

List of CFA&P Workgroup Criteria and Sub-Criteria

<b>Criteria</b>	<b>Sub-Criteria</b>
<b>Autonomy of Personal Choice</b>	People write the goals in their service plan, when they want to.
	People choose the goals in their service plan.
	People choose their services/supports.
	People choose who is involved in the Person-Centered/Family-Driven/Youth-Guided Planning process.
	People choose the Person-Centered/Family-Driven/Youth-Guided Planning method (e.g., Independent Facilitation, PATH).
	People choose who develops their service plan.
	People choose how funds are spent for their services/supports, when they want to (e.g., Self-directed service arrangements).
	People choose the organizations and staff who provide their services/supports.
	People are informed about options before they have to make a choice (e.g., Person-Centered/Family-Driven/Youth-Guided Planning, services/supports, providers).
<b>Access to Services/Supports</b>	People choose from the full range of available service options (i.e., all Medicaid services).
	People receive the amount of services/supports they need.
	People receive the least restrictive service/supports to meet their needs (e.g., supports/services provided in the community).
	People are provided services/supports at the needed time.
	People receive services/supports in a place that is easy to access, whether in-person or virtually.
	People experience diversity, equity, and inclusion in interactions with providers (e.g., providers that consider/recognize race, gender, sexual orientation, religion, disability, and language).
	People with serious or emergent needs can get help, regardless of their insurance coverage (e.g., Medicaid).
<b>Continuity of Service/Support Delivery</b>	People change their service plans whenever they want (e.g., change goals, change providers).
	All organizations involved in a person's services/supports have systems to effectively coordinate care (e.g., health information exchange, record transfer).
	People do not need to retell their story or go to redundant appointments.
	All organizations involved in a person's services/supports have systems to effectively communicate with payers about coverage and payment.
	Those involved in the Person-Centered/Family-Driven/Youth-Guided Planning process are knowledgeable about the full range of services and resources available in the community.
	People receive services/supports for more than one need (e.g., SUD, MI, and I/DD) without disruptions.
	People transition smoothly between urgent (e.g., crisis, urgent psychiatric services) and ongoing services/supports.

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	<p>People transition smoothly between youth and adult services/supports.</p> <p>Evidence-based, integrated services (e.g., Wraparound, ACT) are provided as intended.</p>
<p><b>Alignment in System</b>            (Combination of "Alignment with State Initiatives" and "Application Across funding/populations/services")</p>	<p>Harmonizes with most or all Federal Programs and Grants (e.g., CCBHC, FQHC, Block Grants, SAMHSA Grants, HCBS, Health Homes).</p> <p>Harmonizes with most or all State Initiatives (e.g., MiCAL, Parity, 1915(i) expansion, MiKids Now activities, PCP guidelines/principles, self-direction/self-determination, Independent Facilitation, Intensive Crisis Stabilization Services, Integration with Physical Health Care, Trauma-Informed Care, Milliman Rate Setting).</p> <p>Harmonizes with most or all Tribal Initiatives.</p>
<p><b>Administrative Efficiency</b></p>	<p>Cost of administrative activities is minimized.</p>
<p><b>System Viability</b></p>	<p>Staff employed by the system matches the population need (i.e., the number and qualifications of staff meets the needs of the population).</p> <p>Organizations involved in the system match the population need (e.g., the number, qualifications, quality, and services/supports provided meets the needs of the population).</p>
<p><b>Minimal System Changes</b></p>	<p>Minimal changes are required to the system.</p>
<p><b>Stringency of Conflict Mitigation</b></p>	