



March 11, 2026

Honorable Ned Lamont
Governor
State of Connecticut
State Capitol
Hartford, CT 06106

Re: CT's Successful Community First Choice Program and Other Measures to Support People with Severe Disabilities to Remain in Their Own Homes

Dear Governor Lamont-

We are a coalition of individuals with severe disabilities needing, now or in the future, long-term services and supports to stay in the community and avoid institutionalization, and their family members and advocates. We write in response to your proposal to terminate the highly effective Community First Choice (CFC) program and replace it with a discretionary waiver structure. We also write in response to the request from officials at the Office of Policy and Management (OPM) that the disability community work with your administration to design a replacement program on the assumption that the legislature will approve ending CFC. The community of disability advocates is happy to engage in those discussions, *provided* you first withdraw the dangerous, discriminatory and potentially costly proposal to end CFC, a program that is and will be critical to thousands of our members.

First, CFC has been a major success story for Connecticut and one your administration should be proud of. CFC is a state Medicaid plan option created by the Affordable Care Act. CT adopted it in 2016 because the existing home and community-based services waivers were too rigid. They generally required services to be provided by agencies instead of allowing individuals to self-direct care with flexible Personal Care Attendants (PCAs), limited care plans to the alternative cost of state-funded institutional care, and, in some cases, had overly-narrow eligibility criteria. More significantly, these waivers allowed waiting lists because, unlike CFC, they do not create an entitlement. (The important exception is the CT Home Care Program for Elders waiver, which has no waiting list.) Disabled individuals **under** 65 today face even longer waits under these waivers, of from approximately 3 years for the PCA waiver, to 6 or more years for the Acquired Brain Injury waiver and more than 10 years for the autism waiver.

CFC eliminated those delays for individuals who meet the CFC eligibility criteria. To qualify, individuals must undergo a rigorous assessment with the Department of Social Services (DSS) itself determining they would now require institutional care without PCA services, and DSS then determines the budget for each participant based on their specific level of need. Because of the lack of a waiting list, the program has grown at a steady rate, from 2,400 in FY 2018 to about 5,800 in FY 2025, and now about 7,250 enrollees (including people who are both on a waiver and receiving PCA services under CFC).

Your budget document states, at pages 10-11, that total costs for CFC have increased from about \$89M to about \$371M during this period, and that the elimination of CFC is being proposed specifically to “better position the state in the long run with net state savings.” Your Commissioner of Social Services elaborated in her February 18th Appropriations Committee testimony that the “costs” of CFC are “unsustainable” and that eliminating the “entitlement” to CFC services will allow the state to control those costs by creating a waiting list: [CT-N Video Player: Appropriations Committee Human Services Agencies Presentations on the Governor’s FY27 Proposed Budget Adjustments](#) (timestamp 28:04-29:40).

What those figures fail to acknowledge is the substantial **savings** generated when individuals receive care at home rather than in nursing facilities. On average, CFC care plans cost the state \$64,000/year while Medicaid nursing home care averages \$92,676/year, so **each new enrollee brings another \$29,000 in annual savings** compared to the alternative state cost of nursing home care, which DSS itself has found would be required.¹ However, CFC affords even more cost savings for certain populations, such as younger individuals with severe autism, who, without CFC, would otherwise be in other settings needing significantly more expensive 1:1 care. With 7,250 participants, this translates to at least an estimated **\$210M/year** in taxpayer savings, and these savings will continue to **grow** as more people enroll. As a bonus, CFC expenditures also receive an additional 6% federal match that is not available for CT’s expenditures for institutional or waiver services.

Beyond the fiscal benefits, the program protects the dignity and independence of people with severe disabilities who wish to remain in their homes and communities. For individuals with the most complex needs requiring around-the-clock care, CFC is generally the only state-funded pathway that makes this possible. The integration mandate of the Americans with Disabilities Act, which defines disability discrimination as including a state’s failure to provide care in the least restrictive setting, makes clear that there is a duty on the part of a state to make sure that community-based services are made available at a reasonable pace to all who

¹DSS’s recent instructions to contracted agencies which administer the CT Home Care Program for Elders waiver program state that 100% of the average CT Medicaid nursing home cost, which establishes the cost cap for that program, is \$7,723/month, or \$92,676/year. See [Connecticut Home Care Program for Elders \(CHCPE\) | CTLawHelp](#)

desire it, if it would otherwise provide institutional care. But it is a happy coincidence that, under CFC, this integration mandate can be fulfilled while **also** saving the taxpayers significant sums per person (on average).

CFC is a lifeline for so many disabled individuals and their families; without it, support systems will absolutely crumble. Under your proposal, after CFC closes, our most vulnerable individuals newly needing services will be left in extremely dire straits and face the unimaginable nightmare of having no one to attend to their daily needs for dignity and survival—with those who would have qualified for CFC now being told to go into a nursing home and to wait years on a waiting list for a slot to receive very limited hours.

Despite the above, OPM and DSS have attempted to justify eliminating CFC by arguing that the program's growth is "unsustainable", that waiver services would "allow" more individuals to receive agency-based care (which the agencies describe as burdensome), and that disability advocates need not be concerned because **current** participants would be protected while **new** applicants would be subject to a new waiting list.

None of these arguments justify ending the entitlement that makes CFC so effective. Program growth positively reflects individuals avoiding institutionalization, which overall **saves** state money. While most individuals needing a nursing home level of care prefer the control and flexibility of self-directed care, CT already has the option of offering agency-based services under CFC and in fact agreed to implement that option some two years ago (but never followed through apparently because of reported 18 to 24-month start-up delays for DSS's MMIS system, which by now would have been overcome).²

Most troubling is the proposal to replace CFC with a waiver structure that would require a waiting list. DSS and OPM have acknowledged that ending the entitlement under CFC will necessarily mean rationing services for new applicants. While there now is an attempt to walk this back, Commissioner Barton Reeves indicated at the February 18th hearing what that rationing plan likely is: individuals with a "lower level of need" would be prioritized over those with greater needs, i.e., discrimination based on severity of disability among individuals all of whom meet the standard of requiring a nursing home level of care.

² In your statement to WTNH for its story on March 6th about the severe impact of the elimination of CFC (see <https://www.wtnh.com/news/connecticut/new-haven/i-want-them-to-live-the-life-they-want-to-live-north-branford-mom-hopes-state-keeps-disability-program/>), you stated: "To ease this burden [of self-directed care] and better meet the needs of individuals, my administration proposed an option that gives participants a choice by allowing them to receive services through an agency-based employer model...." Your own DSS commissioner has made clear that this actually is not the reason for the proposal, which is financially motivated. Nevertheless, to the extent there is a secondary interest in offering this option for the minority who prefer this, adding agency-based services to CFC will completely address this concern.

We are also deeply troubled by the implication that the disability community should only be concerned with protecting those already receiving services. This suggestion misunderstands and diminishes our community. Many of our members live with progressive conditions and know they may need these services soon. Others may become disabled through illness, injury, or accident in the future. The disability community has always fought not only for ourselves but also for those who will join our community *tomorrow*. Suggesting otherwise is insulting, and public policy must account for everyone who needs these services, whenever that need arises. Indeed, the ADA's integration mandate requires no less.

We do agree with the agencies that there are problems with the administration of CFC, including the problematic fiscal intermediary, GT Independence, and the lack of any case management for individuals on CFC who need it (and who are not also on a waiver which offers this). But the appropriate response is to *fix* those issues and to *expand* options within CFC, not to dismantle the program entirely.

Finally, while OPM has now requested assistance in the proposed redesign of community-based services without CFC, this proposal was introduced without any advance engagement with the community most directly affected, or their advocates or providers. Standing committees responsible for both Medicaid and long-term care were completely bypassed, including the Medicaid Assistance Program Oversight Council, which, per C.G.S. § 17b-28, must "monitor planning and implementation of matters related to Medicaid care management initiatives including, but not limited to, (1) eligibility standards, (2) benefits..." The long-standing LTSS Rebalancing Steering Committee, which included many CFC participants who could have provided informed input, was unilaterally disbanded shortly before the proposal was announced. Our community is ready to participate in thoughtful discussions about improving CT's long-term services system. There may be ways to strengthen or expand CFC or even design an alternative entitlement structure. But those conversations can only occur after the elimination of CFC is removed as an organizing principle, and unpressured input is sought.

We therefore respectfully urge you to withdraw the proposal to end CFC so that meaningful collaboration with the disability community can begin in earnest. Please reach out to us through Mary-Ann Langton with CT ADAPT, at birdmal@att.net, or Molly Cole, with the CT Cross Disability Lifespan Alliance, at molly@ctsilc.org or (860) 849-0686, with any questions. We also respectfully ask for a meeting, on our behalf, with Ms. Langton, who unsuccessfully tried to schedule a meeting with you on March 5th and March 10th.

Thank you for your attention to this matter of critical importance to people with disabilities today, and to the many individuals who will depend on CFC services in the future.

Respectfully yours,

Molly Cole and Mary-Ann Langton
on behalf of:

Organizations:

CT ADAPT
Connecticut Cross Disability Lifespan Alliance
Disability Rights CT
Black and Brown United in Action
Connecticut Legal Rights Project
Center for Disability Rights
Citizens Coalition For Equal Access
Independence Northwest
More than Walking
Access Independence
Conn. Citizen Action Group
Disabilities Network of Eastern CT
The Arc Connecticut
Peace Love ACCESSibility
Communitas, Inc.
COHI
Brain Injury Alliance of CT
National Multiple Sclerosis Society
Wheelchair Reform Coalition
NAMI Connecticut

Individuals

Andy Bate
Nancy B. Alisberg
Sandra Roberts
Maria Eleni Kaloidis
Antonia Kaloidis
Rick Famiglietti
Sara Hinman
Mary Caruso
Sam Bode
Alex Bode
Joy Minervini
Lenore Reilly

Tom Fiorentino
Joe Shortt
Michelle Johnson
Mary Moberg
Beverly Jackson
David Morgana
Suzanne Garraffa
Darrell Ruopp
Benjamin Howe
Lorra Jordan
Rev. Deborah Talbott
Alice Talbott
Joe and Liz Vellali
Santina Ragonese
Maggie Ewald
Jeff Dion
Kathryn Strout
Lisa Allyn
Cathy Ludlum
Lisa Nachmias Davis
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Patricia Ellis
Donna Levine
Rebecca Iannantuoni
Corey Lee
Jennifer Parker
Christian Allyn
Henry Weatherby
Todd Johnston
Ruth Grobe
Carl Goldfield
Carol Scully

cc: OPM Secretary Joshua Wojcik
DSS Commissioner Andrea Barton Reeves
Senate President Martin Looney
Senate Majority Leader Bob Duff
Senate Minority Leader Stephen Harding

House Speaker Matthew Ritter
House Majority Leader Jason Rojas
House Minority Leader Vincent Candelora
Senator Catherine Osten
Rep. Toni Walker
Senator Matthew Lesser
Rep. Jillian Gilchrest
Senator Saud Anwar
Rep. Cristin McCarthy-Vahey
Rep. Lucy Dathan
Rep. Robin Comey
Rep. Susan Johnson
Rep. Anne Hughes
Rep. Mike Demicco
Attorney General William Tong