

Choices for Care

Data Report

October 2012

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:

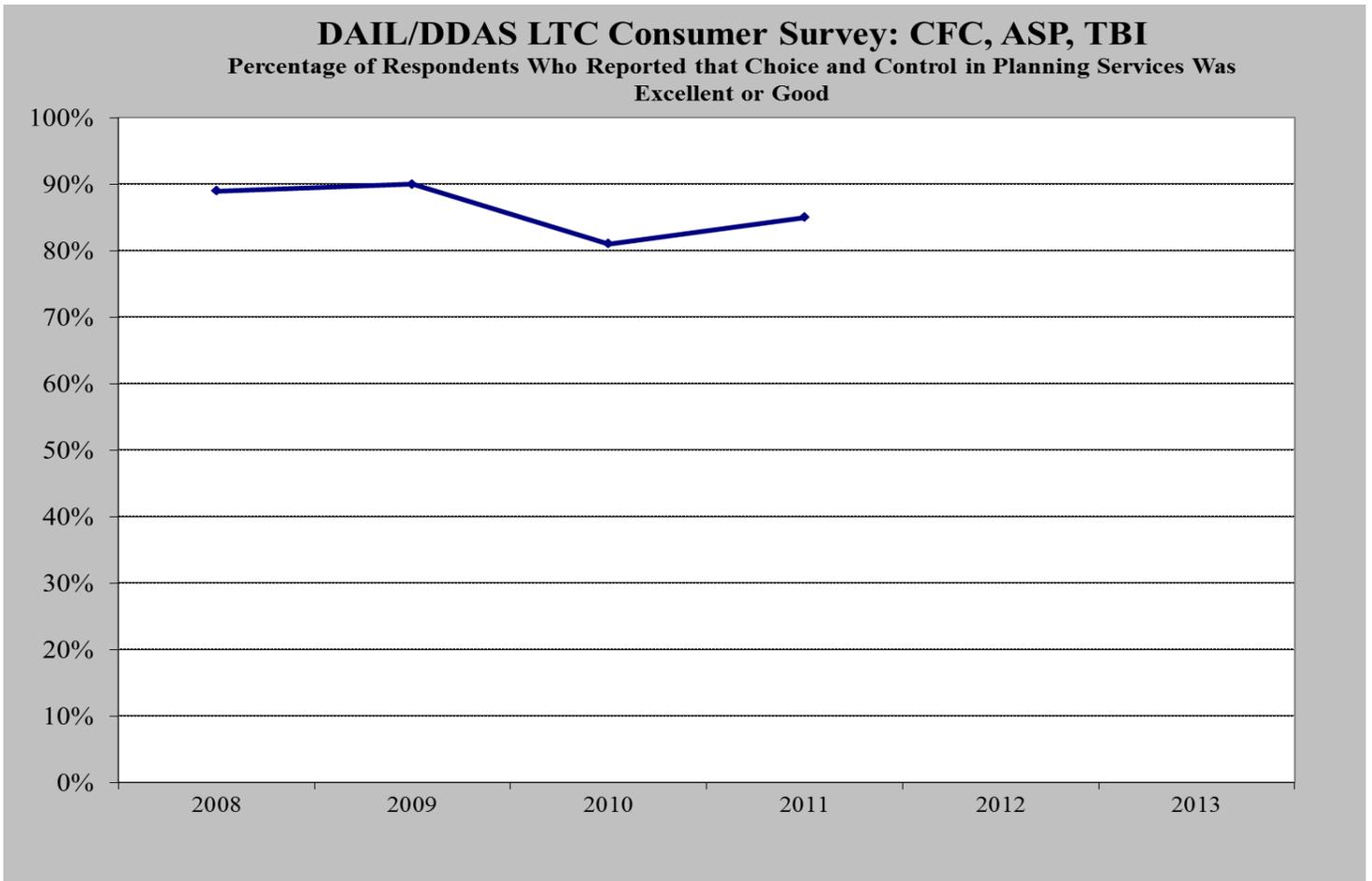
Vermont tracks a variety of process measures and reviews outcomes in a variety of areas in order to manage the Choices for Care Waiver. These include, but are not limited to:

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.

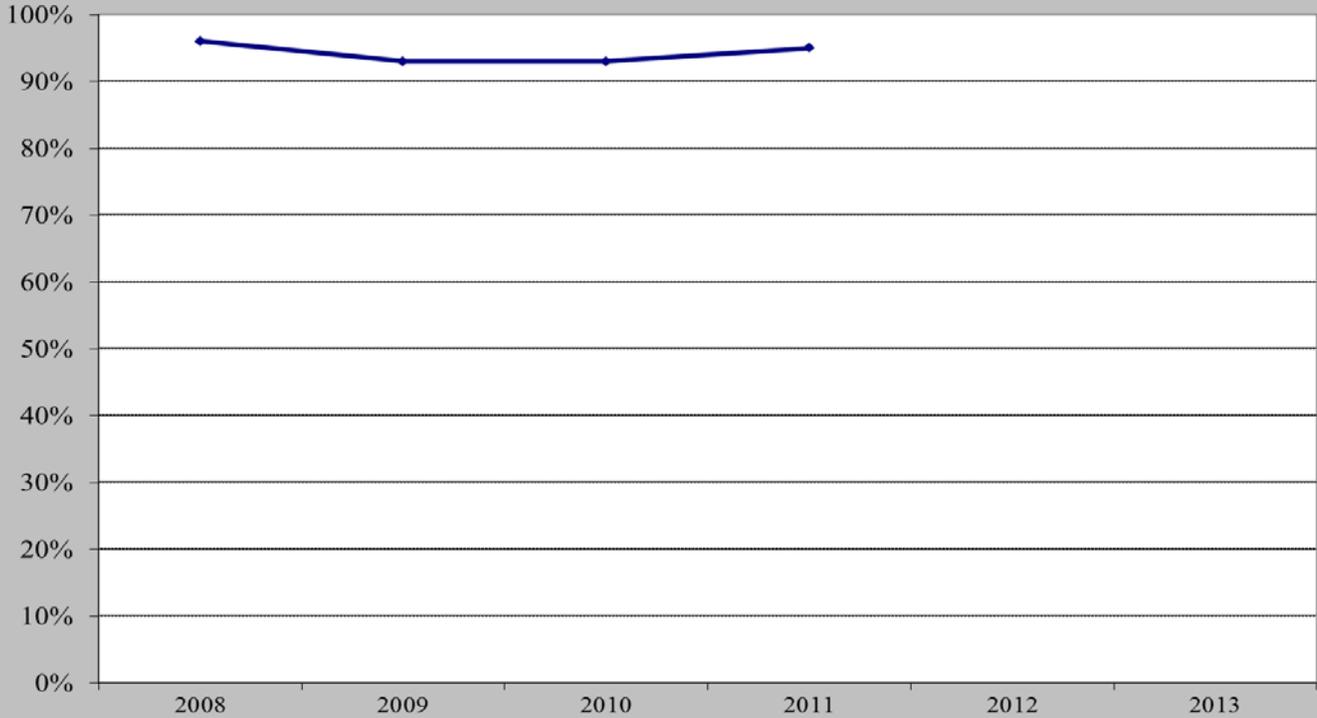
1. Support individual choice

One of the goals of Choices for Care is to support individual choice. The design of Choices for Care allows participants to choose among a range of services and settings. A large majority of HCBS participants also 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 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.



CFC Consumer Survey

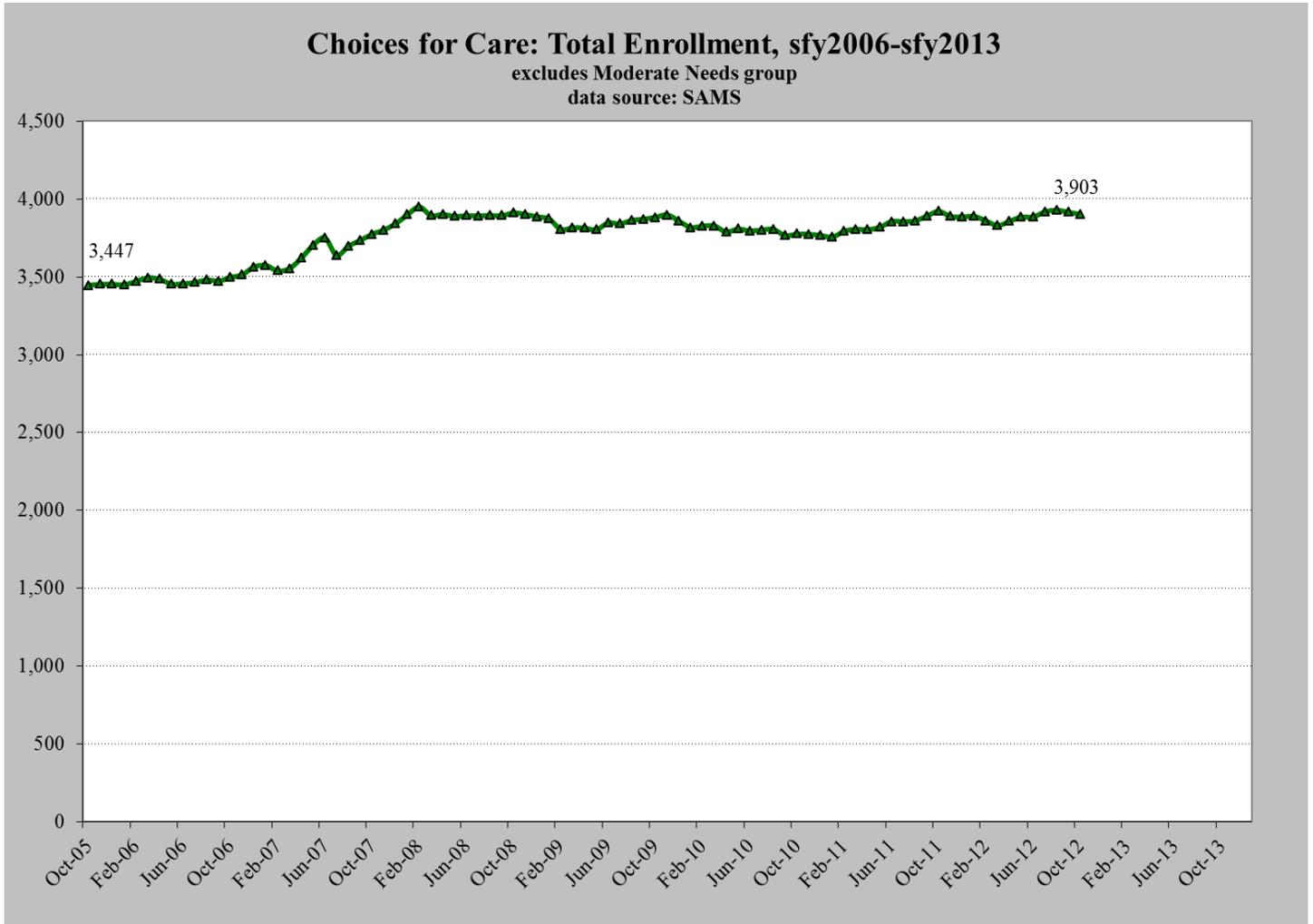
Percentage of Respondents Who Reported that Services Were Always or Almost Always Provided When and Where Needed



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

2. Serve more people

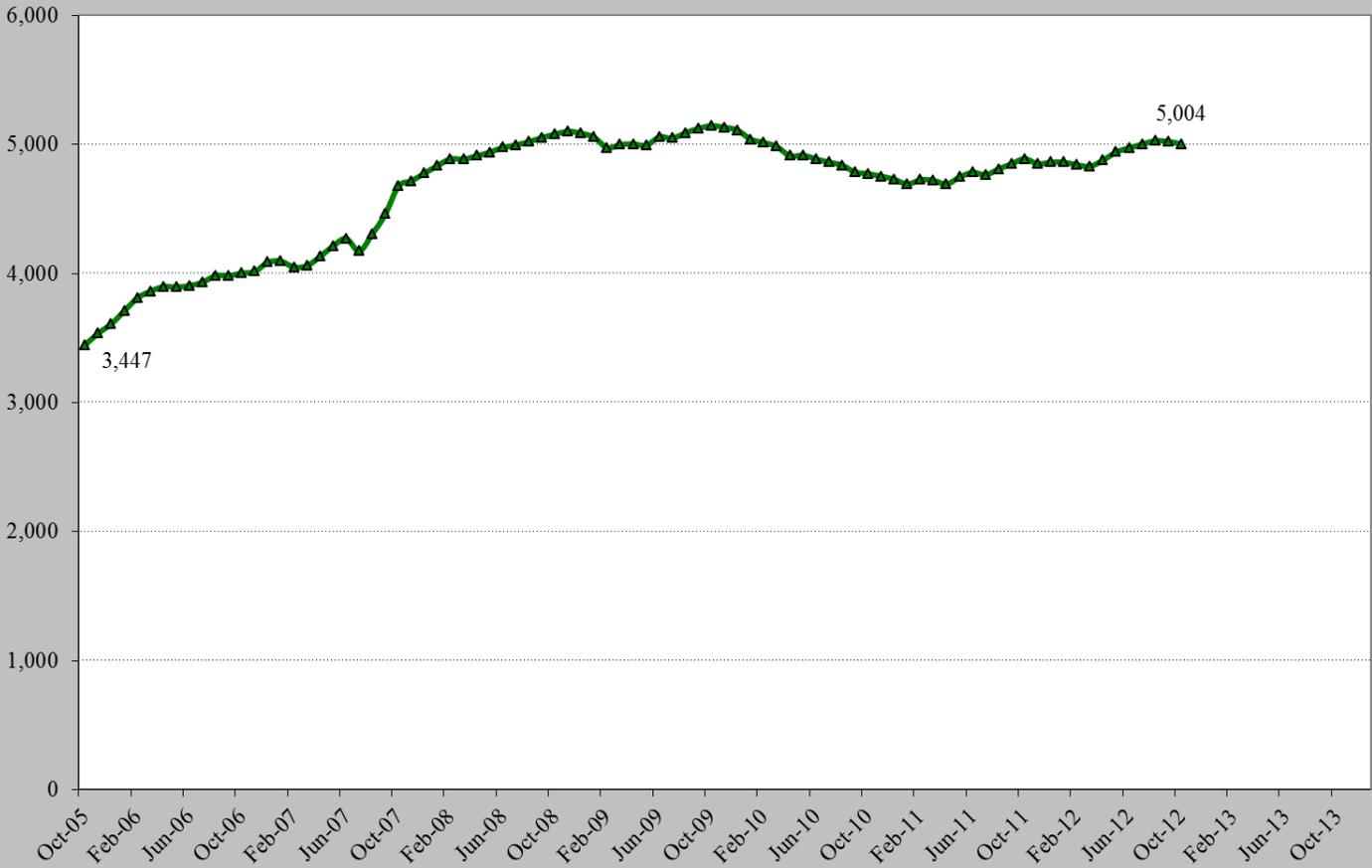
One of the goals of Choices for Care is to serve more people. The number of people served by Choices for Care has increased substantially since it began, in 2006:



Choices for Care: Total Enrollment, sfy2006-sfy2013

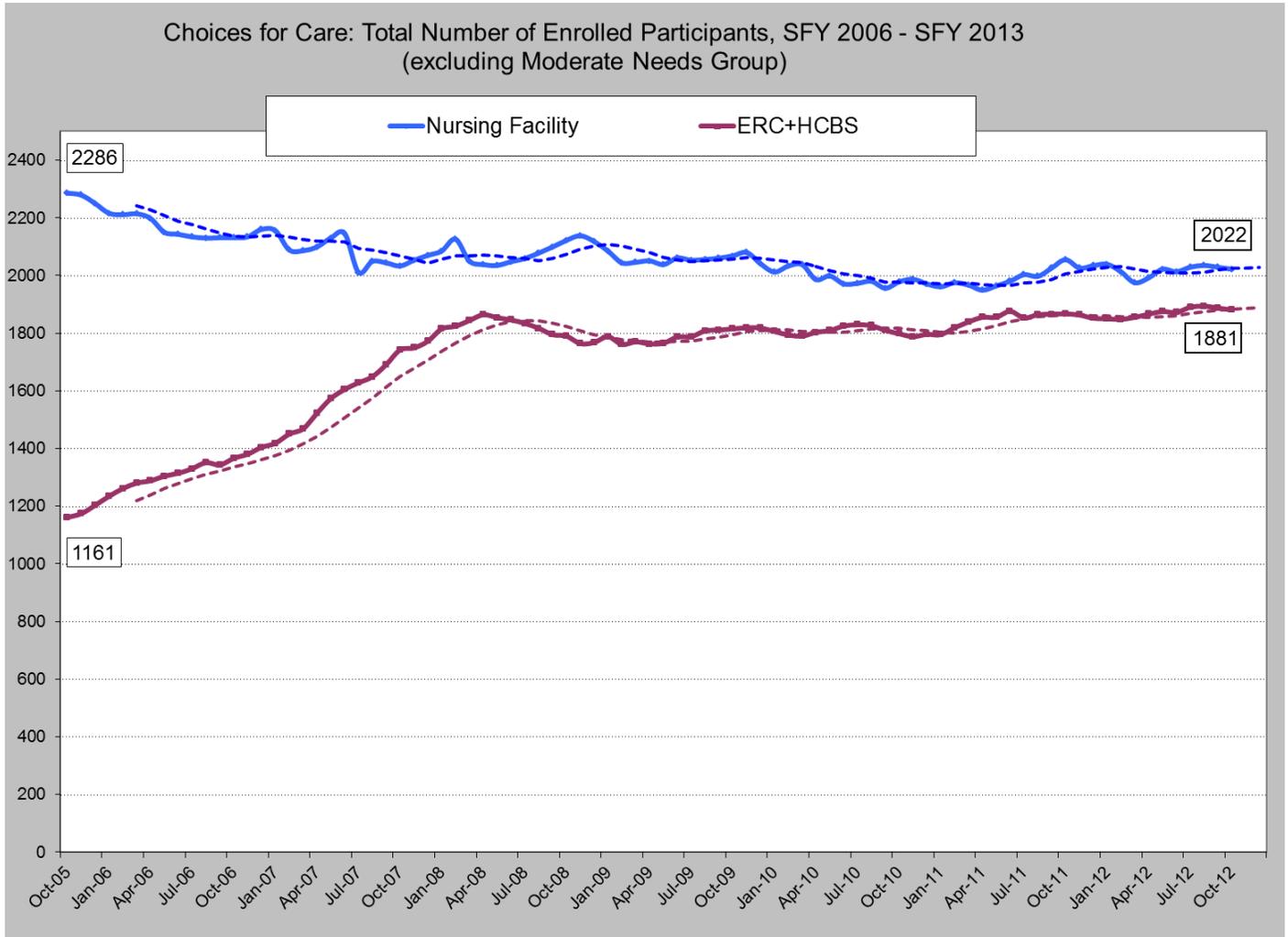
includes Moderate Needs Group

data source: SAMS

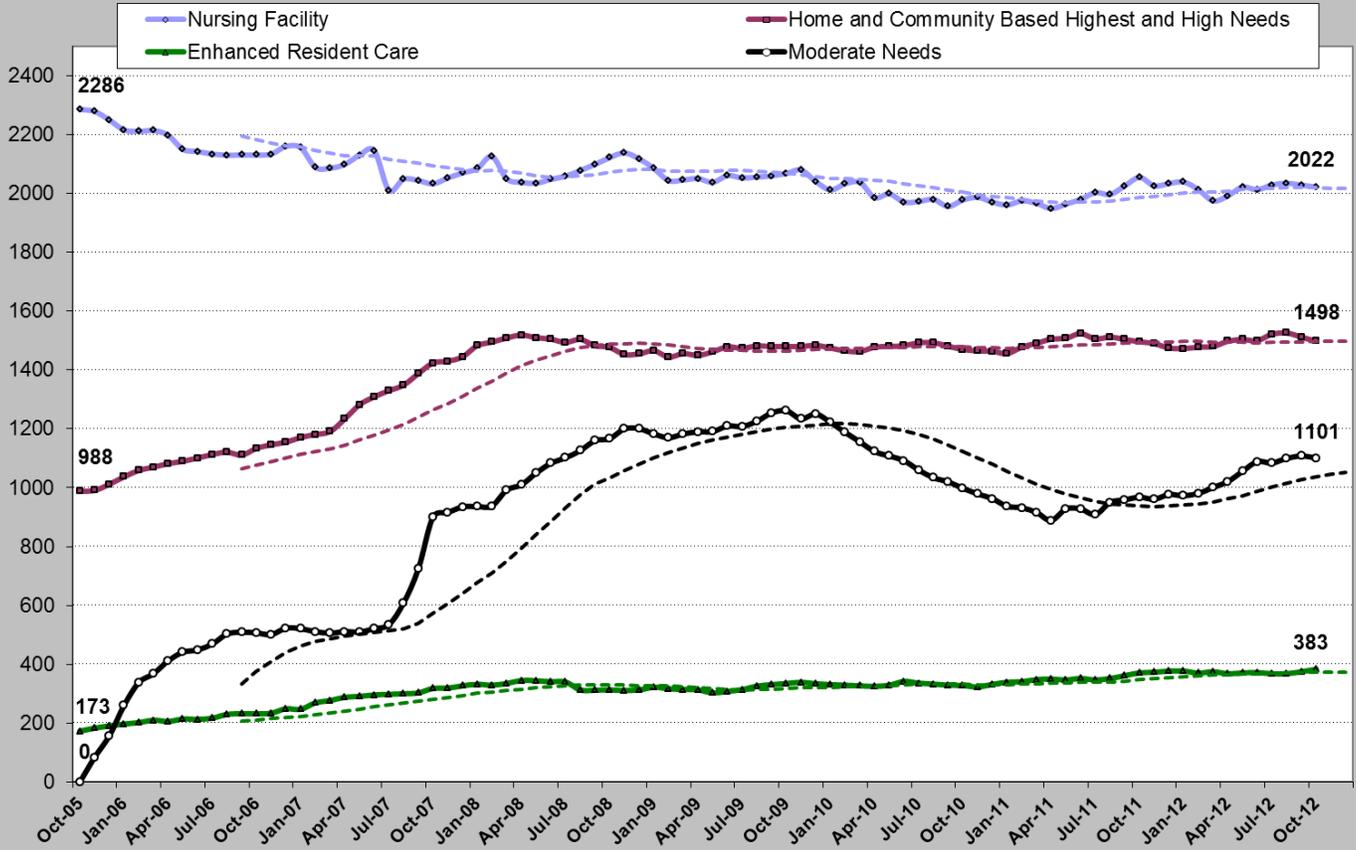


3. Shift the balance

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 in shifting the balance:

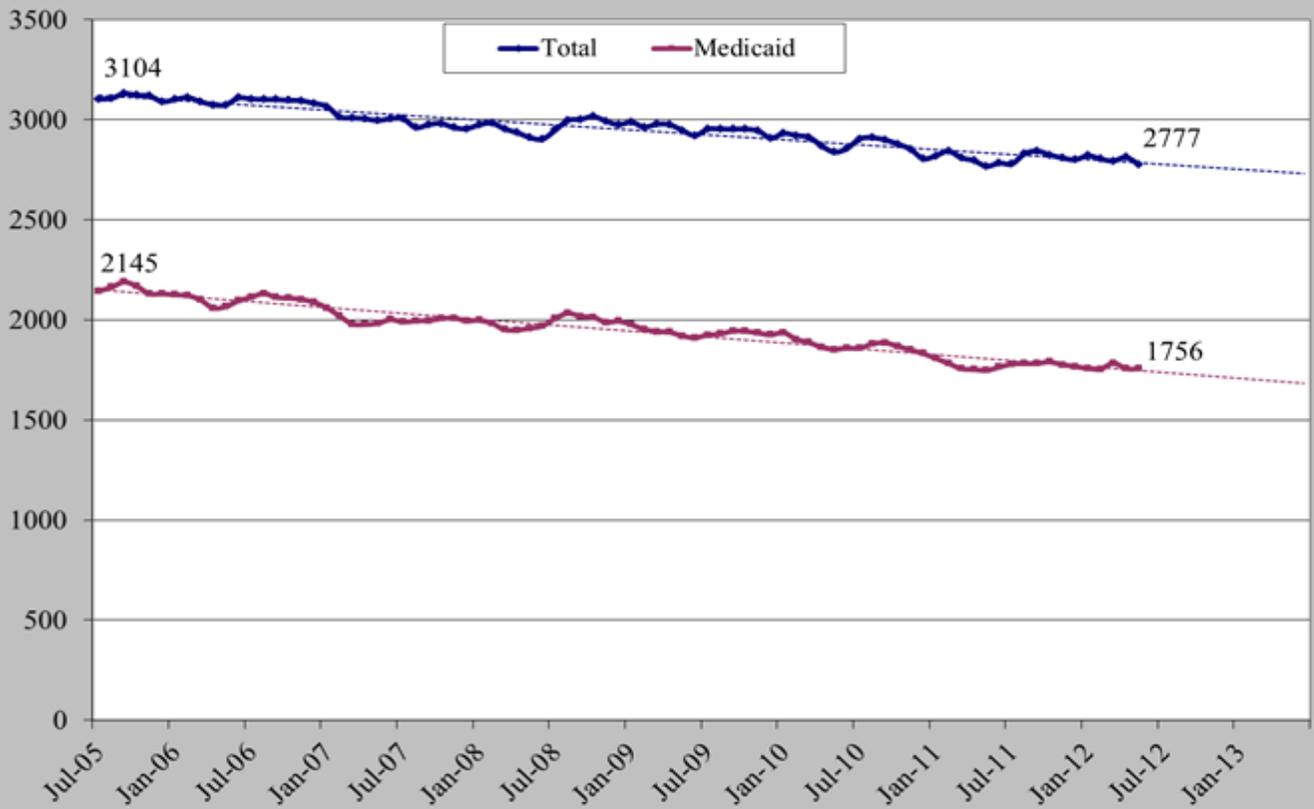


**Choices for Care: Total Number of Enrolled Participants by Setting
SFY 2006 - SFY 2013**



Vermont Nursing Home Average Daily Occupancy, sfy2006-sfy2013

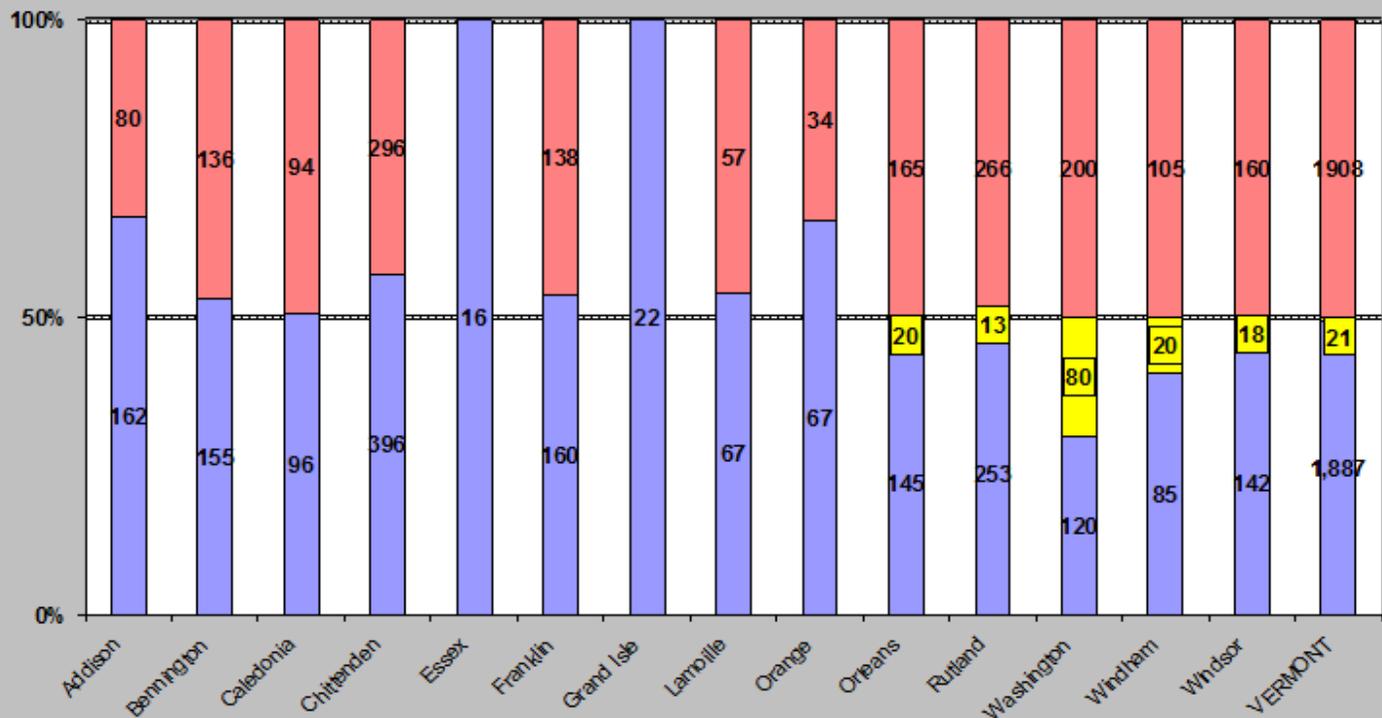
data source: Division of Ratesetting



Vermont Choices for Care: Nursing Home Residents and Home & Community-Based Participants by County, October 2012

Changes (Yellow) Needed to Achieve At Least 50% HCBS

data source: CFC enrollment database

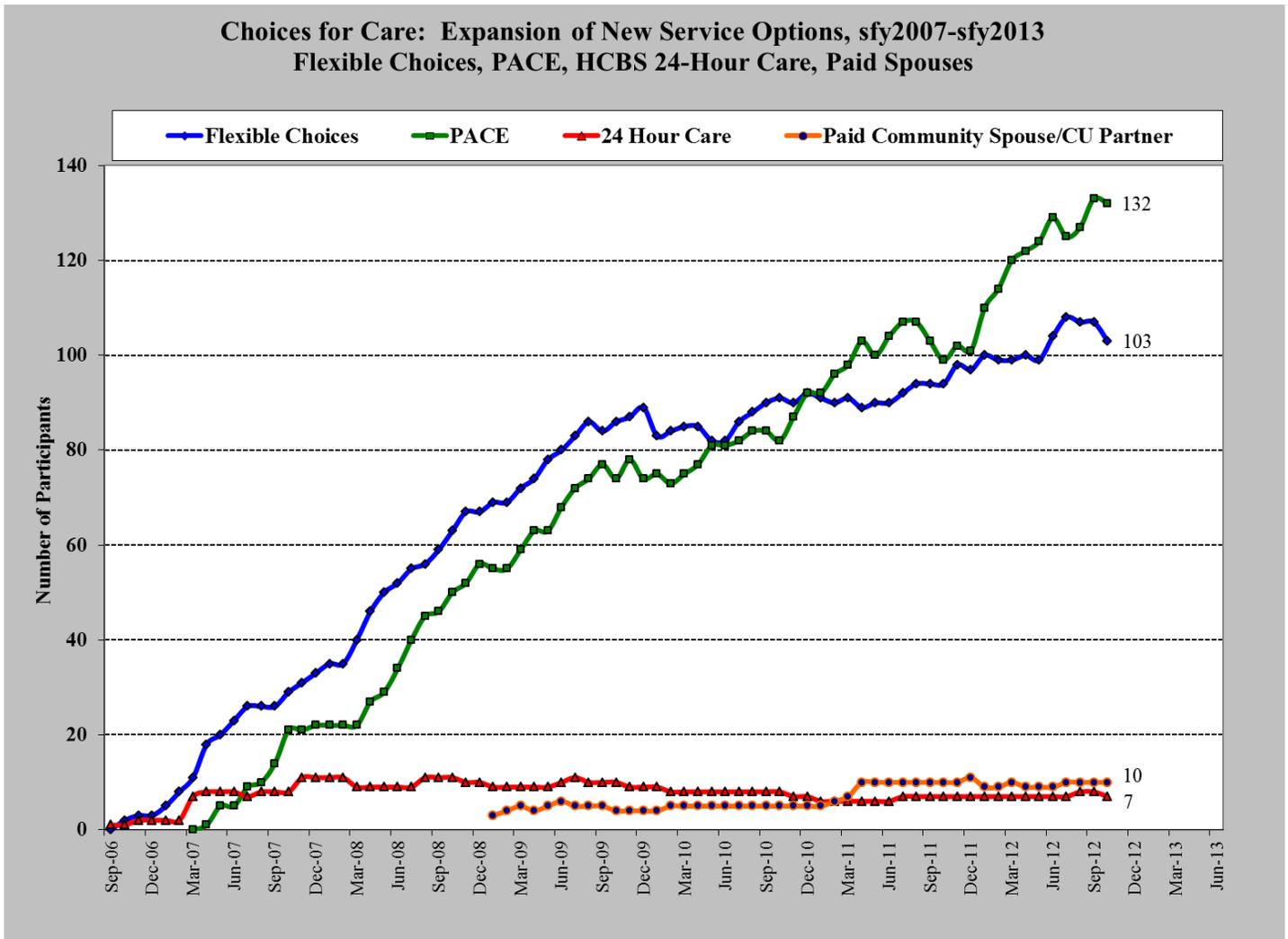


■ Number of Medicaid Nursing Home Residents Less Than or Equal to 50/50
■ Number of Medicaid Nursing Home Residents in Excess of 50/50
■ Number of HCBS Participants (includes ERC but excludes Moderate Needs Group)

Bennington and VERMONT figures exclude Medicaid residents in VT Veterans' Home (n=94).
 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=42) included in VERMONT.

4. Expand the range of service options

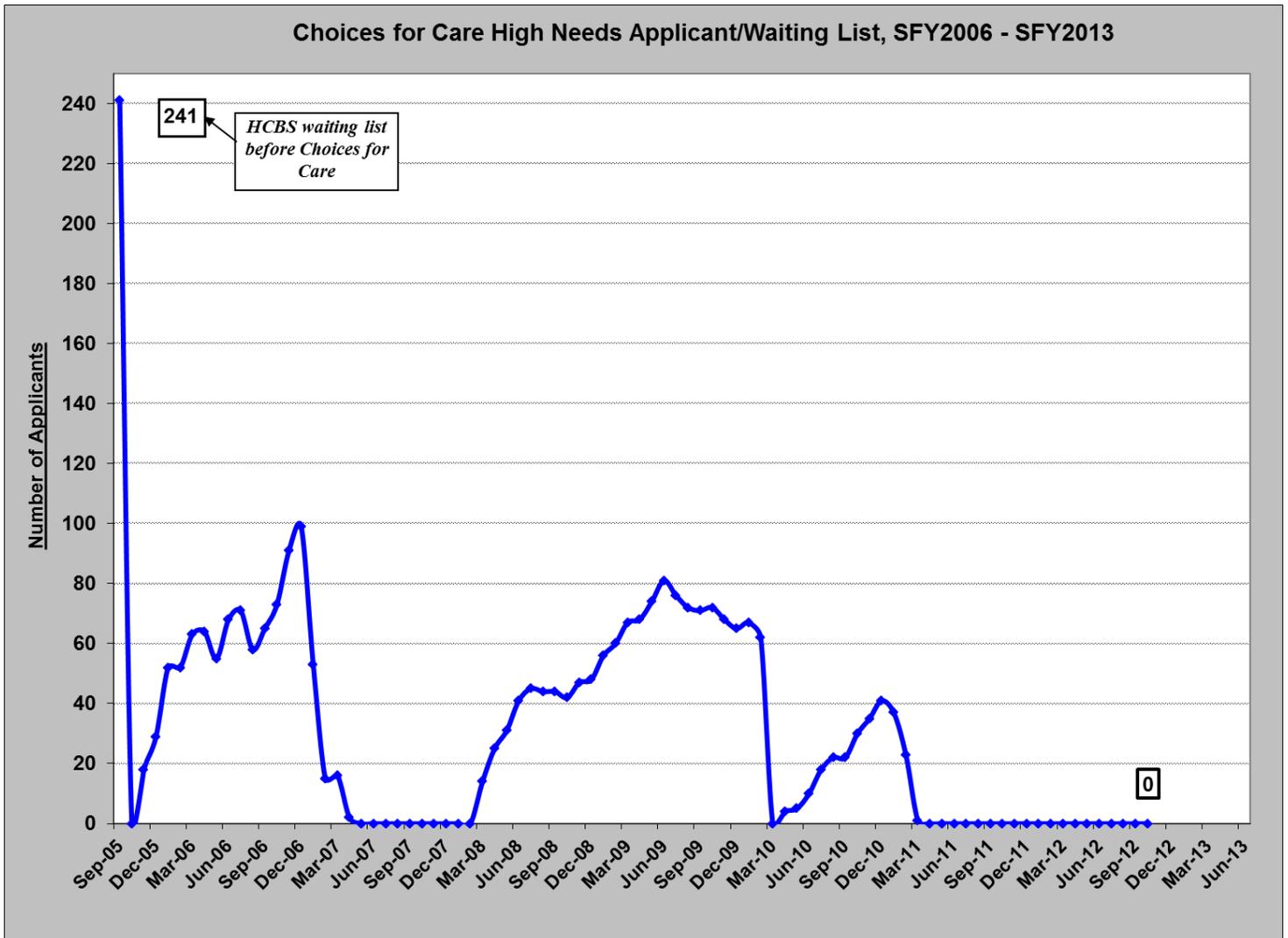
One of the goals of Choices for Care is to expand the range of service options available to participants. Since Choices for Care began, four new service options have been developed:



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

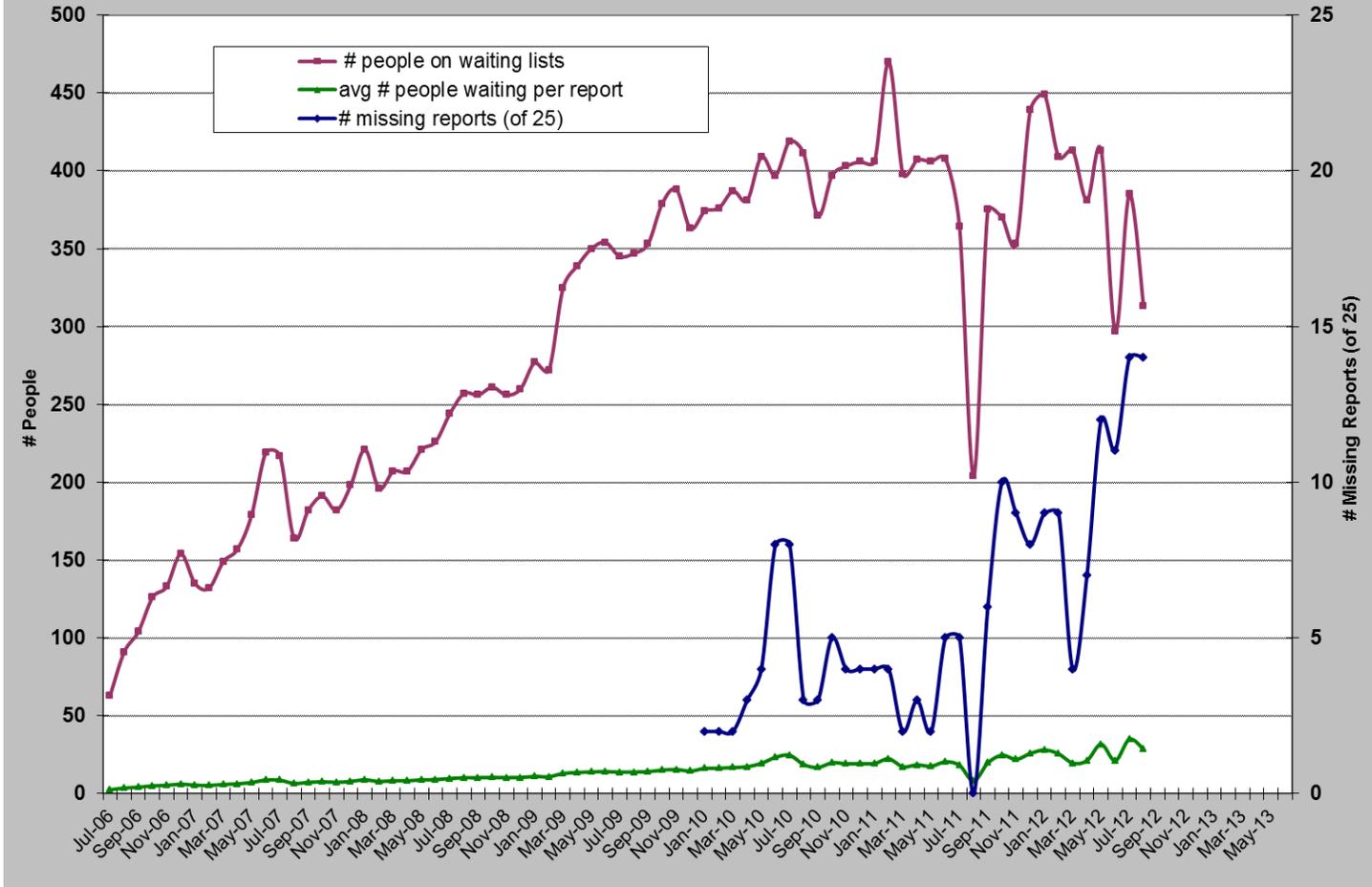
One of the goals of Choices for Care is to eliminate or reduce waiting lists. Choices for Care has eliminated the waiting list for people who meet 'High Needs' nursing home level of care criteria:



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 funding:

Choices for Care Moderate Needs Waiting Lists, sfy2013

data sources: MNG Adult Day and Homemaker provider waiting lists



Because tens of thousands of Vermonters are potentially eligible for the Moderate Needs Group, services are 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 are actually used.

Using this measure, the goal would be to use 100% of available funding in a given year, leaving less than 5% unspent. Unfortunately, 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.

DAIL/DDAS Services: CFC MNG Allocations and Utilization in SFY 2012

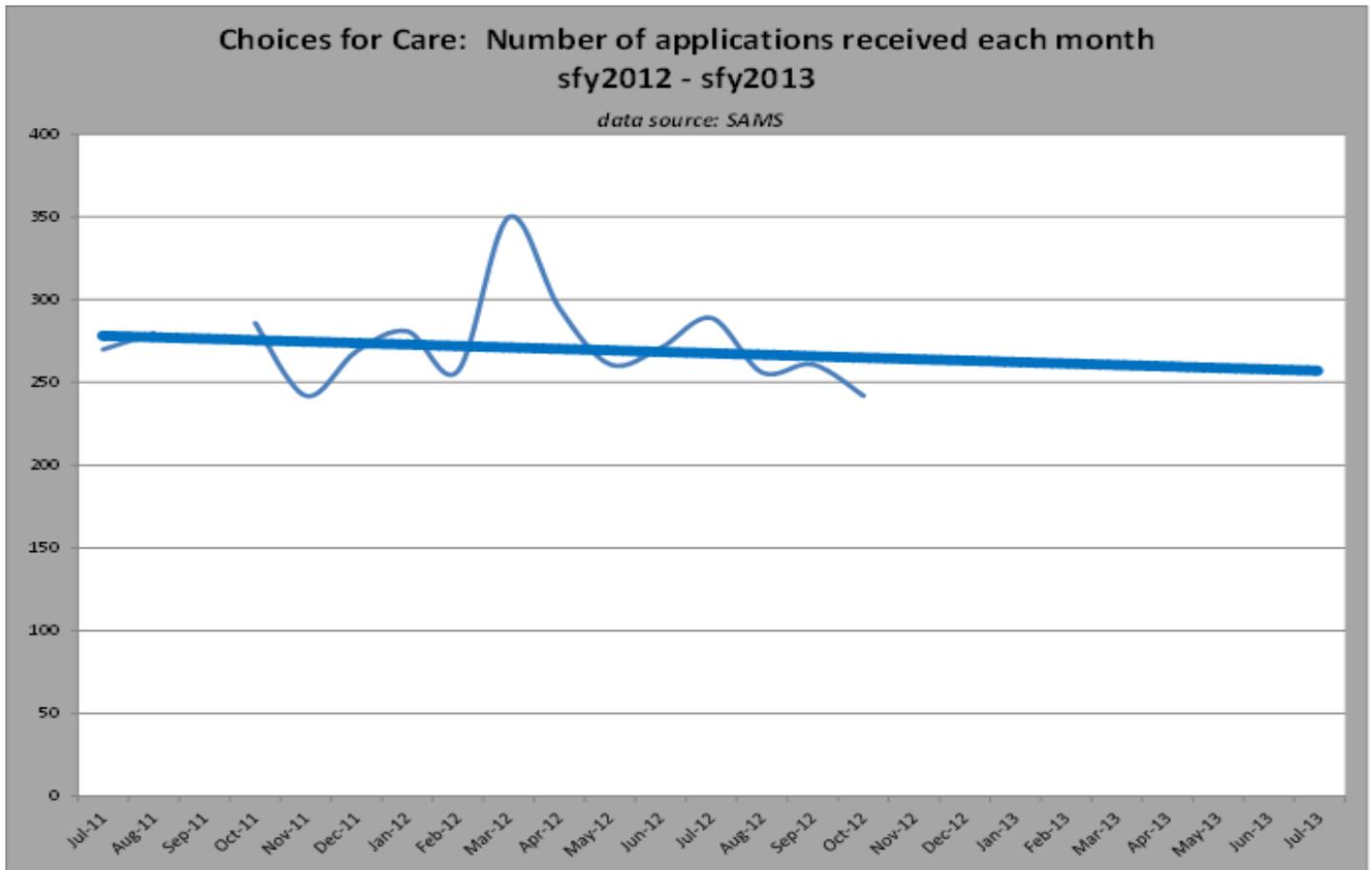
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data sources: MNG provider allocations on DAIL website; HP paid claims by dates of service; waiting list reports to DAIL/DDAS

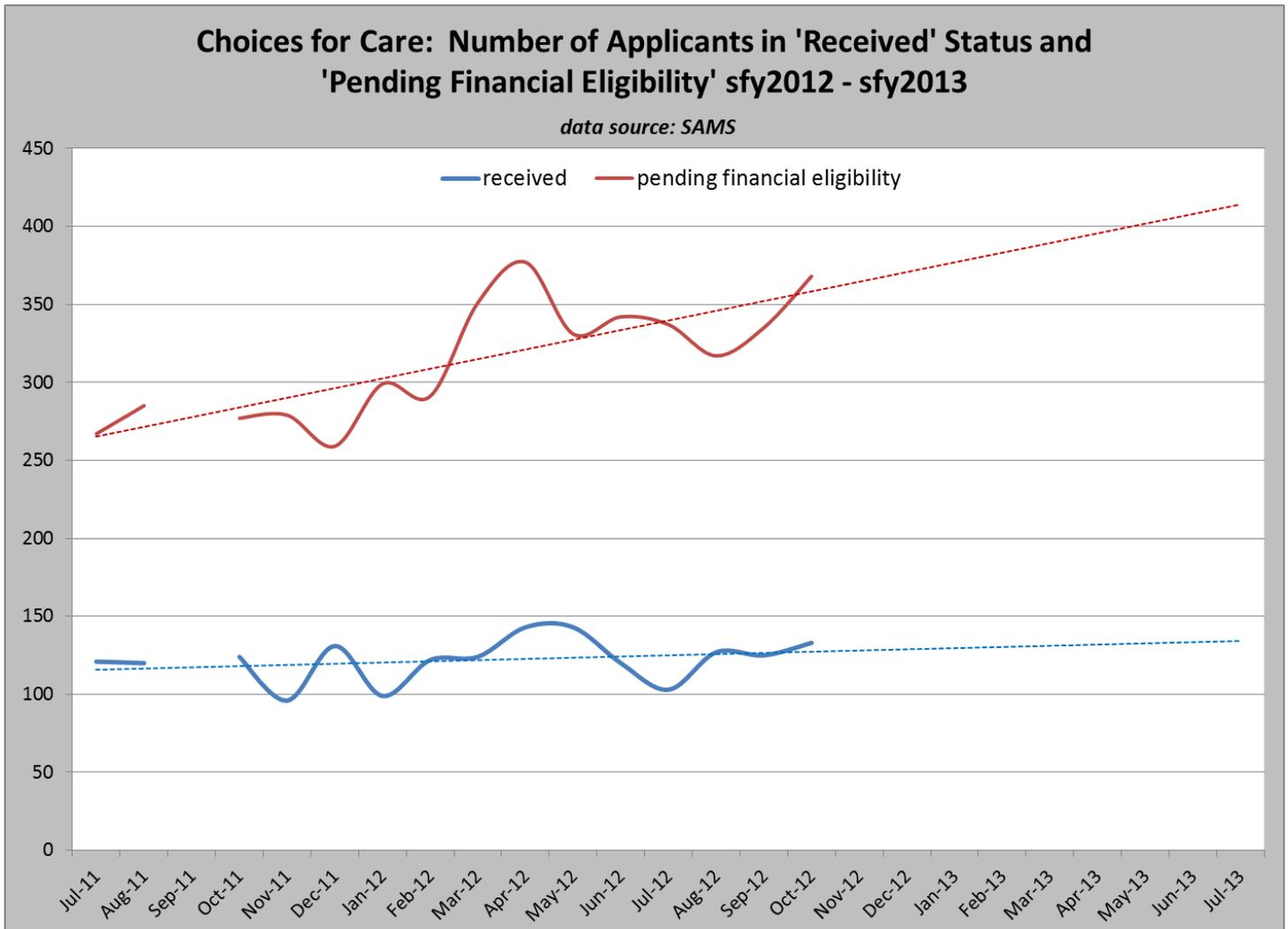
Provider	Also known as (AKA)	<u>sfy2012</u> <u>Homemaker</u> <u>MNG cap</u>	<u>sfy2012</u> <u>Homemaker MNG</u> <u>Claims</u>	sfy2012 year-end \$ surplus	<u>sfy2012 year-end</u> <u>surplus (deficit) as</u> <u>% of allocation</u>	<u>June 2012</u> <u>waiting list (#)</u>
Addison County Home Health and Hospice		\$149,937	\$75,047	\$74,890	50%	29
Central VT Home Health and Hospice		\$239,368	\$97,494	\$141,874	59%	62
Franklin County Home Health Agency		\$157,168	\$140,904	\$16,264	10%	63
Lamoille Home Health		\$101,002	\$91,223	\$9,779	10%	18
Manchester Health Services		\$37,364	\$37,791	\$0	0%	0
Northern Counties Health Care Inc.,	Caledonia Home Health Care	\$162,472	\$165,848	\$0	0%	7
Orleans-Essex VNA & Hospice, Inc.		\$209,236	\$99,634	\$109,602	52%	0
Bayada Nurses	Professional Nurses Services	\$23,818	\$20,039	\$3,779	16%	0
Rutland Area Visiting Nurse Association and Hospice		\$320,363	\$235,368	\$84,995	27%	21
VNA and Hospice of Southwestern Vermont Health Care	Bennington Home Health	\$127,036	\$80,292	\$46,744	37%	25
VNA and Hospice of VT/NH		\$541,170	\$470,199	\$70,971	13%	66
Visiting Nurse Association of Chittenden and Grand Isle Counties		\$341,623	\$278,743	\$62,880	18%	139
Homemaker Total		\$2,410,557	\$1,792,581	\$617,976	26%	430

Provider	Also known as (AKA)	<u>sfy2012 Adult</u> <u>Day MNG</u> <u>revised cap</u>	<u>\$ sfy2012 Adult</u> <u>Day MNG Used</u>	sfy2012 year-end \$ surplus (deficit)	<u>sfy2012 year-end</u> <u>surplus (deficit) as</u> <u>% of allocation</u>	<u>June 2012</u> <u>waiting list (#)</u>
Bennington Project Independence		\$138,519	\$137,952	\$567	0%	1
Brattleboro Area Adult Day Services	The Gathering Place	\$131,100	\$41,744	\$89,356	68%	???
CarePartners	Club Respite, Inc.	\$126,819	\$107,985	\$18,834	15%	???
Elderly Services, Inc.		\$266,656	\$255,585	\$11,071	4%	???
Gifford Medical Center	Randolph Area Adult Day Services	\$19,753	\$10,779	\$8,974	45%	???
Green Mountain Adult Day Services		\$10,372	\$3,407	\$6,965	67%	???
Out & About		\$152,076	\$138,863	\$13,213	9%	???
Oxbow Senior Independence Program, Inc.	OSIP	\$24,798	\$25,115	\$0	0%	5
Project Independence	Barre Project Independence	\$166,329	\$136,338	\$29,991	18%	???
Riverside Life Enrichment Center		\$119,162	\$102,035	\$17,127	14%	???
Rutland Community Programs, Inc.	Interage	\$38,193	\$20,664	\$17,529	46%	???
Springfield Hospital	Springfield Area Adult Day Service	\$168,970	\$148,585	\$20,385	12%	???
Visiting Nurse Association of Chittenden and Grand Isle Meeting Place		\$237,698	\$185,719	\$51,979	22%	???
		\$47,195	\$28,937	\$18,258	39%	???
Adult Day Total		\$1,647,641	\$1,343,708	\$303,933	18%	6
MNG Grand Total		\$4,058,198	\$3,136,289	\$921,909	23%	436

People who have applied for services but have not yet been found eligible represent another group of people who are 'waiting'. The number of applications received each month has varied over time:

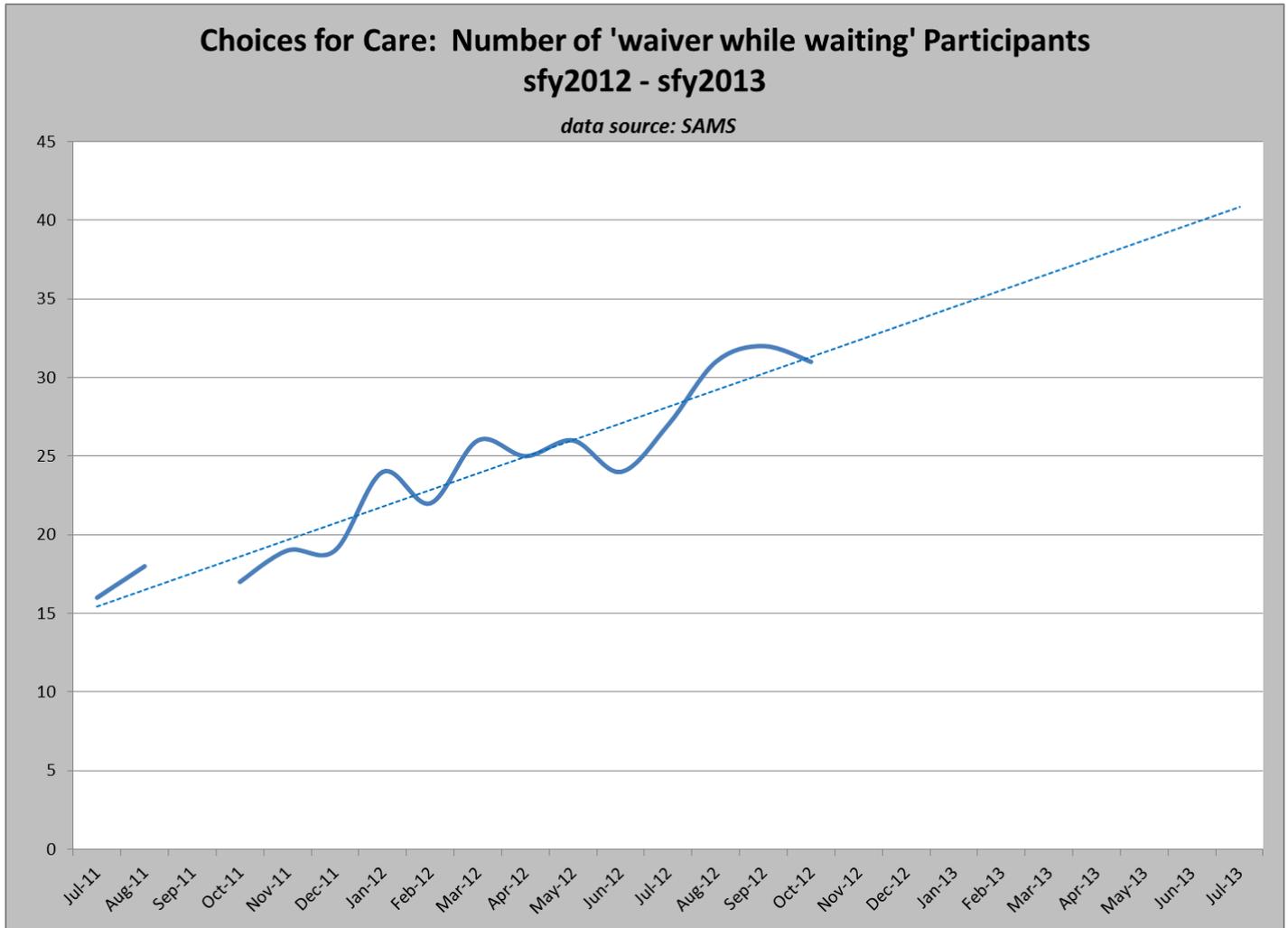


The number of people who are in 'received' status (awaiting a DAIL clinical eligibility decision) has remained fairly stable, while the number of people who have yet to receive a DCF financial eligibility decision has increased over time:



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 over time:



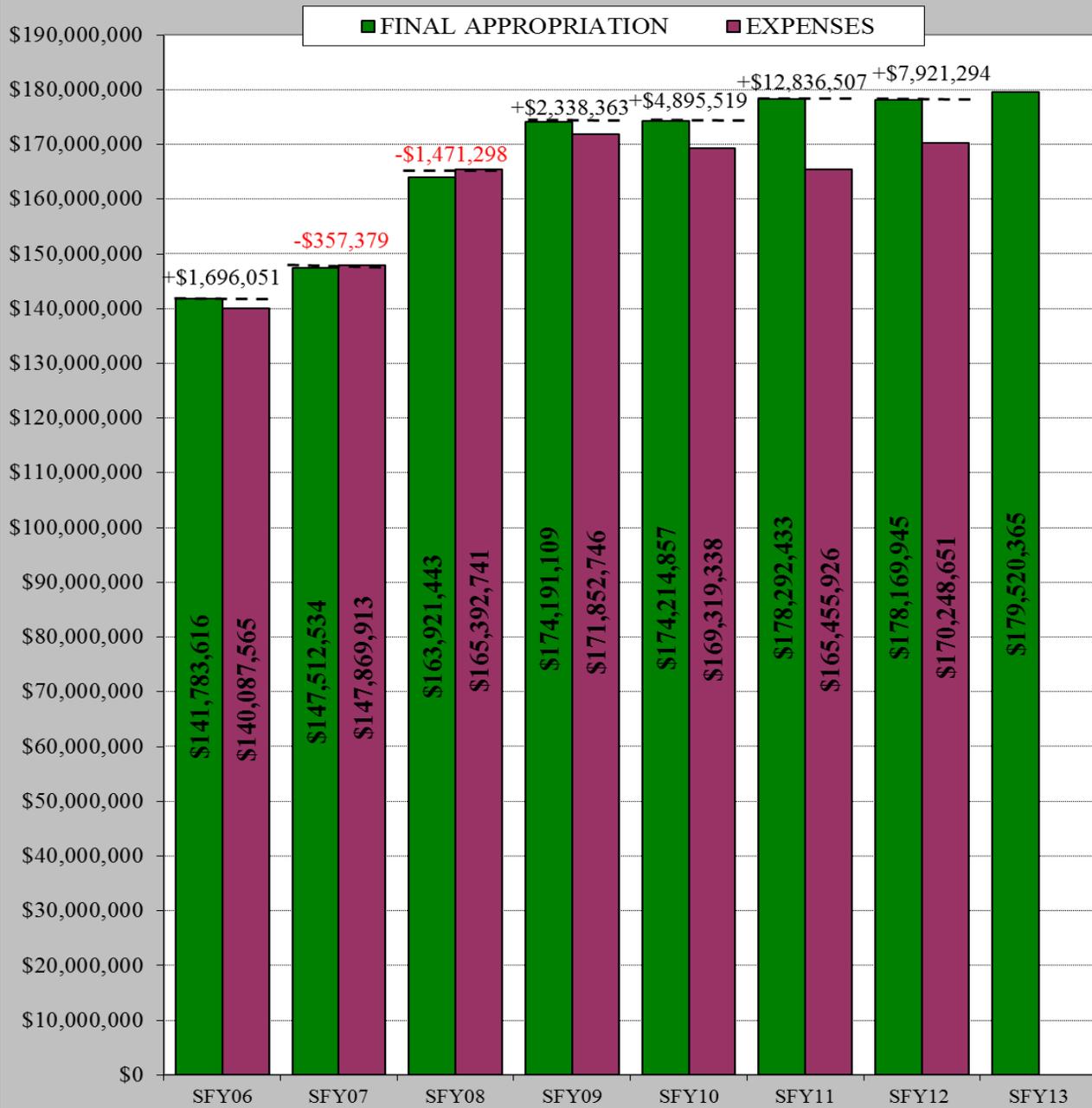
6. Manage Spending to Available Funding

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:

Choices For Care SFY12 Plan vs Actuals Quarterly Summary					
Expenses thru 3-31-12 (Cash Basis)					
<small>Source: DVHA FBR Quarterly Reports (expense by paid date)</small>					
Planned Amount	July-Sept 11	Oct-Dec 11	Jan-Mar 12	April-June 12	Total <small>average</small>
Planned number of H&CB persons 1st of the month <small>(average of 3 months in quarter)</small>	3,091	3,091	3,091	3,091	3,091
Nursing Home Days	170,001	170,001	170,001	169,997	680,000
HB Expenses	\$ 14,567,322	\$ 14,567,322	\$ 14,626,572	\$ 14,745,068	\$ 58,506,284
Nursing Home	\$ 29,565,915	\$ 29,565,915	\$ 29,565,915	\$ 30,965,916	\$ 119,663,661
Acute	\$ 6,706,154	\$ 6,706,154	\$ 6,706,154	\$ 6,706,010	\$ 26,824,472
Total	\$ 50,839,391	\$ 50,839,391	\$ 50,898,641	\$ 52,416,994	\$ 204,994,417
Actual					
Actual number of H&CB persons 1st of the month <small>(average of 3 months in quarter)</small>	2,896	2,915	2,924	-	2,911 <small>Average</small>
Nursing Home Days	166,133	169,034	158,667	107,351	601,185
HB Expenses	\$ 13,932,367	\$ 13,997,894	\$ 14,733,526	\$ 10,118,131	\$ 52,781,917
Nursing Home	\$ 27,775,891	\$ 29,115,834	\$ 27,409,831	\$ 19,801,276	\$ 104,102,832
Acute Care	\$ 6,590,738	\$ 6,331,930	\$ 6,140,810	\$ 4,467,999	\$ 23,531,477
Total	\$ 48,298,997	\$ 49,445,658	\$ 48,284,167	\$ 34,387,406	\$ 180,416,227
Difference (under budget)					
Plan vs Actual on number of H&CB persons 1st of the month	(195)	(176)	(167)	0	Total Difference to Plan SFY12
Nursing Home Days	(3,868)	(967)	(11,334)	0	
HB Expenses	(\$634,955)	(\$569,428)	\$106,954	\$0	(\$1,097,429)
Nursing Home	(\$1,790,024)	(\$450,081)	(\$2,156,084)	\$0	(\$4,396,189)
Acute Care	(\$115,416)	(\$374,224)	(\$565,344)	\$0	(\$1,054,984)
Total	(\$2,540,394)	(\$1,393,733)	(\$2,614,474)	\$0	(\$6,548,602)
				Total LTC under budget	\$ (5,493,618.28)

Choices for Care: Annual Appropriations and Expenses sfy2005 - sfy2012

Does not include acute care/primary care expenses.

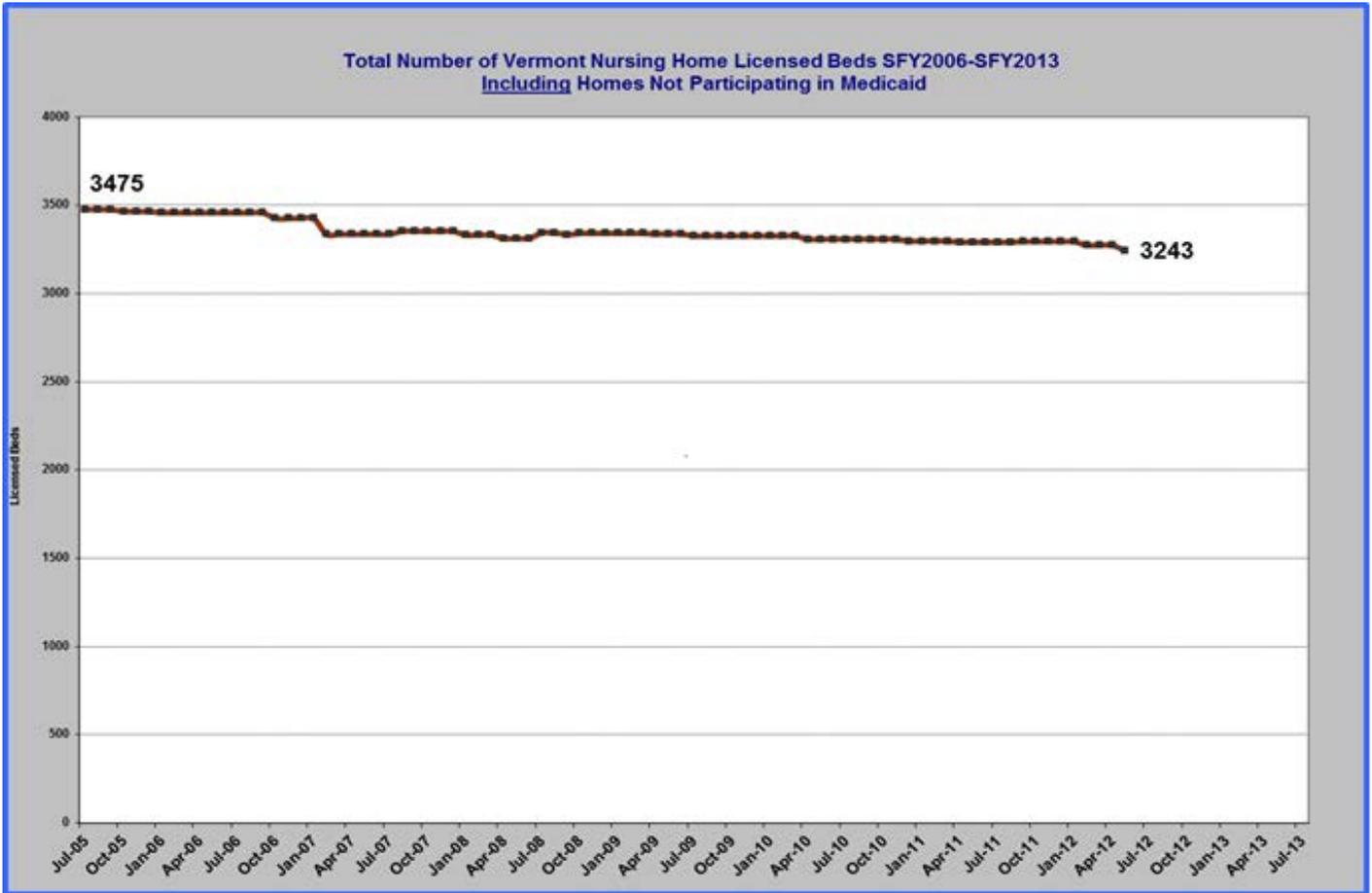


Recent surpluses (or ‘savings’) have allowed for Choices for Care ‘reinvestments’ to be made. The following reinvestments were planned for sfy2013, using sfy2012 carryforward funds:

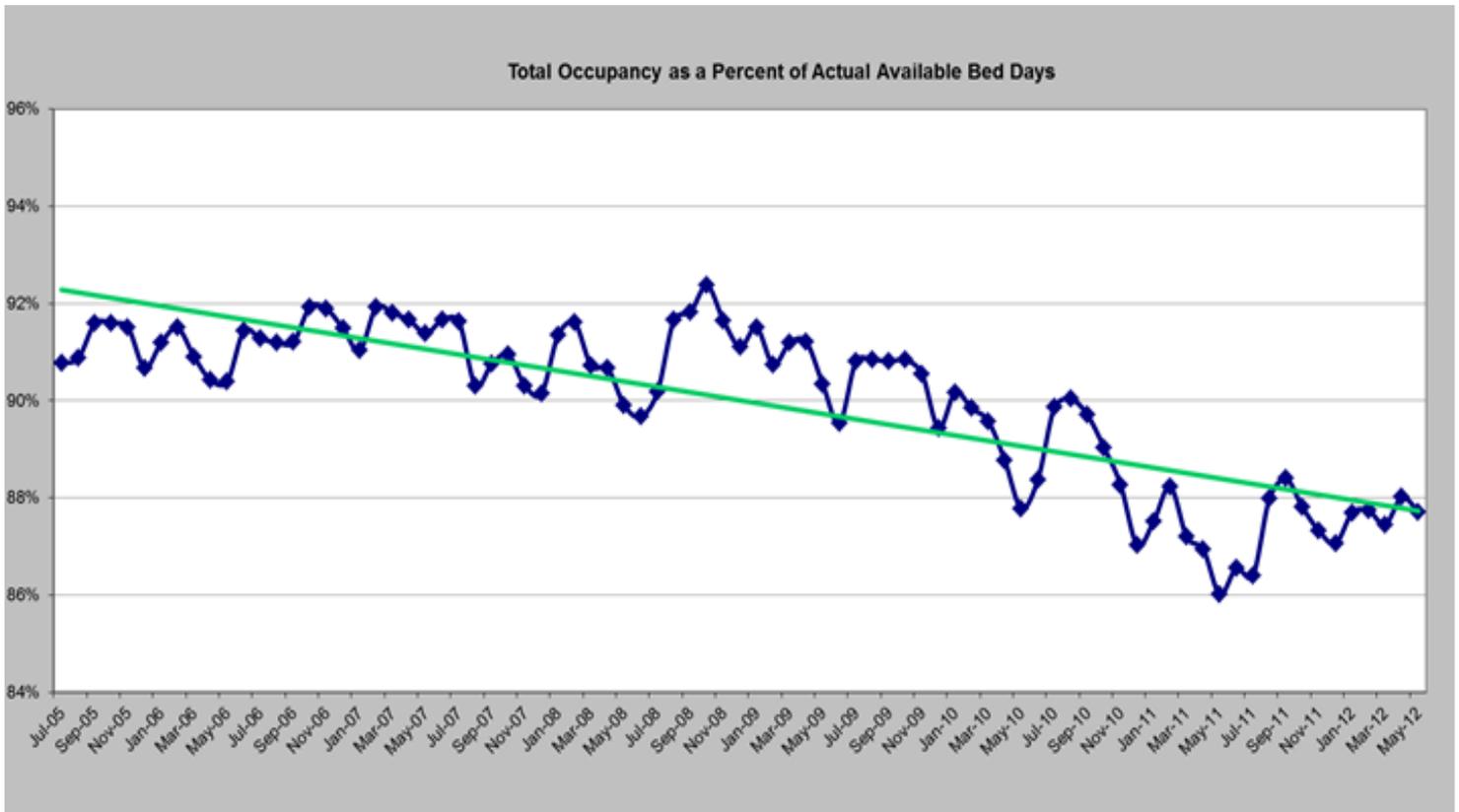
Choices for Care Reinvestments SFY13 - using SFY12 Carryforward funds			
10.18.12			
	<u>Current Appropriation DVHA - LTC</u>	<u>Gross</u>	<u>General Fund</u>
1)	Eliminate proposed FY13 budget reductions	\$779,979	\$339,837
2)	Increase ACCS rate by \$1/day (\$36.25/day to \$37.25/day)	\$350,000	\$152,495
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. While the number of nursing home beds in Vermont has decreased:



The total occupancy rate of Vermont nursing homes has decreased from over 90% to about 88%, resulting in more unoccupied beds that are available:



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 licensing surveys are also available online at <http://www.dlp.vermont.gov/license-survey-nursing>.

Vermont Nursing Home Occupancy By County
Total and Medicaid for September 2012

(Highlight indicates occupancy below 90%)
Excludes Arbors, Mertens and Wake Robin

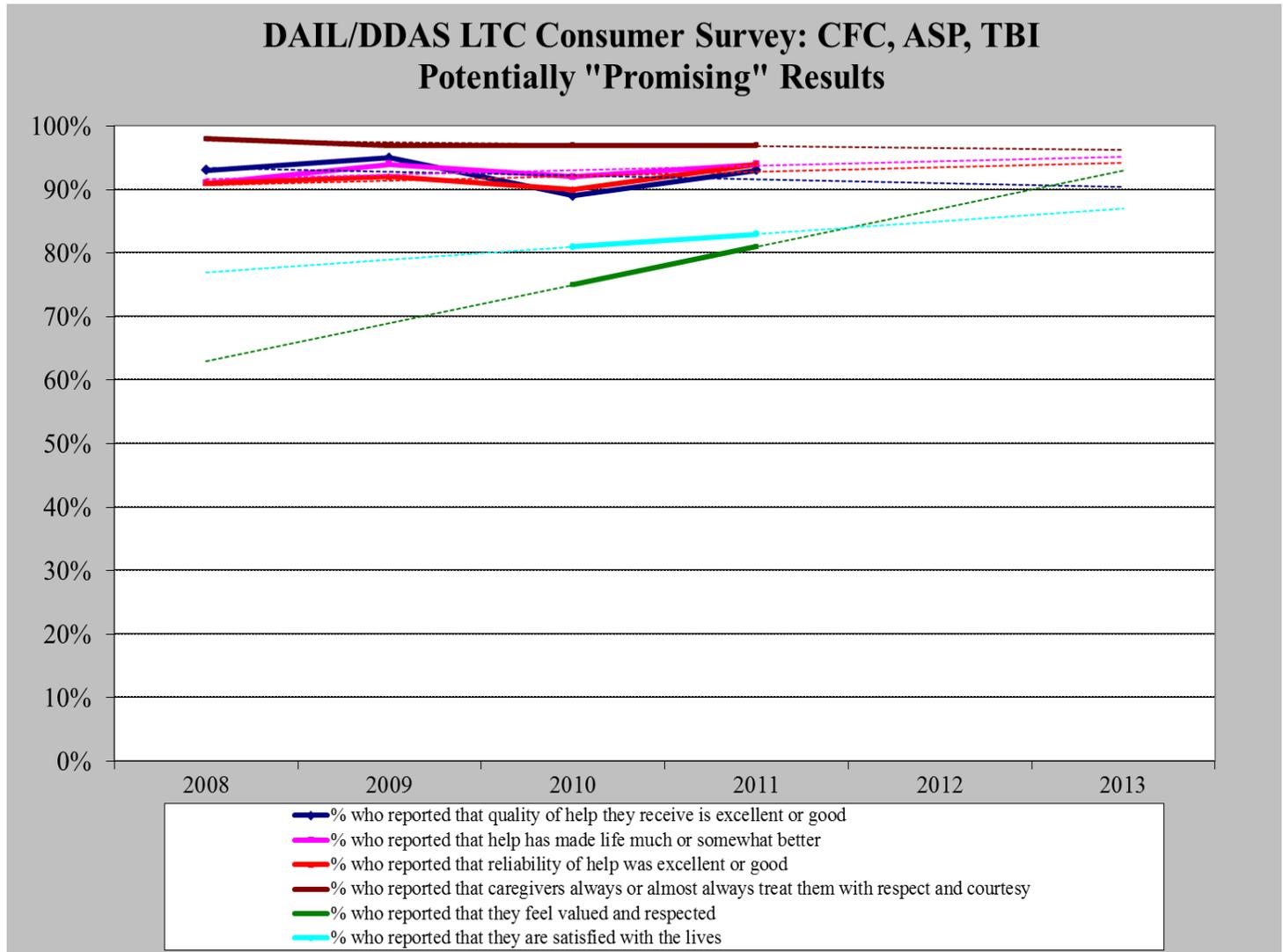
<u>Nursing Home by County</u>	<u>Licensed Capacity</u>	<u>VT Medicaid Days</u>	<u>VT Medicaid Occupancy</u>	<u>Total Days</u>	<u>Total Occupancy</u>
Addison					
Helen Porter	105	1,993	63.27%	2,898	92.00%
Bennington					
Bennington	100	1,433	47.77%	2,481	82.70%
Crescent Manor	90	1,408	52.15%	2,425	89.81%
Veterans Home	171	1,608	31.35%	4,056	79.06%
Centers For Living & Rehab	150	1,565	34.78%	3,309	73.53%
County Average (weighted)*	511		39.23%	12,271	80.05%
Caledonia					
Pine Knoll	60	1,299	72.17%	1,651	91.72%
St. Johnsbury	110	1,835	55.61%	2,881	87.30%
County Average (weighted)*	170		61.45%	4,532	88.86%
Chittenden					
Birchwood Terrace	144	2,532	58.61%	4,174	96.62%
Burlington	126	1,953	51.67%	3,482	92.12%
Green Mountain	73	1,214	55.43%	1,955	89.27%
Starr Farm	150	2,030	45.11%	4,269	94.87%
County Average (weighted)*	493		52.26%	13,880	93.85%
Franklin					
Franklin County Rehab	64	727	37.86%	1,600	83.33%
Redstone Villa	30	445	49.44%	692	76.89%
St. Albans Healthcare	115	1,941	56.26%	2,639	76.49%
County Average (weighted)*	209		49.65%	4,931	78.64%
Lamoille					
The Manor	72	1,619	74.95%	2,097	97.08%
Orange					
Gifford	30	750	83.33%	900	100.00%
Orleans					
Bel-Aire	44	490	37.12%	1,081	81.89%
Derby Green	23	570	82.61%	666	96.52%
Greensboro	30	515	57.22%	814	90.44%
Maple Lane	71	1,683	79.01%	2,025	95.07%
Newport	50	1,113	74.20%	1,365	91.00%
Union House	44	1,053	79.77%	1,278	96.82%
County Average (weighted)*	262		69.01%	7,229	91.97%

<u>Nursing Home by County</u>	<u>Licensed Capacity</u>	<u>VT Medicaid Days</u>	<u>VT Medicaid Occupancy</u>	<u>Total Days</u>	<u>Total Occupancy</u>
Rutland					
Pines at Rutland	125	2,380	63.47%	3,545	94.53%
Mountain View	158	2,851	60.15%	4,308	90.89%
Rutland Healthcare	123	2,173	58.89%	3,018	81.79%
County Average (weighted)*	406		60.79%	10,871	89.25%
Washington					
Berlin	141	2,270	53.66%	3,415	80.73%
Mayo	50	845	56.33%	1,350	90.00%
Rowan Court	96	1,903	66.08%	2,801	97.26%
Woodridge	153	2,394	52.16%	3,799	82.77%
County Average (weighted)*	440		56.15%	11,365	86.10%
Windham					
Pine Heights at Brattleboro	80	1,614	67.25%	2,118	88.25%
Thompson House	43	579	44.88%	1,315	101.94%
Vernon Green	60	1,074	59.67%	1,691	93.94%
County Average (weighted)*	183		59.51%	5,124	93.33%
Windsor					
Brookside-WRJ	67	1,138	56.62%	1,911	95.07%
Cedar Hill	39	529	45.21%	1,057	90.34%
Gill Odd Fellows	46	829	60.07%	1,112	80.58%
Mt. Ascutney	25	565	75.33%	745	99.33%
Springfield	102	1,756	57.39%	2,472	80.78%
County Average (weighted)*	279		57.55%	7,297	87.18%
State	3,160	52,676	55.57%	83,395	87.97%

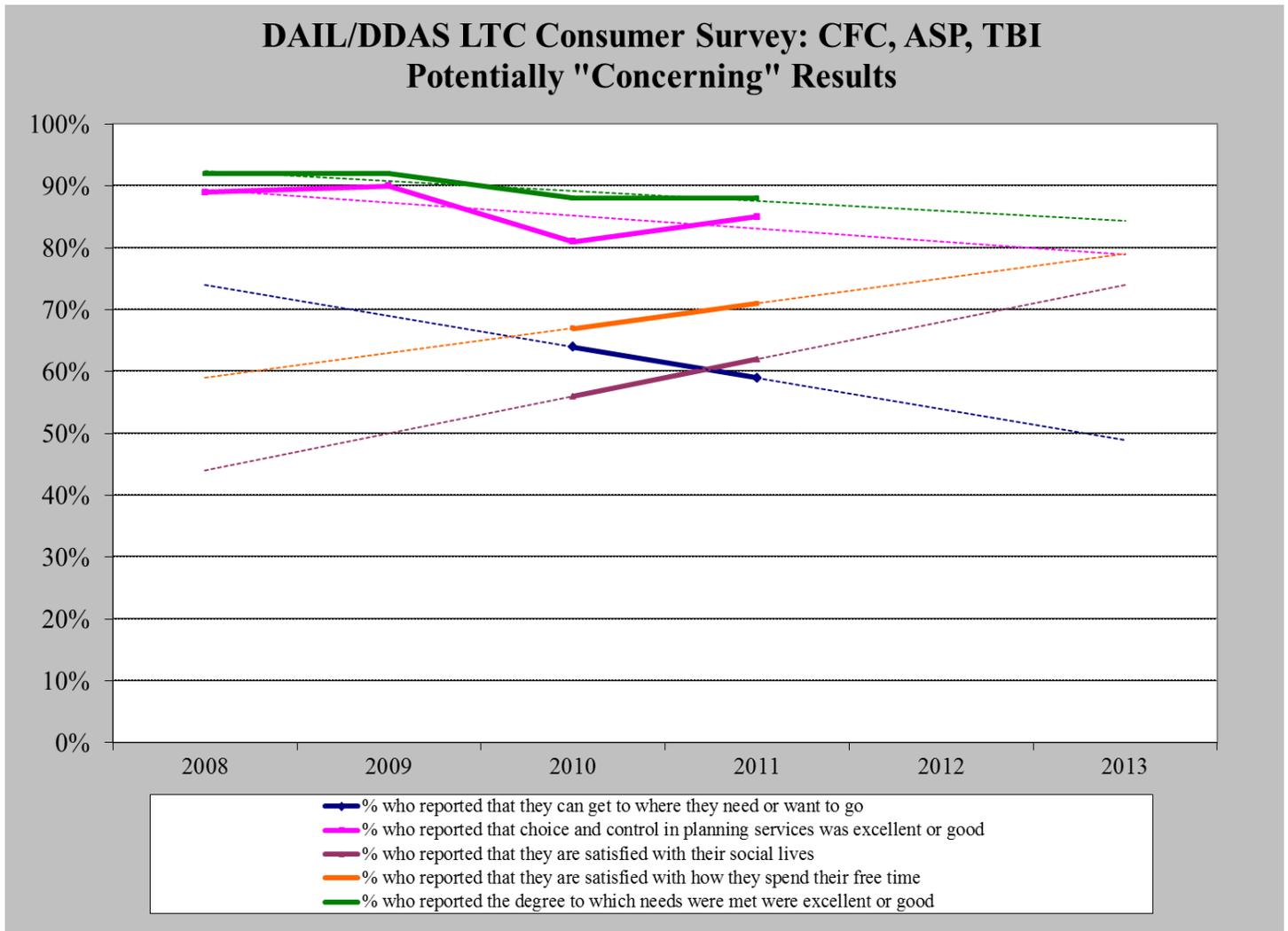
8. Ensure that services are of high quality and support individual outcomes

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:



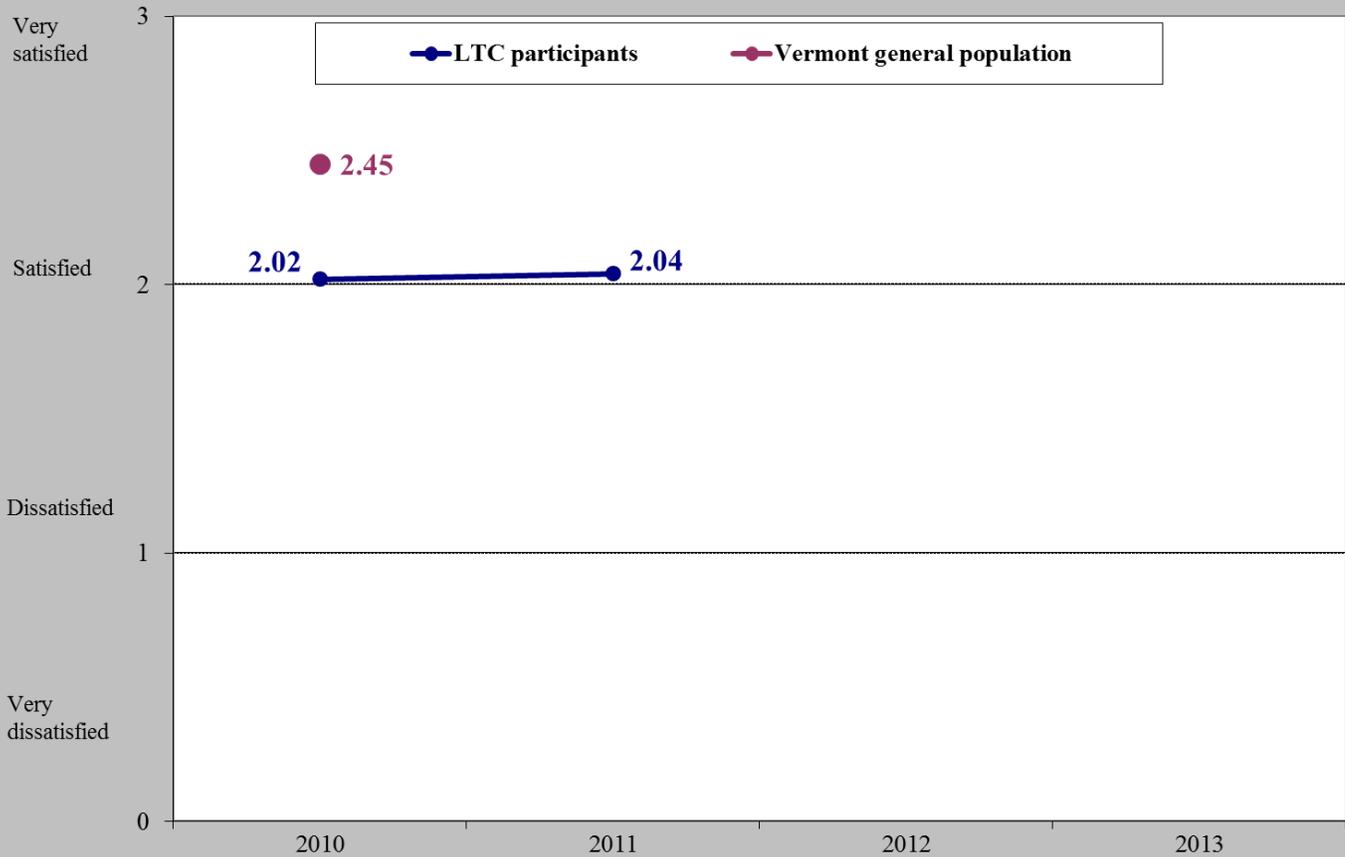
However, the surveys also suggest some potential opportunities for improvement:



DAIL/DDAS LTC 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 contracts 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. Surveys of CFC HCBS participants are currently performed under contract by another independent contractor, Market Decisions.

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.

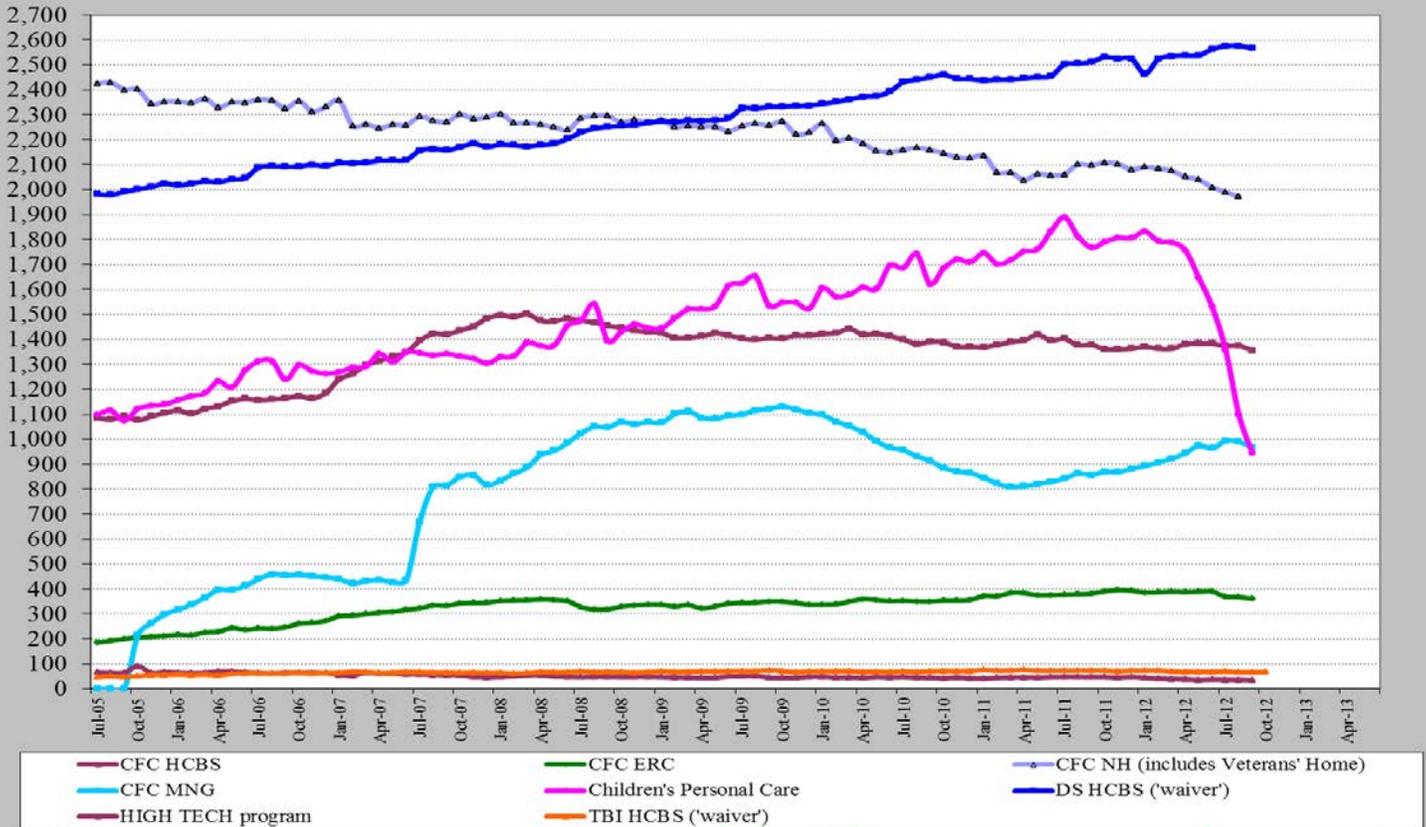
10. Other data

This summary of recent expenses is produced at the request of the Vermont legislature. The report is posted on the DAIL website along with several other reports (including data regarding nursing home use) at <http://dail.vermont.gov/dail-publications>.

Choices for Care Summary - Expenses and # People Served by Date of Service								
Department of Disabilities Aging and Independent Living								
Date 10/30/2012								
Source: HP Claims Analysis View Universe; DLB 10/30/2012								
Expenditures	QE 9-30-10	QE 12-31-10	QE 3-31-11	QE 6-30-11	QE 9-30-11	QE 12-30-11	QE-3-31-12	QE-6-30-12
Highest & High (includes all Case Management & Nursing Home)	\$40,852,163	\$40,913,740	\$39,483,594	\$40,231,403	\$41,143,434	\$42,140,158	\$40,962,320	\$41,000,040
Moderate	\$746,283	\$687,821	\$663,023	\$685,760	\$710,096	\$739,068	\$802,486	\$888,775
Pace	\$1,007,539	\$1,117,010	\$1,214,667	\$1,242,650	\$1,294,171	\$1,280,173	\$1,416,161	\$1,515,773
Total	\$42,605,985	\$42,718,571	\$41,361,284	\$42,159,813	\$43,147,701	\$44,159,399	\$43,180,967	\$43,404,588
Expenditures By Service Category								
1 Nursing Home	\$29,253,570	\$28,803,850	\$27,542,759	\$27,524,345	\$29,354,325	\$29,651,933	\$28,651,340	\$28,293,704
2 Adult Day (Moderate, High&Highest)	\$1,038,938	\$942,907	\$905,076	\$1,042,824	\$1,042,028	\$1,039,684	\$1,060,178	\$1,127,639
3 Case Management (HHA & AAA)	\$783,124	\$761,466	\$837,013	\$844,083	\$849,920	\$809,715	\$897,536	\$849,279
4 Homemaker	\$442,838	\$432,870	\$442,357	\$425,138	\$428,613	\$435,518	\$455,356	\$473,199
5 Respite/Companion	\$1,604,505	\$1,705,457	\$2,066,245	\$1,876,159	\$1,559,830	\$1,758,473	\$2,016,941	\$1,886,085
6 Enhanced Residential Care	\$1,744,692	\$1,770,421	\$1,823,106	\$1,869,765	\$1,908,794	\$1,985,127	\$1,965,581	\$1,994,240
7 Personal Care (by Agency)	\$3,284,341	\$3,210,199	\$3,069,715	\$3,322,391	\$3,385,716	\$3,347,241	\$3,330,823	\$3,346,362
8 Personal Care (Self Directed)	\$2,649,386	\$3,034,132	\$2,607,160	\$3,016,636	\$2,484,906	\$2,830,133	\$2,448,758	\$2,803,957
9 Flexible Choices	\$603,201	\$745,619	\$659,919	\$798,248	\$642,986	\$824,340	\$738,667	\$920,738
10 PACE	\$1,007,539	\$1,117,010	\$1,214,667	\$1,242,650	\$1,294,171	\$1,280,173	\$1,416,161	\$1,515,773
11 Misc (Assistive Devices, Emergency Response Systems, ISO)	\$193,851	\$194,640	\$193,267	\$197,574	\$196,412	\$197,062	\$199,626	\$193,612
Total	\$42,605,985	\$42,718,571	\$41,361,284	\$42,159,813	\$43,147,701	\$44,159,399	\$43,180,967	\$43,404,588
People Served								
* Highest & High (includes all Case Management)	4,969	4,858	4,904	4,892	4,925	4,919	5,062	4,978
**Moderate	977	905	856	876	923	942	997	1,045
PACE	91	96	106	116	116	115	124	131
Total	5,192	5,127	5,110	5,099	5,137	5,183	5,269	5,204
*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	2,420	2,417	2,386	2,349	2,356	2,382	2,351	2,272
2 Adult Day (Moderate, High&Highest)	347	331	316	330	335	343	371	377
3 Case Management (HHA & AAA)	2,598	2,474	2,546	2,593	2,621	2,566	2,715	2,761
4 Homemaker	897	838	797	815	835	842	881	924
5 Respite/Companion	1,035	978	1,076	1,086	1,022	954	1,068	1,068
6 Enhanced Residential Care	376	382	417	408	409	427	425	412
7 Personal Care (by Agency)	641	643	641	648	648	639	636	646
8 Personal Care (Self Directed)	826	827	819	826	804	776	790	799
9 Flexible Choices	94	93	94	98	102	105	113	110
10 PACE	91	96	106	116	116	115	124	131
11 Misc (Assistive Devices, Emergency Response Systems, ISO)	1,176	1,134	1,146	1,176	1,158	1,144	1,155	1,151

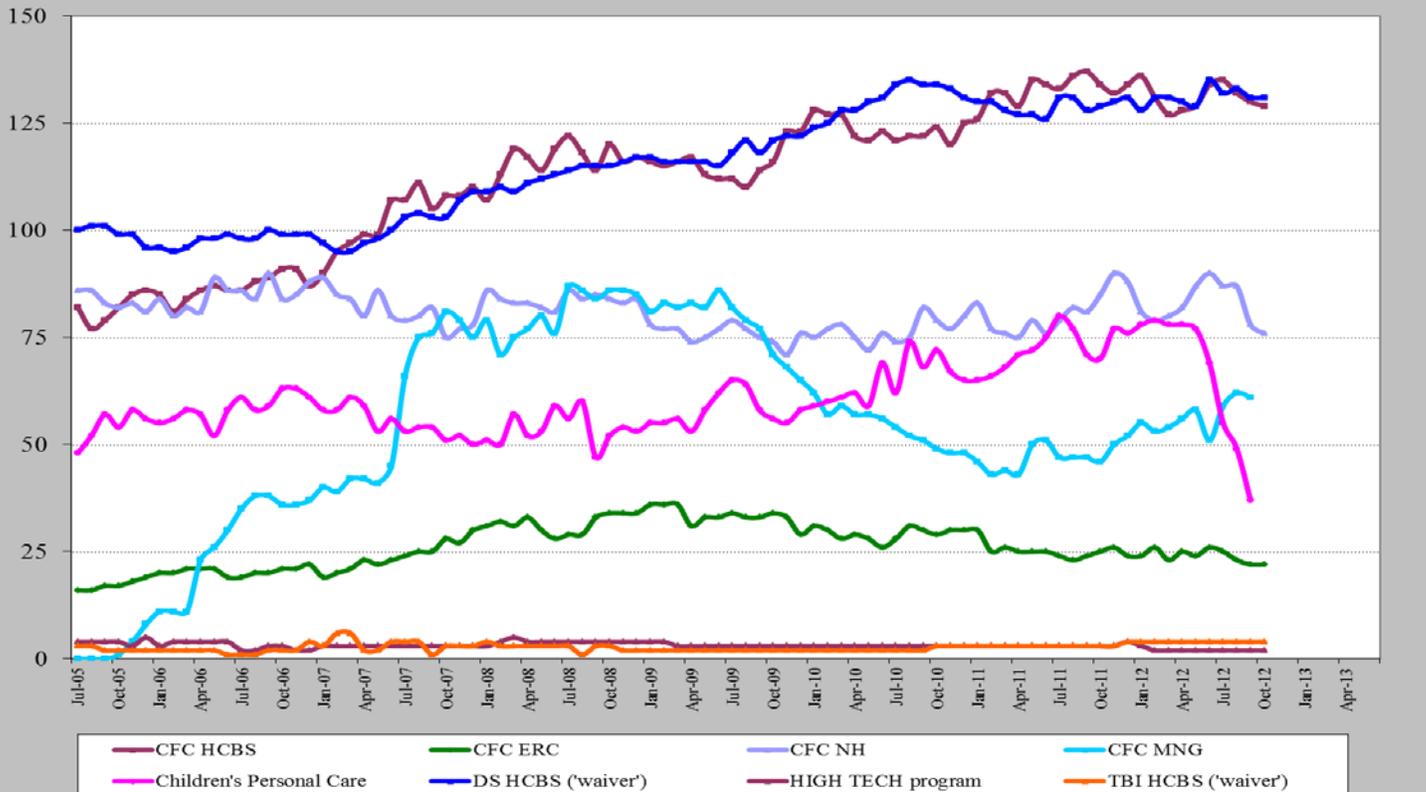
Numbers of People Receiving DDAS Services in Vermont sfy2005 - sfy2012

data source: Medicaid paid claims by dates of service



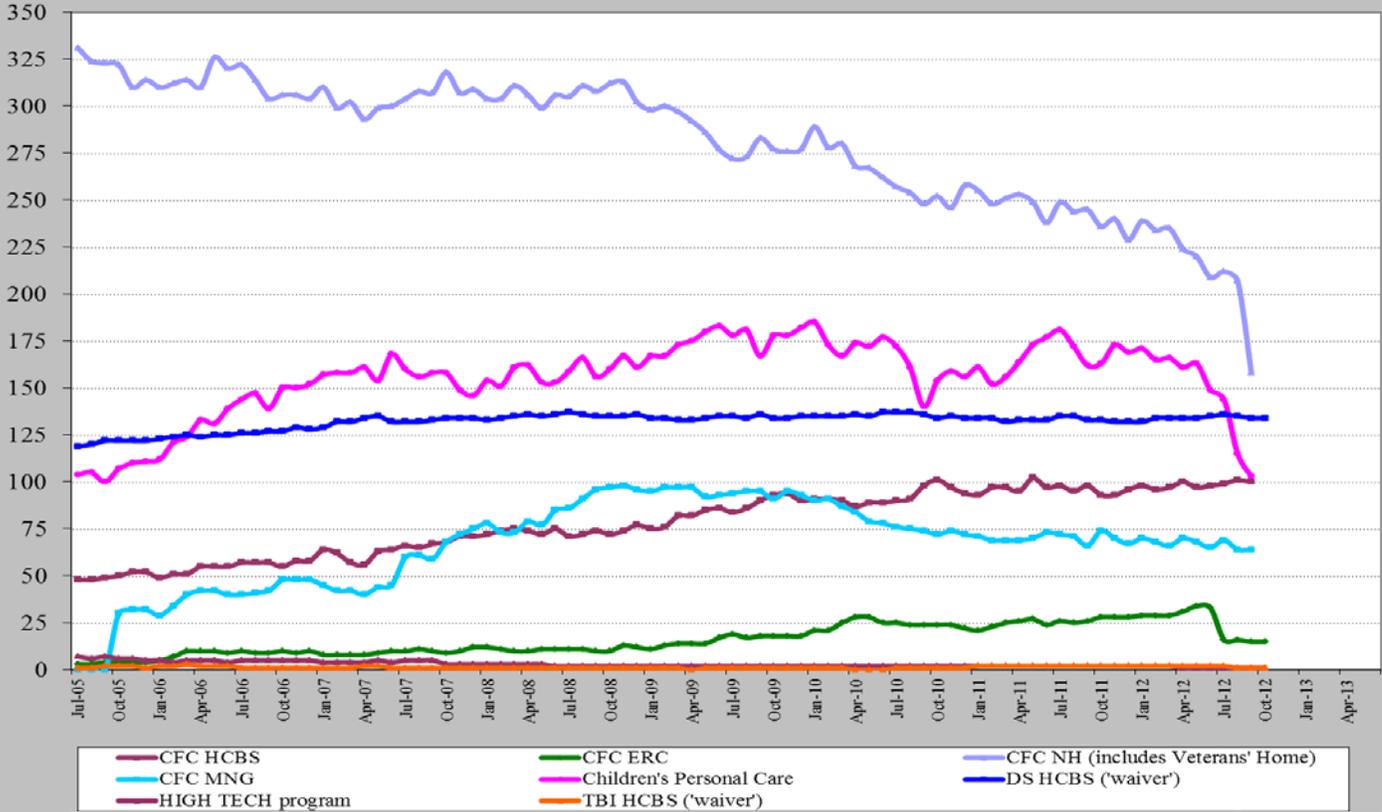
Numbers of People Receiving DDAS Services in Addison County sfy2005 - sfy2012

data source: Medicaid paid claims by dates of service



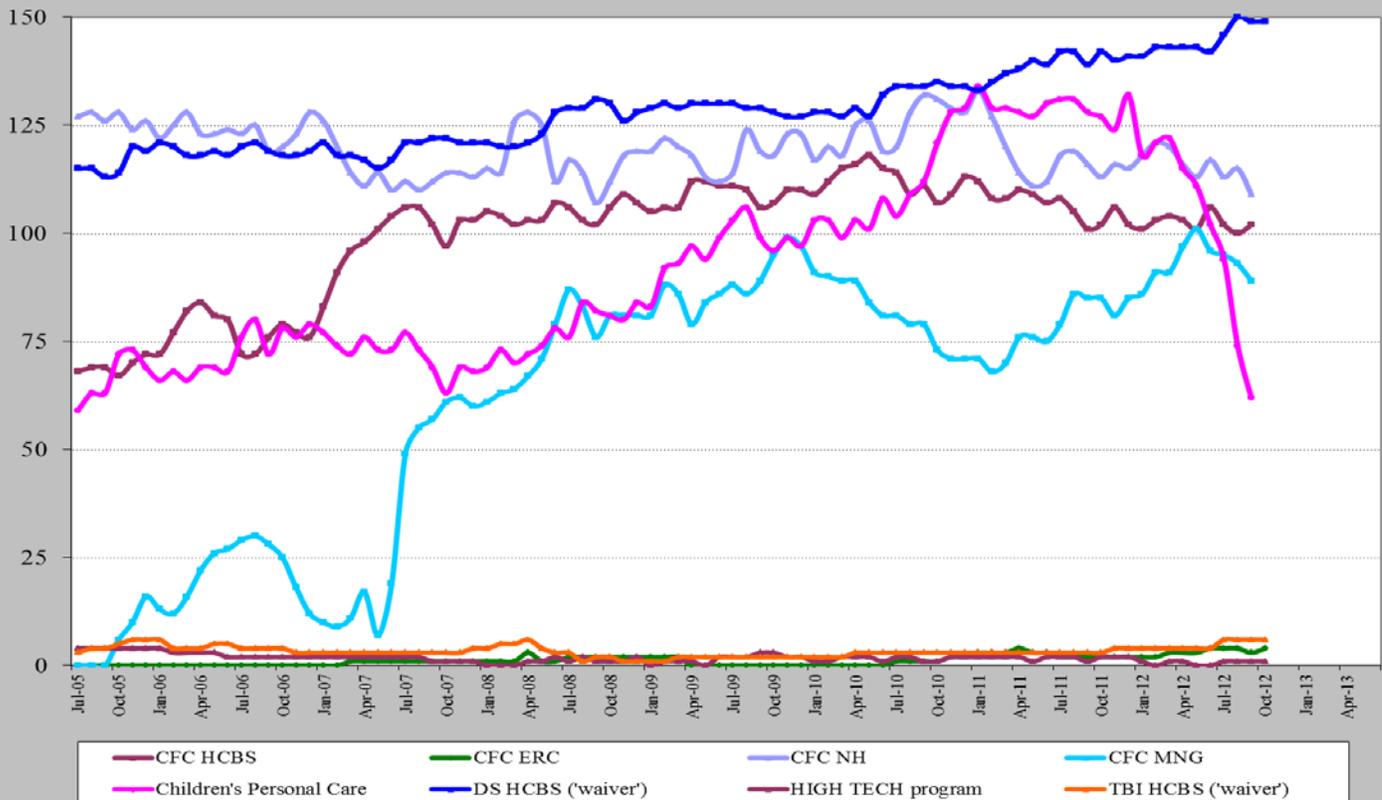
Numbers of People Receiving DDAS Services in Bennington County sfy2005 - sfy2012

data source: Medicaid paid claims by dates of service



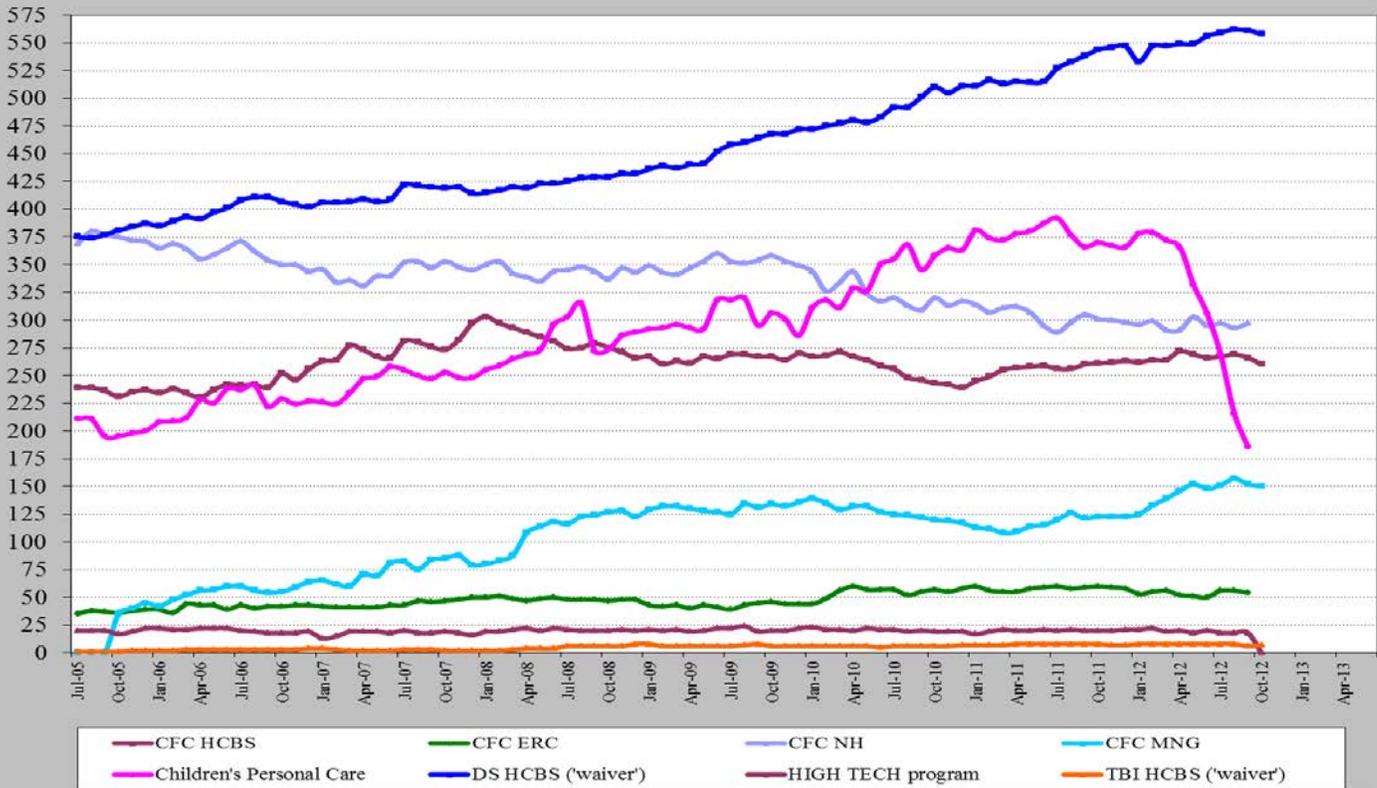
Numbers of People Receiving DDAS Services in Caledonia County sfy2005 - sfy2012

data source: Medicaid paid claims by dates of service



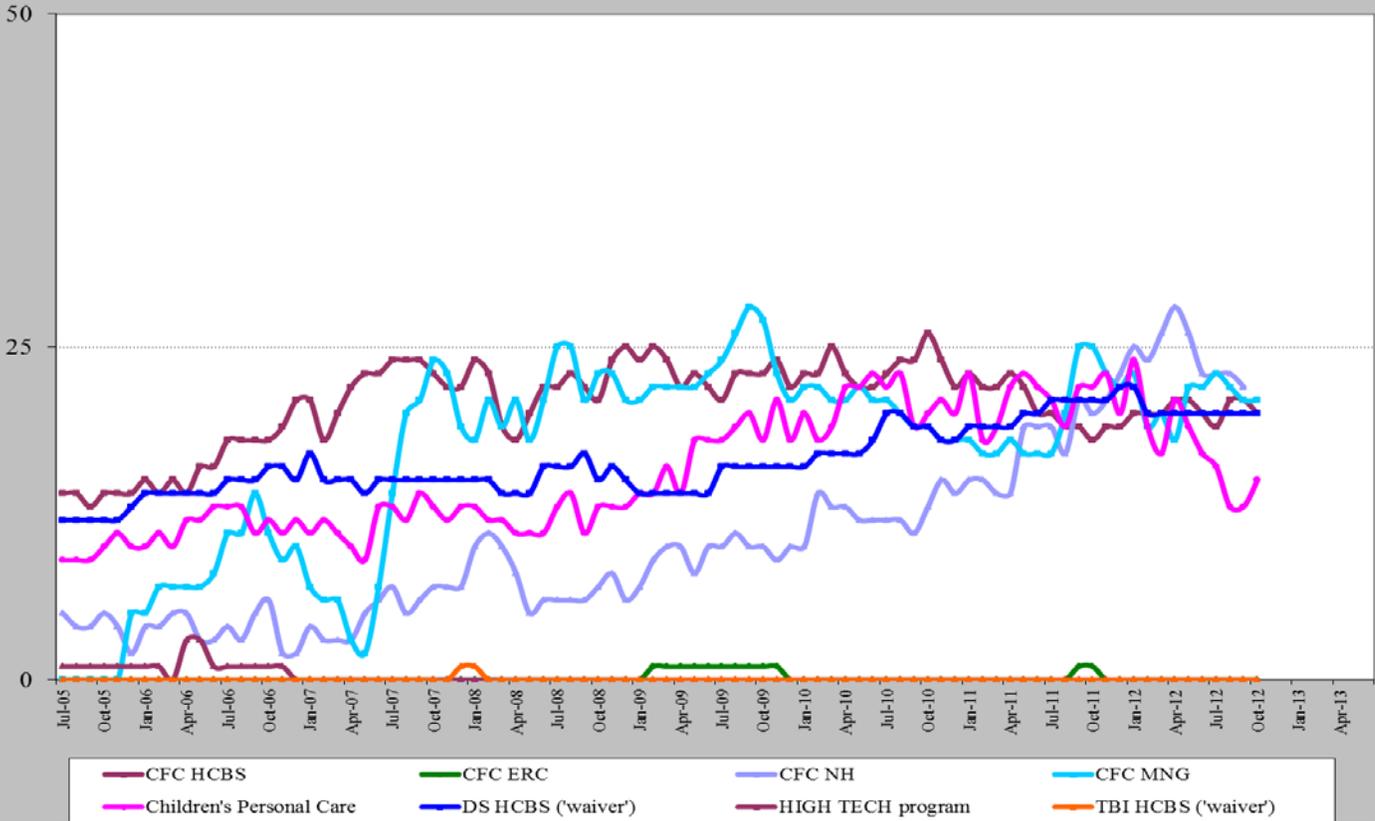
Numbers of People Receiving DDAS Services in Chittenden County sfy2005 - sfy2012

data source: Medicaid paid claims by dates of service



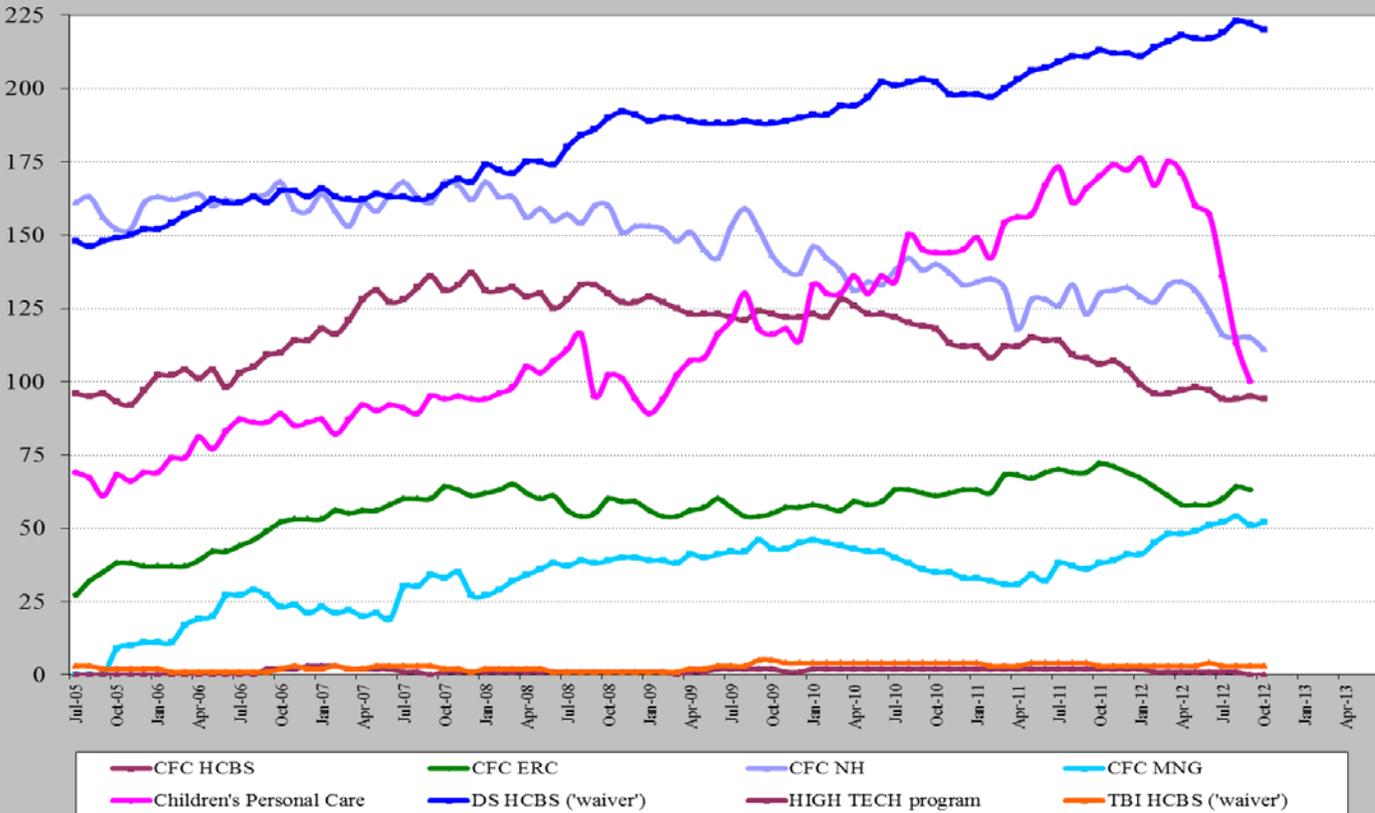
Numbers of People Receiving DDAS Services in Essex County
sfy2005 - sfy2012

data source: Medicaid paid claims by dates of service



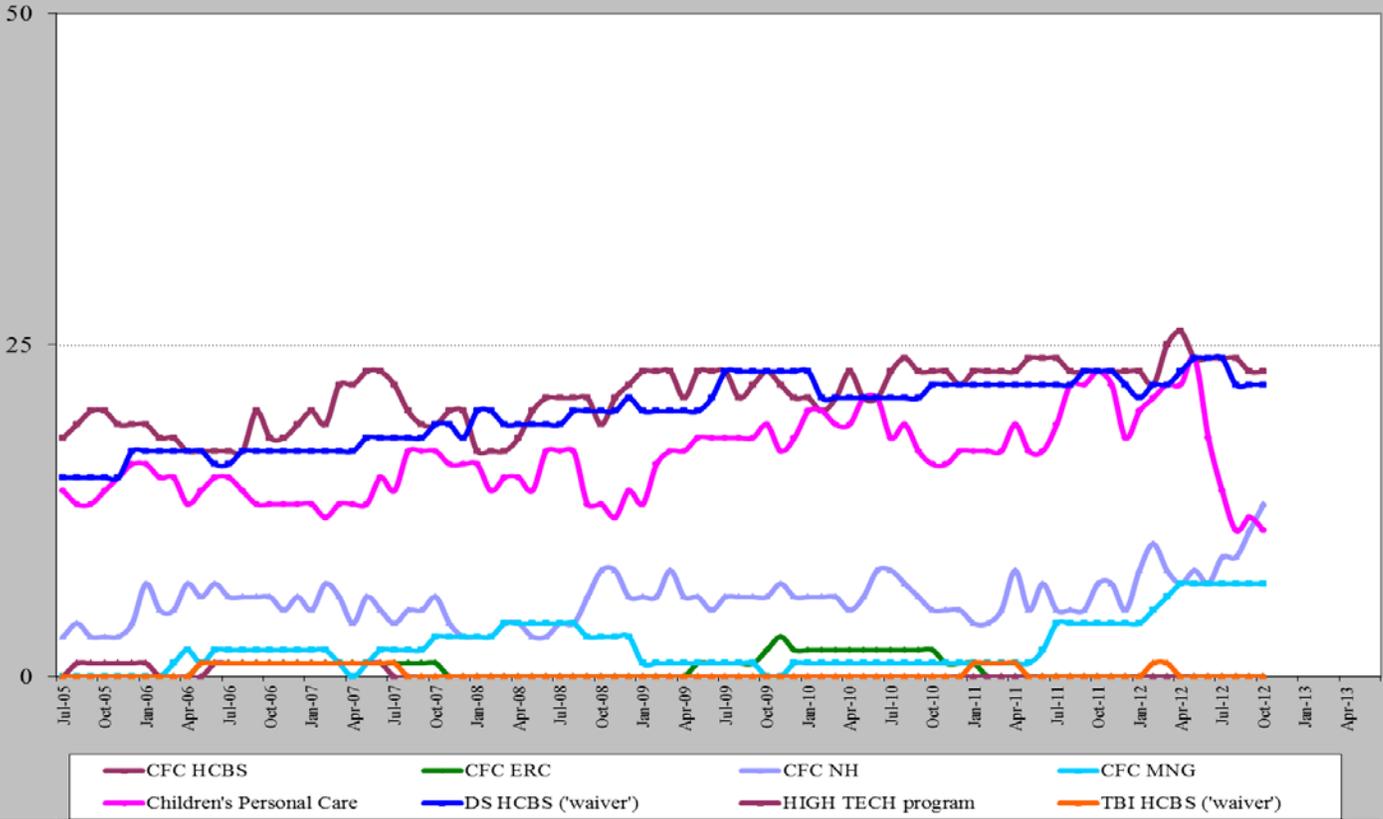
Numbers of People Receiving DDAS Services in Franklin County
sfy2005 - sfy2012

data source: Medicaid paid claims by dates of service



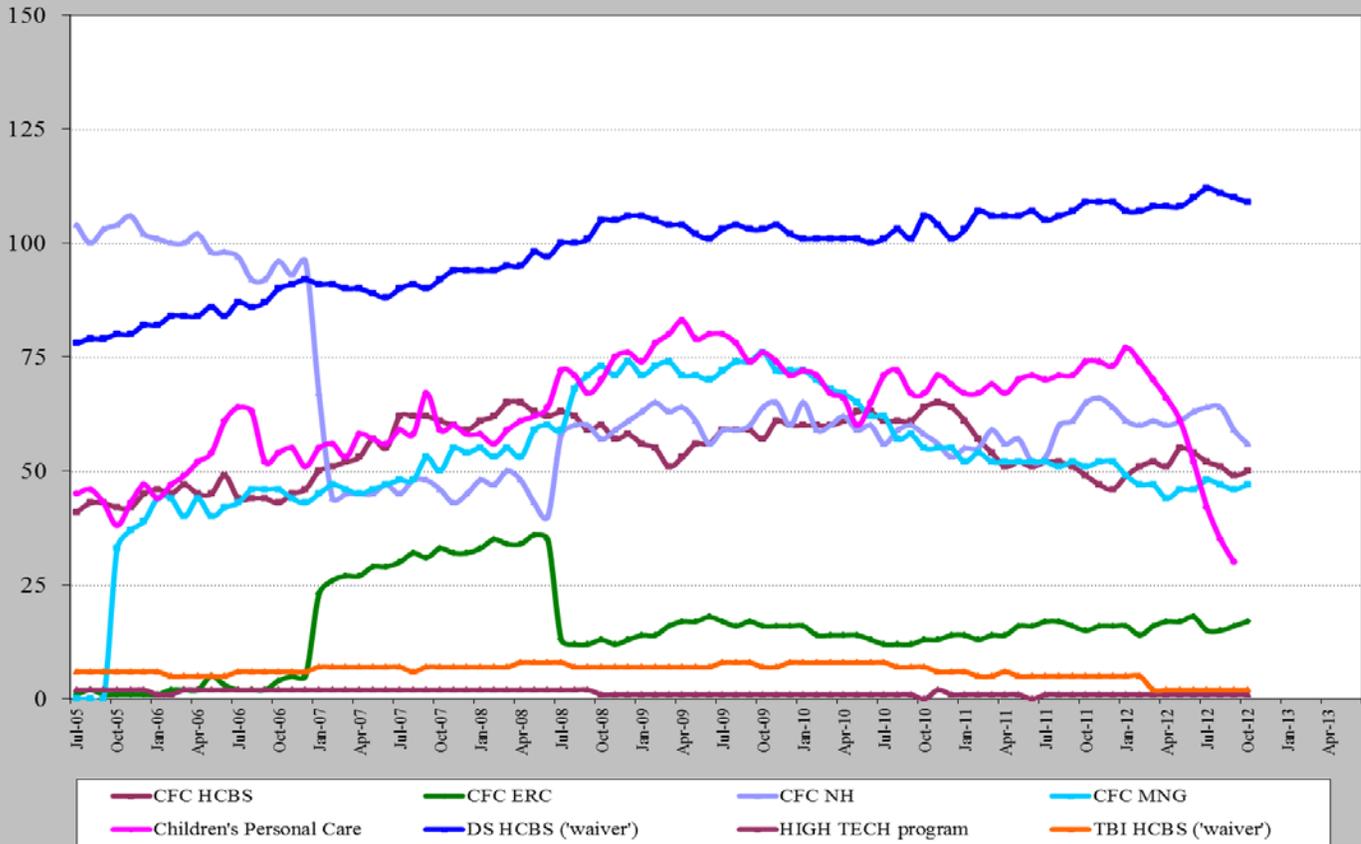
**Numbers of People Receiving DDAS Services in Grand Isle County
sfy2005 - sfy2012**

data source: Medicaid paid claims by dates of service



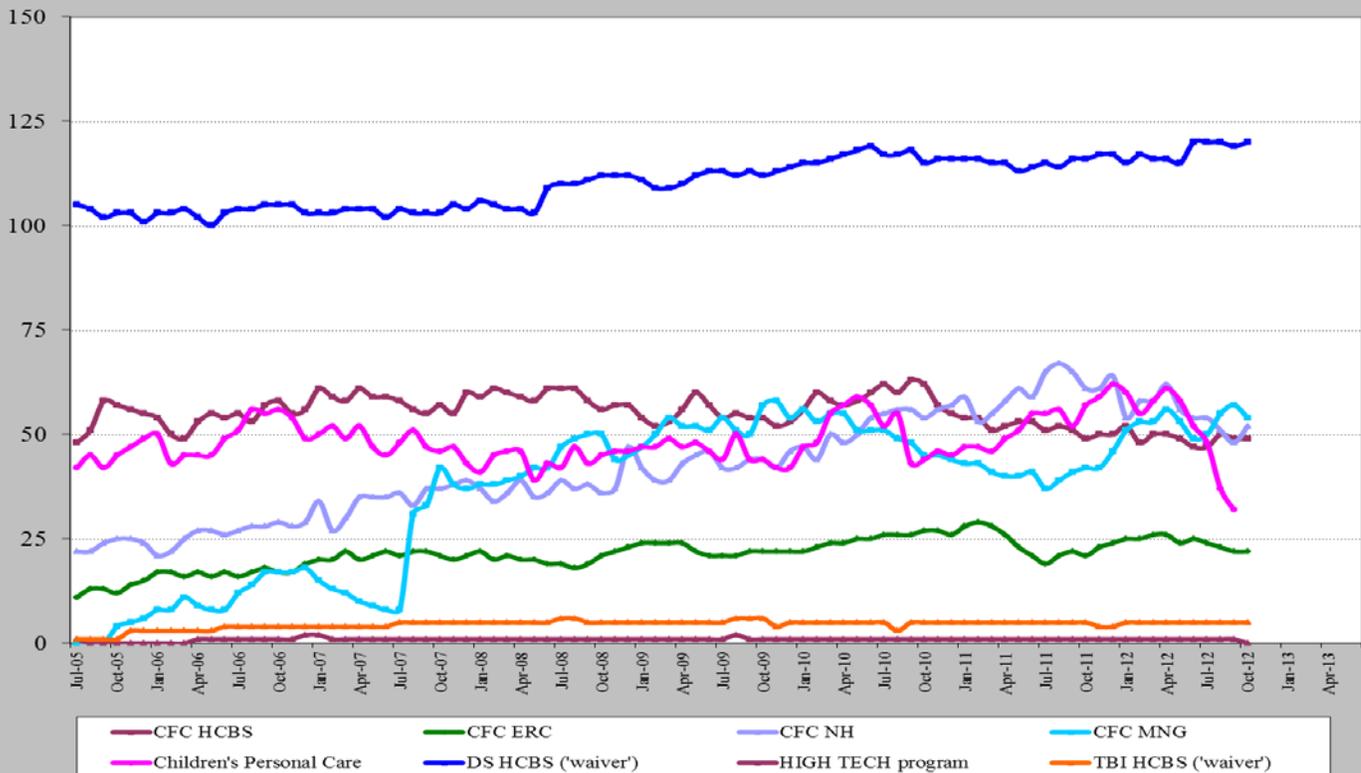
Numbers of People Receiving DDAS Services in Lamoille County sfy2005 - sfy2012

data source: Medicaid paid claims by dates of service



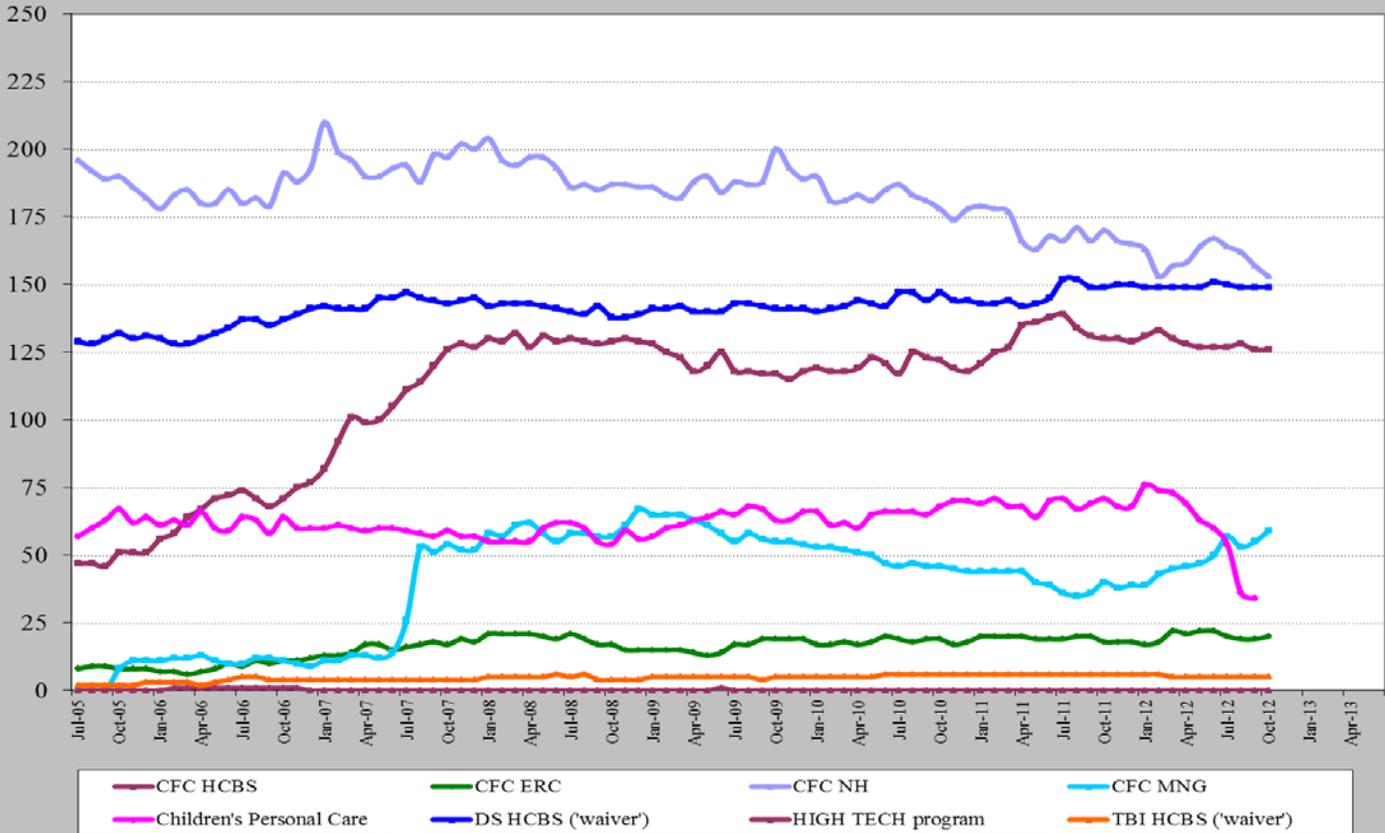
Numbers of People Receiving DDAS Services in Orange County sfy2005 - sfy2012

data source: Medicaid paid claims by dates of service



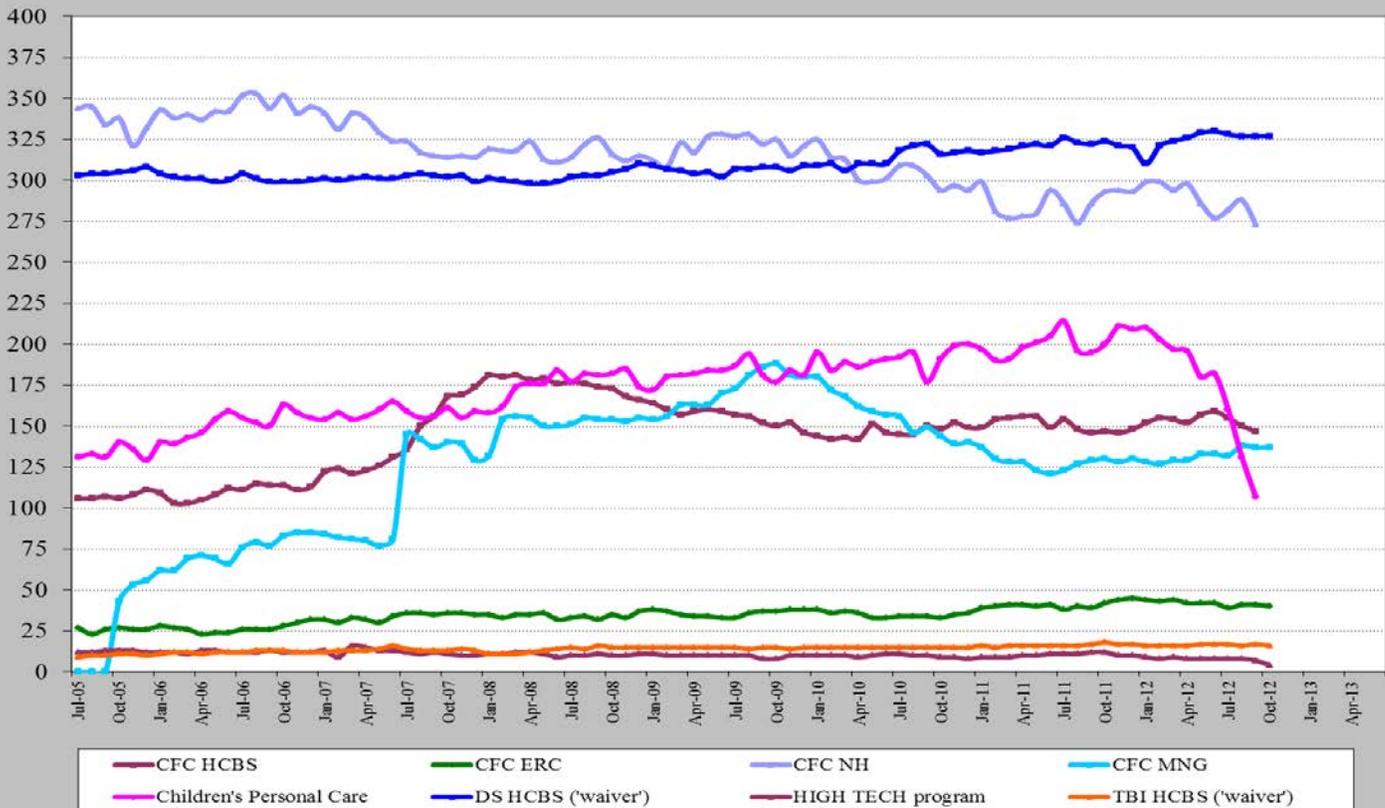
**Numbers of People Receiving DDAS Services in Orleans County
sfy2005 - sfy2012**

data source: Medicaid paid claims by dates of service



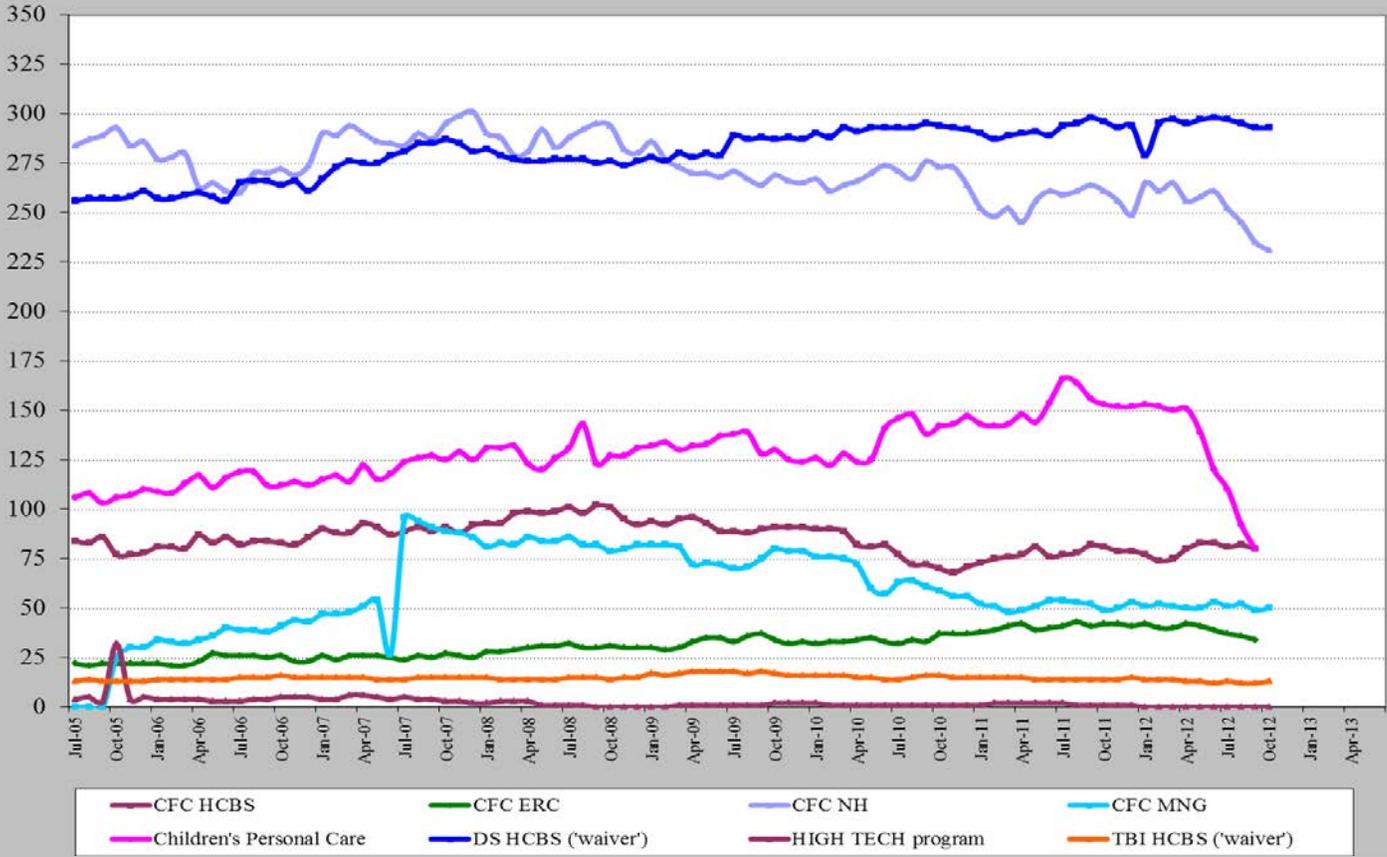
**Numbers of People Receiving DDAS Services in Rutland County
sfy2005 - sfy2012**

data source: Medicaid paid claims by dates of service



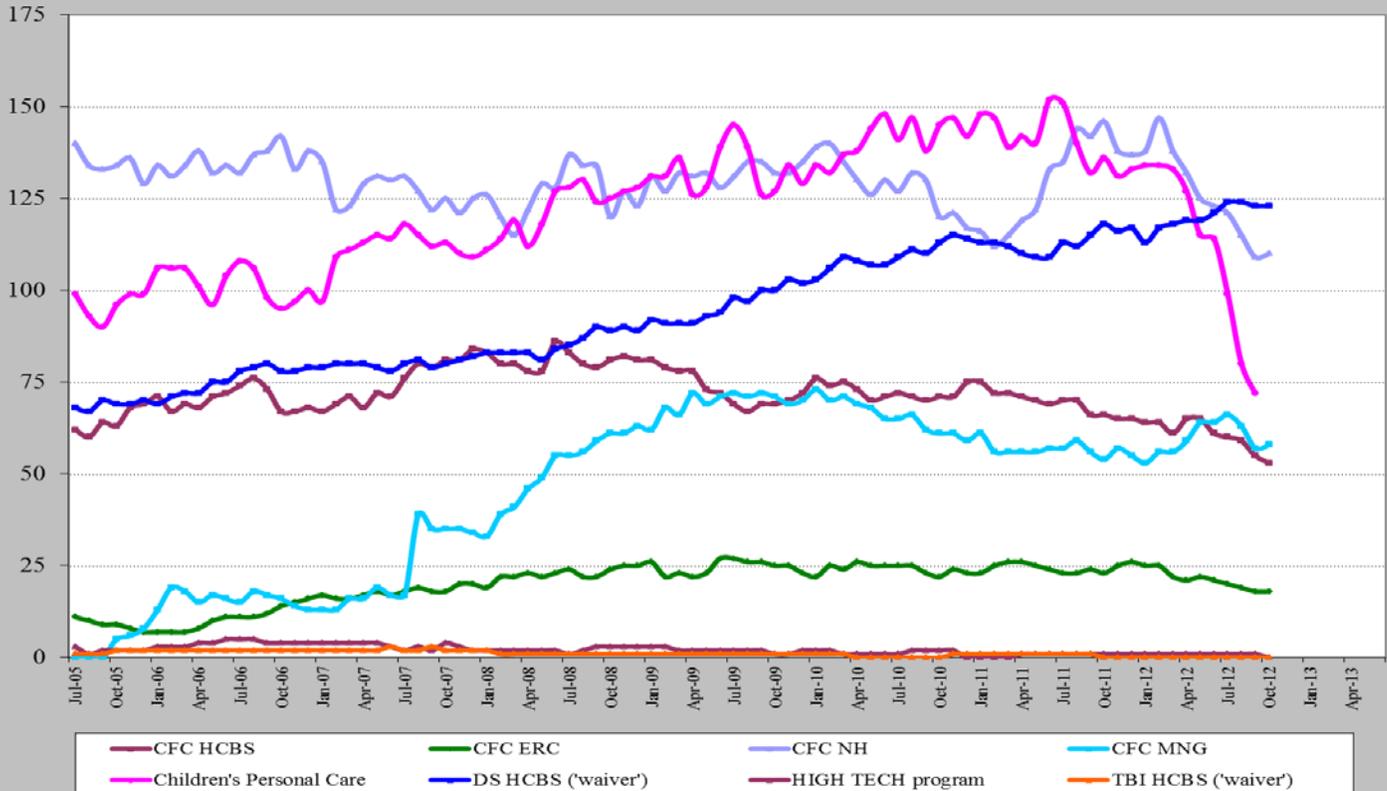
**Numbers of People Receiving DDAS Services in Washington County
sfy2005 - sfy2012**

data source: Medicaid paid claims by dates of service



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

data source: Medicaid paid claims by dates of service



Numbers of People Receiving DDAS Services in Windsor County sfy2005 - sfy2012

data source: Medicaid paid claims by dates of service

