Money Follows the Person Rebalancing Demonstration

Closed Cases Report For 2025

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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 8,803 MFP participants had transitioned as of December 31, 2025. In the early years of the demonstration, CT experienced a relatively high number of cases closed compared to cases transitioned. Therefore, an annual analysis of case closures is completed 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 sixteen years* of the MFP program (2009-2025), and Section III provides specifics on *all cases closed during 2025*, 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 2025 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 (MCC) web-based tracking system. Data for this report was pulled on March 2, 2026 from MCC.

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 2025

A total of 1,671 referrals were received during 2025. After excluding referrals that closed due to the following reasons: died (76), NH closed and moved to another facility (0), 365 days completed (0) and non-demo: transition services complete (4), the total number of referrals to be analyzed from 2025 is 1,591 which is down from 1,721 in 2024. As of March 2, 2026, the status of these referrals was distributed as follows:

Table 1: Current status for 2025 referrals compared to 2024

Current Status	2025 Referrals	*2025 %*	2024* Referrals	*2024 %*
Closed (w/out transitioning)	**785**	***49***	**816**	***47***
Recommend Closure Approved (w/out transitioning)	**3**	***0.2***	**0**	***0***
Recommend Closure Initiated (w/out transitioning)	**7**	***0.4***	**6**	***0.3***
Transitioned (total)	**131**	***8***	**165**	***10***
- Open cases	125	*8*	153	*9*
- Closed	6**	*0.3*	3**	*0.2*
- Closure approved	0	*0*	0	*0*
- Closure initiated	0	*0*	6	*0*
In Progress (total)	**665**	***42***	**734**	***43***
- Application received/screened	0	*0*	0	*0*
- Assigned to Field	75	*5*	63	*4*
- Informed Consent Signed	359	*23*	283	*16*
- Care Plan Approved	223	*14*	366	*21*
- Transition Plan Submitted	2	*0.1*	17	*1*
- Transition Plan Approved	6	*0.3*	5	*0.3*
Total	**1,591**		**1,721**	

* Statuses for referrals in 2024 were as of 3/4/25

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

Of the 1,591 referrals made in 2025, 49% (785) had closed as of 3/2/26 and 1% (10) were in the closure process (closure initiated or approved). There were 131 (8%) referrals from 2025 that had transitioned as of March 2, 2026 (Table 1). Another 42% (665) were still active in the transition

process. In 2025 the percentage of referrals that closed without transition (49%) was 2% more than in 2024.

Cases referred in 2025 that transitioned (131) or closed (789) by March 2, 2026, were categorized by region, home and community-based services (HCBS) package, and target population (Tables 2, 3, 4). Table 5 shows closures in 2025 compared to 2024 by reason closed.

The regional percentage of referrals in 2025 that transitioned ranged from 6% in Southwest to 10% in the Northwest region (Table 2). There was a slightly larger range in 2024, from 6% (Eastern) to 11% (Northwest). Regional percentages of referrals closed ranged from 52% in the South Central region to 58% in the Northwest region in 2025; in 2024 the range was from 39% (Southwest) to 56% (Eastern).

Table 2: Transitions and closures for referrals made in 2025

Region	Referrals	Transitioned #	Transitioned % (of refs. in each region)	% of total transitions (n=131)	Closed (without transitioning) #	Closed (without transitioning) % (of refs. in each region)	% of total closures (n=781)
Eastern	206	17	*8*	*13*	100	*53*	*13*
North Central	533	46	*9*	*35*	264	*54*	*34*
Northwest	182	19	*10*	*15*	94	*58*	*12*
South Central	443	35	*8*	*27*	211	*52*	*27*
Southwest	225	14	*6*	*11*	112	*53*	*14*
Total	1589*	131			781		

*Note: 2 additional referrals lived out of state.

Less than half of referrals (41%) transitioned into the CT Home Care Program for Elders (CHCPE) in 2025 (Table 3). Other transitioned referrals were to the Personal Care Assistance (PCA) waiver (24%), the Mental Health waiver (MHW)/Mental Health State Plan (MHSP) (8%), or the Physical Disability State Plan (PDSP)/Physical Disability-Community First Choice (PD-CFC) (10%). Another 10% transitioned under a Developmental Disability waiver (DDS, DDS-IFS, DDS-C), and 6% transitioned to residential care homes without waiver services.

Table 3: Transitions and closures of referrals from 2025 by HCBS package

HCBS Package	Transitioned	%	Closed without transition	%
ABI	1	*1*	39	*5*
CHCPE	0	*0*	323	*43*
CHCPE-AB	40	*31*	30	*4*
CHCPE-AFL	3	*2*	1	*<1*
CHCPE-AL	1	*1*	0	*0*
CHCPE-C1	0	*0*	0	*0*
CHCPE-LI	6	*5*	2	*<1*
CHCPE-SD	3	*2*	0	*0*
DDS	2	*2*	9	*1*
DDS-C	2	*2*	0	*0*
DDS-IFS	8	*6*	0	*0*
KBW	1	*1*	0	*0*
MHW	4	*3*	38	*5*
MHSP	7	*5*	22	*3*
OTHER	0	*0*	2	*<1*
PCA	0	*0*	246	*32*
PCA-AB	28	*21*	27	*3*
PCA-AFL	0	*0*	1	*<1*
PCA-CFC	4	*3*	4	*1*
PD-CFC	2	*2*	1	*<1*
PDSP	11	*8*	12	*2*
RCH	8	*6*	2	*<1*
Total	131		759*	

* NOTE: 28 missing HCBS package (24 closed and 4 pending, closure recommended)

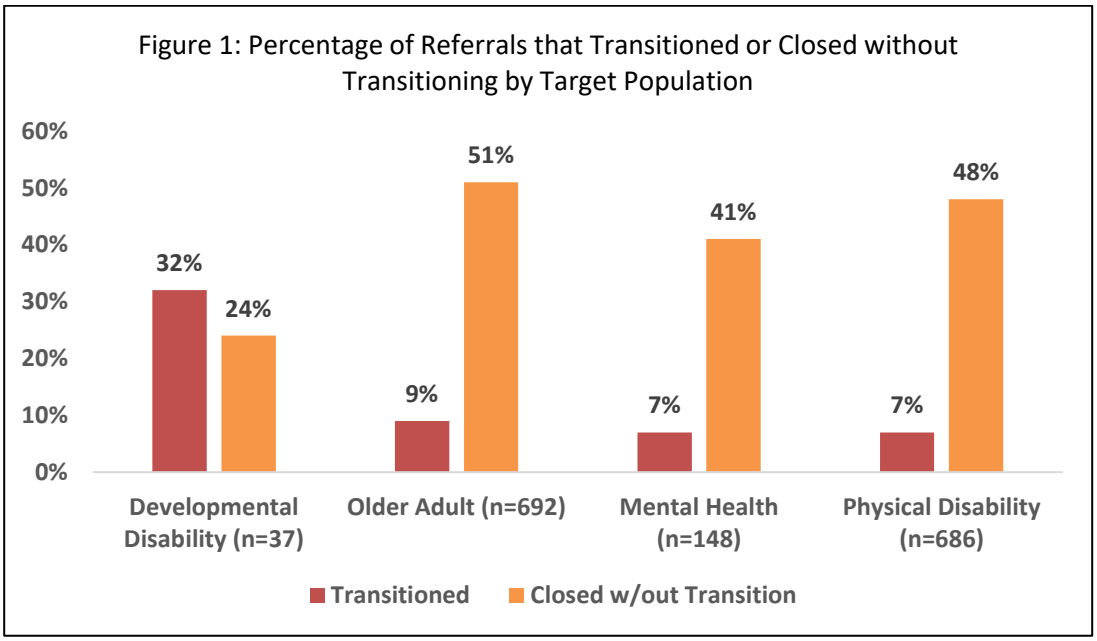
When analyzed by target population, the greatest percentage of transitions was for participants who were 65 years of age or older (47%), followed by participants under age 65 with a physical disability (36%) and those in the developmental disability target population (9%); together these HCBS packages account for 92% of transitions (Table 4). In 2024 the distribution with the highest percentage of transitions was for participants who were 65 years of age or older (55%), followed by those under age 65 who had a physical disability (27%).

Table 4: Transitions and closures of referrals from 2025 by target population

Target Population	Transitioned	%	Closed without transition	%
Developmental Disability	12	*9*	9	*1*
Older adults (age 65+)	61	*47*	356	*46*
Mental Health	11	*8*	60	*8*
Physical Disability (< 65)	47	*36*	334	*43*
Total	131		759*	

* NOTE: 28 missing target population (24 closed and 4 pending, closure recommended)

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 mental health and physical disability referrals to a high 32% of developmental disability referrals. The percentage of referrals that closed without transitioning ranged from a low of 24% of developmental disability referrals to just over 50% of older adult referrals.



As shown in Table 5, 20% of referrals closed in 2025 due to transitioning before the informed consent was signed. This represents an increase from 16% in 2024. Twenty-three percent of cases in 2025 closed due to the participant not cooperating with the care planning process, a decrease from 27% in 2024. In 2025 cases closed due to participants changing their mind was 10%, compared to 15% in 2024. Thirteen percent of cases closed due to exceeding physical health needs in 2025 and 14% in 2024. Another 10% of referrals in 2025 closed due to the participant not aware of referral and does not wish to participate, a slight decrease from 11% in 2024.

Table 5: Closures from 2025 referrals by reason compared with 2024

Closure Reason	2025 Cases	2025 %	2024 Cases	2024 %
Transitioned to community before informed consent signed	154	*20*	129	*16*
Participant changed mind & would like to remain in the facility	80	*10*	124	*15*
COP/Guardian refused participation	53	*7*	75	*9*
Exceeds physical health needs	103	*13*	111	*14*
Participant would not cooperate with care planning process	178	*23*	222	*27*
Other	93	*12*	15	*2*
Exceeds mental health needs	43	*5*	56	*7*
Participant not aware of referral & does not wish to participate	81	*10*	86	*11*
Reinstitutionalized for 90 days or more	0	*0*	0	*0*
Participant moved out of state	4	*1*	1	*<1*
Total	789		819	

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Section II: Comparison of Closed Cases by Year, 2009-2025

During 2025, MFP experienced 1,591 referrals, 434 transitions, and 1,237 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 another decrease in transitions in 2025, following a decrease in 2024. There was also a decrease in the number of cases closed in 2025, after a steady increase over the past four years: 913 cases in 2021, 1,178 in 2022, 1,264 in 2023, and 1,291 in 2024. There was a decline in the number of referrals in 2025 for the first time since 2020.

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

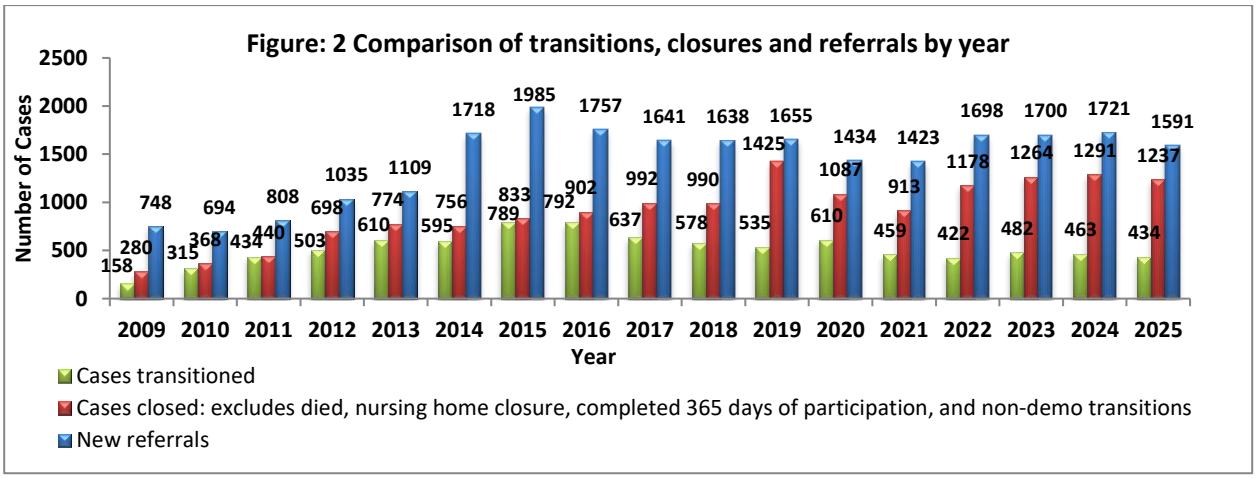
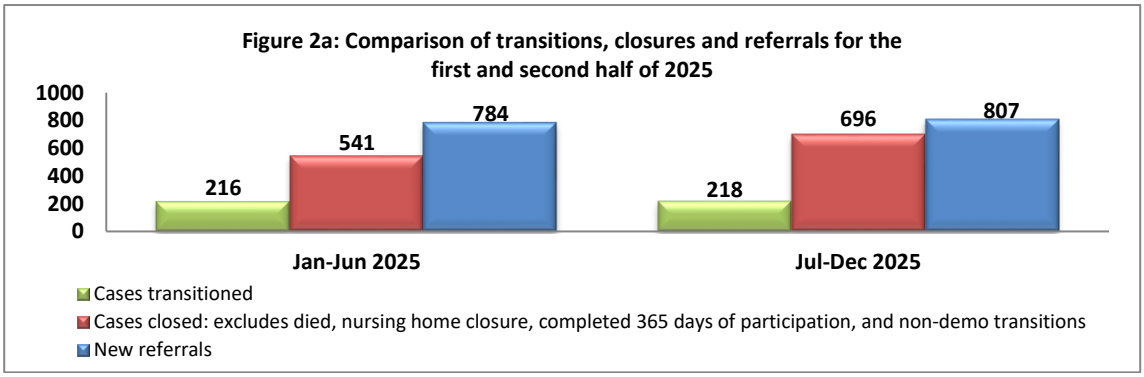
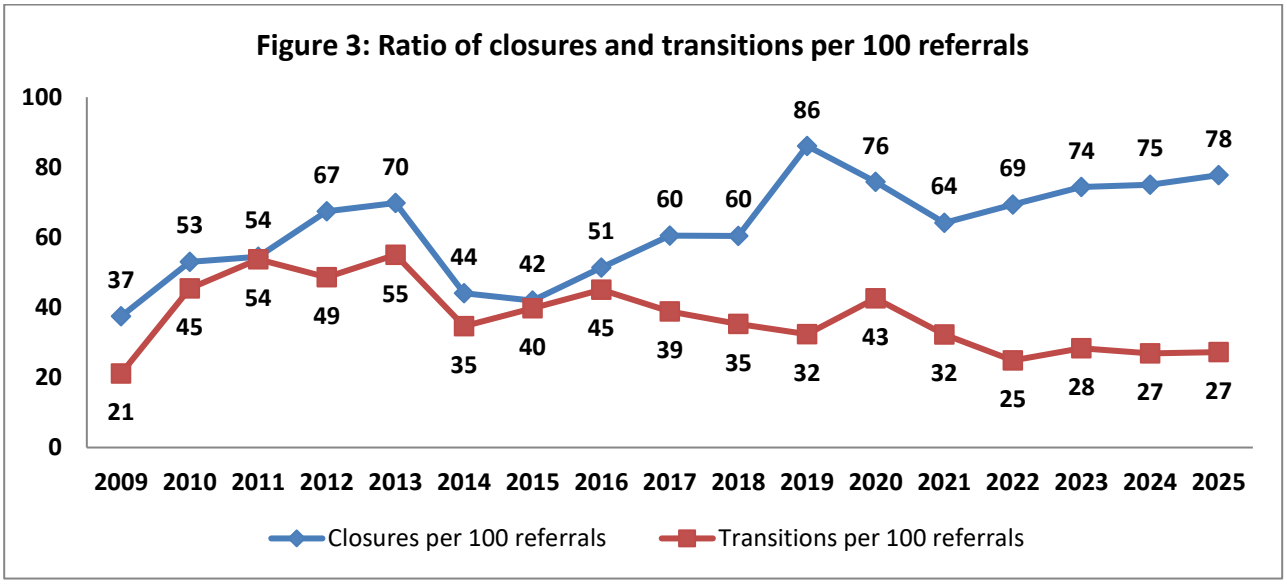
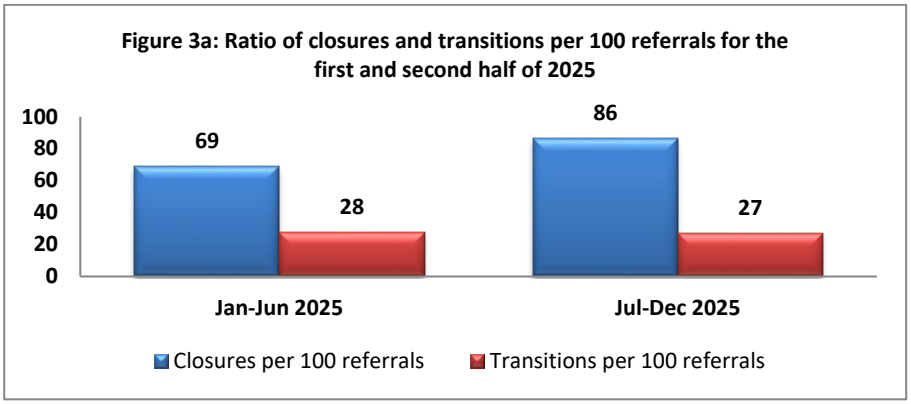


Figure 2a compares transitions, closures and referrals between the first and second half of 2025. It is interesting to note that there were fewer referrals and closures in the first half of the year, while the number of transitions remained steady throughout the year.

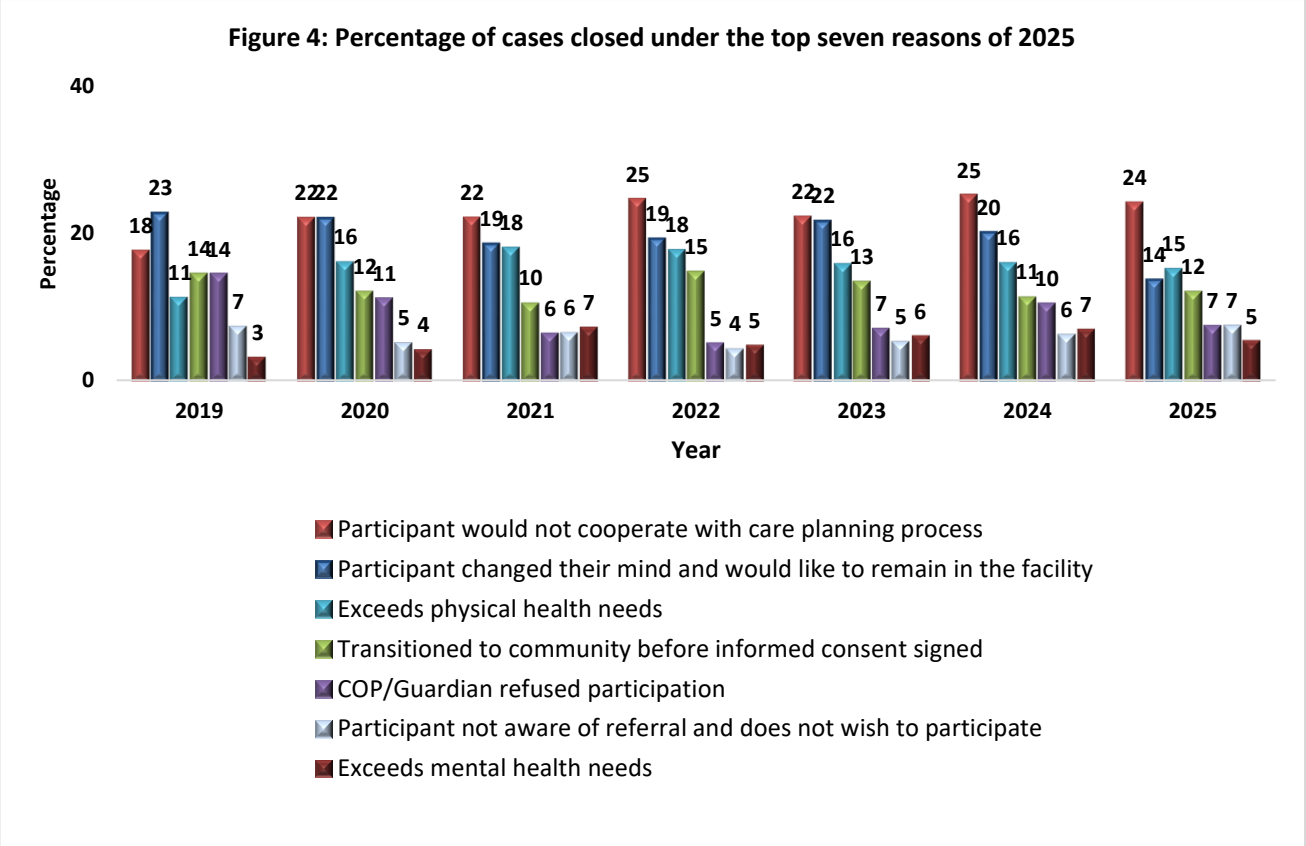


Continuing the trend of prior years, in 2025 the CT MFP program closed more cases than it transitioned (see Figures 3 and 3a). This year there were 78 closures per 100 referrals and 27 transitions per 100 referrals, similar to last year (75 closures per 100 referrals and 27 transitions per 100 referrals in 2024). 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 second half of 2025 with 69 closures per 100 referrals compared to 86 per 100 referrals in the second half.





Considering all cases that closed in 2025 regardless of referral year (n=1,237), the three most frequent reasons cases closed accounted for more than half of closures (see Figure 4). The top reason cases closed in 2025 was "Participant would not cooperate with care planning process," accounting for 24% of closures. The second most common reason cases closed was because of their physical health needs exceeding community care plan capacity (15%). Third was due to participant changing their mind and wanting to remain in the facility (14%).



*Closure reason 'Other' consisted of almost 9% (n=109 in 2025) of closed cases and was excluded from Figure 4.

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Section III: Analysis of Cases Closed Between January and December 2025

A total of 1,742 cases were closed during 2025, regardless of the year they were referred to MFP. Cases that closed due to the following three reasons were excluded: died (176), completed 365 days of participation (302), and non-demo transition services complete (27) leaving 1,237 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 2025

Closure Reasons	Closures N (%)	Female N (%)	Male N (%)	Age Range	Age Avg	% 65 or older	Days from referral to closure Range	Days from referral to closure Avg
Participant would not cooperate with care planning process	311 (25)	125 (21)	186 (29)	12-104	59	33	7-2804	259
Participant changed their mind and would like to remain in the facility	176 (14)	86 (15)	90 (14)	33-101	69	65	0-2400	379
Exceeds physical health needs	195 (16)	95 (16)	100 (15)	21-98	66	55	28-2582	369
Transitioned to community before informed consent signed	155 (13)	74 (13)	81 (12)	<1-89	59	35	0-481	54
COP/Guardian refused participation	94 (8)	51 (9)	43 (7)	<1-105	66	62	13-1919	332
Exceeds mental health needs	67 (5)	37 (6)	30 (5)	37-90	66	58	13-4122	352
Participant not aware of referral and does not wish to participate	95 (8)	48 (8)	47 (7)	4-94	64	59	0-1477	56
Other	109 (9)	51 (9)	58 (9)	4-91	54	29	0-2437	136
Reinstitutionalized for 90 days or more	27 (2)	13 (2)	14 (2)	22-85	67	67	233-1858	580
Participant moved out of state	8 (1)	5 (1)	3 (1)	49-77	66	50	42-788	376
Total	1237	585	652	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 25% of the closures in 2025 (n=311). 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 59) and had one of the shorter average number of days from referral to closure (259 days). Some descriptive case notes include:

- *"TC [transition coordinator] was informed by FSW [facility social worker] that consumer discharged on Friday. Consumer and spouse were aware that they were in jeopardy of losing waiver services in the care plan."*

- *"SCM [specialized care manager] went to the SNF to have the consumer sign the care plan and was informed that she left the SNF [skilled nursing facility] AMA [against medical advice]."*

- *"Case approved for closure due to inability to obtain documents needed to move forward with transition and due to client's son not being responsive. Client understands should his situation change, he can be referred again."*

Fourteen percent (n=176) 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 minds 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 one of the highest percentage of consumers age 65 or older (65%). The average length of time from referral to closure was also one of the highest, 379 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 has LTC [long term care] and prefers to remain in the current setting to manage her needs."*

- *"Consumer informed SCM that he has been enjoying the stay at SNF and is really just focused on his care/health at this time. SCM reviewed that consumer's current POC [plan of care] and living situation has proven to be insufficient / unsafe for consumer's level of need. SCM reviewed that his girlfriend is not a suitable BUP [back-up plan], and the location and condition of the home has negatively affected his access to services."*

Exceeding physical health needs accounted for 16% of closures (n=195). Average age for this group was 66, and average number of days from referral to closure was 369. Representative quotes from cases closed for this reason include:

- *"Client requires the support of her family in the community and they feel that her health and wounds need to improve before she can transition home."*

- *"Client's mom let client know that she is not comfortable with the tube feed, and at her age, cannot be back up like client needs. Client lacks the back up needed in order for her to transition to the community safely."*

- *"[Consumer] does understand that at this time her physical care needs are significant and she does not have a safe BUP in the home. She understands that if her condition should change that she can be referred back to MFP."*

"Transitioned to community before informed consent signed" was the fourth most common reason cases were closed in 2025, accounting for 155 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 were also younger (average age of 59). The average length of time from referral to closure was 54 days, which was the shortest length of time for all the closure reasons.

In 2025, 8% (n=94) of cases closed due to "COP/Guardian refused participation." Closures for this reason had an average age of 66, and the average number of days from referral to closure was 332. 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:

- *"SCM informed that client has declined and COP no longer wants to move forward with MFP and has not been responsive."*

- *"The COP informed SCM that the consumer's daughter feels she would be unable to care for her mother if she transitioned from SNF to her home. The consumer has been in and out of the hospital and has not been stable enough to have to assessment done. COP and the consumer's daughter both agree that the MFP case should be closed."*

- *"The consumer's sister who is the COP reported the consumer has been at SNF for a long time and does not feel comfortable with brother leaving out. The COP said he was out previously and did not do well."*

Reasons for closing a case due to exceeding mental health needs accounted for 5% of overall closures (n=67). This group had an average of 352 days between referral and closure and an average age of 66 years. Similar to findings from past years, these participants frequently had diagnoses of depression and anxiety. Other frequent issues were substance use and dementia.

- *"Per report, consumer does not have the ability to make decisions or has a decision maker. SNF will be seeking conservatorship."*

- *"SCM is unable to develop safe care plan for consumer to live independently in the community due to consumer's history of wandering streets and refusing PCA [personal care assistant] care and to consumer's poor cognition and memory loss."*

Eight percent of referrals (n=95) were closed for the reason "Participant not aware of referral and does not wish to participate." This group had an average age of 64 and 59% were aged 65 or older. The average number of days from referral to closure was 56 days, the second 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.

- *"Consumer reports she does not want to wait for MFP to find her housing as she is planning to discharge before SNF will take her social security. Consumer requested for her referral to be closed as she does not wish to move forward with MFP."*

- *"SCM met with FSW at SNF to assist with IA [individual assessment]. SCM attempted IA with consumer however she declined to speak with SCM or be provided information about program."*

"Re-institutionalization for 90 days or more" accounted for 2% of overall closures (n=27). These participants were readmitted to a facility within the first year after transition. They had an average age of 67 with a range from 22 to 85 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.

- *"SCM reported that the client has been OOC [out of community] for 180 days. [Registered nurse] reports the client is nowhere near ready to discharge. He is still intubated and is very medically complex."*

- *"Client reached her 180th day out of the community. At this time, [consumer] is not medically safe to return home. She has a wound that requires dressing changes every other day. [Consumer] lives alone and does not have a back-up in the community."*

Eight cases (1%) of cases closed in 2025 because the consumer moved out of state. The average age for these participants was 66, and the average number of days from referral to closure was 376.

- *"Annual reassessment migration visit was not completed as client moved to Florida with his brother in September and is remaining in Florida."*

- *"Consumer was transferred to a SNF in Texas to be closer to family. "*

Nine percent (n=109) of closed cases did not fit into the given closure categories. This group was the youngest with an average age of 54. Reasons for these closures included referrals from consumers living in a community setting or a facility that is not qualified under MFP and those who were not eligible for Medicaid.

Transition Challenges

The distribution of the transition challenges for cases closed in 2025 was similar to previous years (see Table 7). Services and supports (24%) was the greatest challenge in 2025, as it was in 2023 and 2024. Physical health (16%) and mental health (15%) were the next most common challenges, followed by housing (12%) and consumer engagement (10%). Other challenges were legal and financial, both at 7%, facility (4%), waiver (2%), and involved others (1%).

Table 7: Transition challenges by category for cases closed in 2025, 2024 and 2023

Transition Challenges	2025 %	2024 %	2023 %
Services & Supports	24	24	23
Physical health	16	17	17
Mental health	15	16	15
Housing	12	11	12
Engagement	10	11	11
Legal	7	7	7
Financial	7	7	7
Facility	4	3	3
Waiver	2	2	2
Involved others	1	2	1
Other	2	1	1
MFP	1	1	1

Similar to previous years, consumers with services and supports challenges in 2025 most often faced problems related to a lack of PCA, home health, or other paid support staff (30%), lack of transportation (18%), and/or a lack of facility or community mental health services or supports (14%; data for challenge subcategories not shown). Slightly less than two thirds (63%) 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 2025 there were 1,591 referrals, 434 transitions, and 1,237 closures (referrals and closures exclude those that closed due to the four excluded reasons; transitions and closures are regardless of referral year). Referrals decreased in 2025 compared to 2024 when there were 130 more referrals (n=1,721). There were 29 fewer transitions and 54 fewer closures in 2025 compared to 2024. This year the gap in the ratio of closures per 100 referrals increased to 78 from 75 in 2024, and the transitions per 100 referrals remained comparable, with 27 both this year and in 2024. The

top reason for case closure in 2025 was “Participant would not cooperate with care planning process” (25%), which was the most common closure reason in 2024 (25%) as well.

In 2025, 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 2024 when cases closed due to the participant being reinstitutionalized for 90 days or more had the highest average age (70). Cases closed due to other reasons had the lowest average age in both 2025 (54) and 2024 (53).

One-quarter (25%, n=311) of cases in 2025 closed due to “Participant would not cooperate with care planning process,” which remained the same from 2024. 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.

Fourteen percent (n=176) 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 13% of cases closed because the participant transitioned to the community before the informed consent was signed. Similar to 2024, these cases often did not meet the MFP 60-day length of stay requirement before leaving the facility, with an average of 54 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 8% of all closures in 2025, a decrease from 10% in 2024. 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 5% of closures in 2025. 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 consumers with behavioral health concerns.

Only 2% of closures in 2025 were due to prolonged reinstitutionalization, representing an increase from 1% in 2024. 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