

Better Outcomes & Lower Costs

National and state-specific evaluations of the program have found that MFP delivers measurable results for both individuals and taxpayers.

After returning to the community, individuals were more likely to report improved quality of life over a two-year period, including:

- Improved overall life satisfaction
- Improved satisfaction with care and living situation
- Reduced unmet needs
- Reduced barriers to community participation
- Decreased depression
- Enhanced feelings of dignity and respect³⁻⁵

By shifting care to more cost-effective home and community settings, states can achieve better outcomes while reducing costs.

- The national evaluation found that after transitioning to the community, average per person Medicaid health and long-term services and supports costs fell by 23-30%.⁴
- At a systems level, states with robust MFP programs have shown declines in expenditures on costly institutional settings and enhanced access to home and community-based services (often referred to as “rebalancing”).^{3,6,7}

Need for Stability and Predictability

Despite its success and historically strong bipartisan support, MFP has faced repeated short-term funding extensions, creating uncertainty for states and slowing progress. Between 2018 and 2020, this instability led to states stopping their programs and more than a 50% drop in the number of transitions. These gaps set back the program significantly, and it still has not fully recovered.⁸

While funding is currently authorized through September 2027,¹ **states are already being forced to scale back their programs due to limited funding remaining.** Making MFP permanent would provide stability to a proven, cost-effective program that improves the lives of older adults and people with disabilities.



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