

Choices for Care

Data Report

March 2013

This report describes the status and progress of Choices for Care, a core of Vermont's Medicaid long term care service system. This report is intended to provide basic information regarding performance and expenditures.

The primary data sources are Choices for Care enrollment and service authorization data maintained by the Division of Disability and Aging Services, MMIS Medicaid claims data, and provider reports including nursing home census data submitted to the Division of Ratesetting.

We welcome your comments, questions and suggestions.

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DAIL Mission

The mission of the Department of Disabilities, Aging and Independent Living is to make Vermont the best state in which to grow old or to live with a disability ~ with dignity, respect and independence.

DAIL Core Principles

- **Person-Centered:** The individual will be at the core of all plans and services.
- **Respect:** Individuals, families, providers and staff are treated with respect.
- **Independence:** The individual's personal and economic independence will be promoted.
- **Choice:** Individuals will have options for services and supports.
- **Self-Determination:** Individuals will direct their own lives.
- **Living Well:** The individual's services and supports will promote health and well-being.
- **Contributing to the Community:** Individuals are able to work, volunteer, and participate in local communities.
- **Flexibility:** Individual needs will guide our actions.
- **Effective and Efficient:** Individual needs will be met in a timely and cost effective way.
- **Collaboration:** Individuals will benefit from our partnerships with families, communities, providers, and other federal, state and local organizations.

Choices for Care Core Objectives:

1. Support individual choice
2. Serve more people
3. 'Shift the balance': reduce the number and percentage of people who are served in nursing homes; increase the number and percentage of people who are served in alternative settings
4. Expand the range of service options
5. Eliminate or reduce waiting lists
6. Manage spending to available funding
7. Ensure an adequate supply of nursing home beds
8. Ensure that services are of high quality and support individual outcomes
9. Support the independent evaluation, including associated measures and documents

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Note:

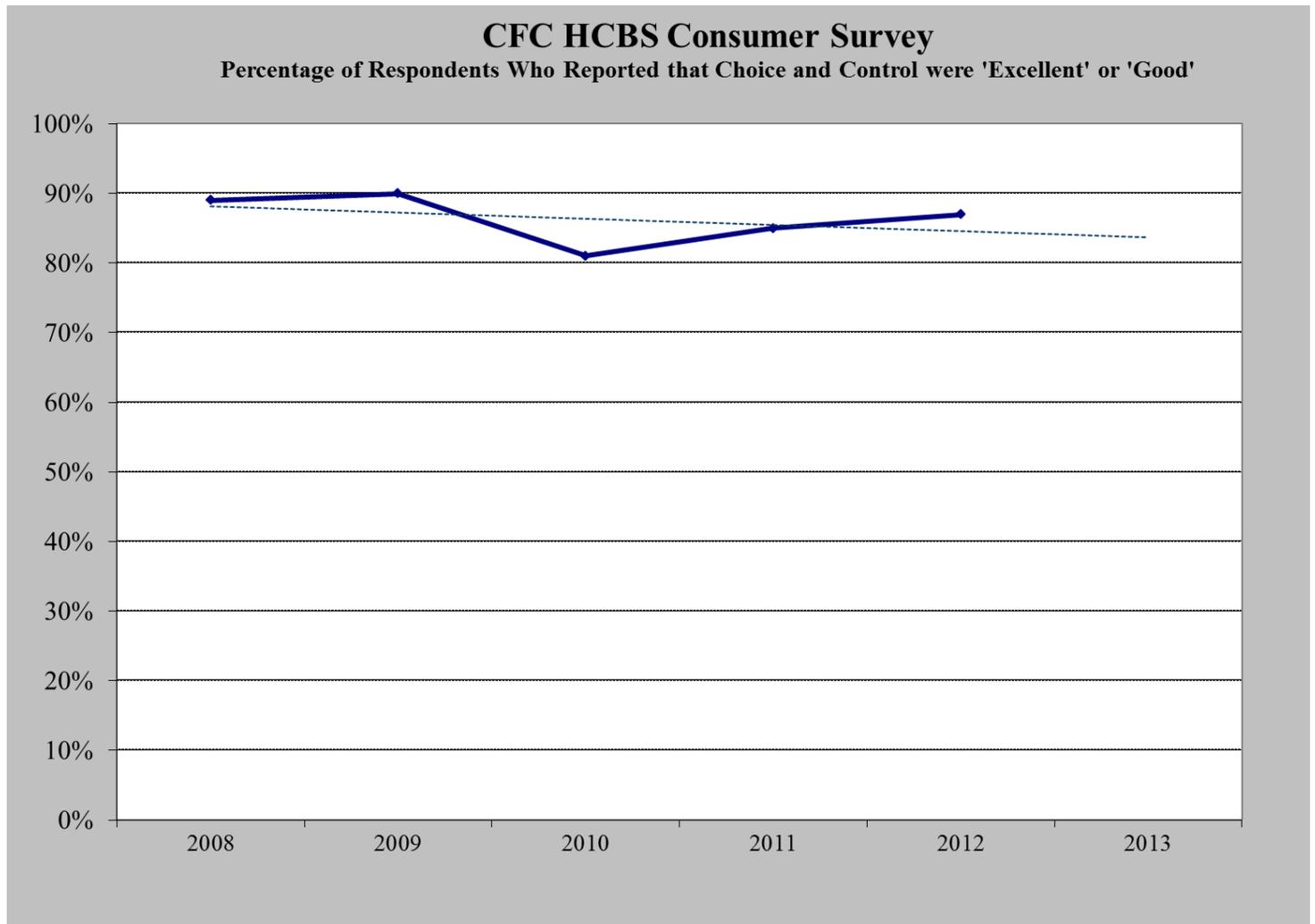
Vermont tracks a variety of process measures and reviews outcomes in a variety of areas in order to manage the Choices for Care Waiver. These include, but are not limited to:

1. Managing applications, enrollment, and service authorization;
2. Tracking current and retroactive eligibility;
3. Tracking real-time trends in applications, enrollment, service authorization, service settings, individual provider performance, service utilization, and service expenditures;
4. Analyzing expenditures using both 'cash' and 'accrual' methodologies;
5. Predicting future service utilization and costs using both 'cash' and 'accrual' methodologies

Because multiple data sources are used for these purposes, sources may not be integrated or use the same methodologies for entry and extracts. For example, clinical eligibility determinations are tracked in one DAIL database while financial eligibility determinations are tracked in a separate DCF system. Due to different sources, methodologies, and purposes, information reported on CMS64 financial reports does not match information from other sources or reports.

1. Support individual choice

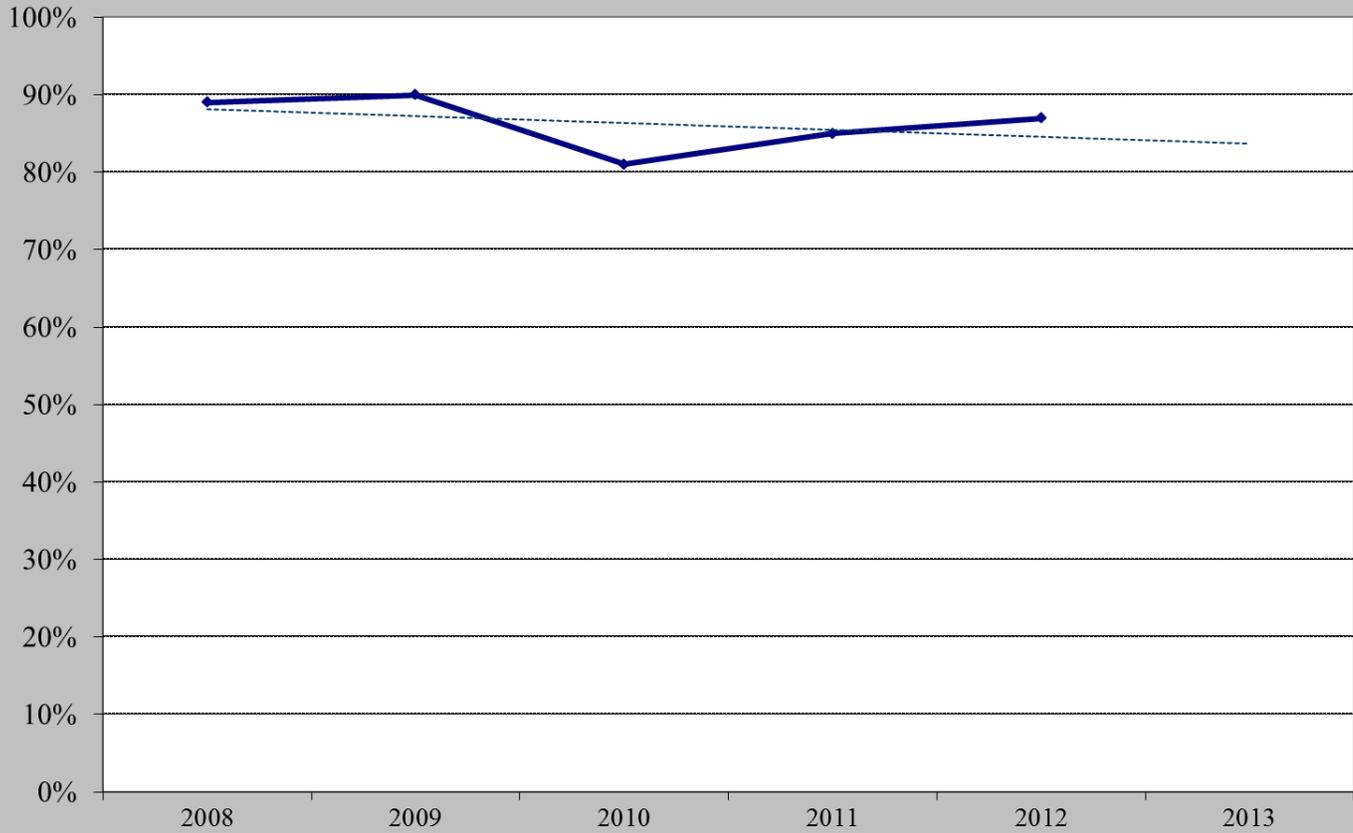
The primary goal of Choices for Care is to support individual choice among a range or 'menu' of long term care services and settings. A large majority of HCBS participants report that they had good choice and control over home and community based services, and that these services were provided when and where they need them. Consistent with recommendations from the state auditor and the independent evaluator, DAIL has been working with nursing home and enhanced residential care home representatives to collect and share similar information from residents of these facilities. This would allow a more complete view of how people perceive their experience.



Complete survey results are available online: <http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/cfc-evaluation-rpts-consumer-surveys>

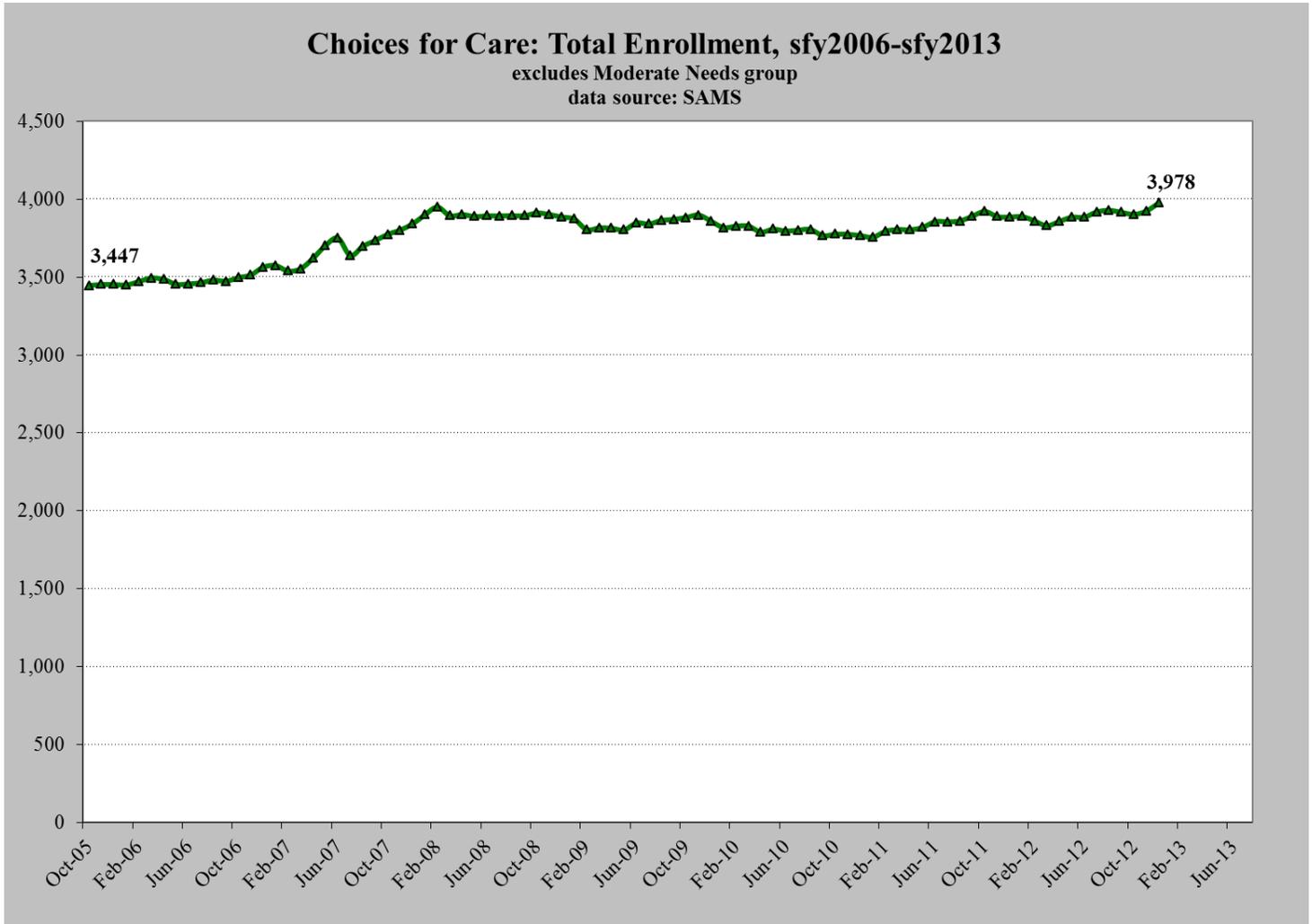
CFC HCBS Consumer Survey

Percentage of Respondents Who Reported that Services Were Always or Almost Always Provided When and Where Needed



2. Serve more people

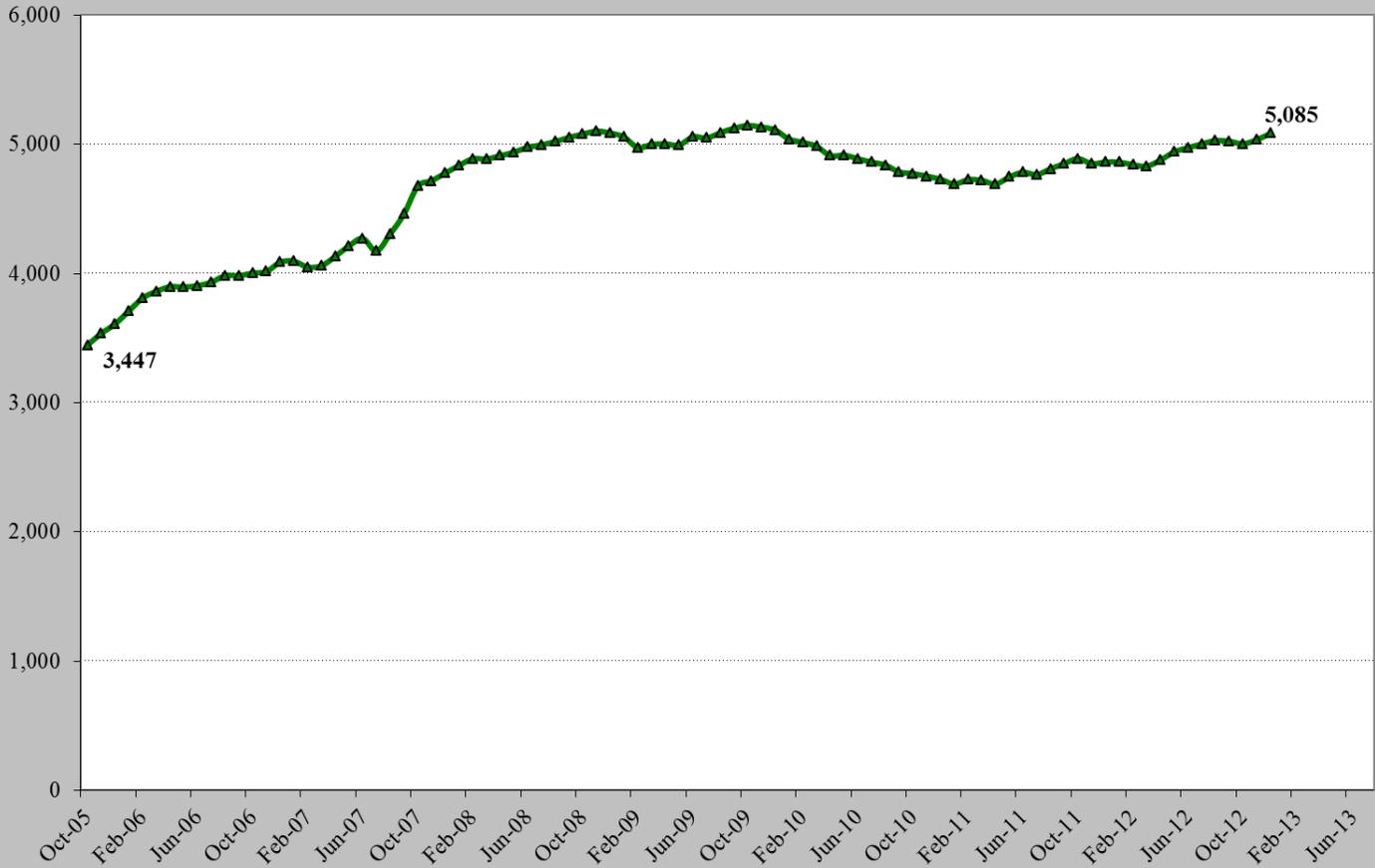
One of the goals of Choices for Care is to serve more people. The number of people served by Choices for Care has increased substantially since it began in October 2005.



Choices for Care: Total Enrollment, sfy2006-sfy2013

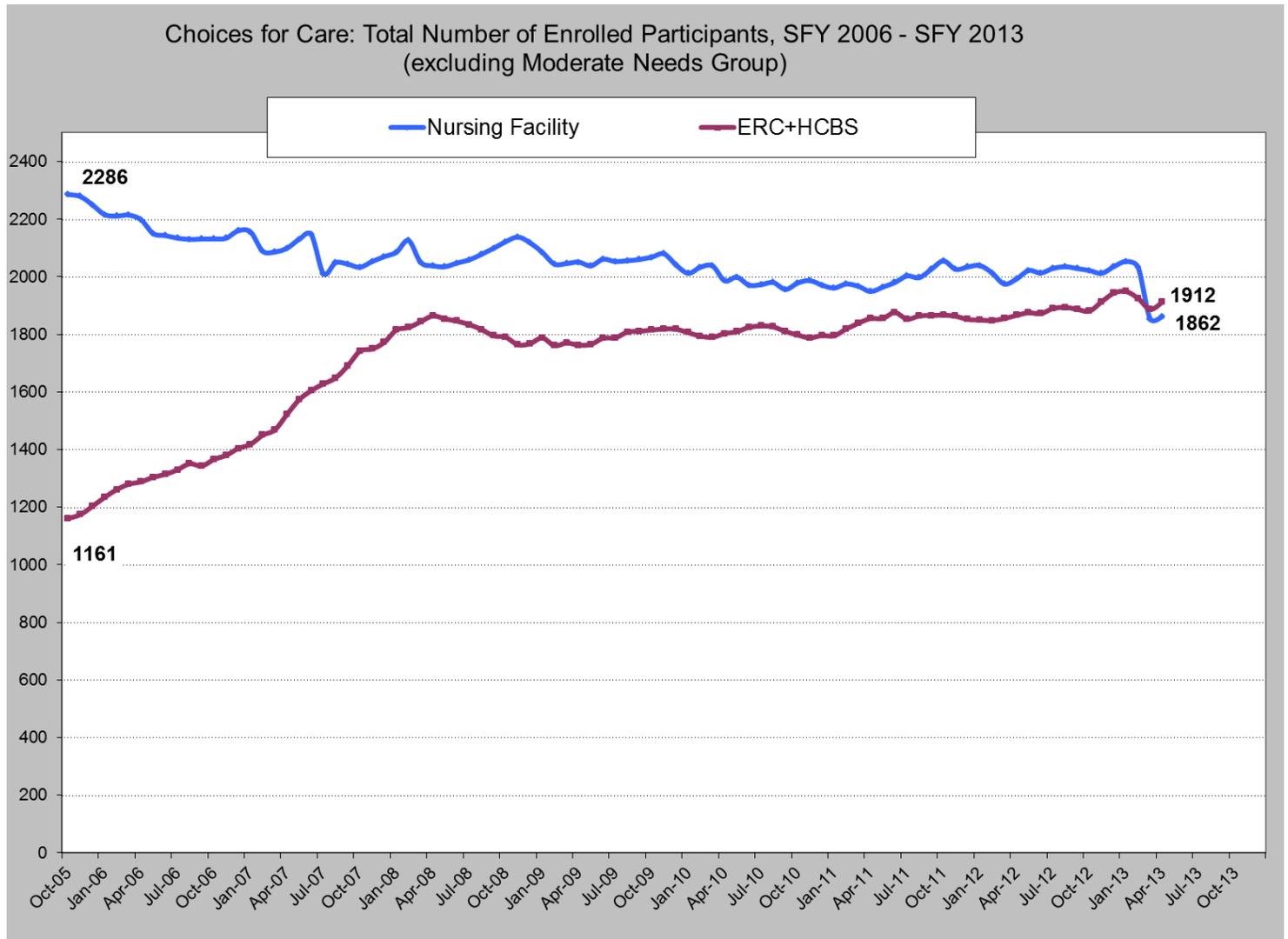
includes Moderate Needs Group

data source: SAMS

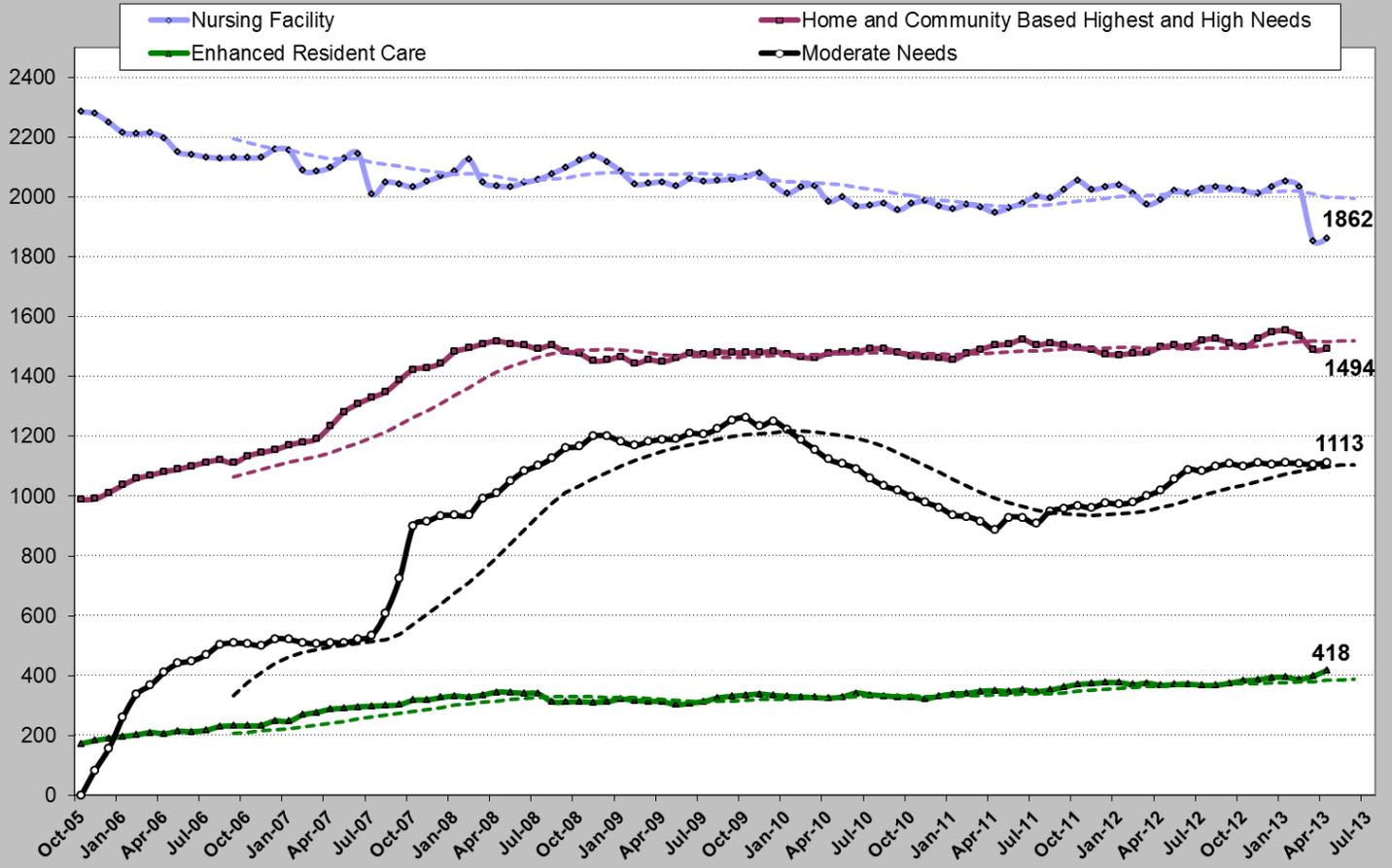


3. Shift the balance

One of the goals of Choices for Care is to ‘shift the balance’, serving a lower percentage of people in nursing homes and a higher percentage of people in alternative settings. Choices for Care has achieved progress since 2005, with enrollment in HCBS and ERC exceeding enrollment in nursing homes for the first time in March 2013:

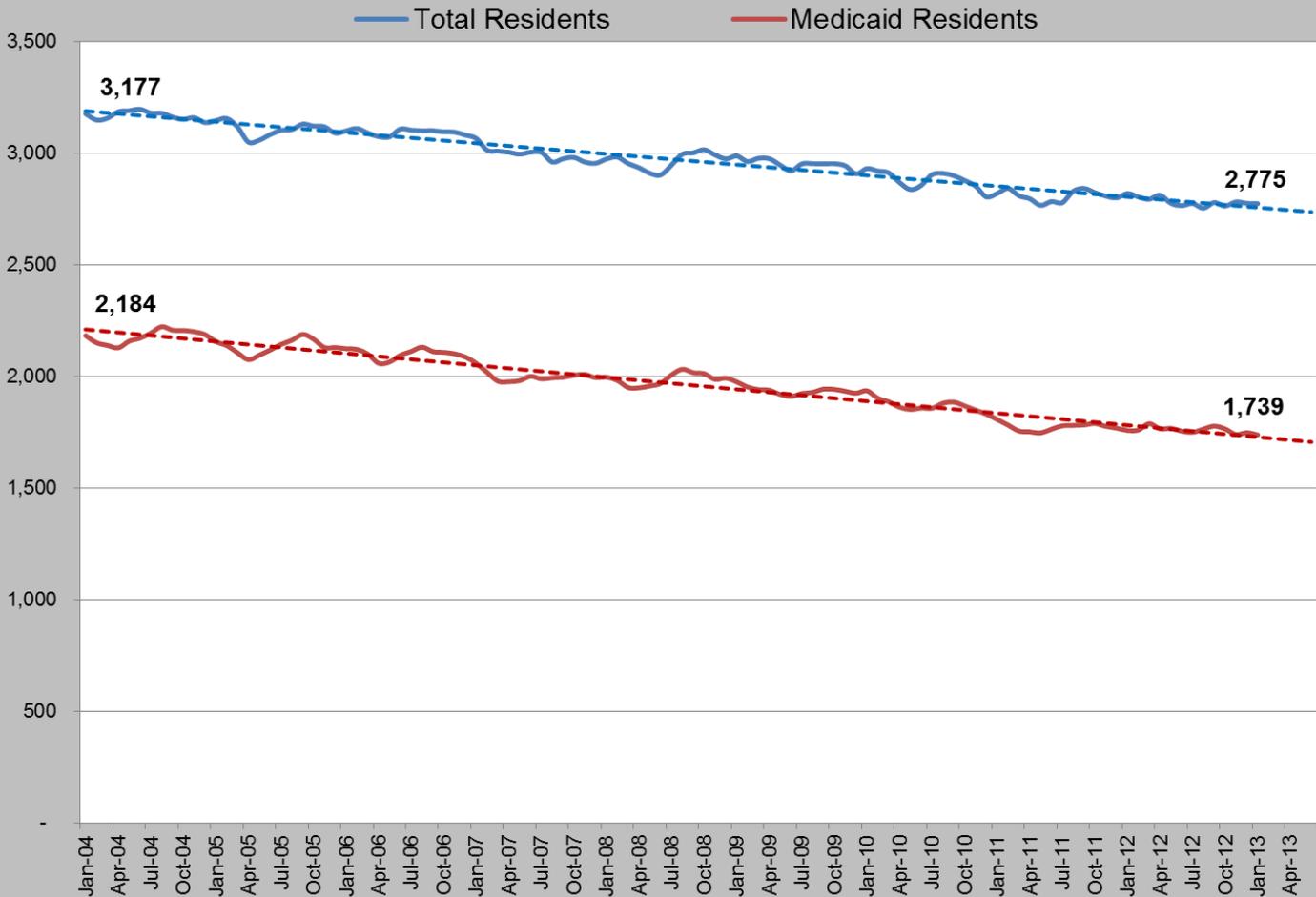


**Choices for Care: Total Number of Enrolled Participants by Setting
SFY 2006 - SFY 2013**

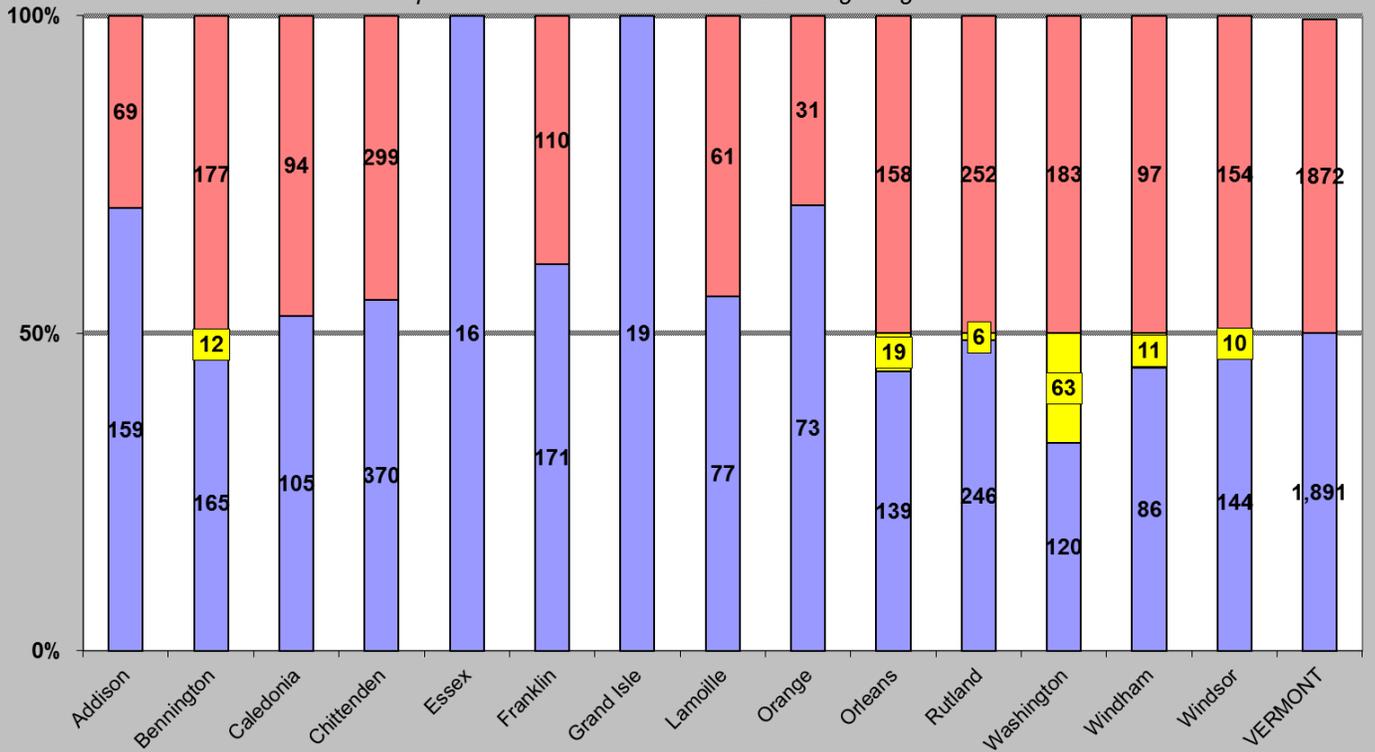


Vermont Nursing Home Daily Occupancy, sfy2005 - sfy2013

data source: Vermont Division of Ratesetting



Vermont Choices for Care: Nursing Home Residents and Home & Community-Based Participants by County, March 2013
 Changes (in Yellow) Needed to Achieve At Least 50% Use of HCBS
 This represents one measure of 'rebalancing' long term care

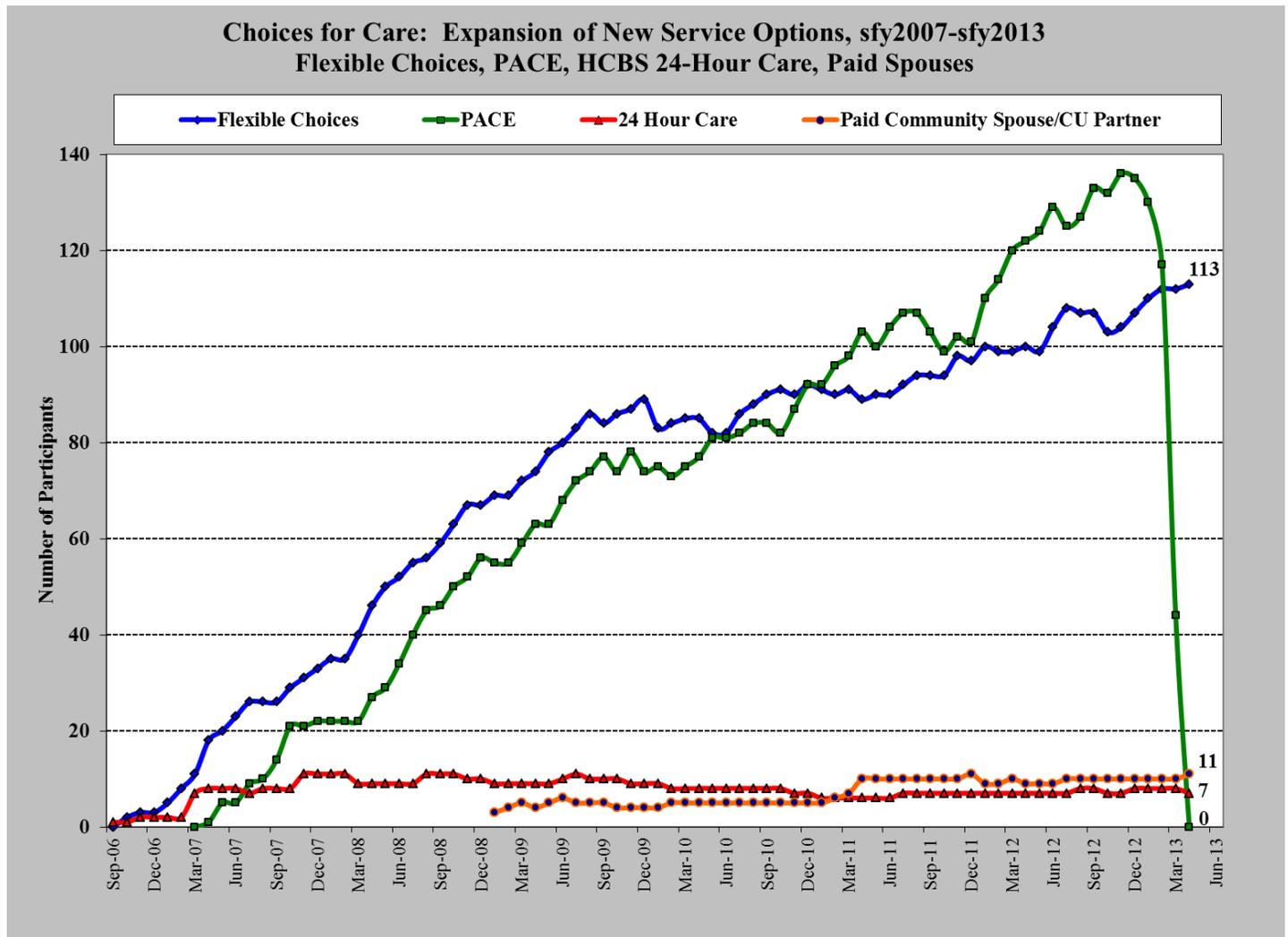


- Number of Medicaid Nursing Home Residents Less Than or Equal to 50/50
- Number of Medicaid Nursing Home Residents in Excess of 50/50
- Number of HCBS Participants (includes ERC but excludes Moderate Needs Group)

Bennington and VERMONT figures exclude Medicaid residents in VT Veterans' Home (n=50).
 NF and ERC figures are based on current recorded residence, and often do not reflect county of residence prior to admission.
 VT residents in out of state facilities (n=40) included in VERMONT.

4. Expand the range of service options

One of the goals of Choices for Care is to expand the range of service options available to participants. Since Choices for Care began, four new service options have been developed:

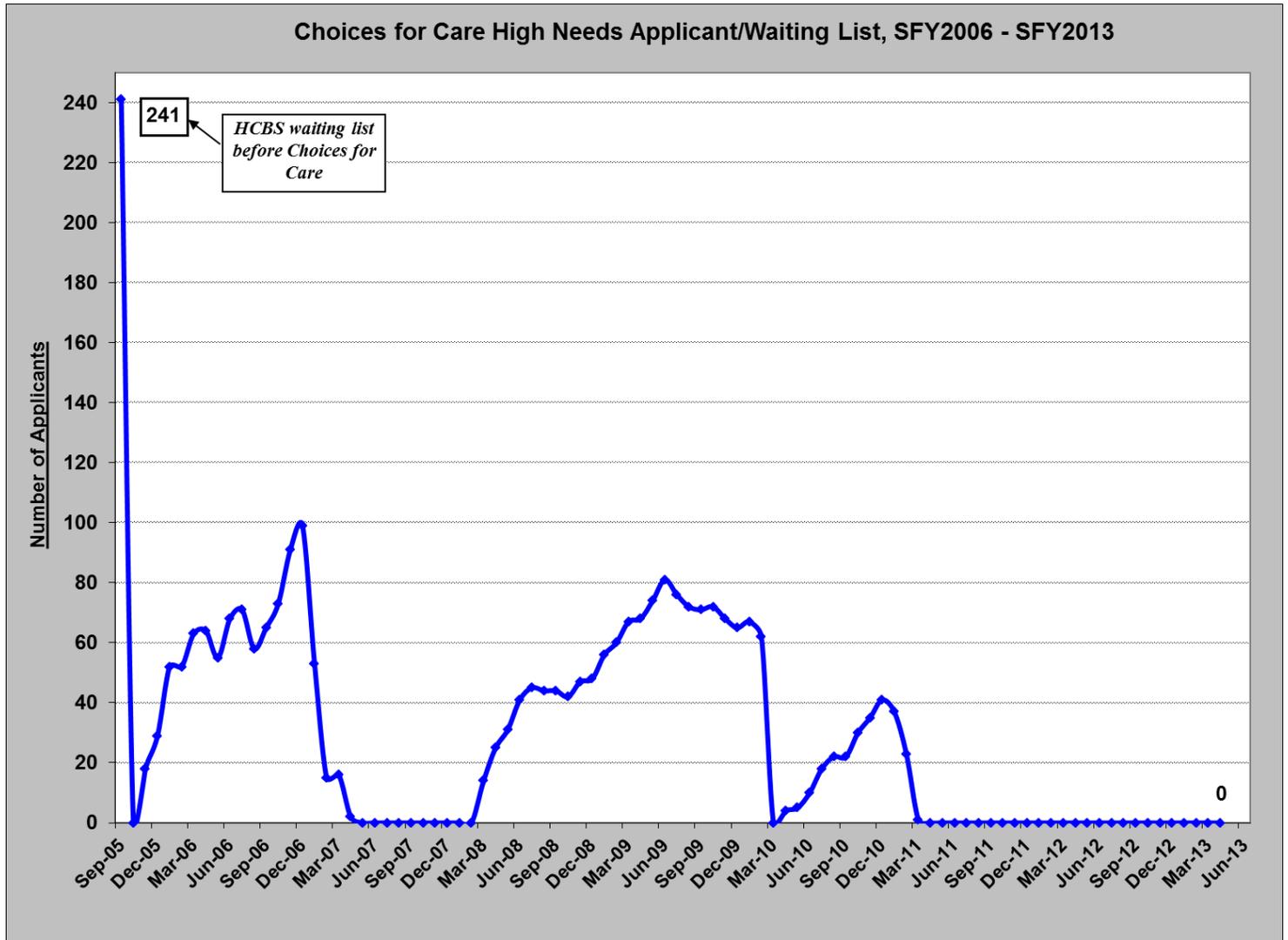


The two PACE sites in Vermont recently closed, largely due to limited enrollment.

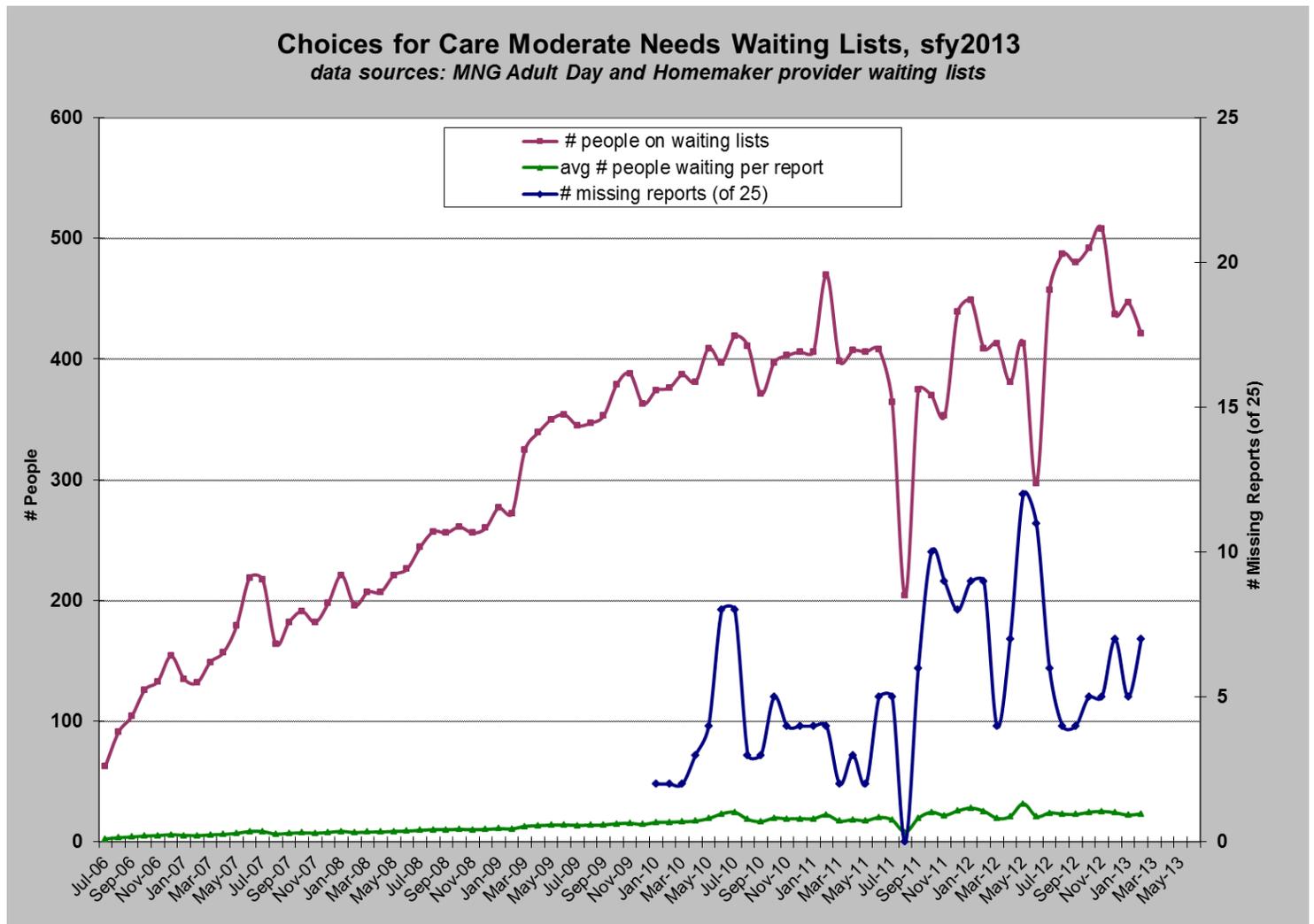
Staff from the DAIL ‘Money Follows the Person’ project are actively working on the development of another new service option, Adult Family Care. This service is intended to provide 24-hour care in the home of a paid caregiver.

5. Eliminate or Reduce Waiting Lists

One of the goals of Choices for Care is to eliminate or reduce waiting lists. Choices for Care has eliminated the waiting list for people who meet 'High Needs' clinical eligibility criteria (people who meet traditional nursing home level of care):



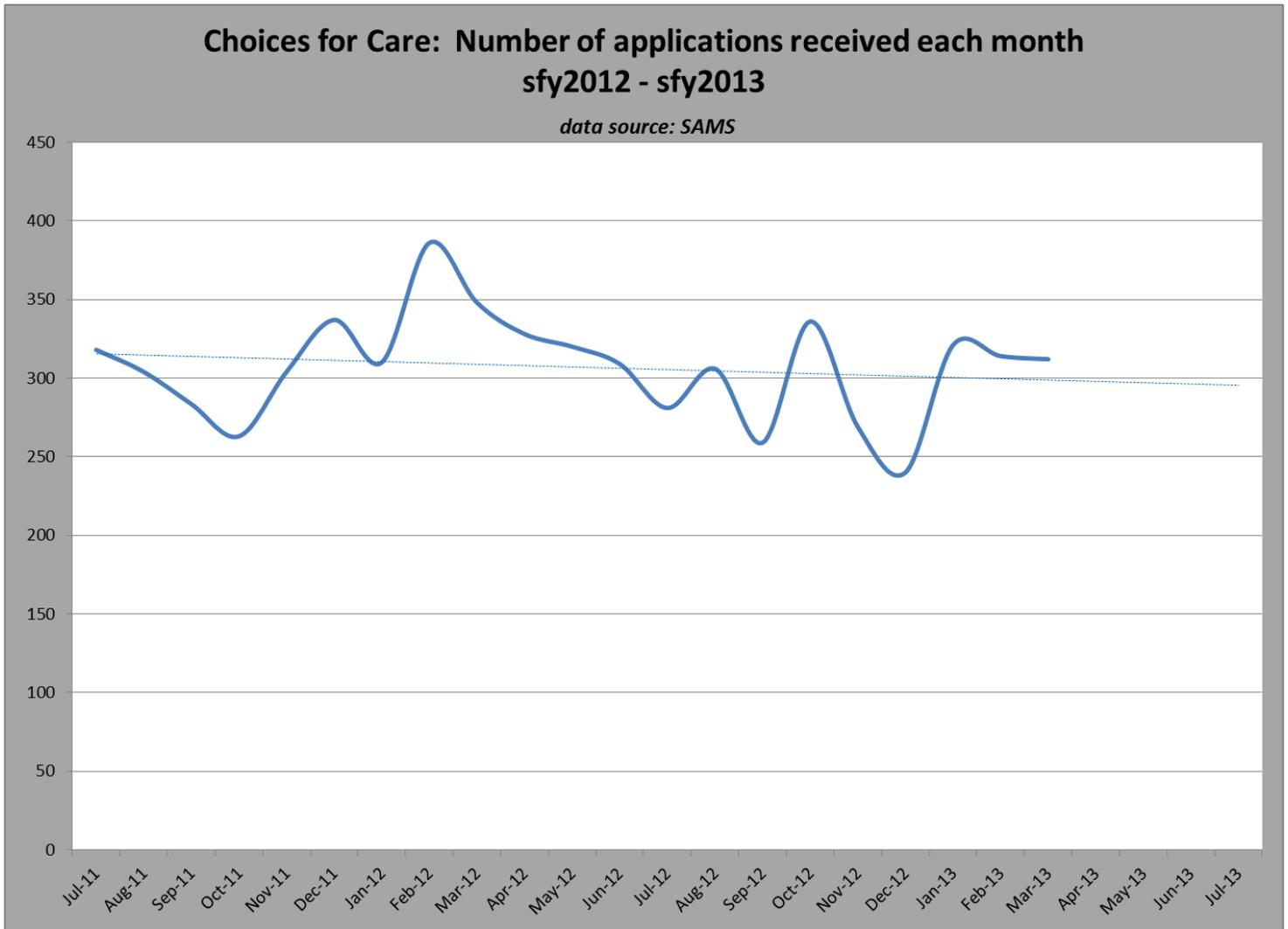
Waiting lists do continue for applicants in the Moderate Needs Group, who do not meet nursing home level of care criteria. Tens of thousands of Vermonters are potentially eligible for this group, with services limited by available funding:



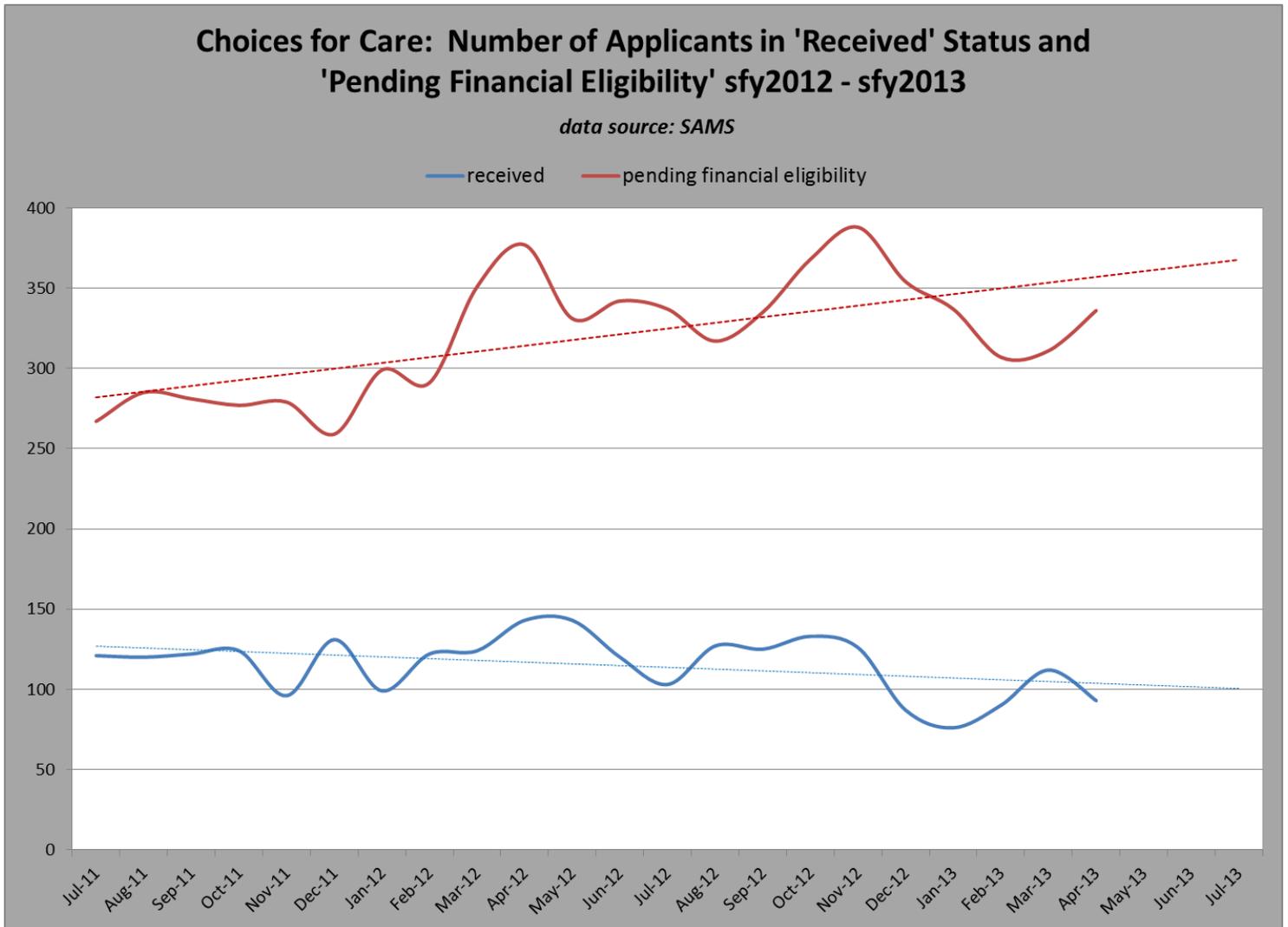
A more focused measure of performance in serving people in the Moderate Needs Group is the percentage of available funding that is actually used.

Using this measure, the goal would be to use close to 100% of available funding in a given year, leaving less than 5% unspent. However, in sfy2012, 26% of funds allocated to providers for Homemaker services remained unspent, and 18% of funds allocated to adult day providers remained unspent. This performance should be improved, perhaps by adding additional providers of Homemaker services, as suggested by the independent evaluators last year.

People who have applied for services but are awaiting a clinical eligibility decision represent another group of people who are ‘waiting’. The number of applications received each month has varied over time:

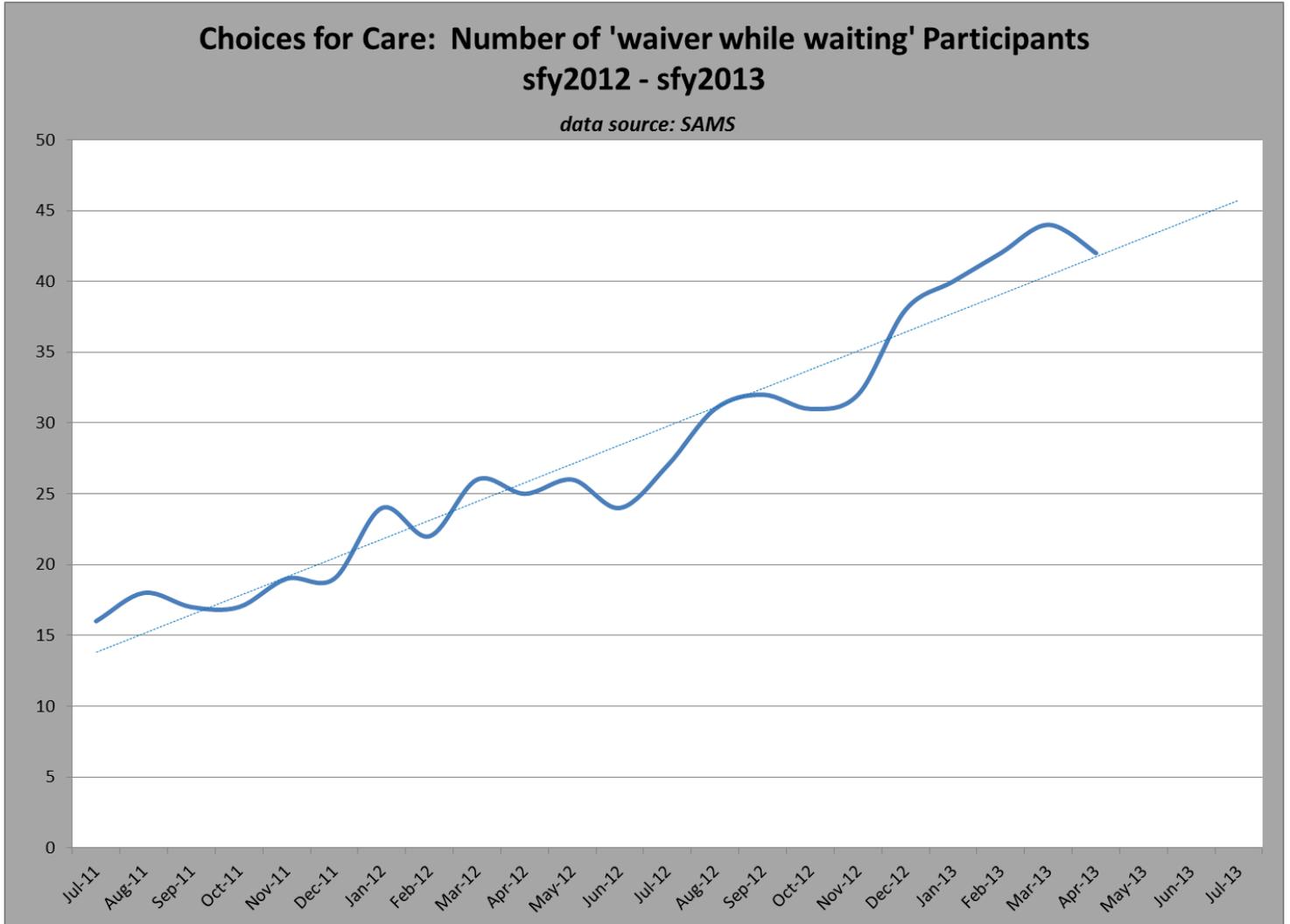


The number of people who are in 'received' status (awaiting a DAIL clinical eligibility decision) has remained fairly stable, while the number of people who have yet to receive a DCF financial eligibility decision has increased over time:



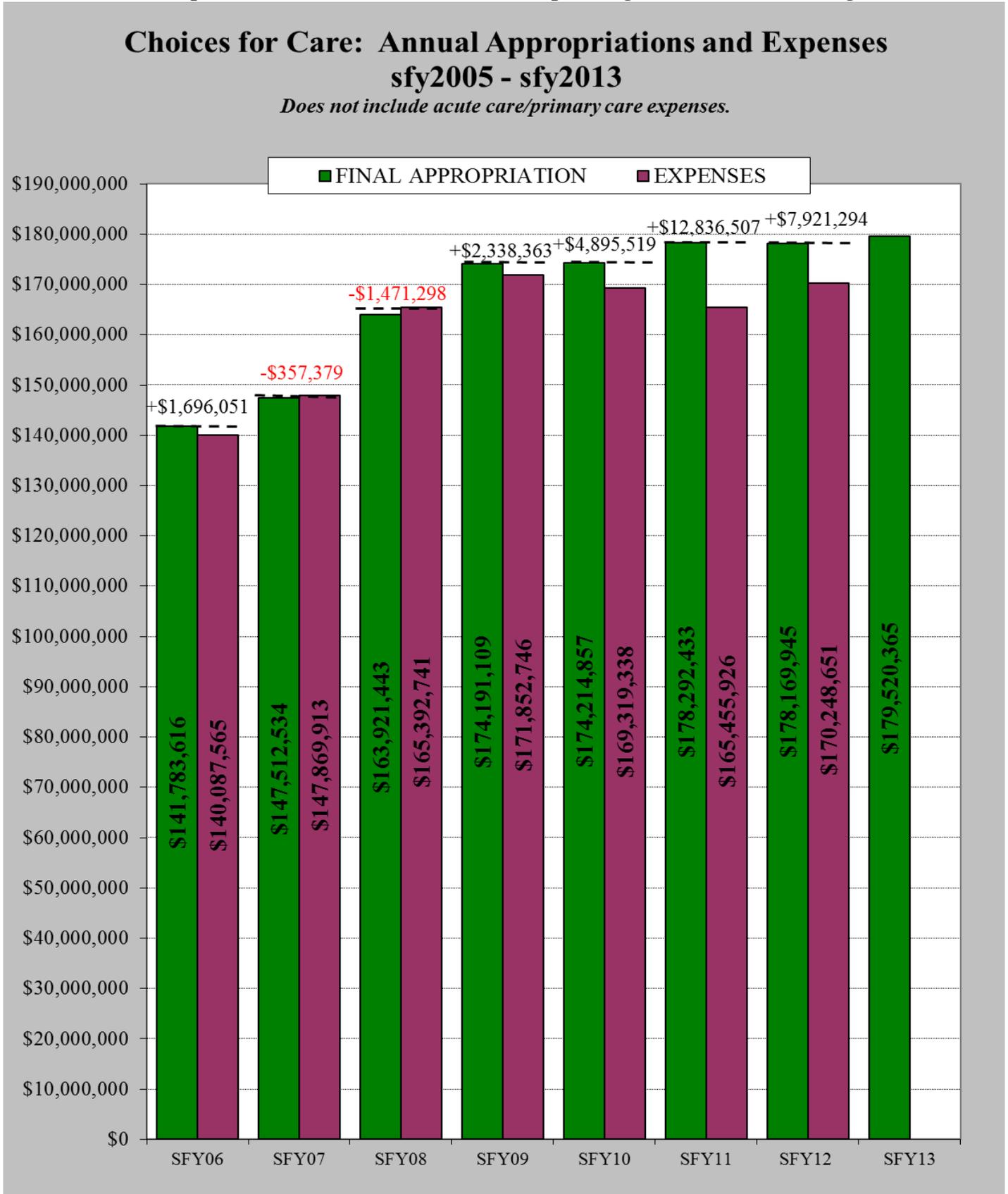
Note that some people awaiting a financial eligibility decision have yet to submit all of the information required by DCF to make a decision.

Financial eligibility decisions often take weeks to months. One strategy for improving access to services was to develop 'waiver while waiting'. Applicants who appear to meet financial eligibility criteria (based on information submitted to DCF) are able to access services before a formal financial eligibility decision is made. The number of people who are in 'waiver while waiting' status has also increased modestly over time:



6. Manage Spending to Available Funding

One of the goals of Choices for Care is to manage spending to the limits of available funding. Recent financial reports show that Choices for Care spending has been under budget:



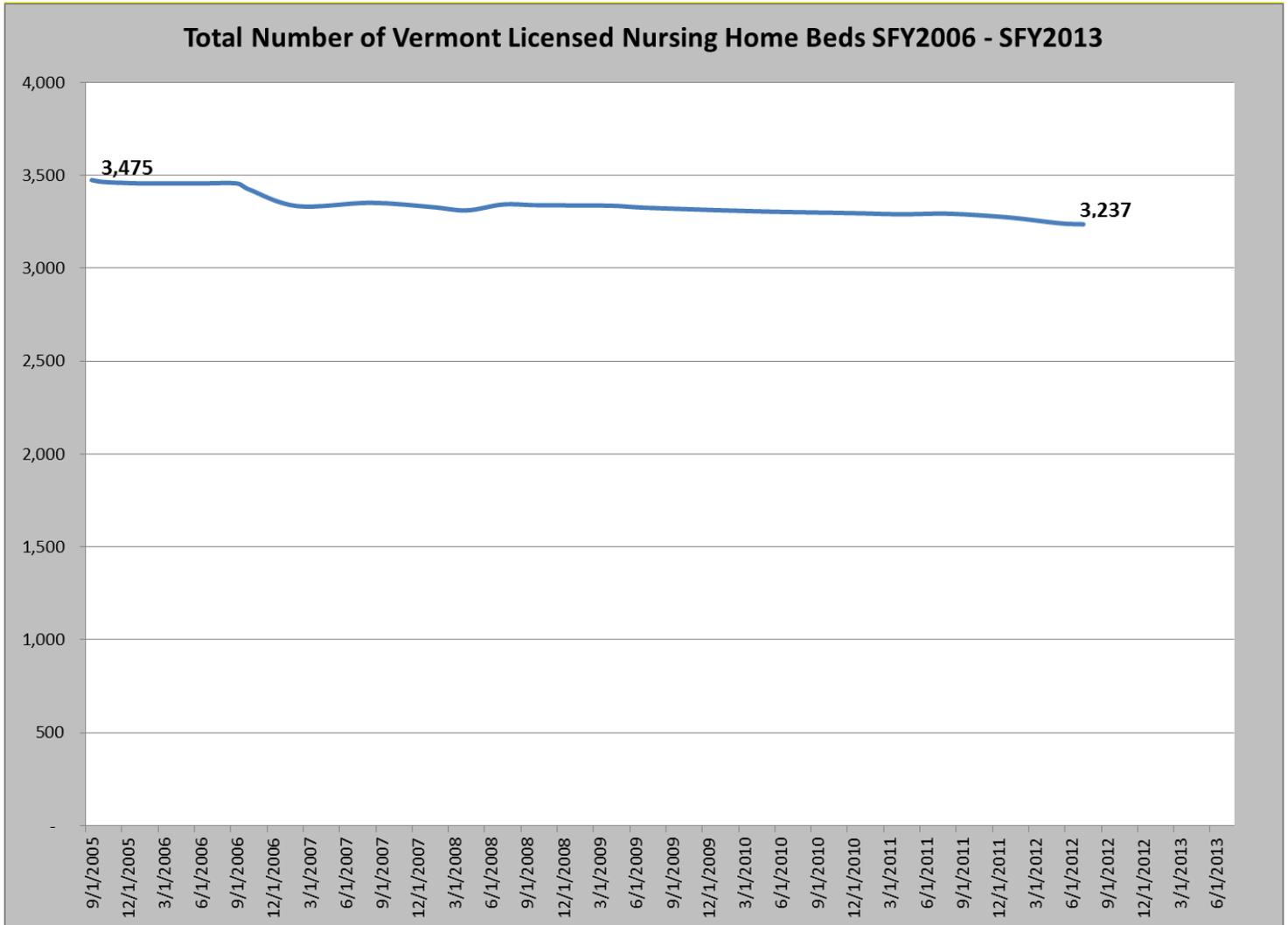
Reinvestments:

DAIL was fortunate to receive legislative approval to use almost \$3.5 million in CFC SFY2012 year-end state General Funds (aka “savings”) to eliminate proposed SFY13 budget reductions and to “reinvest” in home and community based long term services and supports in Vermont. SFY13 reinvestments included \$1/day increase to the Assistive Community Care Service (ACCS) for licensed residential care homes, \$.15/hr wage increase for all consumer/surrogate directed employees, and the reversal of a 2009 2% rate reduction for all Choices for Care home and community-based services and Day Health Rehabilitation services for certified Adult Day providers. Rate changes were implemented July and August 2012. In addition to rate increases, in SFY 13 DAIL will be able to provide \$164,453 to 3 of Vermont's 5 Area Agencies on Aging to help maintain services such as case management, home-delivered meals and congregate meals. In addition, DAIL will be implementing recommendations from a task force to better address self-neglect and will also be working across the Agency of Human Services and with community stakeholders to design and implement an initiative to improve integration and strengthen mental health and aging services.

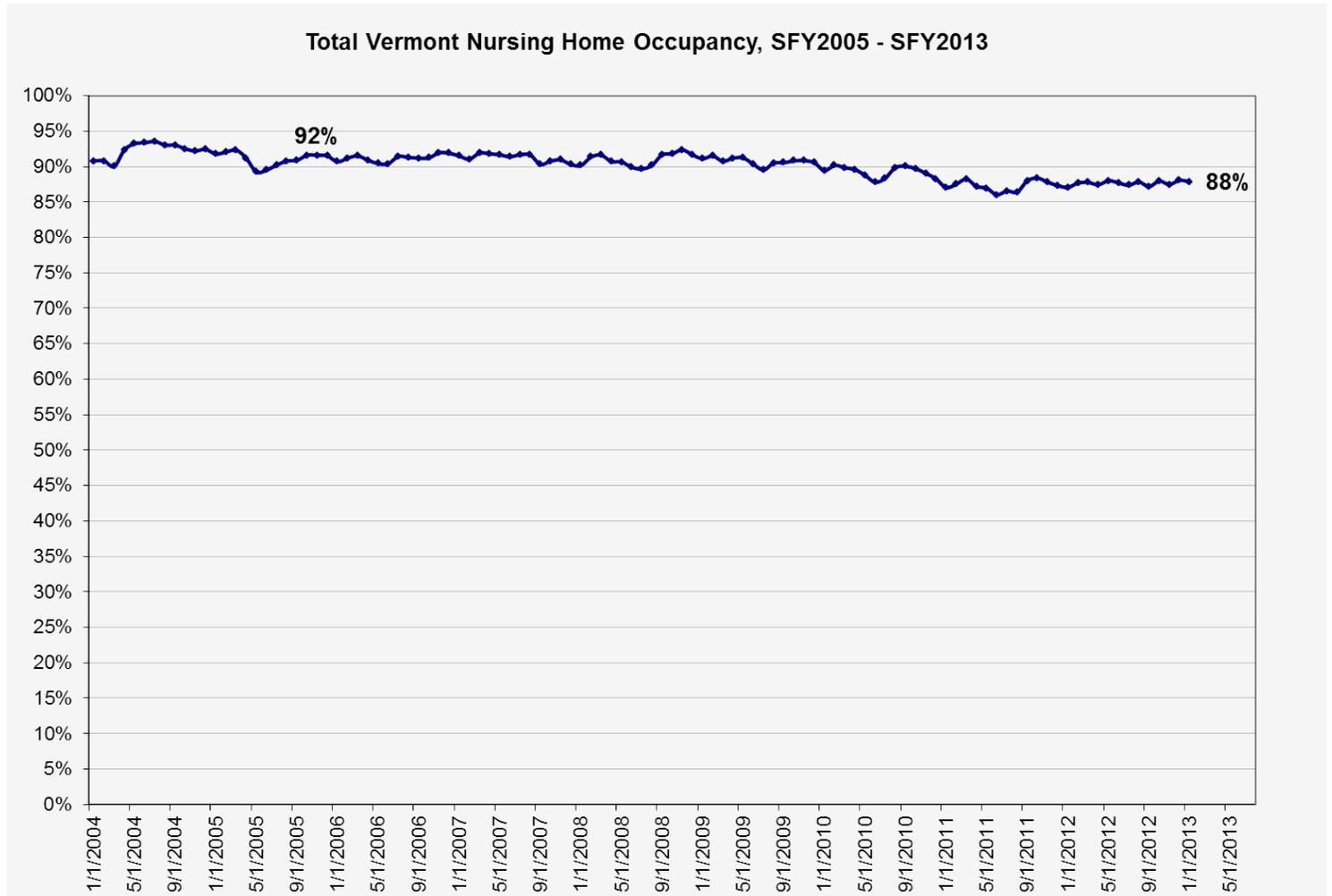
Choices for Care Reinvestments SFY13 - using SFY12 Carryforward funds			
10.18.12			
	<u>Current Appropriation DVHA - LTC</u>	<u>Gross</u>	<u>General Fund</u>
1)	Eliminate proposed FY13 budget reductions	\$779,979	\$339,837
2)	Increase ACCS rate by \$1/day (\$36.25/day to \$37.25/day)	\$350,000	\$152,495
3)	Restore the 2% rate reduction in ERC	\$156,000	\$67,969
4)	Increase wages by 15 cents/hour		
	a. For consumer and surrogate-directed personal care/respice	\$292,922	\$127,626
	b. Attendant Services Program (General Fund)	\$39,657	\$39,657
	c. Attendant Services Program (Global Commitment)	\$28,434	\$12,389
5)	Self-neglect (Area Agencies on Aging)	\$350,000	\$152,495
6)	Eliminate 2009 2% rate reduction/providers	\$847,918	\$369,438
7)	Area Agencies on Aging for family caregivers, elder abuse, nutrition (one time)	\$164,453	\$164,453
8)	Mental Health and Aging Services	\$225,000	\$98,033
9)	SFY13 Budget Obligation	\$2,500,000	\$1,089,251
10)	Remainder for SFY13 Unanticipated pressures	\$1,632,591	\$711,320
11)	Day Health Rehabilitation Services- increase rate by 2% (\$14.72/hour to \$15.00/hour)	\$30,000	\$13,071
		\$7,396,954	\$3,338,033

7. Ensure an adequate supply of nursing home beds

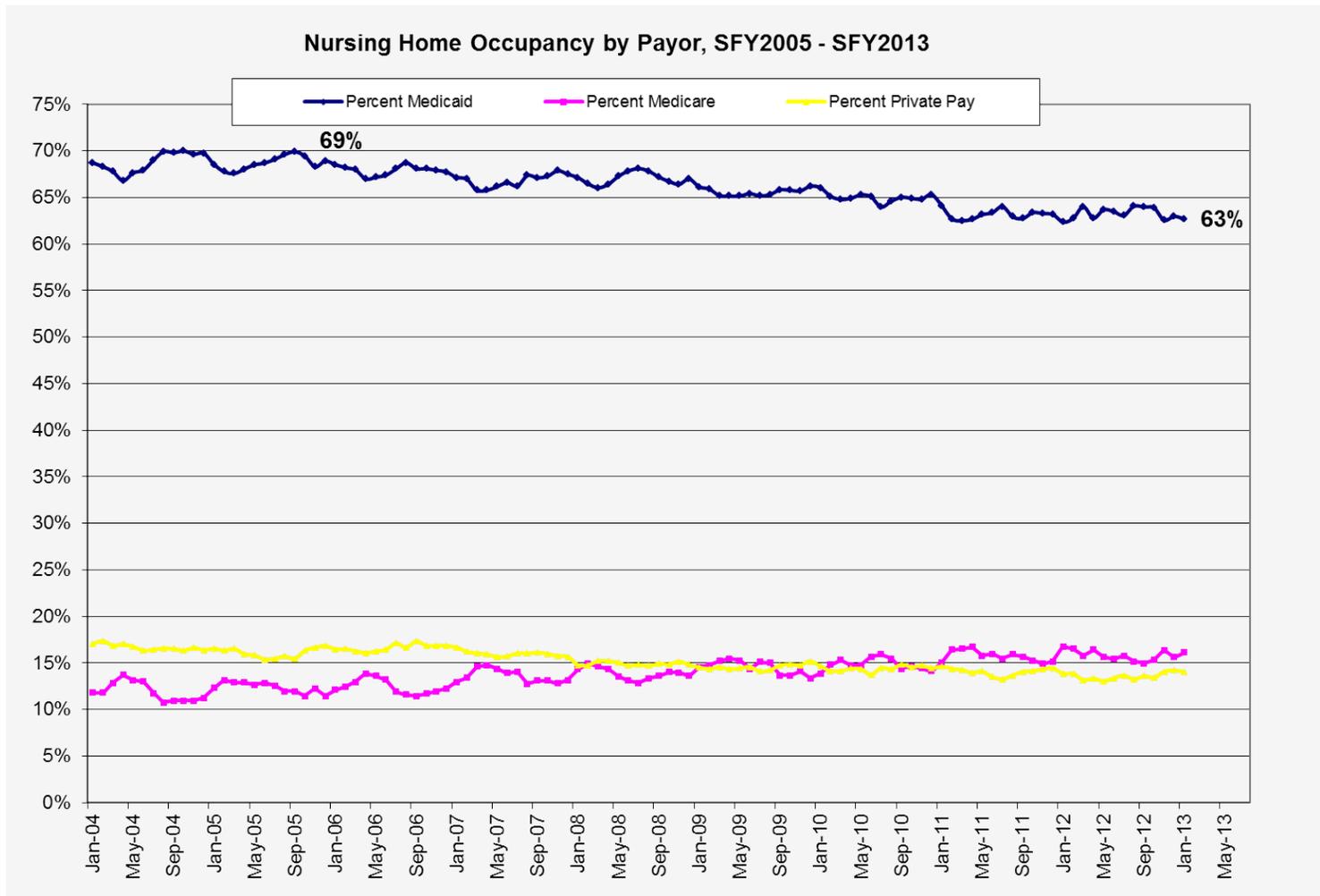
While one goal of Choices for Care is to ‘shift the balance’, another goal is to ensure continued access to an adequate supply of high-quality nursing homes. The number of nursing home beds in Vermont has decreased:



Since Choices for Care began, the total occupancy of Vermont nursing homes has decreased from 92% to 88%. This results in more unoccupied beds available to those people who want to use them:



The percentage of residents of Vermont nursing homes using Medicaid as primary payer has decreased from 69% to 63%:



Occupancy of individual nursing homes varies widely. Details regarding the occupancy of individual nursing homes is available at:

<http://www.dail.vermont.gov/dail-publications>.

Quality ratings, available on the CMS website:

<http://www.medicare.gov/NursingHomeCompare/search.aspx?bhcp=1>

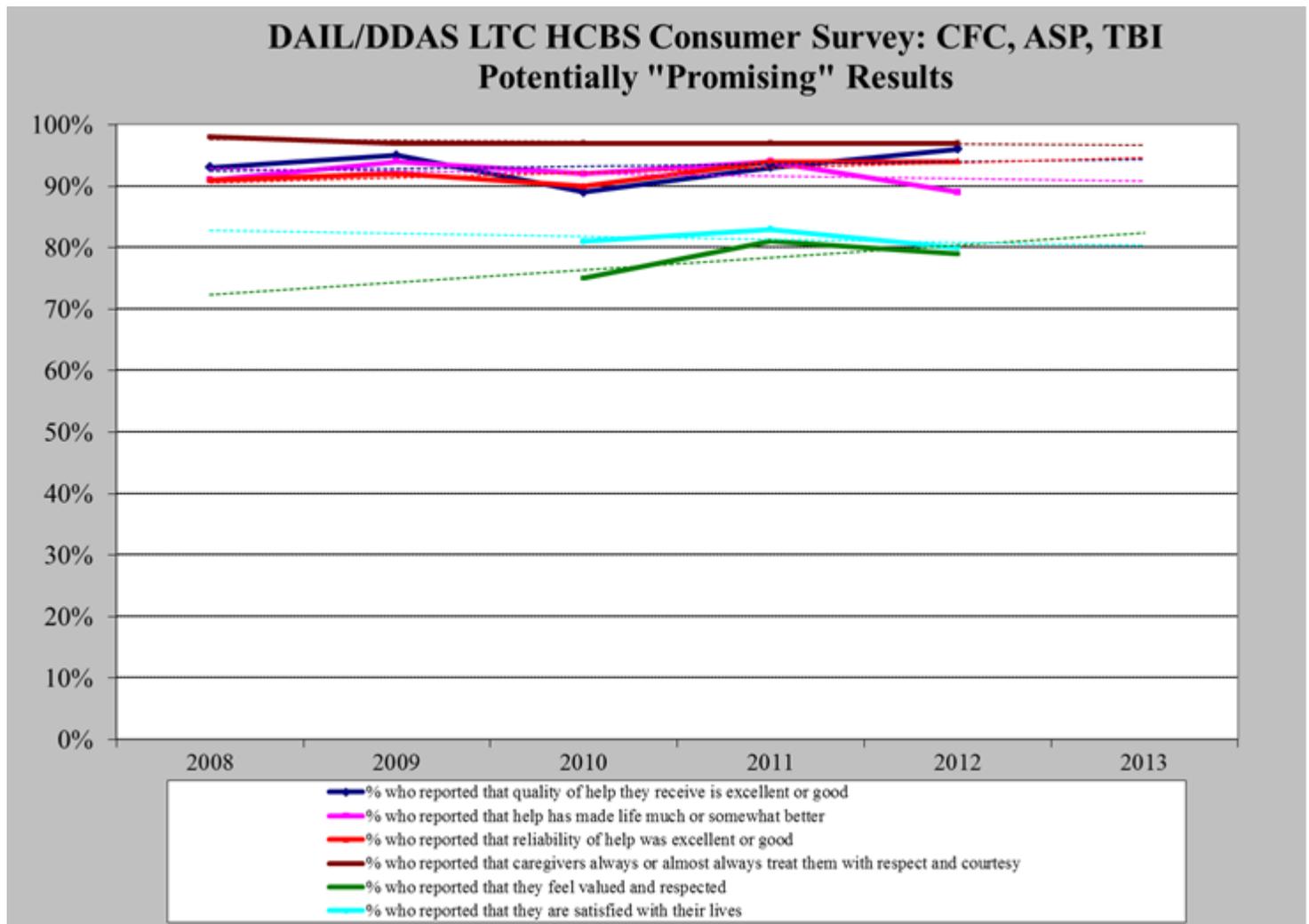
suggest that the quality of services at Vermont nursing homes is good. The results of Vermont licensing surveys if nursing homes are also available online at:

<http://www.dlp.vermont.gov/license-survey-nursing>

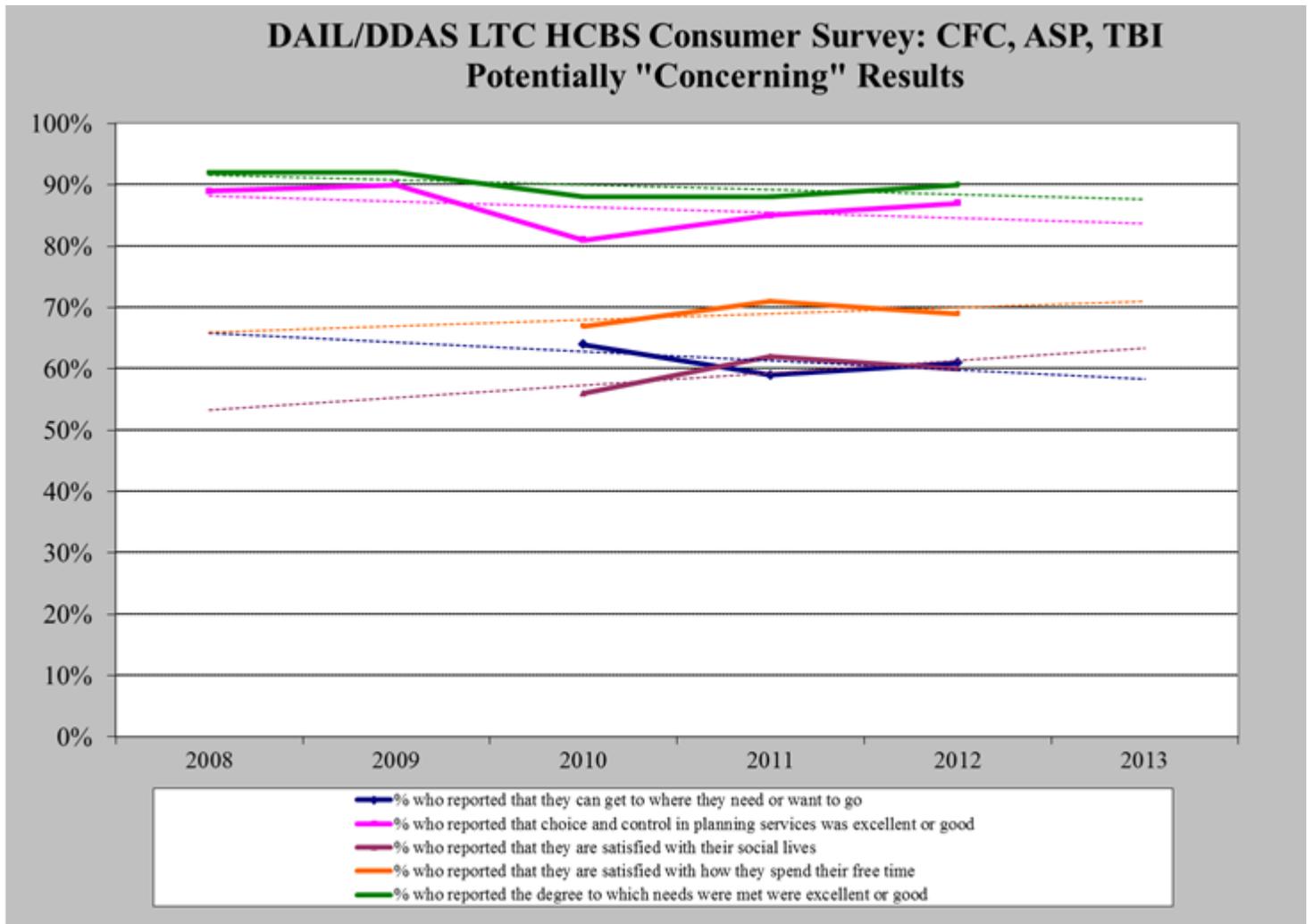
8. Ensure that services are of high quality and support individual outcomes

The results of surveys of Choices for Care HCBS participants are generally positive. Consistent with recent recommendations from the state auditor, DAIL is now working with nursing home providers and enhanced residential care home providers to collect similar information from residents of these facilities.

Through surveys, a large majority of CFC HCBS participants report positive aspects of services:



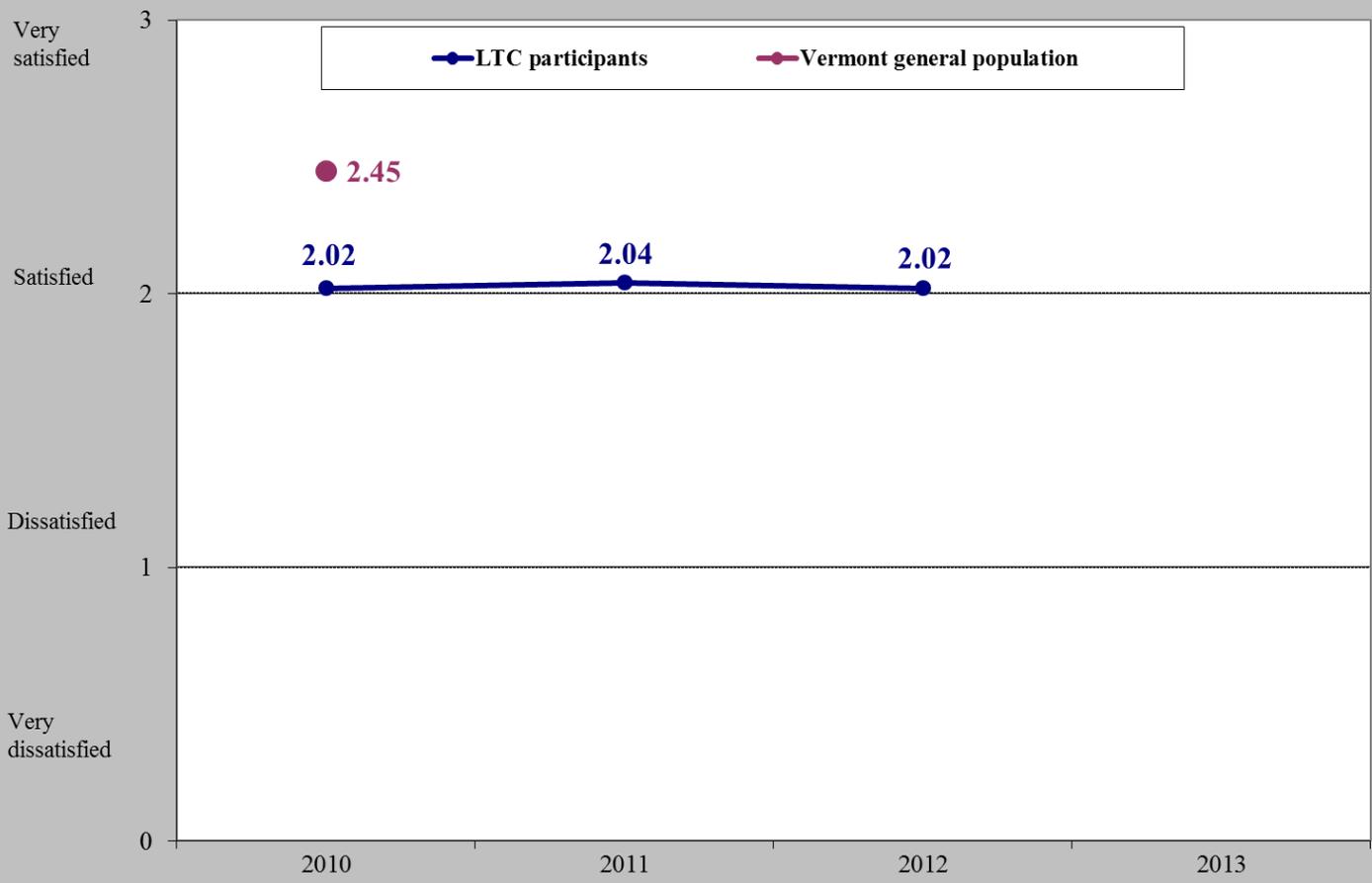
However, the surveys also suggest some opportunities for improvement:



DAIL/DDAS LTC HCBS Participant Survey: CFC, ASP, TBI

"In general, how satisfied are you with your life?"

Average response of LTC participants compared to average response of general population



9. Support the independent evaluation

One of the goals (and requirements) of Choices for Care is to support an independent evaluation of Choices for Care. Under contract with the State of Vermont, the University of Massachusetts Medical School has served as the independent evaluator. Their work includes:

- Evaluation reports, including specific performance goals and measures.
- Policy reports, including recommendations for improving services.

The independent evaluator uses the results of consumer surveys in evaluating the performance of Choices for Care. Surveys of CFC HCBS participants are performed under contract by other independent contractors.

These documents, including the results of consumer surveys, are available online at:

<http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/cfc-evaluation-rpts-consumer-surveys>

DAIL is discussing methods of adding the results of consumer surveys of residents of enhanced residential care homes and nursing homes with the Vermont Health Care Association.

The University of Massachusetts is currently working on a new policy brief, focused on improving services and outcomes for people with dementia.

10. Other data

Summaries of recent expenses are produced at the request of the Vermont legislature. This information is posted on the DAIL website at <http://dail.vermont.gov/dail-publications>, along with other relevant information.

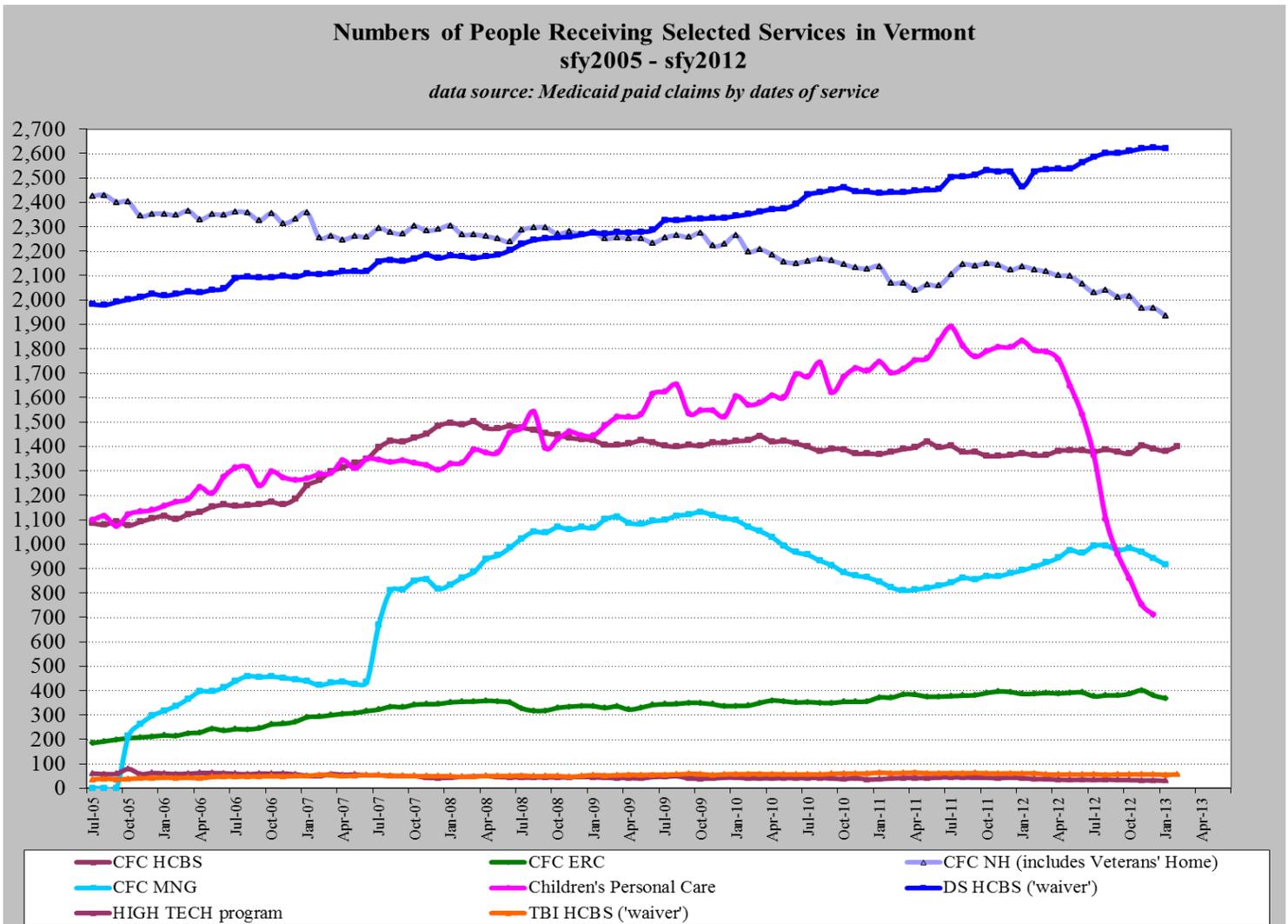
Choices for Care Summary - Expenses and # People Served by Date of Service							
Department of Disabilities Aging and Independent Living							
Date 4/9/2013							
Source: HP Claims Analysis View Universe; DLB 4/9/2013							
Expenditures	QE 12-31-05	QE 3-31-06	QE 6-30-06	QE 9-30-06	QE 12-31-06	QE 3-31-07	QE 6-30-07
Highest & High (includes all Case Management & Nursing Home)	\$35,772,031	\$35,852,839	\$35,178,239	\$38,174,641	\$38,526,281	\$37,679,617	\$37,639,269
Moderate	\$175,683	\$256,513	\$289,326	\$362,315	\$353,666	\$322,067	\$353,064
Pace	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total	\$35,947,714	\$36,109,352	\$35,467,565	\$38,536,956	\$38,879,947	\$38,001,684	\$37,992,333
Expenditures By Service Category							
1 Nursing Home	\$27,213,148	\$26,270,594	\$25,959,334	\$28,610,109	\$28,369,354	\$27,135,587	\$26,880,692
2 Adult Day (Moderate, High&Highest)	\$596,407	\$627,676	\$654,174	\$752,131	\$738,375	\$662,427	\$746,099
3 Case Management (HHA & AAA)	\$527,450	\$585,009	\$629,572	\$629,359	\$614,766	\$703,036	\$747,538
4 Homemaker	\$58,298	\$95,809	\$130,407	\$155,846	\$151,697	\$147,050	\$151,395
5 Respite/Companion	\$899,906	\$1,507,874	\$1,344,818	\$1,401,401	\$1,508,385	\$1,750,840	\$1,420,003
6 Enhanced Residential Care	\$907,122	\$972,581	\$1,074,562	\$1,129,652	\$1,213,489	\$1,520,271	\$1,724,323
7 Personal Care (by Agency)	\$3,096,003	\$2,944,259	\$2,969,099	\$2,925,860	\$2,954,844	\$3,200,681	\$3,279,421
8 Personal Care (Self Directed)	\$2,511,186	\$2,959,458	\$2,554,820	\$2,777,128	\$3,141,696	\$2,625,299	\$2,705,190
9 Flexible Choices	\$0	\$0	\$0	\$3,444	\$26,670	\$85,013	\$151,154
10 PACE	\$0	\$0	\$0	\$0	\$0	\$0	\$0
11 Misc (Assistive Devices, Emergency Response Systems, ISO)	\$138,194	\$146,092	\$150,779	\$152,026	\$160,671	\$171,480	\$186,518
Total	\$35,947,714	\$36,109,352	\$35,467,565	\$38,536,956	\$38,879,947	\$38,001,684	\$37,992,333
People Served							
* Highest & High (includes all Case Management)	3,991	4,085	4,146	4,171	4,228	4,325	4,368
**Moderate	315	396	472	494	515	486	522
PACE	0	0	0	0	0	0	0
Total	4,222	4,345	4,453	4,490	4,571	4,638	4,691
*includes all Case Management for Highest, High, and Moderate needs. This duplicates people who are counted in Moderate needs.							
** People in Moderate needs are also counted in Highest/High due to universal case management code.							
People Served by Service Category							
1 Nursing Home	2,606	2,608	2,604	2,566	2,598	2,562	2,514
2 Adult Day (Moderate, High&Highest)	285	297	306	313	331	318	334
3 Case Management (HHA & AAA)	1,439	1,555	1,652	1,687	1,691	1,857	1,968
4 Homemaker	241	304	371	389	411	388	418
5 Respite/Companion	670	856	886	896	882	972	1,005
6 Enhanced Residential Care	234	243	267	270	295	321	341
7 Personal Care (by Agency)	643	587	614	612	614	664	710
8 Personal Care (Self Directed)	619	641	649	668	686	727	779
9 Flexible Choices	0	0	0	4	6	18	28
10 PACE	0	0	0	0	0	0	0
11 Misc (Assistive Devices, Emergency Response Systems, ISO)	918	973	997	988	1,031	1,106	1,165
Total	4,222	4,345	4,453	4,490	4,571	4,638	4,691

Choices for Care Summary - Expenses and # People Served by Date of Service							
Department of Disabilities Aging and Independent Living							
Date 4/9/2013							
Source: HP Claims Analysis View Universe; DLB 4/9/2013							
Expenditures	QE 9-30-07	QE 12-31-07	QE 3-31-08	QE 6-30-08	QE 9-30-08	QE 12-31-08	QE 3-31-09
Highest & High (includes all Case Management & Nursing Home)	\$40,969,870	\$41,978,934	\$41,178,960	\$42,351,393	\$42,015,950	\$42,756,532	\$41,099,421
Moderate	\$492,912	\$540,785	\$558,916	\$684,776	\$848,498	\$833,873	\$841,669
Pace	\$0	\$0	\$0	\$0	\$549,904	\$647,014	\$709,243
Total	\$41,462,782	\$42,519,719	\$41,737,876	\$43,036,169	\$43,414,352	\$44,237,419	\$42,650,333
Expenditures By Service Category							
1 Nursing Home	\$28,607,922	\$29,347,050	\$28,496,746	\$29,195,529	\$30,133,994	\$30,259,388	\$28,904,802
2 Adult Day (Moderate, High&Highest)	\$840,974	\$852,689	\$835,816	\$987,246	\$1,177,787	\$1,107,449	\$1,047,058
3 Case Management (HHA & AAA)	\$851,068	\$911,222	\$998,932	\$1,027,588	\$974,211	\$952,817	\$938,499
4 Homemaker	\$293,049	\$319,974	\$333,104	\$387,504	\$454,453	\$474,842	\$478,496
5 Respite/Companion	\$1,785,338	\$1,842,333	\$2,148,986	\$1,917,227	\$1,622,742	\$1,720,125	\$2,179,588
6 Enhanced Residential Care	\$1,878,102	\$1,961,922	\$1,980,360	\$2,003,642	\$1,608,629	\$1,678,280	\$1,629,986
7 Personal Care (by Agency)	\$3,439,734	\$3,435,807	\$3,528,520	\$3,381,155	\$3,354,647	\$3,316,370	\$3,239,900
8 Personal Care (Self Directed)	\$3,389,097	\$3,379,594	\$2,900,648	\$3,380,539	\$2,903,704	\$3,302,151	\$2,766,713
9 Flexible Choices	\$181,903	\$251,580	\$297,477	\$526,939	\$418,496	\$561,770	\$538,015
10 PACE	\$0	\$0	\$0	\$0	\$549,904	\$647,014	\$709,243
11 Misc (Assistive Devices, Emergency Response Systems, ISO)	\$195,595	\$217,548	\$217,287	\$228,800	\$215,785	\$217,213	\$218,033
Total	\$41,462,782	\$42,519,719	\$41,737,876	\$43,036,169	\$43,414,352	\$44,237,419	\$42,650,333
People Served							
* Highest & High (includes all Case Management)	4,616	4,753	4,937	5,167	5,219	5,273	5,307
**Moderate	888	929	960	1,075	1,139	1,166	1,175
PACE	0	0	0	0	52	57	64
Total	5,131	5,240	5,353	5,462	5,497	5,562	5,565
*includes all Case Management for Highest, High, a							
** People in Moderate needs are also counted in Highest/High due to universal case management code.							
People Served by Service Category							
1 Nursing Home	2,498	2,520	2,510	2,500	2,524	2,528	2,545
2 Adult Day (Moderate, High&Highest)	351	372	375	393	408	400	379
3 Case Management (HHA & AAA)	2,223	2,345	2,541	2,778	2,794	2,804	2,824
4 Homemaker	781	817	846	948	1,011	1,047	1,058
5 Respite/Companion	1,038	1,030	1,124	1,098	1,048	984	1,090
6 Enhanced Residential Care	361	370	378	381	356	369	366
7 Personal Care (by Agency)	735	746	756	738	709	687	664
8 Personal Care (Self Directed)	823	854	866	867	862	858	853
9 Flexible Choices	28	37	45	58	70	75	84
10 PACE	0	0	0	0	52	57	64
11 Misc (Assistive Devices, Emergency Response Systems, ISO)	1,218	1,264	1,291	1,259	1,256	1,247	1,248
Total	5,131	5,240	5,353	5,462	5,497	5,562	5,565

Choices for Care Summary - Expenses and # People Served by Date of Service							
Department of Disabilities Aging and Independent Living							
Date 4/9/2013							
Source: HP Claims Analysis View Universe; DLB 4/9/2013							
Expenditures	QE 6-30-09	QE 9-30-09	QE 12-31-09	QE 3-31-10	QE 6-30-10	QE 9-30-10	QE 12-31-10
Highest & High (includes all Case Management & Nursing Home)	\$41,423,470	\$40,628,150	\$41,472,821	\$40,466,941	\$41,161,149	\$40,868,445	\$40,943,090
Moderate	\$882,945	\$898,122	\$868,851	\$841,882	\$781,206	\$746,283	\$687,821
Pace	\$819,977	\$863,053	\$919,562	\$910,404	\$937,154	\$1,007,539	\$1,117,010
Total	\$43,126,392	\$42,389,325	\$43,261,234	\$42,219,227	\$42,879,509	\$42,622,267	\$42,747,921
Expenditures By Service Category							
1 Nursing Home	\$28,799,355	\$29,072,892	\$29,097,883	\$28,238,436	\$28,430,674	\$29,269,852	\$28,832,919
2 Adult Day (Moderate, High&Highest)	\$1,116,501	\$1,141,806	\$1,084,842	\$1,089,316	\$1,104,204	\$1,038,938	\$942,907
3 Case Management (HHA & AAA)	\$909,337	\$875,932	\$823,737	\$879,907	\$804,960	\$783,124	\$761,747
4 Homemaker	\$491,875	\$481,745	\$487,263	\$476,529	\$465,710	\$442,838	\$432,870
5 Respite/Companion	\$1,892,242	\$1,539,843	\$1,821,126	\$2,215,199	\$1,961,951	\$1,604,505	\$1,705,457
6 Enhanced Residential Care	\$1,647,753	\$1,713,681	\$1,712,574	\$1,662,512	\$1,757,184	\$1,744,692	\$1,770,421
7 Personal Care (by Agency)	\$3,234,120	\$3,188,744	\$3,195,761	\$3,167,751	\$3,261,586	\$3,284,341	\$3,210,199
8 Personal Care (Self Directed)	\$3,270,845	\$2,734,010	\$3,272,166	\$2,794,713	\$3,192,619	\$2,649,386	\$3,034,132
9 Flexible Choices	\$724,594	\$568,746	\$629,914	\$573,726	\$761,289	\$603,201	\$745,619
10 PACE	\$819,977	\$863,053	\$919,562	\$910,404	\$937,154	\$1,007,539	\$1,117,010
11 Misc (Assistive Devices, Emergency Response Systems, ISO)	\$219,793	\$208,873	\$216,406	\$210,734	\$202,178	\$193,851	\$194,640
Total	\$43,126,392	\$42,389,325	\$43,261,234	\$42,219,227	\$42,879,509	\$42,622,267	\$42,747,921
People Served							
* Highest & High (includes all Case Management)	5,262	5,287	5,209	5,251	5,047	4,970	4,860
**Moderate	1,180	1,202	1,196	1,124	1,046	977	905
PACE	69	77	80	81	85	91	96
Total	5,519	5,536	5,520	5,468	5,304	5,193	5,129
*includes all Case Management for Highest, High, and Moderate needs. This duplicates people who are counted in Moderate needs.							
** People in Moderate needs are also counted in Highest/High due to universal case management code.							
People Served by Service Category							
1 Nursing Home	2,510	2,492	2,496	2,518	2,449	2,421	2,419
2 Adult Day (Moderate, High&Highest)	404	410	397	380	371	347	331
3 Case Management (HHA & AAA)	2,834	2,870	2,763	2,804	2,667	2,598	2,474
4 Homemaker	1,054	1,077	1,075	1,021	952	897	838
5 Respite/Companion	1,097	1,030	1,007	1,124	1,107	1,035	978
6 Enhanced Residential Care	367	375	371	377	383	376	382
7 Personal Care (by Agency)	655	645	651	660	667	641	643
8 Personal Care (Self Directed)	864	846	859	861	849	826	827
9 Flexible Choices	85	93	92	88	89	94	93
10 PACE	69	77	80	81	85	91	96
11 Misc (Assistive Devices, Emergency Response Systems, ISO)	1,234	1,209	1,215	1,234	1,210	1,176	1,134
Total	5,519	5,536	5,520	5,468	5,304	5,193	5,129

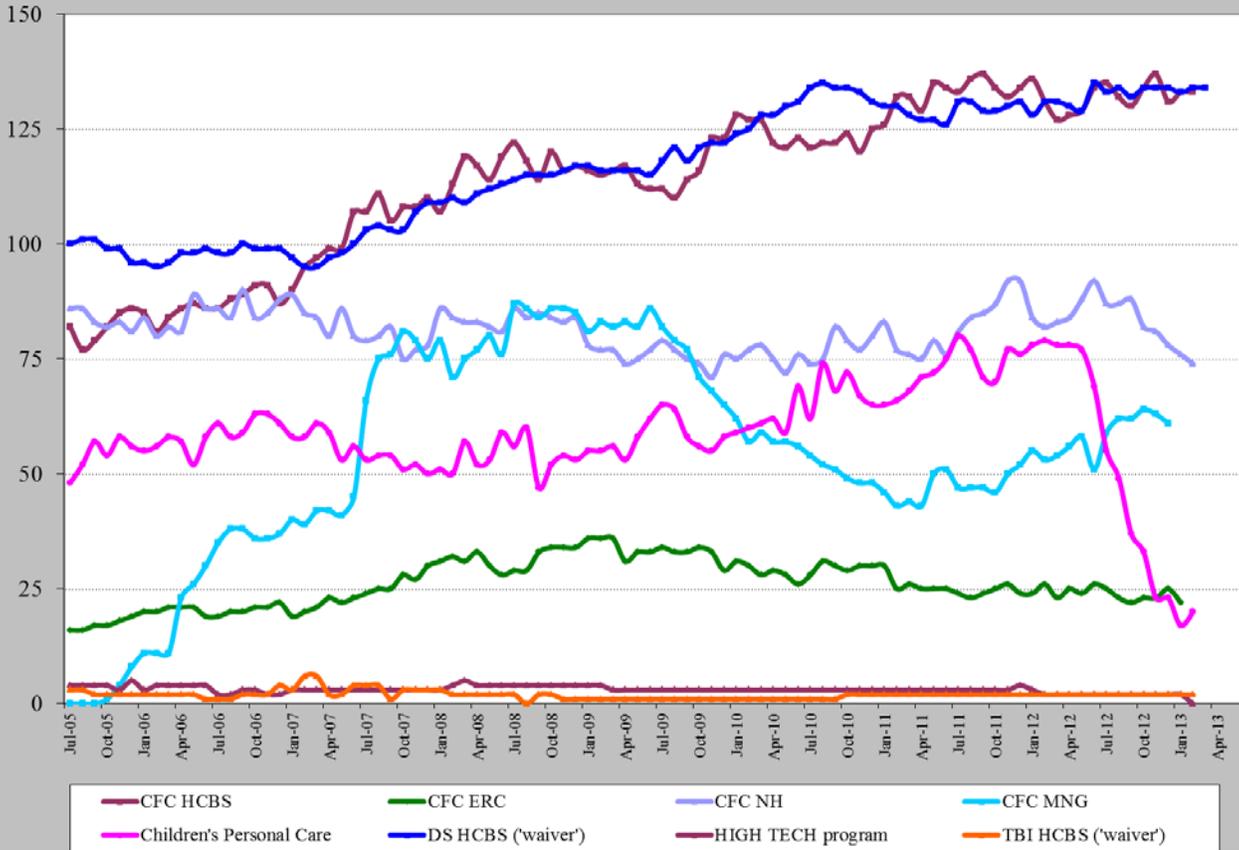
Choices for Care Summary - Expenses and # People Served by Date of Service								
Department of Disabilities Aging and Independent Living								
Date 4/9/2013								
Source: HP Claims Analysis View Universe; DLB 4/9/2013								
Expenditures	QE 3-31-11	QE 6-30-11	QE 9-30-11	QE 12-31-11	QE 3-31-12	QE 6-30-12	QE 9-30-12	QE 12-31-12
Highest & High (includes all Case Management & Nursing Home)	\$39,500,843	\$40,273,406	\$41,186,299	\$42,216,398	\$41,024,742	\$41,633,319	\$42,735,037	\$41,185,337
Moderate	\$663,023	\$685,760	\$710,286	\$739,068	\$802,782	\$893,074	\$924,558	\$863,495
Pace	\$1,214,667	\$1,242,650	\$1,294,171	\$1,280,173	\$1,416,161	\$1,538,057	\$1,563,321	\$1,596,406
Total	\$41,378,533	\$42,201,816	\$43,190,756	\$44,235,639	\$43,243,685	\$44,064,450	\$45,222,916	\$43,645,238
Expenditures By Service Category								
1 Nursing Home	\$27,557,384	\$27,566,348	\$29,397,191	\$29,724,820	\$28,703,110	\$28,892,660	\$29,852,520	\$28,802,664
2 Adult Day (Moderate, High&Highest)	\$905,076	\$1,042,824	\$1,042,028	\$1,040,665	\$1,063,976	\$1,134,547	\$1,139,900	\$1,053,530
3 Case Management (HHA & AAA)	\$837,013	\$844,083	\$849,920	\$809,781	\$898,378	\$856,698	\$857,149	\$847,542
4 Homemaker	\$442,357	\$425,138	\$428,802	\$435,518	\$455,469	\$473,312	\$487,758	\$483,135
5 Respite/Companion	\$2,068,869	\$1,876,159	\$1,559,830	\$1,758,034	\$2,017,606	\$1,893,966	\$1,910,578	\$1,749,243
6 Enhanced Residential Care	\$1,823,106	\$1,869,765	\$1,908,794	\$1,985,998	\$1,970,531	\$2,004,839	\$2,033,174	\$2,094,769
7 Personal Care (by Agency)	\$3,069,715	\$3,322,391	\$3,385,716	\$3,347,241	\$3,330,876	\$3,341,843	\$3,444,835	\$3,462,834
8 Personal Care (Self Directed)	\$2,607,160	\$3,016,636	\$2,484,906	\$2,830,133	\$2,448,758	\$2,810,753	\$2,884,078	\$2,563,345
9 Flexible Choices	\$659,919	\$798,248	\$642,986	\$826,155	\$738,832	\$923,365	\$848,980	\$781,936
10 PACE	\$1,214,667	\$1,242,650	\$1,294,171	\$1,280,173	\$1,416,161	\$1,538,057	\$1,563,321	\$1,596,406
11 Misc (Assistive Devices, Emergency Response Systems, ISO)	\$193,267	\$197,574	\$196,412	\$197,121	\$199,988	\$194,410	\$200,623	\$209,834
Total	\$41,378,533	\$42,201,816	\$43,190,756	\$44,235,639	\$43,243,685	\$44,064,450	\$45,222,916	\$43,645,238
People Served								
* Highest & High (includes all Case Management)	4,904	4,892	4,927	4,929	5,096	5,060	4,957	4,888
**Moderate	856	876	923	942	997	1,046	1,062	1,039
PACE	106	116	116	115	124	132	138	137
Total	5,110	5,099	5,139	5,193	5,303	5,286	5,272	5,220
*includes all Case Management for Highest, High, and Moderate needs. This duplicates people who are counted in Moderate needs.								
** People in Moderate needs are also counted in Highest/High due to universal case management code.								
People Served by Service Category								
1 Nursing Home	2,386	2,350	2,358	2,391	2,385	2,341	2,282	2,249
2 Adult Day (Moderate, High&Highest)	316	330	335	344	372	379	370	357
3 Case Management (HHA & AAA)	2,546	2,593	2,621	2,567	2,720	2,782	2,671	2,648
4 Homemaker	797	815	835	842	881	925	931	921
5 Respite/Companion	1,076	1,086	1,022	954	1,068	1,073	1,039	977
6 Enhanced Residential Care	417	408	409	428	426	419	411	424
7 Personal Care (by Agency)	641	648	648	639	636	646	637	656
8 Personal Care (Self Directed)	819	826	804	776	790	804	798	782
9 Flexible Choices	94	98	102	105	113	110	113	112
10 PACE	106	116	116	115	124	132	138	137
11 Misc (Assistive Devices, Emergency Response Systems, ISO)	1,146	1,176	1,158	1,145	1,157	1,157	1,158	1,153
Total	5,110	5,099	5,139	5,193	5,303	5,286	5,272	5,220

DAIL produces information that shows the use of different types of services around the state. The graphs below show significant variation in the use of services in different regions of Vermont.



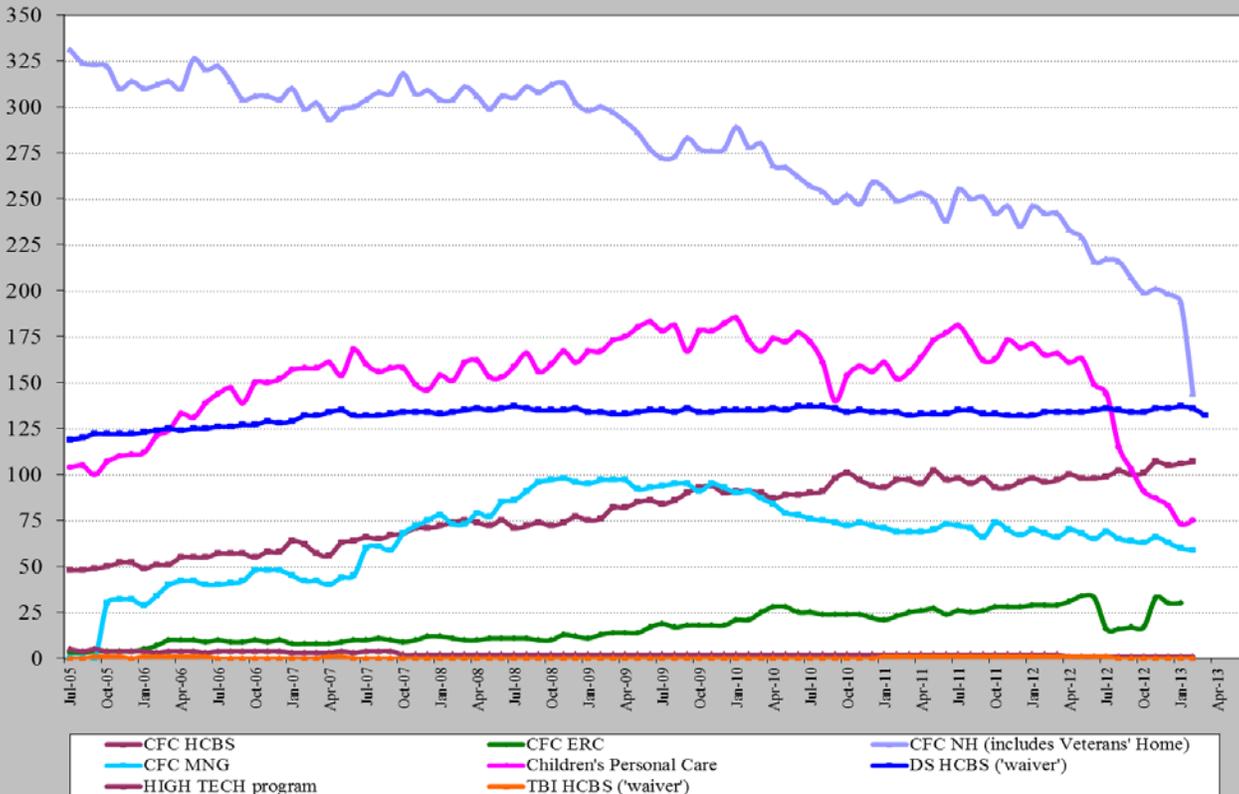
Numbers of People Receiving Selected Services in Addison County sfy2005 - sfy2013

data source: Medicaid paid claims by dates of service



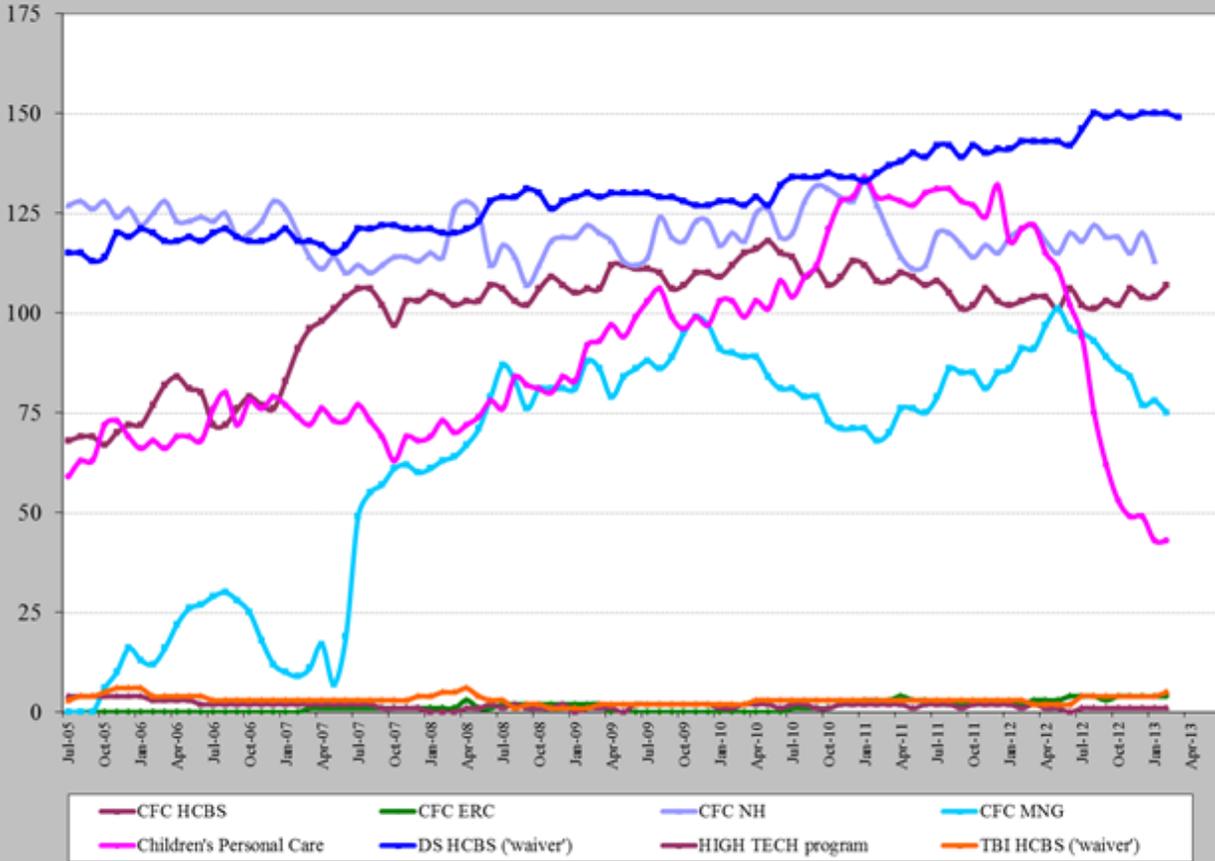
Numbers of People Receiving Selected Services in Bennington County sfy2005 - sfy2013

data source: Medicaid paid claims by dates of service



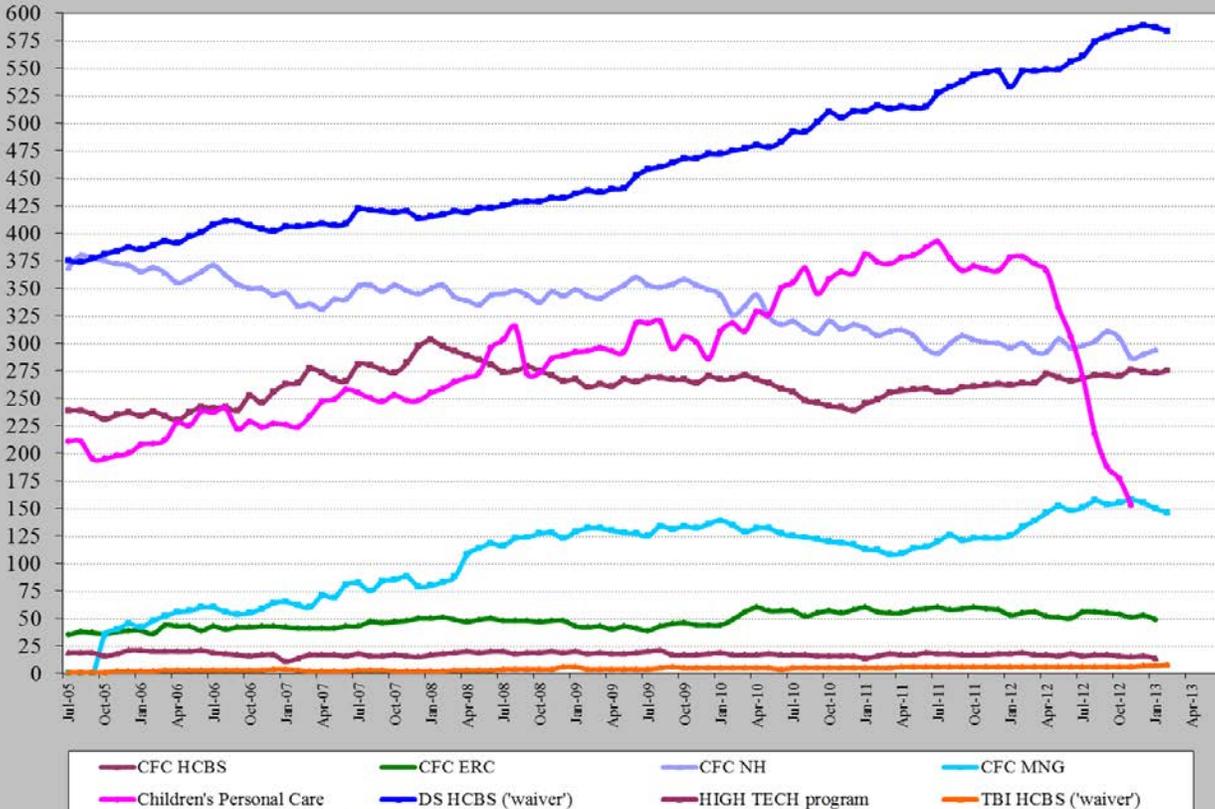
**Numbers of People Receiving Selected Services in Caledonia County
sfy2005 - sfy2013**

data source: Medicaid paid claims by dates of service



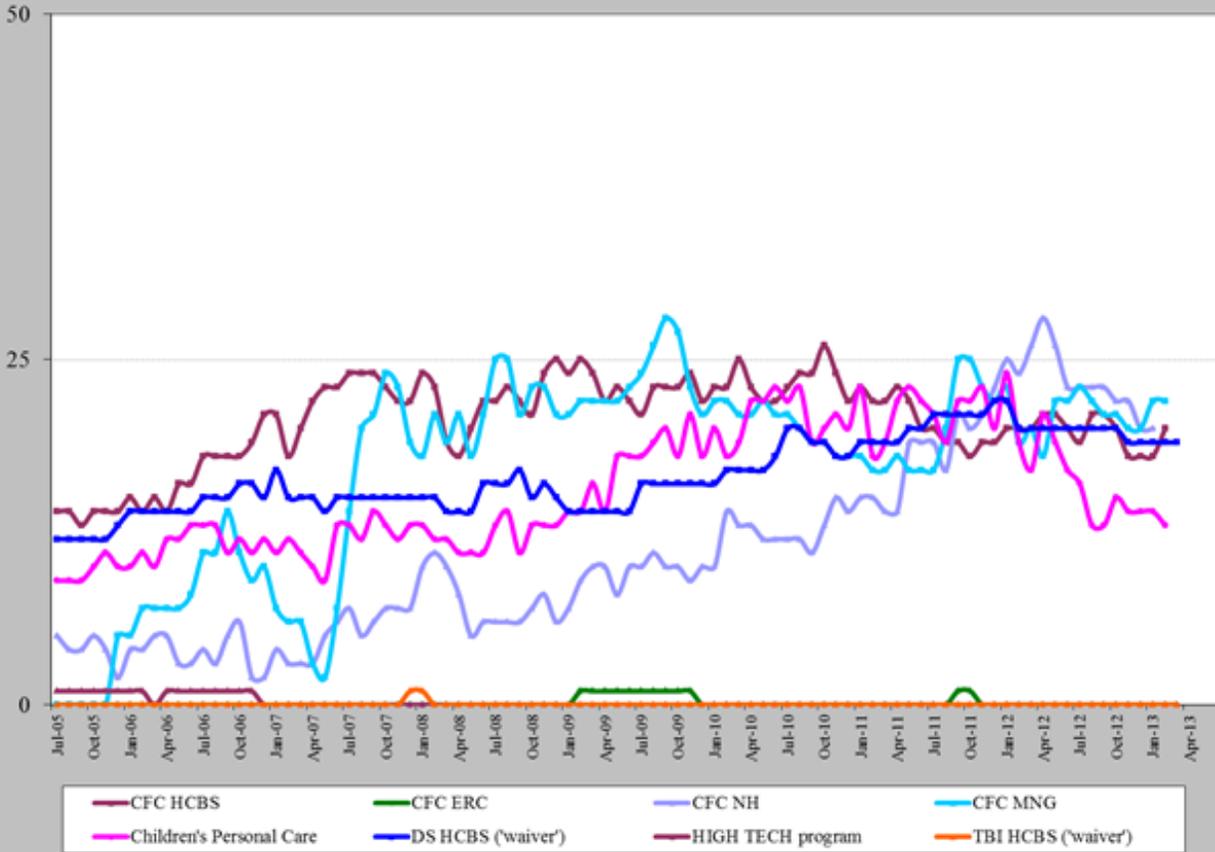
**Numbers of People Receiving Selected Services in Chittenden County
sfy2005 - sfy2012**

data source: Medicaid paid claims by dates of service



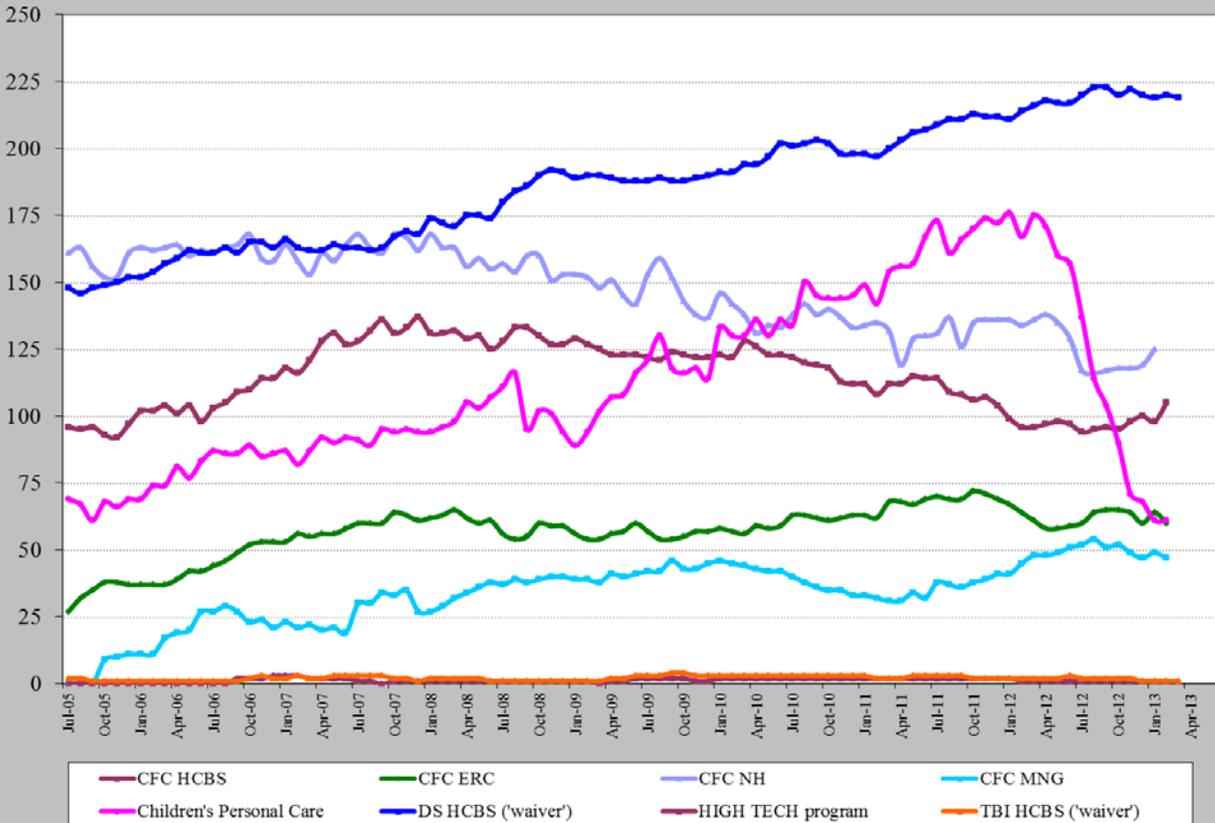
**Numbers of People Receiving Selected Services in Essex County
sfy2005 - sfy2012**

data source: Medicaid paid claims by dates of service



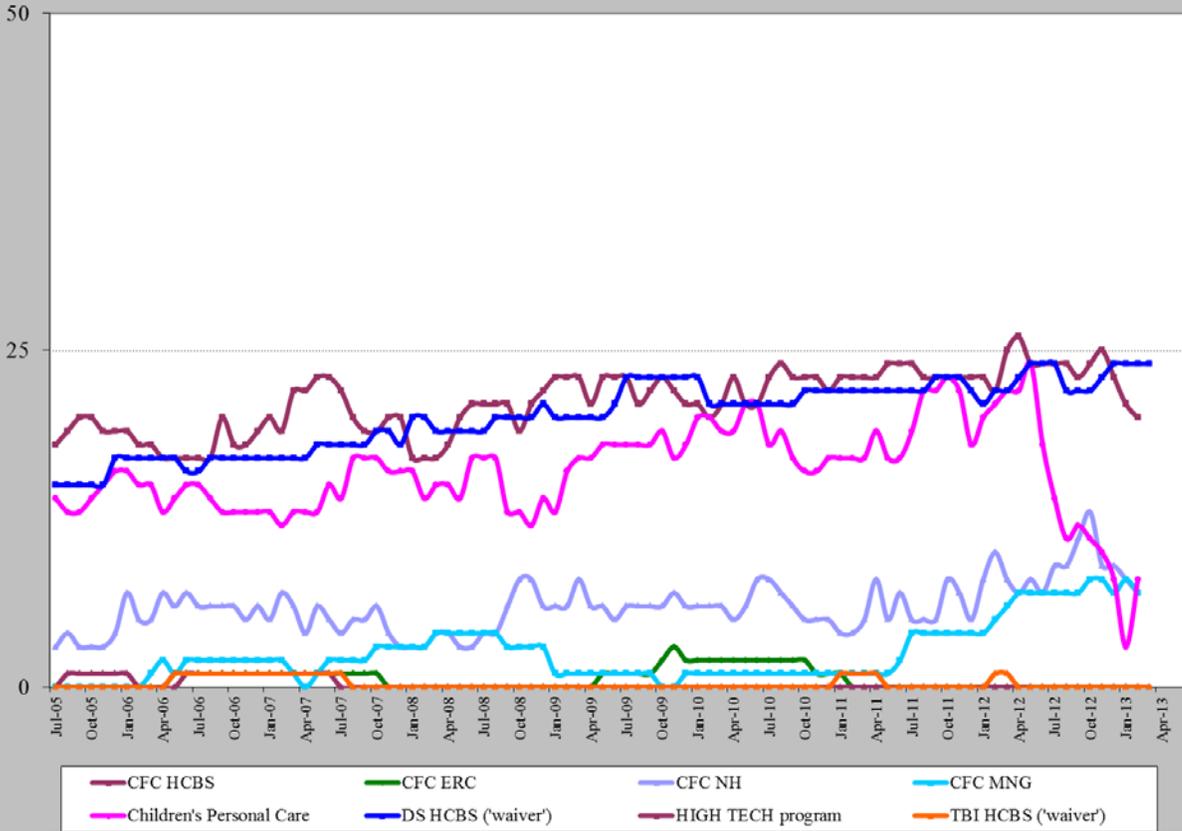
**Numbers of People Receiving Selected Services in Franklin County
sfy2005 - sfy2012**

data source: Medicaid paid claims by dates of service



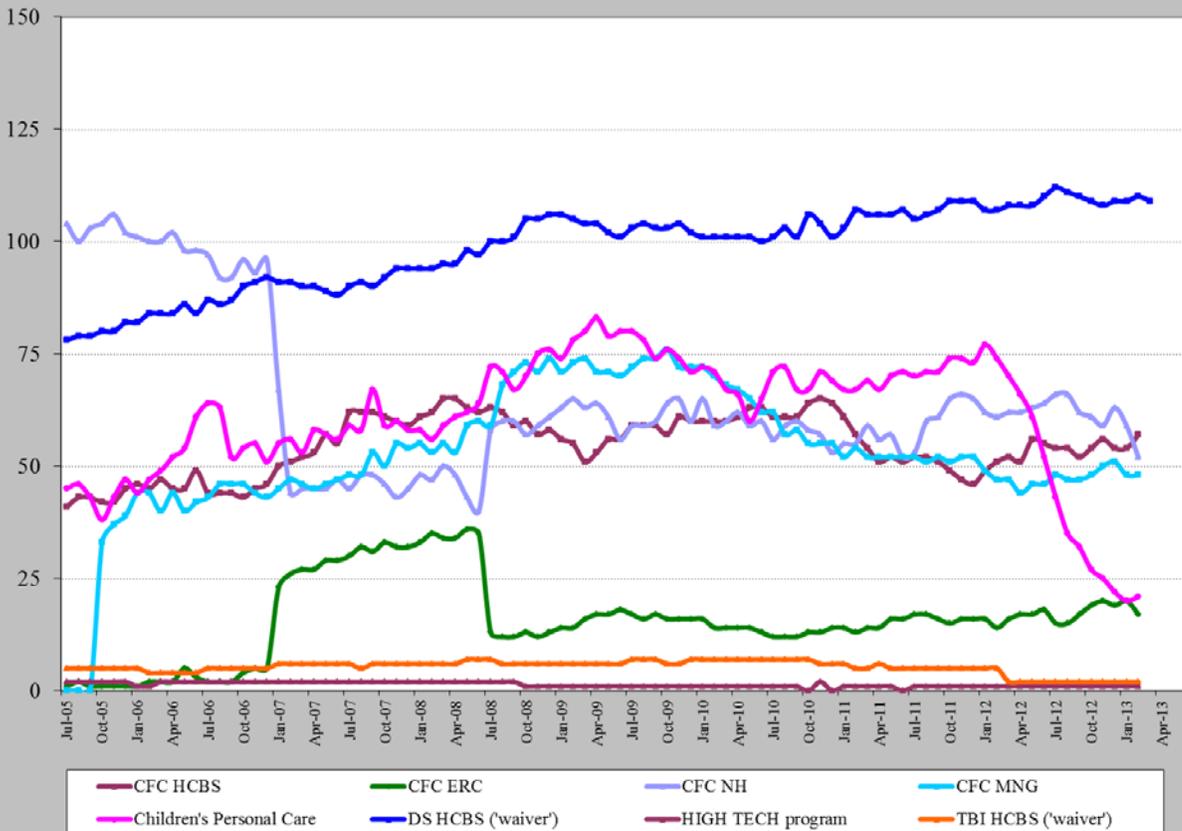
**Numbers of People Receiving Selected Services in Grand Isle County
sfy2005 - sfy2012**

data source: Medicaid paid claims by dates of service



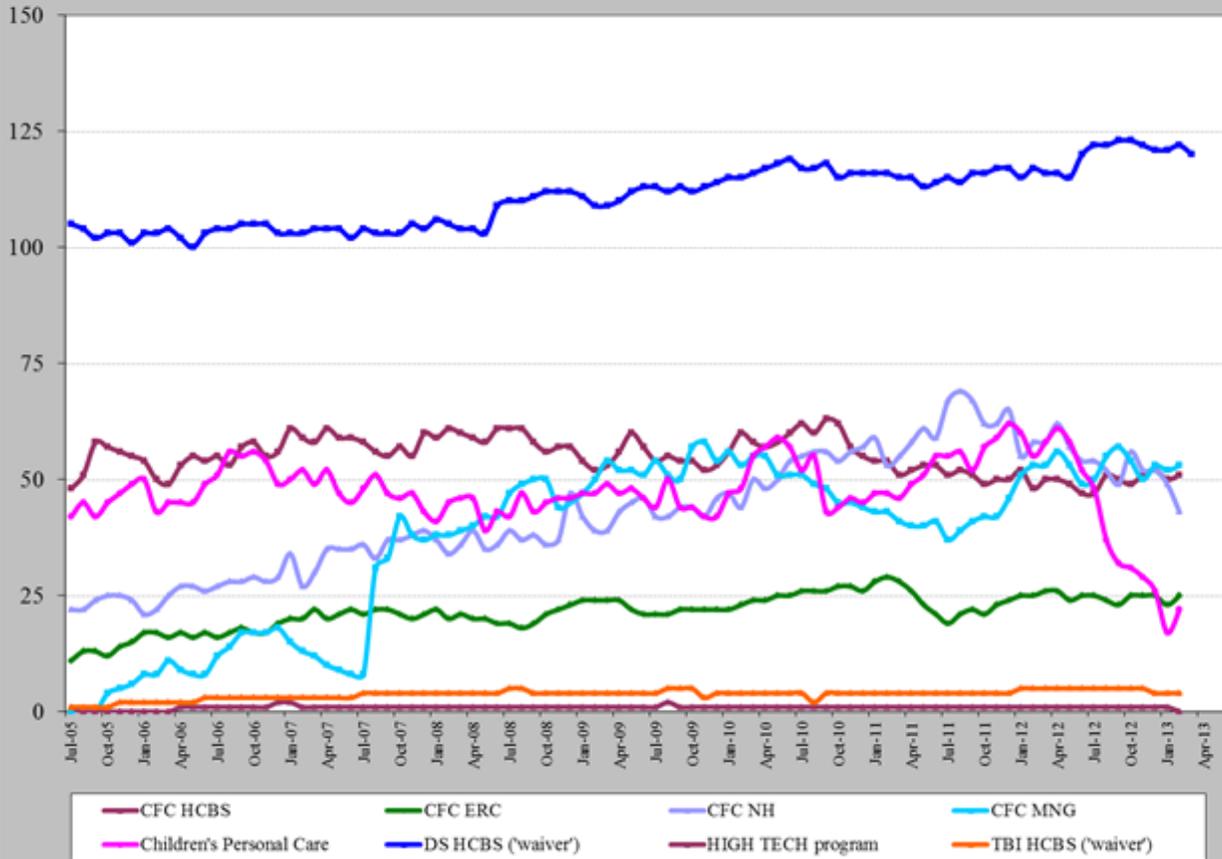
**Numbers of People Receiving Selected Services in Lamoille County
sfy2005 - sfy2012**

data source: Medicaid paid claims by dates of service



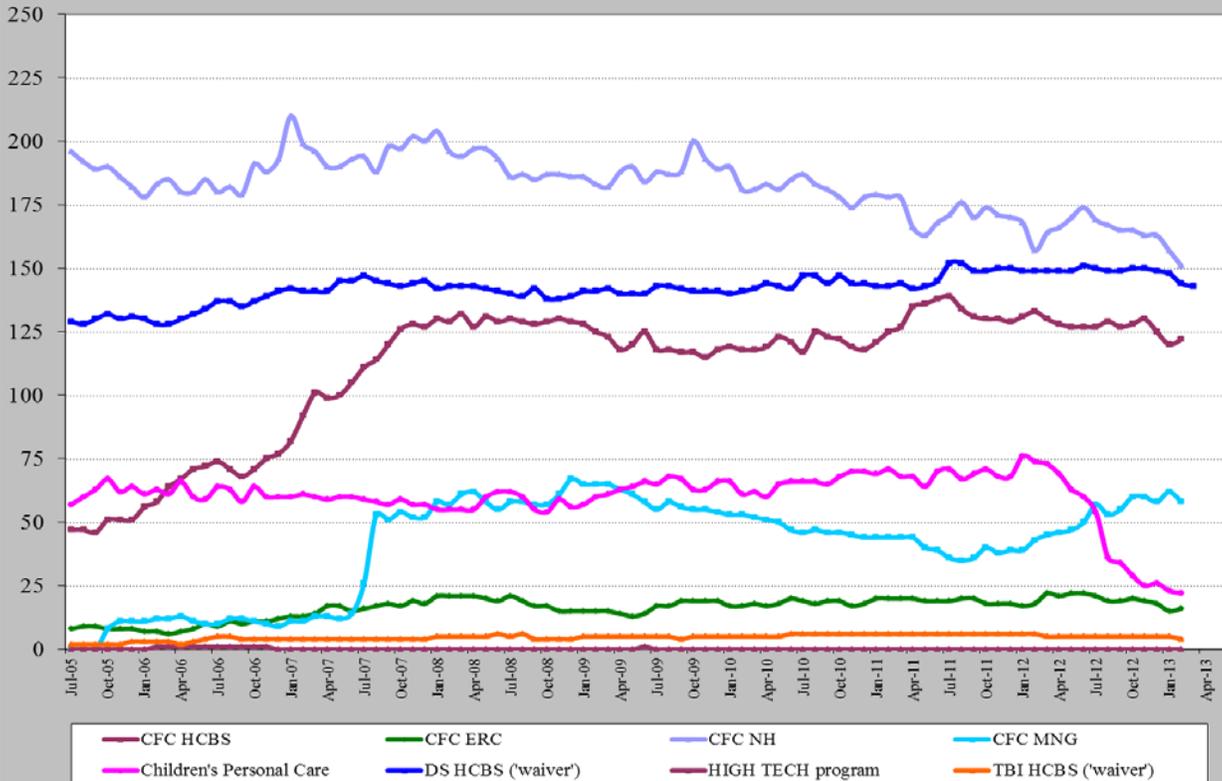
Numbers of People Receiving Selected Services in Orange County sfy2005 - sfy2012

data source: Medicaid paid claims by dates of service



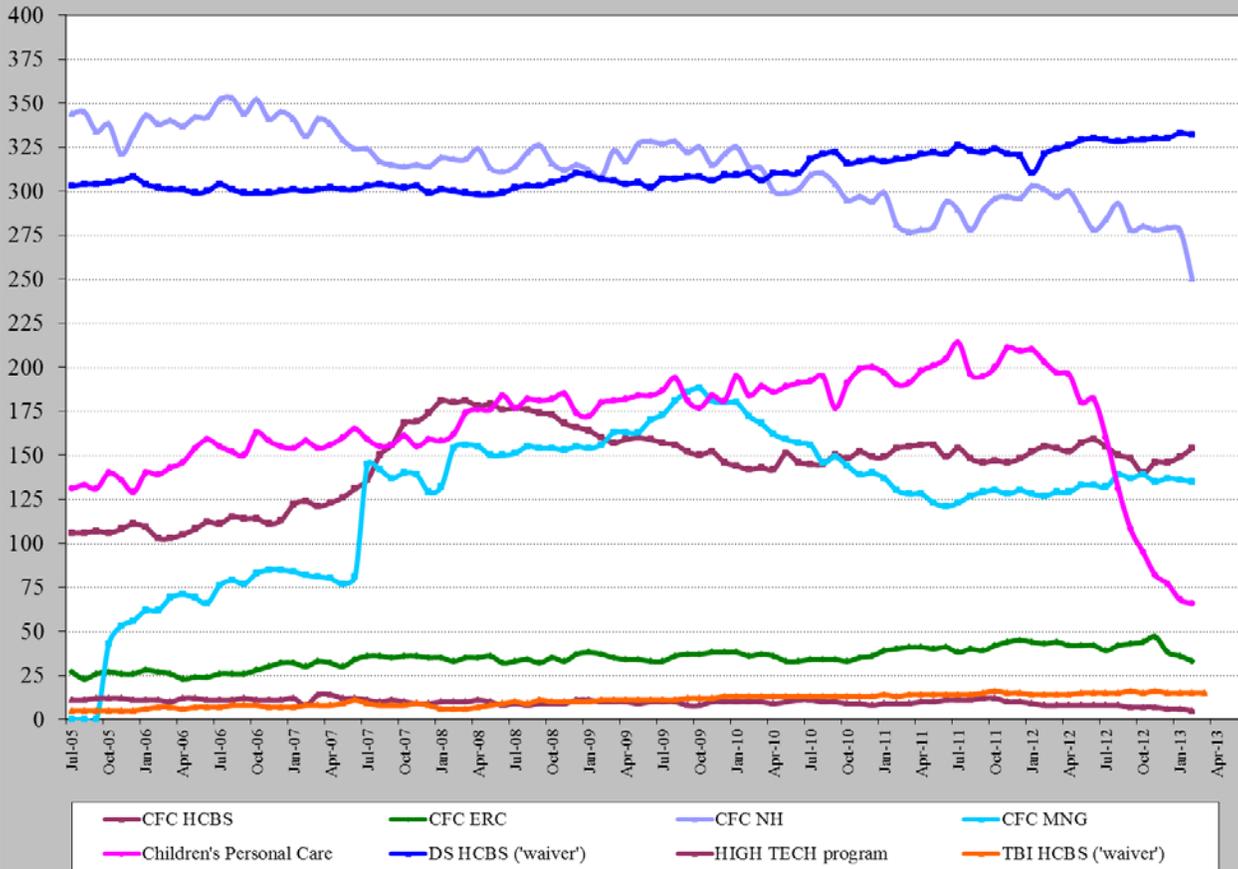
Numbers of People Receiving Selected Services in Orleans County sfy2005 - sfy2012

data source: Medicaid paid claims by dates of service



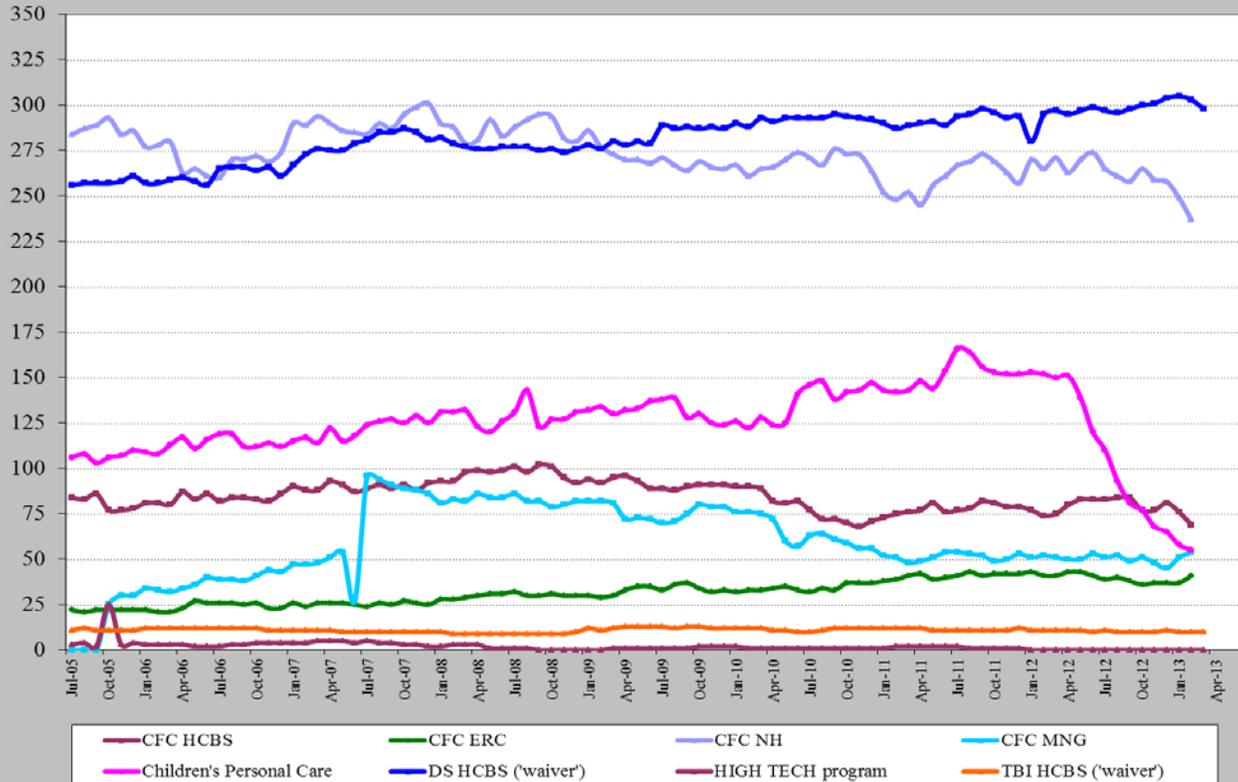
**Numbers of People Receiving Selected Services in Rutland County
sfy2005 - sfy2012**

data source: Medicaid paid claims by dates of service



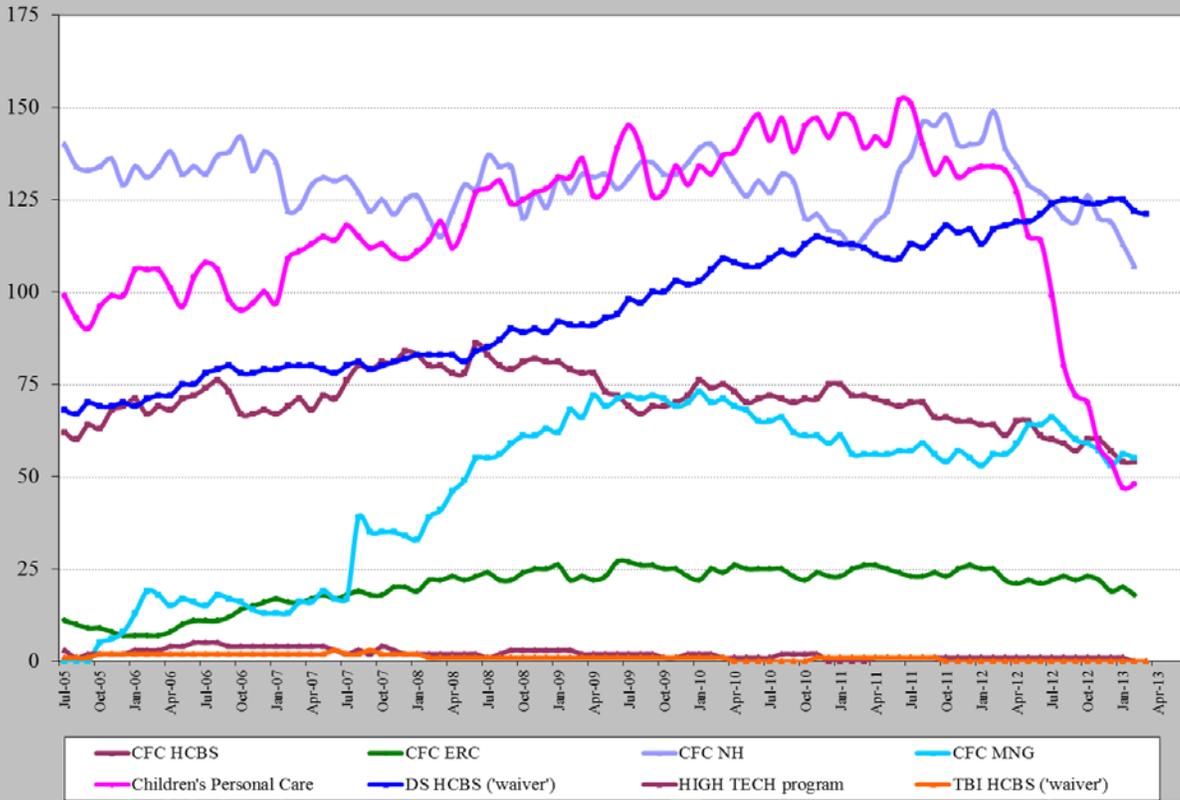
**Numbers of People Receiving Selected Services in Washington County
sfy2005 - sfy2012**

data source: Medicaid paid claims by dates of service



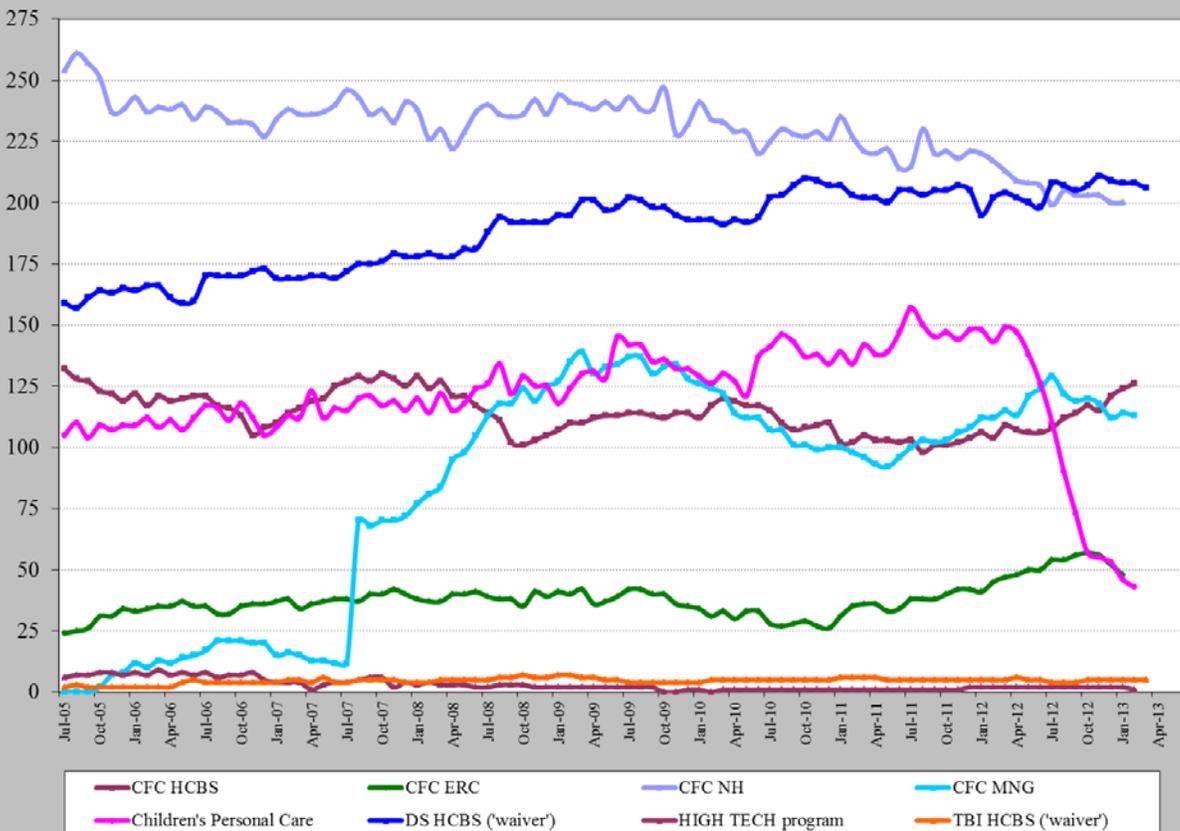
**Numbers of People Receiving Selected Services in Windham County
sfy2005 - sfy2012**

data source: Medicaid paid claims by dates of service



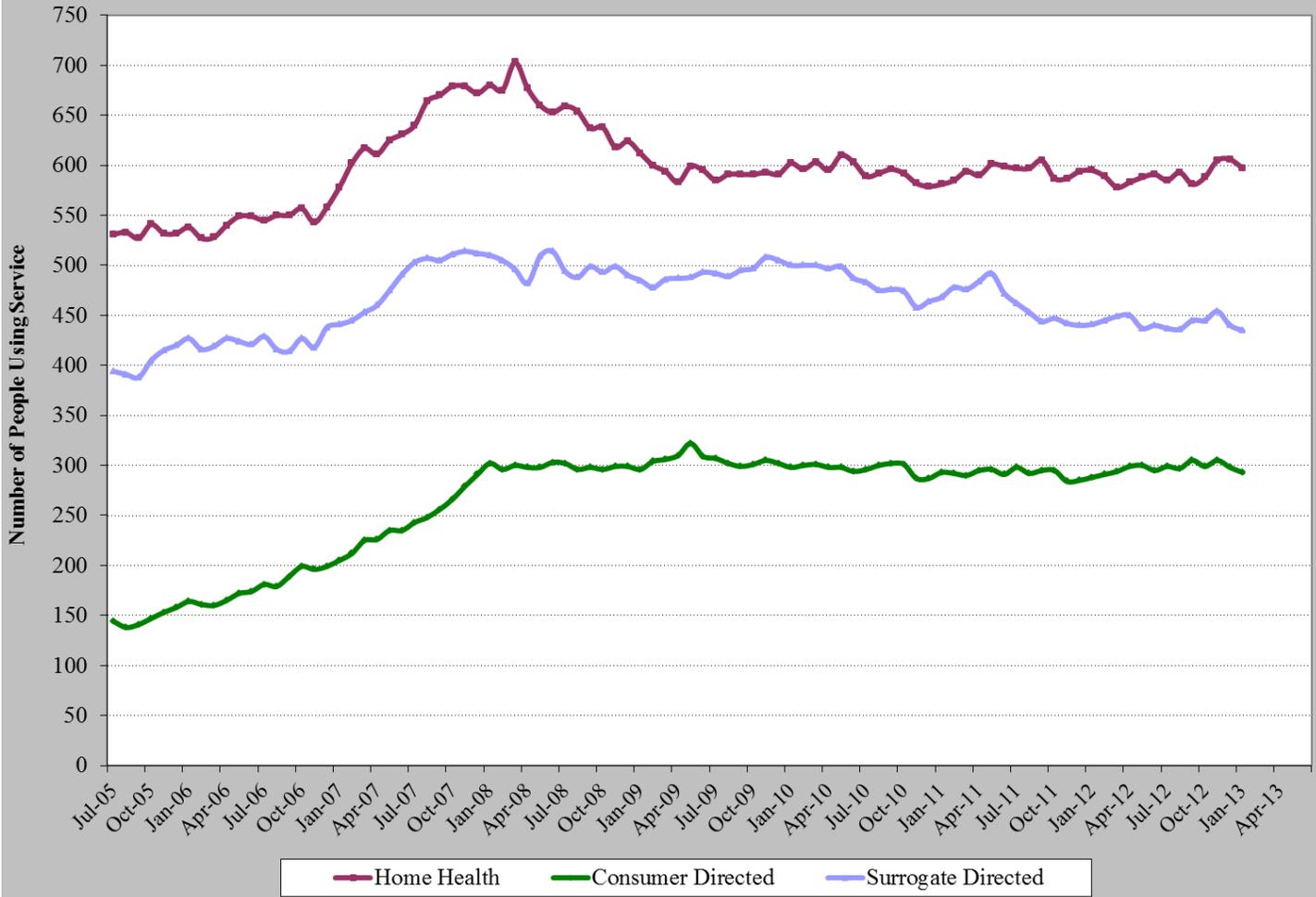
**Numbers of People Receiving Selected Services in Windsor County
sfy2005 - sfy2012**

data source: Medicaid paid claims by dates of service

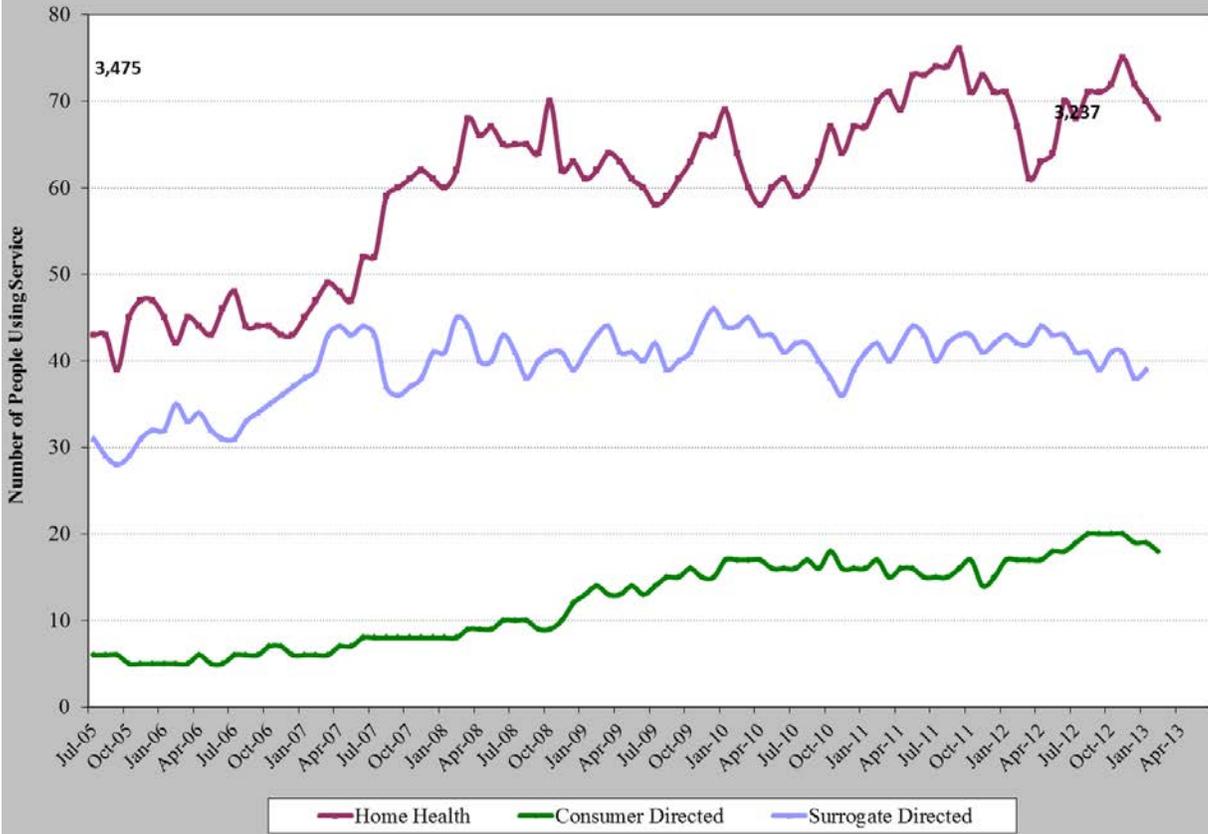


Vermont: Choices for Care Personal Care by Type, sfy2005 - sfy2013

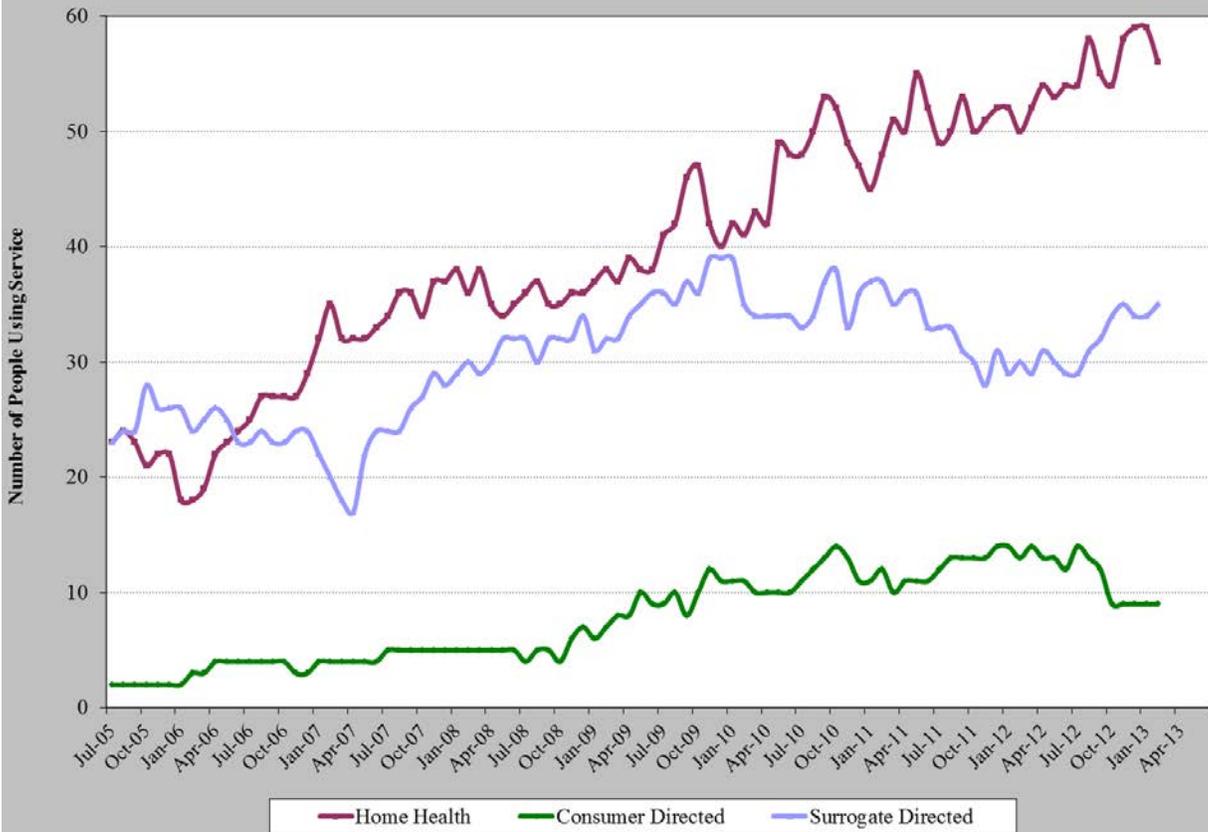
data source: paid claims by dates of service



Addison County: Choices for Care Personal Care by Type, sfy2005 - sfy2013
data source: paid claims by dates of service

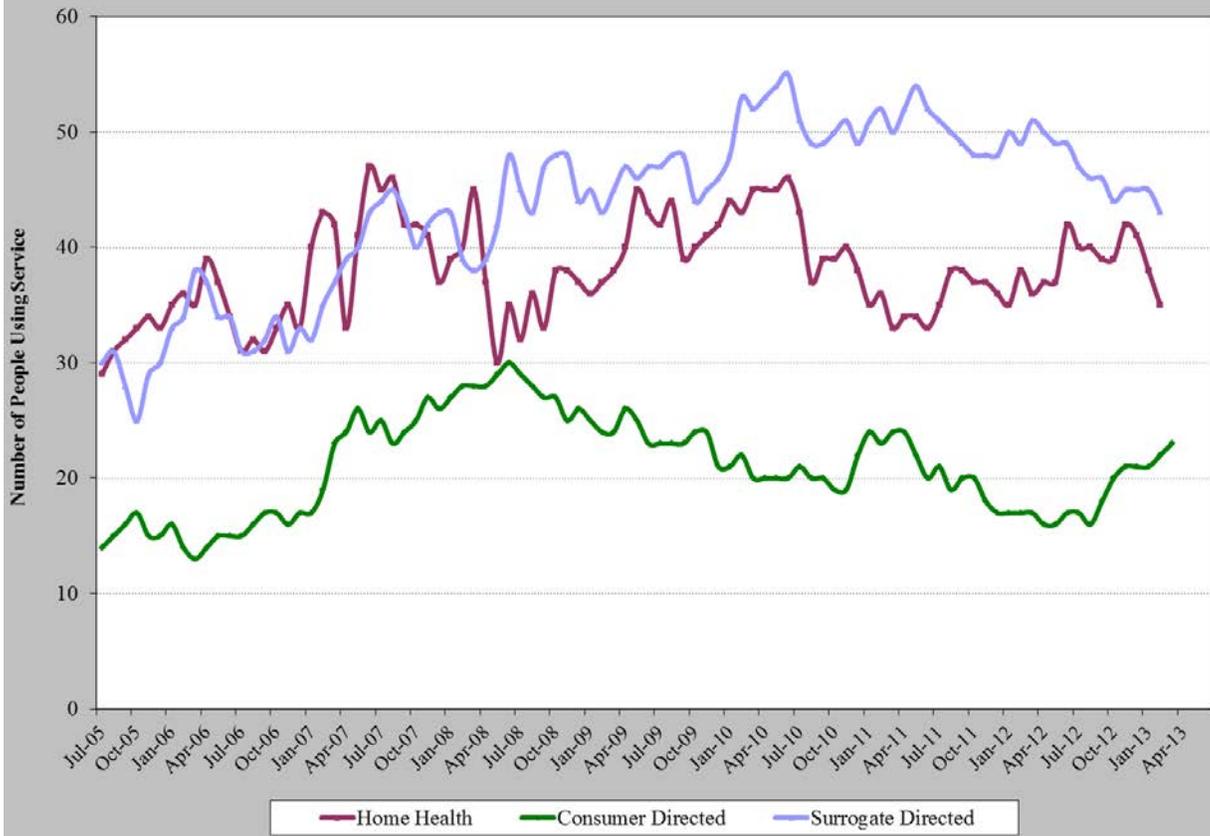


Bennington County: Choices for Care Personal Care by Type, sfy2005 - sfy2013
data source: paid claims by dates of service



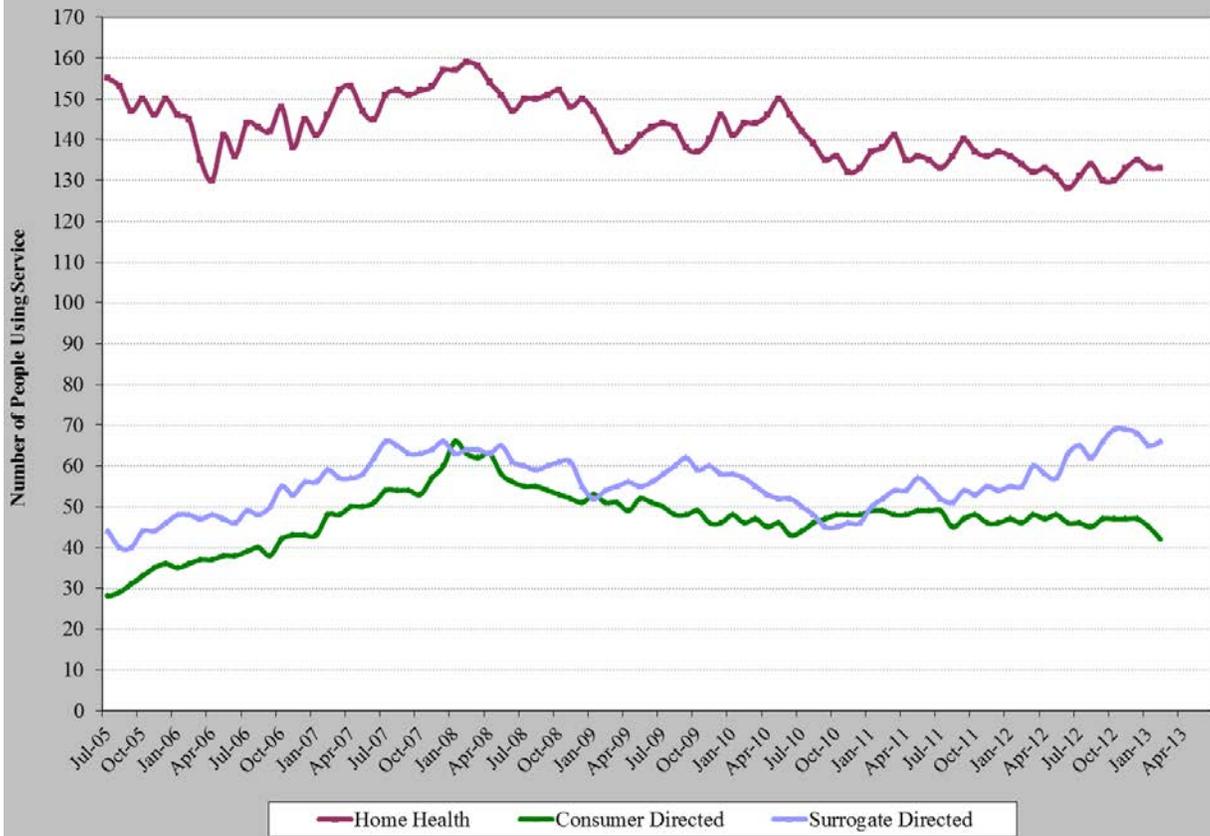
Caledonia County: Choices for Care Personal Care by Type, sfy2005 - sfy2013

data source: paid claims by dates of service



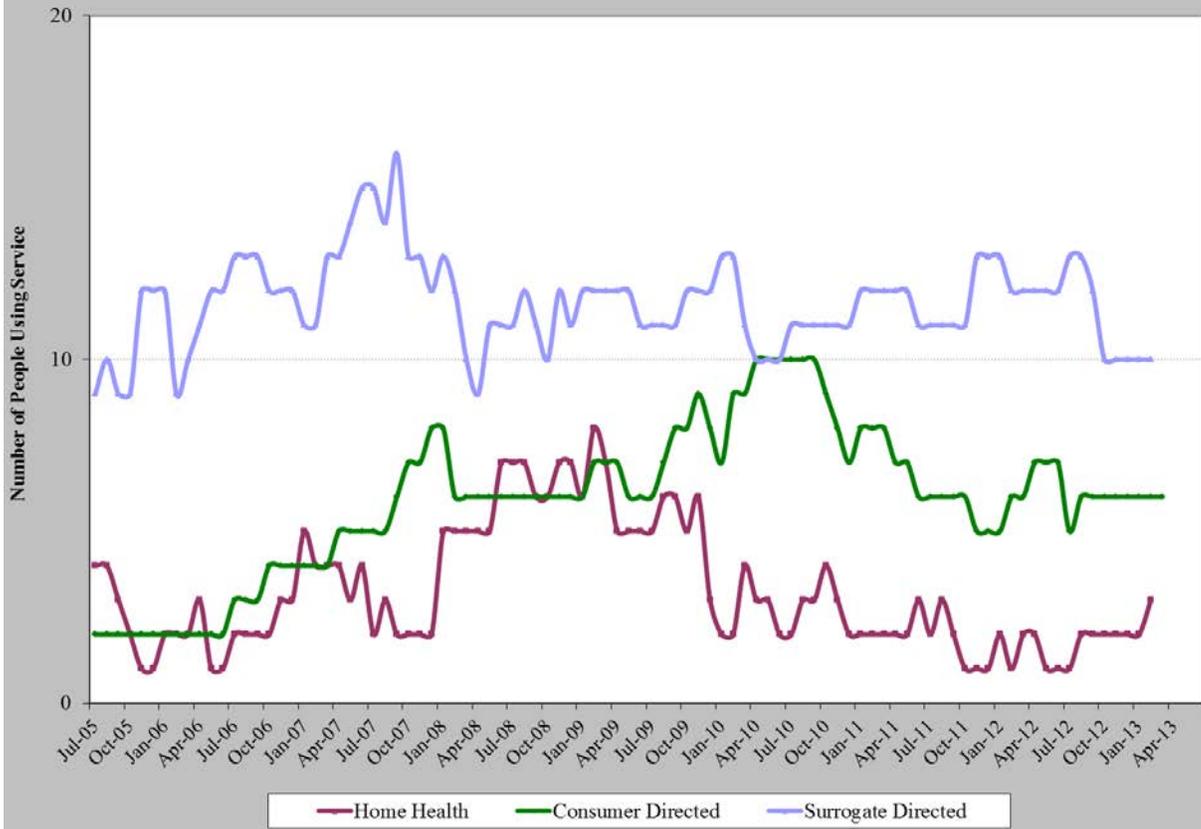
Chittenden County: Choices for Care Personal Care by Type, sfy2005 - sfy2013

data source: paid claims by dates of service



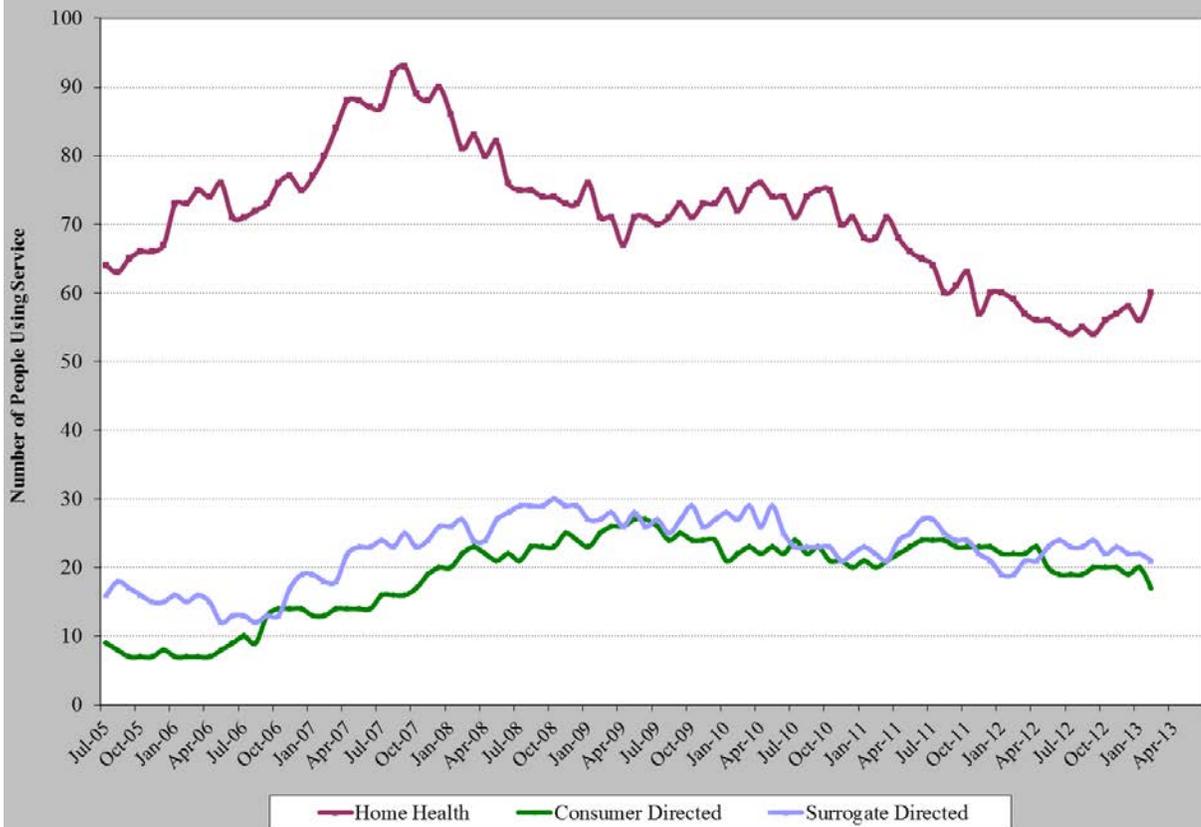
Essex County: Choices for Care Personal Care by Type, sfy2005 - sfy2013

data source: paid claims by dates of service



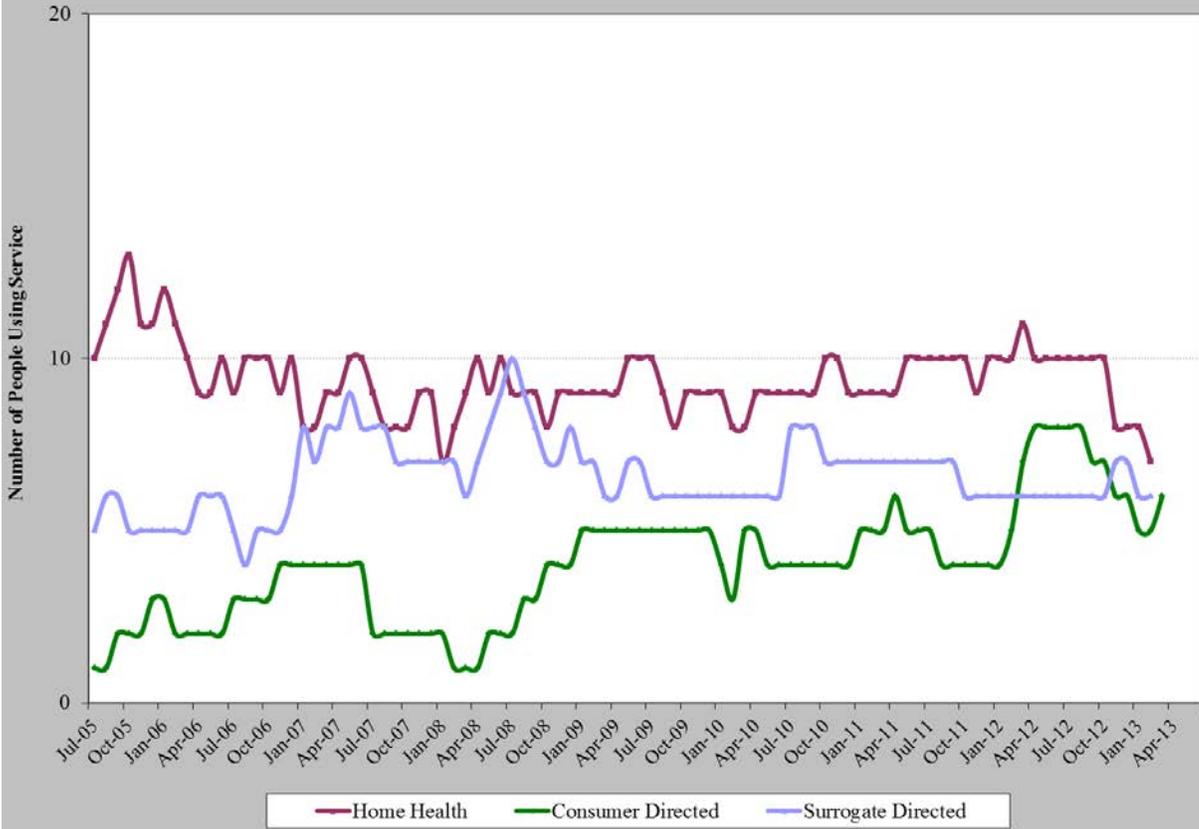
Franklin County: Choices for Care Personal Care by Type, sfy2005 - sfy2013

data source: paid claims by dates of service



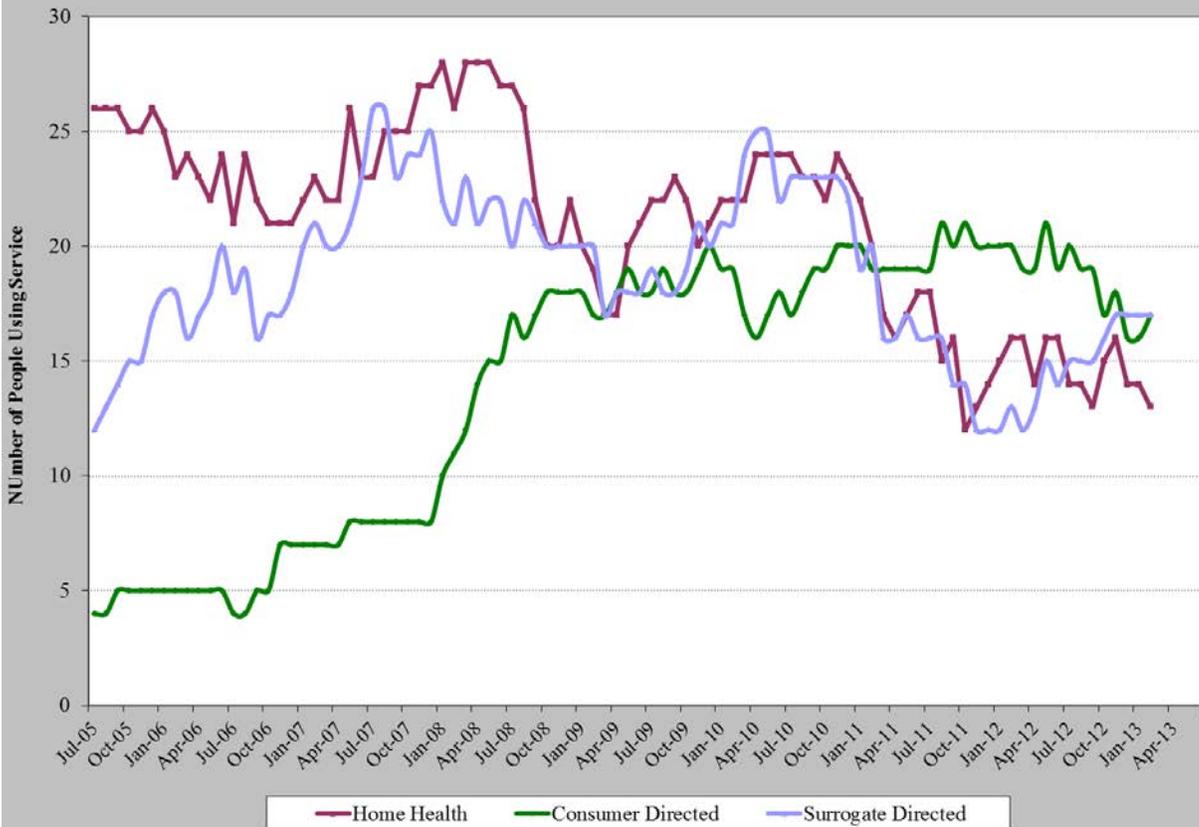
Grand Isle County: Choices for Care Personal Care by Type, sfy2005 - sfy2013

data source: paid claims by dates of service

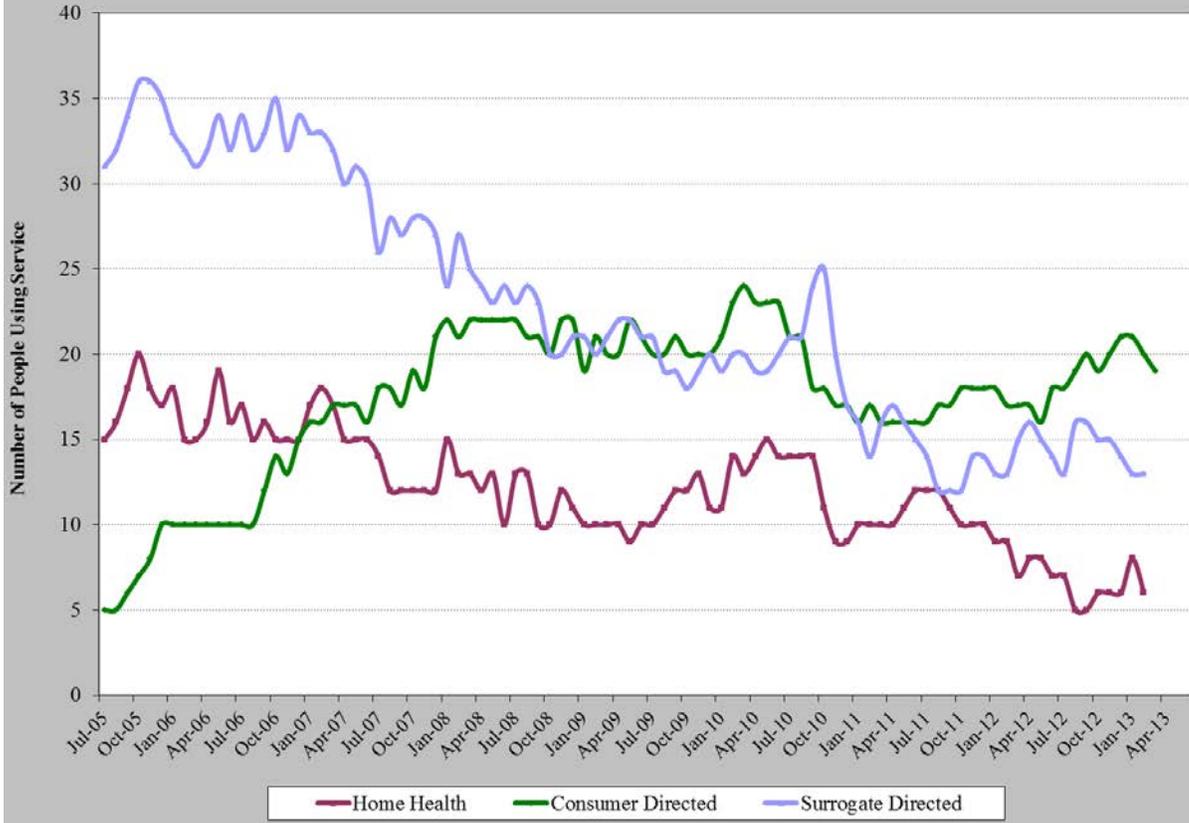


Lamoille County: Choices for Care Personal Care by Type, sfy2005 - sfy2013

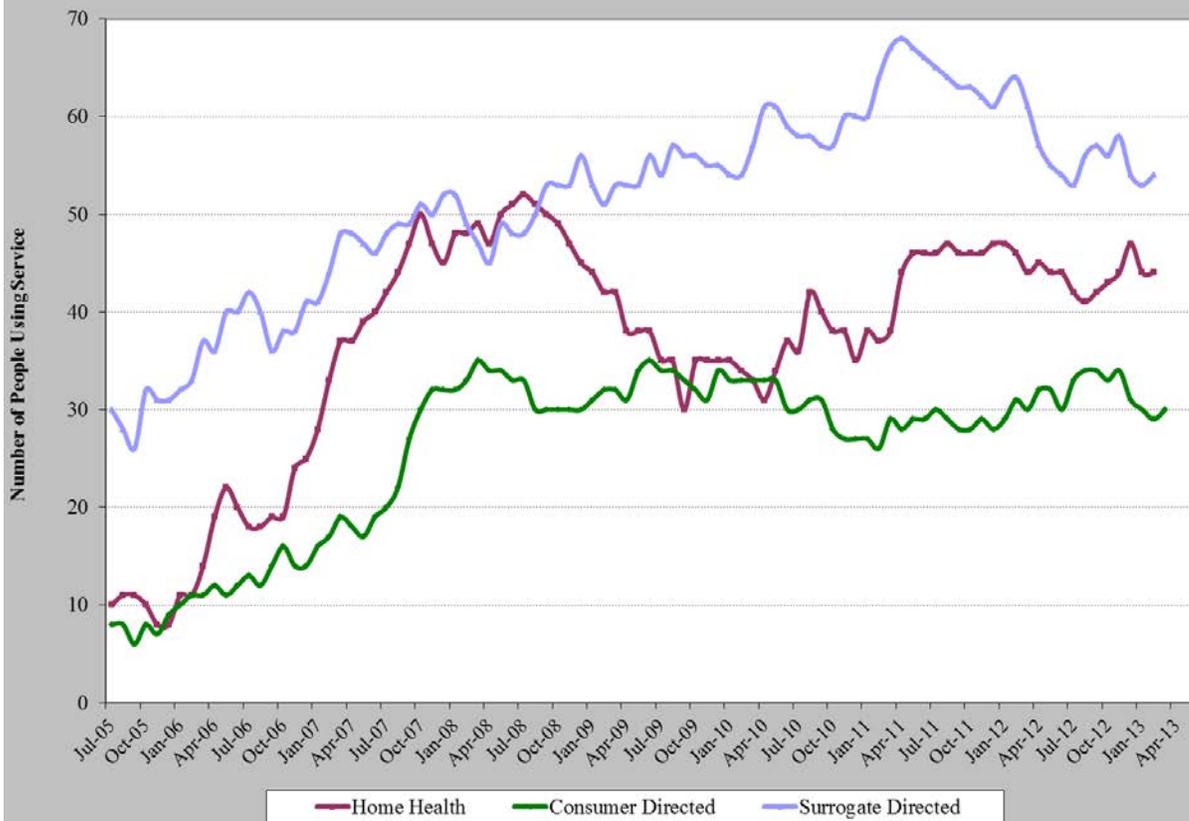
data source: paid claims by dates of service



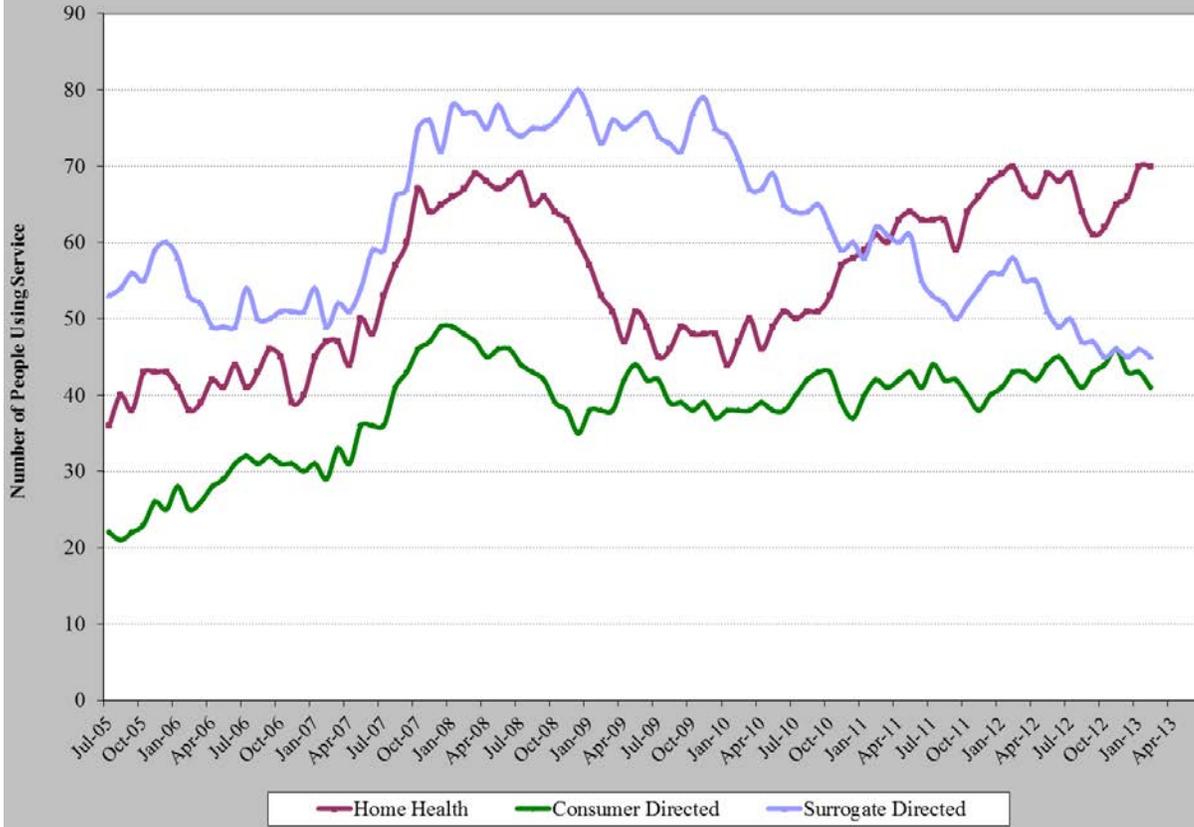
Orange County: Choices for Care Personal Care by Type, sfy2005 - sfy2013
data source: paid claims by dates of service



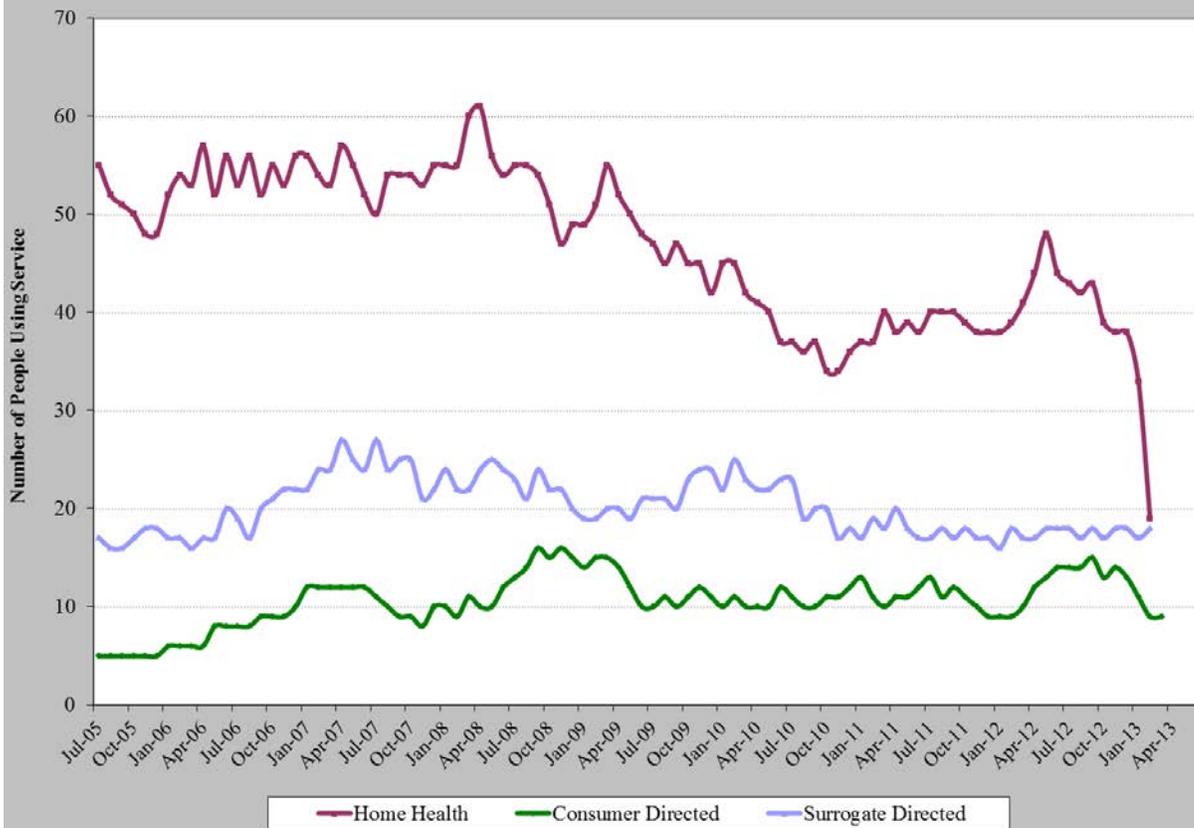
Orleans County: Choices for Care Personal Care by Type, sfy2005 - sfy2013
data source: paid claims by dates of service



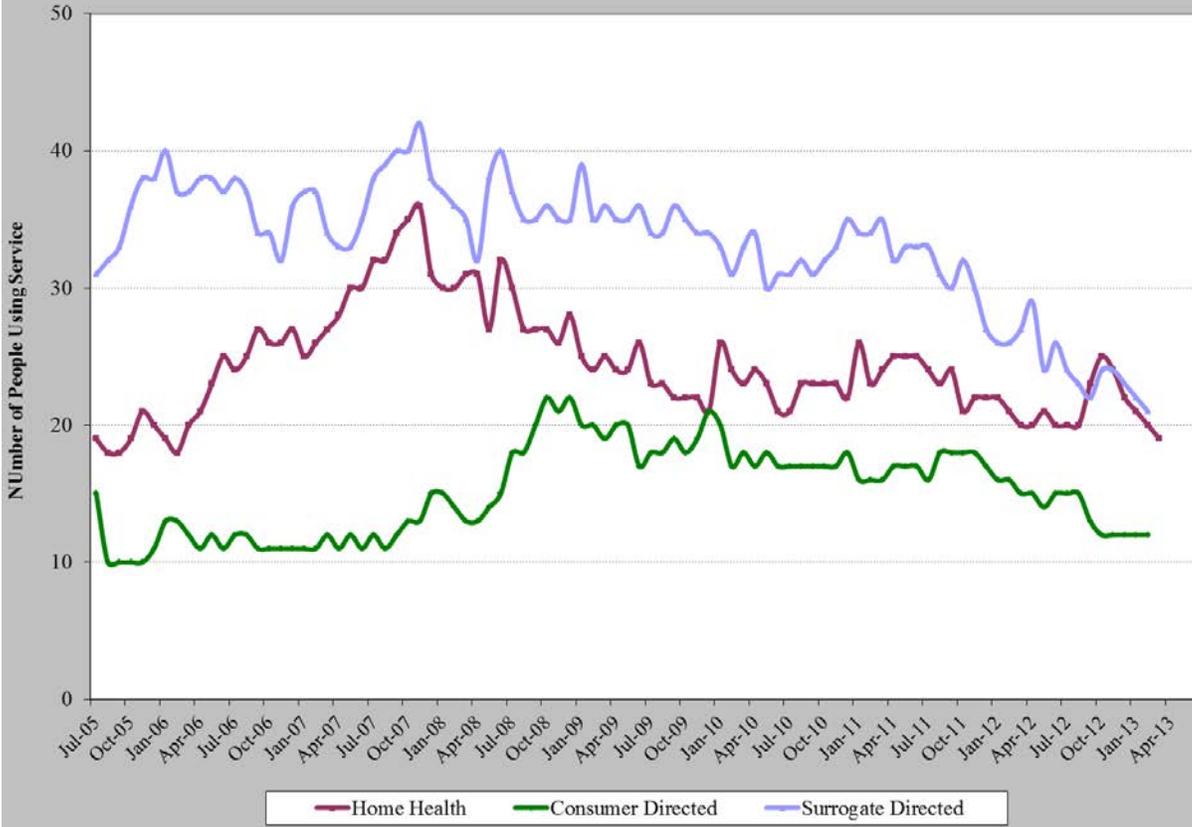
Rutland County: Choices for Care Personal Care by Type, sfy2005 - sfy2013
data source: paid claims by dates of service



Washington County: Choices for Care Personal Care by Type, sfy2005 - sfy2013
data source: paid claims by dates of service



Windham County: Choices for Care Personal Care by Type, sfy2005 - sfy2013
data source: paid claims by dates of service



Windsor County: Choices for Care Personal Care by Type, sfy2005 - sfy2013
data source: paid claims by dates of service

