Money Follows the Person Demonstration: Overview of State Grantee Progress, January to June 2013

Final Report

December 31, 2013

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I. OVERVIEW AND KEY FINDINGS

The Money Follows the Person (MFP) Demonstration, first established by Congress through the 2005 Deficit Reduction Act, provides state Medicaid programs the opportunity to help transition Medicaid beneficiaries living in long-term care (LTC) institutions into the community and to give people with disabilities greater choice in where to live and to receive long-term services and supports (LTSS). In 2007, the Centers for Medicare & Medicaid Services (CMS) awarded MFP demonstration grants to 30 states and the District of Columbia.[1] In 2010, Congress increased total MFP program funding to $4 billion, which allowed CMS to award grants to 13 more states in 2011 and 3 more states in 2012, for a total of 47 grantees (see Figure I.1). Congress also extended the demonstration to 2016. MFP grantee states have until the end of federal fiscal year (FFY) 2018 to enroll and transition people through MFP and until the end of FFY 2019 to spend all grant funds.[2] As of the end of June 2013, 45 states had MFP grants with 41 states having active programs. During this reporting period, four grantees—Colorado, Minnesota, South Carolina, and West Virginia—began transitioning individuals to the community for the first time. Among the four inactive programs, three (Alabama, Montana, and South Dakota) were in the planning stages and one (Oregon) had temporarily suspended full operations but plans to resume its program in 2014. Two 2011 grantees (Florida and New Mexico) have rescinded their grants, leaving 11 grantee states with MFP programs from that grant year.

Each state participating in the MFP demonstration must establish a program that has two components: (1) a transition program that identifies Medicaid beneficiaries in institutional care who wish to live in the community and helps them do so, and (2) a rebalancing program that supports Medicaid LTC systems in rebalancing toward community-based care.

This report summarizes the implementation progress of the MFP demonstration by the 41 active grantee states that transitioned individuals through their programs during the six-month period from January 1 to June 30, 2013 (referred to as "this reporting period"). It compares performance data in this reporting period to the previous six-month period, 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] The report presents key indicators of progress, including the number of people who transitioned to the community, progress toward annual transition goals, expenditures and use of rebalancing funds, rates of self-direction and reinstitutionalization among MFP participants, type of community residence into which participants transitioned, and types of employment services and supports offered to participants.

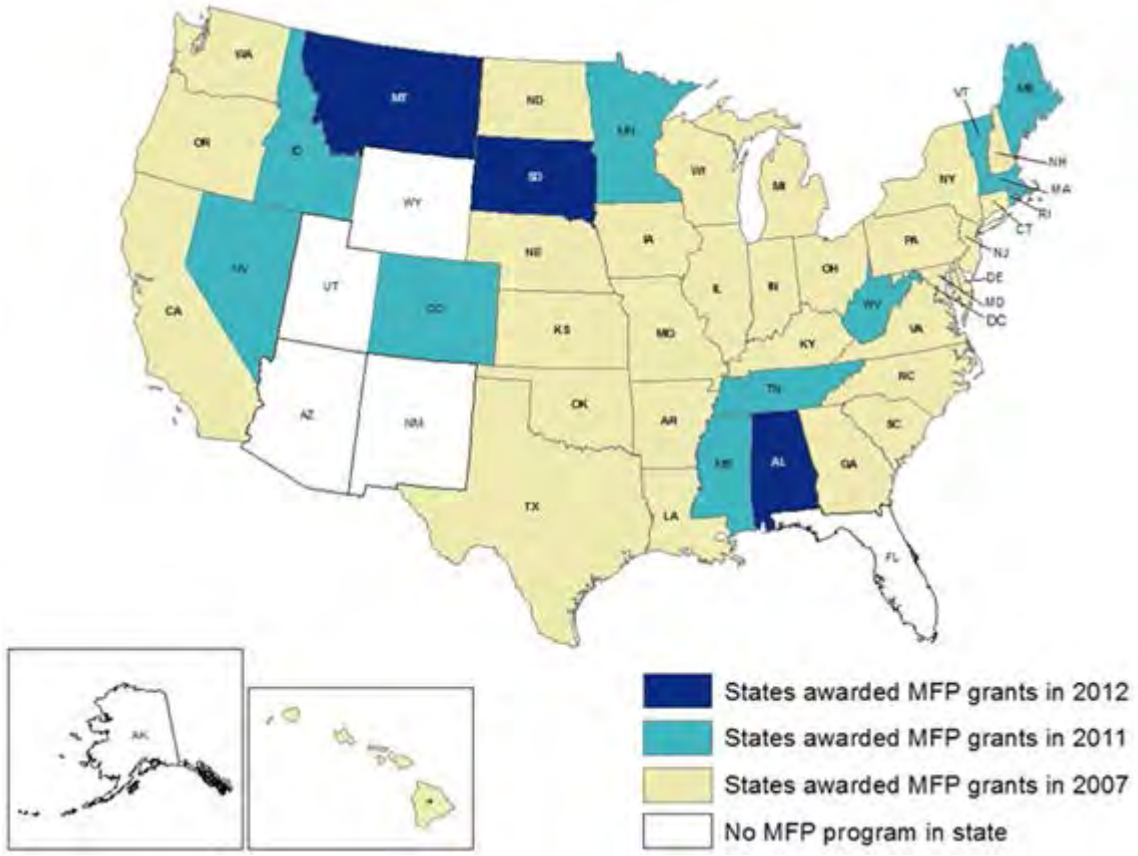
[1] In the remainder of this report, the District of Columbia is referred to as a grantee state.

[2] MFP grant awards are available to grantee states for the fiscal year they received the award and subsequent years of the demonstration. Any unused grant funds awarded in 2016 are available to states until September 30, 2019.

[3] The annual evaluation reports are located at the following location: http://www.mathematica-mpr.com/health/moneyfollowsperson.asp.

These data are based on information reported by state grantees in their 2013 midyear progress reports, which were submitted in August 2013. Some MFP grantees provided corrected data after submitting their reports; this report presents data submitted by states by October 17, 2013. We present technical notes and comments on data limitations at the end of the report and data tables in the Appendix.

Figure I.1. MFP Grantees, by Year of Award



Note: Florida and New Mexico were awarded MFP grants in 2011 but rescinded them.

Key Findings

Transitions in the first half of 2013. New enrollment this period was about the same as the previous six-month period. In the first half of 2013, MFP grantee states transitioned 4,812 new MFP participants, which is 1.8 percent fewer participants than in the second half of 2012 (4,899). This is the first time, since the start of the program, the number of new enrollees decreased from the previous reporting period. Although four new grantees started MFP programs in early 2013, growth in the number of new participants declined slightly, in part, because some of the states with larger MFP transition programs experienced declines in the number of new enrollees. Among the 4,812 people transitioned, 39 percent were individuals younger than 65 with physical disabilities, 38 percent were older adults, 15 percent were individuals with intellectual or developmental disabilities (IDD), 7 percent were individuals with mental illness, and 1 percent was “other” individuals.

Cumulative MFP transitions to date. By the end of June 2013, a total of 35,050 people had transitioned to the community and enrolled in MFP since the program began in January 2008. Cumulative enrollment grew 16.3 percent between December 2012 and June 2013 (from 30,141 to 35,050), and was 41.3 percent higher than it had been one year earlier (24,809). Three states with the largest programs (Ohio, Texas, and Washington) accounted for 40 percent of cumulative enrollment as of June 2013.

Progress toward 2013 transition goals. By June 2013, grantee states had achieved 40 percent of the aggregate 2013 transition goal (4,812 transitions of 11,993 planned for 2013). This is the lowest midyear rate of progress towards transition goals reported since June 2009, which may be a result of overly optimistic goals, or greater barriers to community transitions for target populations than program managers anticipated. Progress in this area varied across states. Two states achieved over 75 percent of their annual transitions goals by midyear, and 7 other states achieved 50 percent or more of their annual transition goals. However, 32 states had not yet met 50 percent of their annual transition goals, suggesting that these states need to increase their transition volume during the second half of the year to meet their transition goals for the year.

Reinstitutionalizations. 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 individuals with intellectual disabilities (ICF/IDD), or institution for mental diseases, regardless of the length of stay. Low rates of reinstitutionalization over 30 days are a better indicator of transition success, since short-term hospital admissions are common among this population.[4] As of June 30, 2013, the rate of reinstitutionalization over 30 days[5] in MFP grantee states was 6.0 percent, ranging from zero to 36 percent in each state. Over half of the grantee states with active programs had rates of reinstitutionalization over 30 days between zero and 4 percent. Older adults (those age 65 and older) had the highest rate of reinstitutionalization over 30 days (8 percent) followed by individuals with mental illness (7 percent) and younger adults (under the age of 65) with a physical disability (5 percent).

MFP reblancing funds. MFP rebalancing funds represent extra federal funds received by each state from the enhanced Federal Medical Assistance Percentage (FMAP) matching rate on the qualified and demonstration home and community-based services (HCBS) they provide to MFP participants. Total rebalancing funds grew 52 percent between 2011 and 2012, increasing

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

[5] The reinstitutionalization rate over 30 days is calculated by dividing the total number of reinstitutionalizations over 30 days by the total number of current participants as of the end of the reporting period. State variability in rates may be attributable to differences in the age, type of disability, functional level, and other characteristics of current MFP participants, as well as the quality and completeness of the reported data because states vary in the accuracy of their tracking and reporting of these events.

from $59.4 million by the end of 2011 (with 20 of the 31 states reporting any such spending) to $90.3 million by the end of 2012 (with 25 of the 34 states reporting any such spending). Among the 25 MFP grantees that reported any rebalancing fund expenditures, cumulative state spending through 2012 ranged from a low of $24,436 in Delaware to a high of about $15.1 million in Washington.

Self-direction. Of the 41 grantee states with active MFP programs during the reporting period, 35 reported offering participants the option to self-direct their services. Among the 34 states with usable data, the percentage of MFP participants self-directing services varied considerably, ranging from zero percent in eight grantee states to 96 percent in Delaware.[6] The majority (29) of the 34 grantee states offering a self-direction program reported that 33 percent or fewer of their MFP participants are enrolled in the state's program.

Employment. In this progress report, for the first time we present information on the types of employment supports and services that MFP grantee states offer to participants. Job coaching or support planning was the most common type of employment service offered to participants during the first half of 2013, with 13 states offering this service. About a third (14) of grantee states reported using MFP grant funds to implement any services to support the employment goals of MFP participants. More than half of all grantees reported no progress establishing collaborative relationships with state employment agencies.

Type of community residence. Of the MFP participants who transitioned to the community during the first half of 2013, nearly 39 percent chose to live in an apartment, 35 percent moved to a home, about 14 percent chose to live in group home settings with four or fewer residents, and about 9 percent chose to live in an apartment in a qualified assisted-living facility. These distributions are consistent with the previous reporting period.

[6] Kentucky was not included in this analysis because the state reported its self-direction data in a different manner than other states, and we could not determine the number of current participants self-directing their services.

II. MFP TRANSITIONS AND ENROLLEES

After new enrollment rates increased by over 15 percent in each period from January 2008 through December 2010, the rate of increase in the number of individuals enrolled for the first time slowed in the reporting periods in 2011 and 2012 and then fell slightly from January to June 2013 (see Figure II.1). In the first half of 2013, MFP grantee states transitioned 4,812 new MFP participants, which is 1.8 percent less than the number of new participants transitioned in the second half of 2012 (4,899). Although four new grantee states started MFP programs in early 2013, the number of individuals entering the program in some of the states with larger MFP programs declined, which drove the decline in the overall national number.

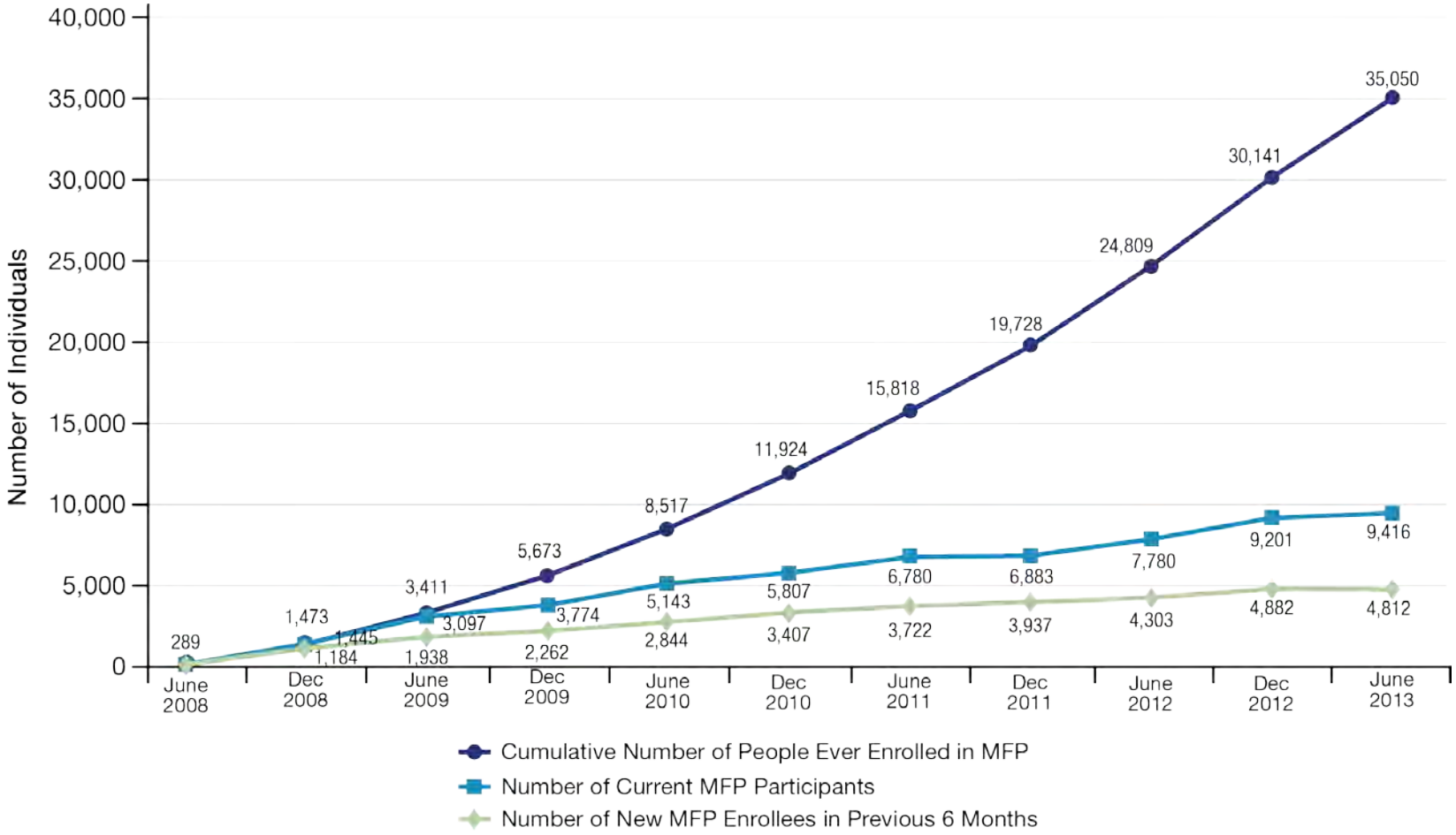
All 11 MFP states that were awarded grants in 2011 were operational during the period, and these states accounted for nearly 10 percent of new enrollees from January to June 2013. However, the aggregate number of new transitions (434) in these 11 states was also not high enough to offset the declines in the number of new participants in some of the states with larger programs.

The decrease of new enrollees in early 2013 is also reflected in the small increase in the number of current MFP participants. By mid 2013, there were 9,416 current MFP participants (see Figure II.1 and Table A.3 in the Appendix), 2.3 percent more than in December 2012 (9,201) and 21.0 percent more than in June 2012 (7,780).[7]

By the end of June 2013, a total of 35,050 people had ever enrolled in MFP and transitioned to community living since the program began in January 2008. By June 2013, cumulative enrollment grew 16.3 percent since December 2012 (30,141), and was 41.3 percent higher from one year earlier (24,809) (see Figure II.1 and Table A.1 in the Appendix). Three states with the largest programs (Ohio, Texas, and Washington) accounted for 40 percent of cumulative enrollment as of June 2013.

[7] Mathematica does not conduct audits of progress report data. However, when reported figures are not within expected ranges, state program officials are asked to verify their accuracy and, if necessary, provide corrected data. The number of current participants as of the end of the reporting period was lower than expected in six states. Mathematica followed up with these states to verify the accuracy of the reported information, and we received and incorporated into our analyses corrected data for several states.

Figure II.1. MFP Transitions and Current MFP Participants, June 2008 to June 2013

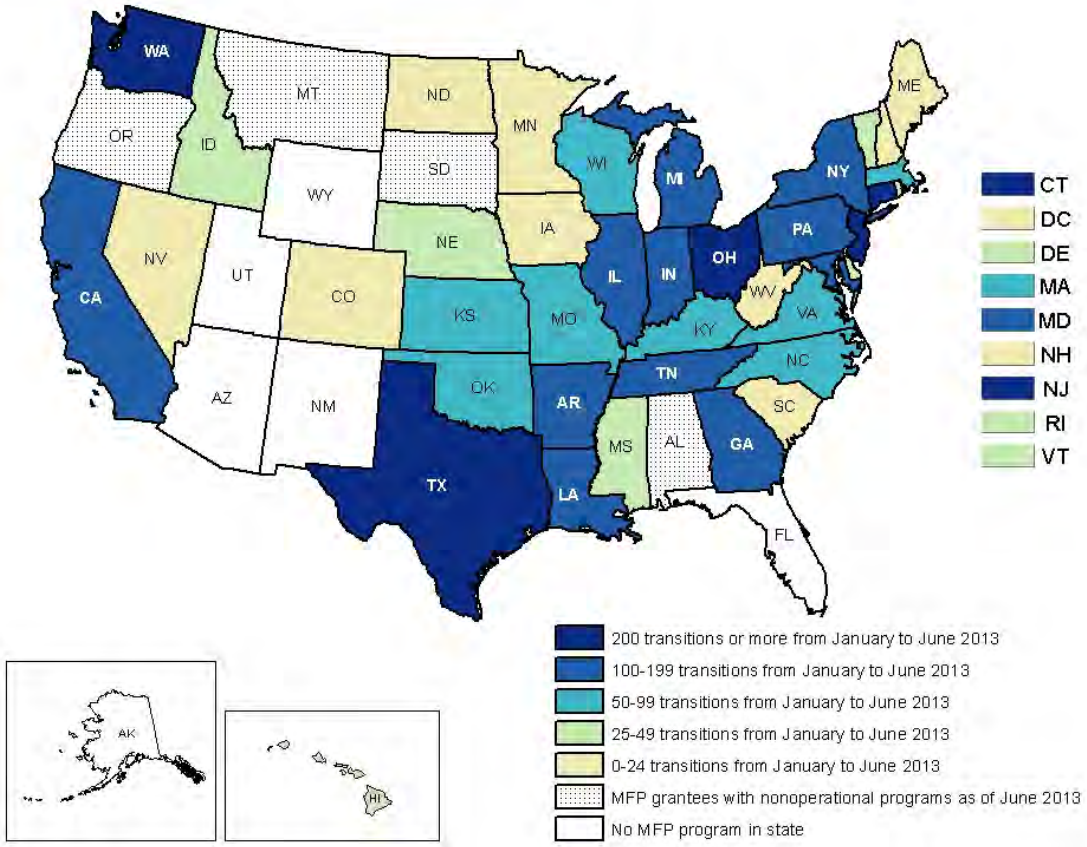


Source: Mathematica analysis of state MFP grantee semiannual progress reports, 2008 to 2013.

N = 10 states (June 2008); 30 states (December 2008, June 2009, December 2009, June 2010, December 2010, and June 2011); 34 states (December 2011); 35 states (June 2012); 37 states (December 2012); and 41 states (June 2013).

The magnitude of the number of MFP transitions varied among grantee states this reporting period (see Figure II.2). Of the 4,812 new enrollees who transitioned to the community during the first half of 2013, the number of new transitions per grantee state ranged from one in Minnesota (which began operations in the first half of 2013) to 620 in Ohio. Five MFP grantee states (Connecticut, New Jersey, Ohio, Texas, and Washington) transitioned more than 200 people each between January and June 2013; collectively, these five states transitioned a total of 2,068 people, accounting for 43 percent of total new enrollment during the reporting period. Eleven MFP grantees transitioned between 100 and 199 people, making up nearly 40 percent of new enrollment in the first half of 2013. Ten MFP grantees transitioned fewer than 25 people during the first half of 2013; 6 of those 10 (Colorado, Maine, Minnesota, Nevada, South Carolina, and West Virginia) were new grantees that began to implement their programs in late 2012 or early 2013.

Figure II.2. Number of MFP Participants Transitioned, January to June 2013, by State

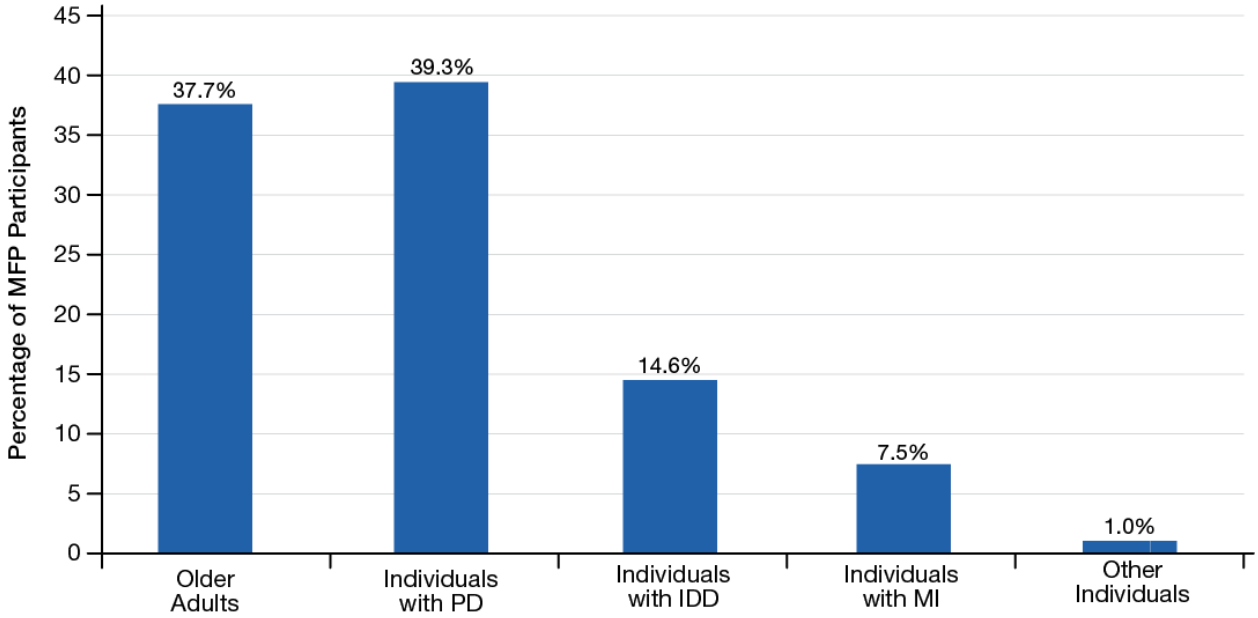


Source: Mathematica analysis of state MFP grantee semiannual progress reports, January to June 2013.

Among the 4,812 people transitioned by MFP programs during the first half of 2013, 39 percent were individuals younger than 65 with physical disabilities, 38 percent were older adults (ages 65 and older), 15 percent were individuals with intellectual or developmental disabilities (IDD), 7 percent were individuals with mental illness, and one percent was "other" individuals (see Figure II.3 and Table A.2 in the Appendix). Compared to the July to December 2012 period,

this distribution of participants represents slight increases in the proportions of individuals with physical disabilities, individuals with mental illness, and individuals with IDD that transitioned, with a corresponding decrease (3 percentage points) in the proportion of older adults and individuals with other types of disabilities.

Figure II.3. Distribution of New MFP Participants Between January and June 2013, by Population Subgroup



Source: Mathematica analysis of state MFP grantee semiannual progress reports, January to June 2013.

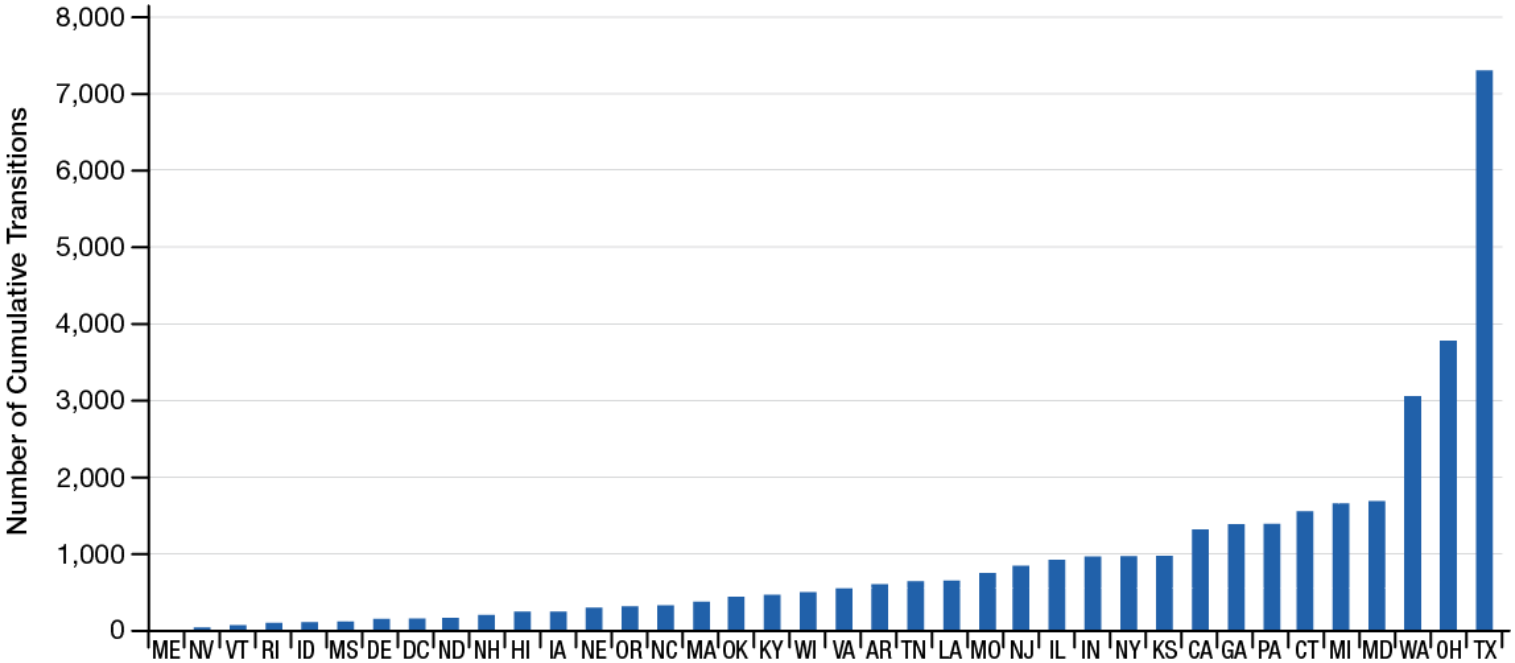
N = 41 states.

IDD = intellectual or developmental disabilities, MI = mental illness, PD = physical disabilities.

In addition to variation across population groups, there is substantial state variation in the number and type of individuals who ever transitioned and enrolled in MFP. Cumulative transitions by June 2013 ranged from 7,307 in Texas to 4 in Maine, not including the 4 new grantee states (Colorado, Minnesota, South Carolina, and West Virginia) that began operations in the first half of 2013 (see Figure II.4). Variations in program size reflect a combination of factors, including the size of the eligible population in each state and the length of time the MFP program has been in operation.

Texas alone accounted for 21 percent of the total number who had ever enrolled in MFP and transitioned by June 2013 (see Figure II.4). As the data in Table A.1 in the Appendix indicate, Texas has transitioned nearly equal numbers of older adults and younger adults with physical disabilities, and a smaller number of individuals with IDD. The next two states comprised 19 percent of cumulative transitions; they are, from highest to lowest, Ohio and Washington. Ohio is transitioning higher proportions of individuals with physical disabilities and individuals with a mental illness. Washington is primarily transitioning both older adults and individuals younger than 65 with physical disabilities from nursing home settings. The remaining states collectively accounted for 60 percent of cumulative transitions.

Figure II.4. Cumulative MFP Transitions by State, January 2008 to June 2013



Source: Mathematica analysis of state MFP grantee semiannual progress reports, January to June 2013.

Note: Colorado, Minnesota, South Carolina, and West Virginia are excluded from this graph because they began implementing their programs during the reporting period; they had three, one, four, and six transitions during the reporting period, respectively. Oregon currently has an inactive program but the state's previously reported transitions are included in this figure.

N = 38 states.

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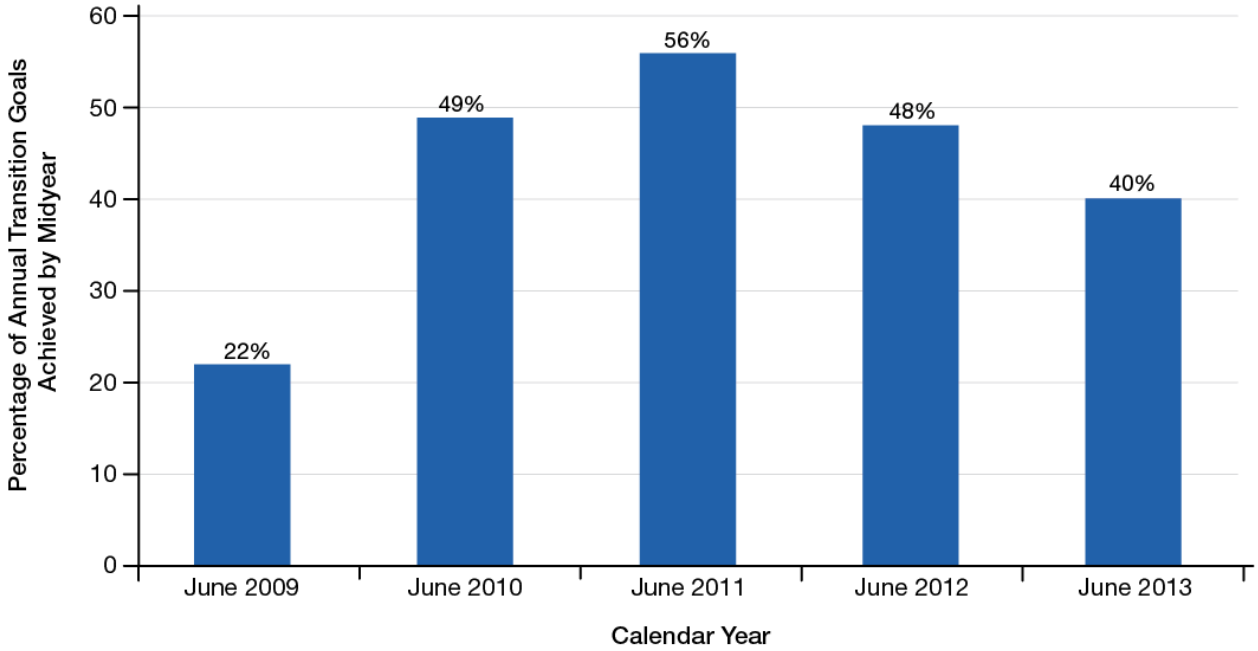
III. ACHIEVEMENT OF ANNUAL TRANSITION GOALS

States continue to make notable achievements in transitioning people through the MFP program; however, overall MFP grantee states' midyear progress towards meeting their annual goals has declined since 2011 (see Figure III.1). By June 2013, grantees had achieved 40 percent of the aggregate 2013 transition goal for that year (4,812 transitions of 11,993 planned for 2013). This is the lowest midyear rate of progress towards transition goals reported since June 2009 when many states were still in the early implementation stage, and suggests that 19 states that achieved 40 percent or less of their annual goals by mid-2013 may not meet their annual 2013 transition goals if they continue at their current pace.

The slower progress than expected is partially due to the 6 new grantee states that launched their programs at the end of 2012 and in early 2013; based on experience in other states, there are fewer transitions than expected in the start-up phase when procedures and systems are not fully implemented and the transition goals for the first year are typically set too high for what states can achieve in practice. These six states (Colorado, Maine, Minnesota, Nevada, South Carolina, and West Virginia) achieved the lowest percent of their transition goals during this reporting period. The slower progress in achieving transition goals may also be attributable to other factors, however. States reported a range of challenges that affected their ability to transition as many participants as projected during the period, including finding adequate housing and having a shortage of rental vouchers (26 states); MFP program staff turnover or a lack of staff (7 states); a shortage of HCBS providers and direct service workers (6 states); insufficient availability of HCBS (6 states); lack of referrals into the program[8] (5 states); and delays implementing programs in new grantee states (4 states).

[8] Access to the MFP program can come from a variety of sources. Since October 2010, when a new version of the nursing home resident assessment called the Minimum Data Set (MDS) became effective, residents must be asked directly if they are interested in returning to the community and if so, whether they want to be referred to someone to discuss the options. During this reporting period, states reported 4,338 people referred to MFP through MDS 3.0 Section Q, a 5.4 percent decrease since the last reporting period. This could contribute to the reduction in referrals to the program. See Table A.8 for a state-by-state breakdown of MDS 3.0 Section Q referrals during this reporting period.

Figure III.1. MFP Grantees' Midyear Progress Toward Annual Transition Goals, June 2009 to June 2013



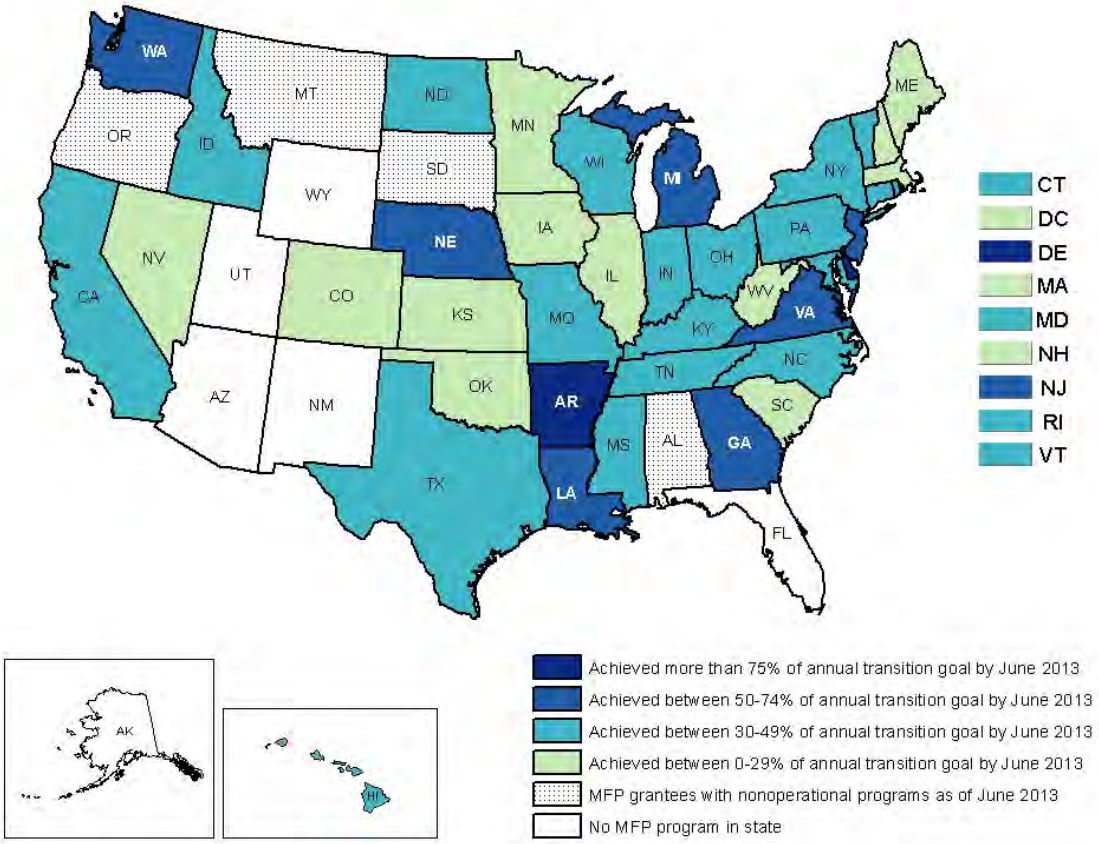
Source: Mathematica analysis of state MFP grantee semiannual progress reports, 2009 to 2013.

Notes: Progress is determined by dividing the number of transitions completed by all states as of June 30, 2013, by the aggregate annual transition goals established by all states.

N = 30 states (June 2009, June 2010, and June 2011); 35 states (June 2012); 41 states (June 2013).

MFP grantee states vary in the degree to which they attained their transition goals for 2013 (see Figure III.2 and Table A.4 in the Appendix). Two states (Arkansas and Delaware) have already reached over 75 percent of their 2013 transition goals by midyear. Seven other states report achieving between 50 and 75 percent of their annual transition goals by June 2013, and are on target to achieve their 2013 annual transition goals if they continue at this rate of transitions. However, 32 states fell short of meeting 50 percent of their annual transition goal during this reporting period. Thirteen of those 32 were close, achieving between 40 and 49 percent of their goals (not shown). Of the remaining 19 states that were below 40 percent of their goal by midyear, 6 were grantees that began implementation in late 2012 and early 2013.

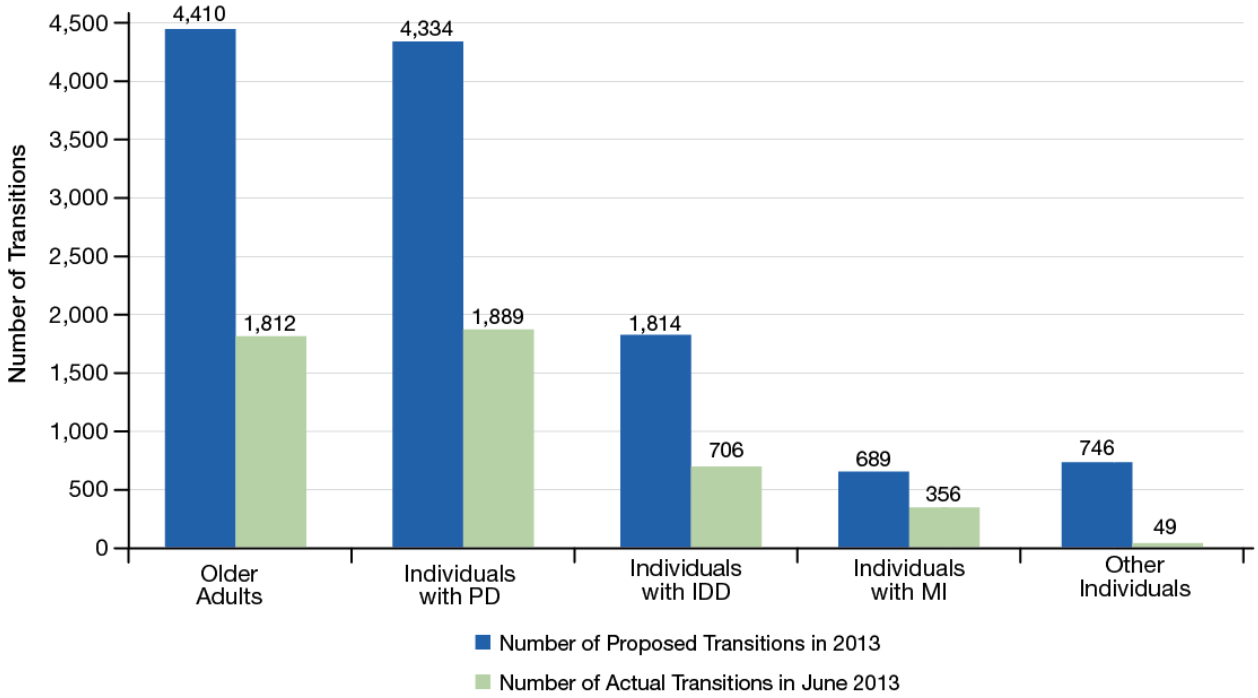
Figure III.2. MFP Grantees' Progress Toward 2013 Transition Goals, January to June 2013, by State



Source: Mathematica analysis of state MFP grantee semiannual progress reports, January to June 2013.

With regard to achieving transition goals by population subgroups, grantee states are overall achieving a higher percentage of their transition goals for individuals with mental illness, with over half (52 percent) of transition targets achieved (356 individuals transitioned compared to 689 planned in 2013). However, progress towards annual transition goals is less than 50 percent for all other subgroups. MFP grantees transitioned 1,812 older adults and 1,889 individuals with physical disabilities, 41 and 44 percent of the projected transitions for these two populations, respectively. By June 2013, states had also transitioned 706 people with IDD, which is about 39 percent of the 1,814 projected by states for the entire year (see Figure III.3).

Figure III.3. MFP Grantees' Progress Toward 2013 Transition Goals, by Population Subgroup



Source: Mathematica analysis of state MFP grantee semiannual progress reports, January to June 2013.

N = 41 states.

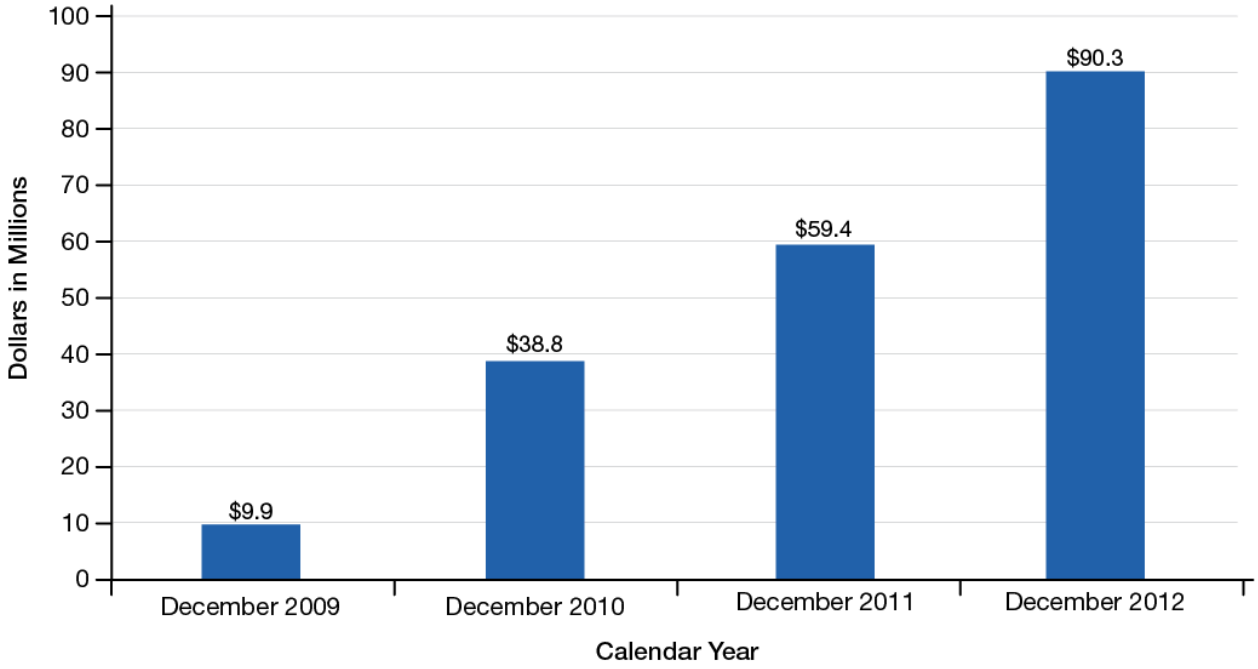
IDD = intellectual or developmental disabilities, MI = mental illness, PD = physical disabilities.

IV. 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 FMAP matching rate on the qualified and demonstration HCBS they provide to MFP participants. Grantees are required to reinvest these funds in initiatives that will help to rebalance the LTC system. For this reporting period, MFP grantees reported their total rebalancing spending and activities through December 2012.

MFP rebalancing fund expenditures have continued to grow substantially each year since the start of the program (see Figure IV.1). Total spending increased to $90.3 million by the end of 2012, a 52 percent increase from 2011, when 20 MFP grantee states reported spending $59.4 million. In calendar year 2012, 25 grantee states (including Oregon) reported some level of spending in 2012; 5 (Arkansas, Delaware, Kansas, North Dakota, and Vermont) reported rebalancing expenditures for the first time. Nine more states reported that they had not spent any rebalancing funds by the end of 2012, and 4 (California, Georgia, New Hampshire, and Wisconsin) were unable to report cumulative spending (see Table A.5 in the Appendix). Colorado, Minnesota, South Carolina, and West Virginia had not implemented MFP programs by the end of 2012 and were not included in this analysis.

Figure IV.1. Cumulative Expenditures of State Rebalancing Funds Between December 2009 and December 2012



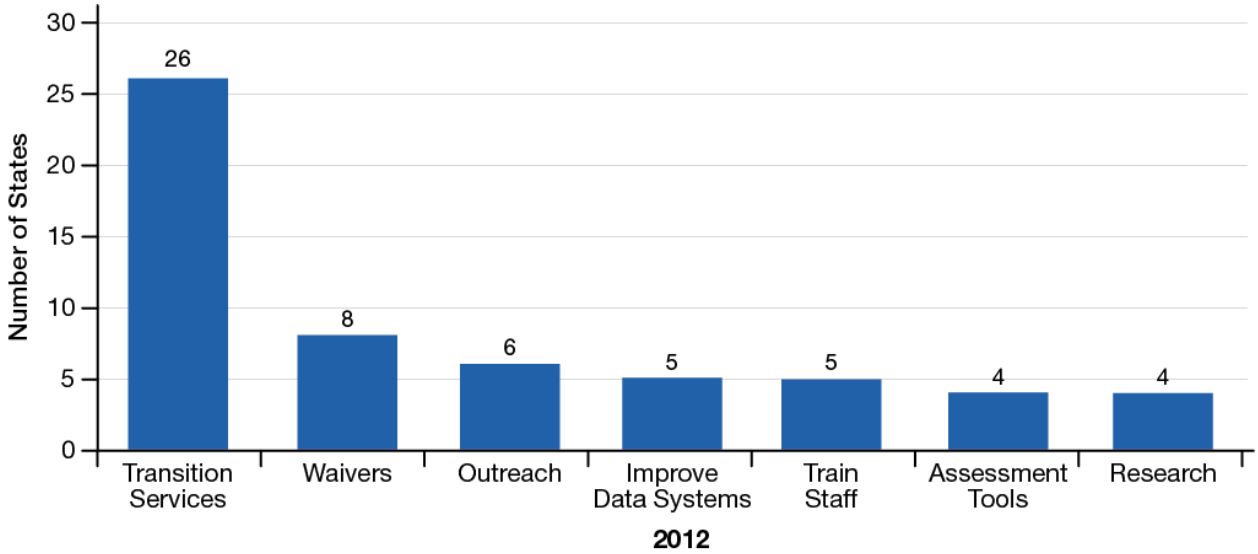
Source: Mathematica analysis of state MFP grantee semiannual progress reports covering December 2009 to December 2012.

N = 16 states (2009); 24 states (2010); 31 states (2011); 34 states (2012).

Among the MFP grantees that reported any rebalancing funds expenditures, state spending through 2012 ranged from a low of $24,436 in Delaware to a high of about $15.1 million in Washington. Some MFP grantees saw significant growth in cumulative spending between 2011 and 2012, but several newer MFP grantee states had not yet begun to spend rebalancing funds by the end of 2012. The median cumulative spending among states that reported any expenditures on rebalancing in 2010 was about $1.5 million. The median increased to about $2.4 million in 2011 and stayed relatively steady at about $2.5 million in 2012.

MFP grantees are required to invest their rebalancing funds in programs or initiatives that help to shift the balance of long term care toward HCBS. Thirty-four MFP grantees reported a wide range of rebalancing initiatives that were either planned or already under way (see Table A.5 in the Appendix). These activities can be broadly classified under common themes: (1) promoting awareness, use, or access to transition services (26 states); (2) expanding or enhancing HCBS waiver programs (8 states); (3) outreach (6 states); (4) developing or improving administrative data or tracking systems (5 states); (5) recruiting, training, or retaining direct care workers (5 states); (6) supporting the development or use of tools to assess consumer needs and preferences (4 states); and (7) research (4 states). (Figure IV.2) An additional 5 states—generally newer MFP grantees—reported that they were still developing plans for their rebalancing funds.

Figure IV.2. Types of Rebalancing Initiatives in 2012



Source: Mathematica analysis of state MFP grantee semiannual progress reports, January to June 2013.

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

N = 34 states.

V. REINSTITUTIONALIZATIONS OVER 30 DAYS

The number of participants who remain in the community throughout the first year after transition is a key indicator of the extent to which MFP transitions are successful and how MFP participants fare in the community. Consequently, MFP grantees track the rate of reinstitutionalization, which is defined as any admission to a hospital, nursing home, ICF/IDD, or institution for mental diseases, regardless of the length of stay. Low rates of reinstitutionalization over 30 days are more meaningful indicators of transition success, since short-term hospital admissions lasting less than 30 days are common among this population.[9,10]

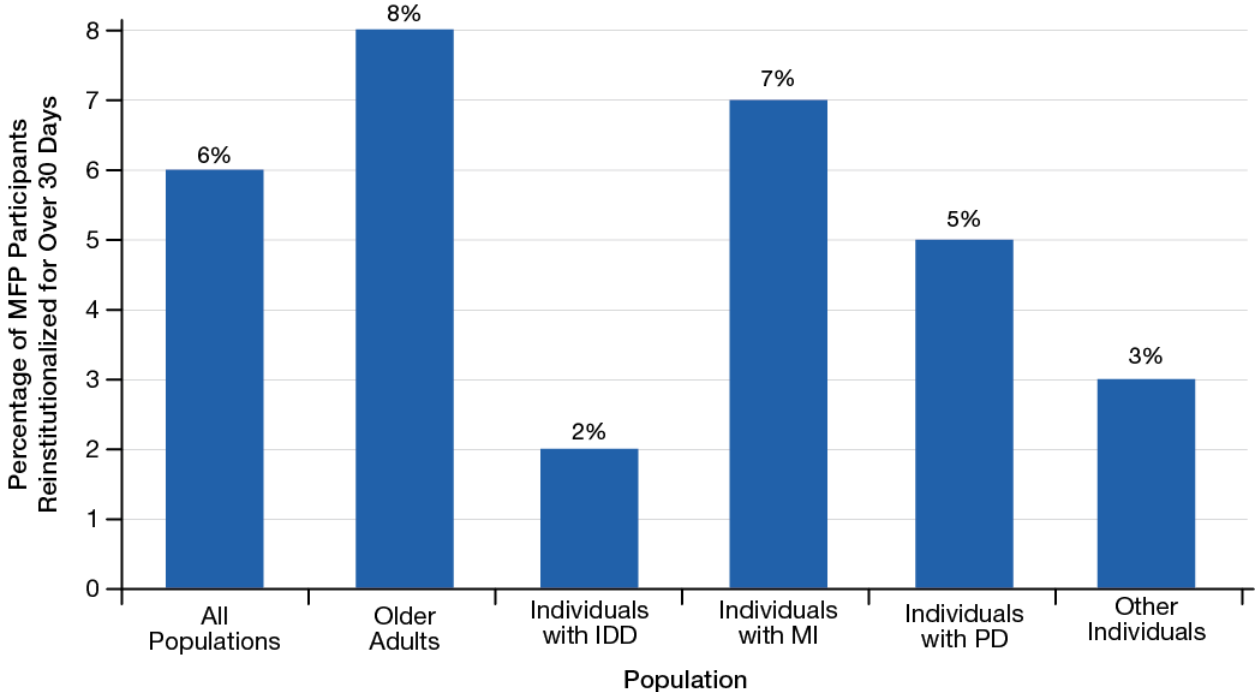
Overall, 6 percent of current MFP participants were re-institutionalized over 30 days (Figure V.1). Among the major MFP target populations, adults over 65 had the highest rate (8 percent) of reinstitutionalization over 30 days among current participants as of June 30, 2013.[11] That group was followed by individuals with mental illness (7 percent) and by people with physical disabilities (5 percent). Overall, older adults and people with physical disabilities make up the majority of reinstitutionalizations over 30 days, comprising 54 and 33 percent of all reinstitutionalizations of this length, respectively. (See Tables A.6 and A.7 in the Appendix. In Table A.6, we include state-by-state data of reinstitutionalizations for any length of stay.)

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

[10] The term "reinstitutionalized" means admission to an inpatient facility, such as a hospital, nursing home, ICF/IDD, or institution for mental disease, for a stay of less than or more than 30 days. If an MFP participant is admitted for more than 30 days, CMS guidance requires that the individual be disenrolled from MFP. Former MFP participants who were disenrolled prior to the completion of 365 days in the demonstration may reenroll in MFP without meeting the 90 consecutive days institutional residency requirement, provided they meet any applicable state requirements for reenrollment.

[11] The reinstitutionalization rate over 30 days is calculated by dividing the total number of reinstitutionalizations over 30 days by the total number of current participants as of the end of the reporting period.

Figure V.1. Rates of Reinstitutionalization over 30 Days Between January and June 2013, by MFP Population Subgroup



Source: Mathematica analysis of state MFP grantee semiannual progress reports, January to June 2013.

Note: Indiana is not included in the rates for any subpopulation because at the time of this report, it was unable to provide a breakdown of current participants for older adults and individuals with PD – the denominator for this calculation.

N = 41 states (all populations); 40 states (subpopulations).

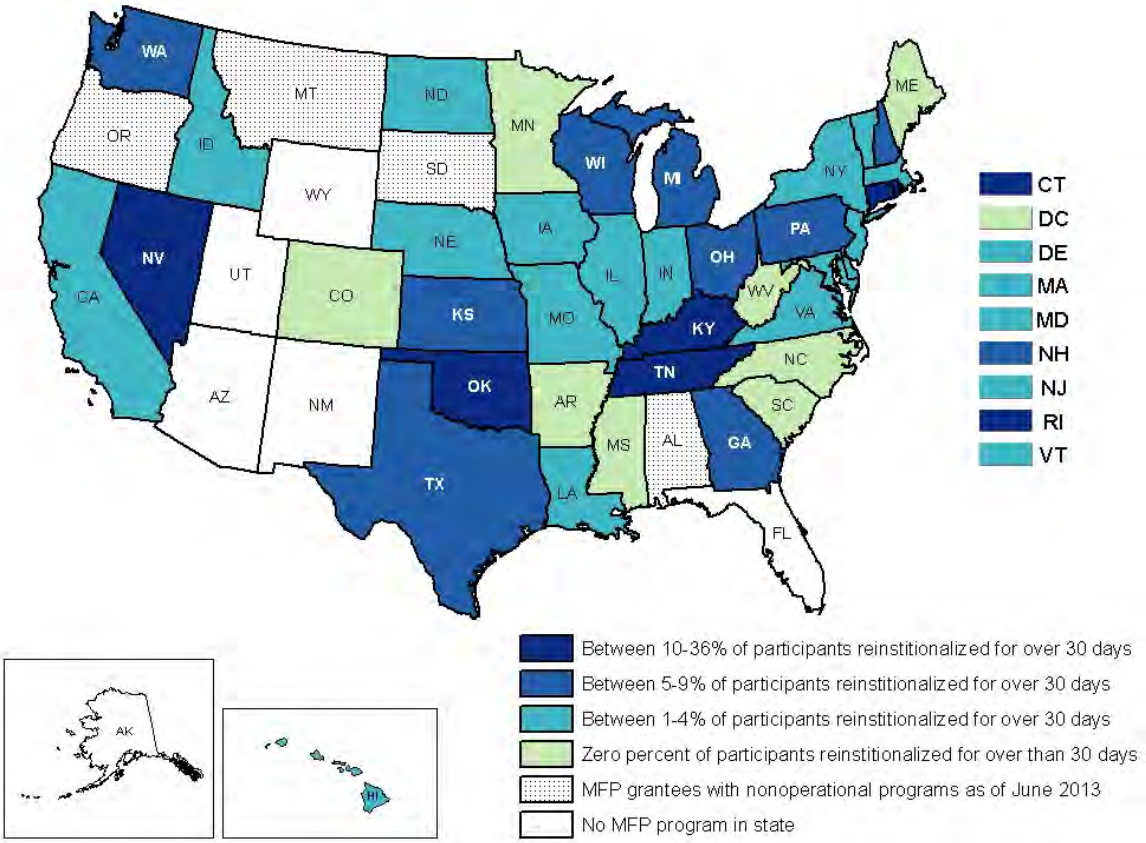
IDD = intellectual or developmental disabilities, MI = mental illness, PD = physical disabilities.

The rate of reinstitutionalization over 30 days in MFP grantee states ranged from zero to 36 percent. Although we do not know all of the reasons for this variability, we believe it is partly attributable to different level of care needs of participants in each state.[12] Over half of grantee states with active programs had a rate of reinstitutionalization over 30 days between zero and 4 percent. Six grantee states (Connecticut, Kentucky, Nevada, Oklahoma, Tennessee, and Rhode Island) had the highest rates, ranging between 10 and 36 percent of current MFP participants (see Figure V.2). Connecticut and Rhode Island also were among the states with the highest rates of reinstitutionalization over 30 days during last reporting period (July to December 2012). Rhode Island's low number of current participants (28) means that even a few reinstitutionalizations would result in a higher than average rate, but even so 13 people is relatively high. Nine states reported no reinstitutionalizations over 30 days; 3 of these had few participants because they

[12] It may also be attributable to differences in the quality and completeness of data because states vary in their ability to track and report reinstitutionalizations accurately.

began operations in early 2013. Common reasons for reinstitutionalization include (1) deterioration in physical or mental health status, reported by 21 states; (2) events (for example, acute medical events, falls, or accidents) that led to a hospitalization, reported by 13 states; (3) the existence of a complex or chronic condition, reported by 7 states; (4) inadequate community or family member support, reported by 6 states; and (5) requests by either the family or the participant to return to an institutional setting, reported by 4 states.

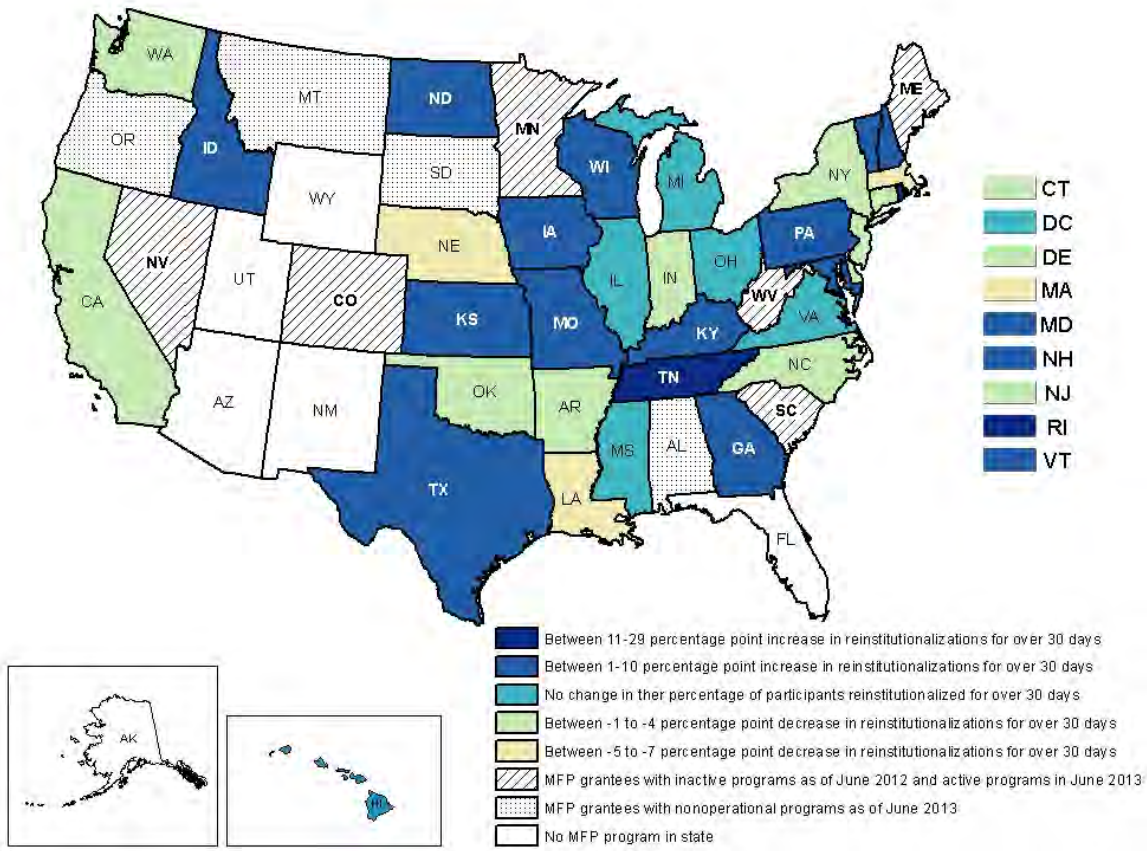
Figure V.2. Percentage of Current Participants Reinstitutionalized for over 30 Days, January to June 2013, by State



Source: Mathematica analysis of state MFP grantee semiannual progress reports, January to June 2013.

Of the 35 states that submitted a progress report in the first periods of both 2012 and 2013, over half (20) experienced either no change or a decrease in the rate of reinstitutionalization over 30 days from 2012 to 2013. Since June 2012, 13 states had a decrease in their rate of reinstitutionalization over 30 days and 7 showed no change. The other 15 states had increased rates (see Figure V.3). Of the states with increases in this rate, Rhode Island had the largest increase (29 percentage points) and Louisiana the largest decrease (7 percentage points).

Figure V.3. Percentage Point Change in Rate of Reinstitutionalization over 30 Days, from January to June 2012 to January to June 2013 Reporting Periods, by State



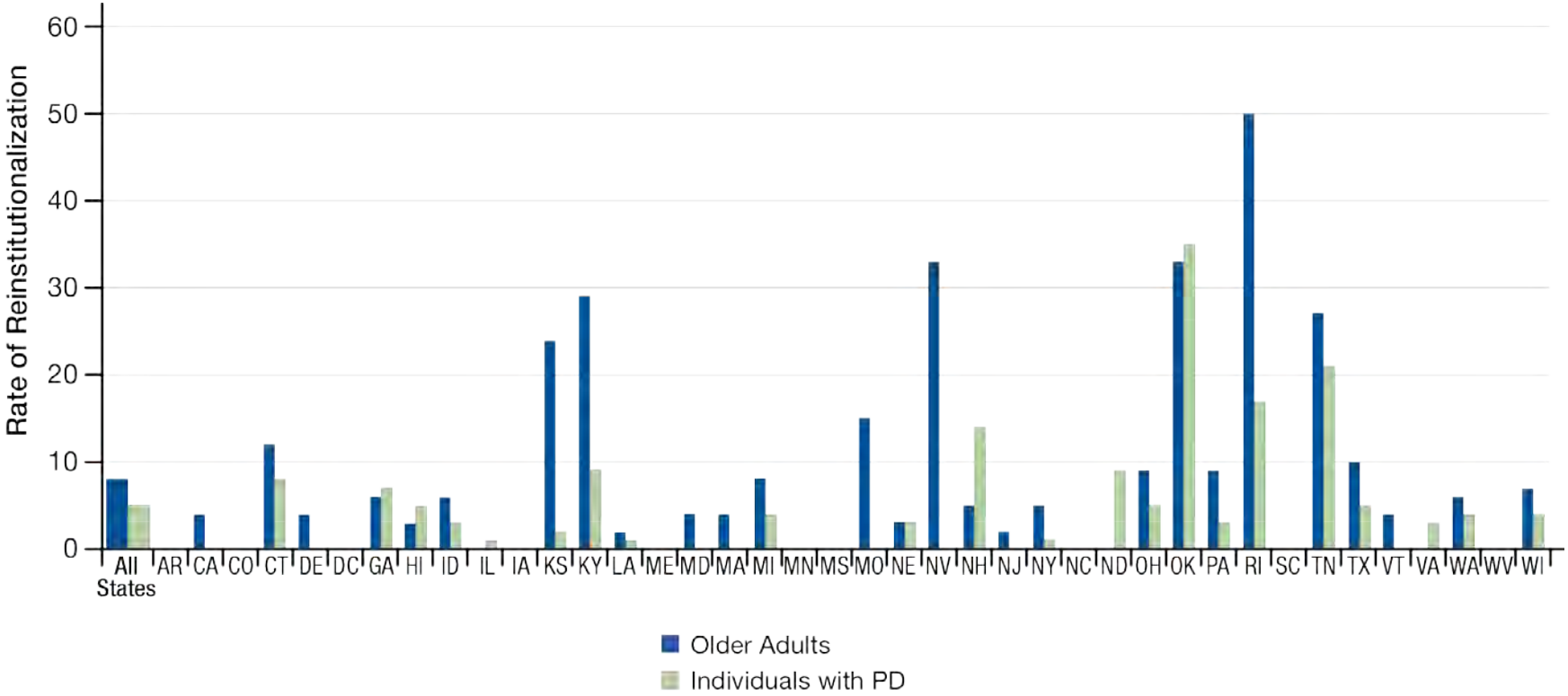
Source: Mathematica analysis of state MFP grantee semiannual progress reports, January to June 2012 and January to June 2013 reporting periods.

Among older adults and participants with physical disabilities—the populations that make up the highest proportion of reinstitutionalizations—Rhode Island had the highest rate of reinstitutionalization over 30 days for older adults (50 percent) and Oklahoma had the highest rate for individuals under age 65 with physical disabilities (35 percent) (see Figure V.4). During this reporting period, an additional 5 states (Kansas, Kentucky, Nevada, Oklahoma, and Tennessee) had reinstitutionalization rates over 20 percent for older adults, and one other (Tennessee) had a rate over 20 percent for people with physical disabilities. Ten grantee states (Arkansas, Colorado, District of Columbia, Iowa, Maine, Minnesota, Mississippi, North Carolina, South Carolina, and West Virginia) reported no reinstitutionalizations over 30 days

among either older adults or individuals with physical disabilities.[13] Of these 10, 4 states (Colorado, Minnesota, South Carolina, and West Virginia) began operations in the first half of 2013 and have small numbers of MFP participants; and Iowa's program does not serve either older adults or individuals under age 65 with physical disabilities.

[13] Indiana reported reinstitutionalizations for older adults and individuals with physical disabilities but because the state was not able to provide the count of current participants for these two target populations, we were unable to calculate the rate of reinstitutionalization for those subgroups.

Figure V.4. Rate of Reinstitutionalization over 30 Days Among Older Adults and People with Physical Disabilities from January to June 2013, by State



Source: Mathematica analysis of state MFP grantee semiannual progress reports, January to June 2013.

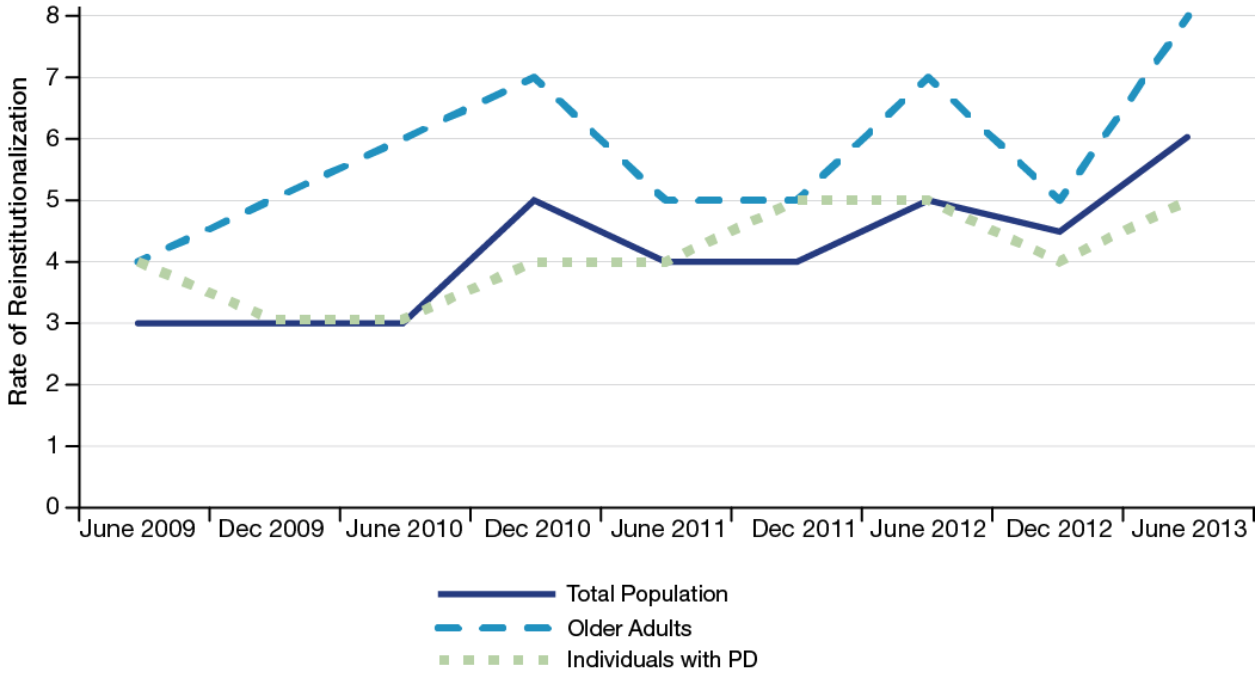
Note: Arkansas, Colorado, the District of Columbia, Iowa, Maine, Minnesota, Mississippi, North Carolina, South Carolina, and West Virginia reported zero reinstitutionalizations over 30 days for either older adults or individuals with physical disabilities during the January to June 2013 reporting period. Illinois, North Dakota, and Virginia reported zero reinstitutionalizations for older adults. California, Delaware, Maryland, Massachusetts, Missouri, Nevada, New Jersey, and Vermont reported zero reinstitutionalizations for individuals with physical disabilities. Indiana was unable to provide the count of current participants for older adults and individuals with physical disabilities at the time of this report, and as a result we were unable to determine the rate of reinstitutionalization for those subgroups.

N = 40 states.

PD = physical disabilities.

During the first six months of 2013 the rate of reinstitutionalization for older adults reached its highest rate (8 percent) in the last four years, which contributed to the overall increase the rate of reinstitutionalization (6 percent) for all MFP participants (see Figure V.5). The overall increase in the rate of reinstitutionalization over 30 days among older adults was driven by large increases (over 25 percent) in four states (Kentucky, Nevada, Oklahoma, and Rhode Island) since the previous reporting period. Reasons for these increases could be due to states having participants with increasingly high acuity levels or variation in how states are collecting and reporting data. Among individuals with physical disabilities, the rate of reinstitutionalization rose to 5 percent of current participants in December 2011 and June 2012 and then declined in December 2012 but rose again to 5 percent in June 2013.

Figure V.5. Rates of Reinstitutionalization over 30 Days for All Populations, Older Adults, and People with Physical Disabilities Between June 2009 and June 2013



Source: Mathematica analysis of state MFP grantee semiannual progress reports, 2009 to 2013.

Note: The reinstitutionalization rate was calculated by dividing the aggregate number of reinstitutionalizations over 30 days reported by MFP grantees by the total number of current participants at the end of each reporting period from 2009 to 2013. We made these calculations both for overall rates and for the targeted populations.

N = 30 states (June 2009, December 2009, June 2010, December 2010, and June 2011); 34 states (December 2011); 35 states (June 2012); 37 states (December 2012); 41 states (June 2013).

PD = physical disabilities.

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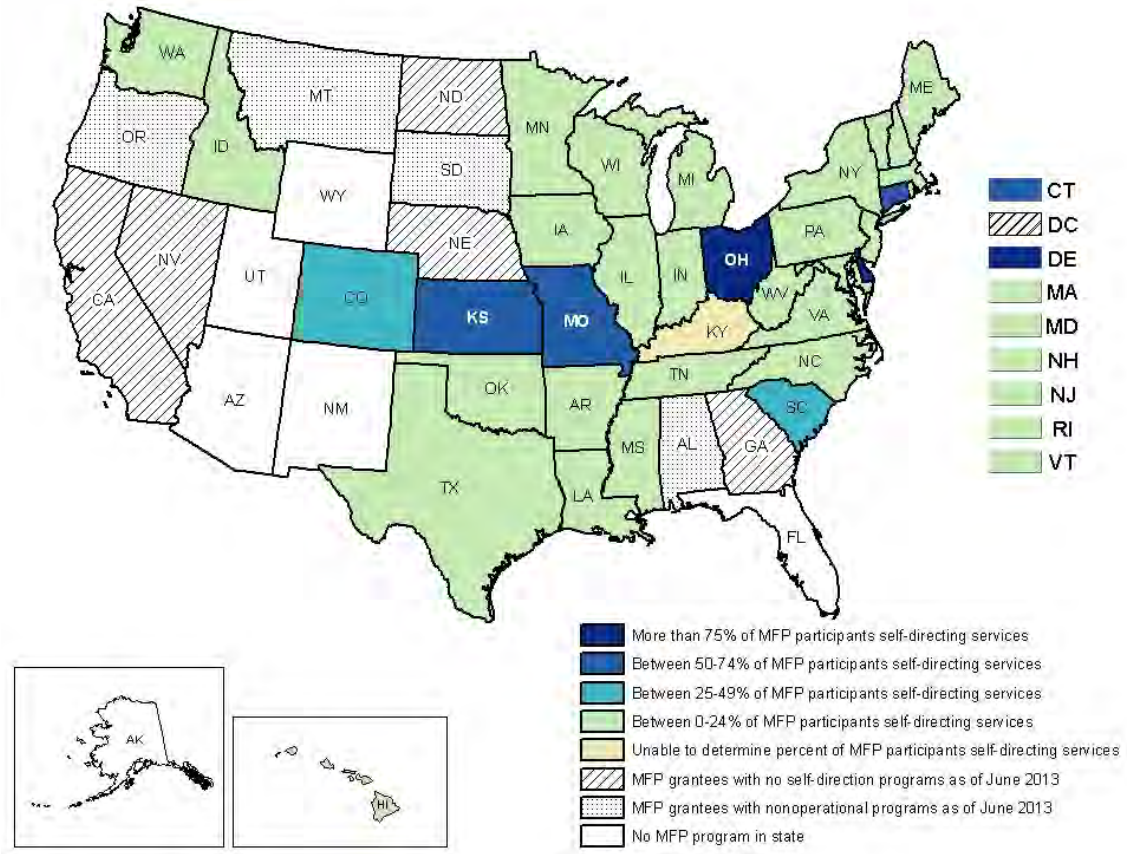
VI. SELF-DIRECTION

Of the 41 grantee states with active MFP programs during the reporting period, 35 reported offering participants the option to self-direct their services (see Figure VI.1). Among the 34 states with usable data, on average 16.6 percent of MFP participants were reported to be self-directing services, ranging from zero in 8 grantee states to 96 percent in Delaware.[14] All MFP participants in Ohio are considered to be self-directing, because they all receive $2,000 for one-time moving expenses to use as they wish.[15] The majority (29) of the 34 grantee states offering a self-direction program reported that 33 percent or fewer of their MFP participants are enrolled in the state's program. Five states (Connecticut, Delaware, Kansas, Missouri, and Ohio) reported more than half their participants self-directing services.

[14] Kentucky was not included in this analysis because the state reported its self-direction data in a different manner than other states and we were unable to determine the number of current participants self-directing their services.

[15] Although Ohio considers all MFP participants to be self-directing, the state only reported 99 percent of participants enrolled in a self-direction program. This discrepancy may be due to reporting error.

Figure VI.1. Percentage of MFP Participants Self-Directing Services, January to June 2013

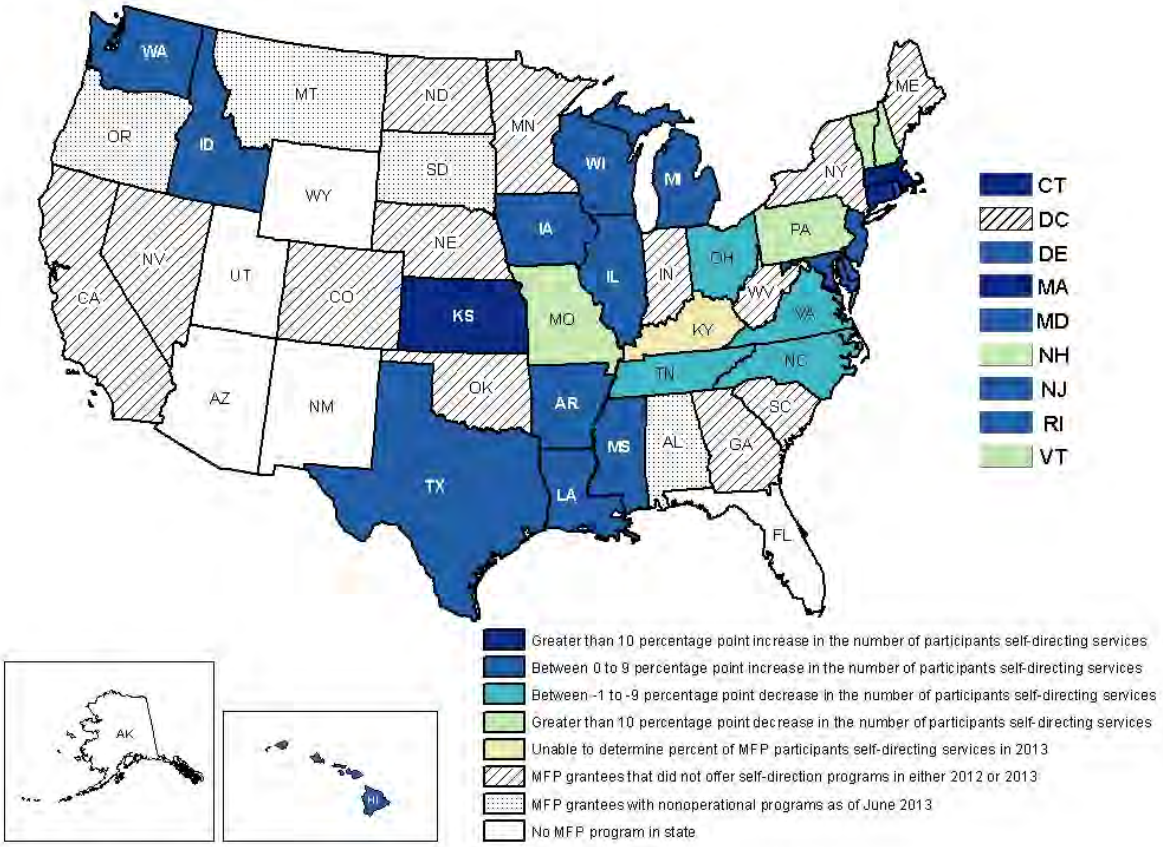


Source: Mathematica analysis of state MFP grantee semiannual progress reports, January to June 2013.

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

Among the 27 states that had offered MFP participants the option to self-direct their services in both 2011 and 2012, 16 states experienced an increase in the percentage of MFP participants self-directing HCBS (see Figure VI.2). Increases in the number of participants self-directing ranged from less than one percentage point in Texas to 25 percentage points in Connecticut. Eight states reported decreases ranging from 2 (North Carolina) to 70 percentage points (Pennsylvania).

Figure VI.2. Percentage Point Change Between June 2012 and June 2103 in MFP Participants Self-Directing Services

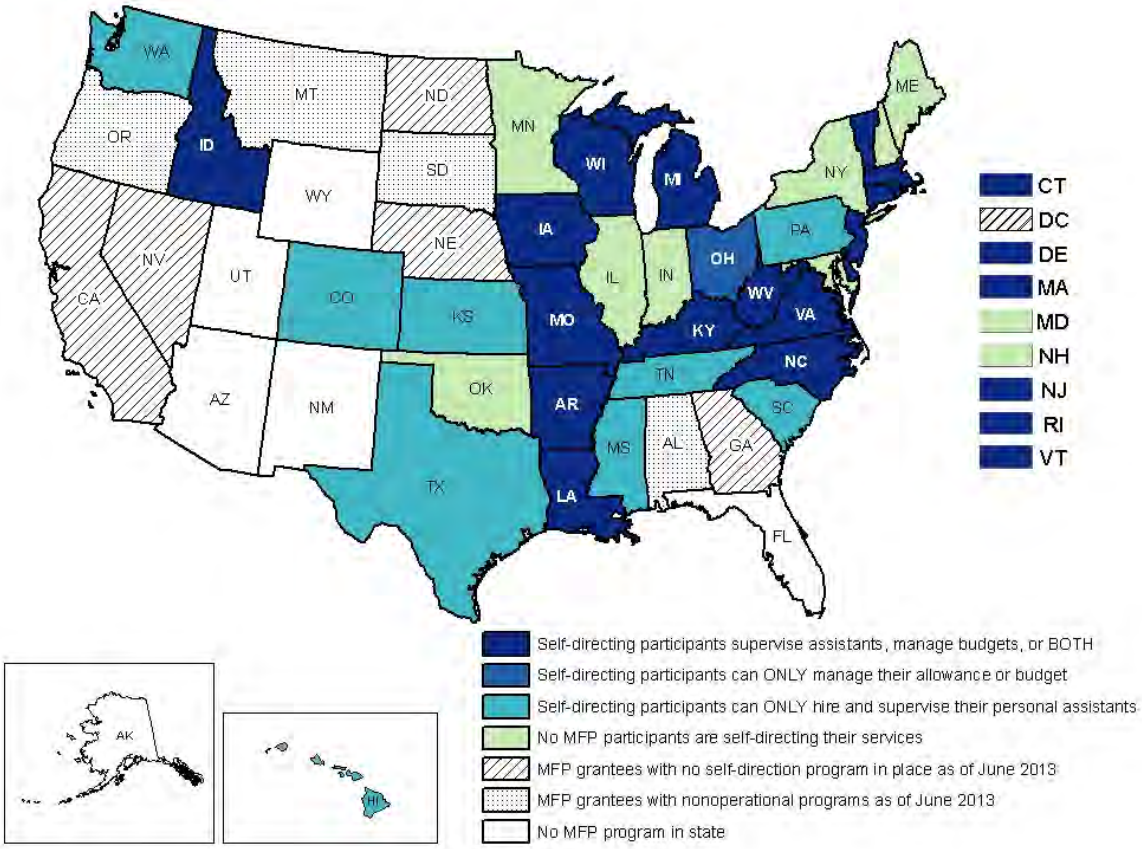


Source: Mathematica analysis of state MFP grantee semiannual progress reports, January to June 2012 and January to June 2013 reporting periods.

Note: Although Ohio considers all MFP participants to be self-directing, the state only reported 99 percent of participants enrolled in a self-direction program this reporting period. This caused the state to have a slight decrease in participants self-directing services. This decrease may be due to reporting error.

States design their self-direction programs to allow participants to hire and supervise their personal care assistants, manage their allowance or budget, or both. Of the 35 states with self-direction programs, 27 reported at least one MFP participant was self-directing his or her HCBS in some manner (see Figure VI.3). The majority of these states (17) offered participants the option to choose to hire and supervise staff, manage their budgets, or do both. Nine states (Colorado, Hawaii, Kansas, Mississippi, Pennsylvania, South Carolina, Tennessee, Texas, and Washington) reported that they only offer their MFP participants the option to hire and supervise staff, and one (Ohio) reported that it only offers its MFP participants the option to manage their budget for one-time moving expenses (see Table A.9 in the Appendix).

Figure VI.3. Types of Self-Direction Service Options Utilized by MFP Participants, January to June 2013



Source: Mathematica analysis of state MFP grantee semiannual progress reports, January to June 2013.

VII. EMPLOYMENT SUPPORTS AND SERVICES

CMS encourages MFP grantee states to implement initiatives to promote employment for MFP participants.[16] Employment can increase individuals' financial independence and well-being and help ensure successful integration into the community. Beginning in 2012, grantees were asked to report on the types of employment services and supports offered to participants; the activities or progress made to utilize MFP resources to support participants' employment goals; and progress made to establish collaborative relationships with state employment agencies. In this chapter, for the first time, we present information on (1) the types of employment supports and services grantee states provide to participants to help them find or maintain employment and (2) how states are using MFP grant funds to support participants' employment goals.

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.[17] Job coaching or support planning was the most common type of employment service offered to participants during the first half of 2013, with 13 states offering this service (see Figure VII.1). The next most commonly offered employment service was job training or retraining, and other types of services, each offered by 10 grantee states. Other employment services is a broad category that included referral services (Hawaii, Vermont, and West Virginia), personal care services in the workplace (Michigan), and programs to develop minimum standards for employers (Missouri). Assistance with personal budgeting was offered by 8 states followed by both peer-to-peer consultation and support and transportation to and from work, each cited by 7 grantee states. One state (New Jersey) reported providing mediation with family or friends to secure their support for individuals' work-related needs.

In addition to providing employment supports and services to MFP participants, two states are implementing broad initiatives to promote the employment goals of individuals with disabilities, including MFP participants. In Illinois, the governor signed legislation designating Illinois as an "employment first state."[18] Also, Iowa was awarded an Employment First

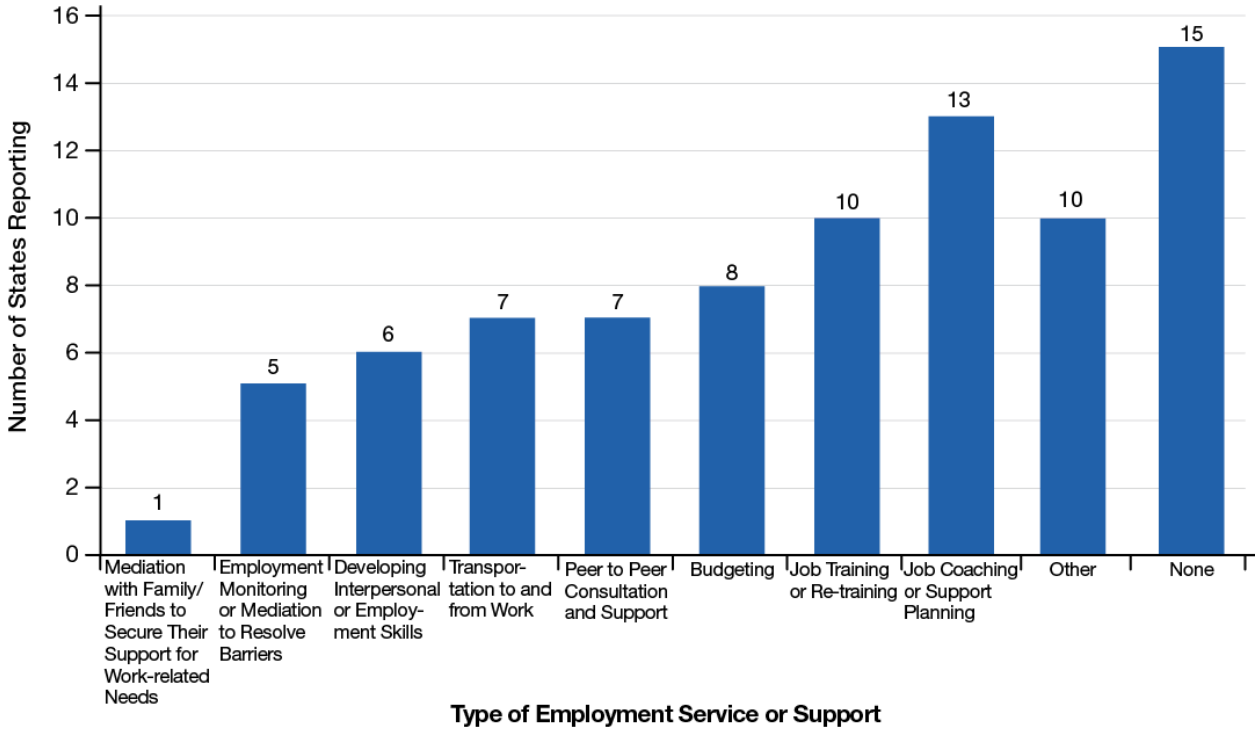
[16] CMS issued policy guidance to MFP grantee states on May 31, 2011, summarizing several ways they can promote employment among participants as part of their rebalancing plans.

[17] Employment services available to MFP participants through an HCBS waiver or optional state plan most often supplement core services funded by other systems such as vocational rehabilitation (VR), state agencies serving individuals with IDD, and One-Stop Career Centers, which are supported by the Workforce Investment Act.

[18] House Bill 2591 requires all Illinois state agencies to work together to make competitive employment for people with disabilities a priority and to establish measurable goals and objectives for the state. The law requires the Employment and Economic Opportunity for Persons with Disabilities (EEOPWD) Task Force to monitor progress towards this mission. All state agencies will be required to share data and information and ensure all policies, procedures and practices are aligned to these goals and objectives. See http://www3.illinois.gov/PressReleases/ShowPressRelease.cfm?SubjectID=1&RecNum=11350.

Leadership State Mentoring Program grant (EFLSMP) by the Office of Disability Employment Policy and staff have been receiving technical assistance from the State Employment Leadership Network (SELN) to restructure Iowa's employment services definitions and rates to incentivize community employment service providers.

Figure VII.1. Number of States Offering Employment Services and Supports to MFP Participants, January to June 2013



Source: Mathematica analysis of state MFP grantee semiannual progress reports, January to June 2013. States may select more than one type of employment service/support.

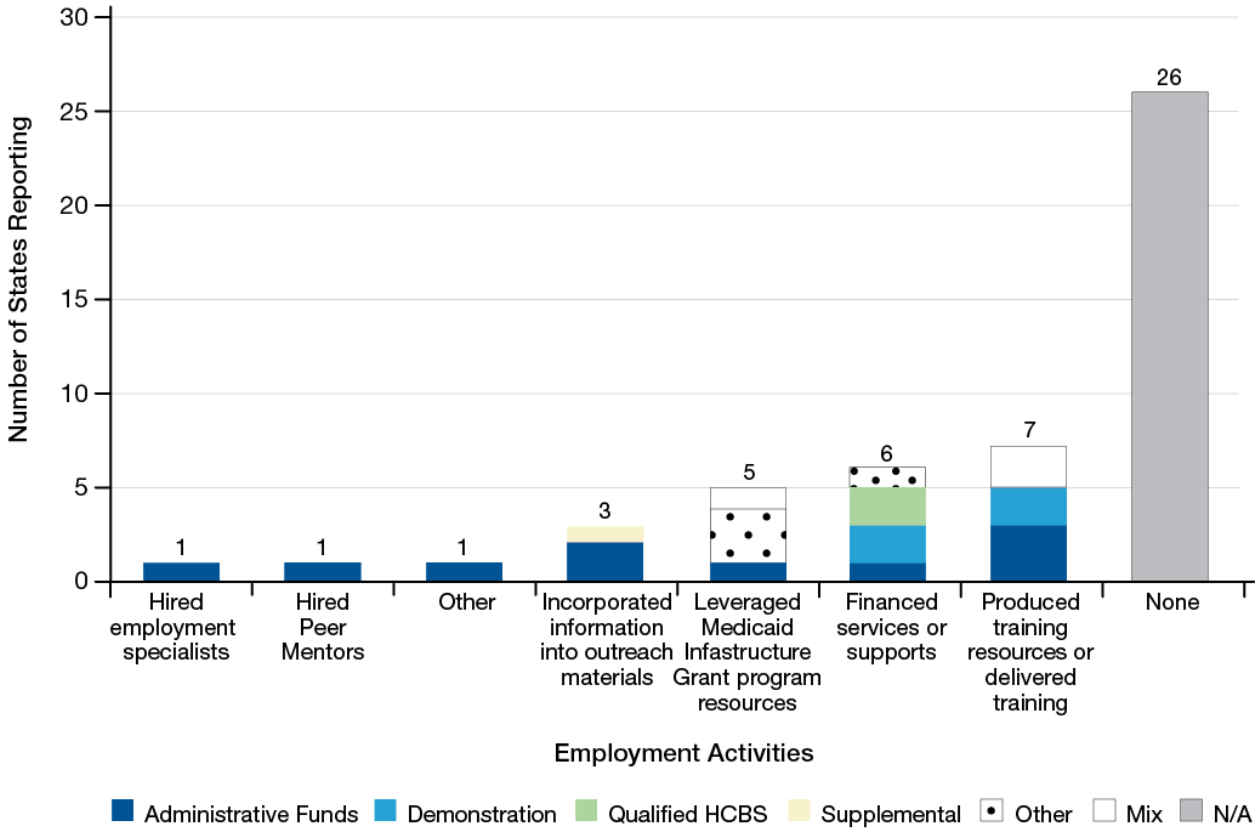
Note: 'Other' types of employment services and supports encompass referral services, personal care services in the workplace, and programs to develop minimum standards for employers.

N = 41 states.

MFP grantee states are also asked to describe activities funded by MFP resources to support the employment goals of MFP participants during the period. Overall, about a third (14) of grantee states reported using MFP grant funds to implement activities to support the employment goals of MFP participants (see Figure VII.2). Seven states (Connecticut, Iowa, Georgia, Ohio, Mississippi, New Jersey, and Washington) created training materials or delivered employment training to MFP staff, transition coordinators, or waiver staff. Three of these states funded the training activities with federal MFP administrative funds (no state match required), two states as MFP demonstration services, and the remaining two states as a mix of funding pools. Six states (Iowa, Massachusetts, Maine, Michigan, Ohio, and Washington) addressed barriers to employment by paying for services or supports (adaptive equipment, transportation, and personal assistance services) to help people get to work or function in the workplace. Two of these 6 states used MFP demonstration service funding, 2 other states used qualified HCBS funding, and the remaining 2 used a mix of funding or cited 'other'. Five grantee states (Iowa, Idaho, Maryland, New Jersey, and Texas) leveraged Medicaid Infrastructure Grant program resources

or funds (via supplemental grants or no-cost extension of previous grants) to support employment of participants with disabilities. Three states (Connecticut, Kentucky, and New Jersey) incorporated information into outreach materials, with one state using MFP supplemental services and the other 2 states using 100 percent federal administrative funds. Finally, New Jersey hired an employment specialist and a peer mentor during the period using only 100 percent federal administrative funds for both activities.

Figure VII.2. Activities to Support MFP Participants' Employment Goals, by MFP Funding Source, January to June 2013



Source: Mathematica analysis of state MFP grantee semiannual progress reports, January to June 2013. States may select more than one type of employment activity.

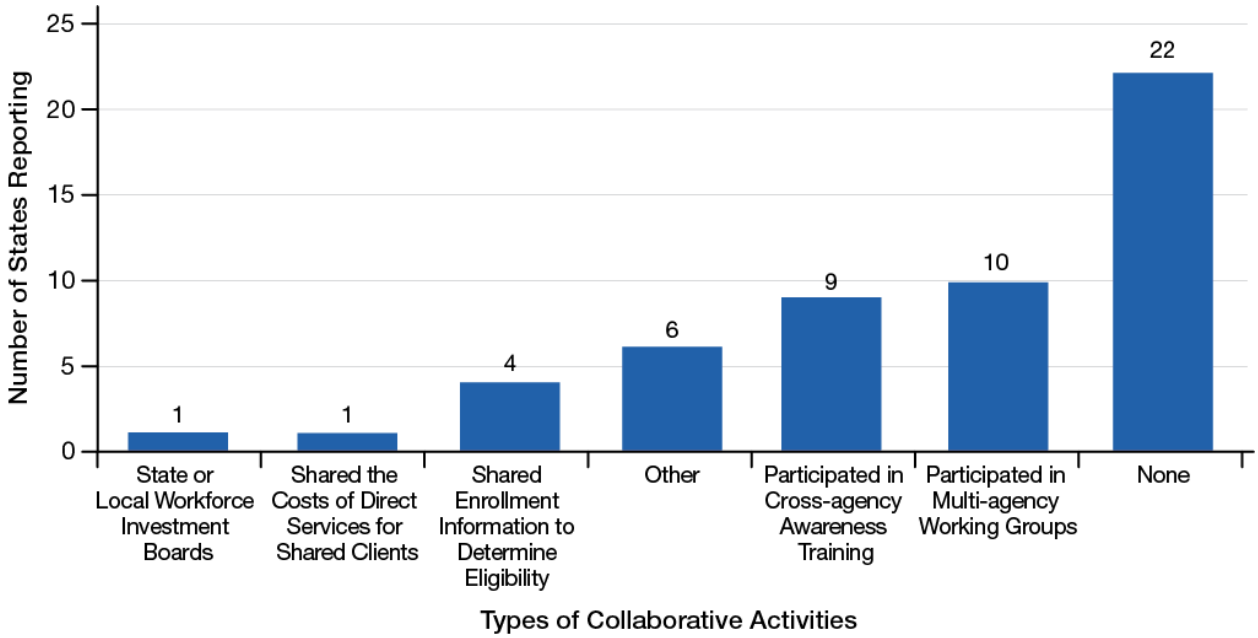
N = 41 states.

HCBS = home and community-based services.

N/A = not available.

Finally, grantee states are asked to report each period on their progress in establishing collaborative relationships with state employment agencies such as state departments of labor, vocational rehabilitation, workforce development, or commissions for the blind. Among the 19 states that reported collaborating with a state employment agency during the first half of 2013, 10 grantee states reported that MFP program staff participated in multi-agency workgroups that address employment for individuals with disabilities and 9 participated in cross-agency awareness trainings. More than half of all grantee states (22) reported no progress establishing collaborative relationships with state employment agencies. (see Figure VII.3)

Figure VII.3. Collaborative Relationships between MFP programs and State Employment Agencies, January to June 2013



Source: Mathematica analysis of state MFP grantee semiannual progress reports, January to June 2013. States may select more than one type of support.

N = 41 states.

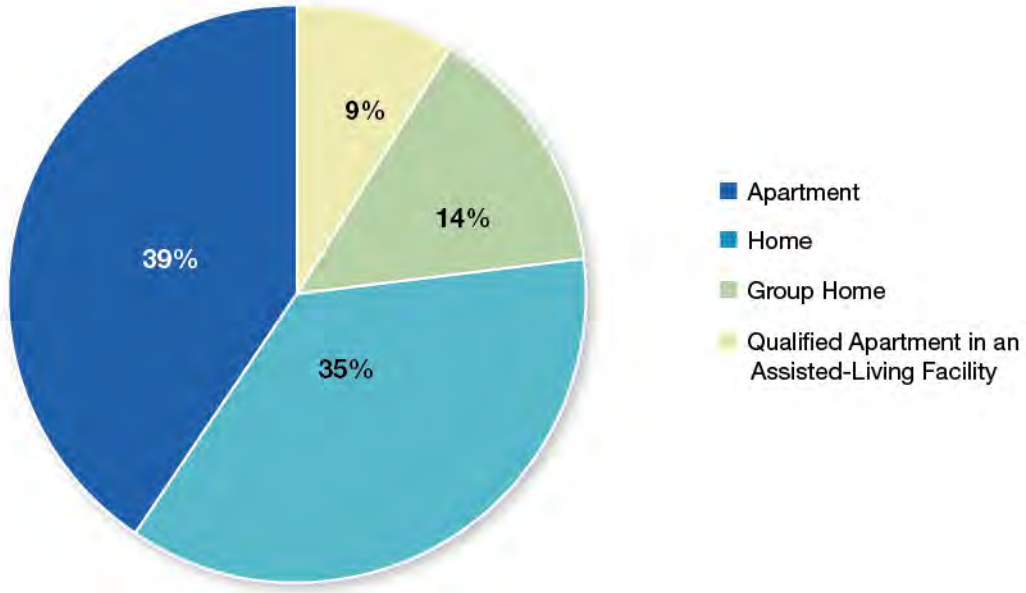
Note: 'Other' types of collaborative relationships include partnerships with Vocational Rehabilitation Divisions, sharing knowledge with Supported Employment Coordinators in other divisions, and participating in a taskforce.

VIII. HOUSING FOR MFP PARTICIPANTS

The following section presents the types of qualified residences that new MFP participants transition to and which subgroups transition to which types of housing. It also explores the challenges states report with securing housing for MFP participants and the strategies used to overcome these challenges.

Qualified residence types for new MFP participants. Of the 4,812 MFP participants who transitioned to the community during the first half of 2013, 39 percent (1,884 individuals) moved to an apartment, and 35 percent (1,671 individuals) moved to a home (see Figure VIII.1 and Table A.10 in the Appendix). About 14 percent (650 individuals) of newly transitioned participants moved to group home settings with four or fewer residents, and about 9 percent (436 individuals) transitioned to a qualified assisted-living facility.[19] These distributions are consistent with the previous reporting period.

Figure VIII.1. Percentage of New MFP Participants Who Transitioned to Each Type of Qualified Residence, January 1 to June 30, 2013



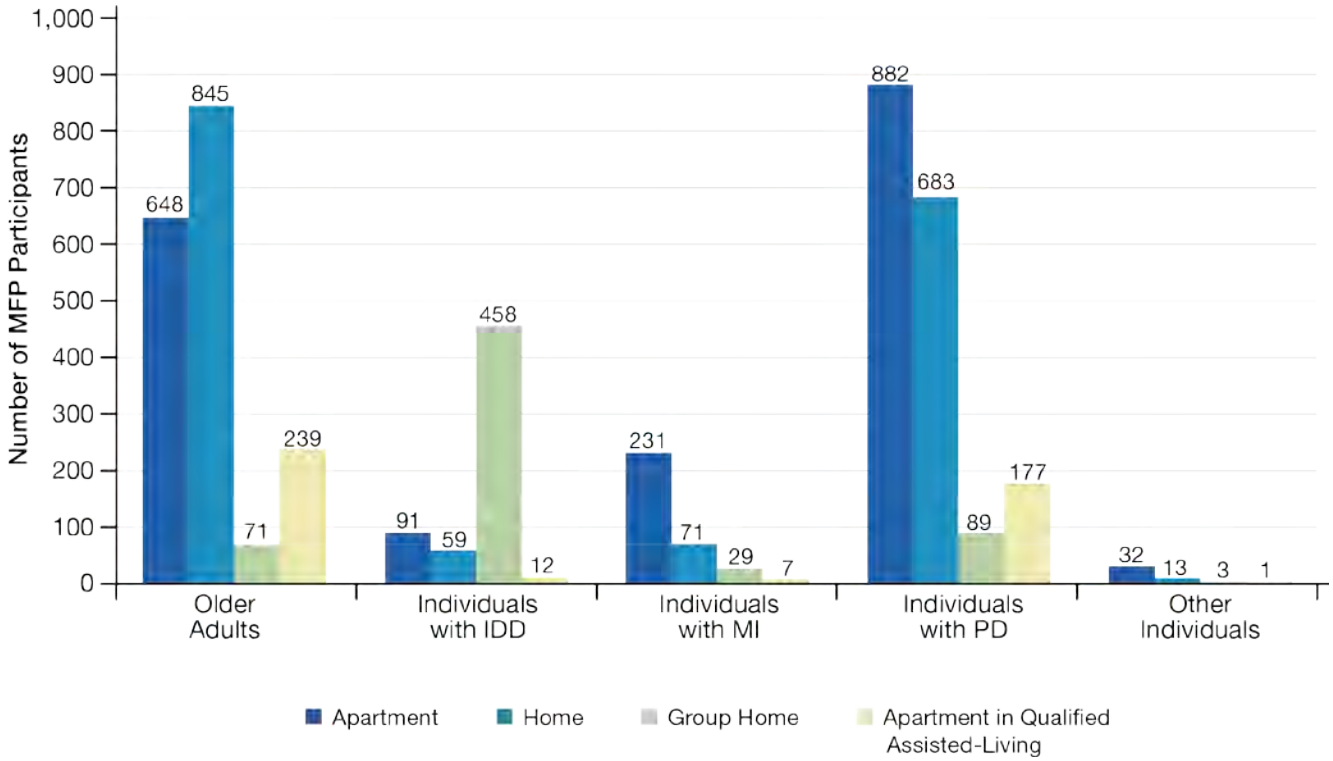
Source: Mathematica analysis of state MFP grantee semiannual progress reports, January to June 2013.

Notes: Percentages are based on data reported by the 41 grantee states that reported transitions during the reporting period.

[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 reporting period. Four states reported data with large discrepancies in these numbers. Mathematica asked these four states to check the data, and we received and incorporated into our analyses corrected data. Because we were not able to verify and correct all the discrepancies, percentages may not sum to 100 percent.

Qualified residence type by subgroup. The types of qualified residences chosen by MFP participants vary by population subgroups (see Figure VIII.2). The large majority of older adults and individuals with physical disabilities transitioned to a home or an apartment, with a slightly larger proportion of older adults moving into the former and a larger proportion of individuals with physical disabilities moving into the latter. The large majority of individuals with IDD transitioned to a qualified group home, and the large majority of individuals with mental illness moved to an apartment. States did not report any subgroups that transitioned in large numbers to apartments in qualified assisted-living facilities.

Figure VIII.2. Type of Qualified Residence by New MFP Participants, by Population Subgroup, January 1 to June 30, 2013



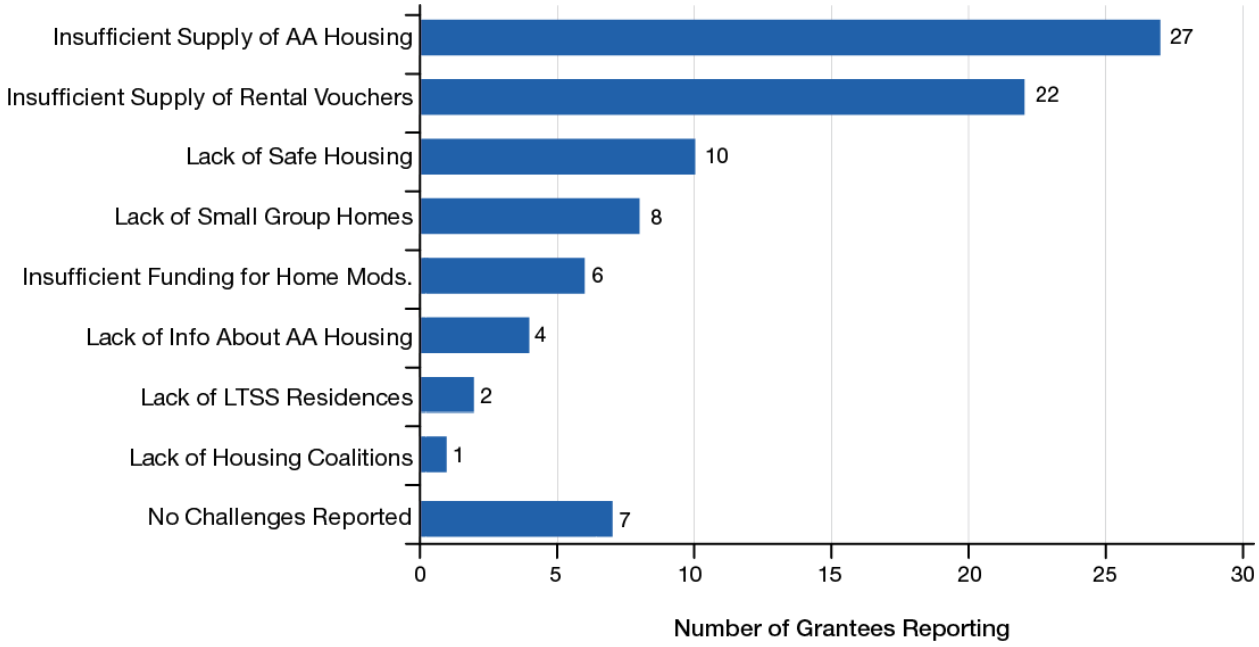
Source: Mathematica analysis of state MFP grantee semiannual progress reports, January to June 2013.

N = 41states.

IDD = intellectual or developmental disabilities, MI = mental illness, PD = physical disabilities.

Challenges to securing housing. Thirty-four out of 41 grantee states reported challenges in securing housing for MFP participants during the first half of 2013 (see Figure VIII.3). By far, the two most noted challenges facing states were an insufficient supply of affordable accessible housing (27 states) and an insufficient supply of rental vouchers (22 states). These two challenges have been persistent since the beginning of the MFP program and are reported regularly by the large majority of states (see Table A.11 in the Appendix). Other commonly reported challenges include a lack of affordable accessible housing that is safe (10 states), a lack of small group homes that qualify for MFP (four or less individuals) (8 states), and insufficient funding for home modifications (6 states).

Figure VIII.3. MFP Grantees' Reported Challenges Securing Housing for Participants, by Type of Challenge, January 1 to June 30, 2013



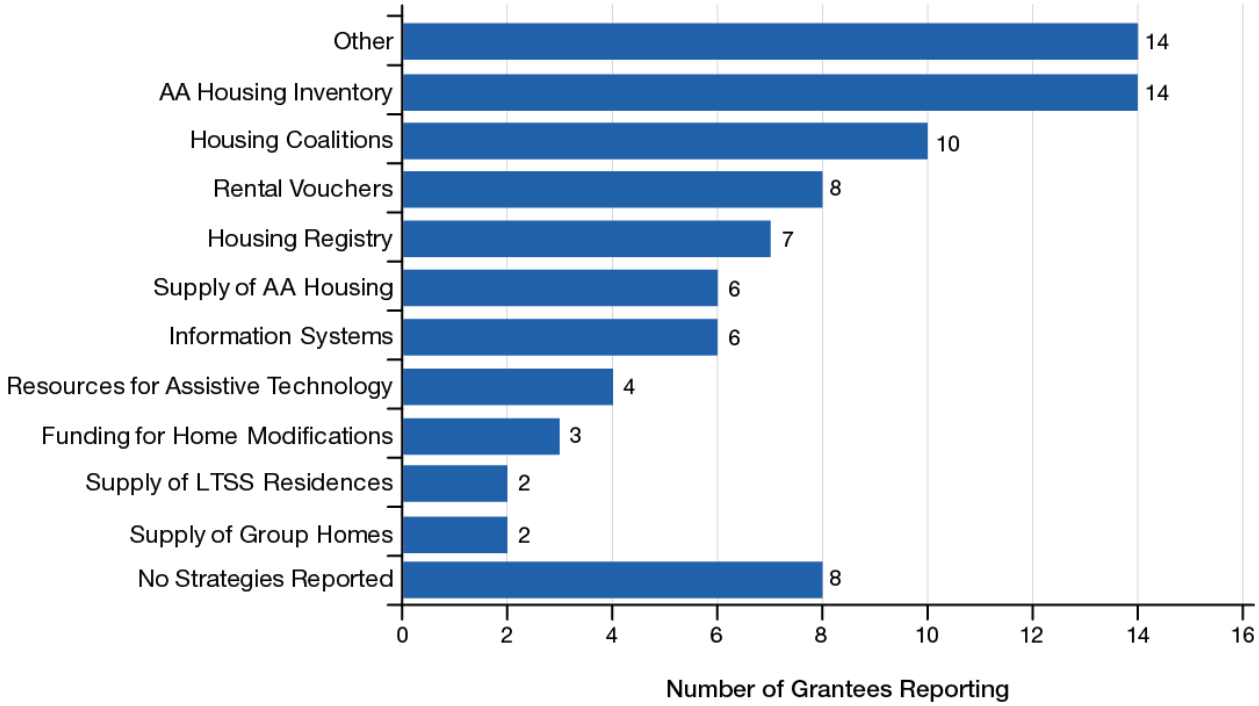
Source: Mathematica analysis of state MFP grantee semiannual progress reports, January to June 2013.

N = 41 states.

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

Strategies to overcome barriers to housing. Thirty-three of 41 states reported implementing at least one housing strategy aimed at addressing housing challenges and improving housing options for MFP participants during the first half of 2013 (see Figure VIII.4). By far, the most commonly reported strategies were the development of an inventory of accessible affordable housing (14 states) and the development of state or local coalitions of housing and human service organizations to create housing initiatives (10 states). These two strategies have been the most commonly reported strategies for the past several reporting periods (see Table A.11 in the Appendix). Other strategies commonly reported included an increase in the number of rental vouchers (8 states), development of a statewide housing registry (7 states), an increase in the supply of affordable accessible housing (6 states), and improvements to housing related information systems (6 states).

Figure VIII.4. MFP Grantees' Efforts to Improve Housing for Participants, by Type of Strategy, January 1 to June 30, 2013



Source: Mathematica analysis of state MFP grantee semiannual progress reports, January to June 2013.

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

N = 41 states

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

IX. TECHNICAL NOTES

A. Source Data

All data presented in this report were derived from each MFP grantee's web-based semiannual progress report for the period from January to June 2013. Data were self-reported by MFP grantees in August 2013 and represent a point in time. These progress reports are designed to capture information on states' progress toward their annual goals to transition eligible individuals to the community and increase state Medicaid support for HCBS. The reports also capture information on states' progress and challenges encountered in all dimensions of the program.

MFP programs differ in program design, infrastructure, and service capacity, as well as prior experience implementing transition programs for populations with disabling impairments. MFP programs are also at various stages of maturation, a result of differences in the year in which states received MFP grant awards and began transitioning participants to the community. For these reasons, comparisons across MFP grantee state's progress toward the key performance indicators may be explained by multiple factors.

B. Data Limitations

Some states do not report on all data elements each period; and some data are reported more consistently than others. We have indicated throughout the report— 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. Finally, we note that some states occasionally submit corrections to their data that cannot be reflected in the data in this report since they were received after the date of publication.

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APPENDIX A

DATA TABLES

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Table A.1. Cumulative Number of MFP Grant Transitions, Start of Program Through June 30, 2013

State	Cumulative Total	Older Adults	People with Physical Disabilities	People with Intellectual or Developmental Disabilities	People with Mental Illness	Other
Arkansas	599	92	168	338	1	0
California	1,327	308	535	394	24	66
Colorado[a]	3	0	1	0	2	0
Connecticut	1,556	690	641	55	170	0
Delaware	134	47	74	8	5	0
District of Columbia	142	17	26	99	0	0
Georgia	1,386	378	474	534	0	0
Hawaii	232	120	103	9	0	0
Idaho	98	37	38	20	3	0
Illinois	922	251	276	87	308	0
Indiana	966	599	356	0	11	0
Iowa	233	0	0	233	0	0
Kansas	970	214	526	193	0	37
Kentucky	456	123	113	166	3	51
Louisiana	643	199	273	171	0	0
Maine	4	2	2	0	0	0
Maryland	1,690	803	643	203	0	41
Massachusetts	363	231	82	34	16	0
Michigan	1,654	877	777	0	0	0
Minnesota[a]	1	0	0	1	0	0
Mississippi	106	12	28	66	0	0
Missouri	743	162	304	249	0	28
Nebraska	283	97	102	69	0	15
Nevada	25	8	17	0	0	0
New Hampshire	187	68	68	12	3	36

Table A.1 (continued)

State	Cumulative Total	Older Adults	People with Physical Disabilities	People with Intellectual or Developmental Disabilities	People with Mental Illness	Other
New Jersey	842	326	206	310	0	0
New York	971	307	344	10	0	310
North Carolina	321	105	96	120	0	0
North Dakota	147	32	48	66	0	1
Ohio	3,761	703	1,608	408	1,042	0
Oklahoma	426	102	208	116	0	0
Oregon[b]	306	105	144	50	0	7
Pennsylvania	1,392	930	335	127	0	0
Rhode Island	79	55	24	0	0	0
South Carolina[a]	4	1	3	0	0	0
Tennessee	628	324	274	30	0	0
Texas	7,307	2,702	2,747	1,858	0	0
Vermont	60	43	17	0	0	0
Virginia	545	110	72	338	25	0
Washington	3,046	1,562	1,334	141	9	0
West Virginia[a]	6	2	4	0	0	0
Wisconsin	486	180	220	86	0	0
TOTAL	35,050	12,924	13,311	6,601	1,622	592

Source: MFP semiannual progress reports for January 1 to June 30, 2013. Submitted August 30, 2013.

[a] Colorado, Minnesota, South Carolina, and West Virginia implemented new MFP programs during the reporting period.

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

Table A.2. Number of Institutional Residents Who Transitioned Under MFP During the Reporting Period from January 1 to June 30, 2013

State	Total Number	Older Adults	People with Physical Disabilities	People with Intellectual or Developmental Disabilities	People with Mental Illness	Other
Arkansas	130	24	40	66	0	0
California	189	63	96	30	0	0
Colorado[a]	3	0	1	0	2	0
Connecticut	286	139	107	15	25	0
Delaware	26	5	21	0	0	0
District of Columbia	10	8	2	0	0	0
Georgia	191	56	87	48	0	0
Hawaii	25	11	14	0	0	0
Idaho	32	11	14	7	0	0
Illinois	149	44	62	11	32	0
Indiana	155	78	66	0	11	0
Iowa	11	0	0	11	0	0
Kansas	72	12	44	15	0	1
Kentucky	53	13	16	17	3	4
Louisiana	175	76	89	10	0	0
Maine	3	2	1	0	0	0
Maryland	162	90	59	11	0	2
Massachusetts	98	49	31	12	6	0
Michigan	187	108	79	0	0	0
Minnesota[a]	1	0	0	1	0	0
Mississippi	47	7	16	24	0	0
Missouri	80	13	46	21	0	0
Nebraska	48	20	21	4	0	3
Nevada	20	7	13	0	0	0
New Hampshire	18	11	7	0	0	0

Table A.2 (continued)

State	Total Number	Older Adults	People with Physical Disabilities	People with Intellectual or Developmental Disabilities	People with Mental Illness	Other
New Jersey	216	92	45	79	0	0
New York	130	44	37	10	0	39
North Carolina	58	29	14	15	0	0
North Dakota	22	5	5	12	0	0
Ohio	620	65	221	59	275	0
Oklahoma	57	7	27	23	0	0
Oregon[b]	0	0	0	0	0	0
Pennsylvania	174	95	45	34	0	0
Rhode Island	27	16	11	0	0	0
South Carolina[a]	4	1	3	0	0	0
Tennessee	168	79	76	13	0	0
Texas	592	255	250	87	0	0
Vermont	29	24	5	0	0	0
Virginia	85	11	25	49	0	0
Washington	354	202	144	6	2	0
West Virginia[a]	6	2	4	0	0	0
Wisconsin	99	38	45	16	0	0
TOTAL	4,812	1,812	1,889	706	356	49

Source: MFP semiannual progress reports for January 1 to June 30, 2013. Submitted August 30, 2013.

[a] Colorado, Minnesota, South Carolina, and West Virginia implemented new MFP programs during the reporting period.

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

Table A.3. Current MFP Participation, December 31, 2011, Through June 30, 2013

State	As of June 2013	As of December 2012	As of June 2012	As of December 2011
Arkansas	143	88	86	59
California	357	380	316	244
Colorado[a]	3	n.a.	n.a.	n.a.
Connecticut	579	510	440	402
Delaware	47	50	40	29
District of Columbia	25	35	33	35
Georgia	266	271	332	134
Hawaii	55	61	51	55
Idaho	90	65	30	4
Illinois	278	268	194	187
Indiana	528	411	310	254
Iowa	43	47	52	51
Kansas	172	254	225	224
Kentucky	76	74	105	123
Louisiana	243	234	95	155
Maine[b]	3	1	n.a.	n.a.
Maryland	289	325	331	343
Massachusetts	155	162	151	52
Michigan[e]	322	251	261	256
Minnesota[a]	1	n.a.	n.a.	n.a.
Mississippi[c]	44	56	5	n.a.
Missouri	148	205	143	96
Nebraska	75	79	56	21
Nevada[b]	21	5	n.a.	n.a.
New Hampshire	46	60	42	33
New Jersey	350	307	200	174
New York	275	297	261	221
North Carolina	153	151	117	47
North Dakota	40	58	43	29
Ohio	1,106	973	875	711
Oklahoma	83	130	154	52
Oregon[d]	0	0	0	0
Pennsylvania	309	268	154	219
Rhode Island	28	31	28	6
South Carolina[a]	4	n.a.	n.a.	n.a.

Table A.3 (continued)

State	As of June 2013	As of December 2012	As of June 2012	As of December 2011
Tennessee	371	368	209	60
Texas	1,233	1,223	1,142	1,420
Vermont[c]	36	20	7	n.a.
Virginia	144	99	171	209
Washington	1,095	1,227	1,019	960
West Virginia[a]	6	n.a.	n.a.	n.a.
Wisconsin	174	157	126	56
TOTAL	9,416	9,201	7,804	6,921

Source: MFP semiannual progress reports for July to December 31, 2011; January 1 to June 30, 2012; July 1 to December 31, 2012; and January 1 to June 30, 2013.

Note: Current MFP enrollees are counted on the last day of each six-month reporting period and include MFP participants who transitioned in the current or any previous period and were living in the community and receiving HCBS on that day. It excludes MFP participants who (1) completed the full 365 days of MFP eligibility, (2) were reinstitutionalized for 30 days or more, (3) died, or (4) withdrew from the program or became ineligible for other reasons before the end of 365 days of program eligibility.

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

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

[c] Mississippi and Vermont implemented new MFP programs during the reporting period from January 1 to June 30, 2012.

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

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

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

Table A.4. MFP States' Progress Toward Yearly Transition Goals, 2013 and 2012

.	January to December 2013 MFP Transition Activity			January to December 2012 MFP Transition Activity		
State[a]	Percentage of 2013 Transition Target Achieved as of June 2013	Total 2013 Transition Goals	Total Number of Transitions in 2013	Percentage of 2012 Transition Goal Achieved as of December 2012	Total 2012 Transition Goals	Total Number of Transitions in 2012
Arkansas	111.1	117	130	142.8	138	197
Delaware	104.0	25	26	172.0	25	43
Virginia	70.8	120	85	125.8	120	151
Louisiana	63.9	274	175	105.4	184	194
Washington	63.6	557	354	137.7	557	767
Nebraska	59.3	81	48	121.0	81	98
New Jersey	55.8	387	216	69.3	397	275
Georgia	54.6	350	191	163.3	275	449
Michigan	49.9	375	187	103.1	350	361
Idaho	49.2	65	32	108.8	57	62
Ohio	49.1	1,262	620	119.0	868	1,033
Maryland	48.8	332	162	81.4	404	329
North Dakota	46.8	47	22	120.5	39	47
Wisconsin	46.1	215	99	98.2	165	162
Pennsylvania	45.8	380	174	67.1	334	224
Rhode Island	45.0	60	27	36.7	120	44
Texas	43.6	1,359	592	112.0	1,125	1,260
North Carolina	43.0	135	58	130.0	80	104
Mississippi[d]	42.7	110	47	90.8	65	59
Indiana	42.2	367	155	122.7	286	351
Vermont[d]	41.4	70	29	120.0	25	30
Kentucky	40.8	130	53	53.6	166	89
Tennessee	40.0	420	168	102.1	391	399
New York	38.4	336	130	127.4	263	335
Hawaii	37.9	66	25	90.4	73	66

Table A.4 (continued)

.	January to December 2013 MFP Transition Activity			January to December 2012 MFP Transition Activity		
State[a]	Percentage of 2013 Transition Target Achieved as of June 2013	Total 2013 Transition Goals	Total Number of Transitions in 2013	Percentage of 2012 Transition Goal Achieved as of December 2012	Total 2012 Transition Goals	Total Number of Transitions in 2012
Missouri	36.7	218	80	128.3	173	222
California	31.8	594	189	61.0	543	331
Connecticut	30.2	947	286	105.7	440	465
New Hampshire	25.7	70	18	126.5	49	62
Illinois	23.6	632	149	78.4	357	280
Oklahoma	23.2	246	57	85.0	127	108
Massachusetts	22.1	443	98	51.2	443	227
Iowa	19.6	56	11	87.5	56	49
District of Columbia	16.7	60	10	36.7	60	22
Kansas	16.4	440	72	193.2	147	284
Maine[c]	14.3	21	3	4.5	22	1
Nevada[c]	12.9	155	20	50.0	10	5
South Carolina[b]	8.0	50	4	n.a.	n.a.	n.a.
West Virginia[b]	6.0	100	6	n.a.	n.a.	n.a.
Colorado[b]	3.0	100	3	n.a.	n.a.	n.a.
Minnesota[b]	0.5	221	1	n.a.	n.a.	n.a.
Oregon[e]	—	0	0	—	0	0
TOTAL	39.5	11,851	4,653	101.9	9,015	9,185

Source: MFP semiannual progress reports for January 1 to June 30, 2012; July 1 to December 31, 2012; and January 1 to June 30, 2013.

[a] States are sorted by the percentage of 2013 transition targets achieved as of June 30, 2013.

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

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

[d] Mississippi and Vermont implemented new MFP programs during the reporting period from January 1 to June 30, 2012.

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

n.a. = not applicable.

Table A.5. Use of Rebalancing Funds Through December 31, 2012

State[a]	Cumulative Rebalancing Expenditures as of December 2012	Cumulative Rebalancing Expenditures as of December 2011	Cumulative Rebalancing Expenditures as of December 2010	Type of Activities
Arkansas	270,962	0	NR	Assessment tool
California	NR	NR	150,000	Transition services
Connecticut[b]	2,216,750	1,253,481	1,508,000	Transition services
Delaware	24,436	0	NR	Transition services
District of Columbia	1,858,159	1,200,000	NR	(1) Transition services; (2) Outreach
Georgia	NR	1,912,614	0	Research
Hawaii	253,573	NR	253,344	Transition services
Idaho[c]	0	0	n.a.	(1) Transition services; (2) Research
Illinois[b]	176,388	197,000	NR	Transition services
Indiana[b]	1,270,846	862,127	888,884	System development
Iowa	4,309,902	3,378,400	3,152,014	(1) Transition services; (2) Waivers; (3) Assessment tool; (4) Outreach; (5) Training
Kansas	5,754,441	NR	NR	Transition services
Kentucky	3,476,700	3,060,180	1,468,575	Transition services
Louisiana	0	0	NR	Transition services
Maine[c]	0	n.a.	n.a.	NR
Maryland	11,654,600	6,347,056	3,459,409	(1) Transition services; (2) Assessment tool; (3) Waivers; (4) Data system improvements
Massachusetts[c]	0	0	n.a.	Waivers
Michigan	5,425,421	3,874,081	2,610,815	Waivers
Mississippi[c]	0	0	n.a.	NR

Table A.5 (continued)

State[a]	Cumulative Rebalancing Expenditures as of December 2012	Cumulative Rebalancing Expenditures as of December 2011	Cumulative Rebalancing Expenditures as of December 2010	Type of Activities
Missouri[b]	2,801,506	4,810,736	2,343,544	(1) Transition services; (2) Staff
Nebraska	400,548	185,000	0	Data and tracking system development
Nevada[c]	0	n.a.	n.a.	(1) Transition services; (2) Waivers
New Hampshire	NR	NR	1,096,047	(1) Transition services; (2) Waivers
New Jersey	1,105,813	724,900	0	(1) Transition services; (2) Outreach; (3) Trainings
New York[d]	3,137,169	2,475,427	1,416,335	(1) Transition services; (2) Outreach
North Carolina	0	0	0	Transition services
North Dakota	75,000	0	0	Transition services
Ohio	7,057,324	5,215,947	762,700	(1) Transition services; (2) Research; (3) Training; (4) Assessment tool; (5) Outreach
Oklahoma	1,208,564	777,008	32,435	Waivers
Oregon[b]	3,645,299	3,645,299	4,378,520	(1) Transition services; (2) Waivers
Pennsylvania	5,724,375	5,238,994	3,464,110	Transition services
Rhode Island[c]	0	0	n.a.	NR
Tennessee[c]	0	0	n.a.	NR
Texas	2,145,973	2,324,973	1,975,100	(1) Transition services; (2) Trainings; (3) Research; (4) Improved Data Systems

Table A.5 (continued)

State[a]	Cumulative Rebalancing Expenditures as of December 2012	Cumulative Rebalancing Expenditures as of December 2011	Cumulative Rebalancing Expenditures as of December 2010	Type of Activities
Vermont[c]	2,787,994	0	n.a.	(1) Transition services; (2) Staff
Virginia	8,470,547	687,753	245,668	Transition services
Washington	15,096,970	11,275,613	7,244,482	(1) Transition services; (2) Staff; (3) Improved Data Systems; (4) Trainings
Wisconsin	NR	NR	2,334,281	Outreach
TOTAL	90,349,286	59,446,589	38,784,263	-

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

[a] Colorado, Minnesota, South Carolina, and West Virginia implemented new MFP programs in 2013 and were not included in this table since they did not have any rebalancing expenditures to report through December 2012.

[b] 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.

[c] Idaho, Maine, Massachusetts, Mississippi, Nevada, Rhode Island, Tennessee, and Vermont implemented new MFP programs during 2011–2012 and did not have rebalancing expenditures to report for all years.

[d] New York reported rebalancing expenditures from June 2012 to June 2013 and expects to update its reported expenditures at a later date.

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

Table A.6. Number of Reinstitutionalizations for Any Length of Stay, January 1 to June 30, 2013

State	Total Number	Older Adults	People with Physical Disabilities	People with Intellectual or Developmental Disabilities	People with Mental Illness	Other
Arkansas	4	4	0	0	0	0
California	38	16	22	0	0	0
Colorado[a]	0	0	0	0	0	0
Connecticut	149	78	58	2	11	0
Delaware	5	3	2	0	0	0
District of Columbia	0	0	0	0	0	0
Georgia	12	8	4	0	0	0
Hawaii	6	2	4	0	0	0
Idaho	7	4	3	0	0	0
Illinois	87	13	25	26	23	0
Indiana	21	11	10	0	0	0
Iowa	1	0	0	1	0	0
Kansas	10	6	2	0	0	2
Kentucky	64	25	27	10	2	0
Louisiana	4	2	1	1	0	0
Maine	0	0	0	0	0	0
Maryland	9	8	0	0	0	1
Massachusetts	8	3	4	0	1	0
Michigan	124	71	53	0	0	0
Minnesota[a]	0	0	0	0	0	0
Mississippi	3	1	0	2	0	0
Missouri	26	7	11	7	0	1
Nebraska	2	1	1	0	0	0
Nevada	6	3	3	0	0	0
New Hampshire	5	1	4	0	0	0

Table A.6 (continued)

State	Total Number	Older Adults	People with Physical Disabilities	People with Intellectual or Developmental Disabilities	People with Mental Illness	Other
New Jersey	5	3	0	2	0	0
New York	125	59	42	0	0	24
North Carolina	32	14	10	8	0	0
North Dakota	3	2	1	0	0	0
Ohio	326	34	120	10	162	0
Oklahoma	17	6	11	0	0	0
Oregon[b]	0	0	0	0	0	0
Pennsylvania	20	17	2	1	0	0
Rhode Island	13	9	4	0	0	0
South Carolina[a]	0	0	0	0	0	0
Tennessee	189	104	80	5	0	0
Texas	120	69	45	6	0	0
Vermont	15	9	6	0	0	0
Virginia	6	1	2	3	0	0
Washington	119	77	42	0	0	0
West Virginia[a]	1	0	1	0	0	0
Wisconsin	15	7	5	3	0	0
TOTAL	1,597	678	605	87	199	28

Source: MFP semiannual progress reports for January 1 to June 30, 2013. Submitted August 30, 2013.

[a] Colorado, Minnesota, South Carolina, and West Virginia implemented new MFP programs during the reporting period.

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

Table A.7. Number of Reinstitutionalizations over 30 Days, January 1 to June, 2013

State	Total Number	Older Adults	People with Physical Disabilities	People with Intellectual or Developmental Disabilities	People with Mental Illness	Other
Arkansas	0	0	0	0	0	0
California	4	4	0	0	0	0
Colorado[a]	0	0	0	0	0	0
Connecticut	61	34	19	2	6	0
Delaware	1	1	0	0	0	0
District of Columbia	0	0	0	0	0	0
Georgia	12	8	4	0	0	0
Hawaii	2	1	1	0	0	0
Idaho	3	2	1	0	0	0
Illinois	4	0	1	2	1	0
Indiana	21	11	10	0	0	0
Iowa	1	0	0	1	0	0
Kansas	9	6	2	0	0	1
Kentucky	9	6	2	1	0	0
Louisiana	3	2	1	0	0	0
Maine	0	0	0	0	0	0
Maryland	7	6	0	0	0	1
Massachusetts	4	3	0	0	1	0
Michigan	21	14	7	0	0	0
Minnesota[a]	0	0	0	0	0	0
Mississippi	0	0	0	0	0	0
Missouri	3	2	0	1	0	0
Nebraska	2	1	1	0	0	0
Nevada	2	2	0	0	0	0
New Hampshire	4	1	3	0	0	0

Table A.7 (continued)

State	Total Number	Older Adults	People with Physical Disabilities	People with Intellectual or Developmental Disabilities	People with Mental Illness	Other
New Jersey	5	3	0	2	0	0
New York	7	4	1	0	0	2
North Carolina	0	0	0	0	0	0
North Dakota	1	0	1	0	0	0
Ohio	69	12	21	2	34	0
Oklahoma	17	6	11	0	0	0
Oregon[b]	0	0	0	0	0	0
Pennsylvania	18	15	2	1	0	0
Rhode Island	10	8	2	0	0	0
South Carolina[a]	0	0	0	0	0	0
Tennessee	88	49	36	3	0	0
Texas	80	50	27	3	0	0
Vermont	1	1	0	0	0	0
Virginia	3	0	1	2	0	0
Washington	53	34	19	0	0	0
West Virginia[a]	0	0	0	0	0	0
Wisconsin	10	4	4	2	0	0
TOTAL	535	290	177	22	42	4

Source: MFP semiannual progress reports for January 1 to June 30, 2013. Submitted August 30, 2013.

[a] Colorado, Minnesota, South Carolina, and West Virginia implemented new MFP programs during the reporting period.

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

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

State	Number of People Referred to MFP Through MDS Section Q Referrals Between January to June 2013	Number of People Ever Referred Through MDS Section Q That Enrolled in MFP Between January to June 2013
Arkansas	5	3
California	68	13
Colorado[a]	38	3
Connecticut	41	5
Delaware	6	26
District of Columbia	68	10
Georgia	172	123
Hawaii	4	4
Idaho	0	0
Illinois	153	3
Indiana	5	5
Iowa	0	0
Kansas	5	1
Kentucky	69	13
Louisiana	126	31
Maine	1	1
Maryland	1,295	22
Massachusetts	40	40
Michigan	381	18
Minnesota[a]	0	0
Mississippi	16	2
Missouri	131	12
Nebraska	11	15
Nevada	0	0
New Hampshire	1	1
New Jersey	12	12
New York	71	20
North Carolina	21	5
North Dakota	0	0
Ohio	412	158

Table A.8 (continued)

State	Number of People Referred to MFP Through MDS Section Q Referrals Between January to June 2013	Number of People Ever Referred Through MDS Section Q That Enrolled in MFP Between January to June 2013
Oklahoma	10	0
Oregon[b]	0	0
Pennsylvania	355	14
Rhode Island	29	6
South Carolina[a]	21	4
Tennessee	42	3
Texas	671	248
Vermont	0	0
Virginia	46	6
Washington	0	0
West Virginia[a]	12	0
Wisconsin	0	0
TOTAL	4,338	827

Source: MFP semiannual progress reports for January 1 to June 30, 2013. Submitted August 30, 2013.

[a] Colorado, Minnesota, South Carolina, and West Virginia implemented new MFP programs during the reporting period.

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

Table A.9. Total Number of Current MFP Participants in a Self-Direction Program, January to June 2013

.	Total Number of Current MFP Participants That …		
State	Chose to Participate in a Self-Direction Program	Hired/Supervised Their Own Personal Assistants	Managed Their Own Allowance/Budget
Arkansas	15	15	15
California	n.a.	n.a.	n.a.
Colorado[b]	1	1	0
Connecticut	321	306	15
Delaware	45	44	45
District of Columbia	n.a.	n.a.	n.a.
Georgia	n.a.	n.a.	n.a.
Hawaii	11	11	0
Idaho	5	5	5
Illinois	0	0	0
Indiana	0	0	0
Iowa	2	2	2
Kansas	88	88	0
Kentucky	114	74	74
Louisiana	4	2	4
Maine	0	0	0
Maryland	0	0	0
Massachusetts[a]	23	5	3
Michigan	58	58	58
Minnesota[b]	0	0	0
Mississippi	3	3	0
Missouri	76	68	73
Nebraska	n.a.	n.a.	n.a.
Nevada	n.a.	n.a.	n.a.
New Hampshire	0	0	0
New Jersey	4	4	4
New York	0	0	0
North Carolina	6	6	6
North Dakota	n.a.	n.a.	n.a.
Ohio[c]	1,095	0	1,095

Table A.9 (continued)

.	Total Number of Current MFP Participants That …		
State	Chose to Participate in a Self-Direction Program	Hired/Supervised Their Own Personal Assistants	Managed Their Own Allowance/Budget
Oklahoma	0	0	0
Oregon[d]	0	0	0
Pennsylvania	38	38	0
Rhode Island[a]	1	1	1
South Carolina[b]	1	1	0
Tennessee	12	12	0
Texas[a]	12	1	0
Vermont	1	1	1
Virginia	13	13	13
Washington	156	156	0
West Virginia[b]	1	1	1
Wisconsin	6	6	6
TOTAL	2,112	921	1,420

Source: MFP semiannual progress reports for January 1 to June 30, 2013. Submitted August 30, 2013.

[a] The sum of participants reported to hire/supervise staff and to manage allowance/budgets is less than the total number of people self-directing their services in Massachusetts, Rhode Island, and Texas.

[b] Colorado, Minnesota, South Carolina, and West Virginia implemented new MFP programs during the reporting period.

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

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

n.a. = not applicable.

A.21

Table A.10. Number of MFP Transitions During the Reporting Period, by Type of Qualified Community Residence, January 1 to June 30, 2013

State	Homes	Apartments	Group Homes	Apartment in Qualified Assisted Living
Arkansas	28	46	3	1
California	31	87	31	40
Colorado[a]	0	3	0	0
Connecticut	66	212	6	2
Delaware	2	24	0	0
District of Columbia	7	3	0	0
Georgia	58	81	8	1
Hawaii	5	4	16	0
Idaho	10	20	2	0
Illinois	19	82	13	27
Indiana	34	16	3	95
Iowa	1	10	0	0
Kansas	22	29	10	11
Kentucky	13	22	18	0
Louisiana	102	73	0	0
Maine	2	1	0	0
Maryland	79	63	10	10
Massachusetts	35	26	36	1
Michigan	73	90	2	0
Minnesota[a]	1	0	0	0
Mississippi	6	19	22	0
Missouri	9	50	21	0
Nebraska	9	13	3	23
Nevada	2	18	0	0
New Hampshire	5	12	1	0
New Jersey	72	64	79	0
New York	32	88	10	0
North Carolina	43	7	8	0
North Dakota	2	19	0	1
Ohio	158	386	65	10
Oklahoma	3	26	21	0
Oregon[b]	0	0	0	0
Pennsylvania	52	83	36	1
Rhode Island	7	16	0	4
South Carolina[a]	3	1	0	0

Table A.10 (continued)

State	Homes	Apartments	Group Homes	Apartment in Qualified Assisted Living
Tennessee	104	51	13	0
Texas	358	0	85	138
Vermont	14	7	0	1
Virginia	14	18	35	18
Washington	163	88	56	47
West Virginia[a]	3	3	0	0
Wisconsin	24	23	37	5
TOTAL	1,671	1,884	650	436

Source: MFP semiannual progress reports for January 1 to June 30, 2013. Submitted August 30, 2013.

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] Colorado, Minnesota, South Carolina, and West Virginia implemented new MFP programs during the reporting period.

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

Table A.11. Achievements and Challenges Securing Appropriate Housing Options for Participants, by Reporting Period, 2011–2013—Number of Grantee States Reporting Each Type of Achievement or Challenge

Response Option	Jan. to June 2011	July to Dec. 2011	Jan. to July 2012	July to Dec. 2012	Jan. to June 2013
Number of Grantees Reporting Achievement[a]	23	25	29	31	34
Developed inventory of affordable and accessible housing	5	12	9	10	14
Developed local or state coalitions to identify needs or create housing-related initiatives	3	11	12	16	10
Developed statewide housing registry	3	4	8	5	7
Implemented new home ownership initiative	0	0	0	1	0
Improved funding for developing assistive technology related to housing	2	4	5	3	4
Improved information systems about affordable and accessible housing	4	4	3	7	6
Increased number of rental vouchers	11	8	9	6	8
Increased supply of affordable and accessible housing	1	6	9	6	6
Increased supply of residences that provide or arrange for long-term services or supports	1	0	2	3	2
Increased supply of small-group homes	8	5	4	3	2
Increased or improved funding for home modifications	5	4	5	4	3
Other	9	11	16	16	14
Number of Grantees Reporting Challenge[b]	26	32	32	33	34
Lack of information about affordable and accessible housing	2	2	5	5	4
Insufficient supply of affordable and accessible housing	18	20	22	24	27
Lack of affordable and accessible housing that is safe	3	9	8	6	10
Insufficient supply of rental vouchers	11	11	13	15	22
Lack of new home ownership programs	0	0	0	2	0
Lack of small-group homes	6	3	6	8	8
Lack of residences that provide or arrange for long-term services or supports	3	1	1	3	2
Insufficient funding for home modifications	3	2	2	4	6

Table A.11 (continued)

Response Option	Jan. to June 2011	July to Dec. 2011	Jan. to July 2012	July to Dec. 2012	Jan. to June 2013
Unsuccessful efforts in developing local or state coalitions of housing and human services organizations to identify needs or create housing-related initiatives	1	0	0	1	1
Unsuccessful efforts in developing sufficient funding or resources to develop assistive technology related to housing	0	0	1	2	0
Other	9	8	6	5	6

Source: MFP semiannual progress reports covering the reporting periods from January 1 to June 30, 2011; July 1 to December 31, 2011; January 1 to June 30, 2012; July 1 to December 31, 2012; and January 1 to June 30, 2013.

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

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

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

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