

**A. General Information - SUBMITTED****Grant Report:** 2010 Second Period (July - December) - GA10SA02, Georgia**Organization Information**

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

**Project Director**

<b>4. Project Director Name</b>
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<b>5. Project Director Title</b>
Project Director
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<b>9. Project Director Status</b>
<input checked="" type="checkbox"/> Full Time
<input type="checkbox"/> Acting
<input type="checkbox"/> Vacant
<input type="checkbox"/> New Since Last Report
<b>10. Project Director Status Date: Change date if status is different from last report.</b>

10/16/2010

**Grantee Signatory**

11. Grantee Signatory Name

Bill Daniels

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16. Has the Grantee Signatory changed since last report?

 Yes No**Other State Contact**

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**CMS Project Officer**

<b>32. CMS Project Officer Name</b>
Jean Accius

**B. Transitions - SUBMITTED****Grant Report:** 2010 Second Period (July - December) - GA10SA02, 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	53	109	0	77	0	239
Second Period	88	58	0	97	0	243
<b>TOTAL</b>	141	167	0	174	0	482

Cumulative Number Assessed	259	323	0	336	0
4 Year Transition Target	104	350	0	164	0
Cumulative Number Assessed as a Percent of Total Transition Target	249.04%	92.29%		204.88%	

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

An MFP Transition Screening, Consent and Information Release and/or Individual Transition/Service Plan is completed for participation in the MFP demonstration. These are completed by Transition Coordinators (TCs) or Case Expeditors (with DD participants).

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	0	0	0	0	0	0
<b>TOTAL</b>						

0	0	0	0	0	0
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**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	27	32	0	44	0	<u>103</u>
Second Period	36	56	0	50	0	<u>142</u>
<b>TOTAL</b>	63	88	0	94	0	245

Annual Transition Target	30	110	0	60	0
Percentage of Annual Transition Target Achieved	90.00%	29.09%		73.33%	

**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	0	0	0	0	0	<u>0</u>
<b>TOTAL</b>	0	0	0	0	0	0

**5. Cumulative Transitions**

	Populations Effected				
	Elderly	MR/DD	MI	PD	n/a
Cumulative Number of Transitions	63	88	0	94	0
Percentage of Total Transition Target	60.58%	25.14%	0	57.32%	0

**8. Total number of current MFP participants. [Click on Help link for explanation]**

	Populations Affected					
	Elderly	MR/DD	MI	PD	n/a	TOTAL
First Period	43	72	0	60	0	<u>175</u>
Second Period	62	84	0	89	0	<u>235</u>
<b>TOTAL</b>	105	156	0	149	0	410

**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	1	0	0	0	<u>1</u>
For more than 30 days	0	0	0	0	0	<u>0</u>
Length of stay as yet unknown	0	0	0	0	0	<u>0</u>
<b>TOTAL</b>	0	1	0	0	0	1

Total re-institutionalized for any length of time (total of above)	0	1	0	0	0	
Number of MFP participants re-institutionalized as a percent of all current MFP participants	0.00%	1.39%	0.00%	0.00%	0.00%	
Number of MFP participants re-institutionalized as a percent of cumulative transitions	0.00%	0.01%	N/A	0.00%	N/A	

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

Acute care events.

**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	0	<u>0</u>
<b>TOTAL</b>	0	0	0	0	0	0

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

	Populations Affected					
	Elderly	MR/DD	MI	PD	n/a	TOTAL
First Period	4	2	0	5	0	<u>11</u>
Second Period	1	1	0	3	0	<u>5</u>
<b>TOTAL</b>	5	3	0	8	0	16

. 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					
	Elderly	MR/DD	MI	PD	n/a	TOTAL
First Period	7	0	65	23	0	95
Second Period	17	40	0	22	0	79
<b>TOTAL</b>	24	40	65	45	0	174

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

Reinstitutionalization greater than 6 months, death or participant decided to discontinue waiver services.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Please describe your difficulties for each target population.**

Elderly and PD - lack of affordable, accessible housing in metro areas of the state; lack of Housing Choice Vouchers in metro areas of state; lack of strategic partnerships with 'housers' to plan and provide housing for persons who are transitioning from state institutions and state-run nursing facilities; level of services needed exceeded services offered under current waivers. DD - lack of qualified providers in all regions of the state, particularly residential host home providers; family member opposition to resettlement.

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

**Please approximate the number of individuals who transitioned through other transition programs during this reporting period**

80

**Please explain how these other transition programs differ from MFP e.g. eligibility criteria.**

This program does not have a minimum length of stay requirement, nor does it require current Medicaid enrollment.

No

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

Yes

No

### C. Qualified HCBS Expenditures - SUBMITTED

**Grant Report:** 2010 Second Period (July - December) - GA10SA02, Georgia

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

Yes

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	\$0.00	0.00%	0.00%

#### Please explain your Year End rate of progress:

total SFY2010 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

[x] No

**D. 1. Additional Benchmarks - SUBMITTED****Grant Report:** 2010 Second Period (July - December) - GA10SA02, 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%	152.31%
2010	95.00	171.00	182.00	353.00	180.00%	191.58%	191.58%
2011	95.00	0.00	0.00	0.00	0.00%	0.00%	0.00%

**Please explain your Year End rate of progress:**

During this period, 182 people completed at least 6 months of resettlement in the community out of a total of 190 who could have reached the 6 month mark, or 95.8%. The remaining participants did not reach the 6 month mark because they were either reinstitutionalized or they passed away before 6 months.

**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%	73.33%
2011	90.00	0.00	0.00	0.00	0.00%	0.00%	0.00%

**Please explain your Year End rate of progress:**

During this period, 66 participants completed one year of resettlement in the

community out of a total of 95 who could have reached one year, or 69.5%. The remaining participants did not reach the one year mark because they were reinstitutionalized or passed away before one year.

## 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%	99.95%
2010	39.70	40.12	43.80	83.92	101.06%	110.33%	110.33%
2011	40.20	0.00	0.00	0.00	0.00%	0.00%	0.00%

#### Please explain your Year End rate of progress:

At the time of this report, total Medicaid LTC expenditures reported totaled \$1,794,075,863 and HCBS totalled \$786,592,226.

## 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: 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	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%	408.51%
2010	297.00	1,204.00	516.00	1,720.00	405.39%	173.74%	173.74%
2011	312.00	0.00	0.00	0.00	0.00%	0.00%	0.00%

#### Please explain your Year End rate of progress:

improvements in self-direction under the waivers; increased flexibility, more options and better support for different options.

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:** 2010 Second Period (July - December) - GA10SA02, Georgia

## E. 1. Recruitment & Enrollment - SUBMITTED

**Grant Report:** 2010 Second Period (July - December) - GA10SA02, 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

Obtaining provider/agency referrals or cooperation

### 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.

All populations: Referrals of all types have increased significantly as a result of increased marketing and outreach efforts. Several facilities have increased cooperation with the demonstration. Home health and personal care home providers are becoming aware of the demonstration. Cooperation with AAA, ADRCs and CILs continues to evolve with better communication and bi-directional referral processes.

Obtaining self referrals

### 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.

Elderly and PD: Referrals of all types have increased significantly as a result of increased marketing and outreach efforts. Word-of-mouth continues to rise among facility residents as participants either transition or plan to do so. This activity within the facility has had a significant impact on word-of-mouth referrals.

Obtaining family referrals

### 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.**

Elderly and PD: Referrals of all types have increased due to marketing and outreach efforts. Families are receiving information about MFP from CILs, ADRCs, AAAs and other local agencies doing intake and referral. The MFP state office has experienced an increase in calls from family members seeking assistance from MFP and HCBS wavers.

- Assessing needs
- Other, specify below
- 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
- Obtaining self referrals
- Obtaining family referrals
- Assessing needs
- Lack of interest among people targeted or the families

**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**

Elderly and PD: limited interest from family members in rural areas of the state.

**What are you doing to address the challenges?**

Marketing, outreach and educational efforts focused on facilities in rural areas.

**Current Issue Status: In Progress**

- 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Please describe by target population**

Elderly and PD: Case management agencies are actively participating in the demonstration, providing MFP participants with more service options in the community.

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

**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**

Elderly and PD: Prolonged period of time determining waiver eligibility and completing enrollment into waiver services - MFP presumption of Medicaid eligibility is rejected by waivers.  
DD: Difficulties in updating the closeout of long-term facility spans with the Department of Family and Children Services (DFCS), the agency responsible for determining and updating Medicaid eligibility.

**What are you doing to address the challenges?**

Communicating with waiver assessment teams, providing thorough information on each individual referred in order to facilitate the process of waiver admission, continuing discussions regarding presumption of Medicaid eligibility for MFP participants. Working with DFCS at the state and local levels to work out problems regarding slow nursing facility closeouts.

**Current Issue Status: In Progress**

Reestablishing eligibility after a suspension due to reinstitutionalization

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** 405

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

**Total** 30

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** 3

**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** 2

**Individual could not find affordable, accessible housing, or chose a type of residence that does not meet the definition of MFP qualified residences** 4

**Individual changed his/her mind about transitioning, did not cooperate in the planning process, had unrealistic expectations, or preferred to remain in the institution** 16

**Individual's family member or guardian refused to grant permission, or would not provide back-up support** 2

**Other, Please Specify** 3

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

Estate recovery problems; refused to pay cost-share for waiver services.

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

**less than 2 months** 56

**2 to 6 months** 39

**6 to 12 months** 43

**12 to 18 months** 4

**18 to 24 months** 0

**24 months or more** 0

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

90 days or less

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

**less than 2 months** 39.44%

**2 to 6 months** 27.46%

**6 to 12 months** 30.28%

**12 to 18 months** 2.82%

<b>18 to 24 months</b>	N/A%
<b>24 months or more</b>	N/A%

## E. 2. Informed Consent & Guardianship - SUBMITTED

**Grant Report:** 2010 Second Period (July - December) - GA10SA02, 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
- 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
- The nature by which guardians are involved in ongoing care planning
- The nature by which guardians are trained and mentored
- Other, specify below
- 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:** 2010 Second Period (July - December) - GA10SA02, Georgia

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

- Development of print materials

### 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**

All populations: A comprehensive Participant Transition Planning Guide was implemented during the reporting period and was well received. This full-color booklet is a valuable resource for participants and family members. It is also useful for those who are transitioning without the assistance of MFP. Long-Term Care Ombudsman are using it. CIL IL specialists are finding it useful. The Transition Guide includes planning assignments to be completed by the participant in collaboration with the Transition Coordinator. The Guide includes a comprehensive section on available community resources.

- Implementation of localized/targeted media campaign
- Implementation of 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

**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:** 2010 Second Period (July - December) - GA10SA02, 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	Involved in Housing Development	Involved in Quality of Care assurance	Attended MFP Advisory Meeting(s)	Other (describe)

program

<b>Consumers</b>					
<b>Families</b>					
<b>Advocacy Organizations</b>					
<b>HCBS Providers</b>					
<b>Institutional Providers</b>					
<b>Labor/Worker Association (s)</b>					
<b>Public Housing Agency(ies)</b>					
<b>Other State Agencies (except Housing)</b>					
<b>Non-profit Housing Assn.</b>					

**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**

Consumers, self-advocates, MFP 'graduates' (persons who have completed 365 days of MFP), advocacy organizations and providers have been convened to form the MFP Evaluation Team. The Eval Team focused on developing a robust project evaluation plan 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. Meetings facilitated by MFP during the previous reporting period (Jan - June 2010) with HCBS providers and public housing authorities contributed to the hiring of agency 'housing specialists,' and a HUD award to one metro PHA of 35 new Housing Choice Vouchers for use by MFP participants.

**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**

Eval Team meeting on 10/13/10, 2 self-advocates, 1 PWD who works for a CIL and 1 PWD agency staffer.

- 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
- Involving them in a meaningful way
- Keeping them involved for extended periods of time

**What are you doing to address the challenges?**

Offered reimbursement for travel.

- Communicating with consumers

**What are you doing to address the challenges?**

mailing announcements and meeting agendas to consumers without email access.

- 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

**Please describe**

In large part because of MFP Technical Assistance, on July 7, 2010, Georgia Department of Community Affairs (DCA) submitted a HUD application for new Category 2 Housing Choice Vouchers for persons with disabilities transitioning from nursing facilities and other state institutions. DCA administers the HCV program in 149 of Georgia's 159 counties.

- State housing finance agency

- Public housing agency(ies)

**Please describe**

In large part because of MFP Technical Assistance, on July 7, 2010, the PHAs of Atlanta, Decatur/Dekalb, Augusta, Macon, Columbus and Savannah submitted HUD applications for new Category 1 and Category 2 Housing Choice Vouchers for persons with disabilities transitioning from nursing facilities and other state institutions.

- Non-profit agencies involved in housing issues

**Please describe**

MFP project hired a housing specialist and housing specialists were hired in partner state agencies (DBHDD - DD and MH).

- 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

**Please describe**

1) Forming a cross-agency, cross-disability strategic planning coalition with the authority to develop a mission, vision & actionable goals and coordinate a bi-directional referral process between state agencies with service capacity and housers with housing capacity. 2) Identify dedicated staff to act as cross-agency liaisons 3) Cross-cultural communication between 'service providers' and 'housers' 4) Needs Assessment/Analysis of Service Capacity - Determine HCBS Waiver Capacity/Slot Funding; Identify service system inputs including MDS 3.0, Section Q and ADRCs, MFP and Olmstead lists; Community Agencies--AAA, CILs, PHAs, Peer Support Networks, Behavioral Health, homelessness initiatives, etc. 5) Transitions by populations beyond the reach of MFP; Facilities from which transitions occur; Nursing Facilities and Intermediate Care Facilities (ICFs) State hospitals and Psychiatric Residential Treatment Facilities 6) Impacting State Housing Finance Authority Qualified Allocation Plan (QAP), Consolidated Plans, HOME, CDBG, LIHTC, HOPWA, Housing Trust Fund 7) Obtaining assistance from Public Housing Authorities (PHAs)-vouchers, PBRA Community Development Agencies; ConPlans, CHDOs, NSP, ARRA, City Planners 8) Identifying and using Federal Resources-HUD 811/202, NoFA /HCVs 9) Analyze housing finance tools & mechanisms - Resources for development of subsidized housing; Resources for development of affordable housing; Review of housing finance program guidelines and administrative rules, analysis of impediments to fair housing 10) Identifying available accessible and affordable housing inventory by type (single/multifamily, group, permanent supportive housing) 11) Improving information systems about housing - Georgia Housing Search Tool

No

## E. 5. Benefits & Services - SUBMITTED

**Grant Report:** 2010 Second Period (July - December) - GA10SA02, 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
- Added a self-direction option
- Developed State Plan Amendment to add or modify benefits needed to serve MFP participants in HCBS settings

**Populations Affected**

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

**Please describe by target population**

MI: MI is not currently a target population in Georgia's MFP project. The lead state Medicaid

Agency has been collaborating with the state agency on Behavioral Health and CMS to develop a 1915(i) state plan amendment to provide community services to people with severe mental illness. MFP representatives have participated in this collaboration and have committed to adding MI as a target population when sustainable service4s options become available.

- 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

#### Populations Affected

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

#### Please describe by target population

PD: MFP respresentatives are in discussions with representatives of the Georgia Pediatric Program (GAPP), a 1915(c) waiver approved by CMS. Discussions are focused on how MFP can be used to serve medically fragile members and their families transitioning from institutions to the community using GAPP waiver services. MFP - GAPP slots need to be funded and legislative appropriations are being requested.

- 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:** 2010 Second Period (July - December) - GA10SA02, 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
- 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

**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: Georgia's lead Medicaid Agency implemented a new Medicaid Management Information System (GA MMIS) to improve efficiency in all aspects of Medicaid operations, including claims processing for HCBS waiver providers.

- 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**

All populations: Insufficient supply of small (4 bed or less) group homes that meet ADA Standards for accessibility for MFP participants with significant disabilities and complex service needs.

**What are you doing to address the challenges?**

Working with other state agencies to process and approve qualified providers who are willing and ready to serve MFP participants. Outreach and marketing to association meetings of HCBS providers to promote idea of smaller group homes. Outreach to HUD regarding the need to fund development of small group homes using HUD 811 funds.

**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:** 2010 Second Period (July - December) - GA10SA02, 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
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0	0	0	0	0
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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
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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

6. Are there any other comments you would like to make related to self-direction for MFP participants, or the numbers reported, during this reporting period?

## E. 8. Quality Management & Improvement - SUBMITTED

**Grant Report:** 2010 Second Period (July - December) - GA10SA02, 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
- Implemented/Enhanced data collection instruments
- Implemented/Enhanced information technology applications
- Implemented/Enhanced consumer complaint processes
- Implemented/Enhanced quality monitoring protocols DURING the one-year transition period (that is, methods to track quality-related outcomes using identified benchmarks or identifying participants at risk of poor outcomes and triggering further review at a later point in time)
- Enhanced a critical incident reporting and tracking system. A critical incident (e.g., abuse, neglect and exploitation) is an event that could bring harm, or create potential harm, to a waiver participant.

### Populations Affected

Elderly	MR/DD	MI	PD	n/a
[x]	[x]	[ ]	[x]	[ ]

All populations: Implemented MFP project log to track and analyze all Sentinel Events and complaints reported by Transition Coordinators, Case Managers, participants/family members and long-term care ombudsmen. The project log is related to the work of the Evaluation Team and was designed based on the Project Logic Model created by the Eval Team. Analysis of data in the project log (discovery) will be used by the Eval Team and state MFP staff to develop protocols to improve outcomes for MFP participants. Once developed and vetted, these protocols will assist TCs and LTC ombudsman to identify and assist participants at risk of poor

outcomes.

- 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
Needed supplies arriving late	0	0	0	4	0

Total

Populations Effected				
Elderly	MR/DD	MI	PD	n/a
0	0	0	4	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	4	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

**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: HCBS providers and waiver case managers are not notifying MFP Transition Coordinators when supports/services are inadequate to meet MFP participants needs. TCs are not being notified when direct service workers fail to show up to provide services.

**What are you doing to address the challenges?**

Ongoing outreach and training to providers, case managers, participants and families regarding the importance of informing MFP staff about needs that are not being met.

**Current Issue Status: In Progress**

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: HCBS providers and case managers, participants/family members are not notifying MFP TCs when participants go to the hospital/emergency room.

**What are you doing to address the challenges?**

Ongoing outreach and training to providers, case managers, participants/family members regarding the importance of informing MFP TCs, state staff or LTC ombudsman about needs that are not being met adequately or when health and welfare issues arise. Informing all parties that MFP may be able to provide additional services and supports that would reduce incidences of risks to health and welfare and prevent reoccurrences.

**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

Designing system improvements

Implementing system improvements

Other, specify below

None

**Current Issue Status: Resolved**

**How was it resolved?**

Are there any other comments you would like to make related to quality management for MFP participants, or the numbers reported, during this reporting period?

## E. 9. Housing for Participants - SUBMITTED

**Grant Report:** 2010 Second Period (July - December) - GA10SA02, 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

### 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 achievements

Georgia MFP has partnered with the State Housing Finance Authority (the Department of Community Affairs-DCA, Rental Assistance Division) by developing a Housing Choice Voucher (HCV) program. The MFP/DCA partnership through the assistance of Advocates for Human Potential, convened metro Public Housing Authorities for two housing development forums held in Macon, Georgia. These forums were a historic first step toward creating a state-wide coalition of housing and human service organizations to identify needs and create housing related initiatives. As a result of the forums, the coalition has expanded to include six Public Housing Authorities (PHAs) in metro areas in the state. DCA and these six PHAs applied for a total of 615 Category I and 310 Category II HCVs under the new NOFA for Non-elderly Person with Disabilities. Coalition partners are seeking additional technical assistance through MFP from Advocates for Human Potential to pursue a number of state-wide strategic initiatives including a state-wide referral network and state-wide inventory of available accessible, affordable and integrated housing through various mechanisms including LIHTC, HOME, Con Plan and Qualified

Allocation Plan. Georgia MFP has also begun outreach to several individual property owners who own various types of rental housing in the metro Atlanta area. Through this outreach opportunities have been provided to connect property owners with potential tenants who are in dire need of housing in their communities. Georgia MFP has also begun directly contacting executives in smaller apartment management companies to see if we would be able to possibly have some of the regulations and restriction that prevent our participants from living in their available units relaxed.

- 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

#### 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 achievements

Georgia MFP has partnered with the State Housing Finance Authority (the Department of Community Affairs-DCA, Rental Assistance Division) by developing a Housing Choice Voucher (HCV) program. DCA has provided 100 HCVs for use by MFP participants. DCA/MFP partnership has now expanded to include six Public Housing Authorities (PHAs) in metro areas in the state. DCA and these six PHAs applied for a total of 615 Category I and 310 Category II HCVs under the new NOFA for Non-elderly Person with Disabilities. Georgia MFP has created a partnership with the Decatur Housing Authority to use the 35 Category II HCVs that they received under the NOFA for Non-elderly Person with Disabilities. We have put in place a referral and tracking system which allows us to track the progress of each participant that is seeking one of the 35 vouchers and helps to ensure positive housing outcomes.

- 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

#### 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**

Issue #1) The HUD HOME Investment Partnership program allocates federal housing funds both to the Department of Community Affairs (DCA) and to local participating jurisdictions, including the City of Atlanta, for Tenant-Based Rental Assistance (TBRA). TBRA could be used to help MFP participants leave institutions, but this is not the case in DCA jurisdiction (149 of GA 159 counties) or in the City of Atlanta. In the DCA Consolidated Plan and in the City of Atlanta Consolidated Plan, MFP asked that 20% of HOME funds be allocated for TBRA. Both DCA and City of Atlanta declined this request. Issue #2) HUD has failed to ensure HOME recipients comply with Section 504 of the 73 Rehabilitation Act and Amendments. MFP state staff can't get HOME administrators to provide a list of affordable HOME units that comply with the 5%1%1% mandate for accessibility.

**What are you doing to address the challenges?**

In the 2010 - 2014 five-year Consolidated Plan, the City of Atlanta received \$3.8 million. MFP asked City of Atlanta to allocate 20% of HOME funds, or \$777,000 for TBRA for persons with very low income (15 to 18% AMI). City of Atlanta declined, indicating that set-asides for persons with very-low incomes had the effect of skewing the funding recommendations. Instead of funding the strongest and most competitive projects, City of Atlanta indicated that set-asides for funding proposals for TBRA projects forced them to choose weaker projects. MFP staff has located a number of housing management companies who are willing to submit proposals. MFP state staff has asked the City of Atlanta to assist these housing management companies to submit qualified TBRA proposals. So far, the City of Atlanta has declined to provide this technical assistance, citing rules of competition for submission. Issue #2) Thus far, MFP state staff has been unable to get a list of addresses of HOME rental units (that comply with the 5%1%1% accessibility mandate) from DCA or from City of Atlanta HOME fund administrators.

**Current Issue Status: In Progress**

- 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
- 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)	28	7	0	26	0

Apartment (individual lease, lockable access, etc.)	23	1	0	53	0
Group home or other residence in which 4 or fewer unrelated individuals live	12	81	0	9	0

4. How many MFP participants who transitioned to the community during the reporting period moved to each type of qualified residence? [This question is required.]

	Populations Affected				
	Elderly	MR/DD	MI	PD	n/a
Home (owned or leased by individual or family)	7	2	0	16	0
Apartment (individual lease, lockable access, etc.)	10	0	0	28	0
Group home or other residence in which 4 or fewer unrelated individuals live	10	54	0	6	0

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
- 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 checked="" 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

6. Are there any other comments you would like to make related to housing for MFP participants, or the numbers reported, during this reporting period?

Georgia MFP staff has begun to work on creating more housing opportunities for our participant. We have received some training

from Advocates for Human Potential, as well as attended trainings and TA calls centered around working with HOME funds and TBRA funds. While these activities work toward a long range goal of providing housing assistance to our participants, more training or suggestions for effective short term solutions for our housing needs are a great need. Georgia MFP would particularly like to see more emphasis place on training which shows the program how to approach, build, and cultivate relationships with agency commissioner, and others that work in the higher levels of state government who would be more effective in championing out need for more housing for the very very low income individuals we serve.

## F. Organization & Administration - SUBMITTED

**Grant Report:** 2010 Second Period (July - December) - GA10SA02, 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

Common service definitions

Common provider qualification requirements

Financial management issues

Quality assurance

Other, specify below

None

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

Yes

**What were the achievements in?**

Laid the ground work (MOU, Scope of work, Budget, etc.) for interagency coordination with Department of Human Services, Division of Aging Services (DHS/DAS) for MFP funding of Options Counselors (OCs), one in each of the 12 ADRCs in the state. OCs will field new MDS 3.0 Section Q referrals, triage the referral and forward appropriate referrals to MFP Transition Coordinators.

No

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

- Interagency relations
- Privacy requirements that prevent the sharing of data
- Technology issues that prevent the sharing of data
- Transitions in key Medicaid staff

**Please describe the challenges. What agencies were involved?**

MFP Project Director, Alice Hogan was promoted in May 2010 to Director of Waiver Services. Ms. Hogan continued as Acting MFP PD, but with additional duties as director of waiver services. With only one other full-time state staffer, many project tasks were left undone while the PD position was being filled.

**What are you doing to address the challenges?**

Georgia MFP staff has begun to work on creating more housing opportunities for our participant. We have received some training from Advocates for Human Potential, as well as attended trainings and TA calls centered around working with HOME funds and TBRA funds. While these activities work toward a long range goal of providing housing assistance to our participants, more training or suggestions for effective short term solutions for our housing needs are a great need. Georgia MFP would particularly like to see more emphasis place on training which shows the program how to approach, build, and cultivate relationships with agency commissioner, and others that work in the higher levels of state government who would be more effective in championing out need for more housing for the very very low income individuals we serve.

**Current Issue Status: In Progress**

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

## G. Challenges & Developments - SUBMITTED

**Grant Report:** 2010 Second Period (July - December) - GA10SA02, 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**

See description in previous section, F. Organization & Administration. Lost MFP Project Director in May 2010. Hired new PD in November 2010. Project tasks were left undone during this time and had to be caught up once new personnel were hired and trained.

- 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:** 2010 Second Period (July - December) - GA10SA02, Georgia

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

- Yes

**Please explain the proposed changes to your Qualified HCBS Expenditures benchmark.**

MFP has an interagency agreement with the Georgia State University, Georgia Health Policy Center (GSU/GHPC). Under the agreement, GHPC is assisting the MFP project to design and conduct a project evaluation. An evaluation team was convened and charged with the tasks of developing a project logic model. In addition to the creation of the Eval Team and development of the MFP project logic model, GHPC will conduct a comparative cost analysis of Per Member Per Month (PMPM) costs based on paid claims. GHPC will also collect the 2nd and 3rd administrations of the Quality of Life survey and analyze and report the results. The MFP Eval Team will use these reports to advocate for policy and procedure changes.

- No

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

- Yes

**Please describe**

In October 2010, GHPC delivered the initial results of the pre-post analysis of PMPM Medicaid costs for individuals who were enrolled and incurred costs in the MFP project. Preliminary results (n=68) indicated that average PMPM Medicaid costs six-months prior to transition was \$4,621. The average PMPM Medicaid costs six-months after transition was \$2,874, a difference of \$1,747 PMPM (or 38%). GHPC delivered the initial results of the Quality of Life survey analysis

(n=62 follow-up surveys). Results indicated higher levels of satisfaction in general and more choice and control of life in the community.

[ ] No

### **I. State-Specific Technical Assistance - SUBMITTED**

**Grant Report:** 2010 Second Period (July - December) - GA10SA02, Georgia

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

**Grant Report:** 2010 Second Period (July - December) - GA10SA02, Georgia

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

In the future, MFP project personnel will complete this report by the due date. New hires are now trained and procedures are in place to report on project activities as required in this report.