percent of their transition goal (9,208 transitions of 9,015 planned) in 2012. In the last two years, grantee states again set more-ambitious goals and achieved 88 percent of their transition goal in 2013 and 85 percent of their goal in 2014 (Figure III.1).

Figure III.1. Actual versus proposed annual number of MFP transitions, 2008 to 2014



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; 44 states in 2014.

Although MFP grantees fell short of their transition goal in 2014, the total number of individuals they transitioned to community living through MFP in 2014 is the highest since the

inception of the MFP demonstration. The failure to meet transition goals in the last two years may be due in part to an increase in the number of proposed transitions in recent years. Annual transition goals increased by 30 percent between 2011 and 2012 (6,912 to 9,015), by 28 percent from 2012 to 2013 (11,581), and by 8 percent from 2013 to 2014. Several states that began their transition programs in the 2012 to 2014 period set transition goals that were ambitious, mirroring what earlier states did during the initial years of the demonstration (2008 and 2009).

Collectively, the 11 states that started transitions in 2012 (Maine, Mississippi, Nevada, and Vermont), 2013 (Alabama, Colorado, Minnesota, South Carolina, and West Virginia), and 2014 (Montana and South Dakota) achieved 48 percent (466 transitions of 964 planned) of their transition goals in 2014. Based on the experience in other states, fewer than expected transitions occur during the start-up phase when procedures and systems are not fully implemented. In addition, in 2014, 73 percent of all MFP grantees, or 32 states, reported challenges transitioning the projected number of individuals they proposed to transition during 2014.⁶

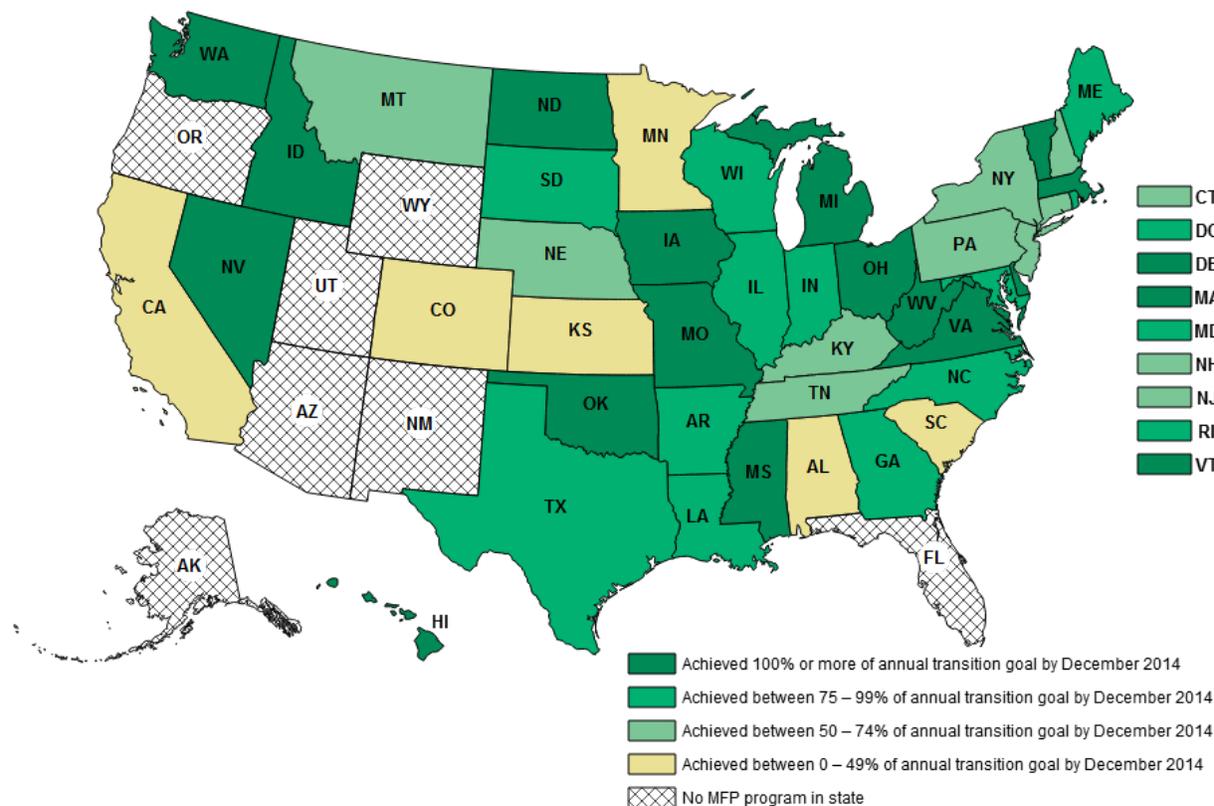
State variation in the achievement of transition goals. MFP grantee states vary in the degree to which they attained their transition goals for 2014 (Figure III.2 and Appendix A, Table A.4). A total of 16 MFP grantee states achieved 100 percent or more of their annual transition goals by the end of December 2014. Of these grantee states, 5 (Hawaii, Iowa, Michigan, North Dakota, and Washington) achieved 125 percent or more of their annual transition goals. Among the remaining 28 grantee states, 13 (Arkansas, District of Columbia, Georgia, Illinois, Indiana, Louisiana, Maine, Maryland, North Carolina, Rhode Island, South Dakota, Texas and Wisconsin) achieved between 75 and 99 percent of their annual transition goals, 9 (Connecticut, Kentucky, Montana, Nebraska, New Hampshire, New York, New Jersey, Pennsylvania, and Tennessee) achieved between 50 and 75 percent of their transition goals, and the remaining 6 achieved less than 50 percent of their goals (Alabama, California, Colorado, Kansas, Minnesota, and South Carolina). The state grantees achieving less than 85 percent of their goals over a two-year period may need to adjust program design or future transition goals so as not to jeopardize their receipt of supplemental MFP grant funds.⁷ Eighteen MFP grantees reported that they intend to change their transition goals in 2014 or subsequent years.⁸

⁶ Challenges cited by MFP grantees included the reduction in the number of referrals received; staff shortages, including transition coordinators and case managers; housing challenges; delays in the closure of one or more intermediate care facilities for people with intellectual disabilities; inadequate HCBS capacity; more acute medical needs among eligible populations; implementation of managed-care programs; and changes in the nursing facility level-of-care standards that have led to an increase in diversions from nursing homes to HCBS.

⁷ According to CMS guidance, when grantees do not reach at least 85 percent of their average annual transition goals over a two-year period (the first year of program operations may be excluded), they are required to submit an Action Plan to CMS describing how the transition goals will be achieved over the next year. A grantee may then receive a full supplemental grant award once the Action Plan is approved.

⁸ Two states (Idaho and Louisiana) intend to increase their transition goals. Five states (Illinois, Rhode Island, Tennessee, Vermont, and Washington) intend to decrease their transition goals. The remaining 11 states did not specify how they would amend their transition goals.

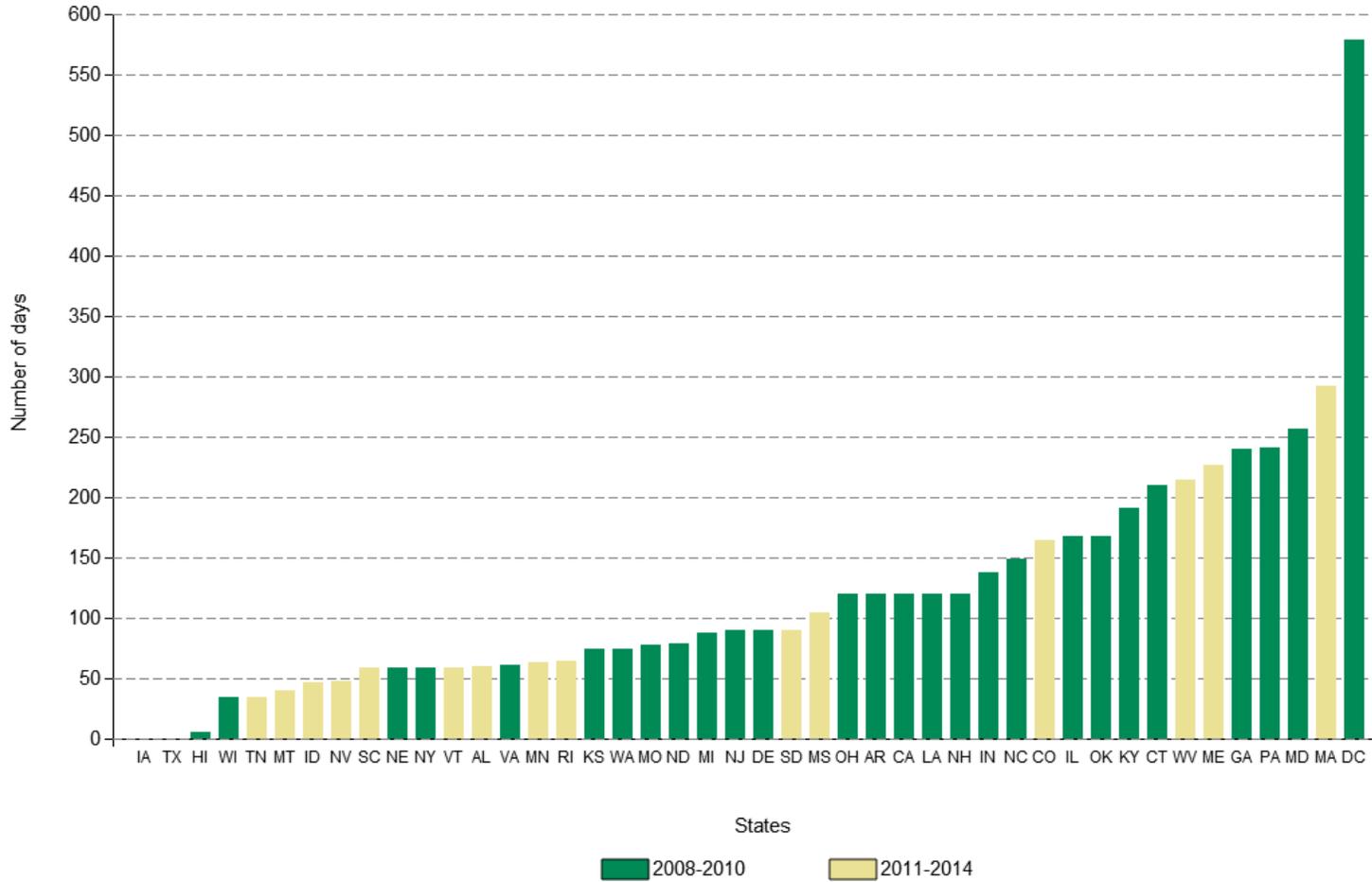
Figure III.2. MFP grantees' achievement of 2014 transition goals, January to December 2014, by state



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

One reason states may not have met their 2014 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 6 days in Hawaii to 579 days, or about 26 months, in the District of Columbia (Figure III.3). The District of Columbia attributes the delays to staff turnover among its transition coordinators. The District also notes that the average length of time from the start of transition planning to actual transition (not including the time between assessment and the beginning of transition planning), was 9 months. During 2014, 11 states (Alabama, Hawaii, Idaho, Montana, Nebraska, Nevada, New York, South Carolina, Tennessee, Vermont, and Wisconsin) reported that the average length of time required from assessment to actual transition was two months or less (0–60 days). Five of the states in this group met or exceeded their transition goals, and of the remaining states, 4 were relatively new to the MFP program. Twenty-two states reported an average length of time of two to six months (61–180 days); and 9 states (Connecticut, District of Columbia, Georgia, Kentucky, Maine, Maryland, Massachusetts, Pennsylvania, and West Virginia) reported more than six months (181 days or more) from the time of assessment to actual transition. Of the 9 states that reported an average of more than six months from assessment to actual transition, 2 states (Massachusetts and West Virginia) achieved their transition goals for 2014.

Figure III.3. Average number of days from time of initial assessment to actual transition, January to December 2014, by state



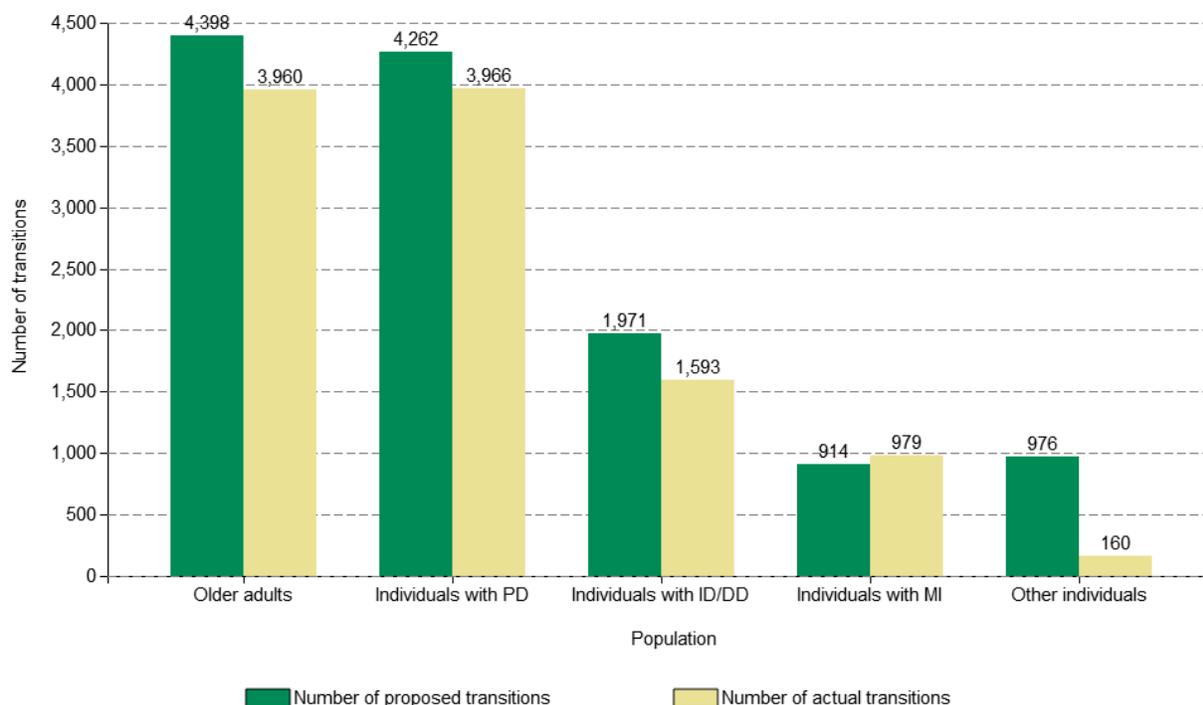
Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2014.

Note: Iowa and Texas did not report the average number of days from the time of assessment to transition. Arkansas, Kansas, Louisiana, Michigan, Mississippi, Oklahoma, South Dakota, Vermont, and Wisconsin did not report the average number of days from the time of assessment to transition for either the first or second period of 2014. In these cases, the graph displays the value from the one period where information was reported. For these states, an average across both periods is not shown. N = 42.

Variation in the achievement of transition goals by targeted population.

With regard to achieving 2014 transition goals by population subgroups, grantee states surpassed their 2014 transition goals for people with mental illness, achieving 107 percent of the aggregate goal for this population. This progress is largely driven by Ohio, which transitioned the majority (57 percent) of individuals with mental illness across all states during the year. During 2014, MFP grantees transitioned 3,966 (of the 4,262 proposed) individuals under 65 with physical disabilities, achieving 93 percent of the 2014 transition goal (Figure III.4). MFP grantees fell short of meeting their 2014 transition goals for the populations of older adults, people with intellectual or developmental disabilities, and people with “other” disabling impairments.

Figure III.4. MFP grantees’ progress toward 2014 transition goals, by population subgroup



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

Note: N = 44.

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

This page left blank for double-sided copying.

IV. QUALIFIED HCBS EXPENDITURE GOALS

Grantee states report their total qualified HCBS⁹ expenditures once 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. HCBS expenditures in 2014 showed continued growth from earlier years, with forty-three states reporting \$70.3 billion in qualified HCBS expenditures (see Figure IV.1). This level of spending represents a 3 percent increase in expenditures from 2013 (\$68 billion), and a 19 percent increase from 2012 (\$59.3 billion). Actual HCBS expenditures for 2014 reported by 43 grantees represents 98 percent of the aggregate expenditure goal for the year. One state (Delaware) did not report expenditures for 2014 and two other states (South Dakota and Maine) reported their expenditure data were incomplete in some way.¹¹ For the past three years, states have fallen short of meeting their aggregate expenditure goals for the year, achieving 99 percent of their goals in 2012 and 2013.¹²

Spending on qualified HCBS for 2014 may be underestimated, as many states experience lags in processing claims and end up modifying spending in progress reports for subsequent years. States reported an additional \$6.4 billion in spending on qualified HCBS for 2013 when they updated their expenditure data during the most recent reporting period. The updated information indicates that HCBS expenditures grew by 15 percent between 2012 and 2013 among MFP states and suggest that when more complete data become available, the growth in 2014 will be greater than the 3 percent reported here. The largest changes came from New York, which reported an additional \$2.3 billion in spending, and Illinois, which reported \$1.9 billion in spending for 2013. Eight other states (Idaho, Kansas, Massachusetts, Maryland, Michigan, New Jersey, Wisconsin, and West Virginia) also updated their spending for 2013.

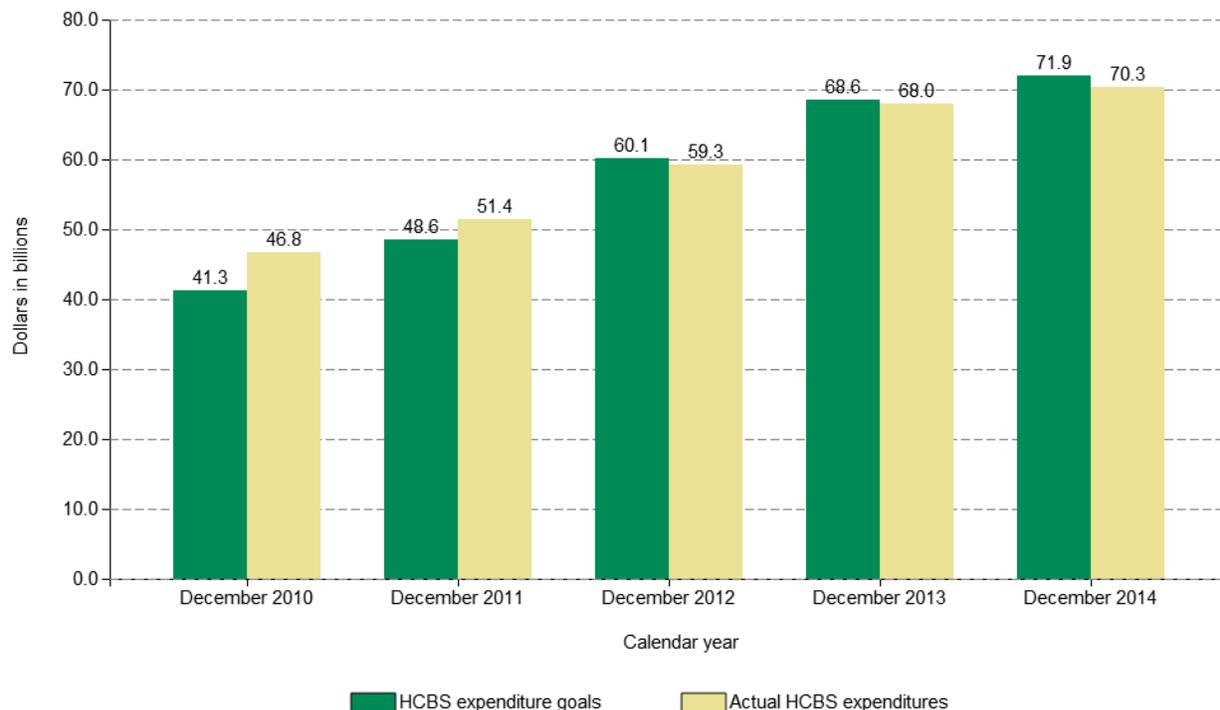
⁹ Qualified HCBS are services that beneficiaries would have received regardless of their status as MFP participants, such as personal assistance services available through a 1915(c) waiver program or the state plan.

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

¹¹ South Dakota's qualified HCBS spending for 2014 does not include MFP expenditures, as the program had not made payments for demonstration services as of December 31, 2014. Maine indicated that it had not yet incorporated spending on qualified HCBS from quarters 1 and 2 into its calculation of 2014 spending and that it will need to update its spending.

¹² Previous year expenditures might not be consistent with counts provided in earlier MFP-related reports, because some states experience lags in their systems when trying to process claims. These states provide updated expenditure reports once their systems are able to process all claims associated with a given year.

Figure IV.1. Projected and actual qualified HCBS expenditures, December 2010 to December 2014



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

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

HCBS = home- and community-based services

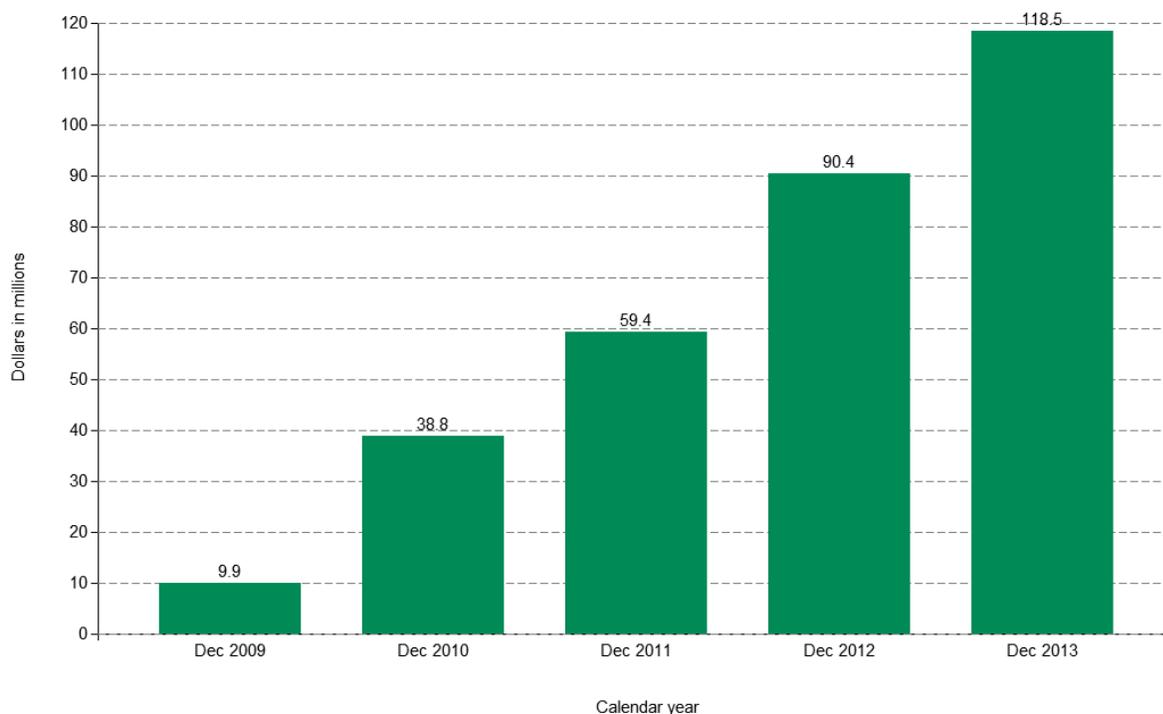
State variation in the achievement of HCBS expenditure goals. Among the 43 states that reported both HCBS expenditure targets and actual spending for 2014, spending as a percentage of 2014 goals ranged from 36 percent (Connecticut) to 158 percent (New Jersey). Twenty-one grantee states met or exceeded their spending goals in 2014. Of these, 11 states (Arkansas, Idaho, Illinois, Iowa, Kansas, Michigan, Missouri, Nevada, New Jersey, Pennsylvania, and Texas) achieved more than 110 percent of their goals. Conversely, of the 22 states that spent below their goals, 6 states (California, Connecticut, District of Columbia, Kentucky, Maine, and New Hampshire) achieved less than 90 percent of their 2014 expenditure targets (see Appendix A, Table A.6). Reasons for lower-than-expected achievement of HCBS expenditure targets included (1) incomplete claims data due to processing lags in state systems and (2) lower-than-expected transition counts resulting in lower expenditures.

V. SPENDING AND USE OF REBALANCING FUNDS

Once a year, MFP grantees report on their cumulative spending and use of rebalancing funds, which represent extra federal funds each state receives from the enhanced Federal Medical Assistance Percentages matching rate on the qualified and demonstration HCBS they provide to MFP participants during their 365 days of MFP eligibility. Grantees are required to reinvest these funds in initiatives that will help rebalance the long-term care system. In 2014, MFP grantees reported their total rebalancing spending and activities through December 2013.

MFP rebalancing fund expenditures have continued to grow steadily since the demonstration was launched (see Figure V.1). Total spending increased to \$118.5 million by the end of 2013, a 31 percent increase from 2012, when 25 MFP grantee states reported spending \$90.4 million. Only 22 grantee states reported some level of spending in 2013. Seven states that had reported on rebalancing initiatives in previous years did not report cumulative spending for 2013 but did detail rebalancing efforts (See Table A.7 in the Appendix). One state (North Carolina) reported rebalancing expenditures for the first time. Among the MFP grantees that reported any rebalancing funds expenditures, state spending through 2013 ranged from a low of \$1,371 in the District of Columbia to a high of about \$28.5 million in Missouri. Some MFP grantees saw significant growth in cumulative spending between 2012 and 2013.

Figure V.1. Cumulative expenditures of state rebalancing funds between December 2009 and December 2013



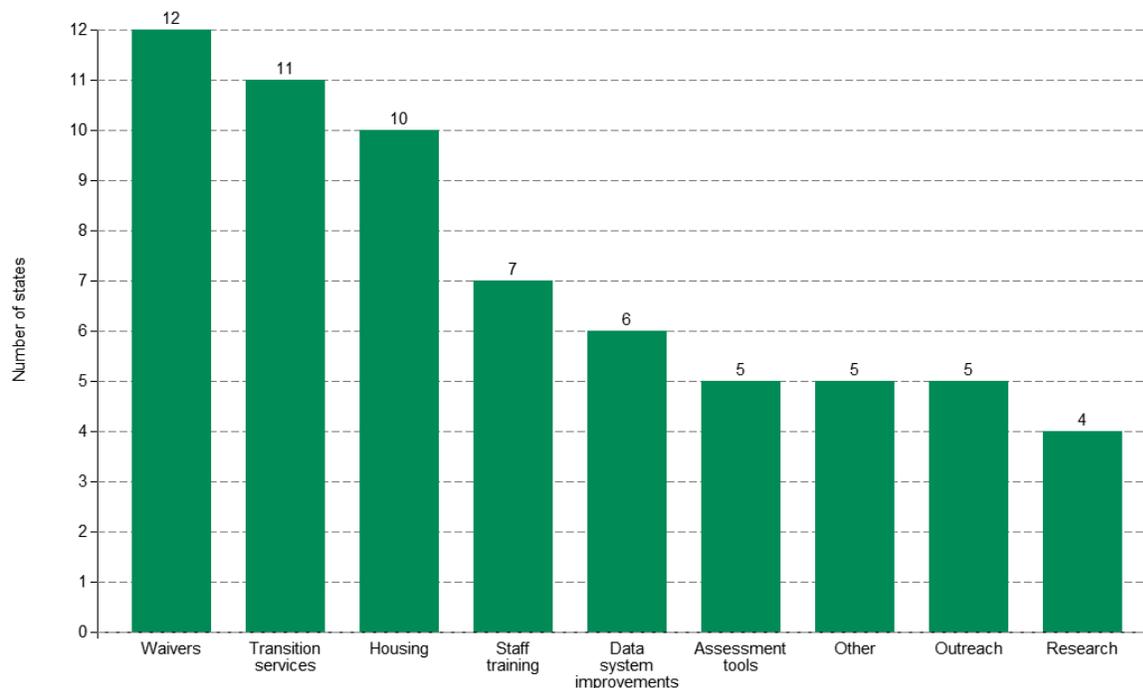
Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2014.

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

Although the number of states reporting the amount of spending on rebalancing efforts has decreased from 25 in 2012 to 22 in 2013, the number of states with established initiatives continues to grow. Seven of the 15 newer MFP grantee states (Alabama, Idaho, Maine, Massachusetts, Mississippi, Montana, and Tennessee) had not yet begun to spend rebalancing funds by the end of 2013 but reported they had established initiatives or were in the planning stages. Four grantees had not started planning initiatives by the end of 2013. South Dakota began transitioning individuals during the second half of 2014 and was not included in this analysis.

MFP grantees are required to invest their rebalancing funds in programs or initiatives that help shift the balance of long-term care toward HCBS. Thirty-five MFP grantees reported a wide range of rebalancing initiatives that were either planned or already under way (see Figure V.2 and Table A.7 in the Appendix). These activities can be broadly classified under the following common themes: (1) expanding or enhancing HCBS waiver programs (12 states); (2) promoting awareness, use, or access to transition services (11 states); (3) improving participants' access to affordable and accessible housing (10 states); (4) training direct care workers and medical professionals (7 states); (5) developing or improving administrative data or tracking systems (6 states); (6) supporting the development or use of tools to assess consumer needs and preferences (5 states); (7) outreach (5 states); and (8) research efforts (4 states). Five states also detailed other types of rebalancing initiatives, such as convening meetings to learn about and strategize best practices to improve transition services and creating incentives for providers supporting employment initiatives.

Figure V.2. Types of rebalancing initiatives in 2013



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

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

N = 35 states.

VI. 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, intermediate care facility for people with intellectual disabilities, or institution for mental diseases, regardless of the length of stay. Common reasons for reinstitutionalization are included in Table VI.1. Because short-term hospital admissions lasting less than 30 days are common among this population and many states disenroll MFP participants from the program when they are readmitted to institutional care for more than 30 days, the analysis focuses on reinstitutionalizations that last more than 30 days¹³ (Walsh et al. 2012).

Table VI.1. Common reasons for reinstitutionalization reported by states between January and December 2014

Reasons for reinstitutionalization	Number of grantees reporting reason	
	January to June 2014	July to December 2014
Deterioration in physical or mental health status	29	28
Events (for example, acute medical events, falls, or accidents) that led to a hospitalization	13	12
Inadequate community or family member support	11	11
Requests by either the family or the participant to return to an institutional setting	6	9
The existence of a complex or chronic condition	3	3

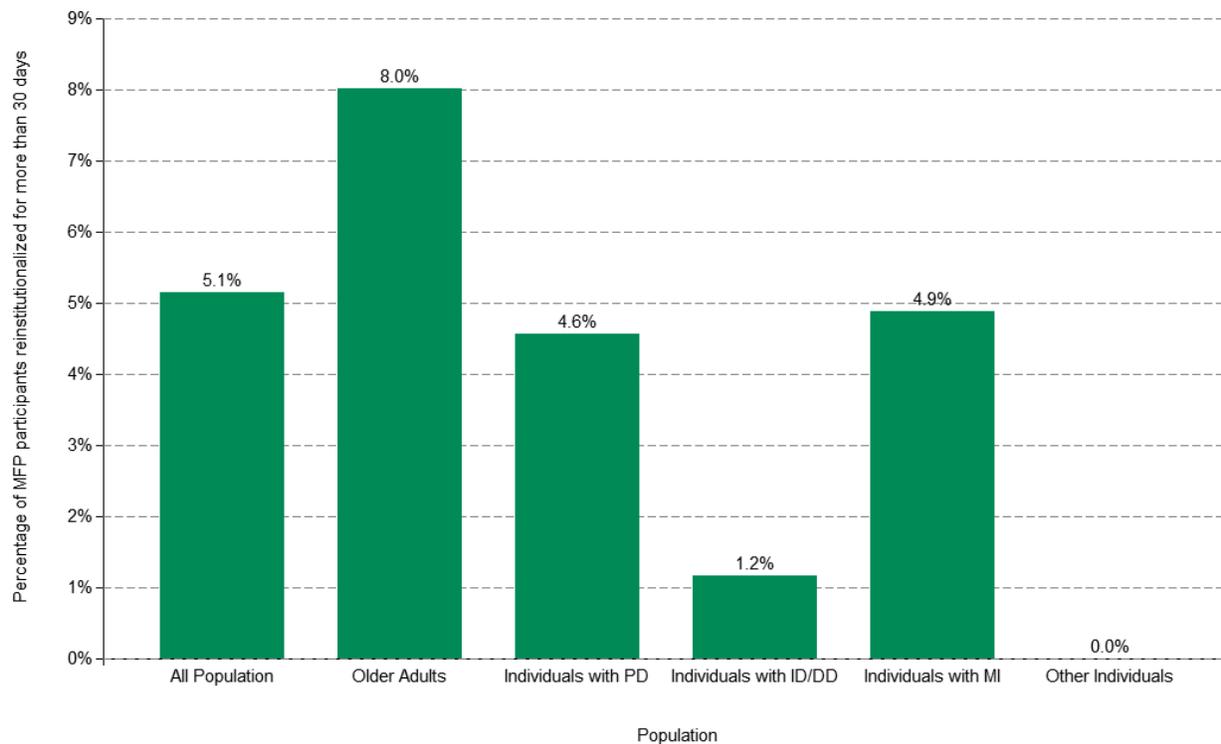
Overall. Approximately 5 percent of MFP participants were reinstitutionalized for more than 30 days during 2014 (Figure VI.1).¹⁴ Overall, older adults and people with physical disabilities make up the majority of reinstitutionalizations of more than 30 days, comprising 55

¹³ *Reinstitutionalized* refers to participants admitted to an inpatient facility, such as a hospital, nursing home, intermediate care facility for people with intellectual disabilities, or institution for mental diseases, for a stay of any length. If an MFP participant is admitted for more than 30 days, CMS guidance issued in June 2011 gives states' discretion to disenroll or suspend an individual from MFP. Former MFP participants who were disenrolled prior to the completion of 365 days in the demonstration may reenroll in MFP without meeting the 90-consecutive-day institutional residency requirement, provided they meet any applicable state requirements for reenrollment.

¹⁴ The percentage of participants reinstitutionalized for more than 30 days is calculated by dividing the total number of participants reinstitutionalized for more than 30 days during each reporting period of 2014 by the total number of current participants as of the end of each reporting period and averaging the results.

and 33 percent of all reinstitutionalizations, respectively. (See Appendix A, Tables A.6 and A.7. Table A.6 includes state-level data for reinstitutionalizations for any length of stay.) Among the five main populations targeted by MFP programs, older adults also had the highest percentage (8.0 percent) of participants reinstitutionalized for more than 30 days in 2014. Individuals with mental illness and individuals with physical disabilities had the next highest percentages (4.9 percent and 4.6 percent, respectively) of participants reinstitutionalized for more than 30 days. These populations were followed by individuals with intellectual disabilities or developmental disabilities (1.2 percent) and “other” individuals (no reinstitutionalizations of more than 30 days).

Figure VI.1. Percentage of participants reinstitutionalized for more than 30 days between January and December 2014, by MFP population subgroup



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

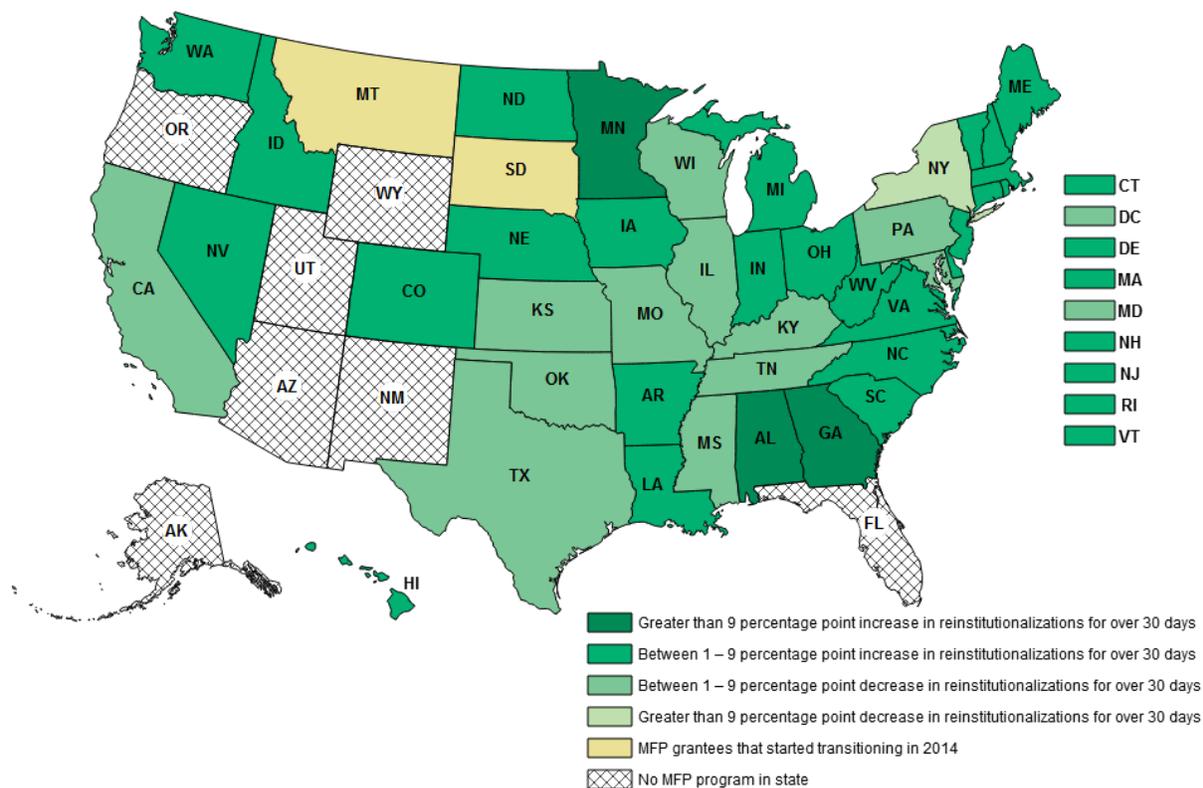
Note: N = 44 states.

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

State variation in reinstitutionalizations. The percentage of participants reinstitutionalized for more than 30 days ranged from 0 to 26 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

points) in reinstitutionalizations longer than 30 days, this change likely reflects how small the program was in 2013 when it was new and not yet mature. New York saw the largest percentage point decrease (10 percentage points) of participants reinstitutionalized from 2013 to 2014; however, the state indicated that this decrease may reflect a change in how providers report reinstitutionalizations for MFP participants.

Figure VI.3. Percentage point change in participants reinstitutionalized for more than 30 days, between the January to December 2013 and January to December 2014 reporting periods, by state



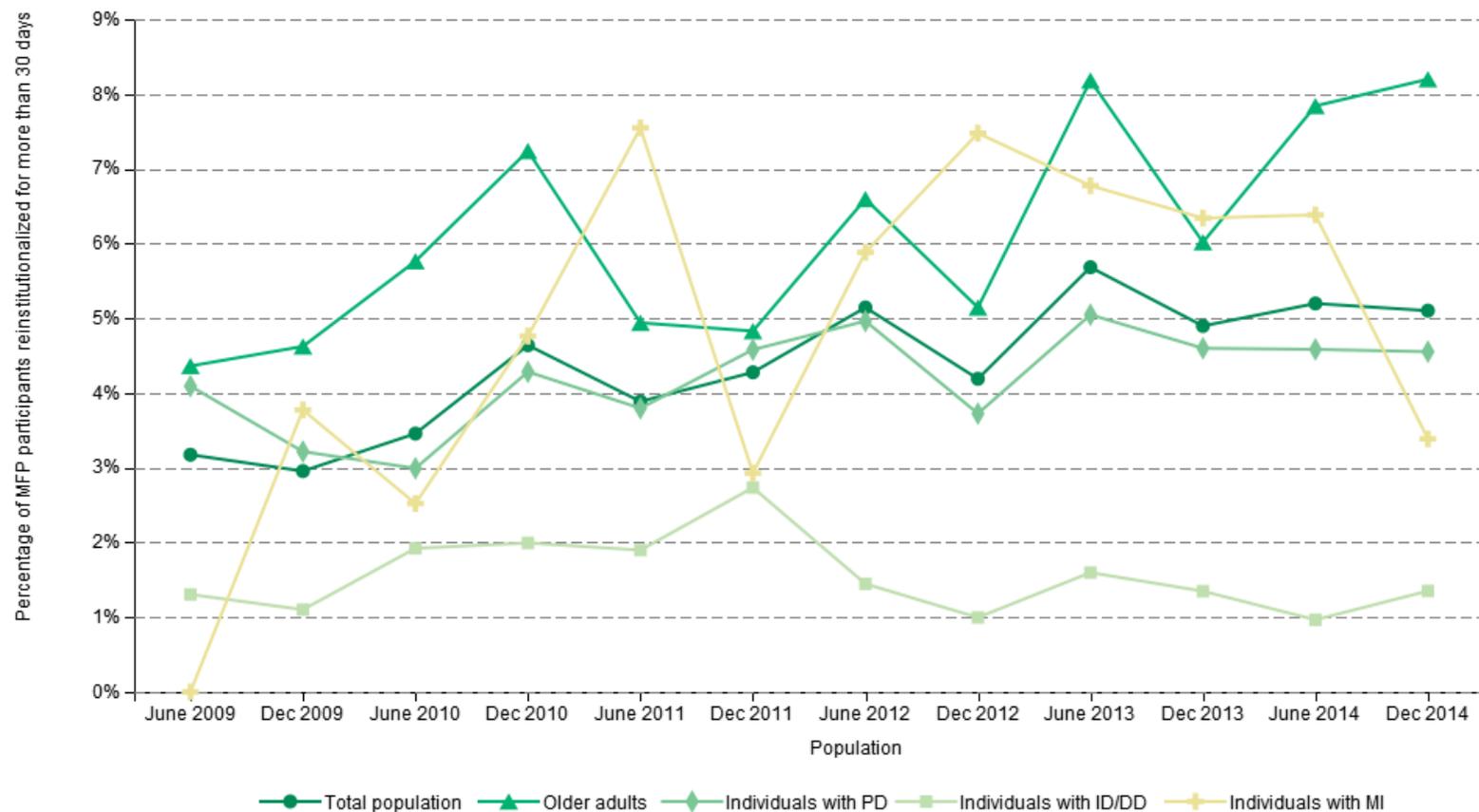
Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2013 and 2014.

Variation in reinstitutionalizations by targeted population. The overall percentage of all participants reinstitutionalized for more than 30 days was close to 5 percent for the third straight reporting period, below the high of 6 percent in June 2013 (Figure VI.4). The reinstitutionalization rates for older adults and individuals with physical disabilities both displayed volatility but increased overall. For example, among older adults the reinstitutionalization rate increased from 6 percent at the end of 2013 to nearly 8 percent by June 2014, and ended 2014 at just over 8 percent. The reinstitutionalization rate has ranged between 3 and 5 percent of participants over time for individuals with physical disabilities and between 1 and 3 percent for participants with intellectual and developmental disabilities. After December 2011, the reinstitutionalization rates for individuals with intellectual and developmental disabilities declined and then remained relatively stable at 1.0 to 1.4 percent. The

reinstitutionalization rate for individuals with mental illness has been particularly volatile, most likely because of the small number of people in this group, but it declined notably in the second period of 2014, dropping from 6 percent to 3 percent. Variations in reinstitutionalization rates over time may be caused by improved data reporting systems, superior data collection procedures, or changes in the makeup of MFP participants, as maturing programs recruit new populations over time.

Older adults and individuals under age 65 with physical disabilities are the two largest groups transitioning through the MFP demonstration. There was considerable state variation in the percentage of participants from these populations reinstitutionalized for more than 30 days during the second half of 2014. Within the older adult population, the percentage of participants reinstitutionalized for more than 30 days ranged from 0 percent in 11 states (Alabama, Arkansas, Colorado, Iowa, Kansas, Maryland, Missouri, Montana, North Dakota, New York, and South Dakota) to 25 percent or greater in 6 states (Georgia, Maine, Minnesota, Oklahoma, Rhode Island, and South Carolina). Similarly, 14 states (District of Columbia, Georgia, Illinois, Iowa, Kentucky, Louisiana, Maryland, Minnesota, Mississippi, Montana, New Hampshire, New York, South Carolina, and South Dakota) reported zero reinstitutionalizations for more than 30 days for individuals with physical disabilities, and 2 states (Rhode Island and Vermont) reported that 29 percent of individuals with physical disabilities were reinstitutionalized for more than 30 days 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 those states (17 and 7, respectively).

Figure VI.4. Percentage of participants reinstitutionalized over 30 days for the total population and subpopulations, June 2009 to December 2014



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2009 to 2014.

Notes: We calculated the percentage of participants reinstitutionalized by dividing the aggregate number of participants reinstitutionalized for more than 30 days reported by MFP grantees by the total number of current participants at the end of each reporting period from 2009 to 2014.

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

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

VII. SELF-DIRECTION

Of the 44 grantee states that were actively transitioning MFP participants during 2014, 40 reported offering participants the option to self-direct their services (Figure VII.1). More than 22 percent of all MFP participants were reported to be self-directing services in 2014, ranging from 0 percent in 8 of the grantee states offering self-direction services to 100 percent in Ohio. All MFP participants in Ohio receive \$2,000 for one-time moving expenses to use as they wish and are considered self-directing. However, this 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.¹⁶

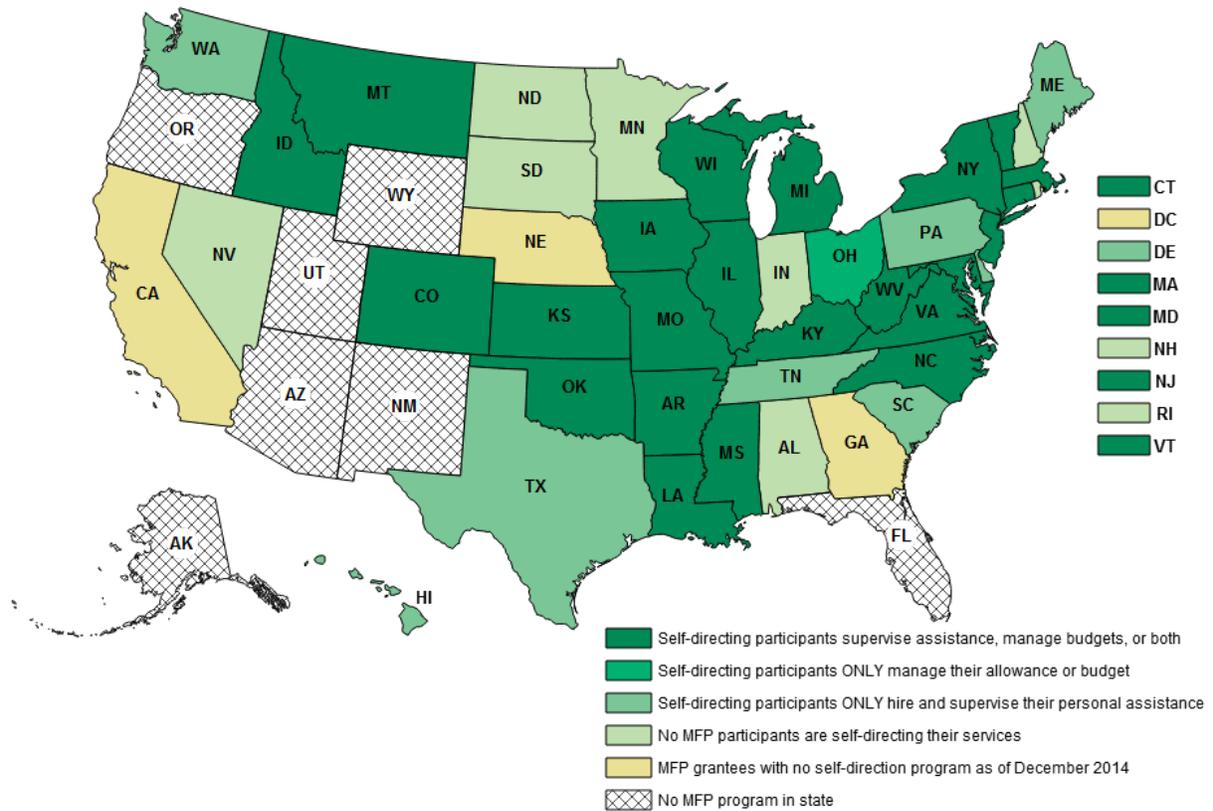
The majority (33 states) of the 40 grantee states offering a self-direction program reported that 25 percent or fewer of their MFP participants are enrolled in the state's program. Four grantee states (Connecticut, Delaware, Kentucky, and Ohio) reported that more than half their participants were self-directing services.

Several grantees reported large changes in the percentage of participants self-directing HCBS between the first and second reporting periods of 2014, which may in part reflect the small number of participants in these particular states. Among the 39 states that offered self-direction programs for all of 2014,¹⁷ 16 states reported increases over the number of participants self-directing in 2013, ranging from less than 1 percentage point (Tennessee, Texas, and Washington) to a 35 percentage point increase (Massachusetts and Delaware). The percentage of participants self-directing HCBS decreased in 15 states during 2014, with decreases ranging from less than 1 percentage point (New Jersey, North Carolina, and Wisconsin) to 11 percentage points in Michigan and 20 percentage points in South Carolina.

¹⁶ Services supporting participant self-direction, as defined in the HCBS taxonomy, are “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.”

¹⁷ South Dakota did not begin transitioning individuals until July 2014, and Montana began transitioning individuals in May 2014.

Figure VII.2. Types of self-direction service options used by MFP participants, January to December 2014, by state



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

This page left blank for double-sided copying.

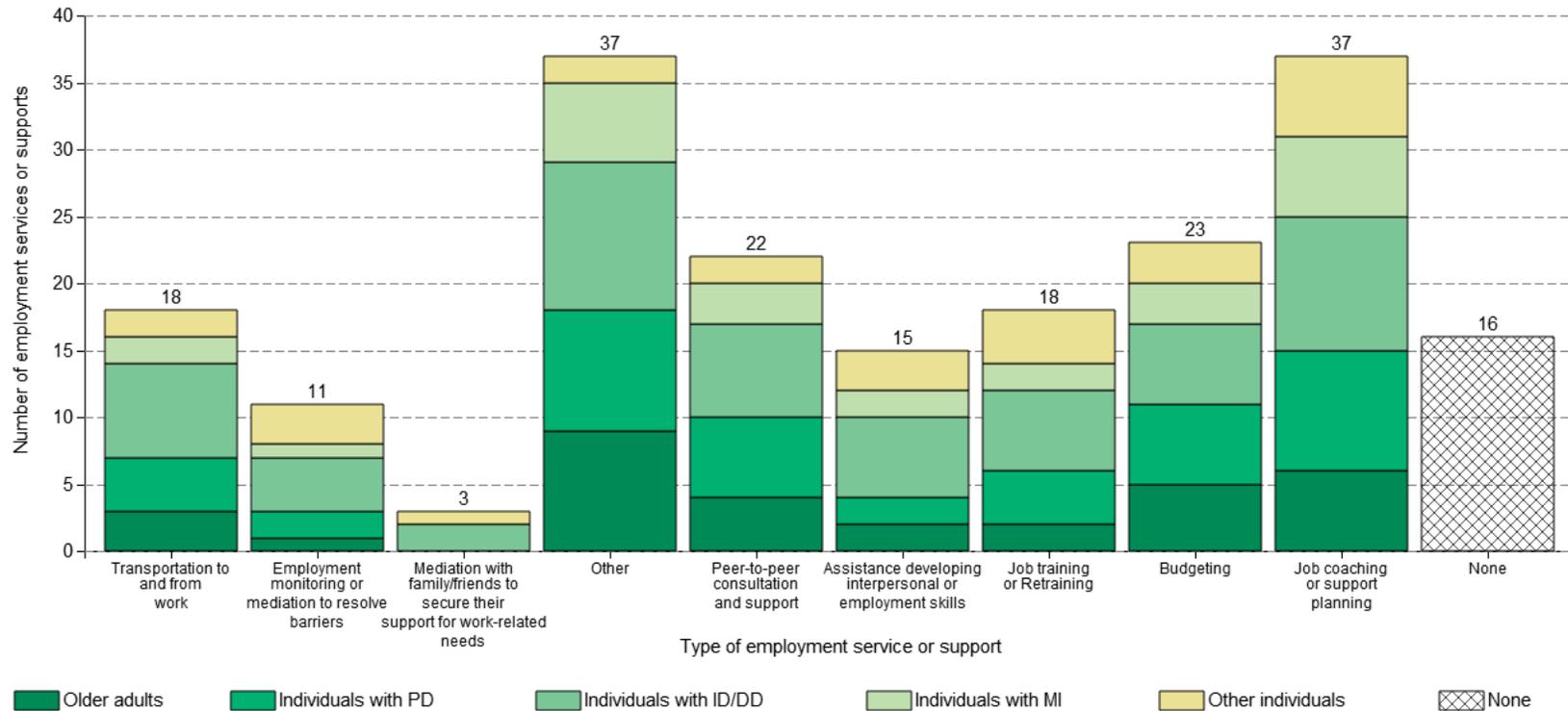
VIII. EMPLOYMENT SUPPORTS AND SERVICES

CMS encourages MFP grantee states to implement initiatives to promote employment for MFP participants because employment can increase individuals' financial independence and well-being and help their successful integration into the community. 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.¹⁸ States report the services and supports they offer by population subgroup, and the same service can be offered to more than one population (Figure VIII.1). The most common services offered by states during the second half of 2014 included job coaching or support planning and "other services" (37 grantees each). "Other services" include vocational rehabilitation, individualized assessments and support, referrals to other departments, and application assistance. Assistance with budgeting was the next most common service (23 states). Twenty-two states reported offering services during the second half of 2014 categorized as peer-to-peer consultation and support. Sixteen states did not offer employment services and supports to participants, a slight decrease from 18 states during the second half of 2013.

¹⁸ 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, state agencies serving individuals with intellectual disabilities, and one-stop career centers, which are supported by the Workforce Investment Act.

Figure VIII.1. Employment services and supports offered by states to MFP participants, by population subgroup and type of support, July to December 2014



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, July to December 2014.

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

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

N = 44 states.

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

MFP grantee states funded a variety of activities to support the employment goals of MFP participants. Seven states produced training resources or delivered employment trainings to MFP staff, transition coordinators, or waiver staff. Four states (Maine, Minnesota, Mississippi, and New Jersey) funded these activities through administrative funding, 1 state (Iowa) funded them as a demonstration service and through administrative funding, and 2 states (Michigan and Missouri) used “other” funding sources. Four states incorporated information about disability- and employment-related agencies and services into outreach materials. Two states (Minnesota and New Jersey) supported these activities through federal administrative funds, whereas the other 2 states (Indiana and Missouri) used “other” funds. Two states hired employment specialists, one funded as an MFP demonstration service (Connecticut) and one funded through administrative funding (New Jersey). Iowa (using administrative funding and as a demonstration service) and Illinois (using “other” funding) also financed services or supports to help address barriers to employment. Grantee states also reported other types of activities, such as a customized employment pilot (in Texas paid with administrative funding), predicting employment potential by reviewing participant age and disability levels (in Hawaii using “other” funding), having ongoing conversations with other employment units (Wisconsin, with “other” funding), and leveraging Medicaid Infrastructure Grant program resources or funds to support participants’ employment (Idaho, with “other” funding). During the second half of 2014, 30 states reported no activities or progress in using MFP resources to support the employment goals of MFP participants.

Finally, grantee states reported progress toward establishing collaborative relationships with state employment agencies, such as state departments of labor, vocational rehabilitation, workforce development, or commissions for the blind. States also participated in multiagency working groups that address employment for individuals with disabilities (12 states), participated in cross-agency awareness trainings (9), and shared enrollment information to determine eligibility for services (4). During the second period of 2014, 24 states reported no progress in establishing collaborative relationships with state employment agencies, which is a slight increase from 22 states during the last half of 2013.

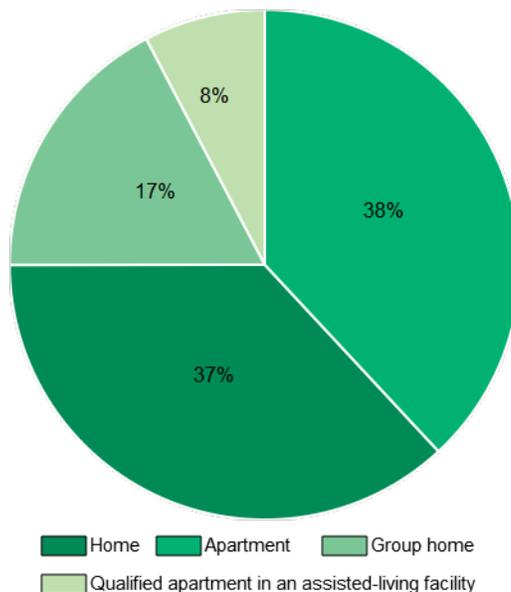
This page left blank for double-sided copying.

IX. HOUSING FOR MFP PARTICIPANTS

This section presents the types of qualified residences to which new MFP participants transitioned during 2014 and breaks down housing types by population subgroup. It also explores the challenges that states reported encountering when securing housing for MFP participants and the strategies being used to overcome these challenges.

Of the 10,658 MFP participants who transitioned to the community during 2014, 37 percent (3,934 individuals) moved to a home and 38 percent (4,058 individuals) moved to an apartment (Figure IX.1 and Appendix A, Tables A.14 and A.15). About 17 percent (1,847 individuals) of newly transitioned participants moved to group home settings with four or fewer residents, and about 8 percent (819 individuals) transitioned to a qualified assisted-living facility.¹⁹ These distributions are very similar to what state grantees had reported previously.

Figure IX.1. Percentage of new MFP participants who transitioned to each type of qualified residence, January 1 to December 31, 2014



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, January to June and July to December 2014.

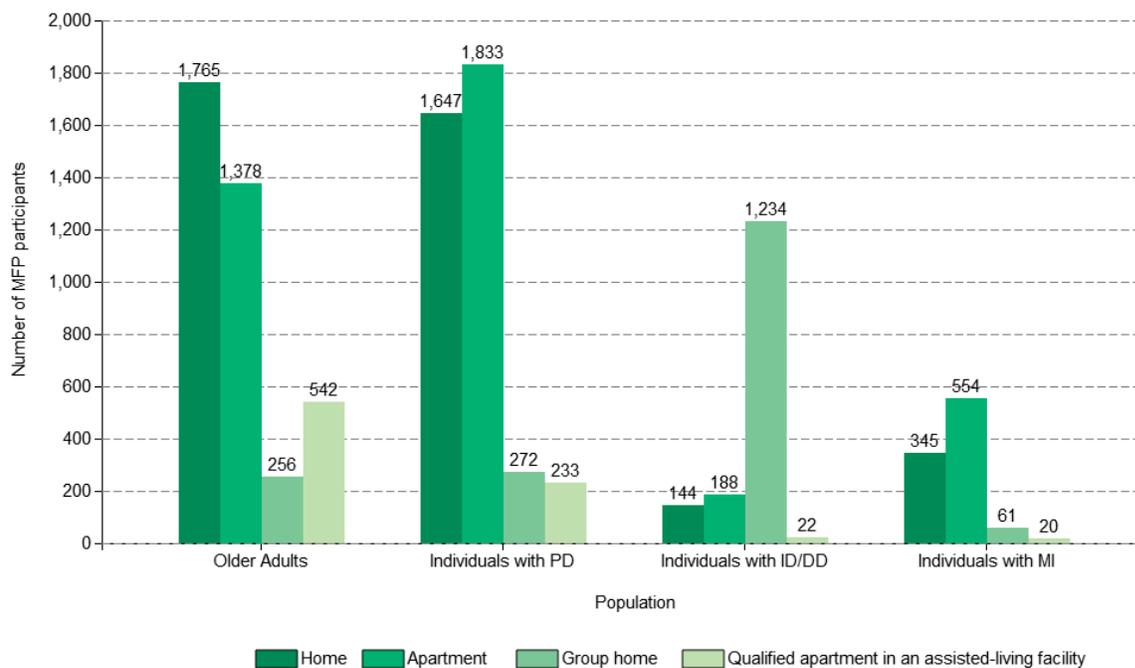
Notes: Percentages are based on data reported for both reporting periods in 2014 and the data reported by states in each reporting period was summed.

N = 44 states.

¹⁹ 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 did not match 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.

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 IX.2). Most older adults and individuals with physical disabilities transitioned to a home or an apartment during the year; a slightly higher proportion of older adults moved into a home, and a higher proportion of individuals with physical disabilities moved into an apartment. Most individuals with intellectual disabilities transitioned to a qualified group home, and the majority of individuals with mental illness moved to an apartment. Except for older adults, apartments in qualified assisted-living facilities was the least common type of housing among the subgroups.

Figure IX.2. Type of qualified residence by new MFP participants, by population subgroup, January 1 to December 31, 2014



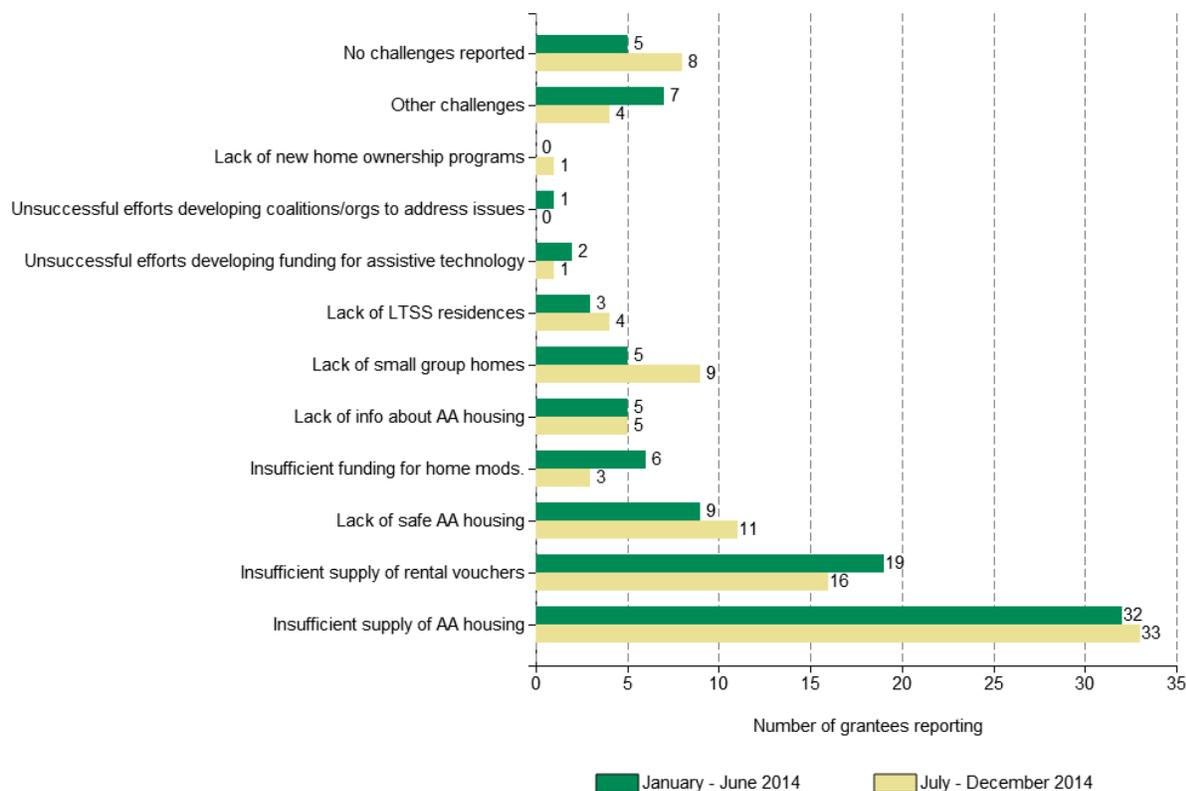
Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, January to June and July to December 2014

Note: N = 44 states.

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

Forty-one out of 44 states that transitioned individuals during 2014 reported encountering at least one challenge securing housing for MFP participants during the year. By far, the two most common challenges facing states during both 2014 reporting periods were an insufficient supply of affordable accessible housing (32 states January to June 2014; 33 states July to December 2014) and an insufficient supply of rental vouchers (19 states January to June 2014; 16 states July to December 2014). States have consistently faced these two challenges since the beginning of the MFP program (Figure IX.3, Appendix A, Table A.11). The third most commonly reported challenge during both of the reporting periods in 2014 was a lack of affordable accessible housing that is safe (9 states January to June 2014; 11 states July to December 2014).

Figure IX.3. MFP grantees' reported challenges securing housing for participants, by type of challenge, January to June 2014 and July to December 2014



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, January to June and July to December 2014.

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

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

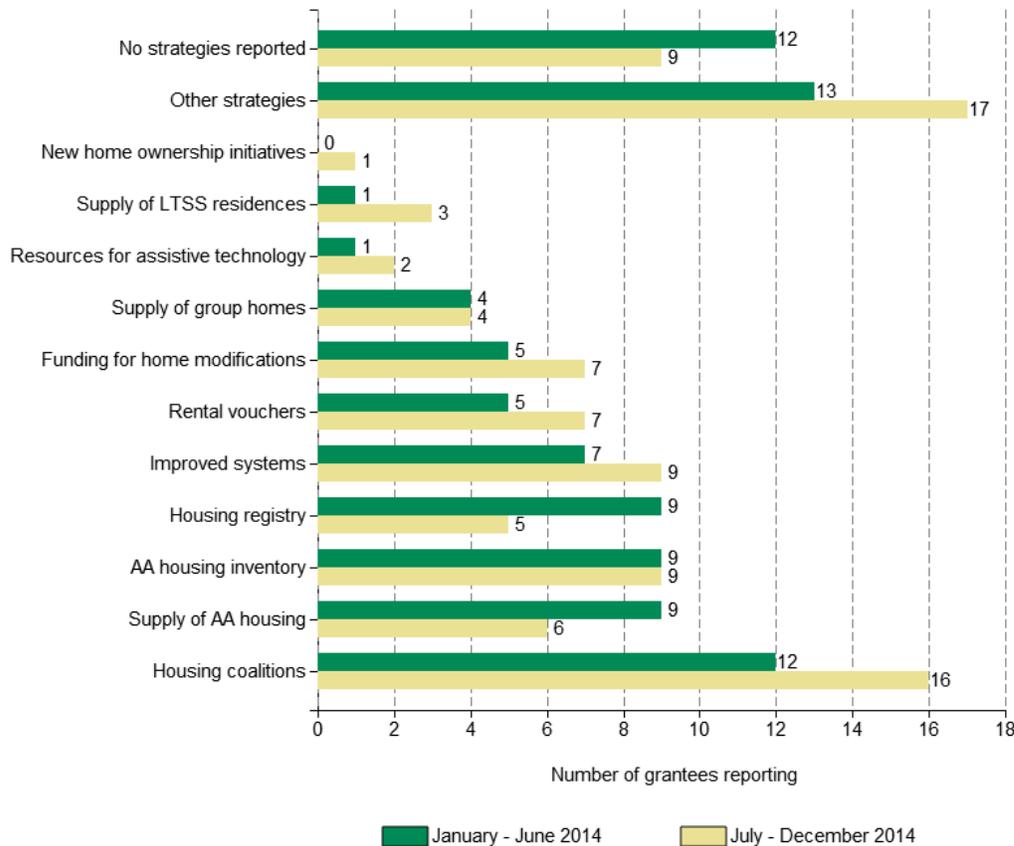
N = 43 states in January to June 2014 and 44 states in July to December 2014.

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

Thirty-eight of the 44 states that transitioned individuals during 2014 reported implementing at least one housing strategy aimed at addressing housing challenges and improving housing options for MFP participants during the year (Figure IX.4). The most frequently reported strategy for both 2014 reporting periods was the development of state or local coalitions of housing and human service organizations to create housing initiatives (12 states January to June 2014; 16 states July to December 2014). This was also the most common strategy in previous reporting periods. During 2014, many states also reported other strategies for addressing housing

challenges, including applying for HUD Section 811 grants, developing partnerships with other agencies or landlords/developers to discuss the needs of the MFP population, improving the process for approving rent checks, increasing MFP participation in rent subsidy programs, developing worksheets to determine housing needs for individuals in independent living and making these adjustments, increasing housing staff, training, holding housing conferences, and conducting education and outreach activities.

Figure IX.4. MFP grantees’ efforts to improve housing for participants, by type of strategy, January 1 to December 31, 2014



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, January to June and July to December 2014.

Notes: Grantee states may report more than one type of effort to improve housing. Other housing related achievements included applying for HUD 811 grants; developing partnerships with other agencies or landlords/developers to discuss the needs of the MFP population, improving the process for approving rent checks, increasing MFP participation in rent subsidy programs, developing worksheet to determine housing needs for individuals in independent living and making these adjustments, increase housing staff, training, holding housing conferences, and conducting education and outreach activities.

N = 43 states in January to June 2014 and 44 states in July to December 2014.

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

XI. CONCLUSIONS

Calendar year 2014 marked the seventh year of the MFP demonstration, which continues to grow in many respects. Two states (Montana and South Dakota) began actively transitioning participants during the year, bringing the total number of grantees to an all-time high of 44 states. These states helped more than 10,600 individuals move into community residences from institutional settings, representing a 4 percent increase in the annual number of transitions over 2013. By the end of 2014, MFP transitioned a cumulative total of 51,823 individuals into the community, 27 percent more than the total as of the end of 2013. Although this growth is due in part to the newest grantee states, much of it can be attributed to more mature programs, such as Illinois and Massachusetts that substantially increased their number of transitions in calendar year 2014.

Grantees notably increased expenditures on qualified HCBS in 2014, achieving 98 percent of the goal they set for the year (compared to 91 percent in 2013). Because some states are unable to fully report HCBS expenditures by the time of publication due to lags in billing and claim information, grantees may in fact have achieved their aggregate goal for the first time since 2012. State spending on rebalancing funds also grew in 2013, with total spending increasing by more than \$28 million from 2012. Additionally, many of the new MFP grantee states, which had not yet begun to spend rebalancing funds by the end of 2013, reported that they had established initiatives or were in the process of planning initiatives.

In general, the indicators reported by grantee states support the conclusion that most transitions are successful. Among all MFP participants, only 5 percent experienced a reinstitutionalization lasting more than 30 days during calendar year 2014. Nevertheless, states reported several challenges, including insufficient rental vouchers and affordable and accessible housing, that impede program growth. Furthermore, the data in this chartbook suggest that few participants use some services and supports, such as employment services and the option to self-direct services. These findings suggest that MFP programs can do more to help participants fully integrate into their communities.

In the coming year, we expect to see the MFP demonstration continue to grow. Our findings show that as MFP programs mature, they continue to increase their number of annual transitions, and the seven programs that began transitions in 2013 and 2014 are likely to substantially increase the number of participants they transition in 2015. In addition, 5 states (Minnesota, North Dakota, Oklahoma, Washington, and Wisconsin) launched Tribal Initiatives in 2014 to help tribal groups in their states establish transition programs for their communities. One state (Minnesota) has already transitioned a participant through a Tribal Initiative, and we expect this number to grow over the course of the year.

This page left blank for double-sided copying.

XII. TECHNICAL NOTES

A. Source data

All data presented in this report were derived from each MFP grantee's web-based semiannual progress report for the periods January to June 2014 and July to December 2014. Data were self-reported by MFP grantees in August 2014 and February 2015 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 experience implementing transition programs for populations with disabling impairments. MFP programs are also at various stages of maturation, a result of differences in the year in which states received MFP grant awards and began transitioning participants to the community. For these reasons, variations across MFP grantee states' progress toward the key performance indicators may be explained by multiple factors.

B. Annualizing data

Grantee states report the number of current participants enrolled in MFP program at the end of each reporting period (June 30 and December 31) of each year. Throughout this report, when calculating an annual percentage of enrolled participants in a given state, we divided the numerator of interest by the number of current participants at the end of each reporting period and averaged the numbers. For example, to calculate the percentage of participants reinstitutionalized among all states in 2014, we divided the sum of all participants reinstitutionalized in the first reporting period by the total number of current participants as of the end of the first reporting period. We then performed the same calculation for the second reporting period and averaged the results to calculate the annual reinstitutionalization rate.

C. Data limitations

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

This page left blank for double-sided copying.

REFERENCES

- 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. Available 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.)
- 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. 821–82

This page left blank for double-sided copying.

APPENDIX A

DATA TABLES

This page left blank for double-sided copying.

Table A.1. Cumulative number of MFP grant transitions, start of program through December 31, 2014

State	Cumulative total	Older adults	People with physical disabilities	People with intellectual or developmental disabilities	People with mental illness	Other
Alabama	37	1	36	0	0	0
Arkansas	641	107	186	347	1	0
California	2,033	490	796	629	30	88
Colorado	68	6	23	21	12	6
Connecticut	2,427	1,164	926	117	220	0
Delaware	232	93	109	24	6	0
District of Columbia	177	41	31	105	0	0
Georgia	2,033	546	735	607	124	21
Hawaii	361	199	150	12	0	0
Idaho	237	68	116	38	15	0
Illinois	1,703	408	547	225	523	0
Indiana	1,366	817	454	3	92	0
Iowa	353	0	0	336	0	17
Kansas	1,317	300	738	226	0	53
Kentucky	606	156	176	203	8	63
Louisiana	1,085	424	447	214	0	0
Maine	40	10	19	0	0	11
Maryland	2,153	1,027	831	239	0	56
Massachusetts	980	590	300	37	53	0
Michigan	2,204	1,175	1,029	0	0	0
Minnesota	34	4	9	2	14	5
Mississippi	251	32	63	156	0	0
Missouri	1,013	235	461	284	0	33
Montana ^a	15	2	3	6	1	3
Nebraska	389	161	133	73	0	22

Table A.1 (continued)

State	Cumulative total	Older adults	People with physical disabilities	People with intellectual or developmental disabilities	People with mental illness	Other
Nevada	144	44	87	13	0	0
New Hampshire	247	98	90	14	3	42
New Jersey	1,357	456	297	604	0	0
New York	1,573	424	473	216	0	460
North Carolina	495	164	151	180	0	0
North Dakota	237	58	88	88	0	3
Ohio	5,803	1,101	2,200	580	1,922	0
Oklahoma	674	122	250	302	0	0
Oregon ^b	306	105	144	50	0	7
Pennsylvania	1,877	1,221	503	148	0	5
Rhode Island	161	108	53	0	0	0
South Carolina	40	22	18	0	0	0
South Dakota ^a	10	2	4	4	0	0
Tennessee	1,078	553	473	52	0	0
Texas	9,289	3,494	3,551	2,244	0	0
Vermont ^c	153	111	42	0	0	0
Virginia	826	140	151	535	0	0
Washington	4,605	2,254	2,084	205	62	0
West Virginia	90	34	56	0	0	0
Wisconsin	956	362	406	187	1	0
TOTAL	51,676	18,929	19,439	9,326	3,087	895

Source: State MFP Grantee Semiannual Progress Reports, 2014.

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

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

^c Vermont identified inaccuracies in the data submitted in its most recent semiannual reports and expects to provide updated data after the publication of this report. Corrected data will be incorporated into future reports.

Table A.2. Number of institutional residents who transitioned under MFP during the reporting period from January 1 to June 30, 2014

State	Total number	Older adults	People with physical disabilities	People with intellectual or developmental disabilities	People with mental illness	Other
Alabama	9	0	9	0	0	0
Arkansas	67	16	21	30	0	0
California	210	76	100	32	2	0
Colorado	17	3	4	8	1	1
Connecticut	221	115	70	14	22	0
Delaware	27	11	16	0	0	0
District of Columbia	6	3	2	1	0	0
Georgia	164	41	78	2	43	0
Hawaii	45	31	14	0	0	0
Idaho	43	12	24	6	1	0
Illinois	288	62	112	31	83	0
Indiana	131	66	41	0	24	0
Iowa	38	0	0	33	0	5
Kansas	89	22	56	8	0	3
Kentucky	52	5	27	13	2	5
Louisiana	127	68	46	13	0	0
Maine	10	2	3	0	0	5
Maryland	116	43	47	20	0	6
Massachusetts	229	133	81	0	15	0
Michigan	153	88	65	0	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
Minnesota	8	0	4	0	4	0
Mississippi	46	8	11	27	0	0
Missouri	66	16	39	9	0	2
Montana ^a	2	0	0	2	0	0
Nebraska	32	17	12	2	0	1
Nevada	35	11	23	1	0	0
New Hampshire	16	11	5	0	0	0
New Jersey	184	39	23	122	0	0
New York	172	34	35	57	0	46
North Carolina	52	13	25	14	0	0
North Dakota	27	9	9	9	0	0
Ohio	619	121	214	32	252	0
Oklahoma	67	5	9	53	0	0
Pennsylvania	137	94	39	4	0	0
Rhode Island	21	13	8	0	0	0
South Carolina	10	4	6	0	0	0
South Dakota ^a	0	0	0	0	0	0
Tennessee	102	53	42	7	0	0
Texas	627	239	252	136	0	0
Vermont ^b	30	19	11	0	0	0
Virginia	75	4	15	56	0	0
Washington	575	334	210	25	6	0
West Virginia	22	11	11	0	0	0
Wisconsin	126	59	44	23	0	0
TOTAL	5,093	1,911	1,863	790	455	74

Table A.2 (continued)

Source: State MFP Grantee Semiannual Progress Reports for January 1 to June 30, 2014.

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

^b Vermont identified inaccuracies in the data submitted in its most recent semiannual reports and expects to provide updated data after the publication of this report. Corrected data will be incorporated into future reports.

Table A.3. Number of institutional residents who transitioned under MFP during the reporting period from July 1 to December 31, 2014

State	Total number	Older adults	People with physical disabilities	People with intellectual or developmental disabilities	People with mental illness	Other
Alabama	20	0	20	0	0	0
Arkansas	72	12	25	35	0	0
California	107	43	53	9	2	0
Colorado	18	1	5	6	5	1
Connecticut	344	173	123	35	13	0
Delaware	34	15	17	1	1	0
District of Columbia	21	17	2	2	0	0
Georgia	137	36	66	2	28	5
Hawaii	39	21	17	1	0	0
Idaho	49	11	32	5	1	0
Illinois	316	53	79	83	101	0
Indiana	180	98	32	3	47	0
Iowa	42	0	0	30	0	12
Kansas	129	30	84	10	0	5
Kentucky	45	15	20	9	0	1
Louisiana	162	80	70	12	0	0
Maine	14	4	8	0	0	2
Maryland	138	59	69	7	0	3
Massachusetts	231	106	111	3	11	0
Michigan	219	112	107	0	0	0

Table A.3 (continued)

State	Total number	Older adults	People with physical disabilities	People with intellectual or developmental disabilities	People with mental illness	Other
Minnesota	19	3	4	1	7	4
Mississippi	58	7	13	38	0	0
Missouri	117	37	69	11	0	0
Montana ^a	13	2	3	4	1	3
Nebraska	28	17	7	1	0	3
Nevada	50	16	25	9	0	0
New Hampshire	19	9	8	1	0	1
New Jersey	113	18	19	76	0	0
New York	169	31	34	65	0	39
North Carolina	64	22	19	23	0	0
North Dakota	33	8	18	5	0	2
Ohio	680	129	206	42	303	0
Oklahoma	69	9	19	41	0	0
Pennsylvania	158	85	64	4	0	5
Rhode Island	24	15	9	0	0	0
South Carolina	13	7	6	0	0	0
South Dakota ^a	10	2	4	4	0	0
Tennessee	175	92	78	5	0	0
Texas	539	235	226	78	0	0
Vermont ^b	25	21	4	0	0	0
Virginia	104	18	24	62	0	0
Washington	558	308	221	25	4	0
West Virginia	37	13	24	0	0	0
Wisconsin	173	59	59	55	0	0
TOTAL	5,565	2,049	2,103	803	524	86

Table A.3 (continued)

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

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

^b Vermont identified inaccuracies in the data submitted in its most recent semiannual reports and expects to provide updated data after the publication of this report. Corrected data will be incorporated into future reports.

Table A.4. Current MFP participation, June 30, 2013 through December 31, 2014

State	As of December 2014	As of June 2014	As of December 2013	As of June 2013
Alabama ^c	21	0	8	n.a.
Arkansas	122	123	141	143
California	278	362	390	357
Colorado ^d	68	35	23	3
Connecticut	513	437	576	579
Delaware	39	52	70	47
District of Columbia	26	13	16	25
Georgia	290	358	315	266
Hawaii	79	85	66	55
Idaho	170	68	69	90
Illinois	599	423	295	278
Indiana	454	411	352	528
Iowa	76	75	42	43
Kansas	201	190	183	172
Kentucky	75	91	86	76
Louisiana	338	355	377	243
Maine	21	18	13	3
Maryland	210	272	326	289
Massachusetts	324	231	165	155
Michigan	267	168	281	322
Minnesota ^d	27	12	6	1
Mississippi	95	43	37	44
Missouri	169	127	150	148
Montana ^b	12	2	n.a.	n.a.
Nebraska	52	87	69	75
Nevada	73	58	47	21
New Hampshire	33	35	46	46
New Jersey	277	362	395	350
New York	321	364	334	275
North Carolina	114	102	146	153
North Dakota	51	56	51	40
Ohio	1,151	1,124	1,058	1,106
Oklahoma	127	176	144	83
Pennsylvania	272	275	302	309
Rhode Island	36	42	51	28

Table A.4 (continued)

State	As of December 2014	As of June 2014	As of December 2013	As of June 2013
South Carolina ^d	17	16	13	4
South Dakota ^a	13	n.a.	n.a.	n.a.
Tennessee	258	303	338	371
Texas	1,108	1,184	1,187	1,233
Vermont ^e	40	45	17	36
Virginia	163	164	182	144
Washington	884	866	747	1,095
West Virginia ^d	51	44	29	6
Wisconsin	246	212	250	174
TOTAL	9,761	9,466	9,393	9,416

Source: State MFP Grantee Semiannual Progress Reports for January 1 to June 30, 2013; July 1 to December 31, 2013; January 1 to June 30, 2014; and July 1 to December 31, 2014.

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

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

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

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

^e Vermont identified inaccuracies in the data submitted in its most recent semiannual reports and expects to provide updated data after the publication of this report. Corrected data will be incorporated into future reports.

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

Table A.5. MFP states' progress toward yearly transition goals, 2014 and 2013

State	January to December 2014 MFP transition activity			January to December 2013 MFP transition activity		
	Percentage of 2014 transition target achieved as of December 2014	Total 2014 transition goals	Total number of transitions in 2014	Percentage of 2013 transition goal achieved as of December 2013	Total 2013 transition goals	Total number of transitions in 2013
Washington	203.0	558	1133	146.3	557	815
Iowa	142.9	56	80	91.1	56	51
Michigan	128.3	290	372	89.3	375	335
North Dakota	127.7	47	60	110.6	47	52
Hawaii	127.3	66	84	104.5	66	69
Massachusetts	123.3	373	460	56.5	451	255
Delaware	122.0	50	61	224.0	25	56
Nevada	121.4	70	85	154.3	35	54
Idaho	115.0	80	92	113.8	65	74
Virginia	114.7	156	179	129.9	144	187
Mississippi	109.5	95	104	80.0	110	88
West Virginia ^a	107.3	55	59	96.9	32	31
Missouri	106.4	172	183	114.7	143	164
Vermont ^b	105.8	52	55	74.3	70	52
Ohio	105.1	1236	1299	116.1	1,077	1250
Oklahoma	100.0	136	136	69.9	246	172
Wisconsin	99.7	300	299	116.7	215	251
Texas	97.2	1200	1166	100.5	1359	1366
Louisiana	95.7	302	289	114.5	274	315
Arkansas	92.7	150	139	130.8	117	153

Table A.5 (continued)

State	January to December 2014 MFP transition activity			January to December 2013 MFP transition activity		
	Percentage of 2014 transition target achieved as of December 2014	Total 2014 transition goals	Total number of transitions in 2014	Percentage of 2013 transition goal achieved as of December 2013	Total 2013 transition goals	Total number of transitions in 2013
South Dakota ^c	90.9	11	10	n.a.	n.a.	n.a.
Maine	88.9	27	24	71.4	21	15
Indiana	87.4	356	311	66.5	367	244
Georgia	86.0	350	301	116.3	350	407
North Carolina	85.9	135	116	85.9	135	116
Dist. of Columbia	77.1	35	27	30.0	60	18
Illinois	76.7	787	604	51.6	632	326
Maryland	76.5	332	254	111.7	332	371
Rhode Island	75.0	60	45	106.7	60	64
Nebraska	74.1	81	60	118.5	81	96
New Hampshire	71.4	49	35	61.4	70	43
New York	70.7	482	341	110.4	336	371
Tennessee	70.7	392	277	80.7	420	339
Pennsylvania	70.6	418	295	78.9	380	300
New Jersey	68.8	432	297	111.9	387	433
Montana ^d	65.2	23	15	n.a.	n.a.	n.a.
Kentucky	64.7	150	97	81.5	130	106
Connecticut	59.7	947	565	60.6	947	574
Alabama ^e	48.3	60	29	13.3	60	8
Kansas	43.2	505	218	41.4	440	182

Table A.5 (continued)

State	January to December 2014 MFP transition activity			January to December 2013 MFP transition activity		
	Percentage of 2014 transition target achieved as of December 2014	Total 2014 transition goals	Total number of transitions in 2014	Percentage of 2013 transition goal achieved as of December 2013	Total 2013 transition goals	Total number of transitions in 2013
California	41.3	767	317	66.2	594	393
Colorado ^a	35.0	100	35	23.0	100	23
South Carolina ^a	21.7	106	23	34.0	50	17
Minnesota ^a	7.4	365	27	4.2	165	7
TOTAL	85.1	12,521	10,658	88.4	11,581	10,243

Source: State MFP Grantee Semiannual Progress Reports for January 1 to June 30, 2013; July 1 to December 31, 2013; January 1 to June 30, 2014; and July 1 to December 31, 2014.

Note: States are sorted by the percentage of 2014 transition targets achieved as of December 31, 2014.

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

^b Vermont identified inaccuracies in the data submitted in its most recent semiannual reports and expects to provide updated data after the publication of this report. Corrected data will be incorporated into future reports.

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

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

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

n.a. = not applicable.

Table A.6. 2014 and 2013 qualified HCBS expenditures

State	Percentage of 2014 spending target achieved as of December 2014	2014 target level of spending	Qualified HCBS expenditures as of December 2014	Percentage of 2013 spending target achieved as of December 2013	2013 target level of spending	Qualified HCBS expenditures as of December 2013
Alabama ^a	92.4	\$671,969,757	\$620,996,435	91.1	\$651,223,976	\$593,124,952
Arkansas	123.0	\$359,103,719	\$441,556,933	84.6	\$342,003,542	\$289,364,648
California	87.4	\$10,441,061,182	\$9,126,286,212	103.8	\$9,929,720,109	\$10,310,281,149
Colorado ^b	106.8	\$860,577,412	\$918,846,260	107.3	\$841,587,755	\$902,847,972
Connecticut	36.3	\$3,978,390,000	\$1,443,462,871	34.5	\$3,939,000,000	\$1,357,869,500
Delaware	n.a.	\$129,976,186	NR	83.0	\$123,250,844	\$102,327,432
District of Columbia	54.5	\$777,093,548	\$423,793,456	75.9	\$727,615,683	\$552,126,899
Georgia	89.9	\$1,238,290,867	\$1,113,054,488	78.2	\$1,209,803,459	\$945,837,785
Hawaii	107.3	\$185,889,200	\$199,495,754	109.2	\$184,223,845	\$201,189,927
Idaho	122.1	\$218,789,031	\$267,202,294	118.6	\$202,582,436	\$240,209,812
Illinois	111.8	\$1,834,711,831	\$2,050,547,538	114.8	\$1,690,978,646	\$1,940,824,410
Indiana	98.5	\$1,169,000,000	\$1,151,721,270	84.4	\$1,012,000,000	\$853,703,487
Iowa	109.7	\$700,171,275	\$768,098,278	104.8	\$668,521,466	\$700,516,038
Kansas	140.9	\$624,209,889	\$879,809,017	117.1	\$614,671,623	\$720,073,244
Kentucky	81.6	\$869,200,000	\$709,464,134	84.1	\$755,300,000	\$635,238,537
Louisiana	101.7	\$840,751,010	\$855,202,330	103.3	\$809,320,493	\$836,384,603
Maine ^c	77.5	\$464,064,621	\$359,846,464	72.1	\$456,478,819	\$329,090,619
Maryland	98.3	\$1,075,312,473	\$1,056,511,778	107.8	\$1,019,259,852	\$1,099,063,761
Massachusetts	93.4	\$3,998,000,000	\$3,735,320,858	101.2	\$3,639,000,000	\$3,681,580,469
Michigan	114.9	\$956,182,220	\$1,098,309,303	107.2	\$936,682,190	\$1,004,095,683

Table A.6 (continued)

State	Percentage of 2014 spending target achieved as of December 2014	2014 target level of spending	Qualified HCBS expenditures as of December 2014	Percentage of 2013 spending target achieved as of December 2013	2013 target level of spending	Qualified HCBS expenditures as of December 2013
Minnesota ^b	96.2	\$3,040,416,307	\$2,925,597,621	97.1	\$2,838,972,589	\$2,755,244,833
Mississippi	97.0	\$438,768,765	\$425,612,820	148.8	\$250,936,111	\$373,453,323
Missouri	126.7	\$1,097,524,733	\$1,390,326,473	120.7	\$1,055,314,366	\$1,273,658,732
Montana ^d	95.8	\$139,159,924	\$133,360,929	n.a.	n.a.	n.a.
Nebraska	99.4	\$344,100,000	\$341,976,302	100.8	\$337,000,000	\$339,832,806
Nevada	117.8	\$173,764,605	\$204,660,420	108.8	\$169,822,802	\$184,736,193
New Hampshire	83.2	\$347,416,363	\$288,930,348	81.8	\$326,519,138	\$267,251,789
New Jersey	157.7	\$1,274,570,926	\$2,010,522,253	211.9	\$1,238,268,228	\$2,623,743,619
New York	96.1	\$13,855,120,128	\$13,315,836,102	93.7	\$13,591,766,299	\$12,740,251,651
North Carolina ^e	104.9	\$1,509,284,533	\$1,582,507,210	110.9	\$1,361,348,437	\$1,509,284,533
North Dakota	102.7	\$192,798,820	\$198,017,524	104.3	\$189,196,754	\$197,252,292
Ohio	92.5	\$3,819,000,000	\$3,531,746,015	75.2	\$3,569,000,000	\$2,683,885,108
Oklahoma	89.7	\$569,904,854	\$511,250,334	92.8	\$508,991,611	\$472,593,570
Pennsylvania	125.9	\$2,925,320,000	\$3,684,335,106	115.7	\$2,910,186,000	\$3,367,084,596
Rhode Island	97.6	\$500,016,362	\$488,063,881	94.4	\$498,024,265	\$470,092,979
South Carolina ^b	102.0	\$553,049,313	\$564,033,555	97.0	\$542,515,040	\$526,281,987
South Dakota ^f	100.3	\$125,937,806	\$126,288,798	n.a.	n.a.	n.a.
Tennessee	107.7	\$1,019,726,904	\$1,097,773,660	106.5	\$991,125,093	\$1,055,346,830
Texas	142.9	\$3,378,671,461	\$4,828,328,398	137.0	\$3,378,671,461	\$4,628,299,597
Vermont ^g	98.0	\$60,372,457	\$59,174,153	99.6	\$59,188,684	\$58,934,060
Virginia	95.7	\$1,501,749,884	\$1,436,785,471	101.2	\$1,380,281,785	\$1,396,893,011
Washington	104.9	\$897,675,127	\$941,773,582	98.8	\$888,787,254	\$878,457,902
West Virginia ^b	97.6	\$641,368,822	\$626,069,203	99.9	\$618,318,105	\$617,980,267
Wisconsin	103.4	\$2,269,183,127	\$2,347,053,993	106.3	\$2,126,133,359	\$2,259,693,485

Table A.6 (continued)

State	Percentage of 2014 spending target achieved as of December 2014	2014 target level of spending	Qualified HCBS expenditures as of December 2014	Percentage of 2013 spending target achieved as of December 2013	2013 target level of spending	Qualified HCBS expenditures as of December 2013
TOTAL	97.7	\$71,937,669,256	\$70,279,549,824	99.1	\$68,583,592,119	\$67,976,004,090

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

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

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

^c Maine's 2014 expenditure data does not include the first and second quarter of CY2014. Target level of spending was established using budget caps and not actual utilization.

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

^e North Carolina's 2014 expenditure data includes PACE and Private Duty Nursing spending.

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

^g Vermont identified inaccuracies in the data submitted in its most recent semiannual reports and expects to provide updated data after the publication of this report. Corrected data will be incorporated into future reports.

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

Table A.7. Use of rebalancing funds through December 31, 2013

State ^a	Cumulative rebalancing expenditures as of December 2013	Cumulative rebalancing expenditures as of December 2012	Cumulative rebalancing expenditures as of December 2011	Type of activities
Alabama ^b	\$0	n.a.	n.a.	(1) Transition Services
Arkansas	\$2,100,000	\$270,962	\$0	(1) Data system improvements
California ^c	NR	NR	NR	(1) Waiver
Connecticut	\$9,266,750	\$2,216,750	\$1,253,481	(1) Housing; (2) Waiver
Delaware ^c	NR	\$24,436	\$0	(1) Waiver
District of Columbia ^d	\$1,372	\$1,858,159	\$1,200,000	(1) Transition Services
Georgia ^c	NR	NR	\$1,912,614	
Hawaii ^c	NR	\$253,573	NR	(1) Waiver
Idaho	\$0	\$0	\$0	(1) Assessment Tools
Illinois ^d	\$338,157	\$176,388	\$197,000	(1) Housing; (2) Outreach
Indiana	\$3,417,208	\$1,270,846	\$862,127	(1) Transition Services
Iowa	\$4,816,787	\$4,309,902	\$3,378,400	(1) Assessment Tools; (2) Data system improvements; (3) Staff Training; (4) Waiver
Kansas ^c	NR	\$5,754,441	NR	(1) Waiver
Kentucky ^c	NR	\$3,476,700	\$3,060,180	(1) Waiver
Maine ^e	\$0	\$0	n.a.	(1) Housing

Table A.7 (continued)

State ^a	Cumulative rebalancing expenditures as of December 2013	Cumulative rebalancing expenditures as of December 2012	Cumulative rebalancing expenditures as of December 2011	Type of activities
Maryland	\$14,234,333	\$11,654,600	\$6,347,056	(1) Assessment Tools; (2) Housing; (3) Data system improvements; (4) Outreach; (5) Staff Training; (6) Transition Services; (7) Other
Massachusetts	\$0	\$0	\$0	(1) Data system improvements
Michigan	\$1,570,152	\$5,425,421	\$3,874,081	(1) Waiver
Mississippi ^e	\$0	\$0	\$0	(1) Housing
Missouri ^d	\$28,513,753	\$2,801,506	\$4,810,736	(1) Assessment Tools; (2) Transition Services; (3) Waiver
Nebraska	\$940,709	\$400,548	\$185,000	(1) Data system improvements
New Hampshire ^c	NR	NR	NR	(1) Waiver
New Jersey	\$1,499,729	\$1,105,813	\$724,900	(1) Housing; (2) Staff training
New York	\$8,922,440	\$3,137,169	\$2,475,427	(1) Housing; (2) Outreach; (3) Transition Services
North Carolina	\$32,591	\$0	\$0	(1) Transition Services
North Dakota	\$11,275	\$75,000	\$0	(1) Staff training
Ohio ^d	\$3,277,049	\$7,057,324	\$5,215,947	(1) Assessment Tools; (2) Housing; (3) Outreach; (4) Staff Training; (5) Other
Oklahoma	\$3,720,256	\$1,208,564	\$777,008	(1) Waiver

Table A.7 (continued)

State ^a	Cumulative rebalancing expenditures as of December 2013	Cumulative rebalancing expenditures as of December 2012	Cumulative rebalancing expenditures as of December 2011	Type of activities
Oregon ^f	NR	\$3,645,299	\$3,645,299	
Pennsylvania	\$16,545,973	\$5,724,375	\$5,238,994	(1) Waiver
Tennessee	\$0	\$0	\$0	(1) Housing
Texas ^d	\$3,566,567	\$2,145,973	\$2,324,973	(1) Staff Training Other
Vermont ^{d, g}	\$8,000	\$2,787,994	\$0	(1) Transition Services
Virginia	\$10,901,660	\$8,470,547	\$687,753	(1) Transition Services
Washington ^d	\$4,401,114	\$15,096,970	\$11,275,613	(1) Housing; (2) Data system improvements; (3) Outreach; (4) Staff Training; (5) Transition Services; (6) Other
Wisconsin ^c	\$417,757	NR	NR	(1) Other
TOTAL	\$118,503,632.10	\$90,349,286	\$59,446,589	--

Source: MFP semiannual progress reports covering the reporting periods from January 1 to June 30, 2011; January 1 to June 30, 2012; January 1 to June 30, 2013; and January 1 to June 30, 2014.

^a South Dakota and Montana started transitioning participants in 2014; Colorado, Minnesota, South Carolina, and West Virginia started transitioning participants in 2013; Nevada started transitioning participants in 2012; Rhode Island started transitioning participants in 2011; and Louisiana started transitioning participants in 2009. These states were not included in this table because they did not have any rebalancing expenditures to report through December 2013. Although Montana did not report rebalancing expenditures through the end of 2013, it noted it planned to use rebalancing funds for transition services.

^b Alabama started transitioning participants in 2013.

^c California, Delaware, Georgia, Hawaii, Kansas, Kentucky, New Hampshire, and Wisconsin reported cumulative expenditures in previous reporting periods but did not reporting spending through December 2013.

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

Table A.7 (continued)

^e Maine and Mississippi started transitioning participants in 2012.

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

^g Vermont identified inaccuracies in the data submitted in its most recent semiannual reports and expects to provide updated data after the publication of this report. Corrected data will be incorporated into future reports.

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

Table A.8. Number of participants reinstitutionalized for any length of stay, January 1 to June 30, 2014

State	Total number	Older adults	People with physical disabilities	People with intellectual or developmental disabilities	People with mental illness	Other
Alabama	0	0	0	0	0	0
Arkansas	17	7	5	5	0	0
California	25	10	14	0	1	0
Colorado	6	2	2	1	0	1
Connecticut	136	70	49	5	12	0
Delaware	3	0	3	0	0	0
District of Columbia	1	1	0	0	0	0
Georgia	73	40	32	0	1	0
Hawaii	16	8	8	0	0	0
Idaho	1	0	1	0	0	0
Illinois	37	10	19	3	5	0
Indiana	84	57	27	0	0	0
Iowa	1	0	0	1	0	0
Kansas	8	3	5	0	0	0
Kentucky	36	8	19	5	3	1
Louisiana	14	5	6	3	0	0
Maine	2	0	2	0	0	0
Maryland	5	4	0	1	0	0
Massachusetts	51	38	9	1	3	0
Michigan	115	61	54	0	0	0
Minnesota	3	1	1	0	1	0
Mississippi	2	2	0	0	0	0
Missouri	29	13	13	3	0	0
Montana ^a	0	0	0	0	0	0
Nebraska	4	2	2	0	0	0

Table A.8 (continued)

State	Total number	Older adults	People with physical disabilities	People with intellectual or developmental disabilities	People with mental illness	Other
Nevada	10	2	8	0	0	0
New Hampshire	1	1	0	0	0	0
New Jersey	13	7	4	2	0	0
New York	14	3	2	8	0	1
North Carolina	2	2	0	0	0	0
North Dakota	4	3	1	0	0	0
Ohio	254	50	77	3	124	0
Oklahoma	0	0	0	0	0	0
Pennsylvania	11	9	1	1	0	0
Rhode Island	13	7	6	0	0	0
South Carolina	3	3	0	0	0	0
South Dakota ^a	0	0	0	0	0	0
Tennessee	115	66	47	2	0	0
Texas	112	64	45	3	0	0
Vermont ^b	7	5	2	0	0	0
Virginia	11	5	2	4	0	0
Washington	109	73	36	0	0	0
West Virginia	12	6	6	0	0	0
Wisconsin	8	3	4	1	0	0
TOTAL	1,368	651	512	52	150	3

Source: State MFP Grantee Semiannual Progress Reports for January 1 to June 30, 2014.

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

^b Vermont identified inaccuracies in the data submitted in its most recent semiannual reports and expects to provide updated data after the publication of this report. Corrected data will be incorporated into future reports.

Table A.9. Number of participants reinstitutionalized for any length of stay, July 1 to December 31, 2014

State	Total number	Older adults	People with physical disabilities	People with intellectual or developmental disabilities	People with mental illness	Other
Alabama	2	1	1	0	0	0
Arkansas	2	0	2	0	0	0
California	4	2	2	0	0	0
Colorado	19	0	10	4	4	1
Connecticut	168	104	48	6	10	0
Delaware	5	2	3	0	0	0
District of Columbia	1	1	0	0	0	0
Georgia	69	39	26	1	3	0
Hawaii	10	4	6	0	0	0
Idaho	20	10	10	0	0	0
Illinois	28	2	11	12	3	0
Indiana	66	36	30	0	0	0
Iowa	4	0	0	4	0	0
Kansas	26	9	16	1	0	0
Kentucky	63	19	31	10	2	1
Louisiana	21	20	0	1	0	0
Maine	2	1	1	0	0	0
Maryland	3	2	0	1	0	0
Massachusetts	60	34	23	0	3	0
Michigan	124	65	59	0	0	0
Minnesota	1	1	0	0	0	0
Mississippi	3	3	0	0	0	0
Missouri	58	10	38	10	0	0
Montana ^a	1	0	0	1	0	0
Nebraska	6	3	3	0	0	0

Table A.9 (continued)

State	Total number	Older adults	People with physical disabilities	People with intellectual or developmental disabilities	People with mental illness	Other
Nevada	18	8	10	0	0	0
New Hampshire	2	2	0	0	0	0
New Jersey	12	3	3	6	0	0
New York	1	0	0	1	0	0
North Carolina	5	2	3	0	0	0
North Dakota	2	1	1	0	0	0
Ohio	257	31	92	1	133	0
Oklahoma	6	4	1	1	0	0
Pennsylvania	15	10	5	0	0	0
Rhode Island	13	6	7	0	0	0
South Carolina	3	2	1	0	0	0
South Dakota ^a	1	0	0	1	0	0
Tennessee	130	72	57	1	0	0
Texas	93	52	34	7	0	0
Vermont ^b	9	7	2	0	0	0
Virginia	12	3	4	5	0	0
Washington	148	90	58	0	0	0
West Virginia	16	4	12	0	0	0
Wisconsin	20	11	9	0	0	0
TOTAL	1,529	676	619	74	158	2

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

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

^b Vermont identified inaccuracies in the data submitted in its most recent semiannual reports and expects to provide updated data after the publication of this report. Corrected data will be incorporated into future reports.

Table A.10. Number of participants reinstitutionalized for more than 30 days, January 1 to June 30, 2014

State	Total number	Older adults	People with physical disabilities	People with intellectual or developmental disabilities	People with mental illness	Other
Alabama	0	0	0	0	0	0
Arkansas	5	1	2	2	0	0
California	1	0	1	0	0	0
Colorado	1	0	1	0	0	0
Connecticut	48	33	11	1	3	0
Delaware	3	0	3	0	0	0
District of Columbia	1	1	0	0	0	0
Georgia	53	33	20	0	0	0
Hawaii	10	5	5	0	0	0
Idaho	0	0	0	0	0	0
Illinois	4	0	3	0	1	0
Indiana	24	18	6	0	0	0
Iowa	1	0	0	1	0	0
Kansas	2	0	2	0	0	0
Kentucky	3	0	2	0	1	0
Louisiana	8	3	5	0	0	0
Maine	1	0	1	0	0	0
Maryland	0	0	0	0	0	0
Massachusetts	23	15	5	1	2	0
Michigan	25	16	9	0	0	0
Minnesota	2	1	1	0	0	0
Mississippi	0	0	0	0	0	0
Missouri	1	0	0	1	0	0
Montana ^a	0	0	0	0	0	0
Nebraska	4	2	2	0	0	0

Table A.10 (continued)

State	Total number	Older adults	People with physical disabilities	People with intellectual or developmental disabilities	People with mental illness	Other
Nevada	5	1	4	0	0	0
New Hampshire	1	1	0	0	0	0
New Jersey	13	7	4	2	0	0
New York	0	0	0	0	0	0
North Carolina	2	2	0	0	0	0
North Dakota	4	3	1	0	0	0
Ohio	85	16	25	3	41	0
Oklahoma	0	0	0	0	0	0
Pennsylvania	11	9	1	1	0	0
Rhode Island	9	6	3	0	0	0
South Carolina	3	3	0	0	0	0
South Dakota ^a	0	0	0	0	0	0
Tennessee	24	16	8	0	0	0
Texas	64	39	22	3	0	0
Vermont ^b	7	5	2	0	0	0
Virginia	6	3	2	1	0	0
Washington	32	26	6	0	0	0
West Virginia	3	2	1	0	0	0
Wisconsin	3	2	1	0	0	0
TOTAL	492	269	159	16	48	0

Source: State MFP Grantee Semiannual Progress Reports for January 1 to June 30, 2014.

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

^b Vermont identified inaccuracies in the data submitted in its most recent semiannual reports and expects to provide updated data after the publication of this report. Corrected data will be incorporated into future reports.

Table A.11. Number of participants reinstitutionalized for more than 30 days, July 1 to December 31, 2014

State	Total number	Older adults	People with physical disabilities	People with intellectual or developmental disabilities	People with mental illness	Other
Alabama	2	1	1	0	0	0
Arkansas	2	0	2	0	0	0
California	2	1	1	0	0	0
Colorado	2	0	1	1	0	0
Connecticut	49	34	11	1	3	0
Delaware	3	2	1	0	0	0
District of Columbia	1	1	0	0	0	0
Georgia	39	36	0	0	3	0
Hawaii	7	3	4	0	0	0
Idaho	20	10	10	0	0	0
Illinois	2	1	0	0	1	0
Indiana	23	15	8	0	0	0
Iowa	1	0	0	1	0	0
Kansas	2	0	2	0	0	0
Kentucky	2	1	0	1	0	0
Louisiana	20	20	0	0	0	0
Maine	2	1	1	0	0	0
Maryland	0	0	0	0	0	0
Massachusetts	26	14	10	0	2	0
Michigan	17	9	8	0	0	0
Minnesota	1	1	0	0	0	0
Mississippi	2	2	0	0	0	0
Missouri	3	0	3	0	0	0
Montana ^a	1	0	0	1	0	0
Nebraska	6	3	3	0	0	0

Table A.11 (continued)

State	Total number	Older adults	People with physical disabilities	People with intellectual or developmental disabilities	People with mental illness	Other
Nevada	2	1	1	0	0	0
New Hampshire	2	2	0	0	0	0
New Jersey	12	3	3	6	0	0
New York	0	0	0	0	0	0
North Carolina	4	2	2	0	0	0
North Dakota	1	0	1	0	0	0
Ohio	54	8	22	1	23	0
Oklahoma	6	4	1	1	0	0
Pennsylvania	12	7	5	0	0	0
Rhode Island	11	6	5	0	0	0
South Carolina	2	2	0	0	0	0
South Dakota ^a	1	0	0	1	0	0
Tennessee	34	21	13	0	0	0
Texas	42	22	14	6	0	0
Vermont ^b	9	7	2	0	0	0
Virginia	7	3	2	2	0	0
Washington	49	27	22	0	0	0
West Virginia	7	2	5	0	0	0
Wisconsin	8	6	2	0	0	0
TOTAL	498	278	166	22	32	0

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

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

^b Vermont identified inaccuracies in the data submitted in its most recent semiannual reports and expects to provide updated data after the publication of this report. Corrected data will be incorporated into future reports.

Table A.12. Overview of Minimum Data Set 3.0, Section Q Referrals, January to June 2014 and July to December 2014

State	Number of people referred to MFP through MDS Section Q referrals between January and June 2014	Number of people ever referred through MDS Section Q that enrolled in MFP between January and June 2014	Number of people referred to MFP through MDS Section Q referrals between July and December 2014	Number of people ever referred through MDS Section Q that enrolled in MFP between July and December 2014
Alabama	3	3	0	0
Arkansas	43	8	126	6
California	101	22	65	7
Colorado	28	2	20	8
Connecticut	27	4	56	1
Delaware	36	5	29	10
District of Columbia	117	50	13	19
Georgia	139	60	280	102
Hawaii	4	4	2	2
Idaho	0	0	0	0
Illinois	625	10	663	15
Indiana	0	5	0	0
Iowa	6	0	0	1
Kansas	16	7	13	2
Kentucky	44	11	27	8
Louisiana	65	20	149	8
Maine	0	0	3	1
Maryland	3,415	15	3689	37
Massachusetts	48	24	66	34
Michigan	274	14	320	21

A.31

Table A.12 (continued)

State	Number of people referred to MFP through MDS Section Q referrals between January and June 2014	Number of people ever referred through MDS Section Q that enrolled in MFP between January and June 2014	Number of people referred to MFP through MDS Section Q referrals between July and December 2014	Number of people ever referred through MDS Section Q that enrolled in MFP between July and December 2014
Minnesota	0	0	0	0
Mississippi	8	0	8	1
Missouri	178	16	172	30
Montana ^a	0	0	0	0
Nebraska	25	1	29	15
Nevada	0	0	3	2
New Hampshire	6	1	0	0
New Jersey	152	13	89	8
New York	260	115	186	0
North Carolina	24	9	35	3
North Dakota	4	1	2	0
Ohio	287	32	262	78
Oklahoma	11	0	2	0
Pennsylvania	288	15	292	4
Rhode Island	14	5	15	4
South Carolina	8	2	19	4
South Dakota ^a	n.a.	n.a.	10	1
Tennessee	1	0	1	1
Texas	572	565	755	374
Vermont ^b	2	2	0	0
Virginia	20	7	65	8
Washington	0	22	0	0
West Virginia	6	1	2	2
Wisconsin	0	0	0	0

Table A.12 (continued)

State	Number of people referred to MFP through MDS Section Q referrals between January and June 2014	Number of people ever referred through MDS Section Q that enrolled in MFP between January and June 2014	Number of people referred to MFP through MDS Section Q referrals between July and December 2014	Number of people ever referred through MDS Section Q that enrolled in MFP between July and December 2014
TOTAL	6,857	1,071	7,468	817

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

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

^b Vermont identified inaccuracies in the data submitted in its most recent semi-annual reports and expects to provide updated data after the publication of this report. Corrected data will be incorporated into future reports.

MDS = Minimum Data Set

Table A.13. Total number of current MFP participants in a self-direction program, June 30, 2014 and December 31, 2014

State	Total number of current MFP participants as of June 30, 2014 that ...			Total number of current MFP participants as of December 31, 2014 that ...		
	Chose to participate in a self-direction program	Hired/supervised their own personal assistants	Managed their own allowance/budget	Chose to participate in a self-direction program	Hired/supervised their own personal assistants	Managed their own allowance/budget
Alabama	0	0	0	0	0	0
Arkansas	25	25	25	17	17	13
California	0	0	0	0	0	0
Colorado	9	9	1	16	1	1
Connecticut	354	106	14	382	115	0
Delaware	27	77	0	34	80	0
District of Columbia	0	0	0	0	0	0
Georgia	0	0	0	0	0	0
Hawaii	11	11	0	9	9	0
Idaho	3	3	0	2	2	2
Illinois	0	0	0	40	40	40
Indiana	0	0	0	0	0	0
Iowa	3	3	3	2	2	2
Kansas	65	65	65	79	79	79
Kentucky	53	127	106	47	47	47
Louisiana	6	6	6	13	12	12
Maine	4	4	0	6	6	0
Maryland	1	1	1	11	11	11
Massachusetts	47	32	21	178	178	0
Michigan	48	48	0	48	48	48
Minnesota	0	0	0	0	0	0

A.34

Table A.13 (continued)

State	Total number of current MFP participants as of June 30, 2014 that ...			Total number of current MFP participants as of December 31, 2014 that ...		
	Chose to participate in a self-direction program	Hired/supervised their own personal assistants	Managed their own allowance/budget	Chose to participate in a self-direction program	Hired/supervised their own personal assistants	Managed their own allowance/budget
Mississippi	2	2	0	2	2	2
Missouri	22	22	22	46	31	31
Montana	0	0	0	1	1	1
Nebraska	0	0	0	0	0	0
Nevada	0	0	0	0	0	0
New Hampshire	0	0	0	0	0	0
New Jersey	1	1	1	0	0	0
New York	6	0	3	1	1	1
North Carolina	7	7	7	7	7	7
North Dakota	0	0	0	0	0	0
Ohio ^a	1,124	0	1,124	1,151	0	1,151
Oklahoma	0	0	0	2	2	2
Pennsylvania	20	20	0	11	11	0
Rhode Island	0	0	0	0	0	0
South Carolina	5	5	0	2	2	0
South Dakota ^b	n.a.	n.a.	n.a.	0	0	0
Tennessee	13	13	0	13	13	0
Texas	10	10	0	12	12	0
Vermont ^c	3	3	3	0	0	0
Virginia	12	12	2	14	14	14
Washington	111	111	0	117	117	0
West Virginia	4	4	4	6	6	6
Wisconsin	3	3	3	3	3	3

Table A.13 (continued)

State	Total number of current MFP participants as of June 30, 2014 that ...			Total number of current MFP participants as of December 31, 2014 that ...		
	Chose to participate in a self-direction program	Hired/supervised their own personal assistants	Managed their own allowance/budget	Chose to participate in a self-direction program	Hired/supervised their own personal assistants	Managed their own allowance/budget
TOTAL	1,999	730	1,411	2,272	869	1,473

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

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

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

^c Vermont identified inaccuracies in the data submitted in its most recent semiannual reports and expects to provide updated data after the publication of this report. Corrected data will be incorporated into future reports.

n.a. = not applicable.

Table A.14. Number of MFP transitions during the reporting period, by type of qualified community residence, January 1 to June 30, 2014

State	Homes	Apartments	Group homes	Apartment in qualified assisted living
Alabama	9	0	0	0
Arkansas	15	37	5	6
California	25	91	31	63
Colorado	1	8	8	0
Connecticut	50	158	6	7
Delaware	11	17	0	0
District of Columbia	1	3	0	0
Georgia	89	67	4	4
Hawaii	11	3	28	3
Idaho	16	17	10	0
Illinois	28	199	31	30
Indiana	47	11	5	68
Iowa	4	0	34	0
Kansas	24	37	8	20
Kentucky	12	27	13	0
Louisiana	86	41	0	0
Maine	1	6	3	0
Maryland	49	36	31	0
Massachusetts	77	114	30	8
Michigan	63	70	18	2
Minnesota	0	7	1	0
Mississippi	15	7	24	0
Missouri	12	44	10	0
Montana	0	2	0	0
Nebraska	6	10	2	14
Nevada	11	23	1	0
New Hampshire	6	10	0	0
New Jersey	31	31	122	0
New York	35	83	54	0
North Carolina	36	8	8	0

Table A.14 (continued)

State	Homes	Apartments	Group homes	Apartment in qualified assisted living
North Dakota	9	16	1	1
Ohio	190	374	49	6
Oklahoma	4	12	51	0
Pennsylvania	48	72	11	5
Rhode Island	10	8	0	3
South Carolina	9	1	0	0
South Dakota ^a	n.a.	n.a.	n.a.	n.a.
Tennessee	59	31	12	0
Texas	339	140	148	0
Vermont ^b	12	8	5	5
Virginia	12	13	35	15
Washington ^c	335	20	109	112
West Virginia	12	10	0	0
Wisconsin	28	30	43	21
TOTAL	1,838	1,902	951	393

Source: State MFP Grantee Semiannual Progress Reports for January 1 to June 30, 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 South Dakota implemented its MFP transition program during the second half of 2014.

^b Vermont identified inaccuracies in the data submitted in its most recent semiannual reports and expects to provide updated data after the publication of this report. Corrected data will be incorporated into future reports.

^c Washington ceased distinguishing between homes and apartments beginning the second half of 2014. All residents transitioning to apartments during that time were classified as transitioning to homes.

Table A.15. Number of MFP transitions during the reporting period, by type of qualified community residence, July 1 to December 31, 2014

State	Homes	Apartments	Group homes	Apartment in qualified assisted living
Alabama	15	5	0	0
Arkansas	24	38	3	7
California	15	47	10	35
Colorado	6	13	6	0
Connecticut	92	223	21	8
Delaware	11	25	1	0
District of Columbia	9	7	2	3
Georgia	71	59	7	0
Hawaii	19	2	18	0
Idaho	16	19	14	0
Illinois	13	190	84	29
Indiana	83	21	2	74
Iowa	7	35	0	0
Kansas	40	33	8	48
Kentucky	7	28	10	0
Louisiana	106	56	0	0
Maine	4	9	1	0
Maryland	61	58	19	0
Massachusetts	58	123	41	9
Michigan	93	79	15	32
Minnesota	1	14	3	1
Mississippi	12	13	33	0
Missouri	24	81	11	0
Montana	2	9	3	1
Nebraska	4	11	1	14
Nevada	13	29	9	0
New Hampshire	5	13	1	0
New Jersey	15	21	77	0
New York	37	73	59	0
North Carolina	40	9	15	0

Table A.15 (continued)

State	Homes	Apartments	Group homes	Apartment in qualified assisted living
North Dakota	8	25	0	0
Ohio	214	402	51	13
Oklahoma	4	22	41	2
Pennsylvania	57	81	11	3
Rhode Island	4	16	0	4
South Carolina	9	4	0	0
South Dakota	1	4	4	1
Tennessee	107	41	27	0
Texas	352	94	82	11
Vermont ^a	12	11	2	0
Virginia	14	34	42	14
Washington	367	0	92	99
West Virginia	14	23	0	0
Wisconsin	30	56	69	18
TOTAL	2,096	2,156	895	426

Source: State MFP Grantee Semiannual Progress Reports for July 1 to December 31, 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 Vermont identified inaccuracies in the data submitted in its most recent semiannual reports and expects to provide updated data after the publication of this report. Corrected data will be incorporated into future reports.

Table A.16. Achievements and challenges securing appropriate housing options for participants, by reporting period, 2011–2014—number of grantee states reporting each type of achievement or challenge

Response option	July to Dec. 2012	Jan. to June 2013	July to Dec. 2013	Jan. to June 2014	July to Dec. 2014
Number of Grantees Reporting Achievement ^a	31	34	30	32	36
Developed inventory of affordable and accessible housing	10	14	12	9	9
Developed local or state coalitions to identify needs or create housing-related initiatives	16	10	15	12	16
Developed statewide housing registry	5	7	7	7	9
Implemented new home ownership initiative	1	0	0	0	1
Improved funding for developing assistive technology related to housing	3	4	2	1	2
Improved information systems about affordable and accessible housing	7	6	7	9	5
Increased number of rental vouchers	6	8	7	5	7
Increased supply of affordable and accessible housing	6	6	6	9	6
Increased supply of residences that provide or arrange for long-term services or supports	3	2	3	1	3
Increased supply of small-group homes	3	2	2	4	4
Increased or improved funding for home modifications	4	3	6	5	7
Other	16	14	7	13	17
Number of Grantees Reporting Challenge ^b	33	34	33	38	37
Lack of information about affordable and accessible housing	5	4	3	5	5
Insufficient supply of affordable and accessible housing	24	27	26	32	33
Lack of affordable and accessible housing that is safe	6	10	8	9	11
Insufficient supply of rental vouchers	15	22	22	19	16
Lack of new home ownership programs	2	0	2	0	1
Lack of small-group homes	8	8	7	5	9

Table A.16 (continued)

Response option	July to Dec. 2012	Jan. to June 2013	July to Dec. 2013	Jan. to June 2014	July to Dec. 2014
Lack of residences that provide or arrange for long-term services or supports	3	2	5	3	4
Insufficient funding for home modifications	4	6	7	6	3
Unsuccessful efforts in developing local or state coalitions of housing and human services organizations to identify needs or create housing-related initiatives	1	1	1	1	0
Unsuccessful efforts in developing sufficient funding or resources to develop assistive technology related to housing	2	0	1	2	1
Other	5	6	6	7	4

Source: State MFP Grantee Semiannual Progress Reports covering the reporting periods from July 1 to December 31, 2012; January 1 to June 30, 2013; July 1 to December 31, 2013; January 1 to June 30, 2014; and July 1 to December 31, 2014.

Notes: The progress reports were designed to capture information on states' progress and challenges encountered in all dimensions of the program. Information presented was based on self-reports and reflected the challenges encountered during the reporting period.

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

^b Report asked, "What significant challenges did your program experience in securing appropriate housing options for MFP participants? Significant challenges are those that affect the program's ability to transition as many people as planned or to keep MFP participants in the community."

www.mathematica-mpr.com

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

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

MATHEMATICA
Policy Research

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