



Money Follows the Person Rebalancing Demonstration

Closed Cases Report For 2019

November

Prepared by:

Kristin Baker, BS
Martha Porter, BA
Julie Robison, PhD

UConn Health | Center on Aging
263 Farmington Avenue
Farmington, CT 06030-5215

UConn
HEALTH
CENTER ON AGING

This project was funded by the Centers for Medicare and Medicaid Services and the Connecticut Department of Social Services, Money Follows the Person Rebalancing Demonstration CFDA 93.779.

Introduction

As part of Connecticut's rebalancing efforts, the Money Follows the Person (MFP) Demonstration transitions residents in institutional facilities to the community. By the end of 2018, Connecticut (CT) exceeded the goal to transition 5,200 people from qualified institutions to approved community settings by transitioning 5,425. A total of 5,964 MFP participants had transitioned as of December 31, 2019. In the early years of the demonstration, CT experienced a relatively high number of cases closed compared to cases transitioned. Therefore, in 2012 the first analysis of case closures was undertaken to identify practices, service needs, and other areas in which improvements may assist the state in reducing case closures and increasing transitions. This is the eighth report produced on the analysis of closed cases. For the previous reports, which analyzed closures January through June 2012 and July through December 2012, as well as reports for 2013, 2014, 2015, 2016, 2017, and 2018, please visit: [UConn Health Center on Aging](#).

In order to comprehensively cover the closed cases data, this report is divided into three sections. Section I is an overall picture showing the current status, as well as number and percent of transitioned and closed cases for *referrals made during 2019*. Section II shows a comparison of *cases closed during each of the eleven years* of the MFP program (2009-2019), and Section III provides specifics on *all cases closed during 2019*, regardless of the year in which the case was referred. In addition, Section III provides a detailed account of the specific reasons cases closed in 2019 in order to inform practice and allow program managers to make programmatic changes that decrease the number of preventable closures. A list of acronyms and abbreviations appears at the end of this report for reference.

There are currently 14 reasons a case can be closed:

1. Participant not aware of referral and does not wish to participate
2. Participant would not cooperate with care planning process
3. Participant changed their mind and would like to remain in the facility
4. COP/Guardian refused participation
5. Participant moved out of state
6. Exceeds mental health needs
7. Exceeds physical health needs
8. Transitioned to community before informed consent signed
9. Reinstitutionalized for 90 days or more
10. Other
11. Nursing home closed and moved to another facility (excluded from analysis)
12. Died (excluded from analysis)
13. Non-demo: Transition services complete (excluded from analysis)
14. Completed 365 days of participation (excluded from analysis)

Methods

Numerical data for cases closed, cases transitioned and new referrals were obtained through Microsoft Access queries of MFP program data in the My Community Choices web-based tracking system. Data for this report was downloaded on May 4, 2020 from My Community Choices.

For the purposes of this analysis, cases closed under the last four closure codes (11-14 above) were excluded because programmatic changes would not affect their occurrence: nursing home (NH) closed and moved to another facility, died, non-demo: transition services complete, and completed 365 days of participation. Also excluded were any additional referrals from nursing home closures regardless of the case closure reason.

Section I: Status of Referrals made between January and December 2019

A total of 1,821 referrals were received during 2019. After excluding referrals that closed due to the following reasons: died (155), 365 days completed (7), and non-demo: transition services complete (4), the total number of referrals to be analyzed from 2019 is 1,655 which is slightly more than the 1,638 referrals in 2018. As of May 4, 2020, the status of these referrals was distributed as follows:

Table 1: Current status for 2019 referrals compared to 2018 (as of 5/4/2020)

Current Status	2019 Referrals	2019 %	2018* Referrals	2018 %
Closed (w/out transitioning)	681	41	486	30
Recommend Closure Approved (w/out transitioning)	6	0	44	3
Recommend Closure Initiated (w/out transitioning)	13	1	16	1
Transitioned (total)	302	18	227	14
- Open cases	290	18	220	13
- Closed	10**	1	3**	0
- Closure approved	1	0	3	0
- Closure initiated	1	0	1	0
In Progress (total)	653	40	865	53
- Application screened	0	0	1	0
- Assigned to Field	34	2	296	18
- Informed Consent Signed	214	13	239	15
- Care Plan Approved	372	23	315	19
- Transition Plan Submitted	12	1	4	0
- Transition Plan Approved	21	1	10	1
Total	1,655		1,638	

* Statuses for referrals in 2018 were as of 2/19/19

** These cases transitioned and closed and are included in the total closed cases.

Of the 1,655 referrals made in 2019, 41 percent (681) had closed as of 5/4/20 and another 1 percent (21) were in the closure process (closure recommended, initiated, or approved). There were 302

(18%) referrals from 2019 that transitioned (Table 1). As of May 2020, 42% (700) of referrals from 2019 had either closed without transition or were in the process of closing without transition. Another 40% (653) were still active in the transition process.

Cases referred in 2019 that transitioned (302) or closed (691) by May 4, 2020 were categorized by region, Home and Community-Based Services (HCBS) package, and target population (Tables 2, 3, 4). Table 5 shows closures in 2019 compared to 2018 by reason closed.

The regional percentage of referrals transitioned ranged from 16% in North Central to 23% in Southwest (Table 2) whereas in 2018 the range was from 12% (North Central) to 18% (Southwest). Regional percentages of referrals closed ranged from 38% in the Northwest and Southwest regions to 46% in South Central in 2019; in 2018 the range was from 23% (Eastern) to 34% (Southwest). The lower numbers in 2018 are likely due to the later analysis date in 2019 (May, 2019 versus February, 2018).

Table 2: Transitions and closures as of 5/4/20 for referrals made in 2019

Region	Referrals	Transitioned		% of total transitions (n=302)	Closed		% of total closures (n=691)
		#	% (of refs. in each region)		#	% (of refs. in each region)	
Eastern	123	24	20	8	54	44	8
North Central	585	91	16	30	243	42	35
Northwest	251	53	21	18	95	38	14
South Central	472	82	17	27	215	46	31
Southwest	224	52	23	17	84	38	12
Total	1655	302			691		

About 92 percent of referrals transitioned into one of four HCBS packages in 2019: one of the CT Home Care Program for the Elderly (CHCPE) waivers/plans (46%), the Personal Care Assistance (PCA) waiver (20%), the Mental Health waiver (MHW)/Mental Health State Plan (MHSP) (15%), or the Physical Disability State Plan (PDSP) (11%) (Table 3). Another 3 percent transitioned under the Acquired Brain Injury waiver (ABI), as well as the Developmental Disability waiver (DDS-C). This pattern is different from 2018 when the majority of referrals transitioned by means of one of three HCBS packages: one of the CHCPE waivers/plans (47%), PDSP (28%), or PCA waiver (17%). In 2019, less than 1 percent of closed referrals (n=4) did not have an assigned HCBS package which is less than the 7% without an HCBS package in 2018.

Table 3: Transitions and closures of referrals from 2019 by HCBS package

HCBS Package	Transitioned	%	Closed without transition	%
ABI	10	3	27	4
CHCPE	1	0	290	42
CHCPE-AFL	6	2	2	0
CHCPE-AL	2	0	1	0
CHCPE-PCA-AB	88	29	20	4
CHCPE-PCA-LI	33	11	2	0
CHCPE-PCA-SD	11	4	5	1
CHCPE-S	2	0	3	0
DDS	0	0	9	1
DDS-C	8	3	0	0
DDS-IFS	0	0	1	0
KB	0	0	1	0
MHW/MHSP	46	15	119	17
OTHER	1	0	1	0
PCA/PCA-S/PCA-AFL	61	20	169	25
PDSP	33	11	27	4
Total	302		681*	

* 4 closed cases were missing an HCBS package

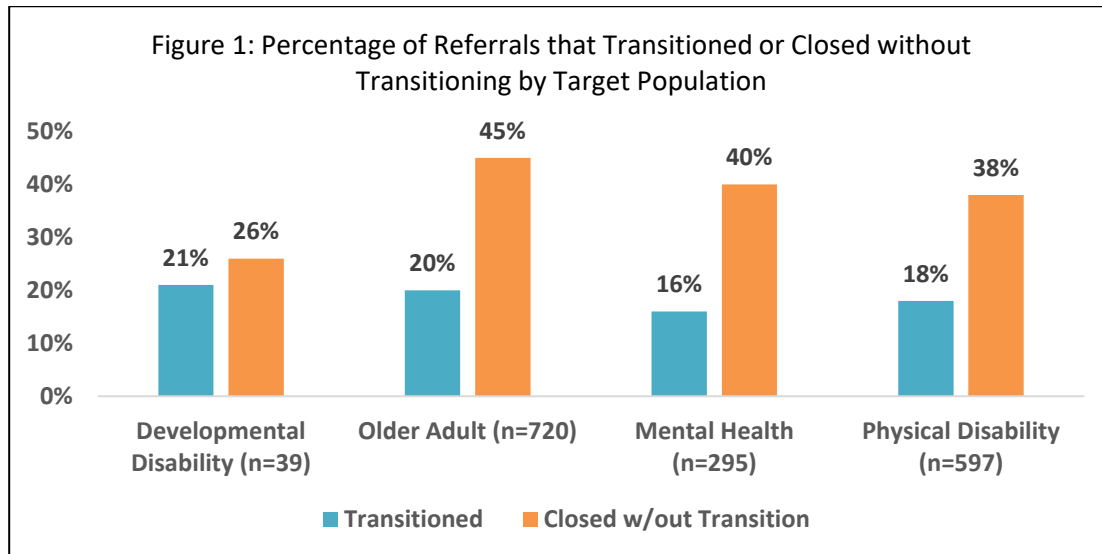
When analyzed by target population, the greatest percentage of transitions (47%) was for participants who were 65 years of age or older, followed by participants with a physical disability (35%) and those in the mental health target population (15%); together these HCBS packages account for 97 percent of transitions (Table 4). This is different from 2018 when the highest percentage of transitions (48%) was for participants with a physical disability who were under 65 years of age, followed closely by adults 65 and older (47%). The current year had a much higher percentage of transitions in the mental health target population (15% 2019 vs. 2% 2018), partially attributable to reclassifying some people into the MHSP from PDSP group.

Table 4: Transitions and closures of referrals from 2019 by target population

Target Population	Transitioned	%	Closed without transition	%
Developmental Disability	8	3	10	2
Older adults (age 65+)	143	47	323	47
Mental Health	46	15	119	17
Physical Disability (< 65)	105	35	225	33
Total	302		681*	

* 4 closed cases were missing a target population

There were some differences with respect to the percentage of referrals within each group which transitioned or closed without transition (see Figure 1). The percentage of referrals which transitioned ranged from a low of 16% of the mental health referrals to a high 21% of developmental disability referrals. The percentage of referrals which closed without transitioning varied more widely, from a low of 26% of developmental disability referrals to almost half (45%) of the older adult referrals. Between 38 to 40 percent of physical and mental health disability referrals also closed without transitioning.



As seen in Table 5, 23% of referrals closed in 2019 due to transitioning before the informed consent was signed. This represents a substantial decrease from 33% in 2018. In 2019 cases closed due to participants changing their mind was 20%, the same as in 2018, while the percentage of referrals closed because the participant would not cooperate with the care planning decreased by two percent from 2018 (23%) to 2019 (21%). Cases closed due to exceeding physical health needs more than doubled in 2019 (14%) from 2018 (6%). Other reasons cases closed in 2019 varied slightly from 2018.

Table 5: Closures from 2019 referrals by reason compared with 2018

Closure Reason	2019 Cases	2019 %	2018 Cases	2018 %
Transitioned to community before informed consent signed	157	23	161	33
Participant changed mind & would like to remain in the facility	140	20	100	20
COP/Guardian refused participation	63	9	34	7
Exceeds physical health needs	97	14	31	6
Participant would not cooperate with care planning process	147	21	112	23
Other	16	2	18	4
Exceeds mental health needs	18	3	5	1
Participant not aware of referral & does not wish to participate	43	6	20	4
Reinstitutionalized for 90 days or more	7	1	3	0.6
Participant moved out of state	3	0.4	5	1
Total	691		489	

Section II: Comparison of Closed Cases by Year, 2009-2019

During 2019, MFP experienced 1,655 referrals, 535 transitions and 1,425 closures (referrals and closures exclude those that closed due to the four excluded reasons; transitions and closures are regardless of referral year (see Figure 2). The decrease in transitions in 2019 follows a notable trend which began in 2017. Cases closed increased by over 40%, from 990 in 2018 to 1425 in 2019.

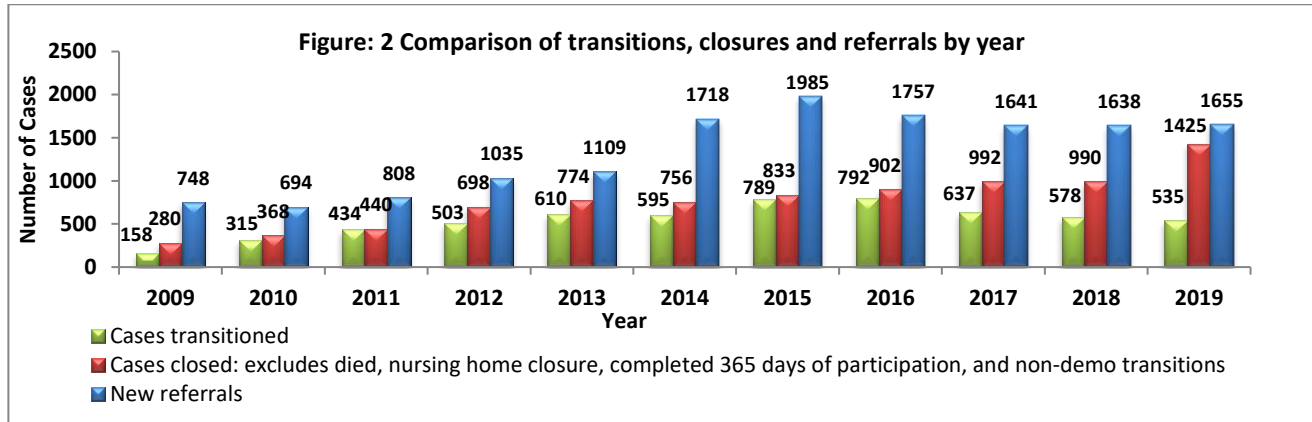
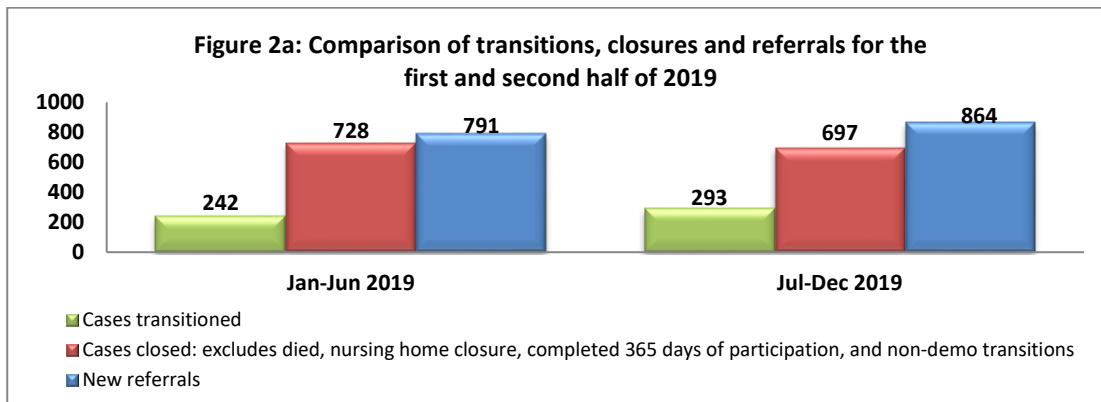
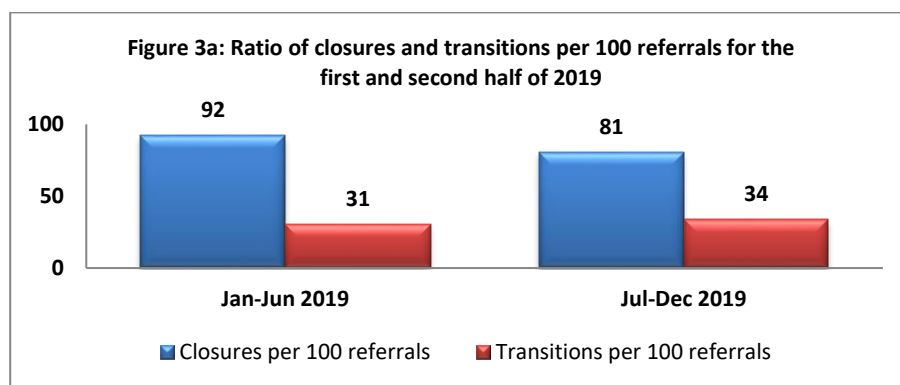
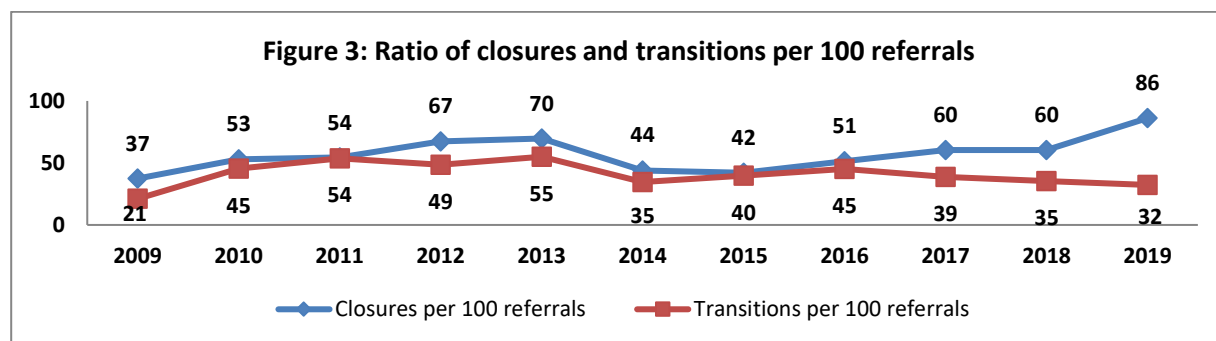


Figure 2a compares transitions, closures and referrals between the first and second half of 2019. It is interesting to note that there were fewer referrals and more closures in the first half of the year and more transitions in the second half, which differs from 2018 when there were more referrals and closures in the first half of the year.

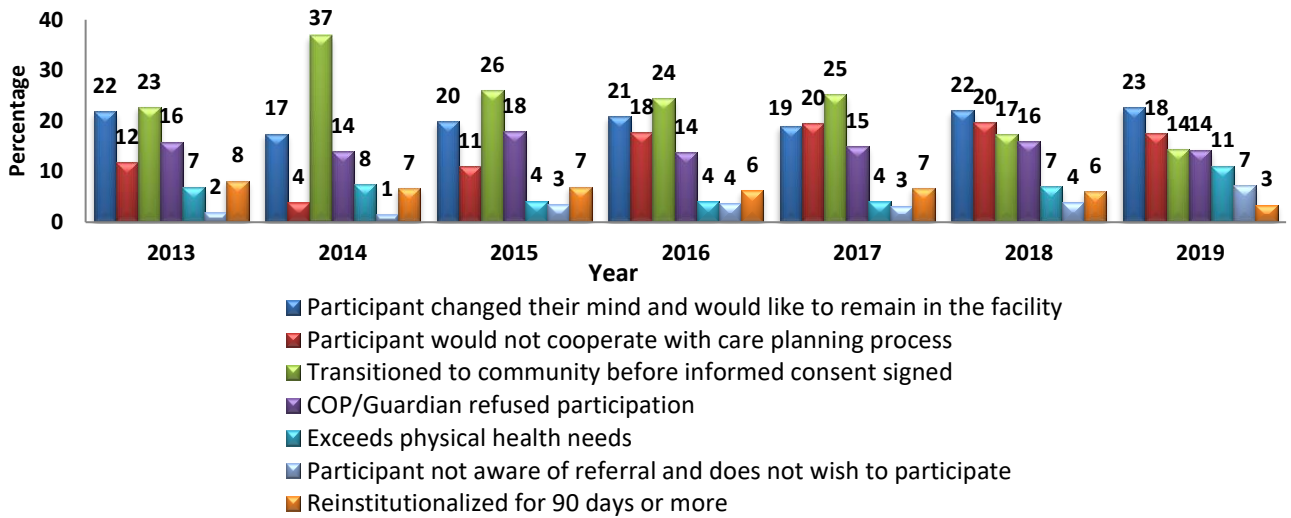


Continuing the trend of prior years, in 2019 the CT MFP program closed relatively more cases than it transitioned (see Figures 3 and 3a). This year closures per 100 referrals rose to 86, the highest it has been, while transitions per 100 referrals went down from 35 to 32. Dividing the year into halves shows closures per 100 referrals were notably greater in the first half of 2019 (92 closures per 100 referrals), compared to 81 in the second half.



Considering all cases that closed in 2019 regardless of referral year (n=1,425 without the four excluded closure reasons), the three most frequent reasons cases closed accounted for over half of closures (see Figure 4). The top reason cases closed in 2019 was “Participant changed their mind and would like to remain in the facility,” accounting for 23% of closures; it was also the top reason cases closed in 2018. As in 2018, the second most frequent reason for closing a case during 2019 was “Participant would not cooperate with care planning process,” which accounted for 18% of closures in 2019. Two closure reasons each made up 14% of closures in 2019: “Participant transitioned to the community before the informed consent was signed” and “COP/Guardian refused participation.” These last three closure reasons were each chosen two to three percentage points less often in 2019 than in 2018. The percentage of cases closed in 2019 because of high physical health needs (11%) was four percentage points higher than in 2018 and seven percentage points higher than in 2017. The final two reasons closed, “Participant not aware of referral and does not wish to participate” (7%) and “Re-institutionalization of 90 days or more” (3%) and were within three percentage points of 2018 numbers.

Figure 4: Percentage of cases closed under the top seven reasons of 2019



Section III: Analysis of Cases Closed Between January and December 2019

A total of 2,194 cases were closed during 2019, regardless of the year they were referred to MFP. Cases that closed due to the following four reasons were excluded: died (313), completed 365 days of participation (397), non-demo transition services complete (37), and nursing home closed and participant moved to another facility (22), leaving 1,425 closed cases for analysis in the remainder of this report. Table 6 shows basic characteristics of cases that closed for each reason. More detailed analysis was completed by reviewing the case notes and other “My Community Choices” web information for a random sample of cases for each closure reason.

Table 6: Characteristics of consumers whose cases closed in 2019

Closure Reasons	Closures N (%)	Female N (%)	Male N (%)	Age		% 65 or older	Days from referral to closure	
				Range	Avg		Range	Avg
Participant changed their mind and would like to remain in the facility	323 (23)	184 (27)	139 (19)	28-97	69	60	14-2898	531
Participant would not cooperate with care planning process	250 (18)	114 (16)	136 (19)	1-99	61	38	3-2194	352
Transitioned to community before informed consent signed	206 (14)	89 (13)	117 (16)	0-101	58	32	3-1070	137
COP/Guardian refused participation	204 (14)	113 (16)	91 (12)	2-98	67	60	2-3592	727
Exceeds physical health needs	159 (11)	67 (10)	92 (13)	4-102	66	57	21-2565	561
Reinstitutionalized for 90 days or more	49 (3)	25 (4)	24 (3)	46-92	65	41	n/a	n/a
Other	84 (6)	29 (4)	55 (8)	13-100	66	62	0-1797	575
Participant not aware of referral and does not wish to participate	103 (7)	56 (8)	47 (6)	19-94	67	56	2-2064	467
Exceeds mental health needs	37 (3)	13 (2)	24 (3)	32-85	58	19	30-1939	520
Participant moved out of state	10 (1)	4 (1)	6 (1)	0-80	52	30	66-914	472
Total	1425	694	731	X	X	X	X	X

Note: Percent totals may not equal 100 due to rounding.

The most frequent closure reason, “Participant changed their mind and would like to remain in the facility” accounted for 23 percent of the closures in 2019 (n=323). Similar to previous years, these cases indicated the main reasons participants changed their mind were adapting to the facility and feeling comfortable living there, perceiving their physical or mental health needs were significant and would be better met at a facility, and liking the socialization at the facility. The average length of time from referral to closure was 531 days, with a range of 14 to 2,898 days. This group had the oldest average age of 69 years (see Table 6).

Below are a few quotes from case notes that highlight common explanations of why participants changed their mind and decided to stay in the facility:

- *“Due to lack of informal support system and inability to create and maintain safe care plan in the community consumer agrees to close case at this time with the understanding he can re-refer to MFP at any time.”*
- *“Client has determined that she is happy where she is and is going to choose to stay there.”*
- *“SCM followed up again with client’s son, and son let SCM know that client has decided to stay in facility. His health has declined and he does not feel safe leaving.”*

Eighteen percent (n=250) of cases closed in 2019 because the participant would not cooperate with the care planning process. These participants were comparatively younger (average age 61) and had one of the shorter average number of days from referral to closure which was still almost a full year (352 days). Lack of cooperation in establishing Medicaid eligibility played a role in some of these cases. Additionally, there were participants who left the facility against medical advice as well as those who left before their eligibility for the MFP program was established, even though they had signed an informed consent.

- *“Consumer transitioned prior to an approved care plan and without MFP supports.”*
- *“Client did not establish t-19 [Title 19] and left before transition plan was approved.”*
- *“Consumer declined assessment. Wants to discharge this week.”*
- *“Over income for T-19, refuses pooled trust.”*

“Transitioned to community before informed consent signed” was the third most common reason cases were closed in 2019, accounting for 206 cases (14%). Cases closing for this reason were often closed because the client discharged from the facility prior to meeting MFP eligibility requirements or leaving the facility against medical advice without signing an informed consent. Ten percent of these cases (n=20) were never assigned to the field because they left the institution before assignment, which was a slight increase from 2018 (9%). Consumers who closed for this reason had an average age of 58, and 32 percent were age 65 or older. The average length of time from referral to closure was 137 days, which was the shortest length of time for all the closure reasons.

Fourteen percent (n=204) of cases closed in 2019 due to “COP/Guardian refused participation.” As in years prior, two of the main reasons COPs and guardians cited for their decision were a decline in consumer health from the time of the referral and lack of appropriate care provided for the consumer at home. Closures for this reason had the highest average number of days (n=727) from referral to closure with a range from 2 to 3,592 days and an average age of 67. It should be noted that this reason for closure includes consumers with legally appointed conservators of person, legal guardians and powers of attorney (POAs), and in some cases a family member who is making medical decisions due to consumer’s inability, although that person has not legally been appointed. Some descriptive case notes include:

- *“Client's family would like client to stay in NF long-term due to client's decline in health and not being able to take care of self with supports and was safety risk.”*
- *“The clients COP had an opportunity to review the proposed care plan which did not provide for 24 hour services. The clients COP reported that she is not able to provide the additional informal supports the client needs upon return to community living.”*
- *“Consumer currently in inpatient locked unit at SNF secondary to diagnosis of dementia with behavioral disturbances. He does not find her safe to live within the community independently or within RCH secondary to her behavior or dementia diagnosis.”*

Exceeding physical health needs accounted for 11% of closures (n=159). Over fifty percent of consumers closed for this reason were in one of the CHCPE HCBS packages (n=90), 25% were in PCA/PDSP (n=40), 11% had a MH package (n=17), 5% had a DDS package (n=8), and 2% were in ABI (n=3). Average age for this group was 66. The average number of days from referral to closure was 561 for cases closed for this reason, the third highest length of time for all cases closed in 2019. Representative quotes from cases closed for this reason include:

- *“Consumer and POA agree, needs wound healing and more strengthening.”*
- *“Spouse and daughter cannot provide necessary BUP [back up plan].”*
- *“Moved to hospice level of care.”*

“Re-institutionalization for 90 days or more” accounted for 3% of overall closures (n=49). These participants had an average age of 65 with a range from 46 to 92 years old. A few primary factors contributed to participants needing to be readmitted long-term to an institution including: multiple hospitalizations and declining health concerns.

- *“COP had client admitted to stay in [the nursing facility] long-term due to decline in health.”*
- *“Client's family would like client to stay in NF [nursing facility] long-term due to client's decline in health and multiple hospitalizations.”*

Seven percent of referrals were closed for the reason “Participant not aware of referral and does not wish to participate” (n=103). These participants had an average age of 67 with 56% aged 65 years or older. The average number of days from referral to closure was 467 days. Some representative quotes include:

- *“Consumer will transition home with CHCPE, no active T19.”*
- *“MFP case was administratively opened due to CFC referral, then institutionalization. Consumer is currently an inpatient at the hospital.”*

Reasons for closing a case due to exceeding mental health needs accounted for 3% of overall closures (n=37). In 2019 this group had an average of 520 days between referral and closure and an average age of 58 years. Similar to findings from past years, these participants mainly had diagnoses of major depression, anxiety, and bipolar disorder. Other frequent issues were substance use and dementia.

- *“Has a history of DUIs and substance abuse. Family not supportive of transition to community due to history of violent tendencies, substance and domestic abuse.”*
- *“Consumer not appropriate for waiver services secondary to dementia diagnosis.”*

Finally, one percent of cases closed in 2019 because the consumer moved out of state (n=10). The average age for participants whose cases closed because they moved out of state was 52 years of age, with 30 percent age 65 or older. A quote from cases closed for this reason:

- *“Consumer will be transitioning out of state to live with family.”*

The closure reason with the lowest average amount of time from referral to closure was “Transitioned to community before informed consent signed” at 137 days, followed by participants who would not cooperate with the care planning process (352 days). The closure reasons with the highest average amount of time from referral to closure were “COP/guardian refused participation” (727 days), “Other” (575 days) and “Exceeds physical health needs” (561). These were followed by “Participant changed their mind and would like to remain in the facility” (531 days) and “Exceeds mental health needs” (520 days).

Transition Challenges

The distribution of the transition challenges for cases closed in 2019 was similar to the previous year (see Table 7). Services and supports (18%) was the greatest challenge in 2019, as it was in 2018. Physical health and mental health were the next most common challenges, each affecting 16% of cases. Consumer engagement and housing were the next each at 13%. Other challenges were financial (7%), legal (6%), and others involved (4%).

Table 7: Transition challenges by category for cases closed in 2019 and 2018

Transition Challenges	2019 %	2018 %
Services & Supports	18	18
Physical health	16	14
Mental health	16	13
Engagement	13	11
Housing	13	12
Financial	7	7
Legal	6	5
Involved others	4	3
Facility	3	3
Waiver	3	2
MFP	2	2
Other	1	1

Consumers with services and supports challenges most often faced problems related to a lack of PCA, home health, or other paid support staff (32%) and lack of an unpaid caregiver (including family or friends) to provide needed care or informal support (19%; data for challenge subcategories not shown). Over half (53%) of those with physical health challenges had the sub-challenge “Current, new, or undisclosed physical health problem or illness.” Consumers with mental health challenges most often had the subcategory “Current, new, or undisclosed mental health problem or illness” (34%).

Conclusion

In 2019 there were 1,655 referrals, 535 transitions and 1,425 closures (referrals and closures exclude those that closed due to the four excluded reasons; transitions and closures are regardless of referral year). In 2018 MFP experienced 1,638 referrals, 578 transitions, and 990 closures. There was a substantial increase in the number of cases that closed without transitioning this year. The continued decrease in transitions in 2019 follows a notable trend which began in 2017.

The top reason for case closure in 2019 was “Participant changed their mind and would like to remain in the facility” (23%) which was also the top reason in 2018 (22%). This year the gap in the ratio of closures per 100 referrals was 86, an increase from 60 in 2018, and the 2019 transitions per 100 referrals was 32 compared to 35 in 2018.

In 2019 consumers’ cases closed due to the participant changing their mind and wanting to remain in the facility had the highest average age (69), compared to 2018, when consumers closing because they were not aware of the referral and did not want to participate had the highest average age (75). This year the second highest average age was 67 years for both the reasons “COP/Guardian refused participation” and “Participant not aware of referral and does not wish to participate.” Cases closed due to the participant moving out of state had the lowest average age (52) in 2019, different from 2018 when the reason “Other” had the lowest average age (53).

In 2019 the reason “Participant changed their mind and would like to remain in the facility” had the highest percentage of females (27%). This year the two reasons that had the highest percentage of males were “Participant changed their mind and would like to remain in the facility” and “Participant would not cooperate with care planning process” each at 19%.

Participant changed their mind and would like to remain in the facility” also had the highest percentage of all closed cases (23%). Quite a few cases closed for this reason due to participant’s belief that their needs could be best met in a facility, with some participants having had a decline in health since applying to MFP. Socialization and familiarity with life at the facility were two other common reasons participants mentioned for changing their mind. Perhaps the SCM or TC could use motivational interviewing to explore a participant’s concerns about socialization or living in the community and come up with some alternatives to closing the case. Unfortunately, the COVID-19 pandemic is making socialization very difficult, whether one is residing at a facility or in the community. Until a vaccine is available, TCs will need to continue to be creative in finding opportunities for socialization in the community. Looking toward the future, perhaps MFP could work with already transitioned consumers who overcame similar concerns and who might be willing to share their experiences with others still in a facility.

The second highest closure reason in 2019 was “Participant would not cooperate with the care planning process” (18%). Lack of cooperation in establishing Medicaid eligibility played a role in these cases, as well as some consumers leaving the facility against medical advice or before becoming eligible for MFP, even though the consumer had signed an informed consent. Possible ways to address this might be to increase assistance with Medicaid eligibility and to continue the work with motivational interviewing.

In 2019, 14 percent of cases closed because the participant transitioned to the community before the informed consent was signed compared to 2018 when 17% closed for this reason, which continues the decrease that has been happening over the last few years. Similar to 2018, these cases often did not meet the MFP 90 day length of stay requirement before leaving the facility or left the facility against medical advice prior to signing an informed consent.

Closures due to the COP or guardian refusing participation decreased by two percent, from 16% in 2018 to 14% in 2019. Similar to previous years, many of these family members had concerns about safety or getting 24 hour care in the community. MFP might consider ways the SCMs and TCs could respond to these concerns, such as motivational interviewing techniques and increasing access to Support and Planning Coaches, Adult Family Homes and caregiver supports and training.

Only three percent of closures in 2019 were due to prolonged reinstitutionalization which is lower than the 6% in 2018 and 7% in 2017. Effective prevention of reinstitutionalization is still a key priority. In 2019 the percentage of cases closed due to consumers exceeding physical health needs was higher (11%) compared to last year (7%). In 2019, as well as the previous four years, “Closed due to exceeding mental health needs” was not in the top seven closure reasons, accounting for just 3% of cases closed. However, given how long these cases were open, it is likely these two percent of cases are especially challenging.

Acronyms and Abbreviations

The list below provides an explanation of abbreviations and acronyms used for the waivers and other terms in this report.

ABI	Acquired Brain Injury Waiver
ADL	Activities of Daily Living
AMA	Against Medical Advice
CHCPE	CT Home Care Program for Elders Waivers or Programs
CHCPE-AFL	CT Home Care Program for Elders Waivers (Adult Family Living)
CHCPE-AL	CT Home Care Program for Elders Waivers (Assisted Living)
CHCPE-PCA-AB	Personal Care Assistance Waiver (Agency-Based)
CHCPE-PCA-LI	Personal Care Assistance Waiver (Live-in)
CHCPE-PCA-SD	Personal Care Assistance Waiver (Self-Directed)
CHCPE-S	CT Home Care Program for Elders Waivers (Standard)
CI/Clt	Client
CHF	Congestive Health Failure
CO	Central Office
COE	Conservator of Estate
COP	Conservator of Person
COPD	Chronic Obstructive Pulmonary Disease
DDS	Department of Developmental Services Waiver
DDS-C	Department of Developmental Services (Comprehensive Waiver)
DSS	Department of Social Services
Dtr	Daughter
HC	Housing Coordinator
HCBS	Home and Community Based Services
HTN	Hypertension (high blood pressure)
LTC	Long Term Care
MFP	Money Follows the Person
MHW	Mental Health Waiver
MHSP	Mental Health State Plan
PCA	Personal Care Assistance Waiver
PCA-AFL	Personal Care Assistance Waiver (Adult Family Living)
PCA-S	Personal Care Assistance Waiver (Standard)
PCAs	Personal Care Assistants
PDSP	Physical Disability State Plan
POA	Power of Attorney
SCM	Specialized Care Manager
SNF	Skilled Nursing Facility
SW	Social Worker
TC	Transition Coordinator
T-19	Title 19 Medicaid
UA	Universal Assessment
VNA	Visiting Nurse Association