

## Appendix A



### THE KAISER COMMISSION ON **Medicaid and the Uninsured**

*The Kaiser Commission on Medicaid and the Uninsured (KCMU) is conducting a survey of state Money Follows the Person (MFP) demonstrations. This is the fifth KCMU survey conducted since 2008 that seeks to highlight recent state experiences and trends in Medicaid home and community-based services. Once again, we are requesting your assistance in completing the following survey.*

*Questions regarding the survey can be directed to:  
Molly O'Malley Watts (703) 371-8596 or Erica Reaves at (202) 347-5270.*

**Please return completed surveys by THURSDAY, AUGUST 29th to: momalley8@gmail.com.**

**State** \_\_\_\_\_ **Name** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

### 1. MFP Program Status and Funding

- a. Please list the date your program became operational: \_\_\_\_\_
- b. If not operational, why not and when do you intend to be operational? \_\_\_\_\_
- c. In the spaces provided, please list the *initial* MFP funding amount awarded to your state (\_\_\_\_\_) and any *additional* MFP funding through FY 2016 as part of the Affordable Care Act (ACA) expansion (\_\_\_\_\_).

### 2. MFP Services

- a. Do MFP participants in your state receive the following services? (*check all that apply*)  
 HCBS waiver    State plan    Demonstration    Supplemental
- b. Did your state add or modify MFP services over the past year? If so, please explain the changes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3. MFP Transitions by Population

	Total	Seniors	Individuals with Physical Disabilities	Individuals with Intellectual/Developmental Disabilities	Individuals with Mental Illness
Cumulative Transitions Completed					
Transitions in Progress					
Rate of Reinstitutionalization					
Average Age of MFP participants					
Average Number of Days to Transition to Community					
Housing Option Most Likely to Transition To					

- a. Is your program on pace with annual transition targets?  Yes  No  
If no, please describe reasons for delay in meeting transition goals:

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- b. How do you expect MFP enrollment to change in the year ahead?  
 Increase  Decrease  No Change

- c. Describe efforts to increase outreach and services to all MFP populations (e.g., peer-to-peer counseling, nursing facility social worker training, MCO staff training, etc.):

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- d. Is your state trying to increase transitions for people with mental illness?  
 Yes  No  Don't Know If yes, please describe efforts to increase outreach and services to this population: \_\_\_\_\_

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### 4. Options for Self-Direction in MFP

- a. Does your program offer self-directed options to MFP participants?  Yes  No  
Estimate the percentage of current MFP participants who self-direct some or all of their services: \_\_\_\_\_%

- b. Has this percentage changed over the past year?  
 Increased  Decreased  No Change

### 5. Community Housing Options for MFP Participants

- a. Describe the *key steps* your state has taken to provide safe, affordable, and accessible housing for MFP participants: \_\_\_\_\_

- b. Do you employ a housing coordinator under MFP to help with transitions?  
 Yes  No

## 6. MFP Participant Per Capita Costs

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

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

Higher  Comparable  Lower

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

Higher  Comparable  Lower

## 7. MFP Quality Measures

Describe any measures or activities your state is currently using to assess quality after MFP community placement (e.g., quality of life survey, tracking system, monitoring of staff and assessing barriers to transition, etc.):

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## 8. Community-Based Workforce

a. Does your state have an adequate supply of direct service workers?  Yes  No

b. Please describe strategies to address workforce issues:

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## 9. Health Reform Opportunities

a. Please list the status of the following ACA options to expand access to home and community-based long-term services and supports (LTSS) in your state.

*(Check all that apply):*

LTSS State Options	Planning to Pursue	Operational	Inactive
Community First Choice State Plan Option (Section 1915(k))			
State Balancing Incentive Program			
HCBS State Plan Option (Section 1915(i))			
Health Home State Plan Option			
Financial Alignment Demonstration for Dually Eligible Beneficiaries (or "Duals Demonstrations")			

- b. Is your state experiencing any challenges coordinating the administration of the above ACA LTSS options with MFP?  Yes  No  N/A If yes, please briefly describe these challenges: \_\_\_\_\_
- c. Is your state partnering with Aging and Disability Resource Centers (ADRCs) to help identify MFP participants?  Yes  No  
Comments: \_\_\_\_\_
- d. Is your state operating or planning to implement a managed LTSS (MLTSS) program that will include MFP participants?  Yes  No If yes, please briefly describe the program: \_\_\_\_\_
- e. Is your state experiencing any challenges coordinating an MLTSS program with MFP?  
 Yes  No  N/A If yes, please briefly describe these challenges:  
\_\_\_\_\_

### 10. Impact of the Economic Downturn

Has your MFP demonstration had to make any changes or cutbacks due to fiscal concerns (e.g., limiting enrollment, reducing services, etc.)?

Yes  Possibly Yes  Not Likely  No  Don't know

If yes or possibly yes, please describe: \_\_\_\_\_

### 11. Future Outlook

- a. What are the most significant issues or challenges facing your MFP program in the coming year?  
\_\_\_\_\_
- b. What are your state's plans to continue transitioning Medicaid beneficiaries from institutions to the community after 2016, when MFP is scheduled to expire?  
\_\_\_\_\_

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