

# Money Follows the Person and LTSS Rebalancing

## *Opportunities for States*

January 29, 2026



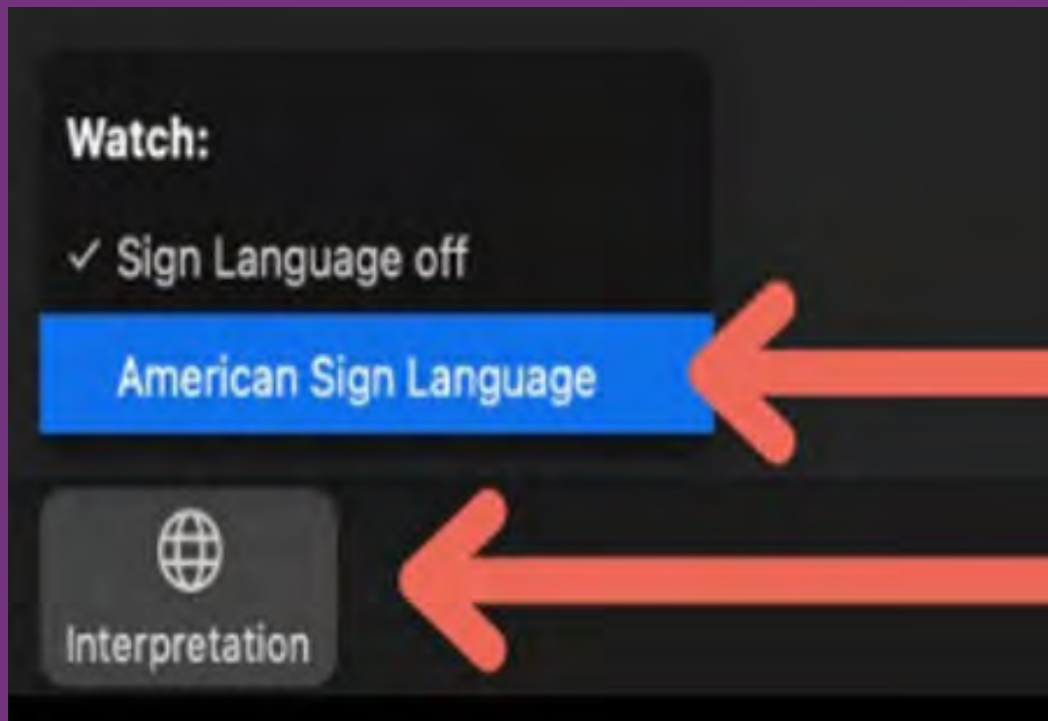
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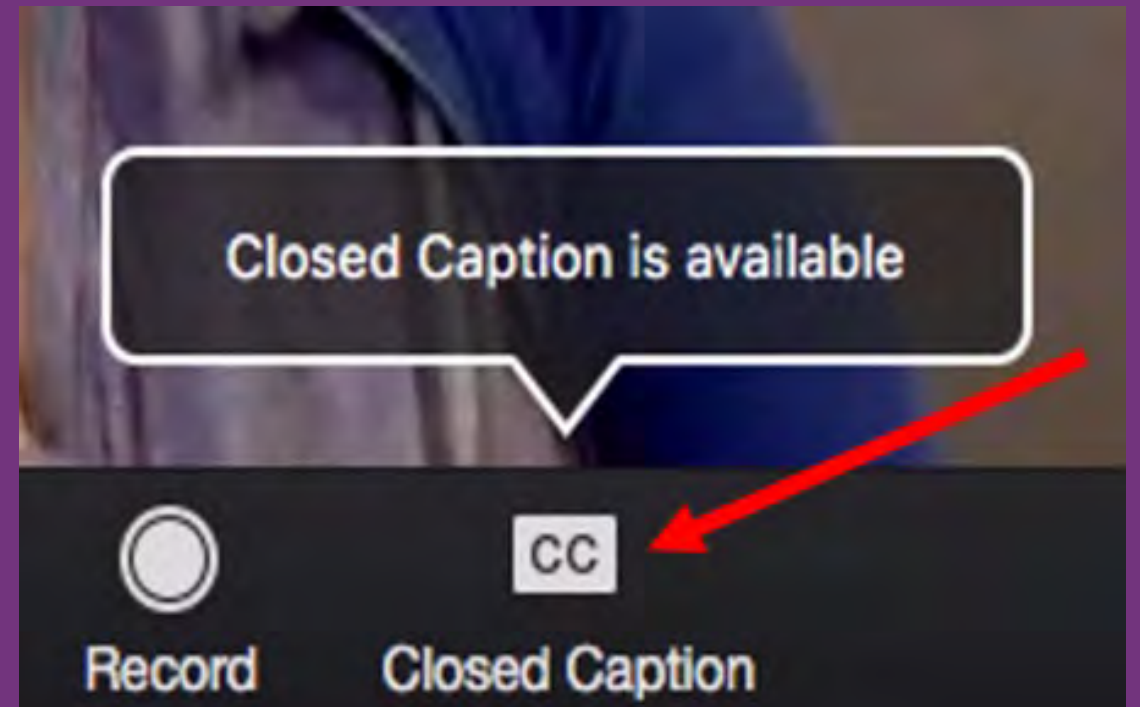


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## ASL



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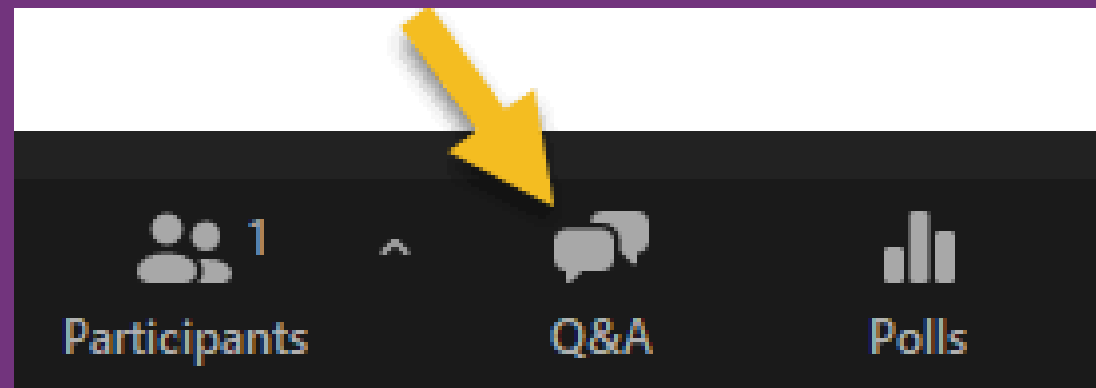


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# Funding



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# Today's Agenda

- **MFP History: From Grassroots Advocacy to Federal Policy**
- **MFP Overview and Current Snapshot: State of the States**
- **Washington's MFP Example**
- **Tribal MFP Initiatives**
- **Looking Forward and Q&A**

# Our Panelists



**Henry Claypool**

Lurie Institute Visiting  
Scholar and Independent  
Consultant



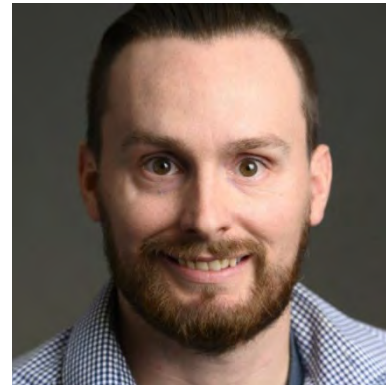
**Julie Cope**

MFP Project Director,  
Washington State Department  
of Social and Health Services



**Natalie Kean**

Director of Federal Health  
Advocacy, Justice in Aging



**Wayne Somes**

Tribal Collective Team Lead,  
Minnesota Department of  
Human Services

# **Rebalancing Medicaid LTSS: From Grassroots Advocacy to Federal Policy**

Bridging Lived Experience through  
Bipartisan Policymaking

**Henry Claypool**

# Disability Rights Movement Organizing for Change

## ADAPT Background

- Early advocacy targeted public transportation systems
- ADAPT's organizing key to the passage of the ADA
- Post ADA a focus on Medicaid and Community Integration

## Factors Making ADAPT Successful and Unique in the Disability Rights Movement

- Most members of local chapters relied on long term services and supports
- Many of the members had lived in a nursing home because of a lack alternatives in the community
- Local and State chapters of ADAPT were geographically diverse
- Raised money and became Medicaid providers to support their advocacy work
- Strategic use of direct action to garner the attention of policy makers in Washington DC

# ADAPT's Role in Making Money Follows the Person Policy

## Timeline of Events Leading the Creation of the MFP Demonstration

- ADAPT's MiCASSA legislation — a comprehensive bill of Medicaid LTSS reforms
- The Supreme Court's Olmstead was handed down in Fall of 1999
- ADAPT demonstrations at HHS HQ culminate in meetings with the Secretary
- ADAPT meets with HHS Secretary in 2000
- System Change Grants to state begin in 2001 — a number of states use this money to fund nursing transition programs
- ADAPT has protest at White House in 2001 meets Mark McClellan

# MFP Timeline Continued

- Systems Change Grants Continue to be funded by Congress 2002–2005
  - State Nursing Home Transition Programs Mature
  - Texas legislature allows money budgeted for nursing home to be used to fund 1915(c) waiver
  - TX advocates describe this as having the Money Follow the Person
- Mark McClellan is appointed CMS Administrator in 2004
- Deficit Reduction Act of 2005 includes the Money Follows the Person Demonstration
- Many of the advocates doing this systems change work have deep working relationships in their home states



# State of the States: LTSS Rebalancing and Money Follows the Person

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Natalie Kean, Justice in Aging

January 29, 2026

# Money Follows the Person Basics

- MFP currently operates in 40 states and territories
- MFP provides services prior to transition and HCBS for 365 days post-transition
- To be eligible, Medicaid enrollees must:
  - Be residing in an inpatient facility for 60 consecutive days or more
  - Move to a home owned or leased by the individual or their family or to a small group home

# Recent MFP Expansions

- Congress has extended MFP multiple times with bipartisan support
  - Current authorization is through September 30, 2027
- 2021:
  - Minimum institutional stay reduced to 60 days and included short-term rehabilitation stays
- 2022:
  - 5 new states and territories awarded planning grants
  - “Supplemental services” expanded and 100% federally funded
    - One-time services that are otherwise not covered by Medicaid
    - Examples: short-term rent, utility assistance, food assistance, home and vehicle modifications, pre-transition services

# Maria's MFP Story

- Maria, age 80, was admitted to a nursing facility in Concord, California, after a stroke.
- She was unable to be discharged because she did not have the necessary resources and support.
- After 6 months, her public housing benefits were discontinued, which left her with a \$8,750 bill and facing eviction.
- The California Community Transitions (CCT) program helped pay off the rent bill and coordinate charities to assist.
- Maria returned to her apartment with HCBS services in place.
- She is now thriving in the community, getting to know new people, and reacquainting herself with friends she previously knew.

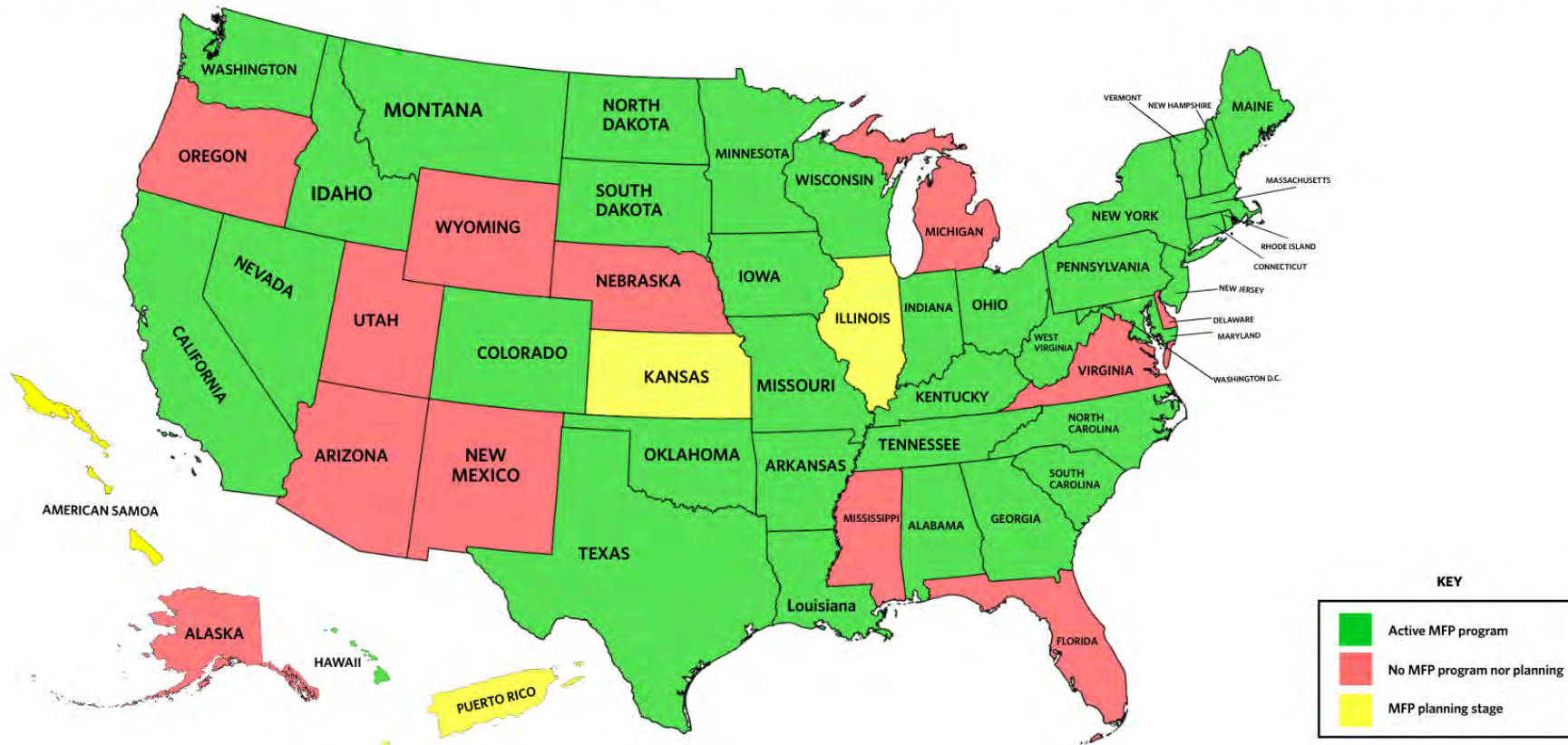
# MFP's Success

- MFP programs are widespread across the country
  - 45 states and Washington D.C.
  - Puerto Rico and American Samoa
  - MFP Tribal Initiative in 5 states
- 127,184 people transitioned to community living through MFP from 2008–2023
  - Transitions increased by 77% between 2020 and 2023
- Individuals who return to the community report:
  - Greater life satisfaction
  - Being more likely to be treated with respect by providers
  - Less unmet personal assistance needs
- States with high MFP transitions have reduced NF use and expenditures

# 2023 Snapshot

- 8,059 people transitioned to community living in 2023, up 29% from 2022
  - More than 50% of transitions were older adults
  - 31% were people with physical disabilities
  - 11% were people with I/DD
  - 3% were people with MH/SUD
  - 3% had other conditions
- Significant variation by state
  - Washington transitioned 1,600+ people in 2023 (20% of all transitions)
  - 11 states reported less than 50 transitions (AR, KY, ME, MD, MT, NV, SC, SD, TN, VT, WV)
  - Colorado reported 0 transitions

# State Participation in Money Follows the Person Program, 2025



# Despite the success...

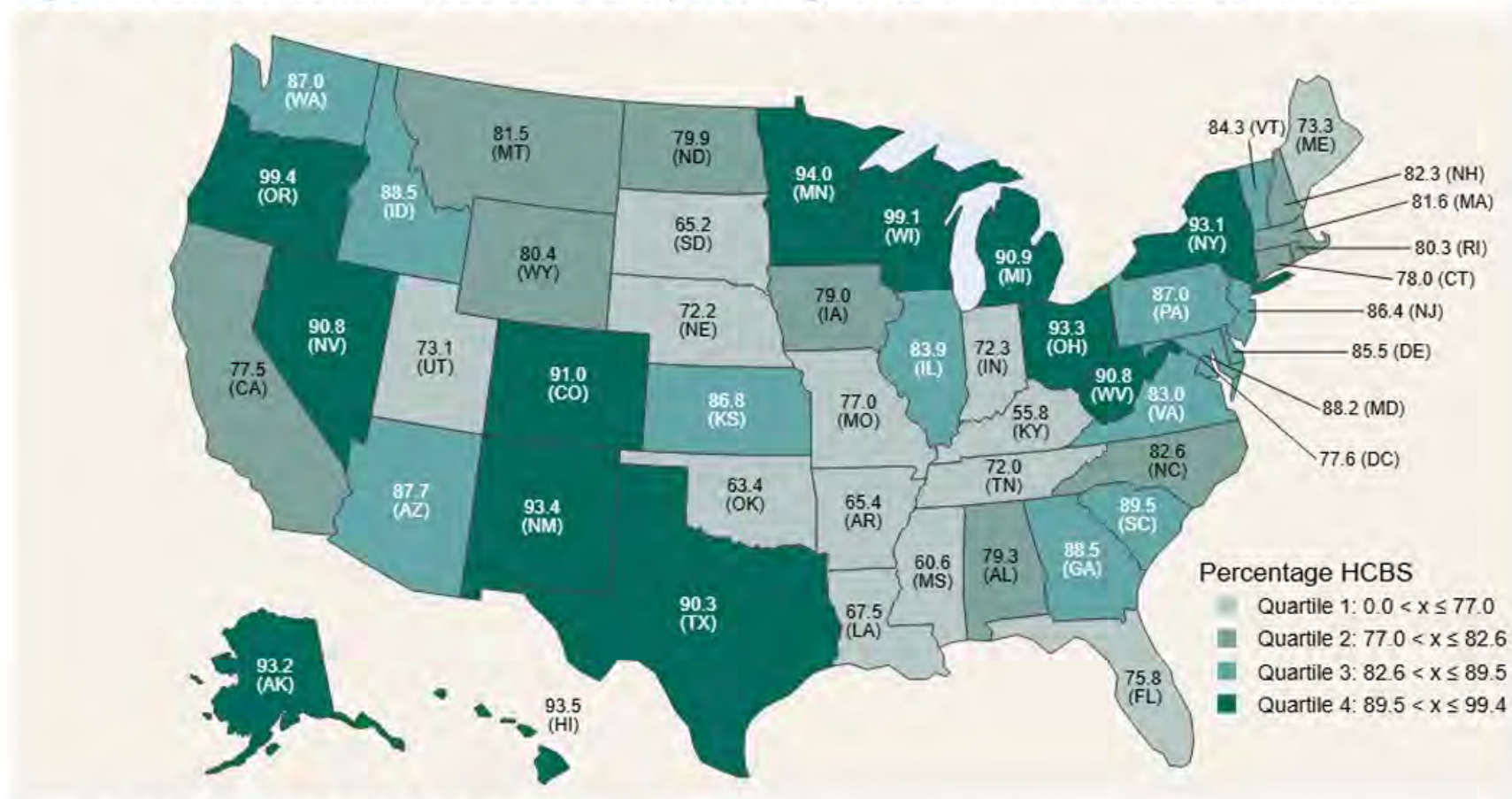
- MFP is still treated as a demonstration and not permanently funded
- Funding gaps and short-term extensions have led to disruption and closure of programs:
  - 6 states ended their MFP programs in 2020 and 2021 (DE, MI, MS, NE, OR, VA)
  - 3 states closed and restarted their programs in 2022 when funding was renewed on a multi-year basis (IL, KS, NH)
  - 2 states paused transitions and then reactivated their programs in 2022 with renewed funding (MA, TN)

# HCBS Enrollment & Expenditures 2023

Enrollment	Expenditures
<ul style="list-style-type: none"><li>• 8.4 million people received Medicaid HCBS</li><li>• 87.1% of Medicaid LTSS enrollees received HCBS</li><li>• Disparities based on age, type of disability, Medicare dual-eligibility, rural/urban, race/ethnicity</li></ul>	<ul style="list-style-type: none"><li>• \$146 billion spent on HCBS</li><li>• \$17,298 spent per person receiving HCBS</li><li>• 63.8% of total LTSS expenditures went to HCBS</li><li>• Less than half of expenditures on 65+ were for HCBS (46.7%)</li></ul>

Source: <https://www.medicaid.gov/medicaid/long-term-services-supports/downloads/ltss-rebalancing-brief-2023.pdf>

**Figure 3.** State Medicaid HCBS users as a percentage of total Medicaid LTSS users, 2023



Source: Mathematica's analysis of the 2023 TAF Release 1.

Note: The LTSS user rebalancing ratio is the total unduplicated number of HCBS users as a percentage of the total unduplicated number of LTSS users. We rounded the state percentages to one decimal place in the figure, but we grouped states into quartiles based on the unrounded values.

HCBS = home and community-based services; LTSS = long-term services and supports; TAF = Transformed Medicaid Statistical Information System Analytic File.

# Justice in Aging Resources

- [Make the Medicaid Money Follows the Person Program Permanent](#)
- [What's in the Budget Reconciliation Act of 2025 and What Does it Mean for Low-Income Older Adults' Access to Health and Long-Term Care?](#)
- [How Medicaid Supports Older Adults](#)
- [Medicaid Defense Resources](#)



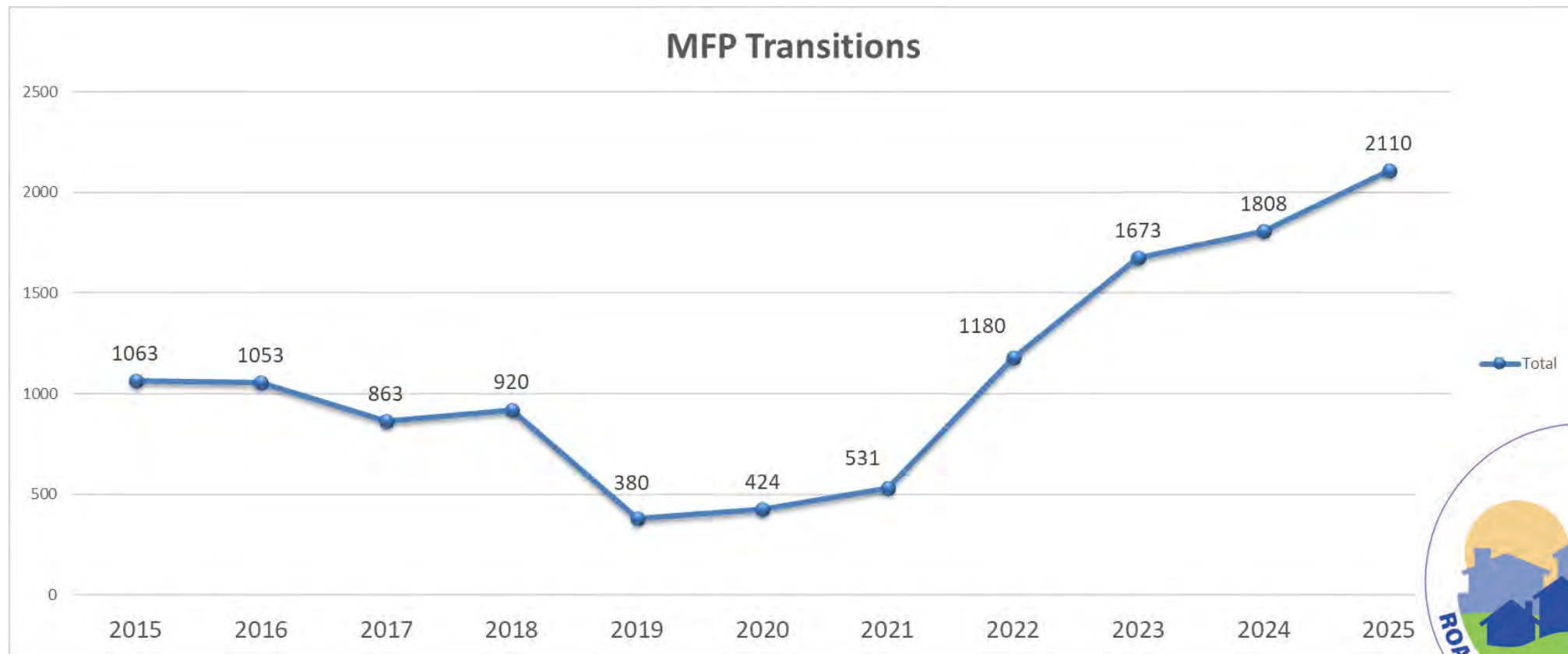
# Washington Money Follows the Person

Program Name: Roads to Community Living

**Julie Cope**



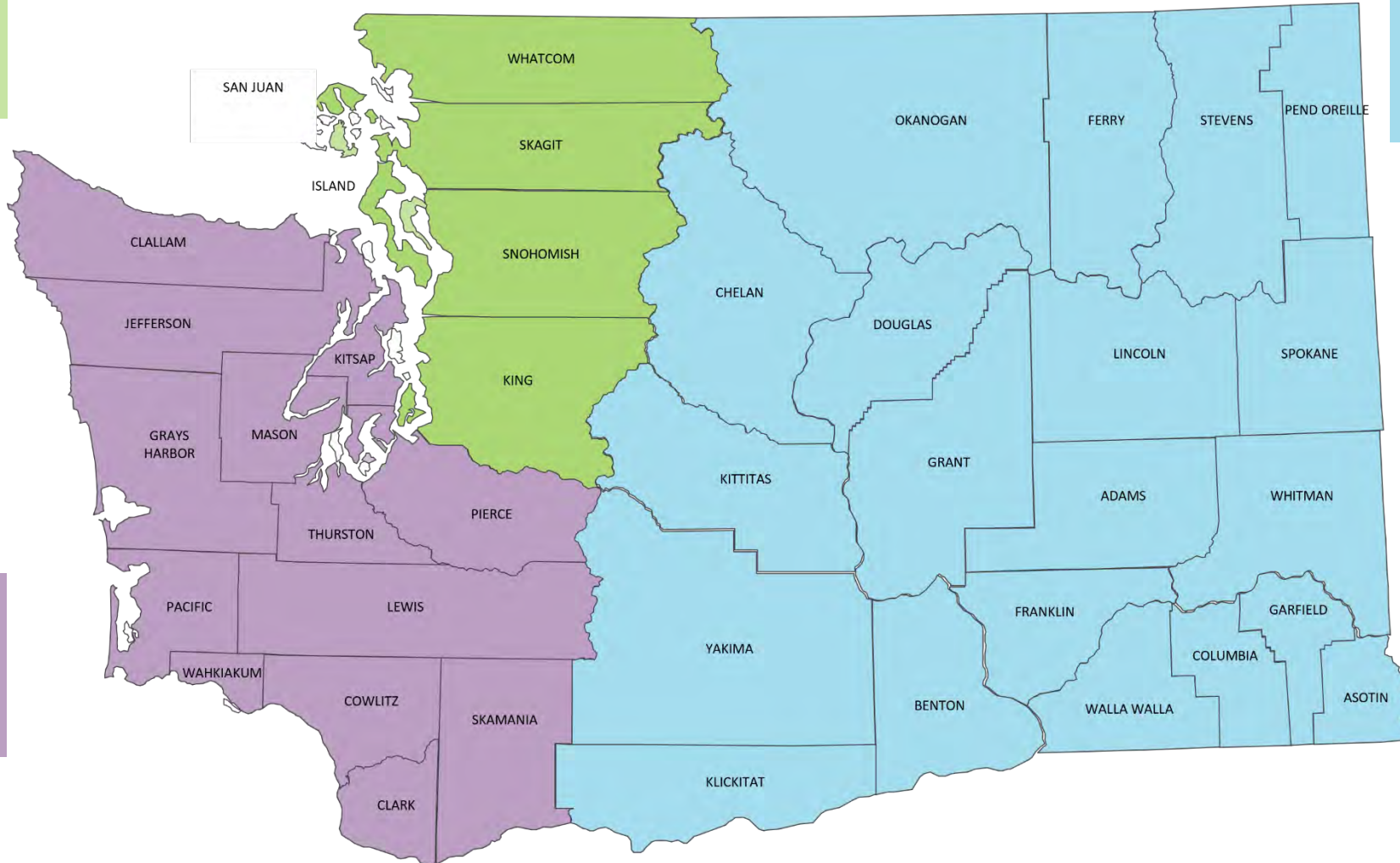
# Money Follows the Person Transitions



# Regional Map Medicaid Nursing Facility Transitions

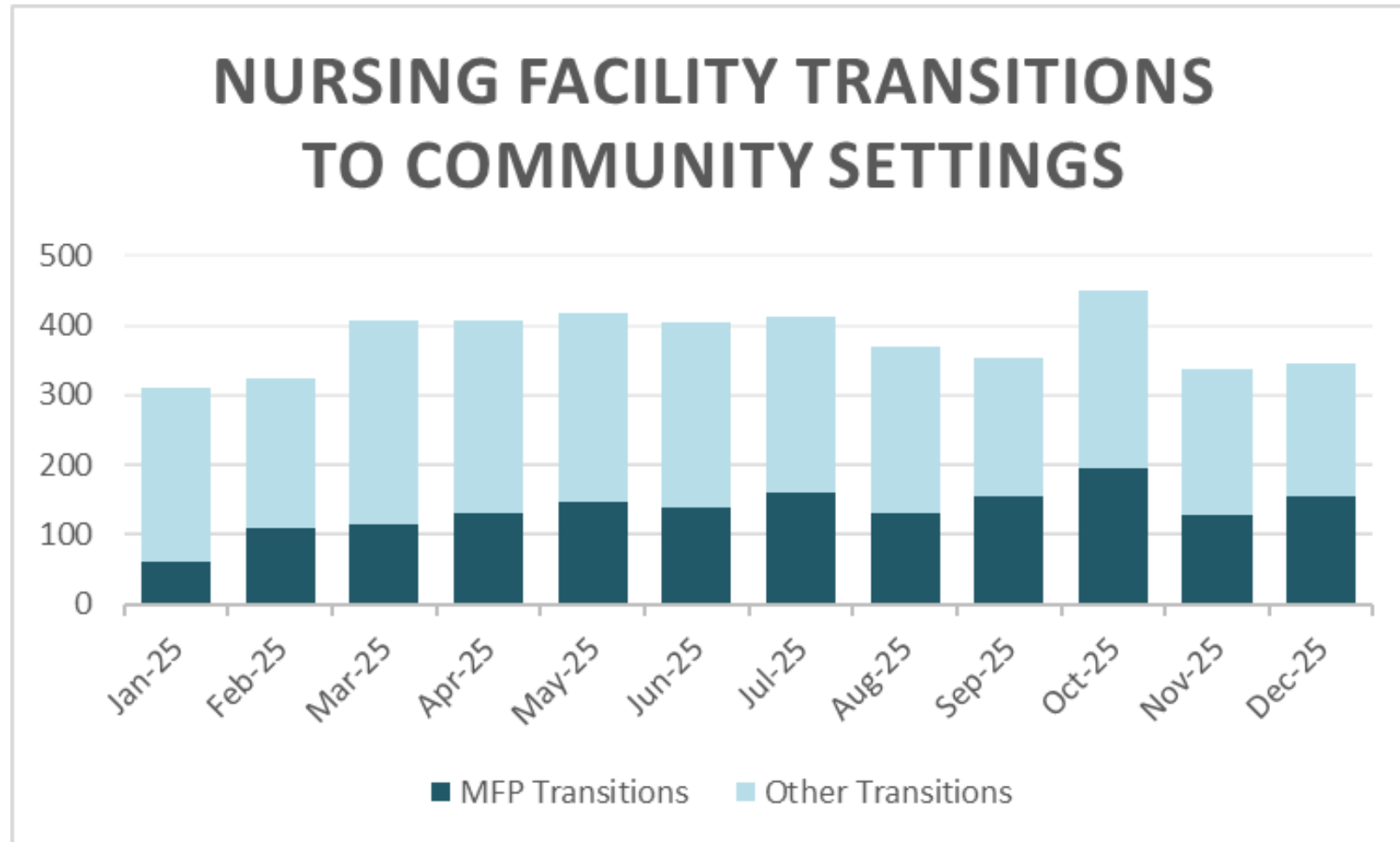
**Region 2**  
**74 Nursing Facilities**  
**33 FTE**

**Region 1**  
**51 Nursing Facilities**  
**23 FTE**



**Region 3**  
**61 Nursing Facilities**  
**33 FTE**

# 2025 Monthly Nursing Facility Transitions



# THE COST OF NURSING FACILITY TRANSITIONS



MINIMUM \$10.00



MAXIMUM \$49,000



AVERAGE \$8,200



# New Service Rollouts

- Technology Support Consultation and Technical Assistance
- Smart Care Device
- Amazon Business for Community Transition Goods





# Questions?

Julie Cope: RCL/NFCM Policy Unit Manager.

[Julie.Cope@dshs.wa.gov](mailto:Julie.Cope@dshs.wa.gov)



## **MFP-Tribal Initiative**

**Wayne Somes** - Tribal Collective Team Lead, Minnesota  
Department of Human Services

# Disclaimer

This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award 100% funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

# Government to Government

- It is essential to understand and respect the distinctive government to government relationship that exists between Tribal Nations and the United States Government.
- Treaties, the Supreme Court, Presidents, and Congress have repeatedly affirmed that Tribal nations possess inherent powers of self-government.

# Government to Government (continued)

***“Indian Nations had always been considered as distinct, independent political communities, retaining their original natural rights, as the undisputed possessors of the soil... The very term “nation” so generally applied to them means ‘a people distinct from others.’”***

***— Chief Justice Marshall, United States Supreme Court***

# Tribal Sovereignty

## What is Tribal Sovereignty?

- Refers to the legal recognition in the United States law of the inherent sovereignty of American Indian Nations (treaties do not create tribal sovereignty)
- Establishes that Tribal nations have the inherent right to govern themselves
- Tribal Sovereignty is broad, deep, and quite complex
- It consists of our “**Systems of Knowledge & Ways of Being**” spiritual ways, culture, language, social and legal systems, political structures, and inherent relationships with lands, waters and all upon them.

# MFP Tribal Initiative Overview

Funded by CMS

Increase transitions from  
institutional settings

Increase availability of and access  
to HCBS/LTSS



5 states awarded the MFP Tribal Initiative

Minnesota

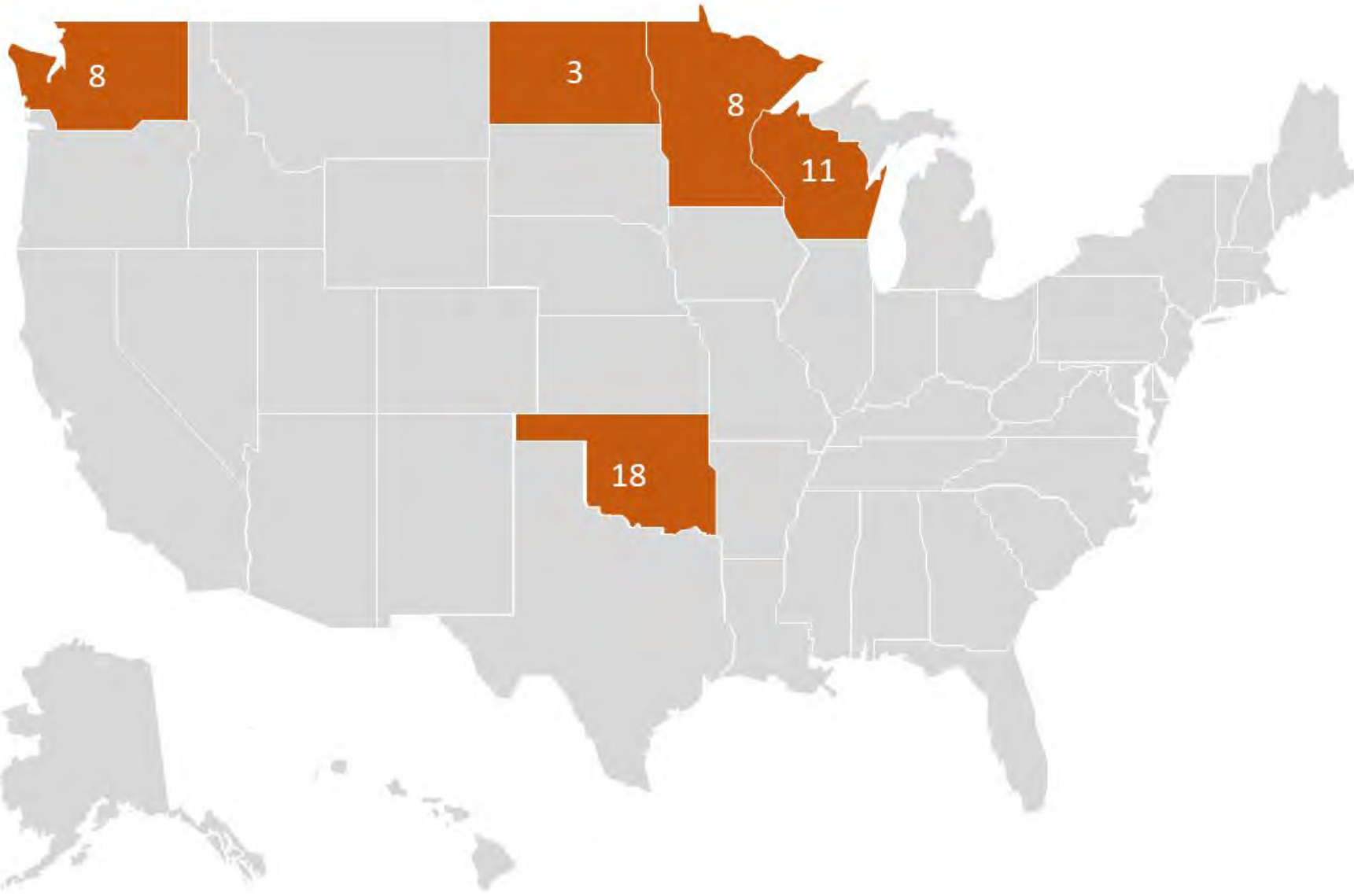
North  
Dakota

Oklahoma

Washington

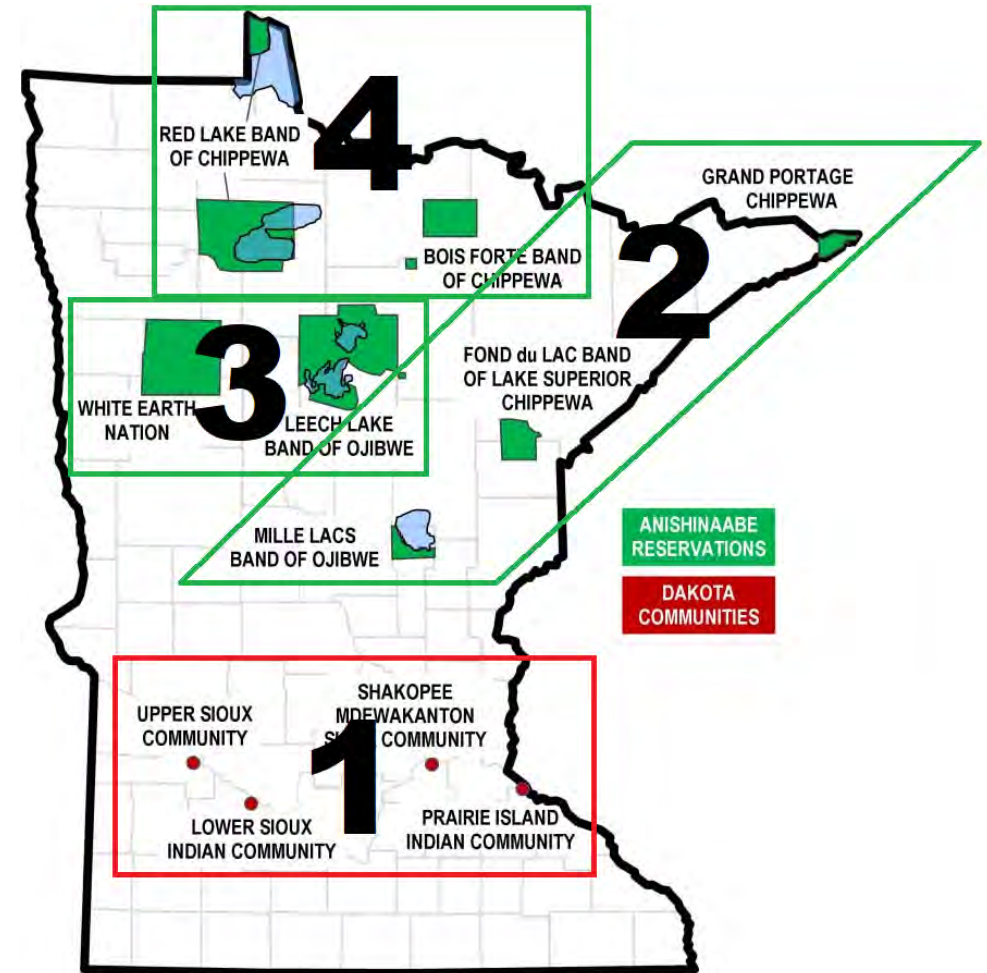
Wisconsin

# MFP Tribal Initiative States



# Minnesota – The Tribal Collective

- The Tribal Collective is a Unit within MN Department of Human Services.
- The Tribal Collective is funded through the federal Money Follows the Person demonstration grant.
- Of Minnesota's 11 federally-recognized Tribal Nations, 8 participate in MFP-TI.
- Our team's work is regional, and community centered by creating access to support from individuals that reflect their area.



# About Us – Our Purpose & “Why”

- The Tribal Collective exists to strengthen relations with Tribal Nations so that:
  - Tribes are respected as government entities.
  - Tribal leaders are included in decision making.
  - Native people have services that honor their cultures.
- We want to correct the injustices of colonization and support American Indians in Minnesota to thrive.

# About Us – How We Honor Tribal Sovereignty

- We represent the communities we serve.
- We share power with Tribal Nations through collaborative government-to-government relationships as we co-create policy and programs.
- We partner with Tribal Nations to promote health equity, access, and justice for American Indian people, their families, and communities.
- We change systems so Tribal Nations are centered.
- We actively practice American Indian traditions in community engagement activities.

# About Us – What We Do (1)

- Government-to-government relationship building & community engagement
- Training & technical assistance
- Give presentations and host trainings to deepen understanding of the Tribal Collective (internally and externally).
- Provide technical assistance to teams in our Division and across DHS to help ensure they understand and can appropriately support Tribal Nations and their members.

# About Us – What We Do (2)

- Systems change
  - Conduct needs analyses & assessments to identify gaps in programs and services for American Indian people across the state.
  - Create new services and advocate for equitable & accessible resources that are culturally-centered.
  - Create and change state policies to honor Tribal traditions and practices.
- Grant administration
  - Issue grants to support Tribal Nations and Urban American Indian communities' goals around expanding programming for community members.

# What MN Tribal Nations Are Doing

- Developing a healing center
- Developing billable services
- Establishment of Elder Tiny Home villages
- Outreach connecting citizens to needed resources including MA
- Establishing assisted living facility on reservation
- Pursuing a joint powers agreement with the state
- Collaborating with the state to develop a licensing process to license own adult foster care facility/program
- Pursuing options to provide services in the Metro/ off reservation

# Tribal Vulnerable Adult and Developmental Disabilities Targeted Case Management

- July 2024: Legislature passed for DHS to engage with Tribal Nations in designing a Tribal VA/DD-TCM MA benefit
- April 2025: Tribal VA/DD-TCM Coordinator hired to lead the exploration and implementation of a Tribal VA/DD-TCM MA benefit
- May 2025 – September 2025: 8 of 11 Tribal Nations meeting weekly to implement phase 1, which is the inclusion of Tribes as a provider in June legislative special session. Effective July 1, or upon federal approval
- Current: working on 2026 legislative proposals, designed by the workgroup, in preparation for the legislative session beginning in February 2026

# Emerging Themes

- A pathway for guidance if Tribes are seeking support
  - Reimbursement processes
  - Lead Agency
  - Data accessibility and sovereignty infrastructure/TA
- Netstudy Background checks—Barrier for rural communities
- Co-designing
- Educational opportunities for partners
  - Understanding Tribal Sovereignty
- Staff recruitment
  - Qualifications/requirements for staff
- Overlapping themes from internal ADSA needs assessment

# Priorities

- Urban RFP
- Joint Powers Agreements
- Rescoping LTSS Tribal workgroup
- ADSA needs assessment– analyzing and integrating it in strategic plan for 2026
- Planning stages of Elders Resource fair in urban area
- Tribal VADD: develop and submit legislative proposal of 2026

# Looking Forward and Q&A



## Lessons Learned

**What states and advocates should be considering right now**

**Please use the Q&A function to ask questions!**

# Thank You/Learn More/Contact Us



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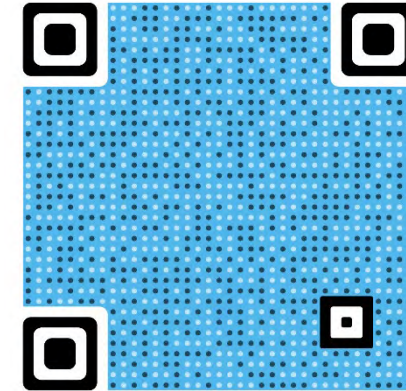
[Heller.Brandeis.edu/Community-Living-Policy/](#)

[Lurie.Brandeis.edu](#)



[CLpolicy@Brandeis.edu](#)

[SydneyPickern@Brandeis.edu](#)



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Lurie Institute  
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