Section IV - Money Follows the Person Rebalancing Demonstration

Money Follows the Person Rebalancing Demonstration

Date:
_________________________________________________

Your agency name and state:

Agency Name: ________________________________________________________________

State:

( ) Alabama
( ) Alaska
( ) American Samoa
( ) Arizona
( ) Arkansas
( ) California
( ) Colorado
( ) Connecticut
( ) Delaware
( ) District of Columbia
( ) Federated States of Micronesia
( ) Florida
( ) Georgia
( ) Guam
( ) Hawaii
( ) Rhode Island
( ) South Carolina
( ) South Dakota
( ) Tennessee
( ) Texas
( ) Utah
( ) Vermont
( ) Virgin Islands
( ) Virginia
( ) Washington
( ) West Virginia
( ) Wisconsin
( ) Wyoming
1. Does the state currently operate a “Money Follows the Person” rebalancing demonstration project?*

( ) Yes
( ) No

1.a. What year did you begin the grant?

_________________________________________________

1.b. Are people under the age of 65 included in the target population?

( ) Yes
( ) No

1.b.1. What types of institutions are the targets of the MFP?

(Select all that apply.)

[ ] Skilled nursing facilities

[ ] Publicly operated Intermediate Care Facilities for Persons with Intellectual/Developmental Disabilities

[ ] Privately operated Intermediate Care Facilities for Persons with Intellectual/Developmental Disabilities

1.b.2. Are employment services and supports included within the scope of services available under the MFP?

( ) Yes
( ) No

1.b.2.1. What specific types of employment services are available?

_________________________________________________

_________________________________________________
1.b.2.2. What number and/or percentage of individuals with disabilities served each year have received each specific type of employment service that is available?


1.b.2.3. How many dollars have been expended each year on each specific type of employment service that is available?


1.c. How many, or what percentage of individuals with disabilities served under MFP are working in Employment in Integrated Settings post-relocation?

Number: ________________________________

Percentage: ________________________________

1.d. How many/what percentage of individuals with disabilities served under MFP are receiving services in sheltered workshops or day habilitation facilities post-relocation?

Number: ________________________________

Percentage: ________________________________

How many/what percentage of individuals with disabilities served under MFP were determined to be unemployable in Integrated Settings through one or more publicly funded assessments?

Number of individuals: ________________________________

Percentage of individuals: ________________________________
1.e.1. Do Individuals receive education, services or trainings that would increase their employability?

( ) Yes
( ) No

1.e.2. Is the individual’s employability re-evaluated at regular intervals?

( ) Yes
( ) No

1.e.3.1. How often?

_________________________________________________

2. Has the state elected to use any of its administrative “MFP” dollars to fund positions specifically dedicated to Employment in Integrated Settings?*

( ) Yes
( ) No

2.a. Please describe the position(s).

_________________________________________________

_________________________________________________

_________________________________________________

_________________________________________________