

**Appendix B:
DRAFT Operational Protocol (OP) Instructions**

**MONEY FOLLOWS THE PERSON (MFP)
REBALANCING DEMONSTRATION
Funding Opportunity**

July 2010

MFP OPERATIONAL PROTOCOL INSTRUCTION GUIDE

Table of Contents

	Page
Introduction and Timeline	43
I. Required Contents of the Operational Protocol	
A. Project Introduction	43
1. Organization & Administration	
a. Part #1 Systems Assessment and Gap Analysis.....	44
b. Part #2 Description of the Demo’s Administrative Structure	44
2. Benchmarks	45
B. Demonstration Policies and Procedures	
1. Participant Recruitment and Enrollment.....	46
2. Informed Consent and Guardianship	47
3. Outreach/Marketing/Education	48
4. Stakeholder Involvement.....	48
5. Benefits and Services	49
6. Consumer Supports	49
7. Self-Direction.....	50
8. Quality.....	50
9. Housing	51
10. Continuity of Care Post Demonstration	52
C. Project Administration	53
D. Evaluation.....	53
E. Budget.....	54
<u>SUB-APPENDICES</u>	
Sub-Appendix I:	
Self-Direction.....	56
Sub-Appendix II:	
Types of Supported Housing.....	75
Sub-Appendix III:	
Maintenance of Effort Instructions.....	76
Sub-Appendix IV	
Instructions for Worksheet for Proposed Budget	83

Sub-Appendix V:
Service Definitions93

Sub-Appendix VI:
Qualified Residence Guidance101

Sub-Appendix VII:
Examples of Supplemental Demonstration Services106

Sub-Appendix VIII:
Provider and Interagency Collaboration109

Money Follows the Person OPERATIONAL PROTOCOL INSTRUCTION GUIDE

Introduction and Timeline

This document is the official instruction guide and template for the development of Operational Protocols (OP) by the States who apply for a 2010 Money Follows the Person (MFP) Rebalancing Demonstration Grant award. This guide should provide instruction on the required elements of the State's Operational Protocol. States will be required to submit a Draft OP as a required component of the grant application. If awarded an MFP grant, OPs needing revision to meet the terms and conditions of the grant must be modified and resubmitted until approved by CMS. Only after approval, may a State enroll participants and request reimbursement for services. After receiving a grant award, administrative claims funding at 100% reimbursement up to \$600,000 is available until the OP is approved. Costs incurred by the State during the pre-implementation phase, including the costs of a full-time Project Director and other staff, can be reimbursed with grant award dollars with 100% grant funding with an approved budget.

The Draft Operational Protocol should provide enough information that:

- CMS and other federal and State officials may use this document to understand the operation of the demonstration.
- The State Project Director will use it as the manual for program implementation; and
- It is available to external stakeholders who may use it to understand the operation of the demonstration.

Elements of the Draft Operational Protocol (Data submission requirements) that need approval from Institutional Review Boards (IRBs) should not be submitted to the IRBs before CMS approves the protocol. If the State seeks IRB approval prior to CMS approval the State subjects itself to the possibility of needing to submit revised documents to the IRB at a later date.

Once the Operational Protocol has final approval by CMS, grantees can begin the implementation phase of the demonstration and be permitted to claim the enhanced match rate for CMS approved home and community-based services (HCBS) for demonstration participants transitioned from institutional settings into the community for the first 365 days of community-based care. During this phase, all "qualified expenditures" will be eligible for Federal Medical Assistance Percentage (FMAP) at the enhanced rate specified in the statute. The State will be able to claim the regular published FMAP match rate under the demonstration for any services approved and delivered to demonstration participants as supplemental services. States may continue to also submit administrative claims for the approved administrative budget at the approved rate.

I. Required Contents of the Operational Protocol

In order to submit a Draft Operational Protocol, a State must include a response to each of the elements in this section. **Operational Protocols that do not include responses to each section below will not be considered responsive to the solicitation and will not be considered for award.**

CMS will provide detailed training through webinars and teleconferences to all applicants on each section of the OP. Questions regarding the development of the Operational Protocol may be

asked at that time and responses will be available to all applicants. In addition CMS will have an email address to direct questions. Answers to those questions will be posted each week on the CMS website http://www.cms.gov/CommunityServices/20_MFP.asp#TopOfPage.

A. Project Introduction

1. Organization and Administration

Part #1

Systems Assessment and Gap Analysis – (please keep this section to 10 pages)

An applicant's Systems Readiness Assessment should describe the current long-term support delivery system in the State (include all populations- individuals who are Aged, MR/DD, MH, Physically disabled, TBI and any other), including progress to date and "gaps" that will need to be addressed in order to "rebalance" the system. This assessment should focus on the system of long-term care service delivery including the departments, agencies and providers (both community and institutional) that participate in the long-term care delivery system in the State.

It must include:

1. A description of the current LTC support systems that provide institutional and home and community-based services, including any major legislative initiatives that have affected the system. What State legislative and/or regulatory changes need to be made to further rebalance the LTC system and promote HCBS?
2. An assessment of what Medicaid programs and services are working together to rebalance the State's resources and a description of any institutional diversion and/or transitions programs or processes that are currently in operation. What additional Medicaid programs and services are needed to increase HCBS and decrease the use of institutional care?
3. A description of the number of potential participants who are now living in institutions including the number of residents in nursing homes who have indicated they would like to transition into the community.
4. A description of any current efforts to provide individuals with opportunities to self-direct their services and supports. Would your State be developing additional opportunities for participants to self- direct?
5. Describe the stakeholder involvement in your LTC system. How will you include consumers and families as well as other stakeholders in the implementation of the MFP program?

Part #2

Description of the Demo's Administrative Structure

Describe the Administrative structure that will oversee the demonstration. Include the oversight of the Medicaid Director, which agency will be the lead agency, all departments and services that will partner together, the administrative support agencies that will provide data and finance support and what formal linkages will be made and by what method, (i.e. Memorandum of Agreement, reorganization).

2. **Benchmarks** (Please note that the MFP Program and all benchmarks and all financial reports must be developed based on the CALENDAR year not the Federal fiscal year or your State's fiscal year)

Provide a list of proposed annual benchmarks that establish empirical measures to assess the State's progress in transitioning individuals to the community and rebalancing its long-term care system. In the application, two specific benchmarks were required by all awardees. These two benchmarks are:

- Meet the projected number of eligible individuals transitioned in each target group from an inpatient facility to a qualified residence during each calendar year of the demonstration.
- Increase State Medicaid expenditures for HCBS during each calendar year of the demonstration program.

In addition, awardees must propose, at a minimum, three additional measurable benchmarks which address elements of rebalancing. These benchmarks should be measures of the progress made by the State to direct savings from the enhanced FMAP provided by this project towards the development of systems improvements and enhancing ways in which money can follow the person into the community. These additional measurable benchmarks may include, but are not limited to:

- A percentage increase in HCBS versus institutional long-term care expenditures under Medicaid for each year of the demonstration program.
- Establishment and utilization rates for a system for accessing information and services by a date certain (i.e., the establishment or expansion of one-stop shops, single point of entry).
- Establishment and utilization rates for a screening, identification, and assessment process for persons who are candidates for transitioning to the community that are put into use in the general Medicaid program beyond recruitment for the MFP demonstration.
- Progress directed by the State to achieve flexible financing strategies, such as global or pooled financing or other budget transfer strategies that allow "money to follow the person".
- Increases in available and accessible supportive services (i.e., progress directed by the State in achieving the full array of health services and community supports for consumers, including the use of "one-time" transition services, purchase and adaptation of medical equipment, environmental modifications, housing and transportation services beyond those used for MFP transition participants).
- Increases in an available and trained community workforce (i.e., direct interventions, undertaken by the State, to increase the quality, the quantity and the empowerment of direct care workers).
- Increases in the availability of self-directed services (i.e., progress directed by the State to expand the opportunities for Medicaid eligible persons beyond those in the MFP transition program to either directly, or through representation, to express preferences and desires to self-direct their services and supports).
- Increases in the utilization of transition coordinators used to assist individuals in Medicaid find appropriate services and supports in the community.

- Improvements in quality management systems (i.e., direct inventions undertaken by the State to ensure the health and welfare of participants is protected while also maintaining consumer choice).
- Expansions to and improvements in health information technology (i.e., progress directed by the State to build systems that accommodate the business needs of multiple organizations that serve the same populations).
- Improvements in cultural and linguistic competence (i.e., language assistance services, including patient-related written materials).
- Interagency consumer and public/private collaboration (i.e., direct interventions undertaken by the State to achieve a higher level of collaboration with the private entities, consumer and advocacy organizations, and the institutional providers needed to achieve a rebalanced long-term care system).

The benchmarks proposed will be evaluated against the funding requested by the State through the demonstration proposed budget. The State has agreed to maintain its effort through the life of the Demonstration program and should propose rebalancing efforts that will be sustained in the Medicaid system beyond the life of the Money Follows the Person Rebalancing Demonstration.

The benchmarks must be stated as measurable, annual outcomes. . All Benchmarks should begin in 2011 and will continue through 2016. The Operational Protocols will be revised in 2016 to reflect the continued use of awarded funding in federal fiscal year 2016 through 2020.

B. Demonstration Implementation Policies and Procedures

1. Participant Recruitment and Enrollment.

Describe the target population(s) that will be transitioned, and the recruitment strategies and processes that will be implemented under the demonstration. Specifically, please include a narrative description that addresses the issues below. In addition, the Draft OP may include samples of a few recruitment and enrollment materials that will be disseminated to enrollees if developed. (please limit the pages of your application to those required) Your OP may include materials developed as appendices after the grant award is made and before the final approval of the OP.

- a. How will the service provider be selected and does the State intend to engage the State's Centers for Independent Living in some role in the transition process.
- b. The participant selection mechanism including the criteria and processes utilized to identify individuals for transitioning. Describe the process that will be implemented to identify eligible individuals for transition from an inpatient facility to a qualified residence. Please include a discussion of:
 - the information/data that will be utilized (i.e., use of MDS Section "Q" or other institutional data);
 - how access to facilities and residents will be accomplished

- the information that will be provided to individuals to explain the transition process and their options, as well as the state process for dissemination of such information.
- c. The qualified institutional settings that individuals will be transitioning from, including geographical considerations and targeting. If targeting certain facilities, the names of the identified facilities and an explanation of how the facilities being targeted meet the statutory requirements of an eligible institution.
 - d. The minimum residency period to conform to the changes made to Section 6071 by the ACA reducing the minimum number of consecutive days to 90 in an institutional setting with the statutory exception noted in the ACA; and who is responsible for assuring that the requirement has been met.
 - e. The process (who and when) for assuring that the MFP participant has been eligible for Medicaid at least one day prior to transition from the institution to the community.
 - f. The process for determining that the provision of HCBS to a participant enables that participant to be transitioned from a qualified institution. Formal Level of Care determinations are not required prior to transitioning into the MFP program for the 365 day period. States may elect to develop an assessment of eligibility that takes into consideration the readiness for an individual to transition into the community with identified transition services and appropriate long-term care services.
 - g. The State's policy regarding re-enrollment into the demonstration. That is, if a participant completes 12 months of demonstration services and is readmitted to an institution including a hospital, is that participant a candidate for another 12 months of demonstration services? If so, describe the provisions that will be taken to identify and address any existing conditions that led to re-institutionalization in order to assure a sustainable transition.
 - h. The State's procedures and processes to ensure those participants, and their families will have the requisite information to make informed choices about supports and services. The description shall address:
 - i. How training and/or information is provided to participants (and involved family or other unpaid caregivers, as appropriate) concerning the State's protections from abuse, neglect, and exploitation, including how participants (or other informal caregivers) can notify appropriate authorities or entities when the participants may have experienced abuse, neglect or exploitation.
 - ii. Identify the entity or entities that are responsible for providing training and/or information and how frequently training and education are furnished.

2. Informed Consent and Guardianship

- a. Provide a narrative describing the procedures used to obtain informed consent from participants to enroll in the demonstration. Specifically include the State's criteria for who can provide informed consent and what the requirements are to "represent" an individual in this matter. In addition, the informed consent procedures must ensure all demonstration participants are aware of all aspects of the transition process, have full knowledge of the services and supports that will be provided both during the demonstration year and after the demonstration year, and are informed of their rights and responsibilities as a participant of the demonstration. Include copies of all informed consent forms and informational materials.
- b. Provide the policy and corollary documentation to demonstrate that the MFP demonstration participants' guardians have a known relationship and do interact with the participants on an ongoing basis; and have recent knowledge of the participants' welfare if the guardians are making decisions on behalf of these participants. The policy should specify the level of interaction that is required by the State.

3. Outreach/Marketing/Education

Submit the State's outreach, marketing, education, and staff training strategy. NOTE: The OP Draft required in this application does not require a State to submit marketing materials at this time. *All marketing materials will be submitted during the final approval process for the Operational Protocol.*

Please provide:

- a. The information that will be communicated to enrollees, participating providers, and State outreach/education/intake staff (such as social services workers and caseworkers);
- b. Types of media to be used;
- c. Specific geographical areas to be targeted;
- d. Locations where such information will be disseminated;
- e. Staff training plans, plans for State forums or seminars to educate the public;
- f. The availability of bilingual materials/interpretation services and services for individuals with special needs; and
- g. A description of how eligible individuals will be informed of cost sharing responsibilities.

4. Stakeholder Involvement

Describe how the State will involve stakeholders including consumer representatives in the Implementation Phase of this demonstration, and how these stakeholders will be meaningfully involved throughout the life of the demonstration grant. Please include:

- a. A chart that reflects how the stakeholders relate to the organizational structure of the grant and how they influence the project.
- b. A brief description of how consumers' will be involved in the demonstration.
- c. A brief description of community and institutional providers' involvement in the demonstration.

- d. A description of the consumers' and community and institutional providers' roles and responsibilities throughout the demonstration.
- e. The operational activities in which the consumers and community and institutional providers are involved.

5. Benefits and Services

- a. Provide a description of the service delivery system(s) used for each population that the State will serve through the Money Follows the Person Rebalancing Demonstration. Include both the delivery mechanism (fee-for-service, managed care, self-directed, etc.) and the Medicaid mechanism through which qualified HCBS will be provided at the termination of the demonstration period (1915 a, b, c or combination waiver, 1115 demonstration, Medicaid State Plan, 1915i and 1915j, etc.). For all HCBS demonstration services and supplemental demonstration services State must detail the plan for providers or the network used to deliver these services. Some demonstration services may be added to existing 1915 waivers during the MFP program period, but the services that are not added and the supplemental services not paid for through Medicaid will end at the 365th day for each individual participant.
- b. List the service package that will be available to each population served by the Demonstration program. Include only services that are provided through the demonstration (home and community-based long-term care services and supplemental services). **Do not include acute care service or institutional services that will be paid for through the regular Medicaid program.** In a chart, divide the service list(s) into Qualified Home and Community-Based Program Services, HCBS demonstration services, and supplemental demonstration services reflecting the categories of services that are listed in the solicitation. If any qualified Home and Community-based Services are not currently available to Medicaid recipients in the State (and are, therefore, not included in the State's maintenance of effort calculations), provide a detailed account of when and how they will be added to the Medicaid program. For HCBS demonstration services and supplemental demonstration services, indicate the billable unit of service and the rate proposed by the State. For supplemental demonstration services, provide any medical necessity criteria that will be applied as well as the provider qualifications.

6. Consumer Supports

Describe the process and activities that the state will implement to ensure that the participants have access to the assistance and support that is available under the demonstration including back-up systems and supports, and supplemental support services that are in addition to the usual HCBS package of services. Please provide:

- a. A description of the educational materials used to convey procedures the State will implement in order for demonstration participants to have needed assistance and supports and how they can get the assistance and support that is available;
- b. A description of any 24 hour backup systems accessible by demonstration participants including critical services and supports that are available and how the demonstration

participants can access the information (such as a toll free telephone number and/or website). Include information for back-up systems including but not limited to:

- i. Transportation
 - ii. Direct service workers;
 - iii. Repair and replacement for durable medical and other equipment (and provision of loan equipment while repairs are made); and
 - iv. Access to medical care: individual is assisted with initial appointments, how to make appointments and deal with problems and issues with appointments and how to get care issues resolved.
- c. A copy of the complaint and resolution process when the back-up systems and supports do not work and how remediation to address such issues will occur.

7. Self-Direction (See Appendix A)

Sub-Appendix I is considered part of the Operational Protocol and is required for States using self-direction for MFP demonstration participants. An electronic copy of the form will be made available to applicants. CMS requires that adequate and effective self-directed supports are in place. Provide a description of the self-direction opportunities under the demonstration before the Institutional Review Board (IRB) approval.

In addition to completing Appendix A, please respond to the following:

- a. Describe how the State accommodates a participant who voluntarily terminates self-direction in order to receive services through an alternate service delivery method, including how the State assures continuity of services and participant health and welfare during the transition from self-direction to the alternative service delivery method.
- b. Specify the circumstances under which the State will involuntarily terminate the use of self-direction and thus require the participant to receive provider-managed services instead. Please include information describing how continuity of services and participant health and welfare will be assured during the transition.
- c. Specify the State's goal for the unduplicated number of demonstration participants who are expected to avail themselves of the demonstration's self-direction opportunities.

8. Quality

Provide a description of the State's quality Improvement system (QIS) for demonstration participants during the demonstration year and a description of what system they will be transitioned to after the 365 day demonstration period. Regardless of the financing and/or service delivery structure proposed under the demonstration, states must demonstrate how services during the 365 day transition period will:

- be utilized to inform the CMS evaluation of the state's MFP demonstration; and
- Meet or exceed the guidance for a QIS set forth in version 3.5 of the 1915(c) HCBS waiver application.

Please follow the guidelines set forth below for completion of this section of the OP:

- a. If the State plans to integrate the MFP demonstration into a new or existing 1915(c) waiver or HCBS SPA, the State must provide written assurance that the MFP demonstration program will incorporate, at a minimum, the same level of quality assurance and improvement activities articulated in Appendix H of the existing 1915(c) HCBS waiver application during the transition and during the 12 month demonstration period in the community.

The state need not provide documentation of the quality management system already in place that will be utilized for the demonstration. But, rather provide assurances in the OP that:

- i. This system will be employed under the demonstration; and
- ii. The items in section (C) below are addressed.

In addition, the state should provide a brief narrative regarding how the existing waiver QIS is already or will be modified to ensure adequate oversight/monitoring of those demonstration participants that are recently transitioned.

- b. If the State plans to utilize existing 1915(b), State Plan Amendment (SPA) or an 1115 waiver to serve individuals during and after the MFP transition year, the State must provide a written assurance that the MFP demonstration program will incorporate the same level of quality assurance and improvement activities required under the 1915(c) waiver program during the individual's transition and for the first year the individual is in the community. The state must provide a written narrative in this section of the OP regarding how the proposed service delivery structure (1915(b), State Plan Amendment, or 1115) will address the items in section (c) below.
- c. The Quality Improvement System under the MFP demonstration must address the waiver assurances articulated in version 3.5 of the 1915(c) HCBS waiver application and include:
 - i. Level of care determinations;
 - ii. Service plan description;
 - iii. Identification of qualified HCBS providers for those participants being transitioned;
 - iv. Health and welfare;
 - v. Administrative authority; and
 - vi. Financial accountability.
- d. If the State provides supplemental demonstration services (SDS), the State must provide:
 1. A description of the quality assurance process for monitoring and evaluating the adequacy of SDS service(s) to manage the barrier it was selected to address; and,
 2. A description of the remediation and improvement process.

9. Housing

- a. Describe the State's process for documenting the type of residence in which each participant is living (See chart for examples in Sub-Appendix II). The process should categorize each

setting in which an MFP participant resides by its type of “qualified residence” and by how the State defines the supported housing setting, such as:

- i. Owned or rented by individual,
- ii. Group home,
- iii. Adult foster care home,
- iv. Assisted living facility, etc. (Please see the Policy Guidance in Sub-Appendix VI)

If appropriate, identify how each setting is regulated.

- b. Describe how the State will plan to achieve a supply of qualified residences so that each eligible individual or the individual’s authorized representative can choose a qualified residence prior to transitioning. This narrative must:
 - i. Describe existing or planned inventories and/or needs assessments of accessible and affordable community housing for persons with disabilities/chronic conditions; and
 - ii. Explain how the State will plan to address any identified housing shortages for persons transitioning under the MFP demonstration grant, including:
 - iii. Address how the State Medicaid Agency and other MFP stakeholders will work with Housing Finance Agencies, Public Housing Authorities and the various housing programs they fund to meet these needs; and
 - iv. Identify the strategies the State is pursuing to promote availability, affordability or accessibility of housing for MFP participants.

10. Continuity of Care Post the Demonstration.

To the extent necessary to enable a State initiative to meet the demonstration requirements and accomplish the purposes of the demonstration, provide a description of how the following waiver provisions or amendments to the State plan will be utilized to promote effective outcomes from the demonstration and to ensure continuity of care:

- a. Managed Care/Freedom of Choice (Section 1915(b)) – for participants eligible for managed care/freedom of choice services, provides evidence that:
 - i. 1915(b) waivers and managed care contracts are amended to include the necessary services
 - ii. appropriate HCBS are ensured for the eligible participants; or
 - iii. A new waiver will be created.
- b. Home and Community-Based (Section 1915(c)) – for participants eligible for “qualified home and community-based program” services, provide evidence that:
 - i. capacity is available under the cap;
 - ii. A new waiver will be created; or
 - iii. There is a mechanism to reserve a specified capacity for people via an amendment to the current 1915(c) waiver.

- c. Research and Demonstration (Section 1115) – for participants eligible for the research and demonstration waiver services, provide evidence that:
 - i. Slots are available under the cap;
 - ii. A new waiver will be created; or
 - iii. There is a mechanism to reserve a specified number of slots via an amendment to the current Section 1115 waiver.
- d. State Plan and Plan Amendments - for participants eligible for the State plan optional HCBS services, provide evidence that there is a mechanism where there would be no disruption of services when transitioning eligible participants from the demonstration program

C. Project Administration

Provide a description of the day to day organizational and structural project administration that will be in place to implement, monitor, and operate the demonstration. Please include the following:

- 1. Organizational Chart: Provide an organizational chart that describes the entity that is responsible for the day to day management of this grant and how that entity relates to all other departments, agencies and service systems that will provide care and supports and have interface with the eligible beneficiaries under this grant. Show specifically the relationship of the organizational structure to the Medicaid Director and Medicaid agency.
- 2. Staffing Plan: Provide a staffing plan that includes:
 - a. A written assurance that the Project Director for the demonstration will be a full-time position and provide the Project Director’s resume or Job Description including performance evaluation criteria (CMS pays 100% of the cost of this position, CMS will have input into the approval of the person hired. At any time CMS feels that the individual is not performing up to our expectations, CMS may request that a new Project Officer be assigned.)
 - b. The number and title of dedicated positions paid for by the grant and a justification of need. Please indicate the key staff assigned to the grant, if they have been identified.
 - c. Percentage of time each individual/position is dedicated to the grant.
 - d. Brief description of role/responsibilities of each position.
 - e. Identify any positions providing in-kind support to the grant.
 - f. Number of contracted individuals supporting the grant.
 - g. Provide a detailed staffing timeline.
 - h. Specify the entity that is responsible for the assessment of performance of the staff involved in the demonstration.
- 3. Billing and Reimbursement Procedures. Describe procedures for insuring against duplication of payment for the demonstration and Medicaid programs; and fraud control provisions and monitoring.

D. Evaluation

Although not required as a component of the MFP demonstration, States may propose to evaluate unique design elements from their proposed MFP program. If these activities are undertaken by the State, the following information must be provided to CMS:

1. **Evaluator:** If an evaluator has been identified, name the evaluator and provide a resume of the principle investigator in an indexed appendix. Provide a description of the process that will be used to secure an evaluator if one has not yet been identified. Also provide a description of how the State will assure that the evaluator will possess the necessary expertise to conduct a high quality evaluation. Provide a brief description of the organizational and structural administration that will be in place to implement, monitor and operate the evaluation.
2. **Evaluation Design:** Provide a description of the State's evaluation design. The description should include the following:
 - a. A discussion of the demonstration hypotheses that will be tested;
 - b. The outcome measures that will be included to evaluate the impact of the demonstration;
 - c. The data source that will be utilized;
 - d. An analysis of the methods used for data collection;
 - e. The control variables (independent variables) that will be used to measure the actual effects (dependent variables) of the demonstration;
 - f. The method that will be utilized to isolate the effects of the demonstration from other state initiatives and state characteristics (e.g. per capita income and/or population);
 - g. Any other information pertinent to the State's evaluative or formative research via the demonstration operations; and
 - h. Any plans to include interim evaluation findings in the quarterly and annual progress reports (primary emphasis on reports of services being purchased and participant satisfaction.)
3. **Variables:** Describe the demographic, health care, and functional outcome variables you propose to collect in the demonstration. Provide a copy in an indexed appendix to the application. Describe the instruments and provide a rationale for their use in the evaluation including reliability, validity and appropriateness for use on the study population.
4. **Process Evaluation:** Please describe how process measures will be evaluated. Include a description of how infrastructure changes will be evaluated as well as any pilot programs.

E. Budget

INSERT INSTRUCTIONS OR A SUMMARY OF THE FINANCIAL FORM WORKSHEET FOR PROPOSED BUDGET (WPB)

1. *Administrative Budget Presentation:*(A electronic submittal form will be provided by CMS)
Please address the following items:
 - a. Personnel
 - b. Fringe benefits.
 - c. Contractual costs, including consultant contracts.

- d. Indirect Charges, by federal regulation.
 - e. Travel
 - f. Supplies
 - g. Equipment
 - h. Other costs
2. Administrative Budget: Please include projections for annual costs regarding the routine administration and monitoring activities directly related to the provision of services and benefits under the demonstration. Please indicate any administrative fund request to be reimbursed fully through the grant. Indicate any additional actions that are required to secure State funding (e.g., appropriation by the legislature, etc.), as well as costs associated with participation with the National Evaluation and Quality initiatives implemented by CMS.
 3. Evaluation Budget: Please include annual estimated costs of the evaluation activities the State is proposing.