

A. General Information - SUBMITTED**Grant Report:** 2011 Second Period (July - December) - GA11SA02, Georgia**Organization Information**

1. Full Name of Grantee Organization
Georgia Department of Community Health Medicaid Division/Aging and Community Health Services
2. Program's Public Name
Georgia Money Follows the Person Project
3. Program's Website
http://dch.georgia.gov/mfp

Project Director

4. Project Director Name
Catherine Ivy
5. Project Director Title
Acting Project Director
6. Project Director Phone
(404) 657-5467
7. Project Director Fax
() -
8. Project Director Email
civy@dch.ga.gov
9. Project Director Status
<input type="checkbox"/> Full Time
<input checked="" type="checkbox"/> Acting
<input type="checkbox"/> Vacant
<input type="checkbox"/> New Since Last Report
10. Project Director Status Date: Change date if status is different from last report.

9/15/2011

Grantee Signatory**11. Grantee Signatory Name**

Catherine Ivy

12. Grantee Signatory Title

Acting Project Director

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16. Has the Grantee Signatory changed since last report? Yes No**Other State Contact****17. Other State Contact Name**

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CMS Project Officer**32. CMS Project Officer Name**

Alice Hogan

B. Transitions - SUBMITTED**Grant Report:** 2011 Second Period (July - December) - GA11SA02, Georgia

- All figures are for the current reporting period.

1. Please specify your MFP program's "Other" target population(s) here. Once "Other" population has been specified in this location, it need not be specified again, and the specification will carry forward throughout the report any time "Other" target population is selected as an option. [The report will update after this page is saved.]

n/a

2. Please note the characteristics and/or diagnoses of your MFP program's "Other" target population(s).

n/a

3. Number of people assessed for MFP enrollment. [Click on Help link for explanation]

	Populations Affected					TOTAL
	Elderly	MR/DD	MI	PD	n/a	
First Period	54	115	0	43	3	215
Second Period	90	57	0	91	2	240
TOTAL	144	172	0	134	5	455
Cumulative Number Assessed	403	495	0	470	5	
Transition Targets, all grant years (by population and total)	254	900	0	464	0	
Cumulative Number Assessed as a Percent of Total Transition Target	158.66%	55.00%		101.29%		

4. Please indicate what constitutes an assessment for MFP versus any other transition program.

An assessment for MFP in GA is considered an MFP Screening Form, Consent and Information Release and Individualized Transition Plan or Individual Specialized Plan.

4. Of the number assessed this period, number whose stay in an institution was more than 90 days but less than six months. [This question may be skipped if data is not available.]

	Populations Affected					TOTAL
	Elderly	MR/DD	MI	PD	n/a	
First Period	0	0	0	0	0	0
Second Period	22	2	0	13	0	37
TOTAL	22	2	0	13	0	37

5. Number of institutional residents who transitioned during this reporting period and enrolled in MFP. [Click on Help link for explanation]

	Populations Affected					
	Elderly	MR/DD	MI	PD	n/a	TOTAL
First Period	39	115	0	55	0	<u>209</u>
Second Period	25	53	0	17	0	<u>95</u>
TOTAL	64	168	0	72	0	304

Annual Transition Target	30	110	0	60	0
% of Annual Transition Target Achieved	130.00%	104.55%		91.67%	

6. Number of institutional residents who transitioned during this reporting period and enrolled in MFP whose stay in an institution was more than 90 days but less than 6 months [Specify number in each population subgroup and Total][This question may be skipped if data is not available.]

	Populations Affected					
	Elderly	MR/DD	MI	PD	n/a	TOTAL
First Period	0	0	0	0	0	<u>0</u>
Second Period	7	1	0	6	0	<u>14</u>
TOTAL	7	1	0	6	0	14

7. The reporting system automatically calculates cumulative transitions to date from new transition counts in each reporting period. If your records show different cumulative transition counts than those below, you can change them by checking 'yes' below.

Yes

No

8. Cumulative number of MFP transitions to date. [Click on Help link for explanation]

	Populations Affected					
	Elderly	MR/DD	MI	PD	n/a	TOTAL
	168	360	0	218	0	<u>746</u>
Adjustment value for cumulative transitions	0	0	0	0	0	<u>0</u>
TOTAL	168	360	0	218	0	746

Transition Targets, all grant years (by population and total)	66.14%	40.00%	N/A	46.98%	N/A
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8. Total number of current MFP participants. Current MFP participants excludes individuals whose enrollment in the MFP demonstration ended because they completed their 365 days of MFP eligibility, died before they

exhausted their 365 days of eligibility, or were institutionalized for 30 days or more and did not subsequently re-enroll in the MFP program. [Click on Help link for explanation]

	Populations Affected					
	Elderly	MR/DD	MI	PD	n/a	TOTAL
First Period	44	115	0	61	0	<u>220</u>
Second Period	39	53	0	37	5	<u>134</u>

9. Number of MFP participants re-institutionalized. [Click on Help link for explanation]

	Populations Affected					
	Elderly	MR/DD	MI	PD	n/a	TOTAL
For less than 30 days	0	0	0	0	0	<u>0</u>
For more than 30 days	0	0	0	1	0	<u>1</u>
Length of stay as yet unknown	3	0	0	3	0	<u>6</u>
TOTAL	3	0	0	4	0	7

Total re-institutionalized for any length of time (total of above)

3 0 0 4 0

Number of MFP participants re-institutionalized as a percent of all current MFP participants

6.82% 0.00% 0.00% 6.56% 0.00%

Number of MFP participants re-institutionalized as a percent of cumulative transitions

1.79% 0.00% N/A 1.83% N/A

. Please indicate any factors that contributed to re-institutionalization.

Decline in health, rehabilitation after surgery and administration of medication.

10. Number of MFP participants re-institutionalized for longer than 30 days, who were re-enrolled in the MFP program during the reporting period. [Click on Help link for explanation]

	Populations Affected					
	Elderly	MR/DD	MI	PD	n/a	TOTAL
First Period	0	0	0	0	0	<u>0</u>
Second Period	0	0	0	0	1	<u>1</u>
TOTAL	0	0	0	0	1	1

11. Number of MFP participants who died this reporting period. [Click on Help link for explanation]

	Populations Affected					TOTAL
	Elderly	MR/DD	MI	PD	n/a	
First Period	5	2	0	4	4	15
Second Period	1	0	0	2	0	3
TOTAL	6	2	0	6	4	18

. If you wish, please provide information on the circumstances surrounding the reported deaths.

12. Number of MFP participants -who ever transitioned -who completed the 365-day transition period during the reporting period (leave blank for first report). [Click on Help link for explanation]

	Populations Affected					TOTAL
	Elderly	MR/DD	MI	PD	n/a	
First Period	26	34	0	43	1	104
Second Period	0	0	0	0	0	0
TOTAL	26	34	0	43	1	104

. Please indicate any factors that contributed to participants not completing the 365-day transition period.

13. Did your program have difficulty transitioning the projected number of persons it proposed to transition in the Operational Protocol? If yes, please check the target populations that apply.

Yes

Populations Affected

Elderly	MR/DD	MI	PD	n/a
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe your difficulties for each target population.

As of 7/1/11 transition coordination was moved from a for-profit agency to an interagency agreement with the State Unit on Aging. The transition in vendors resulted in a third-quarter lag, with an increase in the fourth quarter indicative of projection compliance going forward.

No

14. Does your state have other nursing home transition programs that currently operate alongside the MFP program?

Yes

No

15. Does your state have an ICF-MR transition program that currently operates alongside the MFP program?

Yes

No

16. Do you intend to seek CMS approval to amend your annual or total Demonstration period transition benchmarks in your approved OP?

 Yes

Please explain the proposed changes to your transition benchmarks.

We propose to change the benchmark to 170 for the Developmental Disabled (DD) population.

 No

. Use this box to explain missing, incomplete, or other qualifications to the data reported on this page.

C. Qualified HCBS Expenditures - SUBMITTED

Grant Report: 2011 Second Period (July - December) - GA11SA02, Georgia

. Do you require modifying the Actual Level of Spending for last period?

 Yes

Please describe why the changes were necessary.

A recalculation was completed due to inappropriate expenditures being reported the first time. The actual amount was \$425,388,240.03 for January - June 2011.

 No

Qualified expenditures are total Medicaid HCBS expenditures (federal and state funds) for all Medicaid recipients (not just MFP participants), including: expenditures for all 1915c waiver programs, home health services, and personal care if provided as a State Plan optional service, as well as HCBS spending on MFP participants (qualified, demonstration and supplemental services), and HCBS capitated rate programs to the extent that HCBS spending can be separated from the total capitated rate.

Qualified HCBS Expenditure

Qualified HCBS Expenditures: Actual level of spending for each Calendar Year (CY) or State Fiscal Year (SFY) (column 4) is the sum of:

- 1) HCBS expenditures for all 1915c waivers and state plan HCBS services -- from CMS 64 data and
- 2) MFP expenditures -- from MFP Financial Reporting Forms A and B.

Grantees should enter total annual spending once each year. When making updates or corrections to actual spending amounts reported for the previous year, please check the 'yes' box at the top of this page to flag such changes.

Year	Target Level of Spending	% Annual Growth Projected	Total spending for the Calendar Year	% Annual Change (from Previous Year)	% of Target Reached
2006	\$0.00	0.00	\$0.00	0.00%	
2007	\$673,914,419.00	11.77	\$173,230,003.00	0.00%	
2008	\$807,308,376.00	19.79	\$723,364,048.00	417.57%	89.60%
2009	\$899,802,856.00	11.46	\$762,236,360.00	105.37%	84.71%
2010	\$946,274,550.00	5.16	\$712,299,646.00	93.45%	75.27%

2011 \$995,862,771.00 5.24 \$452,536,000.00 63.53% 45.44%

Please explain your Year End rate of progress:

Total spending is based on claims data for all 1915(c) HCBS waivers, home health services, state plan in-home nursing and all expenditures related to MFP grant activities.

Do you intend to seek CMS approval to amend your annual benchmarks for Qualified HCBS Expenditures in your approved OP?

Yes

No

. Please specify the period (CY or SFY) and the dates of your SFY here.

SFY2012, with a start date of July 1, 2011 and end date June 30, 2012.

. Use this box to explain missing, incomplete, or other qualifications to the data reported on this page.

D. 1. Additional Benchmarks - SUBMITTED

Grant Report: 2011 Second Period (July - December) - GA11SA02, Georgia

Benchmark #1

Increase the rate of successful transitions by 5 percentage points each year of the demonstration by improving processes for screening, identifying and assessing candidates. A successful transition is considered to be (1) a Medicaid eligible older adult or person with a disability, (2) who needs HCBS services to reside in the community, (3) who transitions to a qualified community-based residence and (4) who resettles in the community for a minimum of six months, with or without interruptions in that period due to short-term institutional admissions. The measures will be tracked once the MFP program begins transitioning individuals in 2008.

Measure #1

Percent of transitioned individuals that resettle in the community for a minimum of 6 months.

Year	Measure: Target	Measure: First Period	Measure: Second Period	Measure: Entire Year	% Achieved: First Period	% Achieved: Second Period	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2007	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2008	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2009	65.00	22.00	99.00	121.00	33.85%	152.31%	186.15%
2010	95.00	171.00	182.00	353.00	180.00%	191.58%	371.58%
2011	95.00	98.74	99.63	198.37	103.94%	104.87%	208.81%

Please explain your Year End rate of progress:

We have experienced tremendous success with individuals resettling into the community for a minimum of six months. This is attributed to completing the ITP/ISP appropriately and meeting the participants needs.

Measure #2

Percent of transitioned individuals that complete 365 days of MFP.

Year	Measure: Target	Measure: First Period	Measure: Second Period	Measure: Entire Year	% Achieved: First Period	% Achieved: Second Period	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2007	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2008	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2009	60.00	0.00	22.00	22.00	0.00%	36.67%	36.67%
2010	90.00	60.00	66.00	126.00	66.67%	73.33%	140.00%
2011	90.00	98.29	93.80	192.09	109.21%	104.22%	213.43%

Please explain your Year End rate of progress:

Benchmark #2

Georgia will increase HCBS expenditures relative to institutional long-term expenditures under Medicaid for each year of the demonstration program; the benchmark represents the percent of HCBS expenditures to total Medicaid long-term care expenditures.

Measure #1

Percent of total Medicaid LTC expenditures spent on HCBS

Year	Measure: Target	Measure: First Period	Measure: Second Period	Measure: Entire Year	% Achieved: First Period	% Achieved: Second Period	% Achieved: Entire Year
2006	30.90	0.00	0.00	0.00	0.00%	0.00%	0.00%
2007	35.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2008	38.50	0.00	38.46	38.46	0.00%	99.90%	99.90%
2009	39.00	36.97	38.98	75.95	94.79%	99.95%	194.74%
2010	39.70	40.12	43.80	83.92	101.06%	110.33%	211.39%
2011	40.20	43.97	50.97	94.94	109.38%	126.79%	236.17%

Please explain your Year End rate of progress:

Benchmark #3

Increase participation of self (participant)-directed care in all HCBS waivers by 5% per year of the demonstration project, by conducting enhanced outreach, marketing, and education in order to increase understanding and awareness by Medicaid eligible persons about self-directed service options. Targets are projected based on current self-direction trends (CY 2008).

Measure #1

Number of participants in three (3) HCBS waiver programs choosing to self-direct services: 1) Elderly and Disabled Waiver - self-directed Personal Support Services; 2) MRWP - Natural Support Enhancement Services; and 3) Independent Care Waiver Program - Consumer-Directed Personal Support Services.

Year	Measure: Target	Measure: First Period	Measure: Second Period	Measure: Entire Year	% Achieved: First Period	% Achieved:	% Achieved:
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						Second Period	Entire Year
2006	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2007	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2008	267.00	0.00	667.00	667.00	0.00%	249.81%	249.81%
2009	282.00	966.00	1,152.00	2,118.00	342.55%	408.51%	751.06%
2010	297.00	1,204.00	516.00	1,720.00	405.39%	173.74%	579.12%
2011	312.00	0.00	0.00	0.00	0.00%	0.00%	0.00%

Please explain your Year End rate of progress:

Do you intend to seek CMS approval to amend your additional benchmarks in your approved Operational Protocol?

Yes

No

D. 2. Rebalancing Efforts - SUBMITTED

Grant Report: 2011 Second Period (July - December) - GA11SA02, Georgia

- All MFP grantees are required to complete this section during this period to report on the cumulative amount spent to date and use of rebalancing funds. MFP Rebalancing Funds refers to the net revenue each state receives from the enhanced FMAP rate (over the state's regular FMAP) for qualified and demonstration HCBS services provided to MFP participants. MFP grantees are required to reinvest the rebalancing funds in initiatives that will help to rebalance the long-term care system. The rebalancing fund amount is calculated on your annual Worksheet for Proposed Budget --- see Rebalancing Fund Calculation box in the middle of the Excel Worksheet.

E. 1. Recruitment & Enrollment - SUBMITTED

Grant Report: 2011 Second Period (July - December) - GA11SA02, Georgia

1. Did anything change during the reporting period that made recruitment easier? Choose from the list below and check all target populations that apply. Check "None" if nothing has changed.

Type or quality of data available for identification

How data are used for identification

Populations Affected

Elderly	MR/DD	MI	PD	n/a
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe by target population.

We have provided monthly reports, data cleanup and data merges to remove duplicates and provide a higher rate of accuracy.

Obtaining provider/agency referrals or cooperation

Populations Affected

Elderly	MR/DD	MI	PD	n/a
<input type="checkbox"/>				

Please describe by target population.

Local Contact Agencies received funding through the MFP program for face to face Options Counseling. The majority of Options Counseling has been done remotely prior to July 1, 2011. A visible presence in facilities as well as outreach efforts has increased the number of participating facilities.

Obtaining self referrals

Obtaining family referrals

Assessing needs

Other, specify below

Populations Affected

Elderly	MR/DD	MI	PD	n/a
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe by target population.

Significant challenges are those that affect the program's ability to transition as many people as planned. Choose from the list below and check all target populations that apply.

None

2. What significant challenges did your program experience in recruiting individuals? Significant challenges are those that affect the program's ability to transition as many people as planned. Choose from the list below and check all target populations that apply.

Type or quality of data available for identification

Obtaining provider/agency referrals or cooperation

Populations Affected

Elderly	MR/DD	MI	PD	n/a
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

Some Nursing Facilities and their staff are unwilling or unable to fully with MDSQ process.

What are you doing to address the challenges?

Local contact agency staff members are working to assist with information, training and outreach.

Current Issue Status: In Progress

Obtaining self referrals

Obtaining family referrals

Assessing needs

Lack of interest among people targeted or the families

Unwilling to consent to program requirements

Other, specify below

None

3. Did anything change during the reporting period that made enrollment into the MFP program easier? These changes may have been the result of changes in your state's Medicaid policies and procedures.

Determination of initial eligibility

Redetermination of eligibility after a suspension due to reinstitutionalization

Other, specify below

Populations Affected

Elderly	MR/DD	MI	PD	n/a
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

As of July 1, 2011, MFP services are being delivered by the State Unit on Aging (Division of Aging Services) and the Area Agencies on Aging. This change has greatly increased the program's ability to deliver services across each of the State's geographic regions. The aging network's knowledge and resources will have a direct, positive impact on the delivery of MFP services and the program as a whole.

None

4. What significant challenges did your program experience in enrolling individuals? Significant challenges are those that affect the program's ability to transition as many people as planned.

Determining initial eligibility

Reestablishing eligibility after a suspension due to reinstitutionalization

Populations Affected

Elderly	MR/DD	MI	PD	n/a
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

Individuals who are reinstitutionalized for greater than 30 days but fewer than 90 often have difficulty returning to the community due to accumulation of past due bills. Many have past due rent and utilities that may not be covered under the MFP Transition Services, or the category spending caps prevent MFP from assisting with enough funds to fully assist a return to the community.

What are you doing to address the challenges?

Providing education and walkthrough of the ITP. We are getting signatures/initials after an explanation of each item.

Current Issue Status: In Progress

Other, specify below

None

5. Total number of MFP candidates assessed in this period, or a prior reporting period, who are currently in

the transition planning process, that is "in the pipeline," and expected to enroll in MFP.

Total 386

6. Total number of MFP eligible individuals assessed in this period for whom transition planning began but were unable to transition through MFP.

Total 6

7. How many individuals could not be enrolled in the MFP program for each of the following reasons:

Individual transitioned to the community, but did not enroll in MFP 1

Individual's physical health, mental health, or other service needs or estimated costs were greater than what could be accommodated in the community or through the state's current waiver programs 0

Individual could not find affordable, accessible housing, or chose a type of residence that does not meet the definition of MFP qualified residences 0

Individual changed his/her mind about transitioning, did not cooperate in the planning process, had unrealistic expectations, or preferred to remain in the institution 0

Individual's family member or guardian refused to grant permission, or would not provide back-up support 1

Other, Please Specify 4

. If necessary, please explain further why individuals could not be transitioned or enrolled in the MFP program.

Deceased after the screening and before transition and the family member opted for nursing home placement in a private facility. In the PD and Elderly populations there is a lack of safe, affordable housing. Currently, 2/3 to 3/4 of MFP Enrollees will have a monthly income of \$674/month. This necessitates transitions to subsidized housing, of which there is limited supply or the locale is not ideal.

8. Number of MFP participants transitioned during this period whose length of time from assessment to actual transition took:

less than 2 months 71

2 to 6 months	18
6 to 12 months	6
12 to 18 months	0
18 to 24 months	0
24 months or more	0

. Please indicate the average length of time required from assessment to actual transition.

The average length of time required from assessment to actual transition is 53.885 days.

Percentage of MFP participants transitioned during this period whose length of time from assessment to actual transition took:

less than 2 months	74.74%
2 to 6 months	18.95%
6 to 12 months	6.32%
12 to 18 months	N/A%
18 to 24 months	N/A%
24 months or more	N/A%

9. Total number of individuals who were referred to the MFP program through MDS 3.0 Section Q referrals during the reporting period. Please report an unduplicated count.

Total 184

10. Of the MDS 3.0 Section Q referrals ever received by the MFP program, number of individuals who subsequently enrolled in MFP and transitioned to the community during this reporting period.

Total 29

11. What types of activities were supported by ADRC/MFP Supplemental Funding Opportunity C grant funds during this reporting period, awarded in 2010 to 25 MFP grantee states to support activities that help to expand the capacity of ADRCs to assist with MFP transition efforts, and partner in utilizing the revised Minimum Data Set (MDS) 3.0 Section Q referrals? Choose from the list below. Check "Not Applicable" if your State did not receive this grant.

- Develop or improve Section Q referral tracking systems—electronic or other
- Education and outreach to nursing facility or other LTC system staff to generate referrals to MFP or other transition programs
- Develop or expand options counseling or transition planning and assistance
- Train current or new ADRC staff to do transition planning in MFP or other transition programs
- Expansion of ADRC program in State
- Other activities – please describe in text box
- Not applicable – state did not receive this grant

12. Please describe progress in implementing the activities identified in Question # 11 during this past reporting period, and how they have helped your state achieve MFP goals. In addition, describe the results or outcomes of these activities; if you specified numerical targets in your grant proposal, please provide counts during the reporting period.

13. Please describe any barriers or challenges in implementing the activities proposed in your grant application and the steps you are taking to resolve them.

E. 2. Informed Consent & Guardianship - SUBMITTED

Grant Report: 2011 Second Period (July - December) - GA11SA02, Georgia

1. What changed during the reporting period that made obtaining informed consent easier?

- Revised inform consent documents and/or forms
- Provided more or enhanced training for transition coordinators
- Improved how guardian consent is obtained

Populations Affected

Elderly	MR/DD	MI	PD	n/a
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

In the developmental disability community, the guardian was notified before the State agency spoke with the individuals seeking to transition. Having this upfront participation increased our chances of keeping the participant in the community.

- Other, specify below
- Nothing

2. What changed during the reporting period that improved or enhanced the role of guardians?

- The nature by which guardians are involved in transition planning
- Communication or frequency of communication with guardians

Populations Affected

Elderly	MR/DD	MI	PD	n/a
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

The frequency of communication with guardians increased in the DD population.

- The nature by which guardians are involved in ongoing care planning
- The nature by which guardians are trained and mentored
- Other, specify below

Populations Affected

Elderly	MR/DD	MI	PD	n/a
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

Division of Aging Services began a pilot program to utilize MFP to assess the ability of the Department of Human Services wards to transition to the community. Due to the recent implementation of the pilot program, data is currently unavailable.

Nothing

3. What significant challenges did your program experience in obtaining informed consent?

Ensuring informed consent

Involving guardians in transition planning

Communication or frequency of communication with guardians

Involving guardians in ongoing care planning

Training and mentoring of guardians

Other, specify below

None

E. 3. Outreach, Marketing & Education - SUBMITTED

Grant Report: 2011 Second Period (July - December) - GA11SA02, Georgia

1. What notable achievements in outreach, marketing or education did your program accomplish during the reporting period?

Development of print materials

Implementation of localized/targeted media campaign

Implementation of statewide media campaign

Involvement of stakeholder state agencies in outreach and marketing

Populations Affected

Elderly	MR/DD	MI	PD	n/a
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

All populations have utilized the staff and DCH to assist in outreach.

Involvement of discharge staff at facilities

Populations Affected

Elderly	MR/DD	MI	PD	n/a
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Increased awareness has developed as a result of utilizing the onstaff Social Worker in the discharge process.

Involvement of ombudsman

Populations Affected

Elderly	MR/DD	MI	PD	n/a
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Division of Aging Services provided additional funding to LTCOs to assist with any issues that arise with MFP participants prior to transition. This additional funding has allowed the Ombudsman to become more directly involved in the transition process.

Training of frontline workers on program requirements

Populations Affected

Elderly	MR/DD	MI	PD	n/a
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Division of Aging Services has trained frontline workers through the following: • Semi-monthly conference calls to address issues • Semi-monthly face to face meetings to address specific issues • Webinars to supplement DCH training to transition coordinators. Webinars focused on specific tasks/roles for Transition Coordinators and Options Counselors. • Technical Assistance visits for face to face, on-site support for field personnel.

Other, specify below

Populations Affected

Elderly	MR/DD	MI	PD	n/a
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1. Developed standardized MFP presentations for DBHDD- Division of Developmental Disabilities regional provider meetings to increase awareness and understanding of the MFP program. 2. Participated in developing core training curriculum for sister agency (DHS, Division of Aging) and began collaborating with Division of Aging Services to identify and refer individuals with developmental disabilities from nursing homes 3. Division of Developmental Disabilities worked with the Statewide Transition to revise transition planning document and protocols for MFP enrollment. 4. Local Contact Agencies provided 595 outreach events to inform and educate individuals and organizations in regards to Options Counseling and MFP.

None

2. What significant challenges did your program experience in conducting outreach, marketing, and education activities during the reporting period?

- Development of print materials
- Implementation of a localized / targeted media campaign
- Implementation of a statewide media campaign
- Involvement of stakeholder state agencies in outreach and marketing
- Involvement of discharge staff at facilities
- Involvement of ombudsman
- Training of frontline workers on program requirements
- Other, specify below
- None

Current Issue Status: Resolved

How was it resolved?

E. 4. Stakeholder Involvement - SUBMITTED

Grant Report: 2011 Second Period (July - December) - GA11SA02, Georgia

1. How are consumers and families involved in MFP during this period and how did their efforts contribute to MFP goals and benchmarks, or inform MFP and LTC policies?

	Provided input on MFP policies or procedures	Helped to promote or market MFP program	Involved in Housing Development	Involved in Quality of Care assurance	Attended MFP Advisory Meeting(s)	Other (describe)
Consumers						
Families						
Advocacy Organizations				X	X	
HCBS Providers						
Institutional Providers	X	X	X	X	X	
Labor/Worker Association (s)						
Public Housing Agency(ies)			X		X	
Other State Agencies (except Housing)	X	X		X	X	
Non-profit Housing Assn.		X	X			

Please explain the nature of consumers' and families' involvement in MFP during this period and how it contributed to MFP goals and benchmarks, or informed MFP and LTC policies

The Eval Team focuses on developing project evaluation plans focused on quality assurance and the development of outcomes and performance measures. As evaluation information is analyzed, the Eval Team uses the results to recommend and influence policy and procedure changes. Self advocates, consumers and their families play a major role in promoting MFP. They often return to the facilities they transitioned from and discuss how their lives have changed as a result of MFP participation. Several MFP 'graduates' have become peer-supporters and have assisted others to resettle in the community.

Please explain the nature of others' (non-consumers) involvement in MFP during this period and how it contributed to MFP goals and benchmarks, or informed MFP and LTC policies.

Other state agencies, advocacy organizations, and providers participate in the MFP Steering Committee. The Steering Committee provides members with a forum for reviewing MFP progress, discussing problems, process improvements and potential solutions/resources.

2. On average, how many consumers, families, and consumer advocates attended each meeting of the MFP program's advisory group (the group that advises the MFP program) during the reporting period?

Specific Amount

Please Indicate the Amount of Attendance

Consumers - 0 Families - 0 Consumer Advocates - 23

Advisory group did not meet during the reporting period

Program does not have an advisory group

3. What types of challenges has your program experienced involving consumers and families in program planning and ongoing program administration?

Identifying willing consumers

Identifying willing families

What are you doing to address the challenges?

Providing more in depth knowledge of the program and how the consumer benefits in the long term.

Involving them in a meaningful way

Keeping them involved for extended periods of time

Communicating with consumers

Communicating with families

Other, specify below

None

4. Did your program make any progress during the reporting period in building a collaborative relationship with any of the following housing agencies or organizations?

State agency that sets housing policies

State housing finance agency

Public housing agency(ies)

Please describe

We were able to work with Decatur Housing Authority in using half of the 35 vouchers authorized.

Non-profit agencies involved in housing issues

Other housing organizations (such as landlords, realtors, lenders and mortgage brokers)

None

5. Has your program experienced significant challenges in building a collaborative relationship with any of the agencies involved in setting state housing policies, financing, or implementation of housing programs?

Yes

No

E. 5. Benefits & Services - SUBMITTED

Grant Report: 2011 Second Period (July - December) - GA11SA02, Georgia

1. What progress was made during the reporting period regarding Medicaid programmatic and policy issues that increased the availability of home and community-based services DURING the one-year transition period?

Increased capacity of HCBS waiver programs to serve MFP participants

Populations Affected

Elderly	MR/DD	MI	PD	n/a
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

For Elderly and Physical Disability populations during the reporting period, MFP underwent a major transition from using a private contractor for transition coordination services to use of an interagency agreement with services provided through the State Unit on Aging and the Aging and Disability Resource Connection centers. Under the Interagency Agreement, each ADRC received funding for transition coordination and another position titled Options Counselor which provides the first contact and interaction with individuals wishing to transition from institutions. This move contributed to a community/regional approach to transition coordination and leveraging of resources.

Added a self-direction option

Developed State Plan Amendment to add or modify benefits needed to serve MFP participants in HCBS settings

Developed or expanded managed LTC programs to serve MFP participants

Obtained authority to transfer Medicaid funds from institutional to HCBS line items to serve MFP participants

Legislative or executive authority for more funds or slots or both

Improved state funding for pre-transition services (such as targeted case management)

Other, specify below

None

2. What significant challenges or barriers did your program experience in guaranteeing that MFP participants can be served in Medicaid HCBS DURING the one-year transition period?

Efforts to increase capacity of HCBS waiver programs to serve more individuals are delayed or disapproved

Efforts to add a self-direction option are delayed or disapproved

State Plan Amendment to add or modify benefits needed to serve people in HCBS settings are delayed or disapproved

Plans to develop or expand managed LTC programs to serve or include people needing HCBS are delayed or disapproved

Efforts to obtain authority to transfer Medicaid funds from institutional to HCBS line items to serve people transitioning out of MFP are delayed or disapproved

Legislative or executive authority for more funds or slots are delayed or disapproved

- State funding for pre-transition services (such as targeted case management) have been delayed or disapproved
- Other, specify below
- None

Current Issue Status: Resolved

How was it resolved?

3. What progress was made during the reporting period on Medicaid programmatic and policy issues to assure continuity of home and community based services AFTER the one-year transition period?

- Increased capacity of HCBS waiver programs to serve more Medicaid enrollees
- Added a self-direction option
- Developed State Plan Amendment to add or modify benefits needed to serve MFP participants in HCBS settings
- Developed or expanded managed LTC programs to serve more Medicaid enrollees
- Obtained authority to transfer Medicaid funds from institutional to HCBS line items to serve more Medicaid enrollees
- Legislative or executive authority for more funds or slots or both
- Improved state funding for pre-transition services, such as targeted case management
- Other, specify below
- None

4. What significant challenges or barriers did your program experience in guaranteeing continuity of care for MFP participants in Medicaid HCBS AFTER the one-year transition period?

- Efforts to increase capacity of HCBS waiver programs to serve more individuals are delayed or disapproved
- Efforts to add a self-direction option are delayed or disapproved
- State Plan Amendment to add or modify benefits needed to serve people in HCBS settings is delayed or disapproved
- Plans to develop or expand managed LTC programs to serve or include people needing HCBS are delayed or disapproved
- Efforts to obtain authority to transfer Medicaid funds from institutional to HCBS line items to serve people transitioning out of MFP are delayed or disapproved
- Legislative or executive authority for more funds or slots are delayed or disapproved
- State funding for pre-transition services have been delayed or disapproved
- Other, specify below
- None

Current Issue Status: Resolved

How was it resolved?

E. 6. Participant Access to Services - SUBMITTED

Grant Report: 2011 Second Period (July - December) - GA11SA02, Georgia

1. What steps did your program or state take during the reporting period to improve or enhance the ability of MFP participants to access home and community based services?

Increased the number of transition coordinators

Populations Affected

Elderly	MR/DD	MI	PD	n/a
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Interagency agreement with Dept of Human Service/Division of Aging Services/Aging and Disability Resources Connections, funded 14 Transition Coordinators and 14 MDSQ Options Counselors.

Increased the number of home and community-based service providers contracting with Medicaid

Increased access requirements for managed care LTC providers

Increased payment rates to HCBS providers

Increased the supply of direct service workers

Improve or increased transportation options

Added or expanded managed LTC programs or options

Other, specify below

None

2. What are MFP participants' most significant challenges to accessing home and community-based services? These are challenges that either make it difficult to transition as many people as you had planned or make it difficult for MFP participants to remain living in the community.

Insufficient supply of HCBS providers

Populations Affected

Elderly	MR/DD	MI	PD	n/a
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

Developmental Disabilities: though there is generally a sufficient number of developmental disability providers to deliver waiver services, there is an insufficient supply of service providers with sufficient skill to serve the most medically fragile participants transitioning from the state hospital system. The same is true for providers skilled in the management of complex or difficult behaviors. Elderly: insufficient number of personal care homes with licensure capacity for four residents or fewer. Physical Disability and Elderly: lack of affordable, subsidized housing available statewide, particularly in urban areas. Elderly - Lack of sufficient personal support hours within waivers for those over 64 years of age. PD - Lack of substantial "wrap around" services for those under the age of 60; specifically legal assistance and subsidized housing statewide (outside of the NED-2 vouchers).

What are you doing to address the challenges?

1. DBHDD-Division of DD is working with regional offices to build provider capacity, and provide

technical assistance to current providers. 2. The Division of DD has modified its provider enrollment process to increase capacity of qualified Developmental Disability Service Providers. This process has streamlined enrollment while making prequalifying requirements aligned with best practice standards for service provision. DBHDD-Division of DD has also recruited nationally to achieve the goal of this initiative.

Current Issue Status: In Progress

- Insufficient supply of direct service workers
- Preauthorization requirements
- Limits on amount, scope, or duration of HCBS allowed under medicaid state plan or waiver program
- Lack of appropriate transportation options or unreliable transportation options
- Insufficient availability of home and community-based services (provider capacity does not meet demand)
- Other, specify below
- None

E. 7. Self-Direction - SUBMITTED

Grant Report: 2011 Second Period (July - December) - GA11SA02, Georgia

Skip this section if your state did not have any self-direction programs in effect during the reporting period.

. Did your state have any self-direction programs in effect during this reporting period?

- Yes
- No

1. How many MFP participants were in a self-direction program during the reporting period?

Populations Affected

Elderly	MR/DD	MI	PD	n/a
0	0	0	0	0

2. Of those MFP participants in a self-direction program how many:

Populations Affected

	Elderly	MR/DD	MI	PD	n/a
Hired or supervised their own personal assistants	0	0	0	0	0
Managed their allowance or budget	0	0	0	0	0

3. How many MFP participants in a self-direction program during the reporting period reported abuse or experienced an accident?

	Populations Affected				
	Elderly	MR/DD	MI	PD	n/a
Reported being abused by an assistant, job coach, or day program staff	0	0	0	0	0
Experienced an accident (such as a fall, burn, medication error)	0	0	0	0	0
Other, Please Specify	0	0	0	0	0

4. How many MFP participants in a self-direction program disenrolled from the self-direction program during the reporting period?

	Populations Affected				
	Elderly	MR/DD	MI	PD	n/a
	0	0	0	0	0

5. Of the MFP participants who were disenrolled from a self-direction program, how many were disenrolled for each reason below?

	Populations Affected				
	Elderly	MR/DD	MI	PD	n/a
Opted-out	0	0	0	0	0
Inappropriate spending	0	0	0	0	0
Unable to self-direct	0	0	0	0	0
Abused their worker	0	0	0	0	0
Other, Please Specify	0	0	0	0	0

. Use this box to explain missing, incomplete, or other qualifications to the data reported on this page.

E. 8. Quality Management & Improvement - SUBMITTED

Grant Report: 2011 Second Period (July - December) - GA11SA02, Georgia

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

Improved intra/inter departmental coordination

Populations Affected

Elderly	MR/DD	MI	PD	n/a
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

During the reporting period, Georgia MFP underwent a major transition from a private contractor for MFP Transition Coordination services to an interagency agreement with the Georgia Department of Human Services (DHS), Division of Aging Services (DAS) for Transition Coordination (TC) and Options Counselor (OC) services through the state's 12 Aging and Disability Resource Connections (ADRCs). This new interagency agreement will facilitate interdepartmental communication and exchange of information necessary to develop a quality management system. DHS/DAS also manages the Community Care Services Program (CCSP) waiver. This new interagency agreement will facilitate waiver referrals as well as bi-directional communications between MFP TCs and waiver case managers/care coordinators, contributing to improvements in quality management processes.

- Implemented/Enhanced data collection instruments
- Implemented/Enhanced information technology applications
- Implemented/Enhanced consumer complaint processes
- Implemented/Enhanced quality monitoring protocols DURING the one-year transition period (that is, methods to track quality-related outcomes using identified benchmarks or identifying participants at risk of poor outcomes and triggering further review at a later point in time)

Populations Affected

Elderly	MR/DD	MI	PD	n/a
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

During the past one-year reporting period, the waiver programs for people with developmental disabilities have continued to expand the Georgia Quality Management System for all individuals served through the waiver programs. The Quality Management System uses both internal mechanisms to track provider compliance and an external review organization for the finer details of quality performance outcomes.

- Enhanced a critical incident reporting and tracking system. A critical incident (e.g., abuse, neglect and exploitation) is an event that could bring harm, or create potential harm, to a waiver participant.
- Enhanced a risk management process
- Other, specify below
- None

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

	Populations Affected				
	Elderly	MR/DD	MI	PD	n/a
Transportation: to get to medical appointments	0	0	0	0	0
Life-support equipment repair/replacement	0	0	0	0	0
Critical health services	0	0	0	0	0

Direct service/support workers not showing up	0	0	0	0	0
Other, Please Specify	0	0	0	0	0

Total

Populations Affected

Elderly	MR/DD	MI	PD	n/a
0	0	0	0	0

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

Populations Affected

Elderly	MR/DD	MI	PD	n/a
0	0	0	0	0

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

Yes

No

5. What significant challenges did your program experience with Discovery processes? Significant challenges include difficulty identifying, in a timely fashion, incidents that place a participant at risk/danger to themselves or others.

Identifying whether participants are receiving adequate supports/services

Identifying whether services/supports are delivered as intended

Identifying in a timely manner when participants' health and welfare is not achieved

Populations Affected

Elderly	MR/DD	MI	PD	n/a
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe the challenges

Elderly and PD: wavier case managers were not notifying MFP TCs when support services are inadequate to meet MFP participants needs. For example, TCs were not notified by the HCBS Case Manager when a direct services worker failed to show up for work.

What are you doing to address the challenges?

Implemented interagency agreement with DHS/DAS to facilitate bi-directional communication between MFP TCs and waiver case managers/care coordinators. Outreach and training to providers, case managers, participants and families regarding the importance of informing TCs when participant's needs are not being met.

Current Issue Status: In Progress

Other, specify below

None

6. What significant challenges did your program experience with Remediation processes? Significant challenges include difficulty acting promptly to address an identified risk/danger at the individual level.

Addressing an identified risk/danger in a timely manner

Providing additional services when needed

Other, specify below

None

Current Issue Status: Resolved

How was it resolved?

7. What significant challenges did your program experience with Improvement processes? Significant challenges include difficulty gathering or analyzing information from Discovery activities to identify trends that affect an entire population of individuals/participants, or difficulty designing system improvements to prevent or reduce the occurrences of quality issues.

Gathering information to identify trends

Populations Affected

Elderly	MR/DD	MI	PD	n/a
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe the challenges

Data management and sharing.

What are you doing to address the challenges?

The program continues to research options for data management and data sharing. The developmental disability, physical disability, and elderly information technology systems function independently of each other and have no data sharing capacity at this time.

Current Issue Status: In Progress

Designing system improvements

Implementing system improvements

Other, specify below

None

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

34

9. Please describe (in the text box below). Further detail regarding the nature of each critical incident may be provided with question Number 10 (below, on this page).

1) Lack of proper medical attention and unmet wound care needs 2) Refusal of necessary dialysis treatments resulting in court action 3) Unexpected death 4) Lack of proper medical attention including pain management 5) Transfer back to nursing facility due to unanticipated needs too great for community-based care 6) Behavioral problems with no prior planning for

care 7) Mismanagement of self-administered medications 8) Falls resulting in injury 9) Client fell victim to violent crime involving assault

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

Abuse

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

1

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

Current Issue Status: Resolved

Neglect

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

2

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

Current Issue Status: Resolved

Exploitation

Hospitalizations

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

23

Of these hospitalizations, approximately how many occurred within 30 days of discharge from a hospital or other institutional setting?

Of these hospitalizations approximately 4 occurred within 30 days of discharge from a hospital or other institutional setting.

Emergency Room visits

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

2

Of these emergency room visits, approximately how many occurred within 30 days of discharge from a hospital or other institutional setting?

None

Deaths (preventable, questionable, or unexpected)

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

2

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

Current Issue Status: Resolved

- Involvement with the criminal justice system
- Medication administration errors
- Other, specify below

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

4

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

Current Issue Status: Resolved

- None

. Use this box to explain missing, incomplete, or other qualifications to the data reported on this page.

E. 9. Housing for Participants - SUBMITTED

Grant Report: 2011 Second Period (July - December) - GA11SA02, Georgia

1. What notable achievements in improving housing options for MFP participants did your program accomplish during the reporting period?

- Developed inventory of affordable and accessible housing
- Developed local or state coalitions of housing and human service organizations to identify needs and/or create housing-related initiatives
- Developed statewide housing registry
- Implemented new home ownership initiatives
- Improved funding or resources for developing assistive technology related to housing
- Improved information systems about affordable and accessible housing
- Increased number of rental vouchers
- Increased supply of affordable and accessible housing
- Increased supply of residences that provide or arrange for long term services and/or supports
- Increased supply of small group homes
- Increased/Improved funding for home modifications
- Other, specify below
- None

2. 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.

- Lack of information about affordable and accessible housing

- Insufficient supply of affordable and accessible housing
- Lack of affordable and accessible housing that is safe
- Insufficient supply of rental vouchers
- Lack of new home ownership programs
- Lack of small group homes
- Lack of residences that provide or arrange for long term services and/or supports
- Insufficient funding for home modifications
- Unsuccessful efforts in developing local or state coalitions of housing and human services organizations to identify needs and/or create housing related initiatives
- Unsuccessful efforts in developing sufficient funding or resources to develop assistive technology related to housing
- Other, specify below

Populations Affected

Elderly	MR/DD	MI	PD	n/a
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe the challenges

The Interagency Agreement outlining transition coordination and options counseling through the State Unit on Aging included Ombudsman funding as well, but no funding for a housing coordinator. The State Medicaid Agency had the position filled at two separate times during 2011 but through resignations, did not have continuous coverage.

What are you doing to address the challenges?

The State Medicaid Agency will begin a search for a Housing Manager in 2012 that will coordinate housing for all populations.

Current Issue Status: In Progress

- None

3. How many current MFP participants are living in each type of qualified residence as of the end of the reporting period? [This question is optional.]

	Populations Affected				
	Elderly	MR/DD	MI	PD	n/a
Home (owned or leased by individual or family)	12	0	0	3	1
Apartment (individual lease, lockable access, etc.)	12	1	0	13	1
Group home or other residence in which 4 or fewer unrelated individuals live	13	52	0	3	3

4. How many MFP participants who transitioned to the community during the reporting period moved to each type of qualified residence? The sum total reported below should equal the number of individuals who transitioned to the community this period, reported in Question #5 (Transitions). [This question is required.]

	Populations Affected				
	Elderly	MR/DD	MI	PD	n/a
Home (owned or leased by individual or family)	12	0	0	3	1
Apartment (individual lease, lockable access, etc.)	12	1	0	13	1
Group home or other residence in which 4 or fewer unrelated individuals live	13	52	0	3	3

5. Have any MFP participants received a housing supplement during the reporting period? Choose from the list of sources below and check all target populations that apply.

202 funds

CDBG funds

Funds for assistive technology as it relates to housing

Populations Affected

Elderly	MR/DD	MI	PD	n/a
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Funds for home modifications

Populations Affected

Elderly	MR/DD	MI	PD	n/a
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

HOME dollars

Housing choice vouchers (such as tenant based, project based, mainstream, or homeownership vouchers)

Populations Affected

Elderly	MR/DD	MI	PD	n/a
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Housing trust funds

Low income housing tax credits

Section 811

USDA rural housing funds

Veterans Affairs housing funds

Other, Please Specify

None

. Use this box to explain missing, incomplete, or other qualifications to the data reported on this page.

F. Organization & Administration - SUBMITTED

Grant Report: 2011 Second Period (July - December) - GA11SA02, Georgia

1. Were there any changes in the organization or administration of the MFP program during this reporting period? For example, did Medicaid agency undergo a reorganization that altered the reporting relationship of the MFP Project Director?

Yes

No

2. What interagency issues were addressed during this reporting period?

Common screening/assessment tools or criteria

Common system to track MFP enrollment across agencies

Timely collection and reporting of MFP service or financial data

Which agencies were involved?

The lead agency DCH monitoring the activities of Division and Aging Services (DAS) and DBHDD.

Common service definitions

Common provider qualification requirements

Financial management issues

Quality assurance

Which agencies were involved?

The lead agency of DCH.

Other, specify below

None

3. Did your program have any notable achievements in interagency communication and coordination during the reporting period?

Yes

No

4. What significant challenges did your program experience in interagency communication and coordination during the reporting period?

Interagency relations

Please describe the challenges. What agencies were involved?

Significant roles and functions in Georgia's MFP program shifted during the July – December 2011 reporting period. A contract with a private vendor was terminated in lieu of an interagency agreement relationship. The roles of transition coordination and outreach to nursing facilities shifted on 7/1/11 causing a need to reorganize and restructure operations.

What are you doing to address the challenges?

Communication between the State Unit on Aging and the State Medicaid Agency have improved with continuing monthly stakeholder meetings.

Current Issue Status: In Progress

- Privacy requirements that prevent the sharing of data
- Technology issues that prevent the sharing of data

Please describe the challenges. What agencies were involved?

As noted earlier in the report, existing IT systems in the areas of elderly, developmental disabilities and physical disabilities have presented challenges to any exchange of data.

What are you doing to address the challenges?

The State Medicaid Agency continues to research IT options for bridging the various electronic data management systems.

Current Issue Status: In Progress

- Transitions in key Medicaid staff

Please describe the challenges. What agencies were involved?

As noted earlier in the report, the State Medicaid Agency has experienced staffing turnover in the Project director position as well as the Housing Manager position.

What are you doing to address the challenges?

Efforts are underway to secure a new Project Director. Following the hiring of a Project Director, the State Medicaid Agency will begin advertising for a Housing Manager.

Current Issue Status: In Progress

- Transitions in key staff in other agency
- Other, specify below
- None

G. Challenges & Developments - SUBMITTED

Grant Report: 2011 Second Period (July - December) - GA11SA02, Georgia

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

- Downturn in the state economy
- Worsening state budget
- Transition of key position(s) in Medicaid agency

Please describe

Key positions were not filled and worked with Acting/Interim staff.

- Transition of key position(s) in other state agencies
- Executive shift in policy
- Other, specify below

None

2. What other new developments, policies, or programs (in your state's long-term care system) have occurred that are not MFP initiatives, but have affected the MFP demonstration program's transition efforts?

Institutional closure/downsizing initiative

New/revised CON policies for LTC institutions

New or expanded nursing home diversion program

Expanded single point-of-entry/ADRC system

New or expanded HCBS waiver capacity

New Medicaid State Plan options (DRA or other)

New managed LTC options (PACE, SNP, other), or mandatory enrollment in managed LTC

Other, specify below

None

H. Independent Evaluation - SUBMITTED

Grant Report: 2011 Second Period (July - December) - GA11SA02, Georgia

1. Is your state conducting an independent evaluation of the MFP program, separate from the national evaluation by Mathematica Policy Research?

Yes

No

2. Were there any outputs/products produced from the independent state evaluation (if applicable) during this period?

Yes

No

I. State-Specific Technical Assistance - SUBMITTED

Grant Report: 2011 Second Period (July - December) - GA11SA02, Georgia

J. Overall Lessons & MFP-related LTC System Change - SUBMITTED

Grant Report: 2011 Second Period (July - December) - GA11SA02, Georgia

. Are there any other comments you would like to make regarding this report or your program during this reporting period?