



# Money Follows the Person Rebalancing Demonstration

## Closed Cases Report For 2024

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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 8,392 MFP participants had transitioned as of December 31, 2024. 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 statuses, as well as number and percentage of transitioned and closed cases for *referrals made during 2024*. Section II shows a comparison of *cases closed during each of the fifteen years* of the MFP program (2009-2024), and Section III provides specifics on *all cases closed during 2024*, 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 2024 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. Conservator of person [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 queries of MFP program data in the My Community Choices web-based tracking system. Data for this report was downloaded on March 4, 2025 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 2024**

A total of 1,823 referrals were received during 2024. After excluding referrals that closed due to the following reasons: died (87), NH closed and moved to another facility (11), 365 days completed (2) and non-demo: transition services complete (2), the total number of referrals to be analyzed from 2024 is 1,721 which is up by 21 from the 1,700 referrals in 2023. As of March 4, 2025, the status of these referrals was distributed as follows:

**Table 1: Current status for 2024 referrals compared to 2023**

<b>Current Status</b>	<b>2024 Referrals</b>	<b>2024 %</b>	<b>2023* Referrals</b>	<b>2023 %</b>
<b>Closed (w/out transitioning)</b>	<b>816</b>	<b>47</b>	<b>807</b>	<b>48</b>
<b>Recommend Closure Approved</b> (w/out transitioning)	<b>0</b>	<b>0</b>	<b>4</b>	<b>&lt;1</b>
<b>Recommend Closure Initiated</b> (w/out transitioning)	<b>6</b>	<b>0.3</b>	<b>3</b>	<b>&lt;1</b>
<b>Transitioned (total)</b>	<b>165</b>	<b>10</b>	<b>177</b>	<b>10</b>
- Open cases	153	9	173	10
- Closed	3**	0.2	4**	<1
- Closure approved	0	0	0	0
- Closure initiated	6	0	0	0
<b>In Progress (total)</b>	<b>734</b>	<b>43</b>	<b>709</b>	<b>42</b>
- Application received/screened	0	0	0	0
- Assigned to Field	63	4	76	4
- Informed Consent Signed	283	16	185	11
- Care Plan Approved	366	21	412	24
- Transition Plan Submitted	17	1	23	1
- Transition Plan Approved	5	0.3	13	1
<b>Total</b>	<b>1,721</b>		<b>1,700</b>	

\* Statuses for referrals in 2023 were as of 2/27/24

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

Of the 1,721 referrals made in 2024, 48% (819) had closed as of 3/4/25 and <1% (6) were in the closure process (closure initiated or approved). There were 165 (10%) referrals from 2024 that had transitioned as of March 4, 2025 (Table 1). In addition, 48% (822) of referrals from 2024 had either

closed without transition or were in the process of closing without transition. Another 43% (734) were still active in the transition process. In 2024 the percentage of referrals that closed without transition (47%) was 1% less than in 2023.

Cases referred in 2024 that transitioned (165) or closed (816) by March 4, 2025, were categorized by region, home and community-based services (HCBS) package, and target population (Tables 2, 3, 4). Table 5 shows closures in 2024 compared to 2023 by reason closed.

The regional percentage of referrals in 2024 that transitioned ranged from 6% in Eastern to 11% in the Northwest region (Table 2). There was a slightly smaller range in 2023, from 8% (Southwest) to 11% (North Central). Regional percentages of referrals closed ranged from 39% in the Southwest region to 56% in the Eastern region in 2024; in 2023 the range was from 45% (Southwest) to 50% (Northwest).

**Table 2: Transitions and closures for referrals made in 2024**

Region	Referrals	Transitioned		% of total transitions (n=165)	Closed		% of total closures (n=816)
		#	% (of refs. in each region)		#	% (of refs. in each region)	
<b>Eastern</b>	187	12	6	7	104	56	13
<b>North Central</b>	519	52	10	32	240	46	29
<b>Northwest</b>	230	26	11	16	118	51	15
<b>South Central</b>	539	51	9	31	257	48	32
<b>Southwest</b>	246	24	10	15	97	39	12
<b>Total</b>	1721	165			816		

Over half of referrals (52%) transitioned into the CT Home Care Program for Elders (CHCPE) in 2024 (Table 3). Other transitioned referrals were to the Personal Care Assistance (PCA) waiver (23%), the Mental Health waiver (MHW)/Mental Health State Plan (MHSP) (14%), or the Physical Disability State Plan (PDSP)/Physical Disability-Community First Choice (PD-CFC) (3%). Another 3% transitioned under a Developmental Disability waiver (DDS, DDS-IFS, DDS-C), and 4% transitioned to residential care homes without waiver services.

**Table 3: Transitions and closures of referrals from 2024 by HCBS package**

HCBS Package	Transitioned	%	Closed without transition	%
ABI	0	0	37	5
CHCPE	0	0	392	48
CHCPE-AB	66	40	38	5
CHCPE-AFL	3	2	2	<1
CHCPE-AL	2	1	0	0
CHCPE-C1	0	0	0	0
CHCPE-LI	8	5	2	<1
CHCPE-SD	6	4	7	1
DDS	2	1	3	<1
DDS-C	2	1	0	0
DDS-IFS	2	1	0	0
KBW	0	0	0	0
MHW	4	2	48	6
MHSP	20	12	52	6
OTHER	0	0	0	0
PCA	2	1	172	21
PCA-AB	28	17	33	4
PCA-AFL	0	0	0	0
PCA-CFC	9	5	2	<1
PD-CFC	2	1	1	<1
PDSP	3	2	23	3
RCH	6	4	0	0
<b>Total</b>	165		812*	

\* NOTE: 4 missing HCBS package

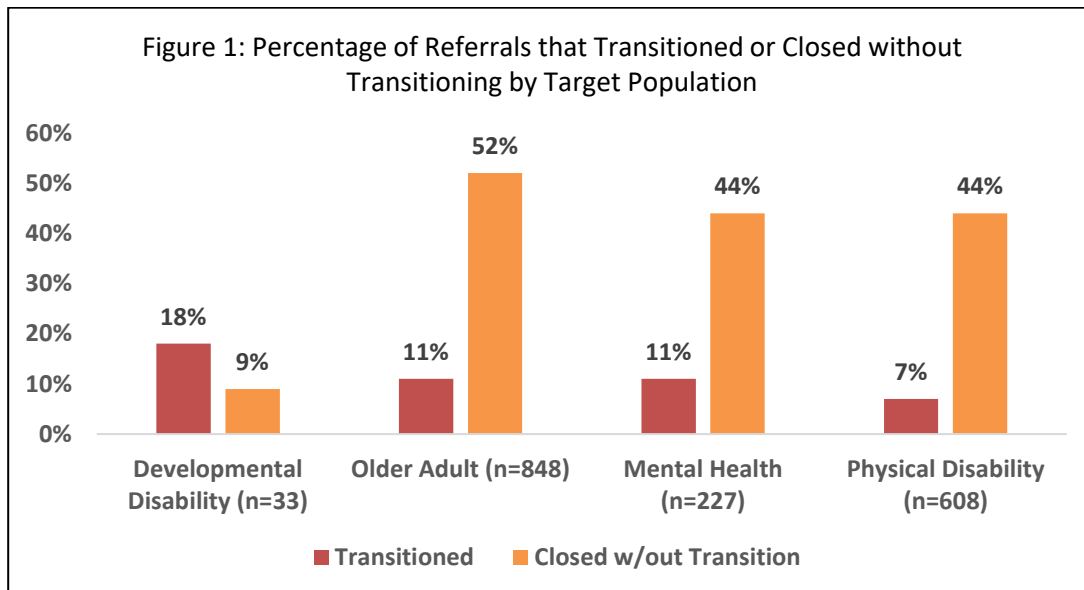
When analyzed by target population, the greatest percentage of transitions (55%) was for participants who were 65 years of age or older, followed by participants under age 65 with a physical disability (27%) and those in the mental health target population (15%); together these HCBS packages account for 97% of transitions (Table 4). In 2023 there was a similar distribution, with the highest percentage of transitions (58%) for participants who were 65 years of age or older, followed by those under age 65 who had a physical disability (29%).

**Table 4: Transitions and closures of referrals from 2024 by target population**

Target Population	Transitioned	%	Closed without transition	%
Developmental Disability	6	4	3	<1
Older adults (age 65+)	91	55	441	54
Mental Health	24	15	100	12
Physical Disability (< 65)	44	27	268	33
<b>Total</b>	<b>165</b>		<b>812*</b>	

\* NOTE: 4 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 that transitioned ranged from a low of 7% of physical disability referrals to a high 18% of developmental disability referrals. The percentage of referrals that closed without transitioning ranged from a low of 9% of developmental disability referrals to just over 50% of older adult referrals.



As shown in Table 5, 16% of referrals closed in 2024 due to transitioning before the informed consent was signed. This represents a decrease from 21% in 2023. Twenty-seven percent of cases in 2024 closed due to the participant not cooperating with the care planning process, an increase from 21% in 2023. In 2024 cases closed due to participants changing their mind was 15%, compared to 17% in 2023. Fourteen percent of cases closed due to exceeding physical health needs in both 2023 and 2024. Another 11% of referrals in 2024 closed due to the participant not aware of referral and does not wish to participate, an increase from 7% in 2023.

**Table 5: Closures from 2024 referrals by reason compared with 2023**

Closure Reason	2024 Cases	2024 %	2023 Cases	2023 %
Transitioned to community before informed consent signed	129	16	172	21
Participant changed mind & would like to remain in the facility	124	15	139	17
COP/Guardian refused participation	75	9	62	8
Exceeds physical health needs	111	14	113	14
Participant would not cooperate with care planning process	222	27	169	21
Other	15	2	47	6
Exceeds mental health needs	56	7	43	5
Participant not aware of referral & does not wish to participate	86	11	60	7
Reinstitutionalized for 90 days or more	0	0	2	<1
Participant moved out of state	1	<1	4	<1
<b>Total</b>	<b>819</b>		<b>811</b>	

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## **Section II: Comparison of Closed Cases by Year, 2009-2024**

During 2024, MFP experienced 1,721 referrals, 463 transitions, and 1,291 closures (Figure 2). Referrals and closures omit those that closed due to the four excluded reasons, and transitions and closures are regardless of referral year. There was a decrease in transitions in 2024, following an increase in 2023. The number of cases closed continued to rise in 2024, after notable decreases in 2020 and 2021: 1087 cases closed in 2020, 913 cases in 2021, 1,178 in 2022, and 1,264 in 2023. The number of referrals increased in 2024, demonstrating ongoing and increasing interest in transitioning to the community through MFP.

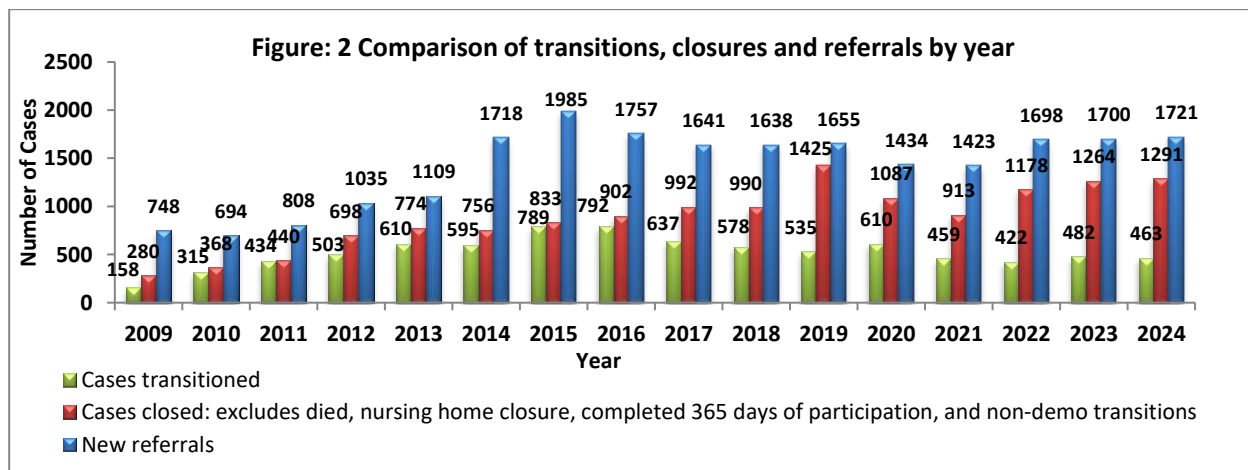
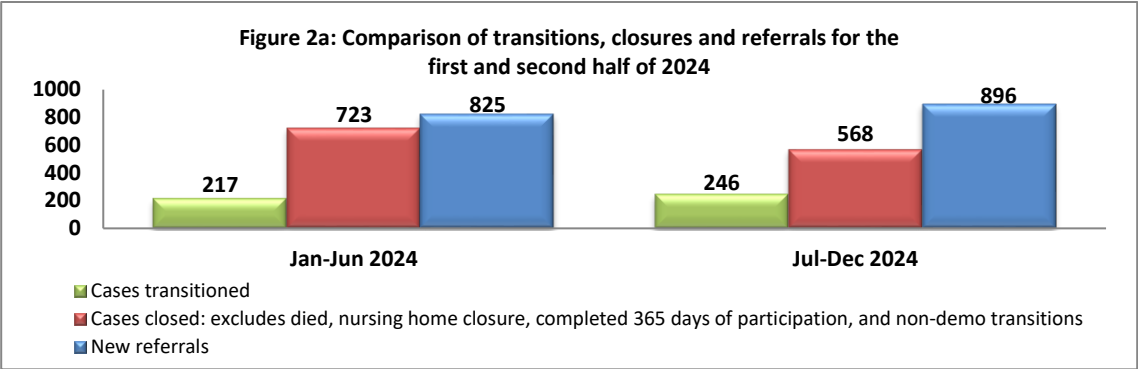
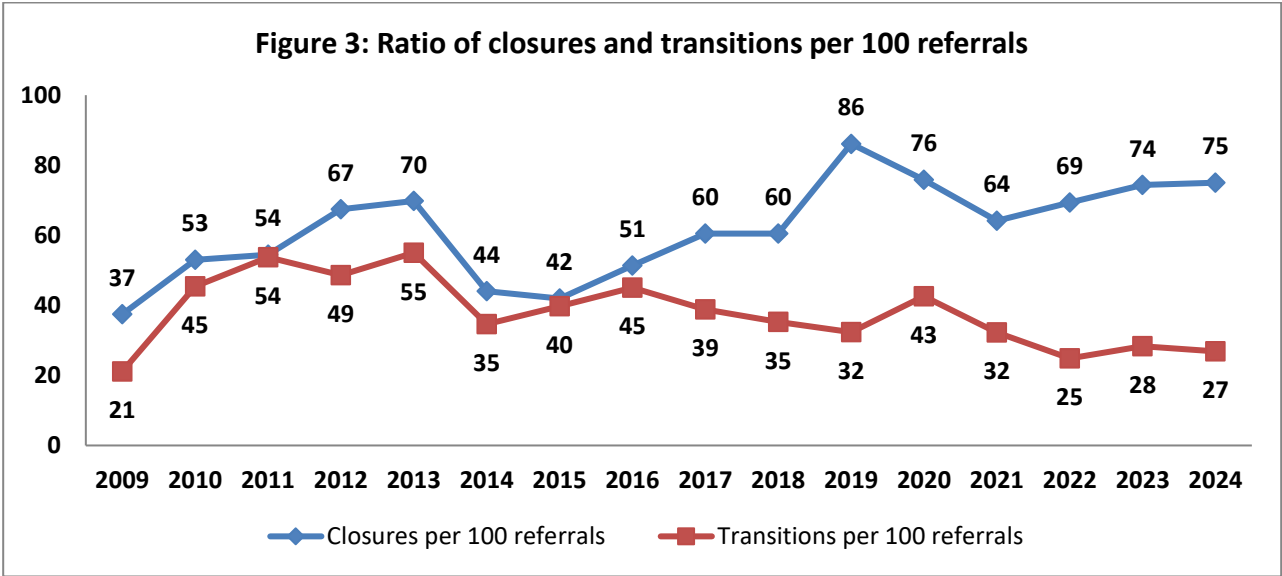


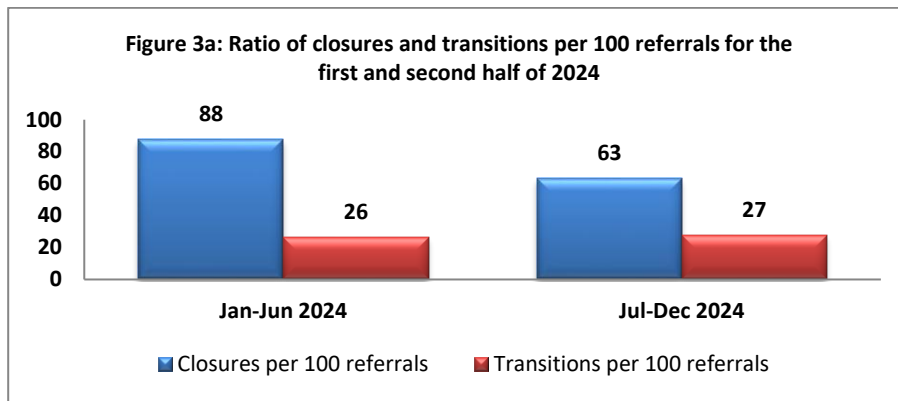
Figure 2a compares transitions, closures and referrals between the first and second half of 2024. It is interesting to note that there were fewer referrals and more closures in the first half of the year.



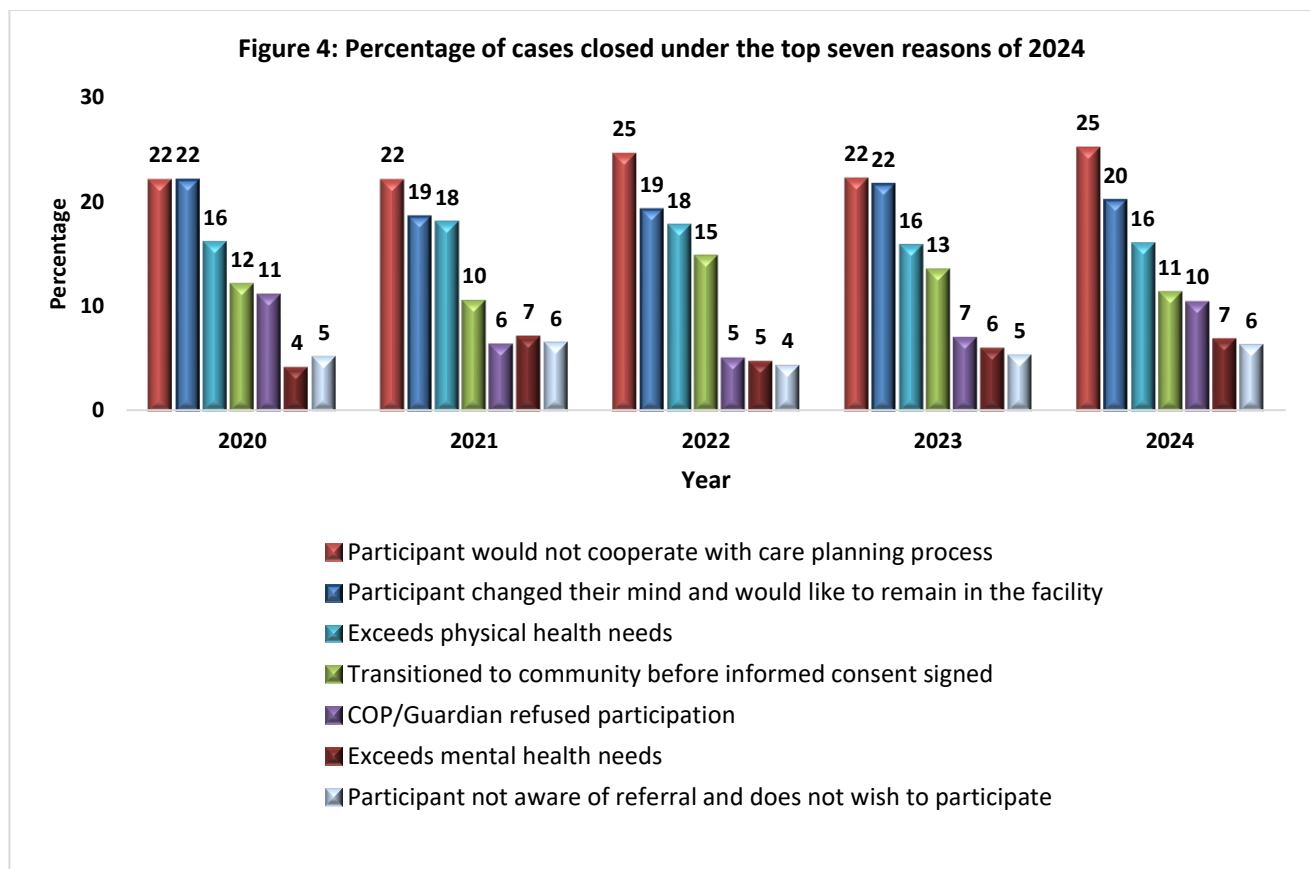
Continuing the trend of prior years, in 2024 the CT MFP program closed more cases than it transitioned (see Figures 3 and 3a). This year there were 75 closures per 100 referrals and 27 transitions per 100 referrals, almost identical to last year (74 closures per 100 referrals and 28 transitions per 100 referrals in 2023). 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 2024 (88 closures per 100 referrals) compared to 63 per 100 referrals in the second half.







Considering all cases that closed in 2024 regardless of referral year (n=1,291), the three most frequent reasons cases closed accounted for more than half of closures (see Figure 4). The top reason cases closed in 2024 was “Participant would not cooperate with care planning process,” accounting for 25% of closures. The second most common reason cases closed was due to participant changing their mind and wanting to remain in the facility (20%). Third, 16% of cases closed because their physical health needs exceeded community care plan capacity.



\*Closure reason ‘Other’ consisted of 3% (n=32 in 2024) of closed cases and was excluded from Figure 4.

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### **Section III: Analysis of Cases Closed Between January and December 2024**

A total of 1,870 cases were closed during 2024, regardless of the year they were referred to MFP. Cases that closed due to the following four reasons were excluded: died (209), completed 365 days of participation (309), non-demo transition services complete (45), and nursing home closure (16) leaving 1,291 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-based case management system information for a random sample of cases for each closure reason.

**Table 6: Characteristics of consumers whose cases closed in 2024**

Closure Reasons	Closures N (%)	Female N (%)	Male N (%)	Age		% 65 or older	Days from referral to closure	
				Range	Avg		Range	Avg
Participant would not cooperate with care planning process	324 (25)	142 (23)	182 (27)	15-97	62	39	4-2204	240
Participant changed their mind and would like to remain in the facility	259 (20)	126 (21)	133 (20)	<1-100	69	68	1-3484	355
Exceeds physical health needs	205 (16)	95 (16)	110 (16)	19-100	67	60	13-2696	327
Transitioned to community before informed consent signed	145 (11)	81 (13)	64 (9)	<1-98	60	40	2-483	49
COP/Guardian refused participation	133 (10)	57 (9)	76 (11)	1-102	64	53	5-2984	369
Exceeds mental health needs	87 (7)	43 (7)	44 (6)	32-95	65	52	8-2200	257
Participant not aware of referral and does not wish to participate	79 (6)	33 (5)	46 (7)	2-107	69	62	2-287	43
Other	32 (3)	22 (4)	10 (1)	17-79	53	19	1-1289	245
Reinstitutionalized for 90 days or more	19 (1)	9 (1)	10 (1)	53-92	70	63	317-1410	701
Participant moved out of state	8 (1)	3 (1)	5 (1)	12-83	59	63	49-602	357
<b>Total</b>	<b>1291</b>	<b>611</b>	<b>680</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>

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 25% of the closures in 2024 (n=324). 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 62) and had one of the shorter average number of days from referral to closure (240 days). Some descriptive case notes include:

- *“SCM [specialized care manager] received confirmation from FSW [facility social worker] and consumer that he went to the hospital and was discharged to a family member house instead of returning to SNF [skilled nursing facility].”*
- *“HC [housing coordinator] received response from FSW stating that client left AMA [against medical advice] on 2/7/24 and went to live with his girlfriend.”*
- *“TC [transition coordinator] attended a team's meeting with SCM and DSS eligibility worker to discuss consumer's ongoing issues with eligibility barriers in regard to the house that consumer signed over to consumer's daughter. Unfortunately, given the circumstances, the best plan of action will be to close the case for now and wait until July to then apply for Medicaid and go through the MFP process.”*

Twenty percent (n=259) of cases closed due to “The participant changed their mind and would like to remain in the facility.” 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. With an average age of 69, this group also had the highest percentage of consumers age 65 or older (68%). The average length of time from referral to closure was also one of the highest, 355 days.

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 was granted long-term care at the SNF and has chosen to remain in that level of care to manage consumer's needs.”*
- *“The client stated that client does not wish to continue with MFP because client is happy at a nursing facility, and every time client goes to an apartment, client ends up in a hospital and goes to a different nursing facility.”*

Exceeding physical health needs accounted for 16% of closures (n=205). Average age for this group was 67, and average number of days from referral to closure was 327. Representative quotes from cases closed for this reason include:

- *“SCM spoke with client's mother today. She agrees client's case should be closed - they can't support client's medical care at home. Client has been ill again.”*

- *“Client has extensive hands-on needs and lacks informal back up support in the community. Client understands that client can be referred again should the situation change.”*
- *“Consumer requires a 2nd assist with Hoyer. Consumer also lacks the BUP [back-up plan] supports needed due to hands on needs.”*

“Transitioned to community before informed consent signed” was the fourth most common reason cases were closed in 2024, accounting for 145 cases (11%). 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 were also younger (average age of 60). The average length of time from referral to closure was 49 days, which was the second shortest length of time for all the closure reasons.

In 2024, 10% (n=133) of cases closed due to “COP/Guardian refused participation.” Closures for this reason had an average age of 64, and the average number of days from referral to closure was 369. As in years prior, two of the main reasons conservators 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. 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 refused participation. Consumer has had multiple falls at the facility.”*
- *“SCM received a call back from [client’s] brother. He reports that the [client’s] children have been having some reservations about the client returning to the community and asked SCM to be patient with them. SCM told client’s brother he understands but this case will have to be closed if the IC [informed consent] is not returned to SCM by the end of this month.”*
- *“Consumer currently unable to manage dx [diagnosis] and behaviors in the community. COP has requested case closure and consumer is aware. COP and consumer aware re-referral can be made if status changes.”*

Reasons for closing a case due to exceeding mental health needs accounted for 7% of overall closures (n=87). This group had an average of 257 days between referral and closure and an average age of 65 years. Similar to findings from past years, these participants frequently had diagnoses of depression and anxiety. Other frequent issues were substance use and dementia.

- *“Consumer, per report, does not appear able to make decisions. Conservatorship is to be pursued. SCM connected with SCMS and determined this writer is to close case and consumer can be re-referred once a COP is appointed.”*

- *“Consumer exhibits uncontrolled behaviors at the SNF and has active psychiatric symptoms both of which preclude consumer from being transitioned to the community safely.”*

Six percent of referrals (n=79) were closed for the reason “Participant not aware of referral and does not wish to participate.” This group was also among the oldest, with an average age of 69 and 62% age 65 or older. The average number of days from referral to closure was 43 days, the shortest time of all closure reasons. While some of these consumers were already in the process of leaving and did not want any assistance from MFP, other consumers not aware of their referral were not interested in leaving the facility.

- *“SCM met with client on this date to review having assessment done. SCM reviewed the MFP program and client reported client can't stay at the SNF another day and at this point is working on going to a motel/hotel while client waits for an apartment to be ready. SCM informed client if discharged to a hotel client would not be eligible for the MFP program so client reported is not interested in having the assessment done.”*
- *“Consumer refused to sign informed consent to participate in IA [individual assessment]. Consumer reported that consumer would like to remain in SNF currently.”*

“Re-institutionalization for 90 days or more” accounted for 1% of overall closures (n=19). These participants were readmitted to a facility within the first year after transition. They had an average age of 70 with a range from 53 to 92 years old. A few primary factors contributed to participants needing to be readmitted long-term to an institution, including multiple hospitalizations, declining health, and a shortage of care in the community.

- *“Consumer is still not working with PT [physical therapist] or going to the SNF gym. Consumer needs to work on mobility and ability to do stairs before consumer can transition back home.”*
- *“Client has been re-institutionalized for over 120 days. Client provided letter to withdraw RAP [rental assistance program] certificate. Client was assigned a COP and they are aware of closure of MFP. Client is staying LTC [long-term care] at SNF.”*

Eight cases (1%) of cases closed in 2024 because the consumer moved out of state. The average age for these participants was 59, and the average number of days from referral to closure was 357.

- *“Client stated client changes mind about the pool trust, client's moving to Poland to be with family.”*
- *“Consumer discharged without MFP on 9/30 to move to CO [Colorado] with consumer's brother.”*

Three percent (n=32) of closed cases did not fit into the given closure categories. This group was the youngest with an average age of 53. Reasons for these closures included referrals from consumers living in a community setting and those who were not eligible for Medicaid

## Transition Challenges

The distribution of the transition challenges for cases closed in 2024 was similar to previous years (see Table 7). Services and supports (24%) was the greatest challenge in 2024, as it was in 2023. Physical health (17%) and mental health (16%) were the next most common challenges, followed by housing (11%) and consumer engagement (11%). Other challenges were legal and financial, both at 7%, facility (3%), waiver (2%), and involved others (2%).

**Table 7: Transition challenges by category for cases closed in 2024, 2023 and 2022**

Transition Challenges	2024 %	2023 %	2022 %
Services & Supports	24	23	20
Physical health	17	17	18
Mental health	16	15	17
Housing	11	12	11
Engagement	11	11	11
Legal	7	7	7
Financial	7	7	6
Facility	3	3	3
Waiver	2	2	2
Involved others	2	1	2
Other	1	1	1
MFP	1	1	1

Similar to previous years, consumers with services and supports challenges in 2024 most often faced problems related to a lack of PCA, home health, or other paid support staff (29%), lack of transportation (20%), and/or a lack of facility or community mental health services or supports (14%; 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” (42%).

## Conclusion

In 2024 there were 1,721 referrals, 463 transitions, and 1,291 closures (referrals and closures exclude those that closed due to the four excluded reasons; transitions and closures are regardless of referral year). Referrals were slightly higher compared to 2023 when there were 21 fewer referrals (n=1,700). There were 19 fewer transitions and 27 more closures in 2024 compared to 2023. This year the gap in the ratio of closures per 100 referrals was 75, almost the same as in 2023 (74), and the transitions per 100 referrals were also comparable, with 28 in 2023 and 27 in 2024. The top reason for case closure in 2024 was “Participant would not cooperate with care planning process” (25%), which was the most common closure reason in 2023 (22%) as well.

In 2024, consumers' cases closed due to the participant being reinstitutionalized for 90 days or more had the highest average age (70), compared to 2023 when cases closed due to the participant changing their mind and wanting to remain in the facility had the highest average age (69). Cases closed due to other reasons had the lowest average age of 53 in 2024. Cases closed due to the participant moving out of state had the lowest average age (52) in 2023.

One-quarter (25%, n=324) of cases in 2024 closed due to "Participant would not cooperate with care planning process," which is an increase from 22% in 2023. 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. This group may represent an opportunity for MFP to increase participant engagement. Some of these consumers might benefit from a type of "fast-track" transition process. The timing of these referrals may also play a role. Partnering with nursing homes to receive more timely referrals for consumers who are already planning to leave might increase these consumers' transition rate.

Twenty percent (n=259) of cases closed because the participant changed their mind and would like to remain in the facility. These consumers often had significant physical or mental health concerns and felt that their health care needs and safety would be better met at the facility. Another 16% of cases closed due to "Exceeds physical health needs." A common theme for these cases was a lack of informal support and/or the ability to create a back-up plan. Increased positive engagement using motivational interviewing and facilitating use of adult family homes could be two ways to prevent closures and increase the transitions for both of these groups of consumers. Utilizing Community First Choice so friends and family members could be paid to provide assistance could be an option for some of these consumers. Increased access to assistive technology and use of home modifications might also decrease these closures.

Another 11% of cases closed because the participant transitioned to the community before the informed consent was signed. Similar to 2023, these cases often did not meet the MFP 60-day length of stay requirement before leaving the facility, with an average of 49 days from referral to closure, or they left the facility against medical advice before signing an informed consent.

Closures due to the COP or guardian refusing participation represented 10% of all closures in 2024, an increase from 7% 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. Similar to cases closing due to significant physical health needs, MFP might consider ways the program could respond to these concerns, such as motivational interviewing techniques, caregiver supports and training, increased access to adult family homes, and increased access to assistive technology such as door alarms.

Exceeding mental health needs represented 7% of closures in 2024. Partnering with community behavioral health organizations might provide the increased support needed for those with more significant mental or emotional health concerns. Increased use of supportive community housing

arrangements and peer supports might also decrease closures for consumer with behavioral health concerns.

Only 1% of closures in 2024 were due to prolonged reinstitutionalization, a decrease from 2% in 2023 and 4% in 2022. Effective prevention of reinstitutionalization is still a key priority, as is providing timely care management and any increased supports needed to facilitate a return to the community.



## 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 & 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