Money Follows the Person Rebalancing Demonstration

Closed Cases Report
For 2023

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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 community settings by transitioning 5,425. A total of 7,932 MFP participants had transitioned as of December 31, 2023. 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. To view the Closed Cases Reports online please visit: UConn Health Center on Aging.

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 2023*. Section II shows a comparison of *cases closed during each of the fourteen years* of the MFP program (2009-2023), and Section III provides specifics on *all cases closed during 2023*, 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 2023 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 were downloaded on February 27, 2024 from My Community Choices.

For the purposes of this analysis, cases closed under the last four closure reasons (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 2023

A total of 1,807 referrals were received during 2023. After excluding referrals that closed due to the following reasons: died (79), NH closed and moved to another facility (23), 365 days completed (0) and non-demo: transition services complete (0), the total number of referrals to be analyzed from 2023 is 1,700 which is up by 2 from the 1,698 referrals in 2022. As of February 27, 2024, the status of these referrals was distributed as follows:

Table 1: Current status for 2023 referrals compared to 2022

Current Status	2023 Referrals	2023 %	2022* Referrals	2022 %
Closed (w/out transitioning)	807	48	732	43
Recommend Closure Approved (w/out transitioning)	4	<1	12	1
Recommend Closure Initiated (w/out transitioning)	3	<1	8	1
Transitioned (total)	177	10	182	11
- Open cases	173	10	177	10
- Closed	4**	<1	4**	<1
- Closure approved	0	0	0	0
- Closure initiated	0	0	1	0
In Progress (total)	709	42	764	45
- Application received/screened	0	0	0	0
- Assigned to Field	76	4	56	3
- Informed Consent Signed	185	11	208	12
- Care Plan Approved	412	24	462	27
- Transition Plan Submitted	23	1	16	1
- Transition Plan Approved	13	1	22	1
Total	**1,700**		**1,698**	

* Statuses for referrals in 2022 were as of 3/7/23
** These cases transitioned and closed and are included in the total closed cases.

Of the 1,700 referrals made in 2023, 48% (811) had closed as of 2/27/24 and 0.4% (7) were in the closure process (closure initiated or approved). There were 177 (10%) referrals from 2023 that had transitioned as of February 27, 2024 (Table 1). In addition, 48% (814) of referrals from 2023 had either closed without transition or were in the process of closing without transition. Another 42%

(709) were still active in the transition process. In 2023 the number of referrals that closed without transition (48%) was 5% more than in 2022.

Cases referred in 2023 that transitioned (177) or closed (807) by February 27, 2024 were categorized by region, home and community-based services (HCBS) package, and target population (Tables 2, 3, 4). Table 5 shows closures in 2023 compared to 2022 by reason closed.

The regional percentage of referrals in 2023 that transitioned ranged from 8% in Southwest to 11% in the North Central, Northwest and South Central regions (Table 2). There was a wider range in 2022, from 9% (North Central) to 17% (Eastern). Regional percentages of referrals closed ranged from 45% in the Southwest region to 50% in the Northwest in 2023; in 2022 the range was from 35% (Eastern) to 50% (Southwest).

Table 2: Transitions and closures for referrals made in 2023

| Region | Referrals | Transitioned | | | Closed | | |
		#	% (of refs. in each region)	% of total transitions (n=177)	#	% (of refs. in each region)	% of total closures (n=807)
Eastern	167	17	10	10	79	47	10
North Central	559	61	11	35	264	47	34
Northwest	228	25	11	14	115	50	14
South Central	484	52	11	29	231	48	28
Southwest	262	22	8	12	118	45	14
Total	1700	177			807		

Over half of referrals (54%) transitioned into the CT Home Care Program for Elders (CHCPE) waiver in 2023 (Table 3). Other transitioned referrals were to the Personal Care Assistance (PCA) waiver (22%), the Mental Health waiver (MHW)/Mental Health State Plan (MHSP) (11%), or the Physical Disability State Plan (PDSP)/Physical Disability-Community First Choice (PD-CFC) (5%). Another 2% transitioned under a Developmental Disability waiver (DDS-IFS, DDS-C), 1% under the ABI waiver.

Table 3: Transitions and closures of referrals from 2023 by HCBS package

HCBS Package	Transitioned	%	Closed without transition	%
ABI	1	<1	31	4
CHCPE	1	<1	370	46
CHCPE-AB	62	35	47	6
CHCPE-AFL	4	2	0	0
CHCPE-AL	4	2	0	0
CHCPE-C1	0	0	1	<1
CHCPE-LI	18	10	4	1
CHCPE-SD	9	5	3	<1

|				
DDS	0	*0*	8	*1*
DDS-C	1	*<1*	1	*<1*
DDS-IFS	3	*2*	0	*0*
KBW	0	*0*	0	*0*
MHW	7	*4*	48	*6*
MHSP	12	*7*	72	*9*
OTHER	1	*<1*	0	*0*
PCA	3	*2*	166	*21*
PCA-AB	32	*18*	45	*6*
PCA-AFL	2	*1*	1	*<1*
PCA-CFC	3	*1*	4	*1*
PD-CFC	2	*1*	0	*0*
PDSP	7	*4*	5	*1*
RCH	5	*3*	0	*0*
Total	177		807	

* NOTE: 1 missing HCBS package

When analyzed by target population, the greatest percentage of transitions (58%) was for participants who were 65 years of age or older, followed by participants with a physical disability (29%) and those in the mental health target population (11%); together these HCBS packages account for 98% of transitions (Table 4). In 2022 there was a similar distribution with the highest percentage of transitions (50%) for participants who were 65 years of age or older, followed by those who had a physical disability (35%).

Table 4: Transitions and closures of referrals from 2023 by target population

Target Population	Transitioned	%	Closed without transition	%
Developmental Disability	4	*2*	9	*1*
Older adults (age 65+)	103	*58*	425	*53*
Mental Health	19	*11*	120	*15*
Physical Disability (< 65)	51	*29*	252	*31*
Total	177		807	

* NOTE: 1 missing target population

There were some differences with respect to the percentage of referrals within each target group which transitioned or closed without transition (see Figure 1). The percentage of referrals which transitioned ranged from a low of 8% of physical disability and mental health referrals to a high 12% of older adult referrals. The percentage of referrals that closed without transitioning varied more widely, from a low of 26% of developmental disability referrals to just over 50% of older adult and mental health referrals.

Figure 1: Percentage of Referrals that Transitioned or Closed without Transitioning by Target Population
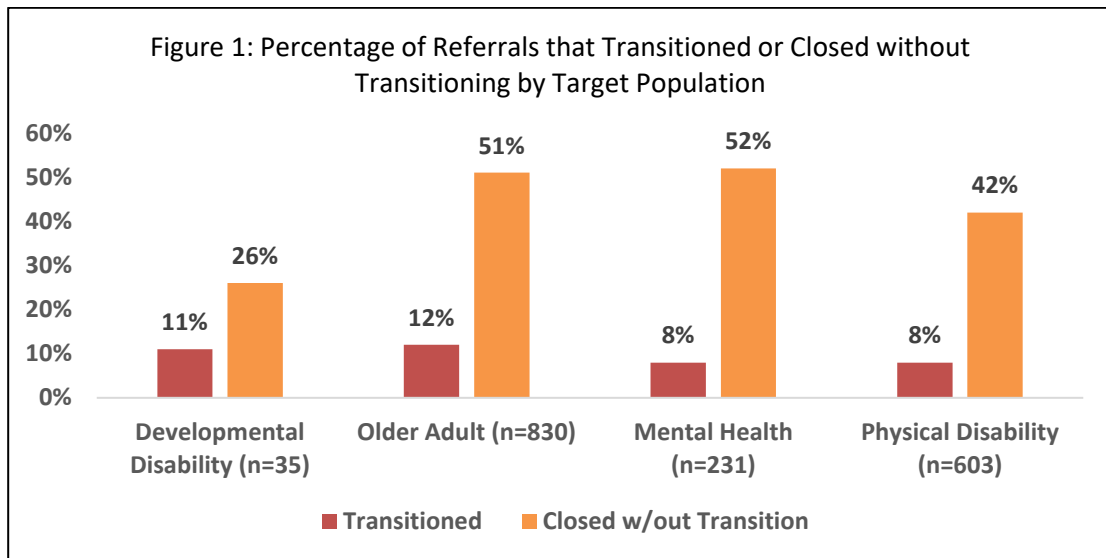
As shown in Table 5, 21% of referrals closed in 2023 due to transitioning before the informed consent was signed. This represents a slight decrease from 22% in 2022. Twenty-one percent of cases in 2023 closed due to the participant not cooperating with the care planning process, a substantial decrease from 28% in 2022. In 2023 cases closed due to participants changing their mind was 17%, compared to 18% in 2022. Cases closed due to exceeding physical health needs increased in 2023 (14%) from 2022 (13%).

Table 5: Closures from 2023 referrals by reason compared with 2022

Closure Reason	2023 Cases	2023 %	2022 Cases	2022 %
Transitioned to community before informed consent signed	172	*21*	161	*22*
Participant changed mind & would like to remain in the facility	139	*17*	134	*18*
COP/Guardian refused participation	62	*8*	35	*5*
Exceeds physical health needs	113	*14*	92	*13*
Participant would not cooperate with care planning process	169	*21*	205	*28*
Other	47	*6*	30	*4*
Exceeds mental health needs	43	*5*	23	*3*
Participant not aware of referral & does not wish to participate	60	*7*	49	*7*
Reinstitutionalized for 90 days or more	2	*<1*	1	*<1*
Participant moved out of state	4	*<1*	6	*<1*
Total	811		736	

Section II: Comparison of Closed Cases by Year, 2009-2023

During 2023, MFP experienced 1,700 referrals, 482 transitions, and 1,264 closures (Figure 2). Referrals and closures exclude those that closed due to the four excluded reasons, and transitions and closures are regardless of referral year. There was an increase in transitions in 2023, following a significant decrease in 2021 and 2022. The number of cases closed has continued to rise in 2023, after a notable decrease in 2021: 913 cases in 2021, 1,178 in 2022, and 1,264 in 2023. The number of referrals has also increased in 2023, demonstrating ongoing and increasing interest in transitioning to the community through MFP.

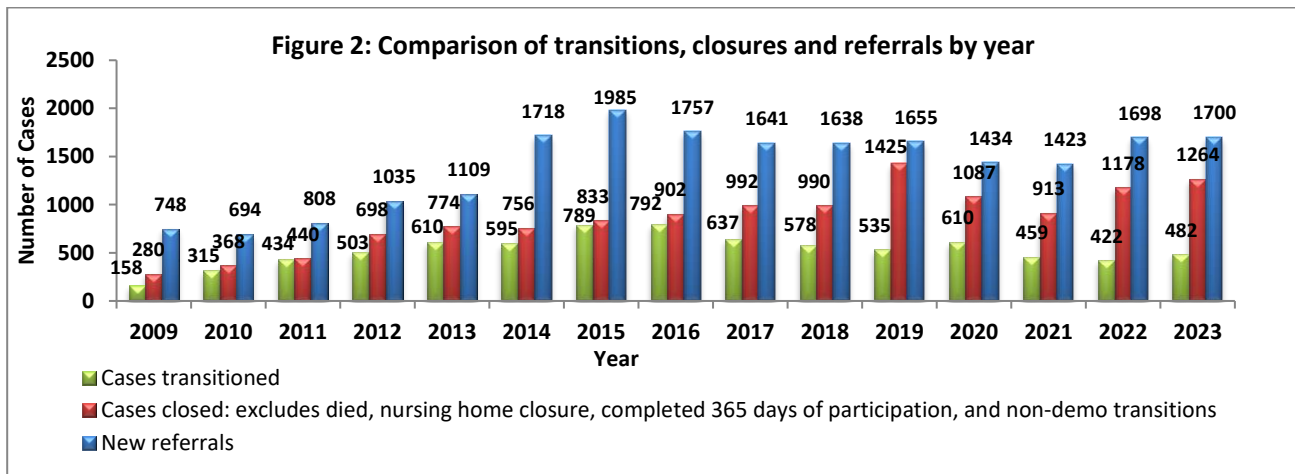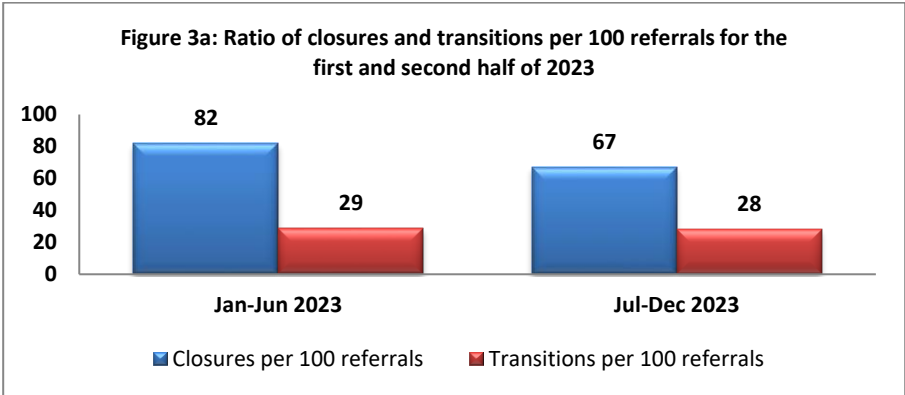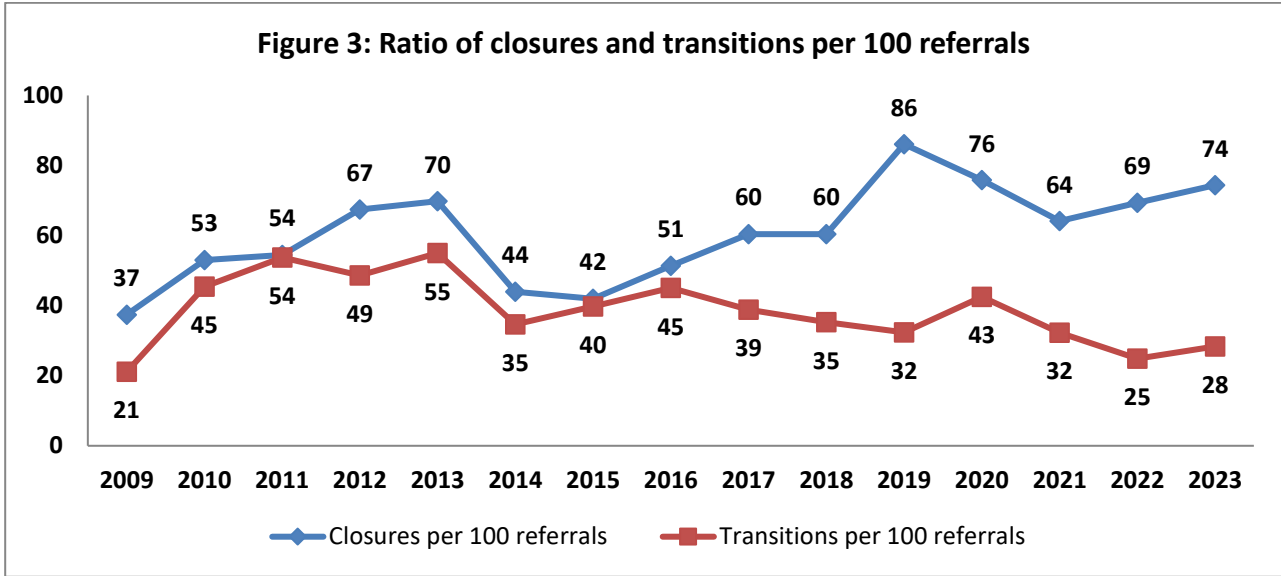Figure 2: Comparison of transitions, closures and referrals by year

Figure 2a compares transitions, closures and referrals between the first and second half of 2023. It is interesting to note that there were fewer referrals, and more closures and transitions in the first half of the year.

Figure 2a: Comparison of transitions, closures and referrals for the first and second half of 2023
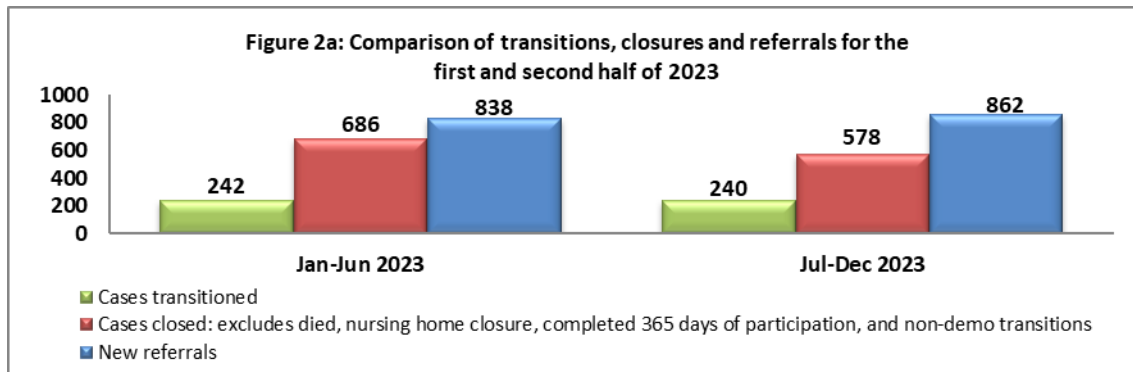
Continuing the trend of prior years, in 2023 the CT MFP program closed more cases than it transitioned (see Figures 3 and 3a). This year there were 74 closures per 100 referrals and 28 transitions per 100 referrals, an increase in both closures and transitions from last year (69 closures per 100 referrals and 25 transitions per 100 referrals in 2022). Dividing the year into two parts shows transitions per 100 referrals were similar in both halves of the year, but closures were greater in the first half of 2023 (82 closures per 100 referrals), compared to 67 in the second half.

Figure 3: Ratio of closures and transitions per 100 referrals

Year	Closures per 100 referrals	Transitions per 100 referrals
2009	37	21
2010	53	45
2011	54	54
2012	67	49
2013	70	55
2014	44	35
2015	42	40
2016	51	45
2017	60	39
2018	60	35
2019	86	32
2020	76	43
2021	64	32
2022	69	25
2023	74	28

Figure 3a: Ratio of closures and transitions per 100 referrals for the first and second half of 2023

	Closures per 100 referrals	Transitions per 100 referrals
Jan-Jun 2023	82	29
Jul-Dec 2023	67	28

Considering all cases that closed in 2023 regardless of referral year (n=1,264), the three most frequent reasons cases closed accounted for more than half of closures (see Figure 4). The top reason cases closed in 2023 was "Participant would not cooperate with care planning process," accounting for 22% of closures. The second most common reason cases closed was due to participant changing their mind and wanting to remain in the facility (22%). Finally, 16% of cases closed because physical health needs exceeded community care plan capacity.

Figure 4: Percentage of cases closed under the top eight reasons of 2023

Legend:
- Participant would not cooperate with care planning process
- Participant changed their mind and would like to remain in the facility
- Exceeds physical health needs
- Transitioned to community before informed consent signed
- COP/Guardian refused participation
- Exceeds mental health needs
- Participant not aware of referral and does not wish to participate
- Reinstitutionalized for 90 days or more

*Closure reason 'Other' consisted of 6% (n=77) of closed cases and was excluded from Figure 4.

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Section III: Analysis of Cases Closed Between January and December 2023

A total of 1,839 cases were closed during 2023, regardless of the year they were referred to MFP. Cases that closed due to the following four reasons were excluded: died (222), completed 365 days of participation (305), non-demo transition services complete (20), and nursing home closure (28) leaving 1,264 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 2023

Closure Reasons	Closures N (%)	Female N (%)	Male N (%)	Age Range	Avg	% 65 or older	Days from referral to closure Range	Avg
Participant would not cooperate with care planning process	280 (22)	98 (17)	182 (27)	1-91	60	36	7-2984	261
Participant changed their mind and would like to remain in the facility	273 (22)	140 (24)	133 (19)	1-98	69	67	12-2302	355
Exceeds physical health needs	199 (16)	98 (17)	101 (15)	1-94	64	52	7-3135	347
Transitioned to community before informed consent signed	169 (13)	76 (13)	93 (14)	4-96	63	42	1-520	40
COP/Guardian refused participation	87 (7)	36 (6)	51 (7)	29-92	66	59	4-2799	323
Participant not aware of referral and does not wish to participate	65 (5)	29 (5)	36 (5)	22-94	66	55	3-2030	89
Exceeds mental health needs	74 (6)	35 (6)	39 (6)	24-91	65	47	14-2482	359
Other	77 (6)	40 (7)	37 (5)	20-93	63	39	1-2656	264
Reinstitutionalized for 90 days or more	29 (2)	19 (3)	10 (2)	42-88	67	55	270-1653	621
Participant moved out of state	11 (1)	6 (1)	5 (1)	27-78	52	18	7-830	273
Total	1264	577	687	X	X	X	X	X

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

As shown in Table 6, the most frequent closure reason, "Participant would not cooperate with the care planning process" accounted for 22% of the closures in 2023 (n=280). 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 many individuals who left before their eligibility for the MFP program was established, even though they had signed an informed consent. These participants were comparatively younger (average age 60) and had one of the shorter average number of days from referral to closure (261 days). Some descriptive case notes include:

- *"SCM [specialized care manager] attempted to visit consumer however was notified by receptionist that consumer left AMA [against medical advice] over the weekend."*

- *"SCM [specialized care manager] verified that consumer does not have Medicaid. SCM explained that this case has been open for over a year without movement. COP [conservator of person] reported that she is working on this and would like to close the case until consumer is Medicaid eligible."*

- *"Consumer was admitted to hospital from SNF [skilled nursing facility] in May 2023 and did not return to SNF after discharge (whereabouts unknown)."*

The next most frequent reason was the participant changed their mind and would like to remain in the facility at 22% (n=273). Similar to previous years, these cases indicated the main reasons participants changed their mind were because they perceived their physical or mental health needs as significant and felt they would be better met at a facility, as well as feeling safer at the facility. The average length of time from referral to closure was 355 days, with a range of 12 to 2,302 days. This group had an average age of 67 years.

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:

- *"Consumer prefers to remain in the SNF [skilled nursing facility] to help manage his complex medical issues which were determined to be a significant safety risk in the community."*

- *"Consumer stated that she would like to remain in SNF [skilled nursing facility] at this time, as she is unsure what her sons are able to do for her."*

- *"[Consumer] reported that he does not feel comfortable. He stated that he's nervous and does not want to be a burden to his family."*

Exceeding physical health needs accounted for 16% of closures (n=199). Average age for this group was 64. The average number of days from referral to closure was 347 for cases closed for this reason, the fourth longest length of time for all cases closed in 2023. Representative quotes from cases closed for this reason include:

- *"The consumer needs 24hr care to live independently and has no EBUP [emergency back-up plan]."*

- *"Consumer has extensive hands-on care that requires 2 person assist for 4/5 ADLs [activities of daily living]. He also requires 2 person assist with Hoyer lift transfers. Consumer doesn't have any support in community and will need strong support system in community to assist with hands on care."*

- *"Individual's needs exceed the services offered by MFP [Money Follows the Person], individual has no natural supports and would not be able to safely transition/live in the community and currently meets level of care in the nursing home."*

"Transitioned to community before informed consent signed" was the fourth most common reason cases were closed in 2023, accounting for 169 cases (13%). 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. Consumers who closed for this reason had an average age of 63, and 42% were age 65 or older. The average length of time from referral to closure was 40 days, which was the shortest length of time for all the closure reasons.

In 2023, 7% (n=87) of cases closed 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 for the consumer in the community. Closures for this reason had an average age of 66, and the average number of days from referral to closure was 323. It should be noted that this reason for closure includes consumers with legally appointed conservators of person, legal guardians, 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:

- *"COP [conservator of person] stated that client went to hospital on Friday due to kidneys not functioning properly. COP states that it's best for client to stay in nursing facility and for client to receive the care that she is receiving."*

- *"COP [conservator of person] indicated that until consumer has the surgery and can perform ADLs [activities of daily living] independently, there will be no transition into the community until then."*

- *"POA [power of attorney] informed SCM [specialized care manager] that currently the participant does not have anyone to assist with unmet needs post transition. POA opted to have participant remain in the SNF [skilled nursing facility] at this time."*

Reasons for closing a case due to exceeding mental health needs accounted for 6% of overall closures (n=74). This group had an average of 359 days between referral and closure and an average age of 65 years. Similar to findings from past years, these participants mainly had diagnoses of depression and anxiety. Other frequent issues were substance use and dementia.

- *"Consumer is not stable psychiatrically and presents with significant safety risks that cannot be mitigated with available supports and services. She remains on a locked unit at the SNF [skilled nursing facility] for her safety."*

- *"Consumer has dementia diagnosis and requires continual supervision to manage memory deficits, elopement risk, and redirection."*

Five percent of referrals (n=65) were closed for the reason "Participant not aware of referral and does not wish to participate." These participants had an average age of 66 with 55% age 65 years or older. The average number of days from referral to closure was 89 days, the second lowest of all the reasons. Some representative quotes include:

- *"Consumer states that he does not want to wait for MFP [Money Follows the Person] and his family will take him home and care for him."*

- *"Client informed SCM [specialized care manager] that she is not interested in MFP [Money Follows the Person] and refused to sign informed consent."*

"Re-institutionalization for 90 days or more" accounted for 2% of overall closures (n=29). These participants were readmitted to a facility within the first year after transition. They had an average age of 67 with a range from 42 to 88 years old. A few primary factors contributed to participants needing to be readmitted long-term to an institution, including multiple hospitalizations, declining health concerns, and a shortage of care in the community.

- *"Consumer still has some wounds that need to heal in order to be able to get discharged."*

- *"Nurse also stated that client needs more care than 8 hours a day. Client will be going to short term rehab. Nurse suggests that program assigns more hours for client due to his needs."*

Finally, 1% of cases closed in 2022 because the consumer moved out of state (n=11). The average age for participants whose cases closed because they moved out of state was 52 years of age. Only 18% of these individuals were age 65 or older in 2023, compared to 2022 and 2021 when 23% and 40%, respectively, were age 65 or older.

- *"Participant moved out of state with his daughter to Massachusetts."*

- *"SCM [specialized care manger] was informed that client discharged from the SNF [skilled nursing facility] to go live with her family in North Carolina."*

Transition Challenges

The distribution of the transition challenges for cases closed in 2023 was similar to the previous year (see Table 7). Services and supports (23%) was the greatest challenge in 2023, as it was in 2022. Physical health (17%) and mental health (15%) were the next most common challenges, followed by housing (12%) and consumer engagement (11%). Other challenges were legal and financial, both at 7%, facility (3%), waiver (2%), and involved others (1%).

Table 7: Transition challenges by category for cases closed in 2023, 2022 and 2021

Transition Challenges	2023 %	2022 %	2021 %
Services & Supports	23	20	19
Physical health	17	18	16
Mental health	15	17	16
Housing	12	11	10
Engagement	11	11	10
Legal	7	7	5
Financial	7	6	5
Facility	3	3	3
Waiver	2	2	2
Involved others	1	2	2
Other	1	1	0.3
MFP	1	1	1

In 2023, as in past years, consumers with services and supports challenges most often faced problems related to a lack of PCA, home health, or other paid support staff (29%), lack of transportation (20%), and a lack of an unpaid caregiver (including family or friends) to provide needed care or informal support (16%; data for challenge subcategories not shown). More than half (59%) 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" (43%).

Conclusion
In 2023 there were 1,700 referrals, 482 transitions and 1,264 closures (referrals and closures exclude those that closed due to the four excluded reasons; transitions and closures are regardless of referral year). All three numbers were slightly lower compared to 2022 when there were 2 fewer referrals (n=1,698), 60 fewer transitions (n=422), and 86 fewer closures (n=1,178). This year the gap in the ratio of closures per 100 referrals was 74, an increase from 69 in 2022, and the transitions per 100 referrals increased from 25 in 2022 to 28 in 2023. The top reason for case closure in 2023 was "Participant would not cooperate with care planning process" (22%), which was the most common closure reason in 2022 as well.

In 2023, 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 2022 when cases closed due to the participant not being aware of the referral and not wanting to participate had the highest age (70). Cases closed due to the participant moving out of state had the lowest average age of 52 in 2023. Cases closed due to the participant moving out of state and those closed with a reason of "Other" had the lowest average age (54-55) in 2022.

This year, the reason "Participant would not cooperate with care planning process" had the highest percentage of males (27%). There were several cases closed for this reason in 2023 that were related to the consumers leaving the facility to move in with a family member or friend without MFP approval or leaving without completing the required paperwork for MFP to determine eligibility. The closure reason "Participant changed their mind and would like to remain in the facility" had the

highest number of females (24%), with many feeling safer in the facility or feeling as though their needs could be better met with the level of care they currently received in the facility setting.

"Participant would not cooperate with care planning process" had the highest number of closed cases (280), followed by "Participant changed their mind and would like to remain in the facility" (273 cases closed). Lack of cooperation in establishing Medicaid eligibility or Connecticut residency 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.

The third highest closure reason in 2023 was "Exceeds physical health needs" (16%). A common theme for these cases was a lack of informal support and/or the ability to create a back-up plan.

In 2023, 13% of cases closed because the participant transitioned to the community before the informed consent was signed, compared to 2022 when 15% closed for this reason. Similar to 2022, these cases often did not meet the MFP 60 day length of stay requirement before leaving the facility, with an average of 40 days from referral to closure, or they left the facility against medical advice prior to signing an informed consent.

Closures due to the COP or guardian refusing participation represented 7% of all closures in 2023. Similar to previous years, many of these legal representatives or family members had concerns about safety or getting 24 hour care in the community. MFP might consider ways the SCMs and Transition Coordinators (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 2% of closures in 2023 were due to prolonged reinstitutionalization, a decrease from 4% in 2022. Effective prevention of reinstitutionalization is still a key priority. In previous years, "Closed due to exceeding mental health needs" was not one of the top seven closure reasons. However, in 2023 it accounted for 6% of cases closed, representing more cases closed than those closed due to prolonged reinstitutionalization.

Acronyms and Abbreviations

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

ABI	Acquired Brain Injury Waiver
ADL	Activities of Daily Living
AMA	Against Medical Advice
BUP	Back-up Plan
CFC	Community First Choice
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-C1	CT Home Care Program for Elders Waivers (Category 1)
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)
COP	Conservator of Person
DDS	Department of Developmental Services
DDS-C	Department of Developmental Services Waiver (Comprehensive Supports)
DDS-IFS	Department of Developmental Services Waiver (Individual and Family Supports)
DSS	Department of Social Services
HC	Housing Coordinator
HCBS	Home and Community-Based Services
KBW	Katie Beckett Waiver
MFP	Money Follows the Person
MHW	Mental Health Waiver
MHSP	Mental Health State Plan
PCA	Personal Care Assistance Waiver
PCA	Personal Care Assistance Waiver (Agency-based)
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
RCH	Residential Care Home
SCM	Specialized Care Manager
SNF	Skilled Nursing Facility
TC	Transition Coordinator