

# Money Follows the Person (MFP): Updated MFP Grant Recipient Transitions as of December 31, 2023

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## Overview

The Money Follows the Person (MFP) Demonstration, initially established by Congress through section 6071 of the Deficit Reduction Act of 2005,<sup>1</sup> enables state and territory<sup>2</sup> Medicaid programs to help Medicaid beneficiaries who live in certain institutions to transition to the community, and gives people with disabilities and older adults more choice in deciding where to live and receive long-term services and supports (LTSS).<sup>3</sup> From the time transitions began in calendar year (CY) 2008<sup>4</sup> to the end of CY 2023, MFP grant recipients transitioned 127,184 people to community living through MFP.<sup>5</sup>

### Key findings

- From the time transitions began in calendar year (CY) 2008 to the end of CY 2023, MFP grant recipients transitioned 127,184 people to community living through MFP.
- Across MFP grant recipients, the annual number of MFP transitions increased by 77 percent between CY 2020 and 2023.
- In CY 2022 and 2023, two target populations—older adults and people with physical disabilities—represented more than three-quarters of all transitions.

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<sup>1</sup> P.L. 109-171. Section 6071 of the Deficit Reduction Act of 2005 authorizes the Secretary of the U.S. Department of Health and Human Services (HHS) to award, on a competitive basis, grants to states for demonstration projects designed to achieve four enumerated objectives with respect to institutional and home and community-based long-term care services under state Medicaid programs. More information is available at <https://www.congress.gov/109/statute/STATUTE-120/STATUTE-120-Pg4.pdf>.

<sup>2</sup> Section 6071(b)(9) of the Deficit Reduction Act of 2005 provides that the term “State” has the meaning given to such term for purposes of title XIX of the Social Security Act. Under section 1101(a)(1) of the Social Security Act, the term “State,” except where otherwise provided, when used in title XIX includes the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa. CMS made MFP grants to U.S. territories for the first time in August 2022, with American Samoa and Puerto Rico each awarded up to \$5 million to support the planning and implementation of MFP programs. More information is available at <https://www.cms.gov/newsroom/press-releases/hhs-expands-home-and-community-based-services-five-new-states-and-territories-older-adults-and>.

<sup>3</sup> More information on the MFP Demonstration is available at <https://www.medicaid.gov/medicaid/long-term-services-supports/money-follows-person/index.html>.

<sup>4</sup> This brief considers 2008 as the start date of MFP transitions for publicly reportable data. However, Missouri, New Hampshire, and Wisconsin had small numbers of transitions in 2007. For these states, transitions that occurred in 2007 are included in their 2008 transition counts.

<sup>5</sup> Data tables for this brief are available at <https://www.medicaid.gov/medicaid/long-term-services-supports/money-follows-person/mfp-evaluation>. The title is “Appendix B: Money Follows the Person: Cumulative and Calendar Year 2017-2023 Transition Data by Target Population” and includes cumulative transition counts by MFP grant recipient and target population since the MFP Demonstration began.

MFP was designed to achieve four goals:

- Increase the use of home and community-based services (HCBS), rather than institutional, LTSS, under the Medicaid program;
- Eliminate barriers or mechanisms, whether in state law, state Medicaid plans, the state budget, or otherwise, that prevent or restrict the flexible use of Medicaid funds to enable Medicaid-eligible individuals to receive support for appropriate and necessary LTSS in the settings of their choice;
- Increase the ability of state Medicaid programs to assure continued provision of HCBS to eligible individuals who choose to transition from an institutional to a community setting; and
- Ensure that procedures are in place (at least comparable to those required under the qualified HCBS program) to provide quality assurance for eligible individuals receiving Medicaid HCBS and to provide for continuous quality improvement in such services.<sup>6</sup>

To be eligible, participants in the MFP Demonstration must be Medicaid beneficiaries residing in an inpatient facility (such as a hospital, nursing facility, or intermediate care facility for individuals with intellectual disabilities) for 60 consecutive days<sup>7</sup> or more.<sup>8</sup> Participants must move to a qualified residence in the community, which includes homes either owned or leased by the participant or their family member, apartments, and small group homes.<sup>9</sup> After transitioning to a qualified residence in the community, participants continue to receive HCBS through MFP for 365 days.

States and territories awarded MFP grants are primarily transitioning four targeted populations: (1) older adults; (2) people with physical disabilities; (3) people with intellectual or developmental disabilities; and (4) people with mental health or substance use disorders. A small percentage of MFP participants have other types of conditions, such as traumatic brain injury and HIV/AIDS.

This brief provides updated MFP transition counts for CY 2022 and 2023 and describes trends in MFP transitions between CY 2020 and 2023.<sup>10</sup> It begins with national data and then presents state- and territory-level data. This brief relies primarily on self-reported data provided through MFP grant recipients' semi-annual progress reports from CY 2020 through 2023. These progress reports are designed to capture information on MFP grant recipients' progress toward their annual goals to transition eligible

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<sup>6</sup> These goals are set forth in section 6071(a) of the Deficit Reduction Act of 2005 (P.L. 109-171).

<sup>7</sup> Section 204(e) of Division CC of the Consolidated Appropriations Act, 2021 (CAA, 2021) (P.L. 116-260), which extended the MFP Demonstration through fiscal year (FY) 2023, reduced the time period from 90 to 60 days. The CAA, 2021 also removed the provision that excluded short term rehabilitation days from counting toward the 60-day time period. These provisions were effective as of January 26, 2021. More information is available at <https://www.congress.gov/bill/116th-congress/house-bill/133/text>.

<sup>8</sup> An inpatient facility can also include an institution for mental diseases, but only to the extent that there is Medicaid coverage for the services provided by the institution.

<sup>9</sup> To be a qualified residence, the small group home must have no more than four unrelated individuals residing therein.

<sup>10</sup> MFP Transitions Briefs for prior years are available at <https://www.medicaid.gov/medicaid/long-term-services-supports/money-follows-person/mfp-evaluation>.

people to the community and increase Medicaid support for HCBS. The reports also capture information on MFP grant recipients' progress and challenges encountered in their MFP programs.

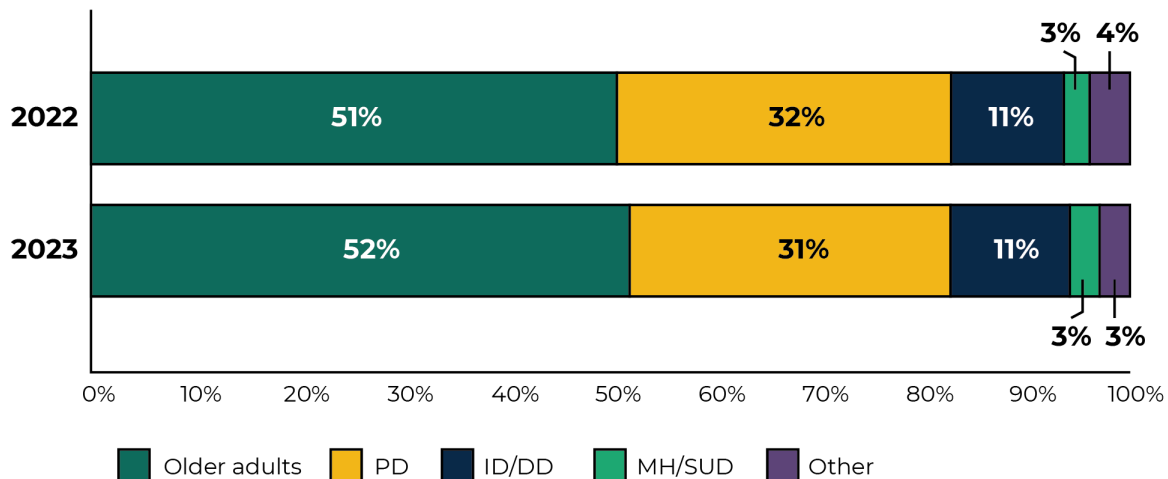
## National MFP Transitions, CY 2022 and 2023

### Distribution of transitions by target population, CY 2022 and 2023

In CY 2022 and 2023, a total of 6,242 and 8,059 people, respectively, transitioned to community living nationally under the MFP Demonstration. In CY 2022, two target populations—older adults and people with physical disabilities—represented more than three-quarters of all transitions (51 percent and 32 percent, respectively). Next were people with intellectual or developmental disabilities (11 percent), people in the “other” population (4 percent), and people with mental health or substance use disorders (3 percent) (Figure 1).

Similarly, in CY 2023, two target populations—older adults and people with physical disabilities—represented more than three-quarters of all transitions (52 percent and 31 percent, respectively). Next were people with intellectual or developmental disabilities (11 percent), people in the “other” population (3 percent), and people with mental health or substance use disorders (3 percent) (Figure 1).

**Figure 1.** National proportion of MFP target populations, CY 2022 and 2023



Source: MFP semi-annual progress reports for CY 2022 and 2023.

Note: Data are self-reported by MFP grant recipients. Data are current as of April 11, 2025, and include all MFP grant recipients that submitted reports indicating MFP transitions occurred in CY 2022 and 2023. This does not include MFP grant recipients that operated an MFP-funded program but did not submit a report or reported zero transitions for all target populations in CY 2022 and 2023. The “other” category includes populations such as people with HIV/AIDS, traumatic brain injuries, and multiple chronic conditions who are residing in qualified inpatient facilities. Data are rounded so the 2022 total is greater than 100%.

CMS = Centers for Medicare & Medicaid Services; CY = calendar year; ID/DD = people with intellectual or developmental disabilities; MFP = Money Follows the Person; MH/SUD = people with mental health or substance use disorders; PD = people with physical disabilities.

## National Trends in MFP Transitions, CY 2020 to 2023

### Trends in overall transitions, CY 2020 to 2023

Across MFP grant recipients, the number of MFP transitions increased by 77 percent between CY 2020 and 2023, with total transitions trending upward each year (Figure 2).<sup>11</sup> In CY 2020, MFP grant recipients transitioned 4,549 Medicaid beneficiaries from long-term institutional care to home and community-based LTSS.<sup>12</sup> Transitions rose by 27 percent between CY 2020 and 2021, from 4,549 to 5,755. They continued to increase between CY 2021 and 2022, from 5,755 to 6,242, but at a slower rate of 8 percent. In CY 2023, transitions rose by 29 percent over CY 2022, from 6,242 to 8,059.

A number of factors contributed to the trends in MFP transitions between CY 2020 and 2023, including changes in funding and the COVID-19 public health emergency (PHE). The Deficit Reduction Act of 2005 first established the MFP Demonstration through September 30, 2011, and the Patient Protection and Affordable Care Act (P.L. 111-148) extended funding through September 30, 2016. From October 2016 to January 2019, there was a lapse in annual appropriations, but MFP grant recipients were authorized to use any unspent fiscal year (FY) 2016 funds through FY 2020. In 2019 and 2020, the MFP Demonstration received short-term continuations in funding, until the CAA, 2021, which extended funding through September 30, 2023.<sup>13</sup> In August 2022, CMS awarded grants to five states and territories to support planning for and implementation of new MFP programs.<sup>14</sup> In December 2022, the CAA, 2023, (P.L. [117-328](#)) extended funding for the MFP Demonstration through September 30, 2027.

The COVID-19 PHE, which had a major impact on high-risk Medicaid populations including people eligible for or enrolled in the MFP Demonstration, ended in May 2023. Rates of COVID-19 mortality were high among residents of long-term care facilities, and states took a variety of policy actions to address the impact of COVID-19 on Medicaid LTSS users. These actions altered the composition and number of Medicaid LTSS users associated with different settings, service-use patterns, and payments. It is therefore likely that the PHE affected the CY 2022 and 2023 MFP transitions shown in this brief. The size and scope of that effect are difficult to assess, but they likely vary by MFP grant recipient and target population.

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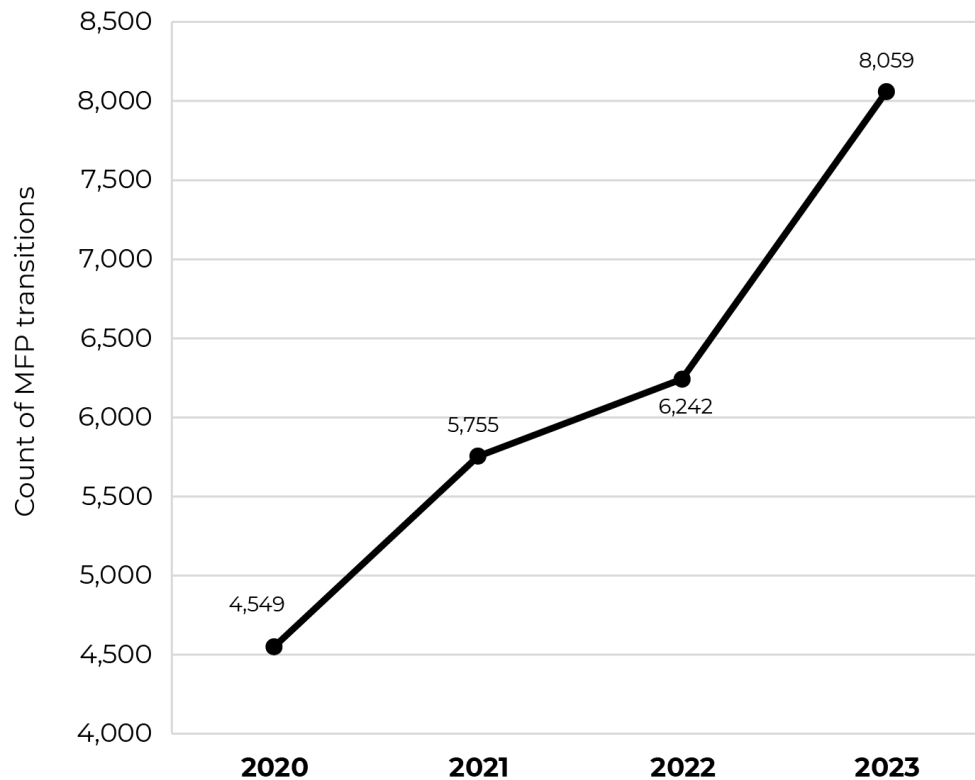
<sup>11</sup> See Appendix B (supplemental attachment) for data tables with CY 2017–2019 transition counts.

<sup>12</sup> In addition to MFP, states can also operate other transition programs. The data in this brief might be an undercount of all transitions in the state and do not include transitions funded through other Medicaid and non-Medicaid sources.

<sup>13</sup> As authorized by statute, MFP funding is available to grant recipients for the FY in which it was awarded plus four additional FYs.

<sup>14</sup> American Samoa, Illinois, Kansas, New Hampshire, and Puerto Rico received up to \$5 million each to support planning for and implementation of their MFP programs.

**Figure 2.** Total annual MFP transitions nationally, CY 2020–2023



Source: MFP semi-annual progress reports for CY 2020–2023.

Note: Data are self-reported by MFP grant recipients. Data are current as of April 11, 2025, and include all MFP grant recipients that submitted reports indicating MFP transitions occurred between CY 2020 and 2023. If an MFP grant recipient operated an MFP-funded program but did not submit a report or reported zero transitions for all target populations in 2020, 2021, 2022, or 2023, we did not include them in that year.

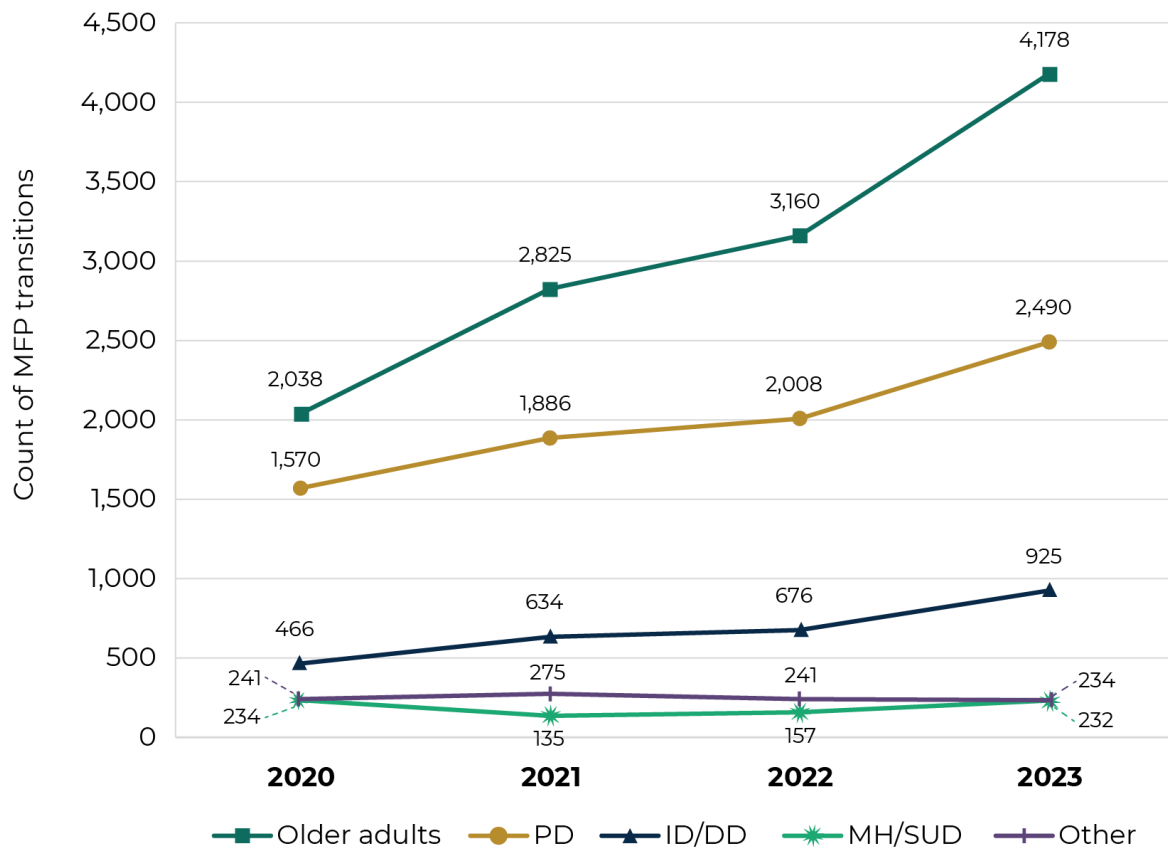
CMS = Centers for Medicare & Medicaid Services; CY = calendar year; MFP = Money Follows the Person.

## Trends in target populations served, CY 2020 to 2023

Although the overall number of MFP transitions increased between CY 2020 and 2023, not all MFP target populations experienced consistent growth over those years. Some target populations saw MFP transitions trending upward each year, but others had less consistent trends (Figure 3).

- **Older adults.** Among all target populations, older adults accounted for the largest rise in transitions between CY 2020 and 2023, with an increase of 105 percent (Figure 3). In CY 2020, MFP grant recipients transitioned 2,038 older adults. Transitions of older adults rose by 39 percent between CY 2020 and 2021 to 2,825 in CY 2021. This number continued to increase in CY 2022, but at a slower rate of growth of 12 percent compared to CY 2021, to 3,160 in CY 2022. In CY 2023, transitions of older adults grew by 32 percent over the previous calendar year to 4,178.
- **People with physical disabilities.** There was similarly steady, but more modest, growth in the number of transitions among people with physical disabilities, with an increase of 59 percent between CY 2020 and 2023 (Figure 3). In CY 2020, MFP grant recipients transitioned 1,570 people with physical disabilities. These transitions rose by 20 percent in CY 2021 to 1,886. These transitions continued to increase in CY 2022, but at a slower rate of growth of 6 percent compared to CY 2021, to 2,008 in CY 2022. In CY 2023, transitions of people with physical disabilities increased by 24 percent over the previous CY to 2,490.
- **People with intellectual or developmental disabilities.** Similar to the trend in older adult transitions, the number of people with intellectual or developmental disabilities who transitioned between CY 2020 and 2023 grew by 98 percent across grant recipients (Figure 3). In CY 2020, MFP grant recipients transitioned 466 people with intellectual or developmental disabilities. These transitions increased by 36 percent in CY 2021 to 634. They continued to grow in CY 2022, but at a slower rate of increase of 7 percent compared to CY 2021, to 676 in CY 2022. In CY 2023, these transitions increased by 37 percent over the previous calendar year to 925.
- **People with mental health or substance use disorders.** The number of transitions of people with mental health or substance use disorders fluctuated over the years, resulting in a decrease of 1 percent between CY 2020 and 2023 (Figure 3). In CY 2020, MFP grant recipients transitioned 234 people with mental health or substance use disorders. The number of transitions fell by 42 percent in CY 2021 to 135 but rose by 16 percent in CY 2022 compared to CY 2021 to 157. This increase continued in CY 2023, as transitions of people with mental health or substance use disorders grew by 48 percent over the previous calendar year to 232.
- **Other MFP populations.** Transitions of people with other types of conditions, such as traumatic brain injury and HIV/AIDS, dropped by 3 percent between CY 2020 and 2023 (Figure 3). These transitions increased by 14 percent between CY 2020 and 2021, from 241 to 275. In CY 2022, the number of transitions fell by 12 percent to the same amount as in CY 2020 to 241. In CY 2023, transitions for this population declined by 3 percent compared to CY 2022 to 234.

**Figure 3.** Total MFP transitions nationally, by target population, CY 2020–2023



Source: MFP semi-annual progress reports for CY 2020–2023.

Note: Data are self-reported by MFP grant recipients. Data are current as of April 11, 2025, and include all MFP grant recipients that submitted reports indicating MFP transitions occurred between CY 2020 and 2023. If an MFP grant recipient operated an MFP-funded program but did not submit a report or reported zero transitions for all target populations in CY 2020, 2021, 2022, or 2023, we did not include them in that year. The “other” category includes populations such as people with HIV/AIDS, traumatic brain injuries, and multiple chronic conditions who are residing in qualified inpatient facilities.

CMS = Centers for Medicare & Medicaid Services; CY = calendar year; ID/DD = people with intellectual or developmental disabilities; MFP = Money Follows the Person; MH/SUD = people with mental health or substance use disorders; PD = people with physical disabilities.

## State and Territory MFP Transitions, CY 2022 and 2023

### Target populations served, CY 2022 and 2023

The types of target populations served varied by MFP grant recipient (Tables 1 and 2). Of the 33 grant recipients that reported transitions for CY 2022, all reported transitions for at least two target populations. Fourteen grant recipients reported transitions for three target populations, seven reported transitions for four target populations, and one reported transitions for five target populations (Table 1).

Of the 35 grant recipients that reported transitions for CY 2023, all but two reported transitions for at least two target populations (Nevada and Tennessee each reported transitions for one population). Fifteen grant recipients reported transitions for three target populations, six reported transitions for four target populations, and three reported transitions for five target populations (Table 2).

**Table 1.** CY 2022 transitions by target population and state or territory

MFP grant recipient	Total	Older adults	PD	ID/DD	MH/SUD	Other
<b>Total transitions</b>	<b>6,242</b>	<b>3,160</b>	<b>2,008</b>	<b>676</b>	<b>157</b>	<b>241</b>
Alabama	70	36	34	0	0	0
American Samoa <sup>a</sup>	NR	NR	NR	NR	NR	NR
Arkansas	37	11	13	13	0	0
California	381	>226	141	0	<11	<11
Colorado	0	0	0	0	0	0
Connecticut	399	164	168	12	55	0
District of Columbia	20	<11	>10	0	0	0
Georgia	167	>76	63	17	0	<11
Hawaii	87	>53	23	<11	0	0
Idaho	46	18	17	11	0	0
Illinois <sup>b</sup>	NR	NR	NR	NR	NR	NR
Indiana	400	>219	121	49	<11	0
Iowa	129	0	0	107	0	22
Kansas <sup>c</sup>	0	0	0	0	0	0
Kentucky	20	<11	<11	0	0	<11
Louisiana	273	112	105	56	0	0
Maine	**	<11	<11	0	0	0
Maryland	48	19	>18	0	0	<11
Massachusetts <sup>d</sup>	NR	NR	NR	NR	NR	NR
Minnesota	109	14	31	<11	<11	>44
Missouri	87	42	45	0	0	0
Montana	33	22	11	0	0	0
Nevada	**	<11	<11	0	0	0
New Hampshire <sup>e</sup>	0	0	0	0	0	0
New Jersey	393	202	168	23	0	0
New York	407	158	172	39	0	38



MFP grant recipient	Total	Older adults	PD	ID/DD	MH/SUD	Other
North Carolina	147	28	39	80	0	0
North Dakota	135	>56	57	11	0	<11
Ohio	655	419	147	0	89	0
Oklahoma	54	14	14	26	0	0
Pennsylvania	395	194	60	23	0	118
Puerto Rico <sup>f</sup>	NR	NR	NR	NR	NR	NR
Rhode Island	55	32	23	0	0	0
South Carolina	20	<11	>10	0	0	0
South Dakota	20	<11	<11	<11	0	0
Tennessee <sup>g</sup>	0	0	0	0	0	0
Texas	304	135	110	59	0	0
Vermont	72	55	17	0	0	0
Washington	1,123	693	300	130	0	0
West Virginia	50	34	16	0	0	0
Wisconsin	94	>47	36	<11	0	0

Source: MFP semi-annual progress reports for CY 2022 and updated information provided by CMS on MFP program status as of January 2025 in Appendix A .

Note: Data are self-reported by MFP grant recipients and are current as of April 11, 2025. Certain cells have been replaced with ranges of plausible values (e.g., >100) or suppressed based on small cell sizes (e.g., <11). Data have also been replaced with ranges of plausible values or suppressed where it would have been possible to derive the small cell values of other cells. The "other" category includes populations such as people with HIV/AIDS, traumatic brain injuries, and multiple chronic conditions who are residing in qualified inpatient facilities. NR ("not reported") indicates that the MFP grant recipient did not submit an MFP semi-annual progress report.

\*\*\* signifies the cell has been suppressed.

<sup>a</sup> In August 2022, American Samoa received an MFP Planning and Capacity Building grant award to implement the MFP Demonstration.

<sup>b</sup> As of February 8, 2021, Illinois had closed-out its MFP-funded program. The state stopped accepting new referrals as of July 2017. In August 2022, Illinois received an MFP Planning and Capacity Building grant award to implement the MFP Demonstration.

<sup>c</sup> As of August 17, 2020, Kansas had closed-out its MFP-funded program. In August 2022, Kansas received an MFP Planning and Capacity Building grant award to implement the MFP Demonstration.

<sup>d</sup> Massachusetts ended MFP-funded transitions in mid-CY 2017 and then followed MFP Demonstration participants for 365 days post-transition. The state exhausted MFP funding on December 31, 2017, and then received grant funding to reactivate its program in March 2022.

<sup>e</sup> As of February 19, 2021, New Hampshire had closed-out its MFP-funded program. In August 2022, New Hampshire received an MFP Planning and Capacity Building grant award to implement the MFP Demonstration.

<sup>f</sup> In August 2022, Puerto Rico received an MFP Planning and Capacity Building grant award to implement the MFP Demonstration.

<sup>g</sup> Tennessee did not have an active MFP program in CY 2019, 2020, or 2021. In August 2022, Tennessee received grant funding to reactivate its MFP program.

CMS = Centers for Medicare & Medicaid Services; CY = calendar year; ID/DD = people with intellectual or developmental disabilities; MFP = Money Follows the Person; MH/SUD = people with mental health or substance use disorders; NR = not reported; PD = people with physical disabilities.

**Table 2.** CY 2023 transitions by target population and state or territory

MFP grant recipient	Total	Older adults	PD	ID/DD	MH/SUD	Other
<b>Total transitions</b>	<b>8,059</b>	<b>4,178</b>	<b>2,490</b>	<b>925</b>	<b>232</b>	<b>234</b>
Alabama	175	60	115	0	0	0
American Samoa <sup>a</sup>	0	0	0	0	0	0
Arkansas	36	>11	14	<11	0	0
California	735	>490	225	<11	<11	<11
Colorado	0	0	0	0	0	0
Connecticut	443	204	157	15	67	0
District of Columbia	75	52	23	0	0	0
Georgia	115	>65	39	<11	0	0
Hawaii	54	>15	<11	<11	12	<11
Idaho	68	27	30	11	0	0
Illinois <sup>b</sup>	0	0	0	0	0	0
Indiana	538	>244	100	183	<11	0
Iowa	105	0	0	81	0	24
Kansas <sup>c</sup>	0	0	0	0	0	0
Kentucky	25	<11	>10	0	0	<11
Louisiana	252	94	101	57	0	0
Maine	14	<11	<11	0	0	0
Maryland	44	>14	19	0	0	<11
Massachusetts <sup>d</sup>	53	>14	21	<11	<11	0
Minnesota	190	35	>46	<11	48	50
Missouri	135	83	52	0	0	0
Montana	19	>10	<11	0	0	0
Nevada	**	0	<11	0	0	0
New Hampshire <sup>e</sup>	0	0	0	0	0	0
New Jersey	398	198	180	20	0	0
New York	466	192	205	40	0	29
North Carolina	159	35	32	92	0	0
North Dakota	142	>53	53	25	0	<11
Ohio	807	548	172	0	87	0
Oklahoma	93	34	29	30	0	0
Pennsylvania	563	304	94	55	0	110
Puerto Rico <sup>f</sup>	0	0	0	0	0	0
Rhode Island	71	45	26	0	0	0
South Carolina	22	>10	<11	<11	0	0
South Dakota	37	<11	15	>11	0	0
Tennessee <sup>g</sup>	32	0	0	32	0	0
Texas	334	167	109	58	0	0
Vermont	47	35	12	0	0	0

MFP grant recipient	Total	Older adults	PD	ID/DD	MH/SUD	Other
Washington	1,619	964	475	180	0	0
West Virginia	47	20	27	0	0	0
Wisconsin	145	>66	68	<11	0	0

Source: MFP semi-annual progress reports for CY 2023 and updated information provided by CMS on MFP program status as of January 2025 in Appendix A.

Note: Data are self-reported by MFP grant recipients and are current as of April 11, 2025. Certain cells have been replaced with ranges of plausible values (e.g., >100) or suppressed based on small cell sizes (e.g., <11). Data have also been replaced with ranges of plausible values or suppressed where it would have been possible to derive the small cell values of other cells. The "other" category includes populations such as people with HIV/AIDS, traumatic brain injuries, and multiple chronic conditions who are residing in qualified inpatient facilities. NR ("not reported") indicates that the MFP grant recipient did not submit an MFP semi-annual progress report.

\*\*\* signifies the cell has been suppressed.

<sup>a</sup> In August 2022, American Samoa received an MFP Planning and Capacity Building grant award to implement the MFP Demonstration.

<sup>b</sup> As of February 8, 2021, Illinois had closed-out its MFP-funded program. The state stopped accepting new referrals as of July 2017. In August 2022, Illinois received an MFP Planning and Capacity Building grant award to implement the MFP Demonstration.

<sup>c</sup> As of August 17, 2020, Kansas had closed-out its MFP-funded program. In August 2022, Kansas received an MFP Planning and Capacity Building grant award to implement the MFP Demonstration.

<sup>d</sup> Massachusetts ended MFP-funded transitions in mid-CY 2017 and then followed MFP Demonstration participants for 365 days post-transition. The state exhausted MFP funding on December 31, 2017, and then received grant funding to reactivate its program in March 2022.

<sup>e</sup> As of February 19, 2021, New Hampshire had closed-out its MFP-funded program. In August 2022, New Hampshire received an MFP Planning and Capacity Building grant award to implement the MFP Demonstration.

<sup>f</sup> In August 2022, Puerto Rico received an MFP Planning and Capacity Building grant award to implement the MFP Demonstration.

<sup>g</sup> Tennessee did not have an active MFP program in CY 2019, 2020, or 2021. In August 2022, Tennessee received grant funding to reactivate its MFP program.

CMS = Centers for Medicare & Medicaid Services; CY = calendar year; ID/DD = people with intellectual or developmental disabilities; MFP = Money Follows the Person; MH/SUD = people with mental health or substance use disorders; NR = not reported; PD = people with physical disabilities.

## **Distribution of transitions by target population, CY 2022 and 2023**

### **Older adults**

Of the 33 grant recipients that reported transitions for CY 2022, all but one (Iowa) reported transitions of older adults (Figure 4). For 13 grant recipients, older adults accounted for at least half of all transitions. The five MFP grant recipients with the largest proportion of transitions that were for older adults in CY 2022, in descending order, were Vermont (76 percent), West Virginia (68 percent), Hawaii (68 percent), Montana (67 percent), and Ohio (64 percent).

Of the 35 grant recipients that reported transitions for CY 2023, all but three (Iowa, Nevada, and Tennessee) reported transitions of older adults (Figure 4). For 13 grant recipients, older adults accounted for at least half of all transitions. The five MFP grant recipients with the largest proportion of transitions that were for older adults in CY 2023, in descending order, were Montana (84 percent), Vermont (74 percent), the District of Columbia (69 percent), California (68 percent), and Ohio (68 percent).

### **People with physical disabilities**

Of the 33 grant recipients that reported transitions for CY 2022, all but one (Iowa) reported transitions of people with physical disabilities (Figure 5). For seven grant recipients, people with physical disabilities accounted for at least half of all transitions. The five MFP grant recipients with the largest proportion of transitions that were for people with physical disabilities in CY 2022, in descending order, were Maine (67 percent), Nevada (67 percent), the District of Columbia (65 percent), South Carolina (55 percent), and Maryland (54 percent).

Of the 35 grant recipients that reported transitions for CY 2023, all but two (Iowa and Tennessee) reported transitions of people with physical disabilities (Figure 5). For five grant recipients, people with physical disabilities accounted for at least half of all transitions. The five MFP grant recipients with the largest proportion of transitions that were for people with physical disabilities in CY 2023, in descending order, were Nevada (100 percent), Alabama (66 percent), Kentucky (60 percent), West Virginia (57 percent), and Maine (57 percent).

### **People with intellectual or developmental disabilities**

Of the 33 grant recipients that reported transitions for CY 2022, 19 reported transitions of people with intellectual or developmental disabilities (Figure 6). For two grant recipients, people with intellectual or developmental disabilities accounted for at least half of all transitions. The five MFP grant recipients with the largest proportion of transitions that were for people with intellectual or developmental disabilities in CY 2022, in descending order, were Iowa (83 percent), North Carolina (54 percent), Oklahoma (48 percent), South Dakota (45 percent), and Arkansas (35 percent).

Of the 35 grant recipients that reported transitions for CY 2023, 23 reported transitions of people with intellectual or developmental disabilities (Figure 6). For three grant recipients, people with intellectual or developmental disabilities accounted for at least half of all transitions. The five MFP grant recipients with the largest proportion of transitions that were for people with intellectual or developmental disabilities in CY 2023, in descending order, were Tennessee (100 percent), Iowa (77 percent), North Carolina (58 percent), South Dakota (43 percent), and Indiana (34 percent).

### **People with mental health or substance use disorders**

Of the 33 grant recipients that reported transitions for CY 2022, five reported transitions of people with mental health or substance use disorders, including Connecticut (14 percent), Ohio (14 percent), Minnesota (8 percent), California (1 percent), and Indiana (<1 percent) (Figure 7).

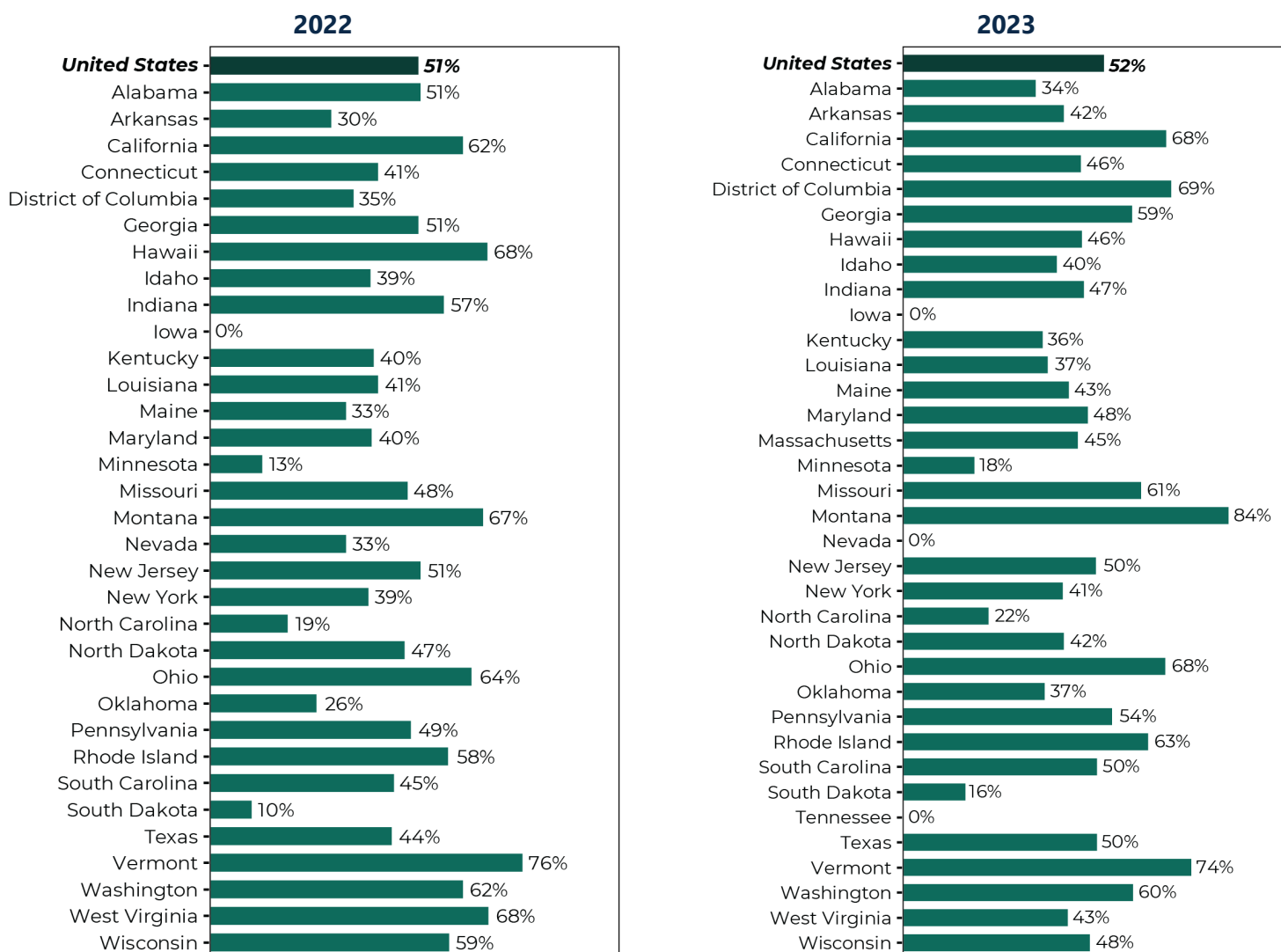
Of the 35 grant recipients that reported transitions for CY 2023, seven reported transitions of people with mental health or substance use disorders (Figure 7). The five MFP grant recipients with the largest proportion of transitions that were for people with mental health or substance use disorders in CY 2023, in descending order, were Minnesota (25 percent), Hawaii (22 percent), Connecticut (15 percent), Massachusetts (13 percent), and Ohio (11 percent).

### **Other MFP populations**

Of the 33 grant recipients that reported transitions for CY 2022, nine reported transitions of other populations (Figure 8). The five MFP grant recipients with the largest proportion of transitions that were for other populations in CY 2022, in descending order, were Minnesota (48 percent), Pennsylvania (30 percent), Iowa (17 percent), Kentucky (10 percent), and New York (9 percent).

Of the 35 grant recipients that reported transitions for CY 2023, nine reported transitions of other populations (Figure 8). The five MFP grant recipients with the largest proportion of transitions that were for other populations in CY 2023, in descending order, were Minnesota (26 percent), Iowa (23 percent), Pennsylvania (20 percent), Hawaii (17 percent), and Maryland (9 percent).

**Figure 4.** Proportion of MFP transitions by older adults, by MFP grant recipient, CY 2022 and CY 2023

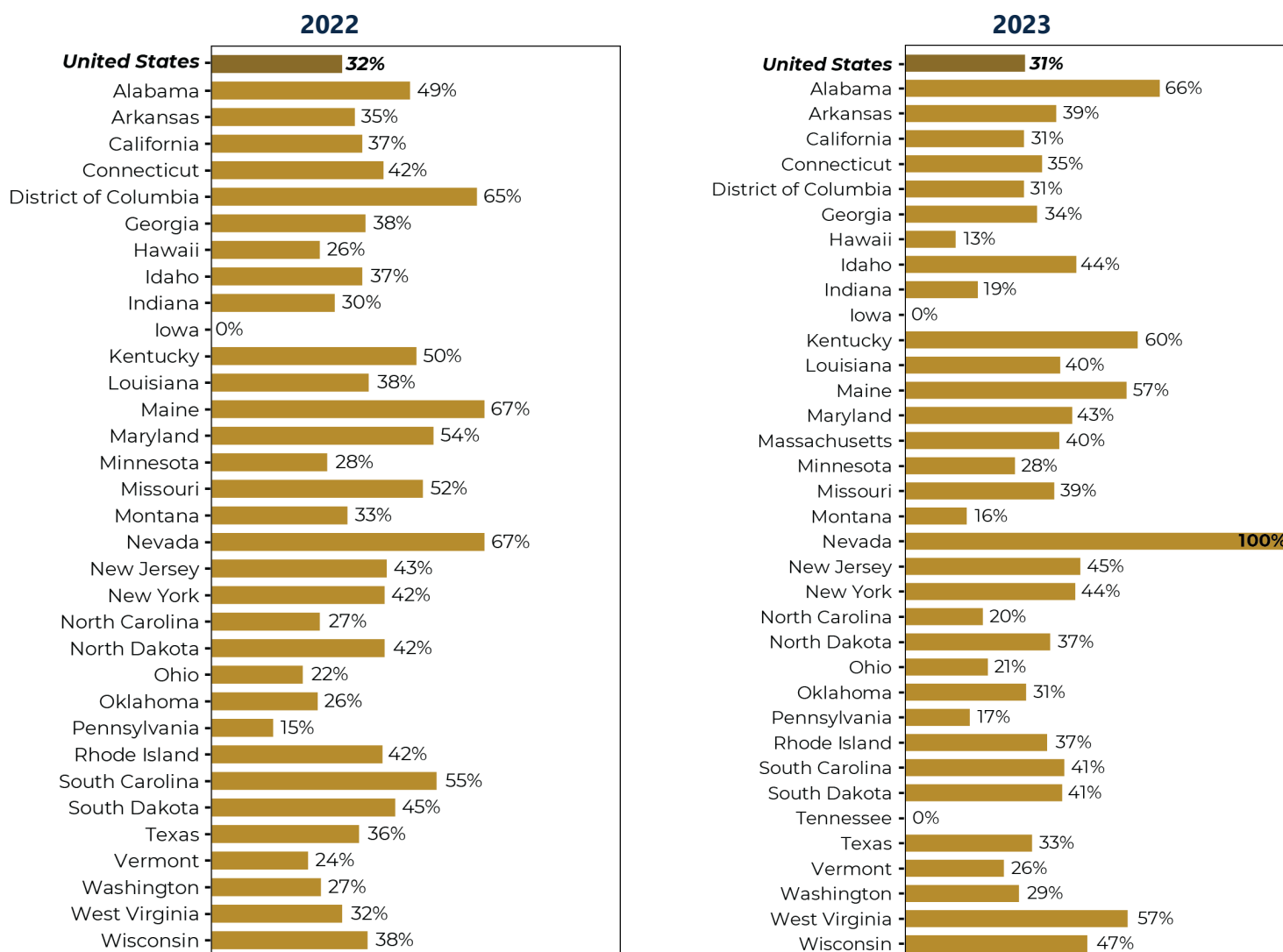


Source: MFP semi-annual progress reports for CY 2022 and 2023.

Note: Data are self-reported by MFP grant recipients. Data are current as of April 11, 2025, and include all MFP grant recipients that submitted reports indicating MFP transitions occurred in CY 2022 or 2023. This does not include MFP grant recipients that operated an MFP-funded program but did not submit a report or reported zero transitions for all target populations in a given year.

CMS = Centers for Medicare & Medicaid Services; CY = calendar year; MFP = Money Follows the Person.

**Figure 5.** Proportion of MFP transitions by people with physical disabilities, by MFP grant recipient, CY 2022 and CY 2023

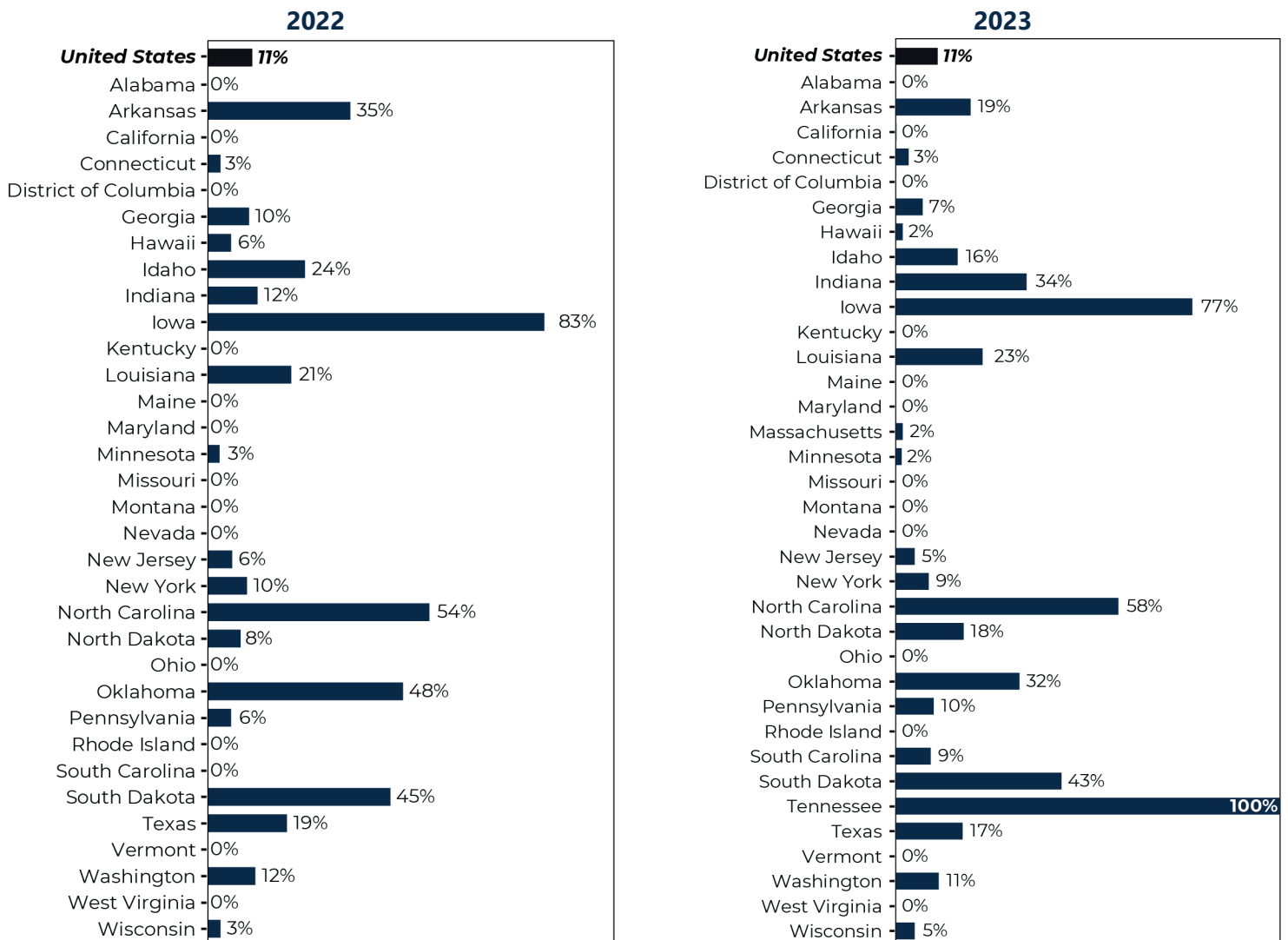


Source: MFP semi-annual progress reports for CY 2022 and 2023.

Note: Data are self-reported by MFP grant recipients. Data are current as of April 11, 2025, and include all MFP grant recipients that submitted reports indicating MFP transitions occurred in CY 2022 or 2023. This does not include MFP grant recipients that operated an MFP-funded program but did not submit a report or reported zero transitions for all target populations in a given year.

CMS = Centers for Medicare & Medicaid Services; CY = calendar year; MFP = Money Follows the Person.

**Figure 6.** Proportion of MFP transitions by people with intellectual or developmental disabilities, by MFP grant recipient, CY 2022 and CY 2023



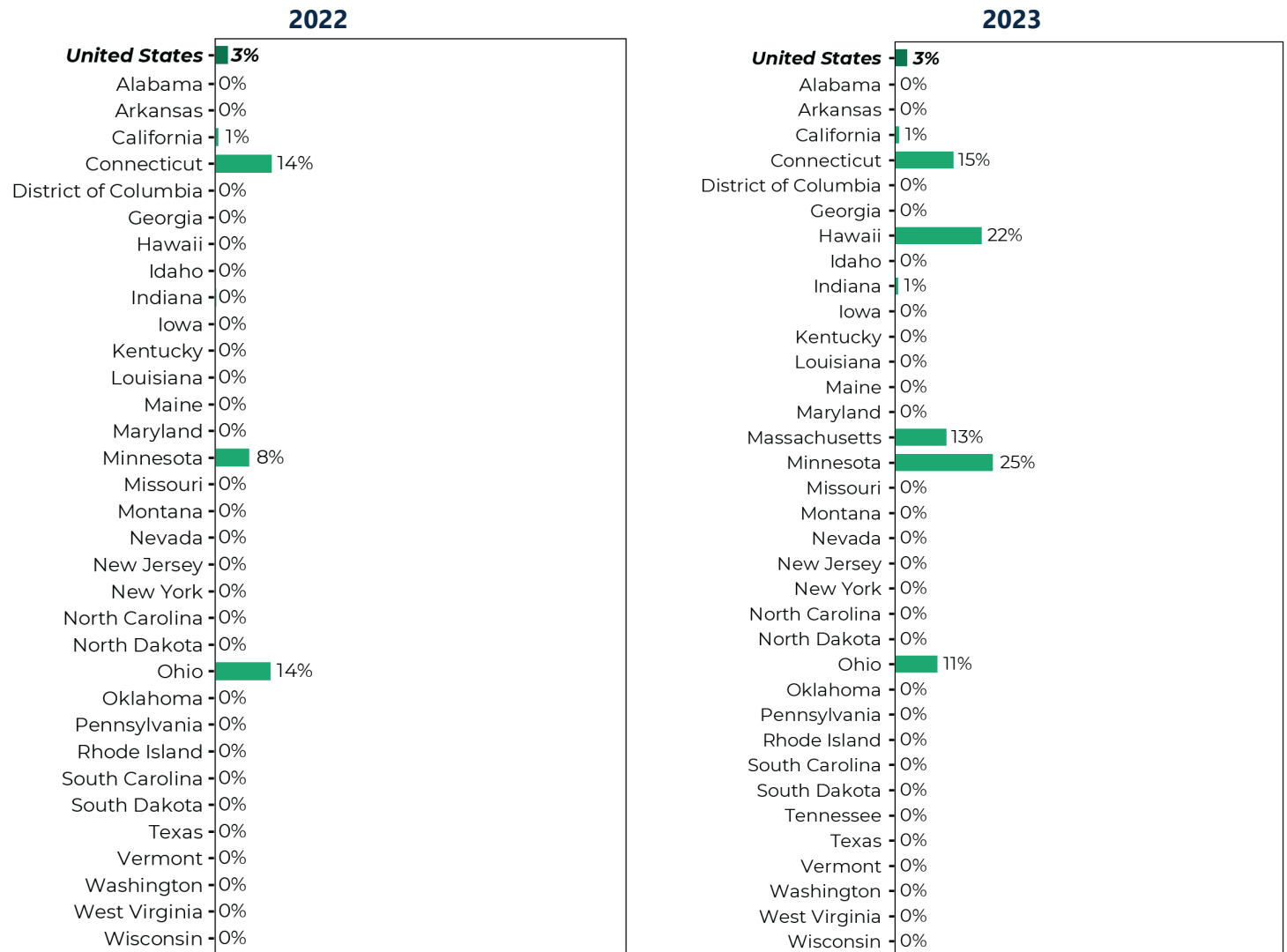
Source: MFP semi-annual progress reports for CY 2022 and 2023.

Note: Data are self-reported by MFP grant recipients. Data are current as of April 11, 2025, and include all MFP grant recipients that submitted reports indicating MFP transitions occurred in CY 2022 or 2023. This does not include MFP grant recipients that operated an MFP-funded program but did not submit a report or reported zero transitions for all target populations in a given year.

CMS = Centers for Medicare & Medicaid Services; CY = calendar year; MFP = Money Follows the Person.



**Figure 7.** Proportion of MFP transitions by people with mental health or substance use disorders, by MFP grant recipient, CY 2022 and CY 2023

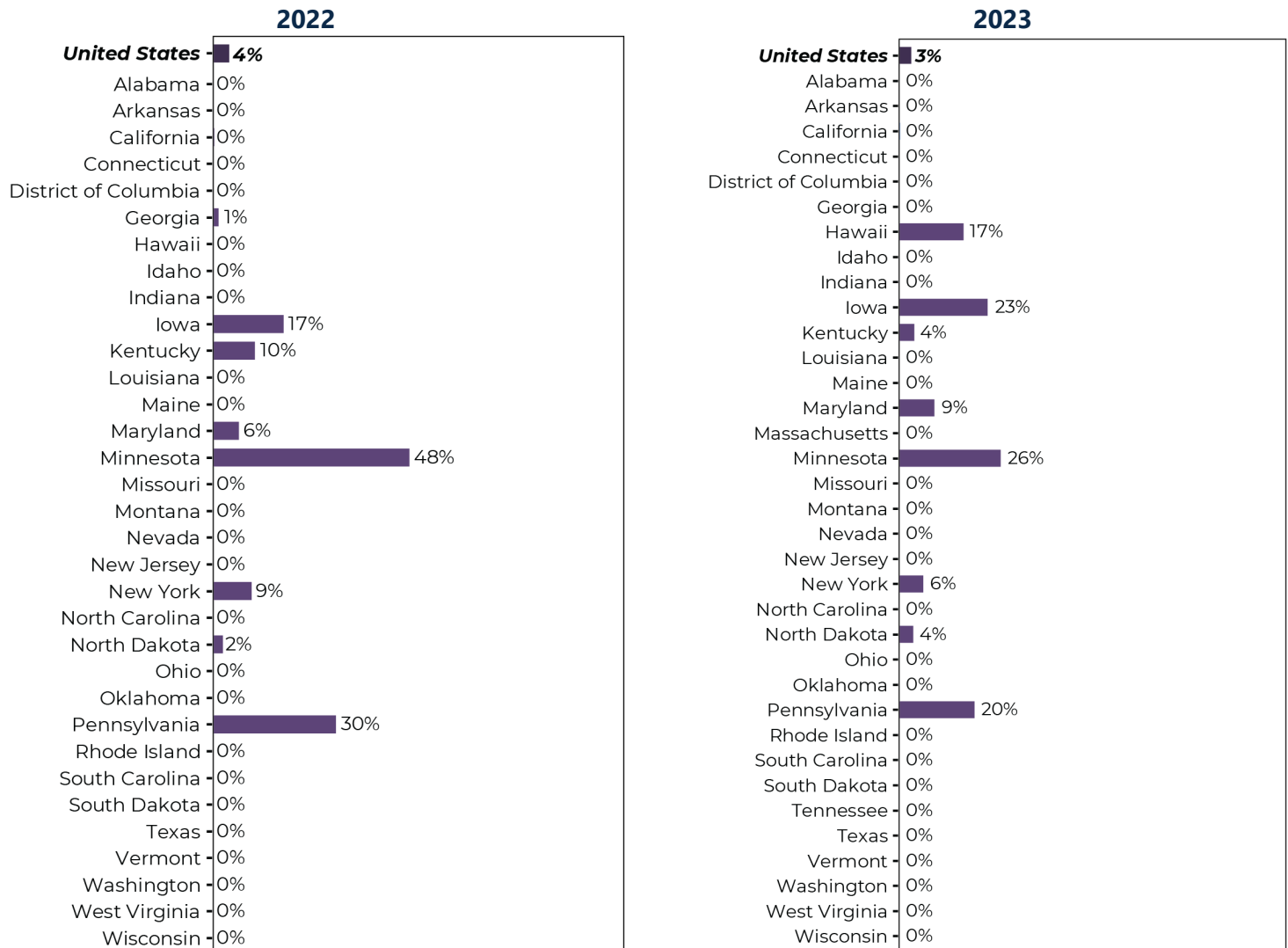


Source: MFP semi-annual progress reports for CY 2022 and 2023.

Note: Data are self-reported by MFP grant recipients. Data are current as of April 11, 2025, and include all MFP grant recipients that submitted reports indicating MFP transitions occurred in CY 2022 or 2023. This does not include MFP grant recipients that operated an MFP-funded program but did not submit a report or reported zero transitions for all target populations in a given year.

CMS = Centers for Medicare & Medicaid Services; CY = calendar year; MFP = Money Follows the Person.

**Figure 8.** Proportion of MFP transitions by other populations, by MFP grant recipient, CY 2022 and CY 2023



Source: MFP semi-annual progress reports for CY 2022 and 2023.

Note: Data are self-reported by MFP grant recipients. Data are current as of April 11, 2025, and include all MFP grant recipients that submitted reports indicating MFP transitions occurred in CY 2022 or 2023. This does not include MFP grant recipients that operated an MFP-funded program but did not submit a report or reported zero transitions for all target populations in a given year. The "other" category includes populations such as people with HIV/AIDS, traumatic brain injuries, and multiple chronic conditions who are residing in qualified inpatient facilities.

CMS = Centers for Medicare & Medicaid Services; CY = calendar year; MFP = Money Follows the Person.

## State and Territory Trends in MFP Transitions, CY 2020 to 2023

### Trends in overall transitions, CY 2020 to 2023

The number of transitions varied by MFP grant recipient and year, with some recipients reporting a small number of transitions in a given year and others reporting more than 1,000 (Table 3).<sup>15</sup>

Most MFP grant recipients reported an increase in transitions between CY 2020 and 2023. Of the 34 grant recipients that submitted reports for both CY 2020 and 2023, 28 reported increased transitions and six reported decreased transitions during that period. Four grant recipients (Indiana, New Jersey, North Dakota, and Washington) reported increasing transitions every year between CY 2020 and 2023. Ten grant recipients (Alabama, California, the District of Columbia, Indiana, Kentucky, North Dakota, Oklahoma, Pennsylvania, South Carolina, and Washington) more than doubled their number of transitions from CY 2020 to 2023.<sup>16</sup>

Some MFP grant recipients reported variable or decreased transitions between CY 2020 and 2023. Two grant recipients, Hawaii and Maine, reported zero transitions in CY 2020 but reported transitions for each year from CY 2021 to 2023. One grant recipient (Maryland) reported decreasing transitions every year between CY 2020 and 2023, and 26 grant recipients reported declining transitions for at least one year during that same period (Table 3).

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<sup>15</sup> The state and territory-level findings in this section should be interpreted with caution due to small sample sizes.

<sup>16</sup> Due to small cell size data suppression, Table 3 may not reflect these increases or decreases in transitions for certain MFP grant recipients.

**Table 3.** CY 2020–2023 total annual transitions by state or territory

MFP grant recipient	2020 transitions (n =34)	2021 transitions (n =34)	2021 % change	2022 transitions (n =37)	2022 % change	2023 transitions (n =41)	2023 % change
Total transitions	4,549	5,755	26.5%	6,242	8.5%	8,059	29.1%
Alabama	51	105	105.9%	70	-33.3%	175	150.0%
American Samoa <sup>a</sup>	NR	NR	NA	NR	NA	0	NA
Arkansas	24	38	58.3%	37	-2.6%	36	-2.7%
California	202	433	114.4%	381	-12.0%	735	92.9%
Colorado	17	0	-100.0%	0	0.0%	0	0.0%
Connecticut	584	433	-25.9%	399	-7.9%	443	11.0%
Delaware <sup>b</sup>	NR	NR	NA	NR	NA	NR	NA
District of Columbia	**	68	NA	20	-70.6%	75	275.0%
Georgia	196	140	-28.6%	167	19.3%	115	-31.1%
Hawaii	0	60	100.0%	87	45.0%	54	-37.9%
Idaho	63	39	-38.1%	46	17.9%	68	47.8%
Illinois <sup>c</sup>	NR	NR	NA	NR	NA	0	NA
Indiana	137	288	110.2%	400	38.9%	538	34.5%
Iowa	69	75	8.7%	129	72.0%	105	-18.6%
Kansas <sup>d</sup>	NR	NR	NA	0	NA	0	0.0%
Kentucky	**	21	NA	20	-4.8%	25	25.0%
Louisiana	203	286	40.9%	273	-4.5%	252	-7.7%
Maine	0	**	NA	**	NA	14	NA
Maryland	146	72	-50.7%	48	-33.3%	44	-8.3%
Massachusetts <sup>e</sup>	NR	NR	NA	NR	NA	53	NA
Michigan <sup>f</sup>	NR	NR	NA	NR	NA	NR	NA
Minnesota	156	131	-16.0%	109	-16.8%	190	74.3%
Mississippi <sup>g</sup>	NR	NR	NA	NR	NA	NR	NA
Missouri	126	95	-24.6%	87	-8.4%	135	55.2%
Montana	16	12	-25.0%	33	175.0%	19	-42.4%
Nebraska <sup>h</sup>	NR	NR	NA	NR	NA	NR	NA
Nevada	**	**	NA	**	NA	**	NA
New Hampshire <sup>i</sup>	NR	NR	NA	0	NA	0	0.0%
New Jersey	284	369	29.9%	393	6.5%	398	1.3%
New York	452	455	0.7%	407	-10.5%	466	14.5%
North Carolina	152	143	-5.9%	147	2.8%	159	8.2%
North Dakota	39	95	143.6%	135	42.1%	142	5.2%
Ohio	642	554	-13.7%	655	18.2%	807	23.2%
Oklahoma	> 10	32	NA	54	68.8%	93	72.2%
Pennsylvania	42	586	1,295.2%	395	-32.6%	563	42.5%
Puerto Rico <sup>j</sup>	NR	NR	NA	NR	NA	0	NA

MFP grant recipient	2020 transitions (n = 34)	2021 transitions (n = 34)	2021 % change	2022 transitions (n = 37)	2022 % change	2023 transitions (n = 41)	2023 % change
Rhode Island	42	61	45.2%	55	-9.8%	71	29.1%
South Carolina	**	21	NA	20	-4.8%	22	10.0%
South Dakota	24	27	12.5%	20	-25.9%	37	85.0%
Tennessee <sup>k</sup>	NR	NR	NA	0	NA	32	100.0%
Texas	263	381	44.9%	304	-20.2%	334	9.9%
Vermont	29	83	186.2%	72	-13.3%	47	-34.7%
Virginia <sup>l</sup>	NR	NR	NA	NR	NA	NR	NA
Washington	397	486	22.4%	1,123	131.1%	1,619	44.2%
West Virginia	55	47	-14.5%	50	6.4%	47	-6.0%
Wisconsin	98	109	11.2%	94	-13.8%	145	54.3%

Source: MFP semi-annual progress reports for CY 2020-2023 and updated information provided by CMS on MFP program status as of January 2025 in Appendix A.

Note: Data are self-reported by MFP grant recipients. Data are current as of April 11, 2025, and include MFP grant recipients that operated an MFP-funded program between CY 2020 and 2023. The sample size n reported in the first row indicates the total number of MFP grant recipients that reported each calendar year. Certain cells have been replaced with ranges of plausible values (e.g., >100) or suppressed based on small cell sizes (e.g., <11). Data have also been replaced with ranges of plausible values or suppressed where it would have been possible to derive the small cell values of other cells. NR ("not reported") indicates that the MFP grant recipient did not submit an MFP semi-annual progress report.

\*\*\* signifies the cell has been suppressed.

<sup>a</sup> In August 2022, American Samoa received an MFP Planning and Capacity Building grant award to implement the MFP Demonstration.

<sup>b</sup> Delaware closed out its MFP program on September 8, 2021.

<sup>c</sup> As of February 8, 2021, Illinois had closed-out its MFP-funded program. The state stopped accepting new referrals as of July 2017. In August 2022, Illinois received an MFP Planning and Capacity Building grant award to implement the MFP Demonstration.

<sup>d</sup> As of August 17, 2020, Kansas had closed-out its MFP-funded program. In August 2022, Kansas received an MFP Planning and Capacity Building grant award to implement the MFP Demonstration.

<sup>e</sup> Massachusetts ended MFP-funded transitions in mid-CY 2017 and then followed MFP Demonstration participants for 365 days post-transition. The state exhausted MFP funding on December 31, 2017, and then received grant funding to reactivate its program in March 2022.

<sup>f</sup> Michigan closed out its MFP program on February 26, 2020.

<sup>g</sup> Mississippi closed out its MFP program on May 3, 2021.

<sup>h</sup> Nebraska closed out its MFP program on December 28, 2020.

<sup>i</sup> As of February 19, 2021, New Hampshire had closed-out its MFP-funded program. In August 2022, New Hampshire received an MFP Planning and Capacity Building grant award to implement the MFP Demonstration.

<sup>j</sup> In August 2022, Puerto Rico received an MFP Planning and Capacity Building grant award to implement the MFP Demonstration.

<sup>k</sup> Tennessee did not have an active MFP program in CY 2019, 2020, or 2021. In August 2022, Tennessee received grant funding to reactivate its MFP program.

<sup>l</sup> Virginia closed out its MFP program on February 8, 2021.

CMS = Centers for Medicare & Medicaid Services; CY = calendar year; MFP = Money Follows the Person; NA = not applicable; NR = not reported.

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## Methods

We identified transitions for each MFP grant recipient by target population by using semi-annual progress reports for CY 2020-2023 and updated information provided by CMS on MFP program status as of January 2025 in Appendix A. For Tables 1 to 3, we listed only the MFP grant recipients who participated in the MFP Demonstration at any point that year.

Appendix B (supplemental attachment) includes cumulative transition counts since MFP transitions began in CY 2008 to the end of CY 2023. To calculate cumulative transitions, we summed CY 2021 cumulative transitions with CY 2022 and 2023 MFP data. Appendix B also includes data tables with transition counts by MFP grant recipient and target population from CY 2017 to 2023. We identified transitions for each MFP grant recipient by target population by using semi-annual progress reports for all data years.

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**Suggested citation:** Kantoris, Cassidy, Caitlin Murray, and Jessica Ross. "Money Follows the Person: Updated MFP Grant Recipient Transitions as of December 31, 2023." Chicago, IL: Mathematica, December 2025.

## Appendix A

**Table A.1.** MFP programs that were inactive and reactivated, closed-out and re-opened, or closed-out, as of January 2025

MFP grant recipient	Date of inactivity/reactivation or close-out/re-opening
<b>Inactive and reactivated</b>	
Massachusetts	Massachusetts ended MFP-funded transitions in mid-CY 2017 and then followed MFP Demonstration participants for 365 days post-transition. The state exhausted MFP funding on December 31, 2017, and then received grant funding to reactivate its program in March 2022.
Tennessee	Tennessee did not have an active MFP program in CY 2019, 2020, or 2021. In August 2022, Tennessee received grant funding to reactivate its MFP program.
<b>Closed-out and re-opened</b>	
Illinois	As of February 8, 2021, Illinois had closed-out its MFP-funded program. The state stopped accepting new referrals as of July 2017. In August 2022, Illinois received an MFP Planning and Capacity Building grant award to implement the MFP Demonstration.
Kansas	As of August 17, 2020, Kansas had closed-out its MFP-funded program. In August 2022, Kansas received an MFP Planning and Capacity Building grant award to implement the MFP Demonstration.
New Hampshire	As of February 19, 2021, New Hampshire had closed-out its MFP-funded program. In August 2022, New Hampshire received an MFP Planning and Capacity Building grant award to implement the MFP Demonstration.
<b>Closed-out</b>	
Delaware	Closed-out September 8, 2021
Michigan	Closed-out February 26, 2020
Mississippi	Closed-out May 3, 2021
Nebraska	Closed-out December 28, 2020
Oregon	Closed-out September 21, 2016
Virginia	Closed-out February 8, 2021

Source: Information provided by CMS about which MFP grant recipients had inactive and reactivated programs, closed-out and re-opened programs, or closed-out programs, as of January 2025.

Note: The date of the final Notice of Award to close out each grant represents the end of the overall period of performance for the grant award and effectively terminates program implementation.