



Choices for Care

Quarterly Data Report

January 2011

This report describes the status and progress of Choices for Care, Vermont's Medicaid long term care service system (excluding separate Traumatic Brain Injury and Developmental Services funding/services.) This report is intended to provide useful information regarding enrollment, service delivery, and expenditure trends.

The primary data sources are SAMS Choices for Care enrollment and service authorization data maintained by the Division of Disability and Aging Services, Medicaid claims data maintained by HP, and provider reports.

We welcome your comments, questions and suggestions.

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CONTENTS *page*

Vermont Medicaid Long Term Care History.....2

Applications and Waiting Lists.....3

Enrollment and Service Data.....7

Settings and Services by County.....27

Note:

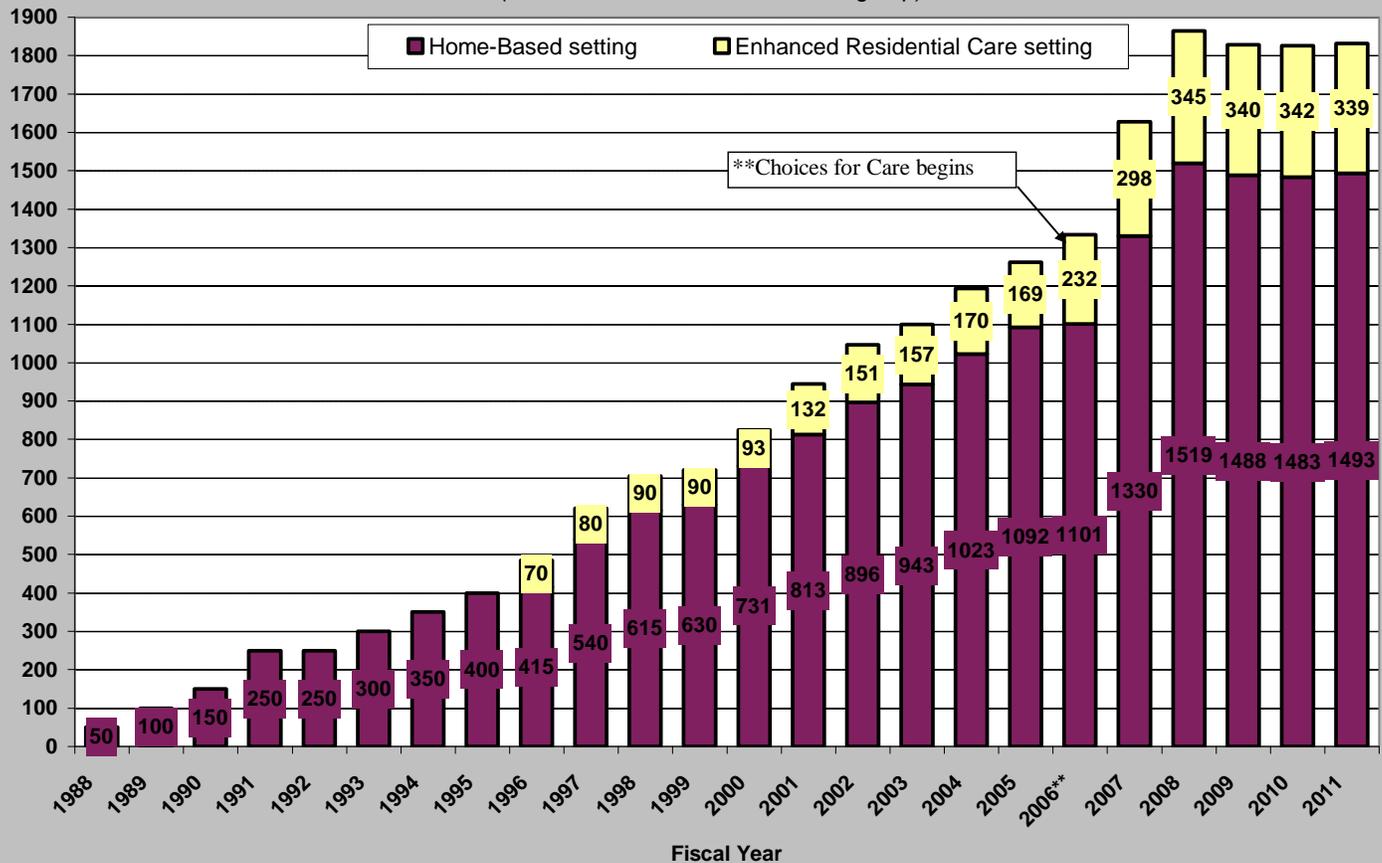
Vermont tracks a variety of process and reviews outcomes in a variety of areas in order to manage the Choices for Care Waiver. These include, but are not limited to:

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 data base while financial eligibility determinations are tracked in another. The clinical data base may indicate an approval while the financial data is still pending or determined ineligible or vice versa. Due to the different methodologies and purposes, please note that information reported on the CMS64 reports does not match information from other data sources or program reports.

Numbers of People Served in Aged/Disabled Medicaid Waivers Maximum Point-in-Time by Year, sfy1988-sfy2011

(does not include moderate needs group)



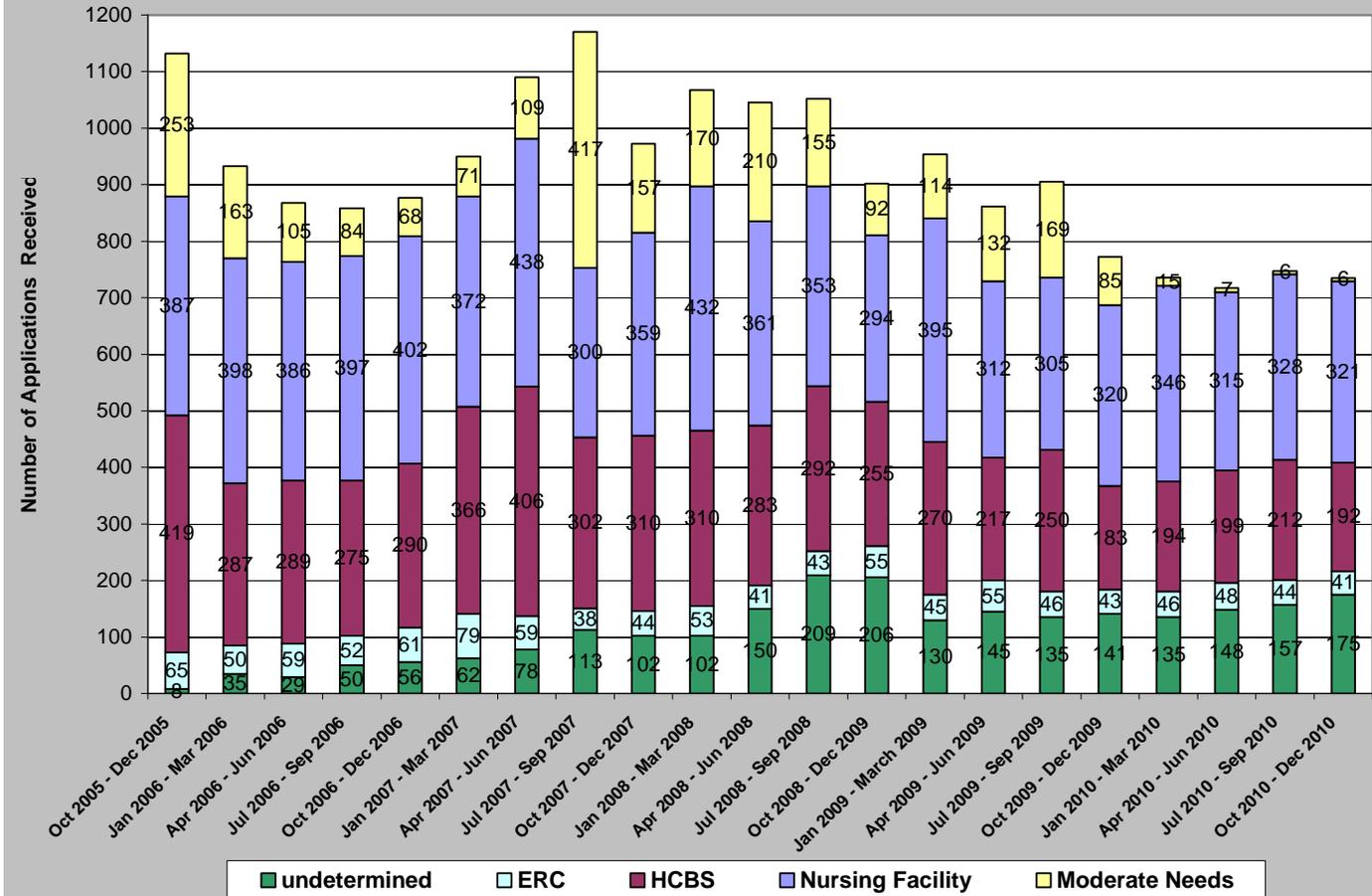
Data source: DAIL/DDAS databases

This graph illustrates the growth in home and community based services in Vermont since sfy1988.

Prior to the implementation of Choices for Care in October 2005, the number of people served increased fairly steadily, but this growth was limited by the funding available within each fiscal year. During these years eligible Vermonters were entitled to receive nursing home care under Medicaid but were not entitled to receive home and community-based long term care services. Some people were placed on waiting lists until funding for home and community based services became available.

In sfy2007, the number of people enrolled in alternative settings increased by nearly 300, followed by an increase of nearly 240 in sfy2008. These increases were significantly higher than in previous years, with annual increases approaching 20%. After sfy2008, High Needs Group applicant/waiting lists have been imposed to reduce expenditures. This waiting list has eliminated further growth and has led to small decreases in enrollment.

**Choices for Care: Applications Received by Service Program
SFY2006 - SFY 2011**



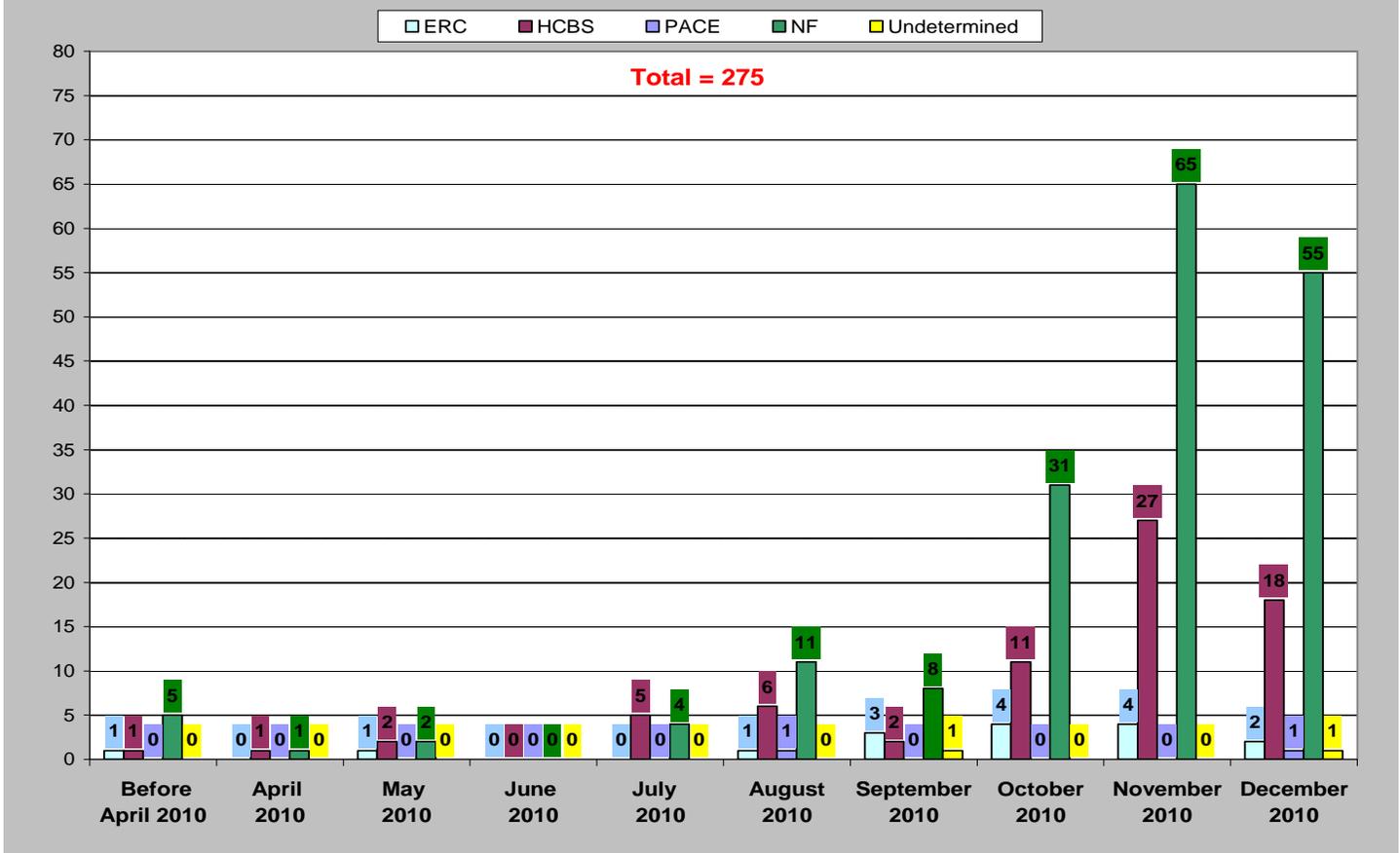
Data source: DAIL/DDAS SAMS database.

This shows the number of Choices for Care applications received by DAIL over time.

The number of applications received for the Moderate Needs Group has decreased substantially since the enrollment freeze was imposed.

The number of applications received for the nursing home setting has remained fairly stable over the last two years. The number of applications received for the enhanced residential care setting have remained fairly stable over the past two years, with a small increase in the most recent quarter. The number of applications received for HCBS decreased in 2009, and has remained fairly stable since then; this decrease appears to be associated with the applicant/waiting lists imposed for the High Needs Group.

Choices for Care: Applications 'Pending Medicaid' by Status Date as of January 2011



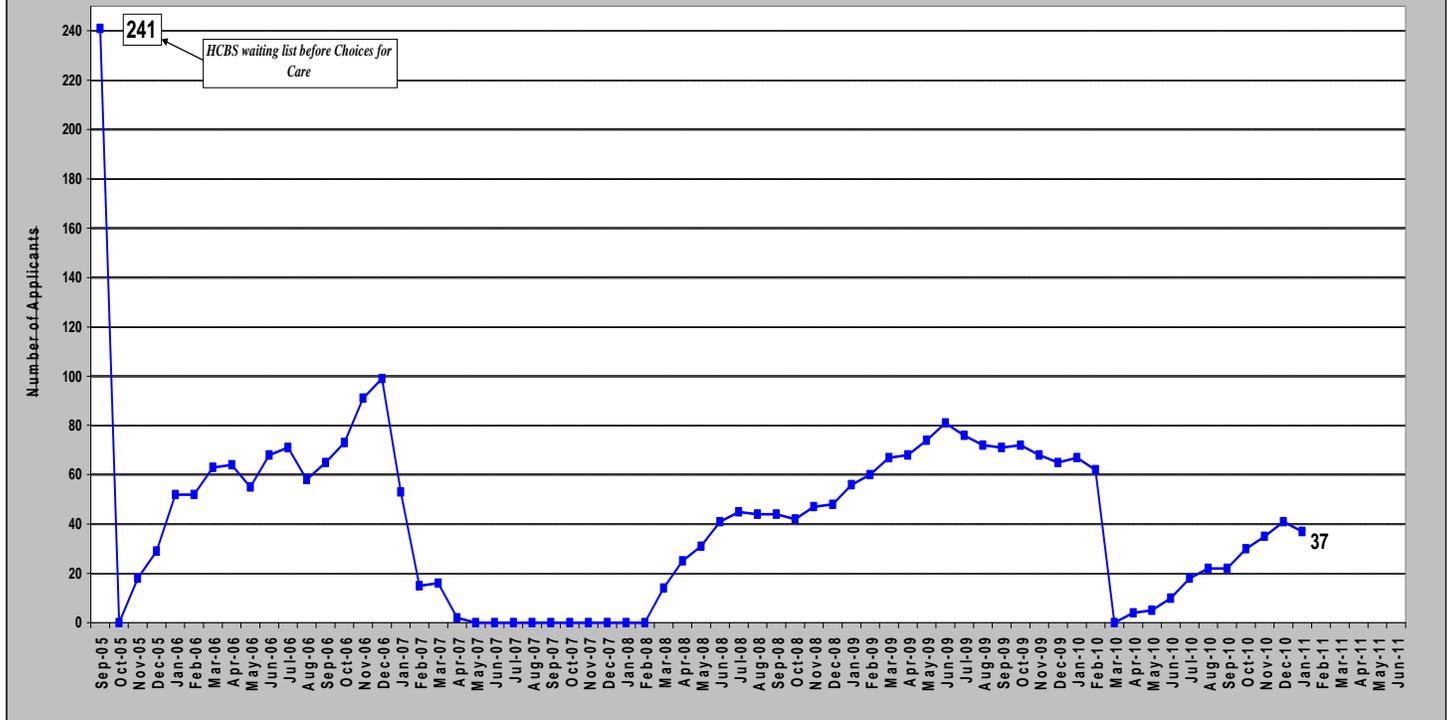
Data source: DAIL/DDAS SAMS database.

One of the goals of Choices for Care is to help Vermonters access long term care services when they need them. One indicator of success in achieving this goal is the time required to process individual applications.

This graph illustrates the length of time required from the date of the clinical eligibility decision to the LTC Medicaid financial eligibility decision. Over time, the number of applications 'pending Medicaid' had grown to more than 400. In the past year, this had decreased to about 200, suggesting reduced delays in Medicaid eligibility determinations. Note that when a long term care Medicaid application is delayed or incomplete, eligibility determination is substantially delayed.

Based on receiving an average of about 300 applications per month, it appears that Medicaid eligibility decisions are made within one month for about 75% of applications, within three months for about 85% of applications. These percentages are higher than the initial years of Choices for Care, suggesting that Medicaid eligibility determinations are now completed more quickly. However, if we are to ensure timely access to services for more people, we should continue to seek to reduce the time required to process applications. This task is made more challenging in the near term by (a) reductions in state staff and (b) staff time spent working on improved procedures and automation.

Choices for Care High Needs Applicant/Waiting List
SFY2006 - SFY2011



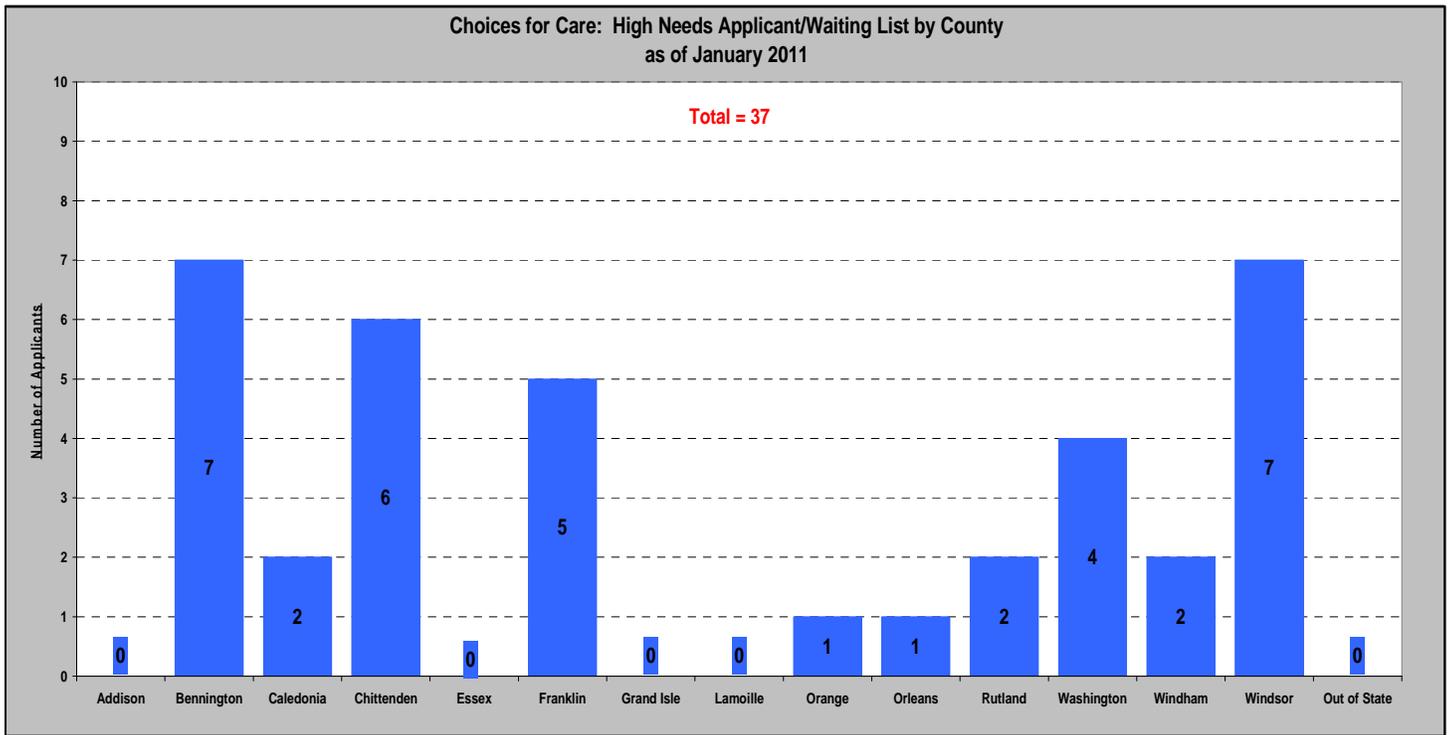
Data source: DAIL/DDAS SAMS database.

Another indicator of access to services is the number of people on waiting lists. Prior to Choices for Care, many applicants for HBS and ERC were routinely placed on waiting lists. When Choices for Care was implemented in October 2005, all applicants who met Highest Needs Group eligibility criteria became entitled to the service of their choice, and the total number of people on waiting lists fell dramatically.

The High Needs Group was created as a financial ‘safety valve’ in the Choices for Care expanded entitlement to HBS and ERC, allowing DAIL to create a waiting list when expenditure projections exceed the budget. The Choices for Care applicant/waiting list is unique in that it affects people applying for all settings, including nursing homes. In other states, waiting lists continue to be imposed for HCBS but not for nursing home services.

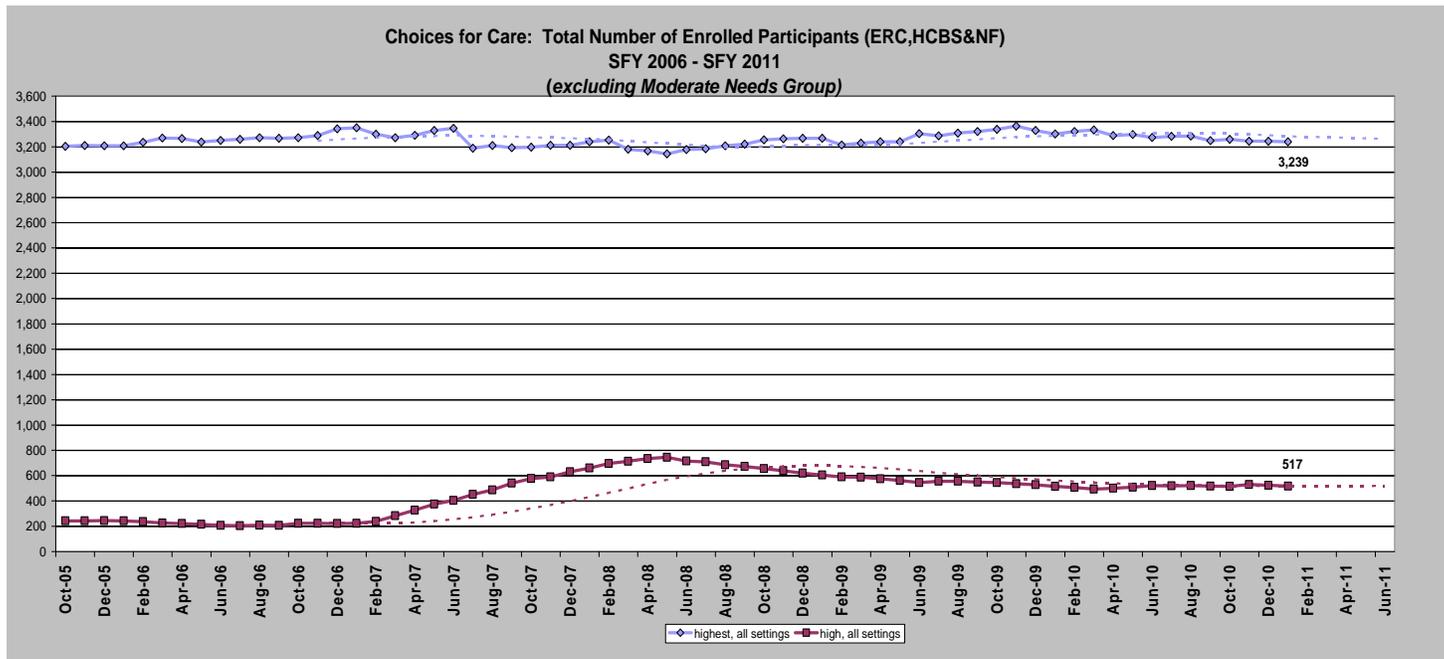
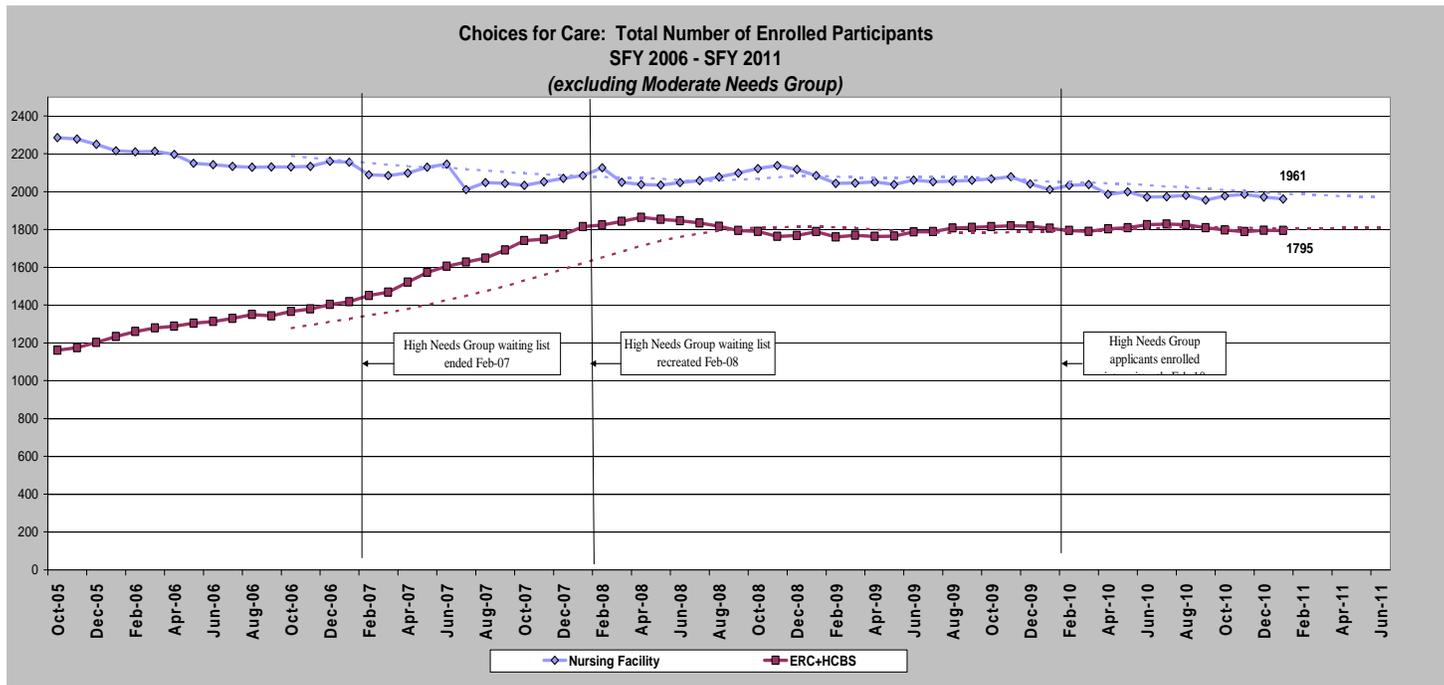
In October 2005, all applicants who met the High Needs Group eligibility criteria were placed on a waiting list. The number of people on this waiting list slowly increased over time. Based on the availability of funds, small numbers of people from the waiting list were enrolled in Choices for Care during July 2006 and December 2006. In January 2007, the legislature directed DAIL to enroll all High Needs Group applicants, and the waiting list fell to zero.

The High Needs Group waiting list was recreated in February 2008. While state revenues have decreased, Choices for Care expenditure trends allowed some people from the High Needs Group waiting list to be enrolled in sfy2010 and sfy2011.



Data source: DAIL/DDAS SAMS database.

This shows the numbers of people on the High Needs Group applicant/waiting list in each county. The numbers do not correlate closely to county populations, which supports the contention that these applicant/waiting lists are not accurate measures of unmet need.

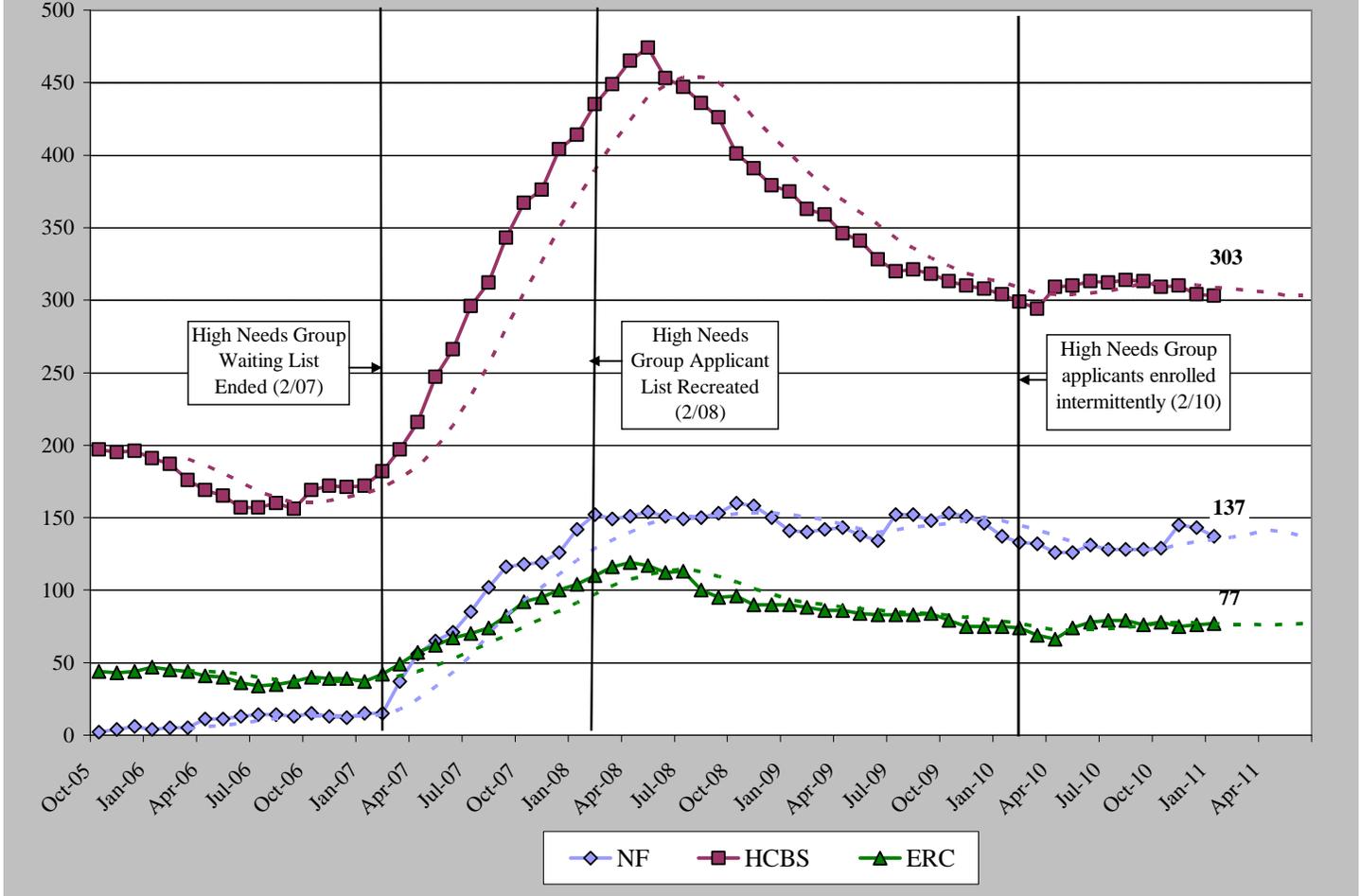


Data source: DAIL/DDAS SAMS database.

These graphs show trends in enrollment of people in the Highest Needs Group and the High Needs Group. These groups meet the ‘traditional’ nursing home clinical and functional eligibility criteria. The two graphs show:

- Nursing homes: a gradual decrease in the number of people enrolled until May 2008, followed by some variations- including modest decreases since November 2009.
- Alternative settings: a slow increase in the number of people enrolled through April 2008, followed by relatively stable enrollment.
- High Needs Group: increased enrollment beginning in February 2007 (when the waiting list ended) until February 2008 (when the waiting list was again imposed), followed by fairly stable enrollment.

Choices for Care: High Needs Group Enrollment, sfy2006-sfy2011

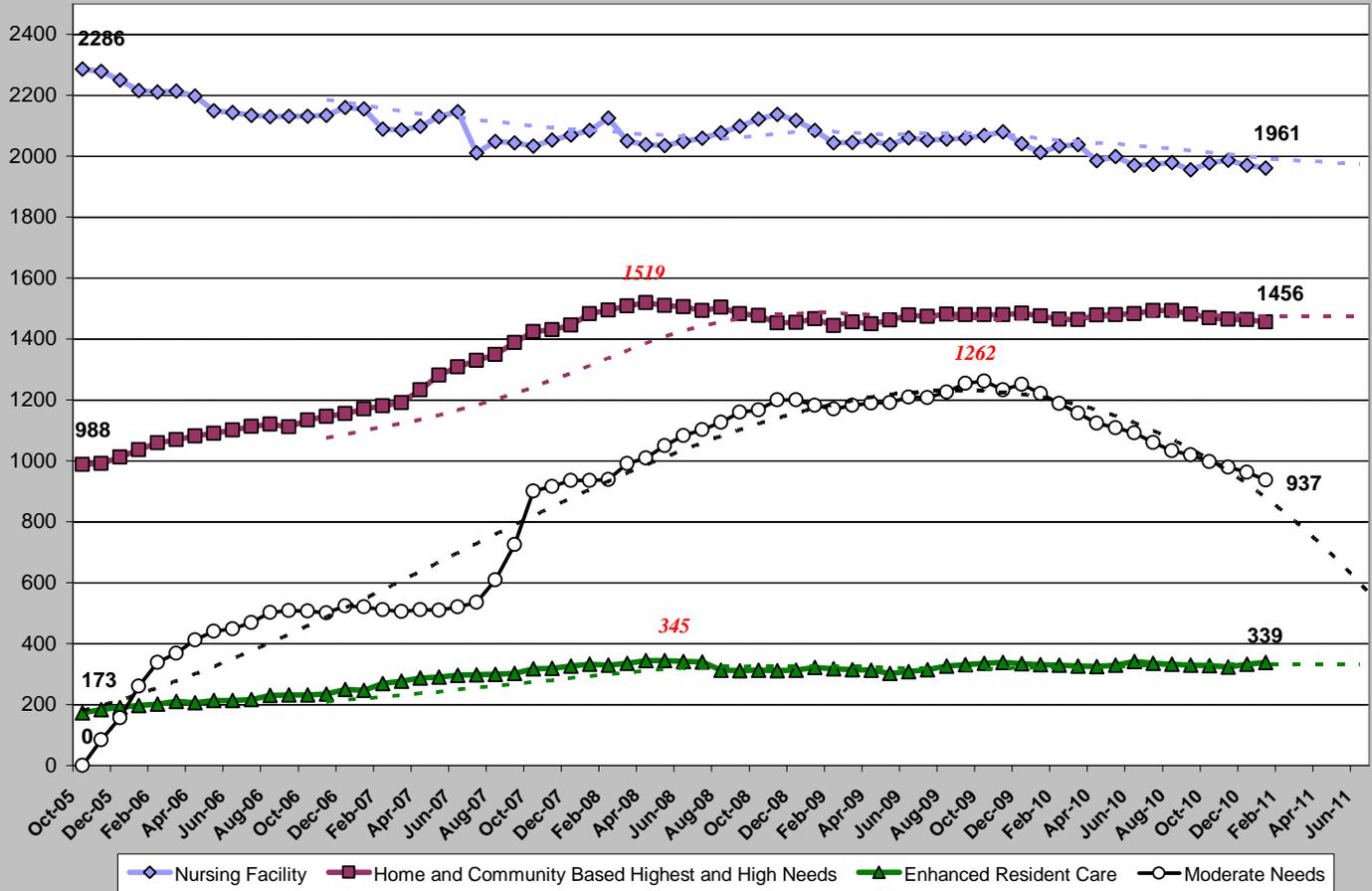


Data source: DAIL/DDAS SAMS database.

This shows enrollment of High Needs Group participants by setting. When the original High Needs Group waiting list was ended in February 2007, enrollment increased rapidly in all settings, with the most rapid increase in the HCBS setting.

When the High Needs Group applicant list was recreated in February 2008, enrollment of people with High Needs in the HCBS setting decreased significantly. Some people were enrolled from the High Needs Group waiting list in recent months, leading to small increases in enrollment in all settings.

Choices for Care: Total Number of Enrolled Participants by Setting
SFY 2006 - SFY 2011



Data source: DAIL/DDAS SAMS database.

This graph shows Choices for Care enrollment by setting, using the SAMS enrollment database.

Nursing homes: between October 2005 and January 2011, the number of people enrolled in the nursing home setting decreased by 325, or about 14%. This was associated with a decrease of 196 beds in Vermont’s licensed nursing home capacity.

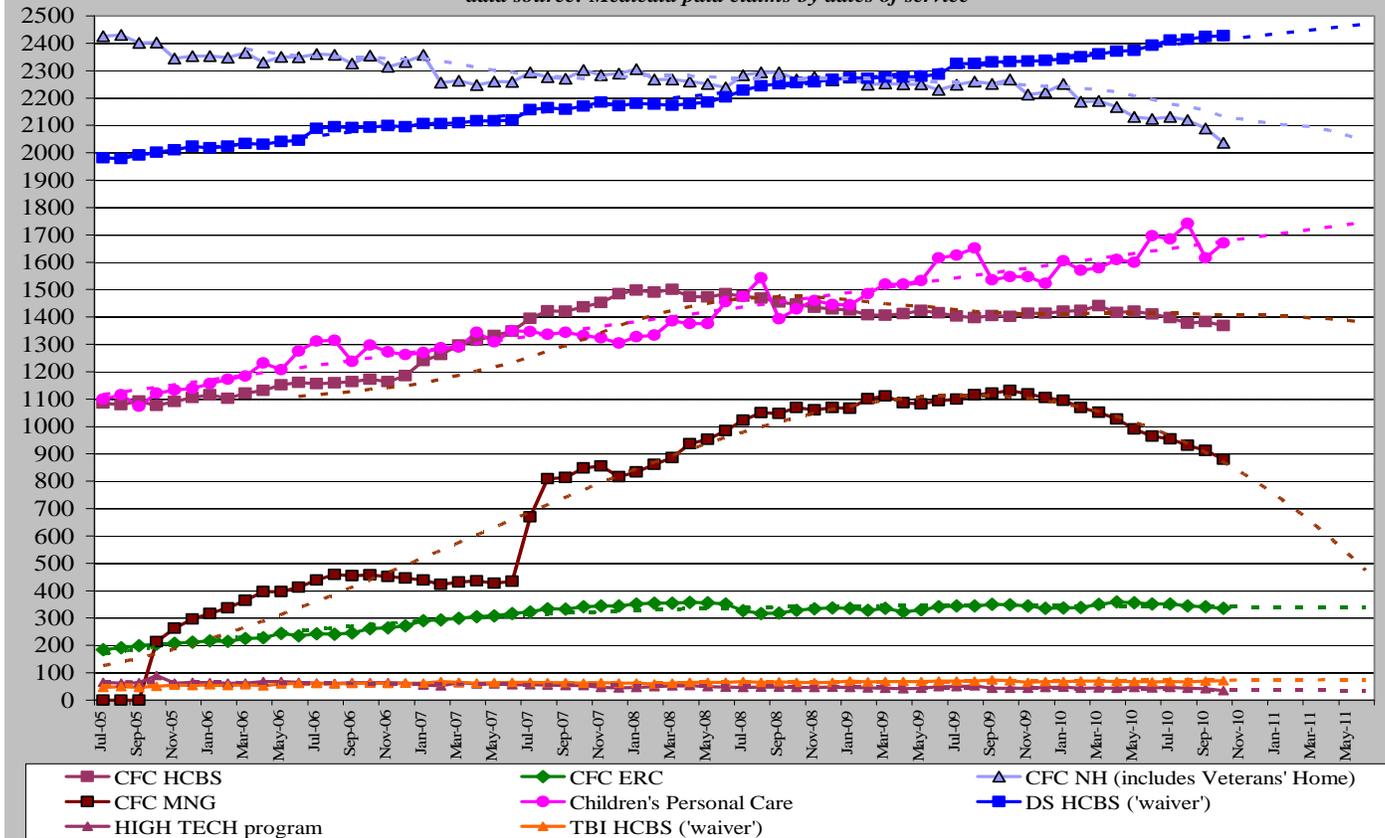
Home Based Services (Highest/High Needs Groups): between October 2005 and January 2011, the number of people enrolled in HCBS increased by nearly 500 people, or nearly 50%.

Enhanced Residential Care (ERC): between October 2005 and October 2010, the number of people enrolled in ERC increased by more than 160 people, or nearly 100%.

HCBS Moderate Needs Group (MNG): this “expansion” group was created in October 2005, and by October 2009 1262 people were enrolled. The November 2009 freeze on new enrollment in the Moderate Needs Group has led to a decrease in enrollment of 325 people, or about 35%. This decrease is expected to continue in the coming months.

Numbers of People Receiving DDAS Services in Vermont sfy2005 - sfy2011

data source: Medicaid paid claims by dates of service



This graph shows the numbers of people served in CFC and other DDAS services, based on Medicaid paid claims rather than SAMS enrollment data.

Nursing homes: between October 2005 and October 2010, the number of people served decreased by 366, or about 15%.

Home Based Services (Highest/High Needs Groups): between October 2005 and October 2010, the number of people served increased by about 293 people, or about 27%.

Enhanced Residential Care (ERC): between October 2005 and October 2010, the number of people served increased by about 131 people, or about 64%.

HCBS Moderate Needs Group (MNG): this “expansion” group served 297 people in October 2005, and 880 people in October 2010.

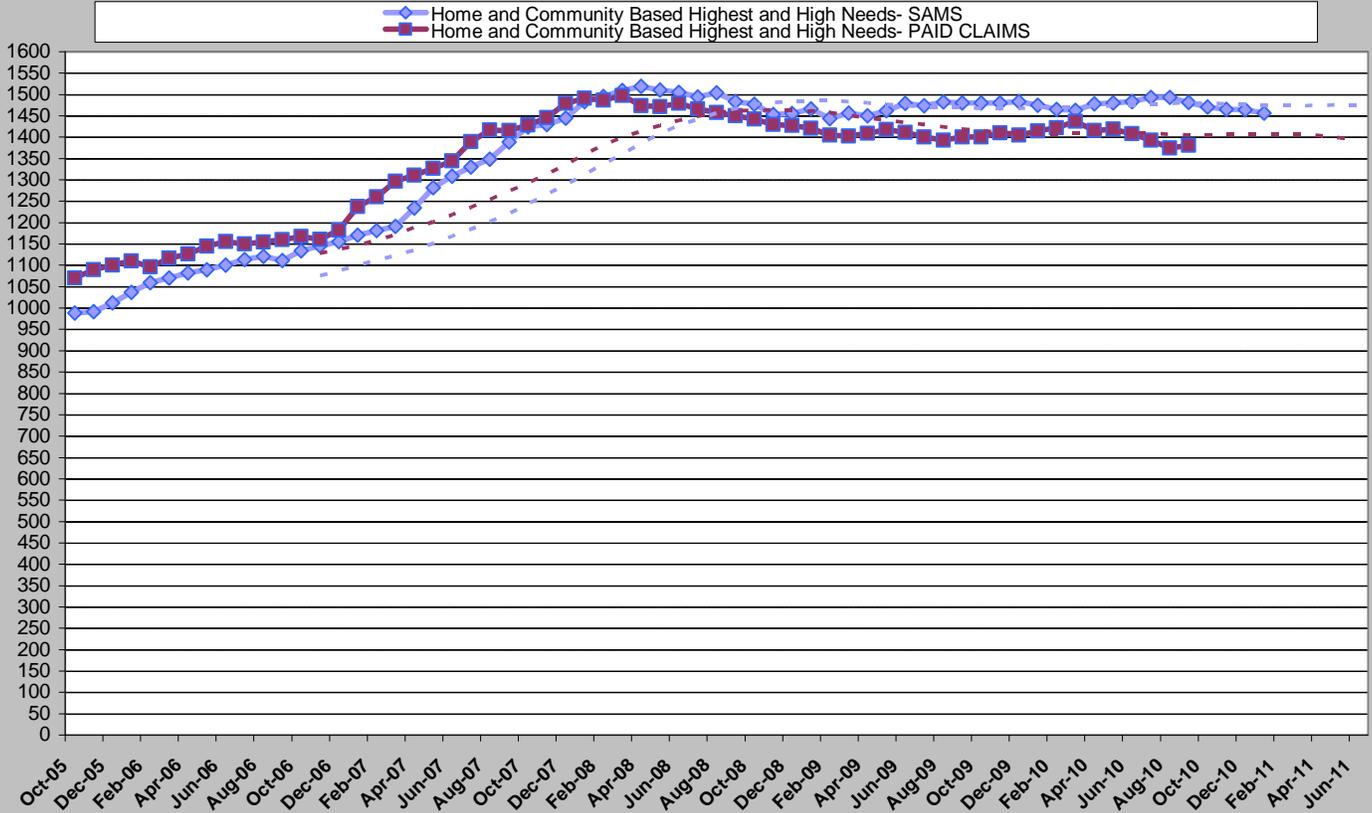
Children’s Personal Care Services: between October 2005 and October 2010, the number of people served increased by about 549 people, or nearly 50%.

‘High Tech’ Services: between October 2005 and October 2010, the number of people served decreased by 48 people, or about 53%.

TBI HCBS ‘Waiver’: between October 2005 and October 2010, the number of people served increased by 20 people, or about 39%.

DDS HCBS ‘Waiver’: between October 2005 and October 2010, the number of people served increased by 425 people, or about 21%.

**Choices for Care, HCBS (excluding Moderate Needs Group): Total Number of Participants by Month
SFY 2006 - SFY 2011**

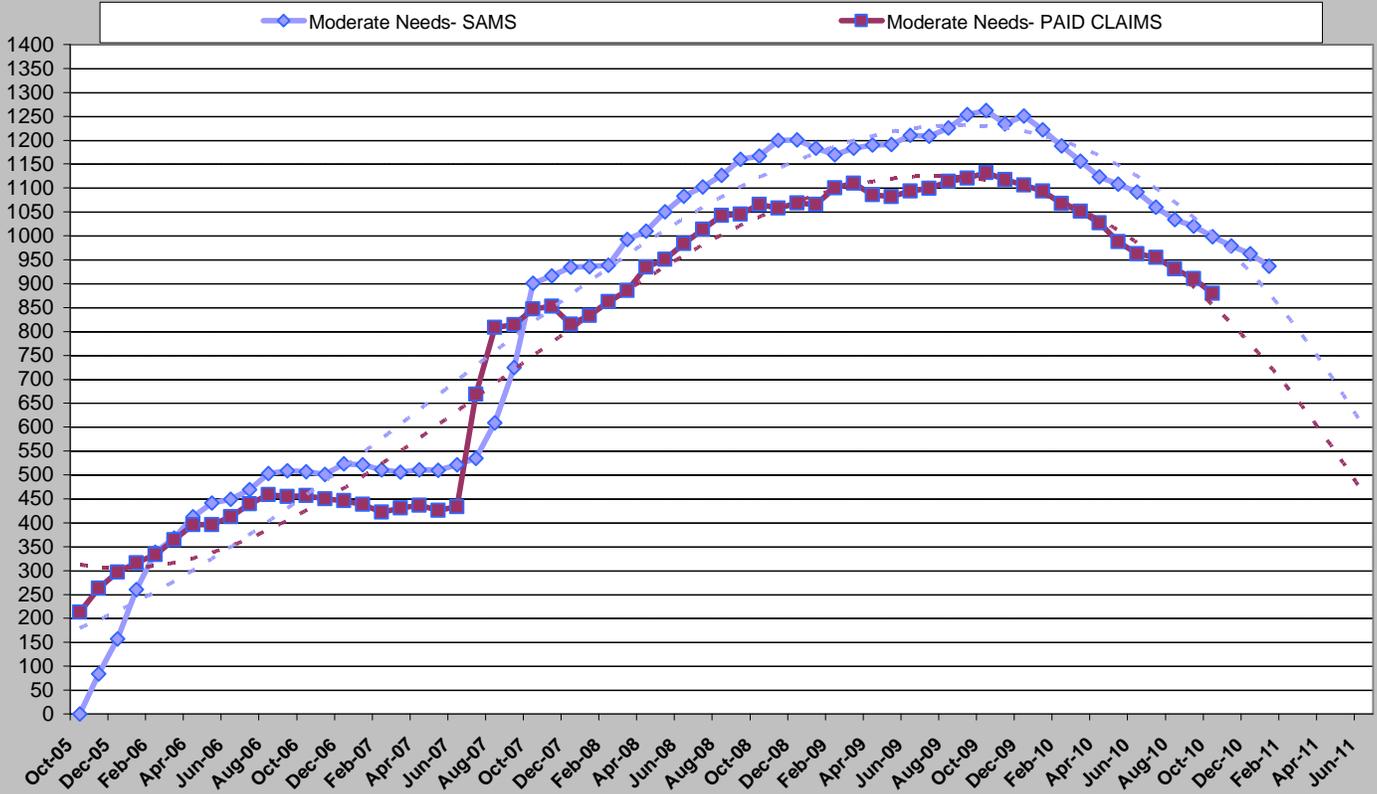


Notes:

SAMS data represents point-in-time number of people enrolled; paid claims represent total unduplicated # people served in each month

This compares the point-in-time numbers of people enrolled in Choices for Care HCBS to the total unduplicated number of people served each month. While the trends are quite similar, there are some minor differences, caused by inherent differences between the data sources.

**Choices for Care, HCBS Moderate Needs Group: Total Number of Participants by Month
SFY 2006 - SFY 2011**

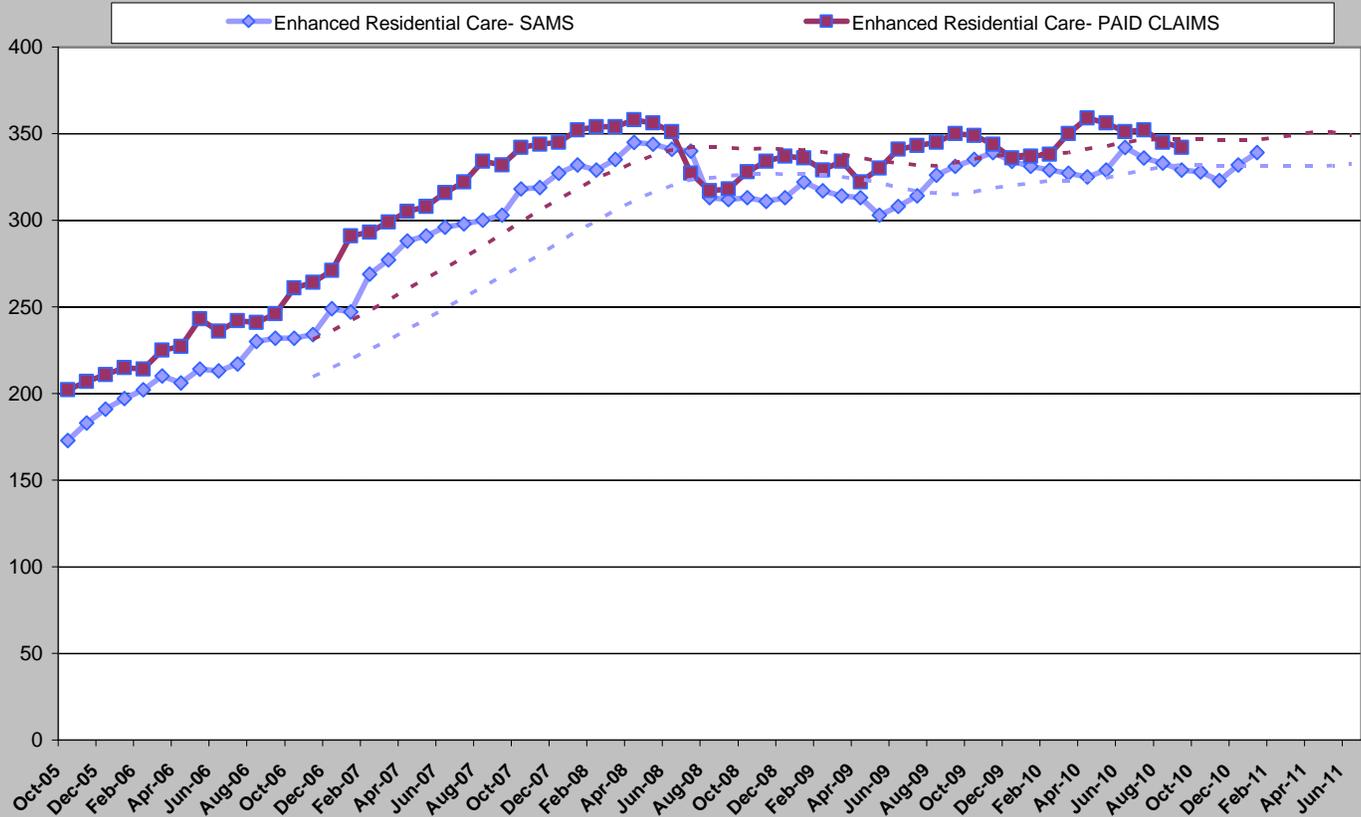


Notes:

SAMS data represents point-in-time number of people enrolled; paid claims represent total unduplicated # people served in each month

This compares the point-in-time numbers of people enrolled in Choices for Care Moderate Needs Group to the total unduplicated number of people receiving paid services each month. While the trends are quite similar, there are some differences, caused by inherent differences between the data sources.

**Choices for Care, Enhanced Residential Care: Total Number of Participants by Month
SFY 2006 - SFY 2011**

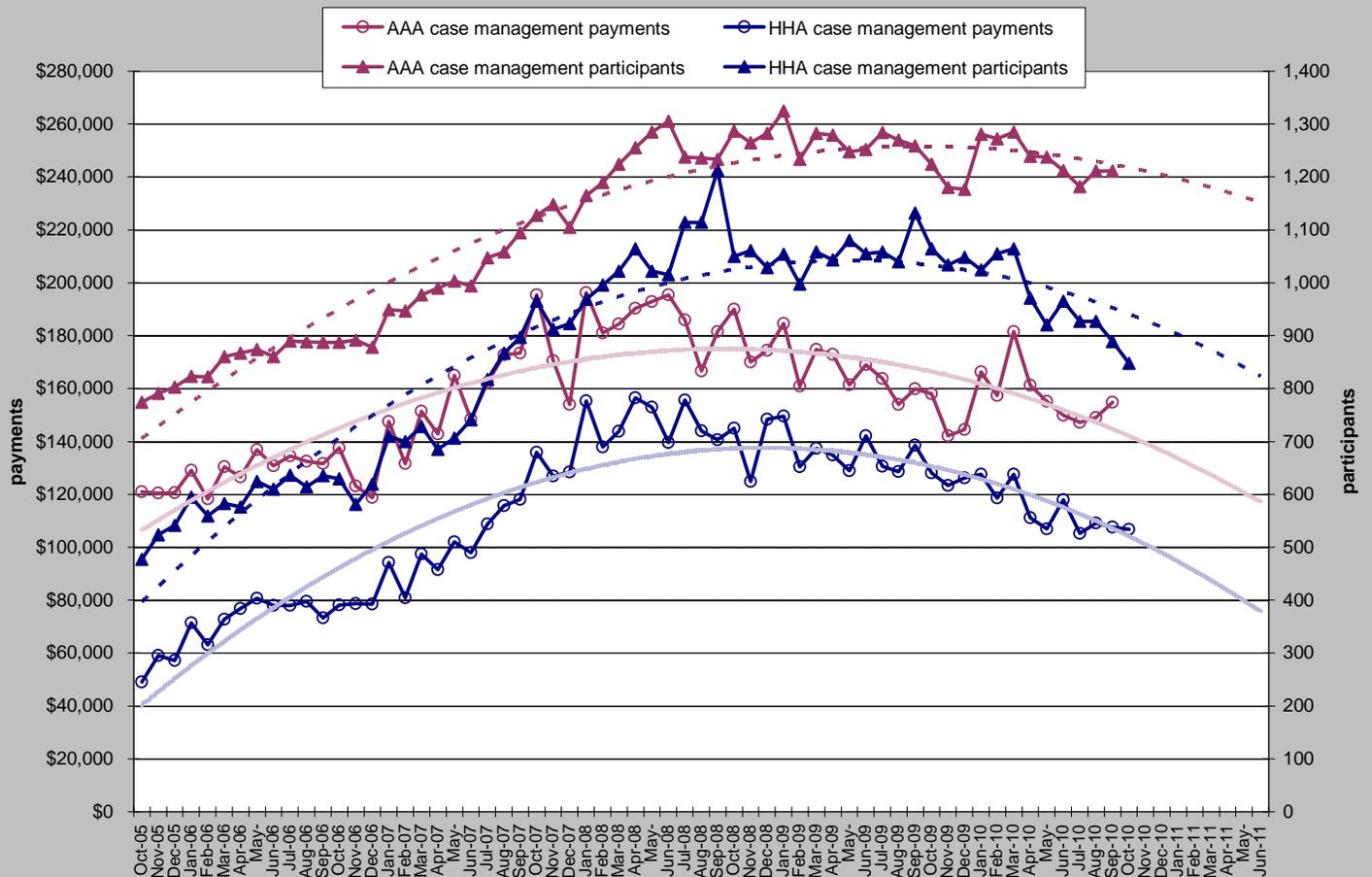


Notes:
SAMS data represents point-in-time number of people enrolled; paid claims represent total unduplicated # people served in each month

This compares the point-in-time numbers of people enrolled in Choices for Care Enhanced Residential Care to the total unduplicated number of people receiving paid services each month. While the trends are quite similar, there are some differences, caused by inherent differences between the data sources.

Choices for Care Case Management by Type of Agency, sfy2006-sfy2011

data source: Medicaid paid claims, by dates of service

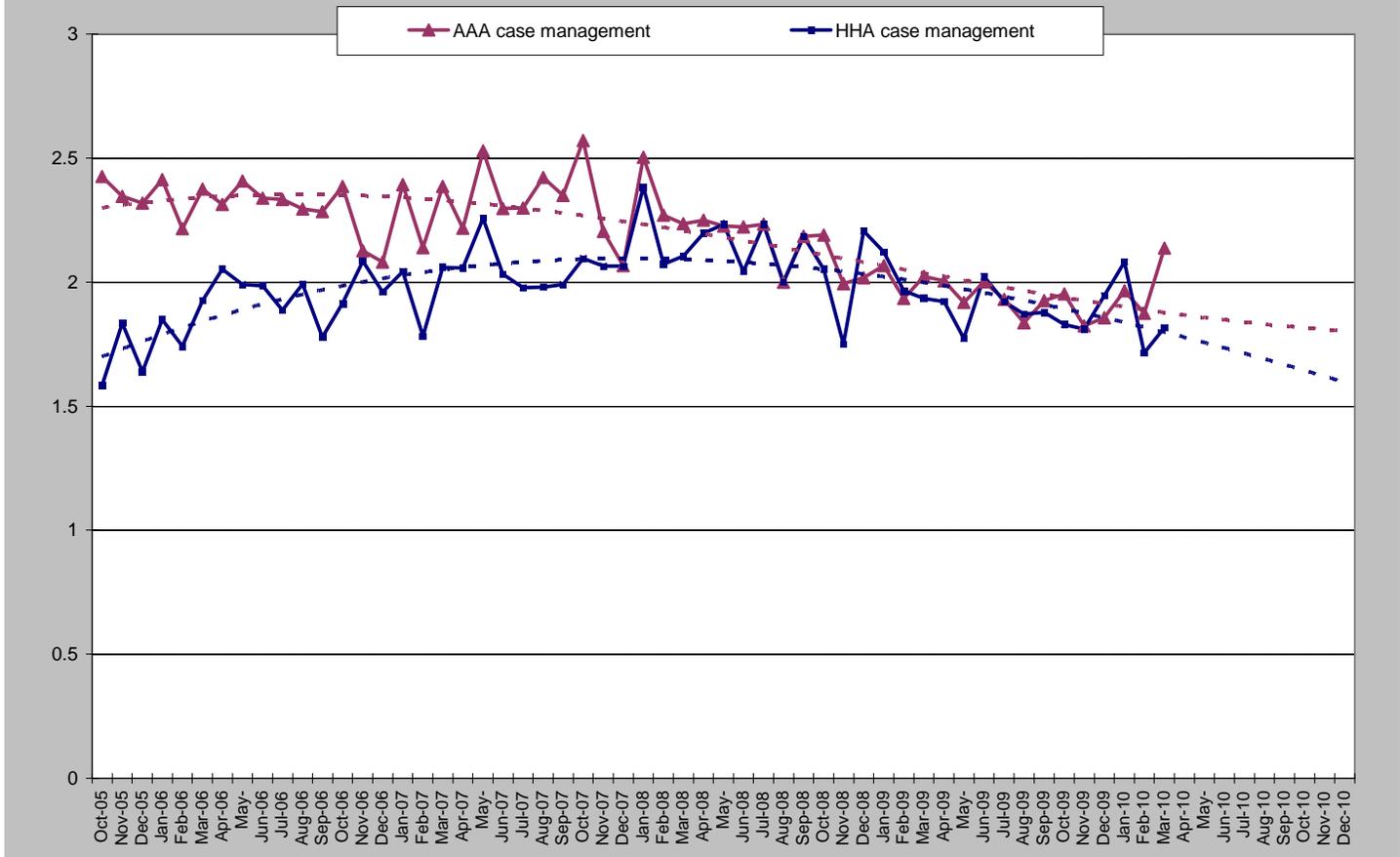


Participants in Choices for Care (except for people remaining in nursing homes) may choose to receive case management from either an Area Agency on Aging or a Home Health Agency. This shows trends in Choices for Care case management services provided by Area Agencies on Aging and Home Health Agencies.

Statewide, Area Agencies on Aging have served 200-300 more people each month than Home Health Agencies have served.

For both types of agencies, recent trends show decreases in the numbers of people served and in payments received. These decreases are associated with decreases in Choices for Care HCBS enrollment, including substantial decreases in the Moderate Needs Group.

Choices for Care Case Management
Hours of Service per Person per Month by Type of Agency, sfy2006-sfy2011
 data source: Medicaid paid claims, by dates of service

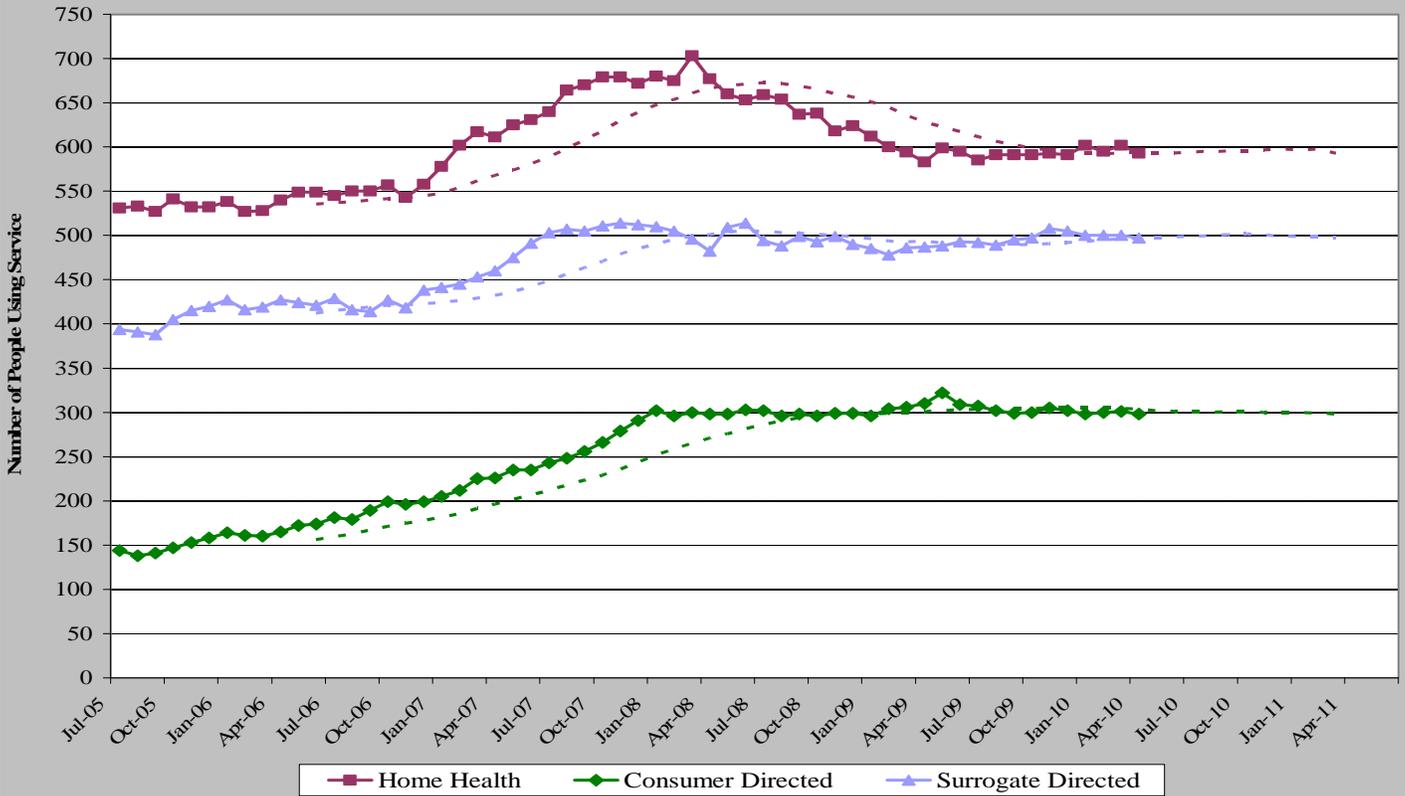


This shows the average number of hours of case management provided to Choices for Care participants. This is based on paid claims, and does not include those people who were enrolled but did not receive case management services during a given month. About 75% of active HCBS and ERC participants receive case management services in a given month.

Historically, Area Agencies on Aging provided more hours of service to each person each month. However, recent data suggests that both agencies now provide a similar number of hours to each person each month.

Vermont: Choices for Care Personal Care by Type, sfy2005 - sfy2011

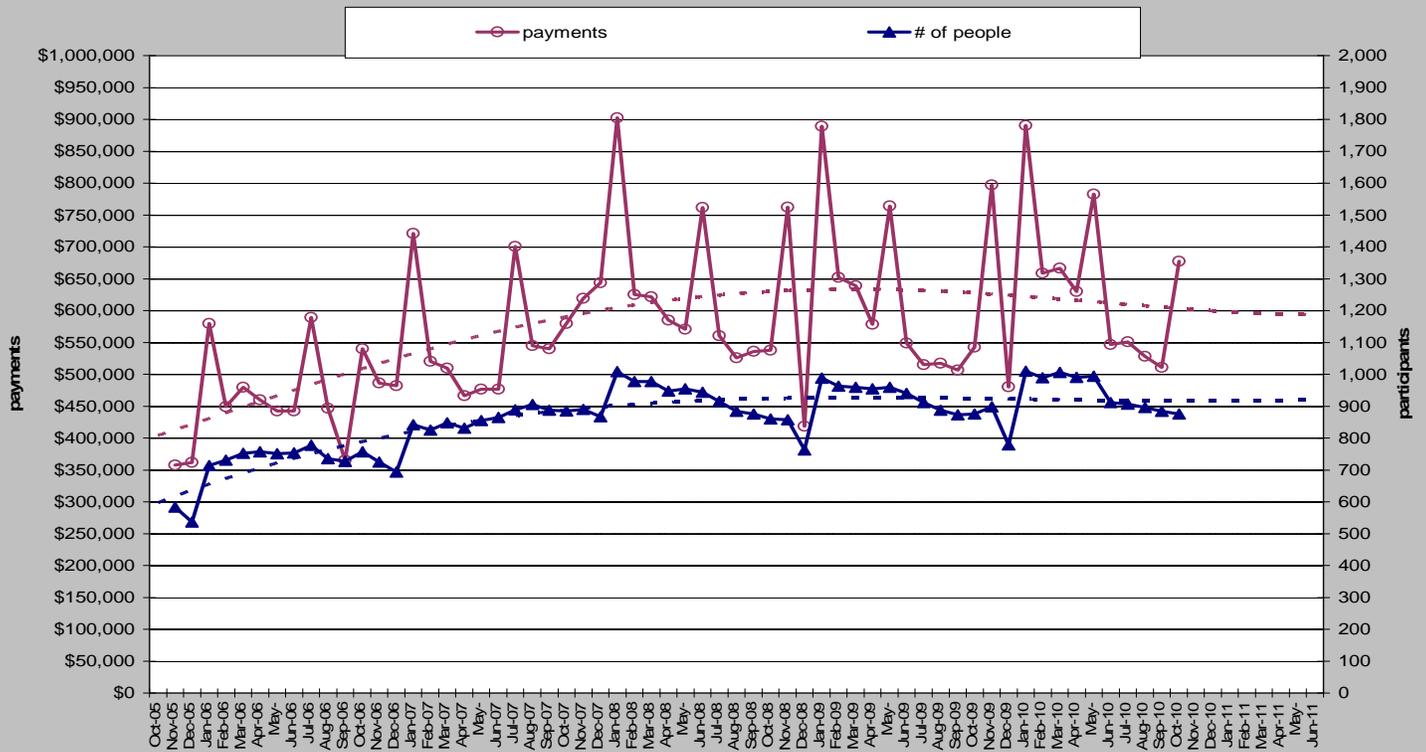
data source: paid claims by dates of service



This shows trends in the use of different types of CFC personal care services. The number of people using home health personal care services decreased during 2008, but has stabilized since then. The numbers of people using consumer and surrogate directed services have been fairly stable since early 2008.

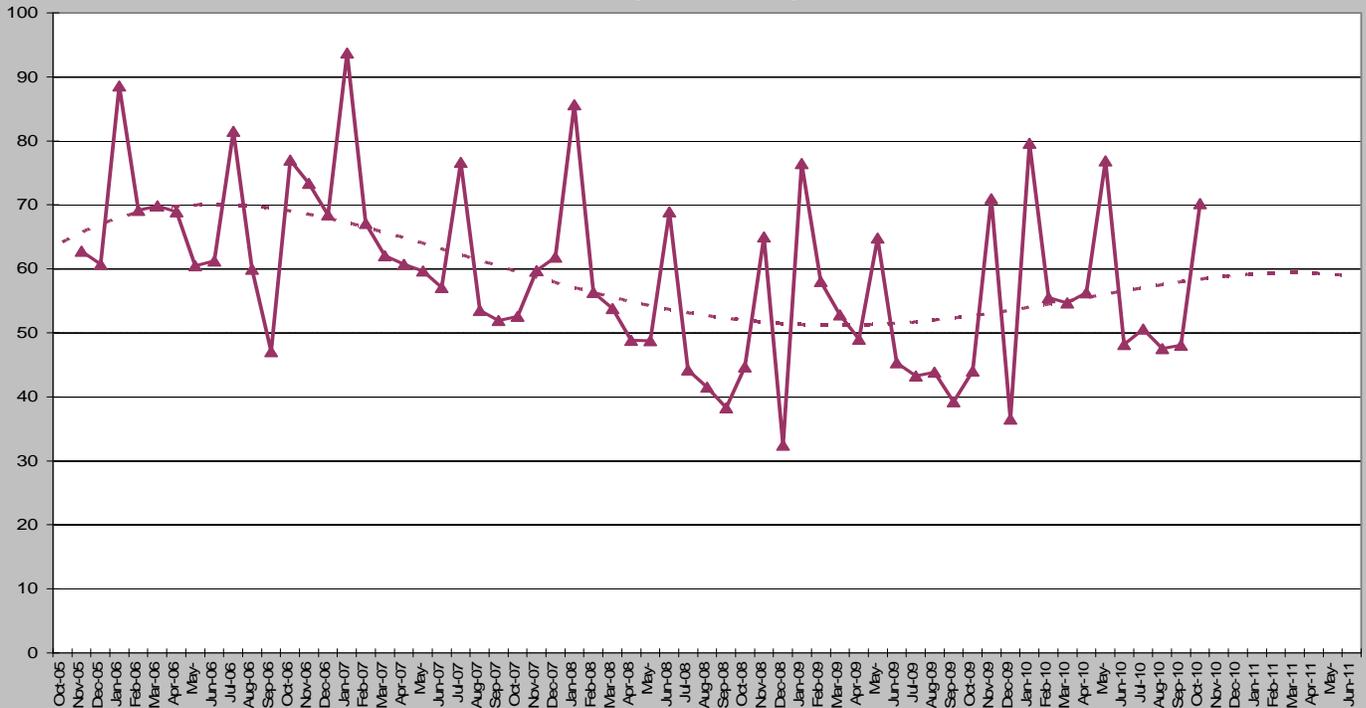
Choices for Care Respite and Companion Services, sfy2006-sfy2011

data source: Medicaid paid claims, by dates of service



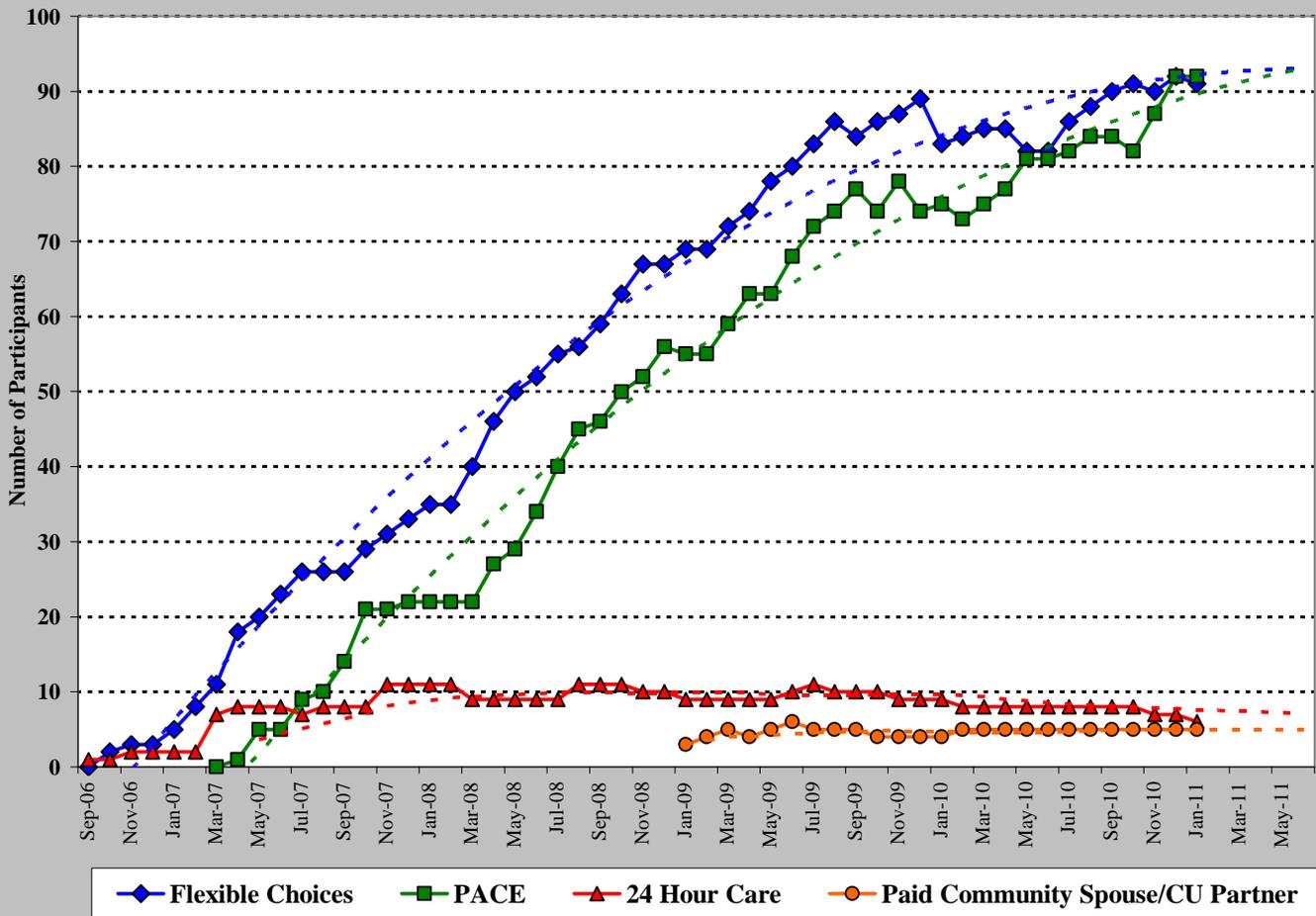
Choices for Care Respite and Companion Services Average Hours of Service per Person per Month, sfy2006-sfy2011

data source: Medicaid paid claims, by dates of service



These graphs shows trends in the use of respite and companion services. On average, about 65% of active HCBS participants use respite or companion services during each month.

Choices for Care: Expansion of New Service Options, sfy2007-sfy2011
Flexible Choices, PACE, and HCBS 24-Hour Care Active Enrollments and Paid Spouses



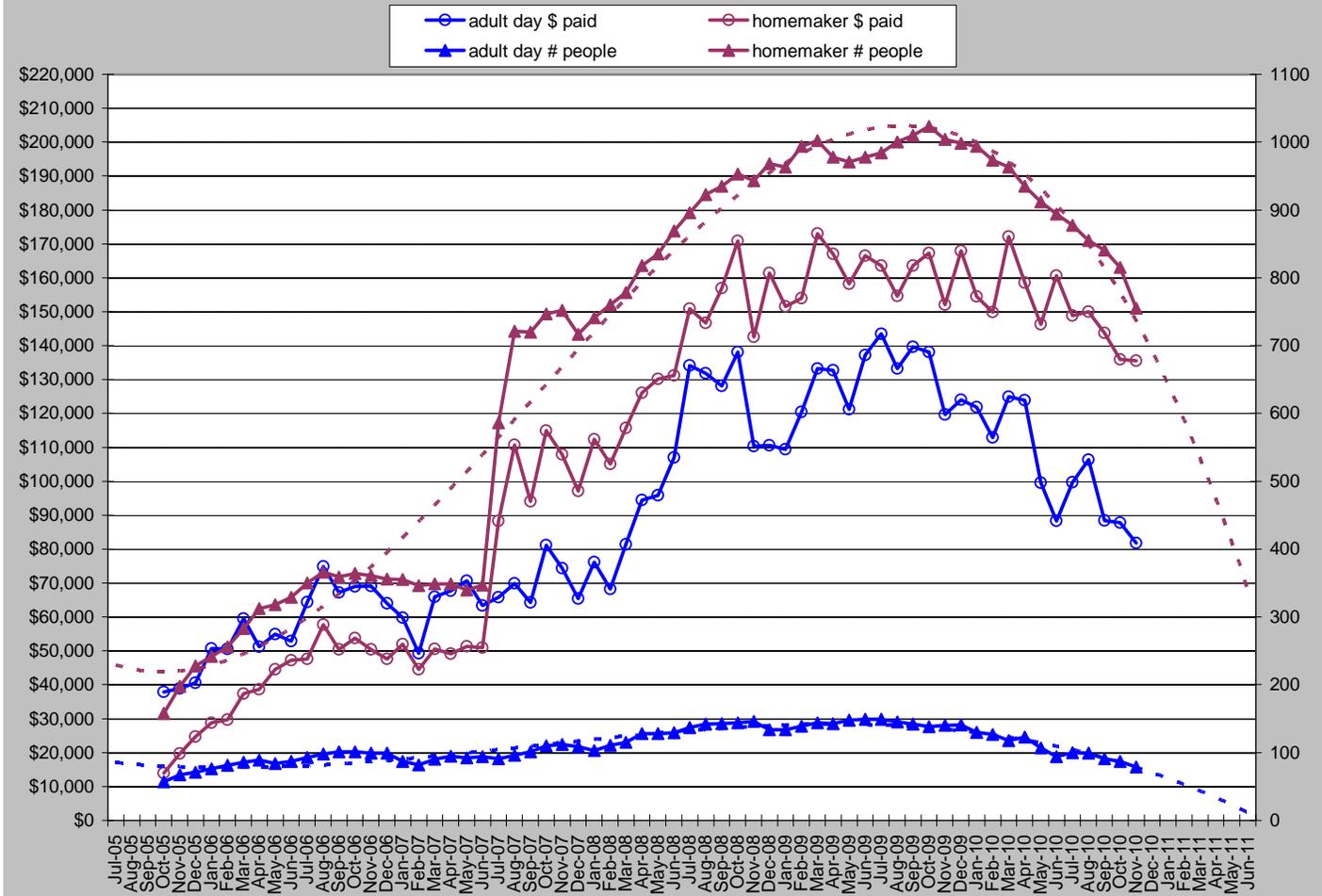
Data source: DAIL/DDAS SAMS database

A goal of Choices for Care is to expand the range of service options available to consumers. This shows the history of enrollment in four new service options: Flexible Choices, PACE, HCBS 24-Hour Care, and payment of spouses.

While Medicaid laws and regulations prohibit caregiving payments to spouses except under extraordinary circumstances, this prohibition can be ‘waived’ through an 1115 Waiver. In May 2007, Choices for Care implemented a policy that allows spouses to be paid to provide personal care. Several factors (including eligibility restrictions on household income and the availability of a spouse who is able to provide care) continue to limit the number of people who choose this option.

While the development of each new option represents an accomplishment in expanding consumer choice, the number of people using any of these options remains relatively low, representing about 13% of those served in the HCBS setting (excluding people in the Moderate Needs Group, who are not eligible for these service options).

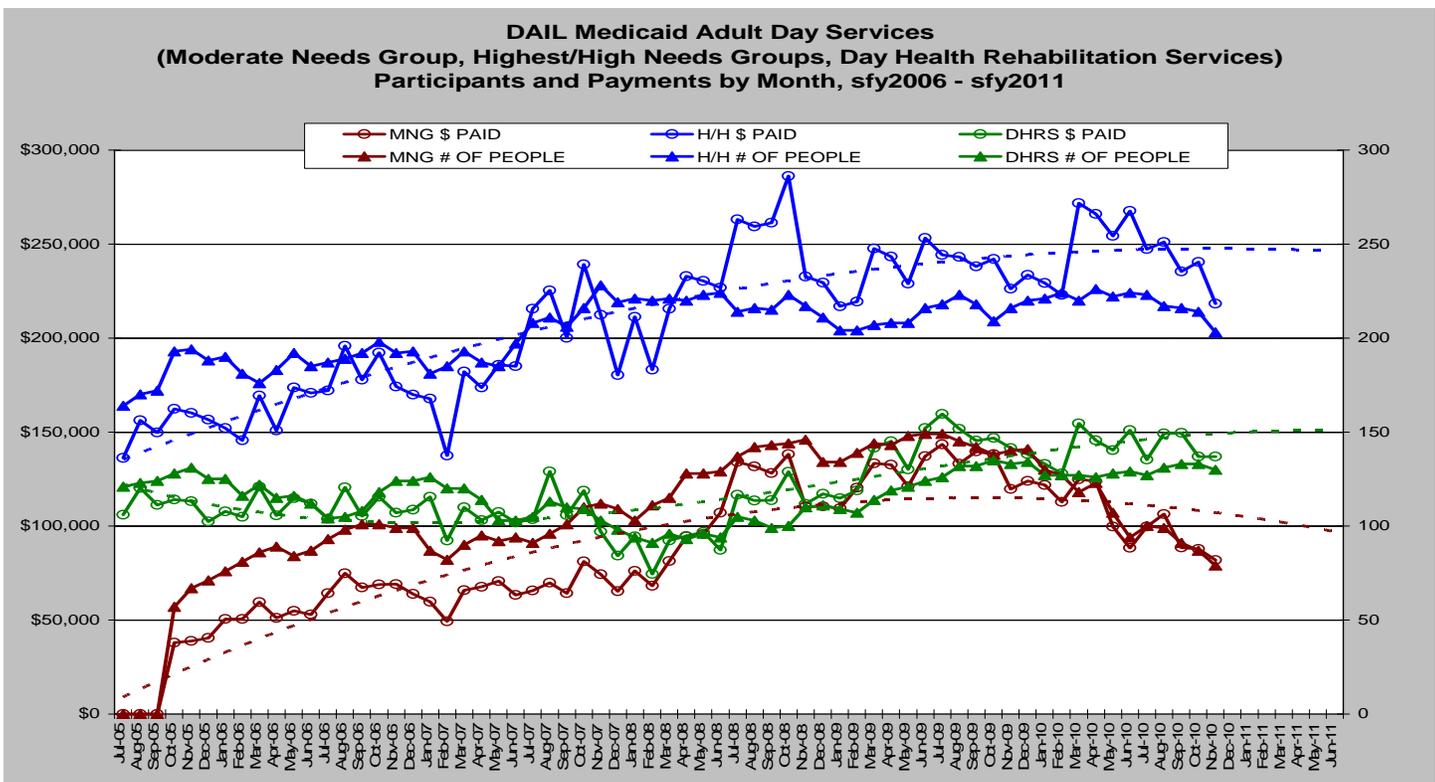
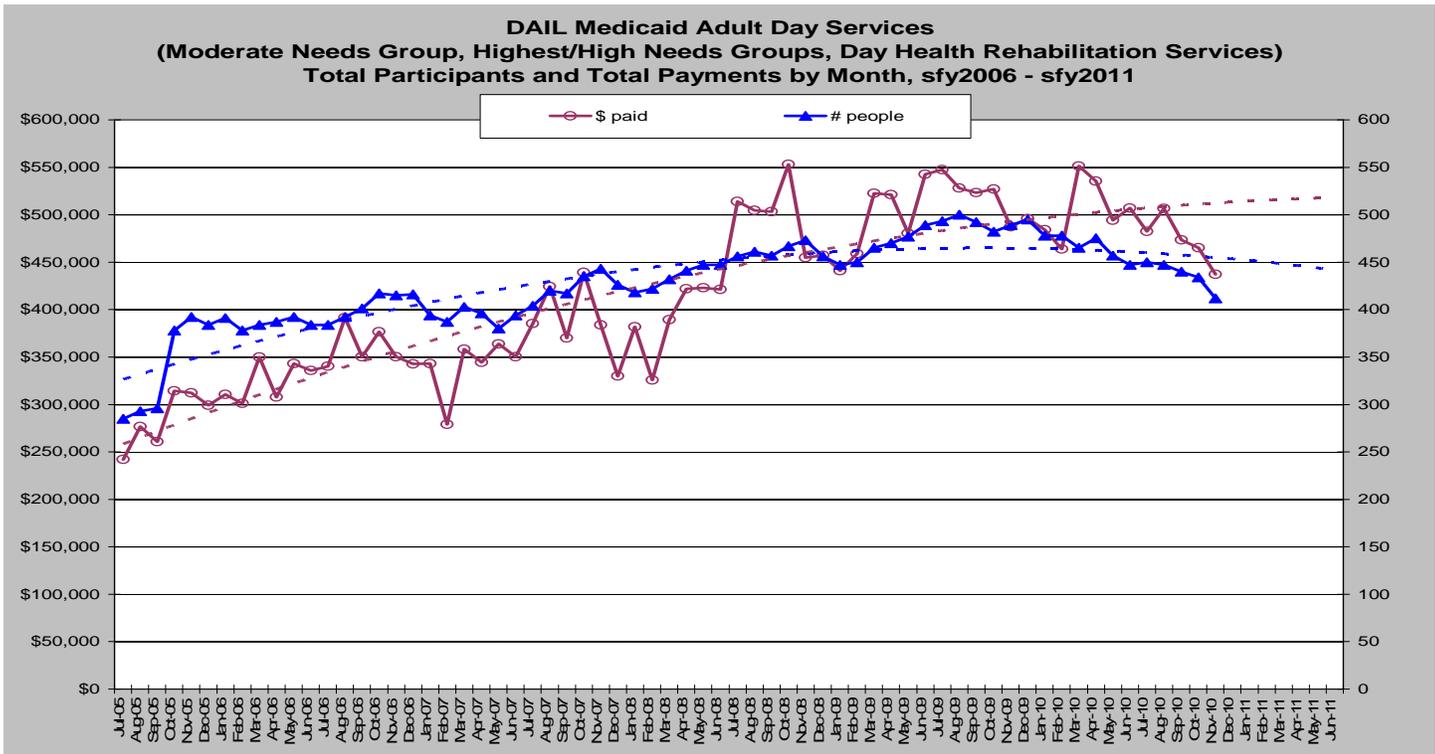
**Choices for Care Moderate Needs Group
Total Participants and Total Payments by Month, sfy2006 - sfy2011**



Data source: HP paid claims

Choices for Care Moderate Needs Group funding increased between 2005 and 2009, leading to substantial increases in the number of people served through this funding source. (Note that prior to Choices for Care, significant numbers of people were served through other funding.)

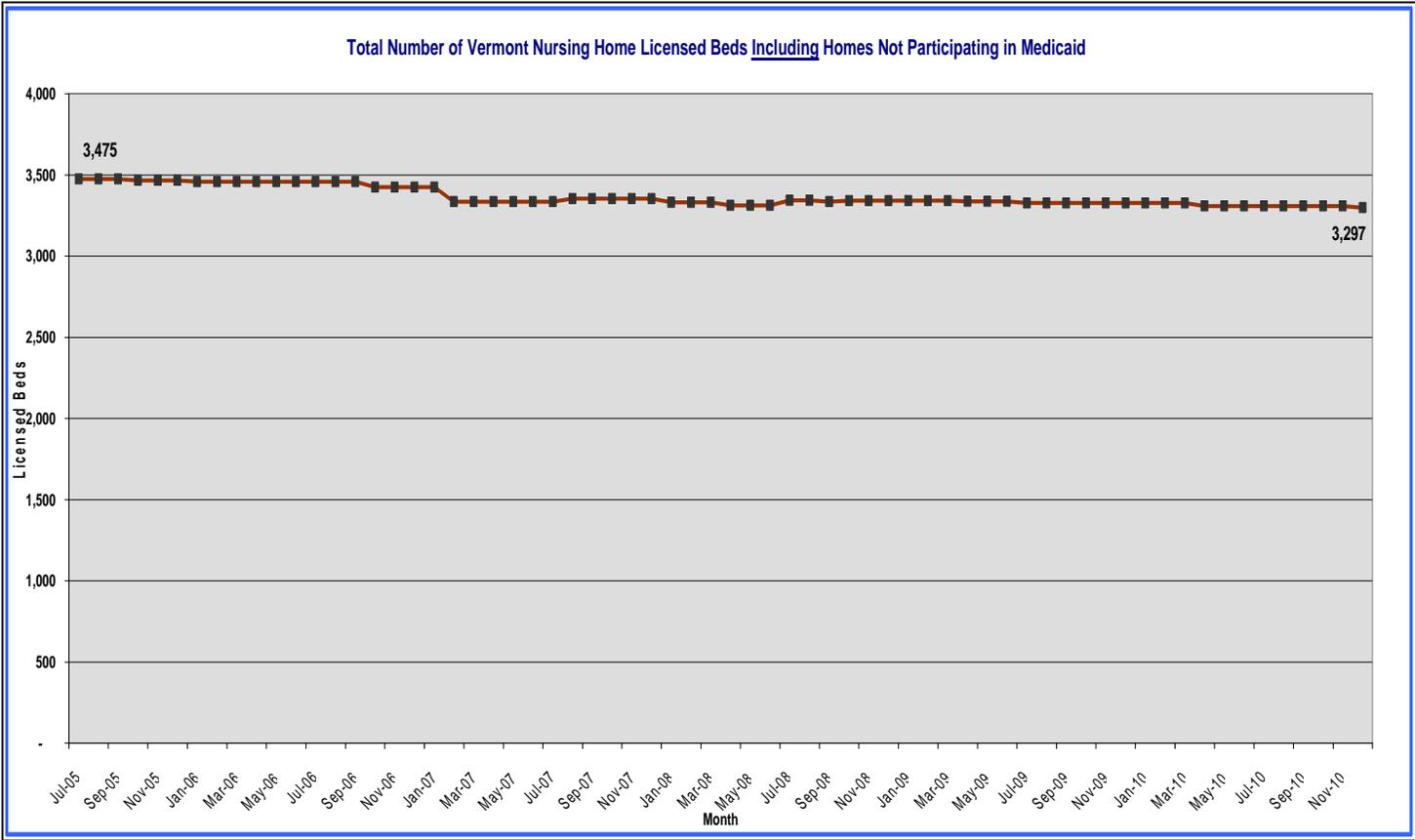
The November 2009 freeze on new enrollment in the Moderate Needs Group has reduced the numbers of people served, and has also reduced services and payments for this group.



Data source: HP paid claims

These graphs show the number of people served and payments made by type of Medicaid adult day service: Choices for Care Moderate Needs Group, Choices for Care Highest/High Needs Groups, and Day Health Rehabilitation Services.

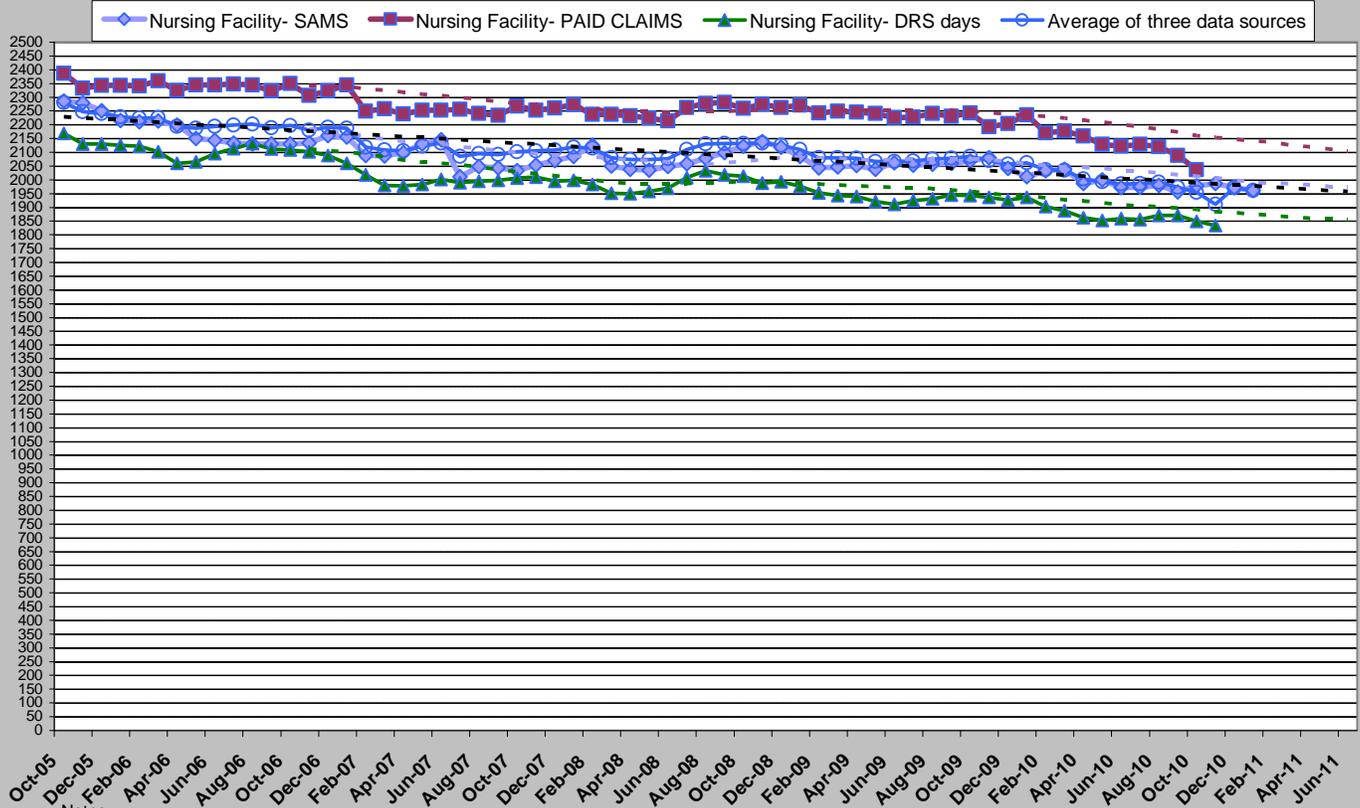
While payments for Moderate Needs Group services have decreased, increases in other payments have offset some of this decrease.



Data source: DRS, using licensing information

This illustrates the decrease of 178 licensed nursing home beds in Vermont since July 2005. For those facilities that participate in Medicaid, the reduction was 196 beds.

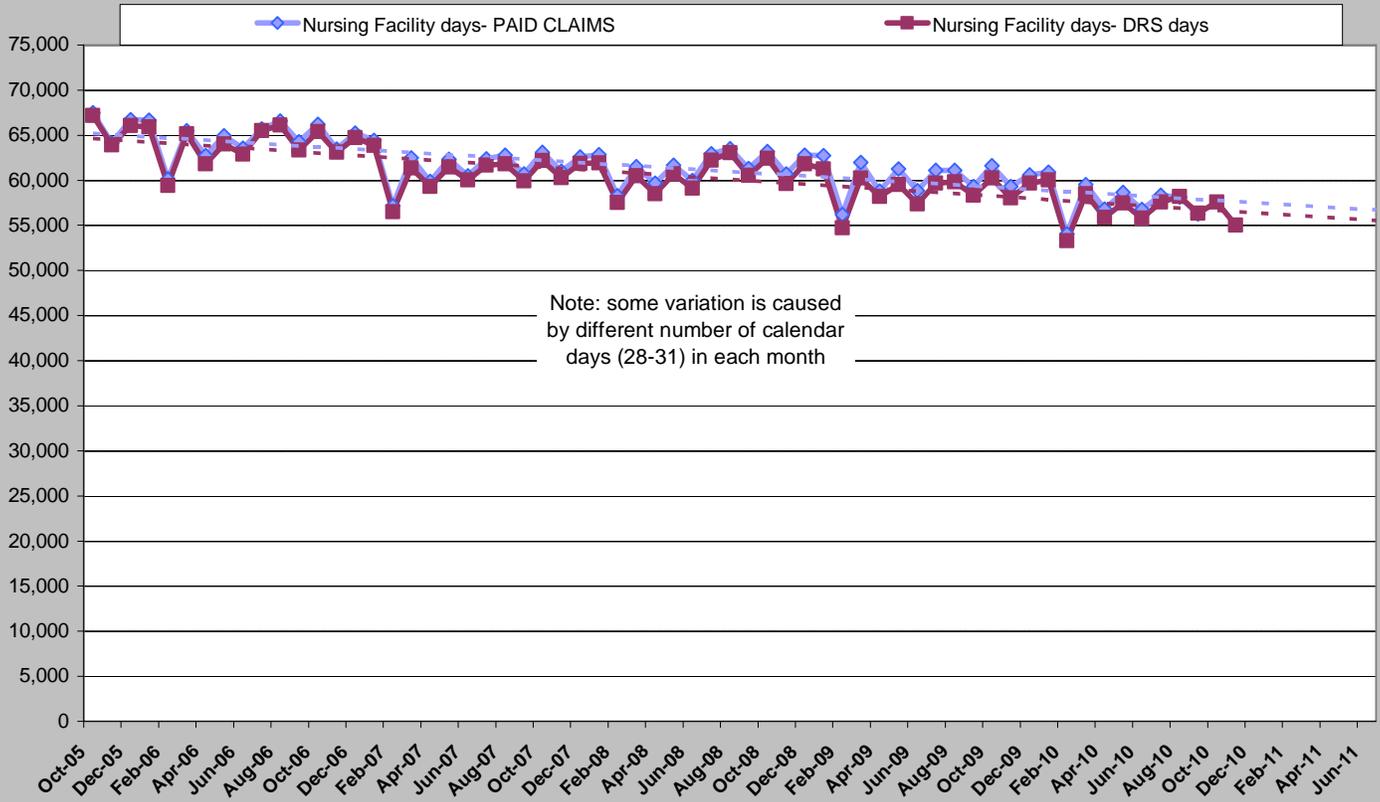
**Choices for Care, Nursing Facilities: Total Number of Participants by Month
SFY 2006 - SFY 2011**



Notes:
 SAMS data represents point-in-time number of people enrolled; paid claims represent total unduplicated # people served in each month; DRS represents total days of service divided by number of days in month
 DRS data does not include out of state facilities, does not include swing beds
 Paid claims data includes out of state facilities, swing beds, and all Medicaid payments (including 'crossover' claims)

This compares the point-in-time numbers of people enrolled in Choices for Care Nursing Home setting, average census from Medicaid nursing home days reported to the Division of Rate Setting, and the total unduplicated number of people receiving paid services each month. While the trends are quite similar, there are some differences, caused by inherent differences between the data sources.

**Choices for Care, Nursing Facilities: Total Number of Days/Units per Month
SFY 2006 - SFY 2011**

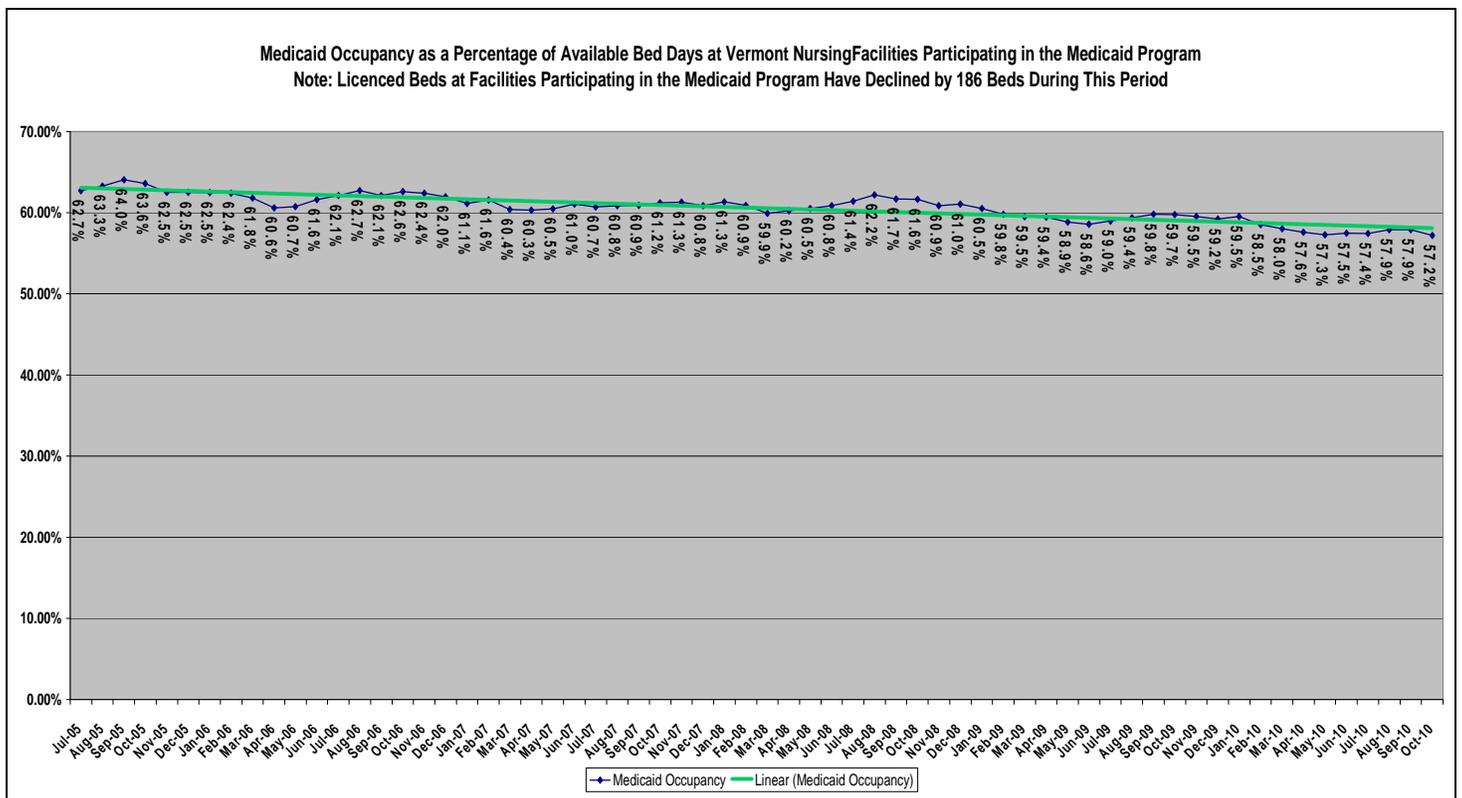
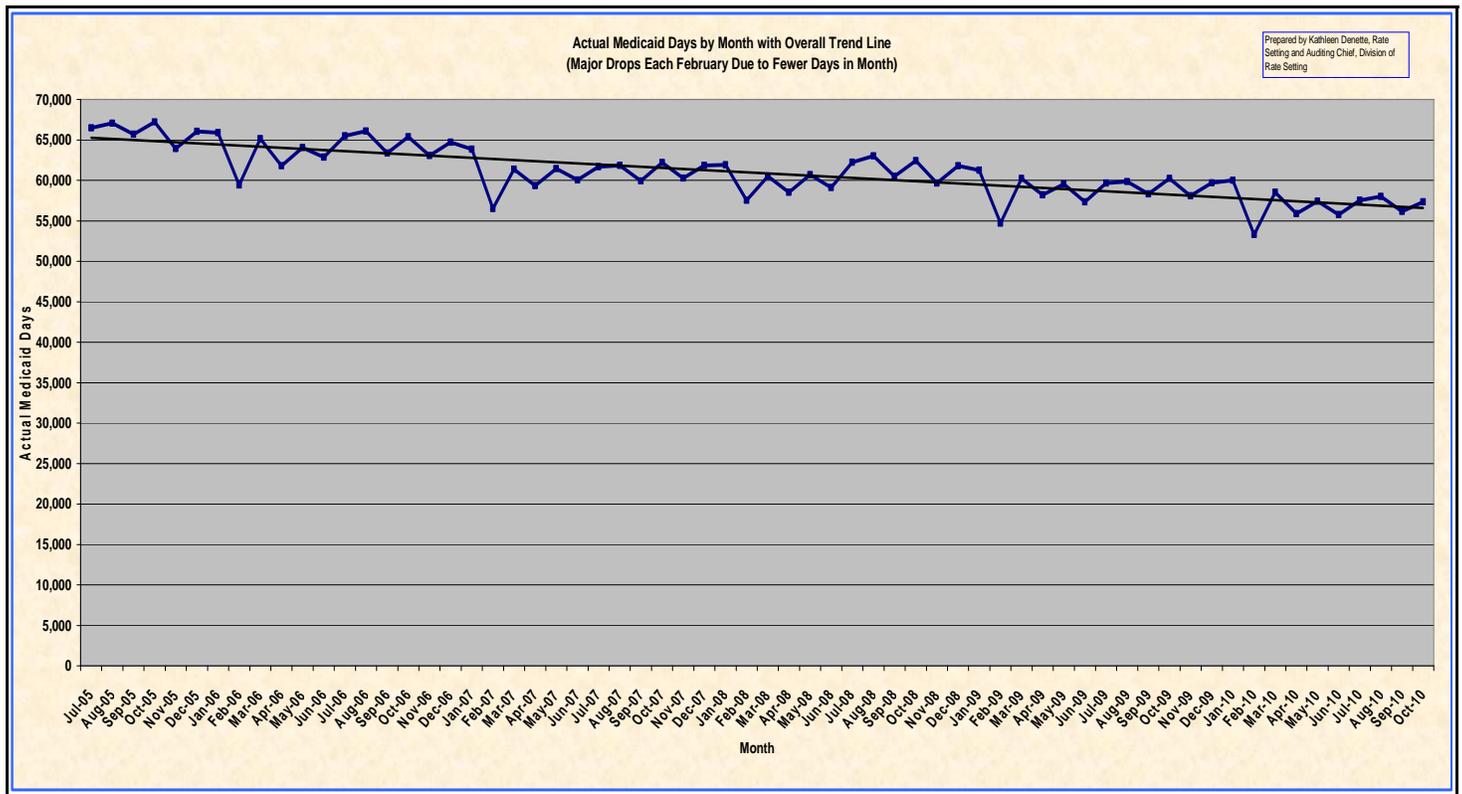


Notes:

DRS data does not include out of state facilities, does not include swing beds

Paid claims data includes out of state facilities, swing beds, and all Medicaid payments (including 'crossover' claims)

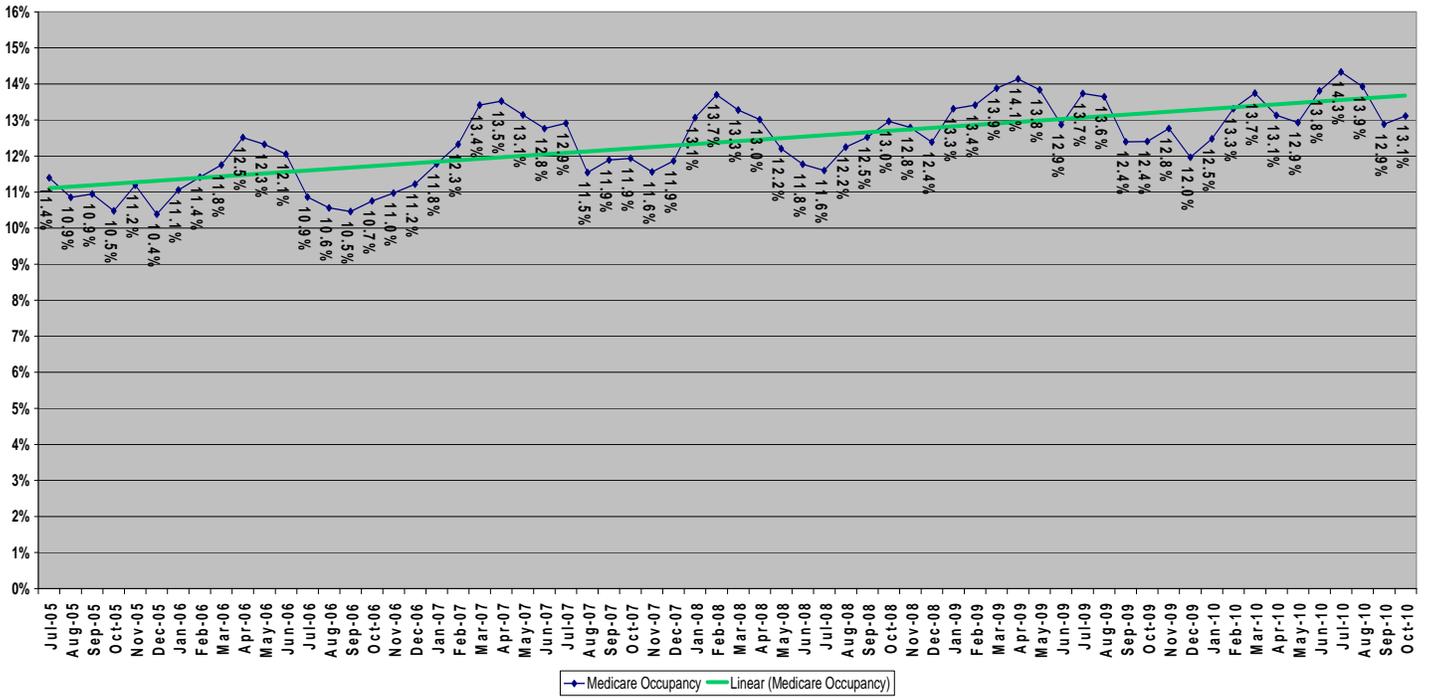
This compares the units of service (days) provided by nursing homes to Choices for Care participants. The trends are extremely similar, due to very small inherent differences between the data sources.



Data source: DRS, monthly provider reports

These two graphs show a gradual decrease in the use of nursing home beds by Medicaid residents. This decrease may be masked by cyclical patterns in Medicaid occupancy, and by a decreasing number of nursing home beds.

Medicare Occupancy as a Percentage of Available Bed Days at Vermont Nursing Facilities Participating in the Medicaid Program
 Note: Licenced Beds at Facilities Participating in the Medicaid Program Have Declined by 186 Beds During This Period

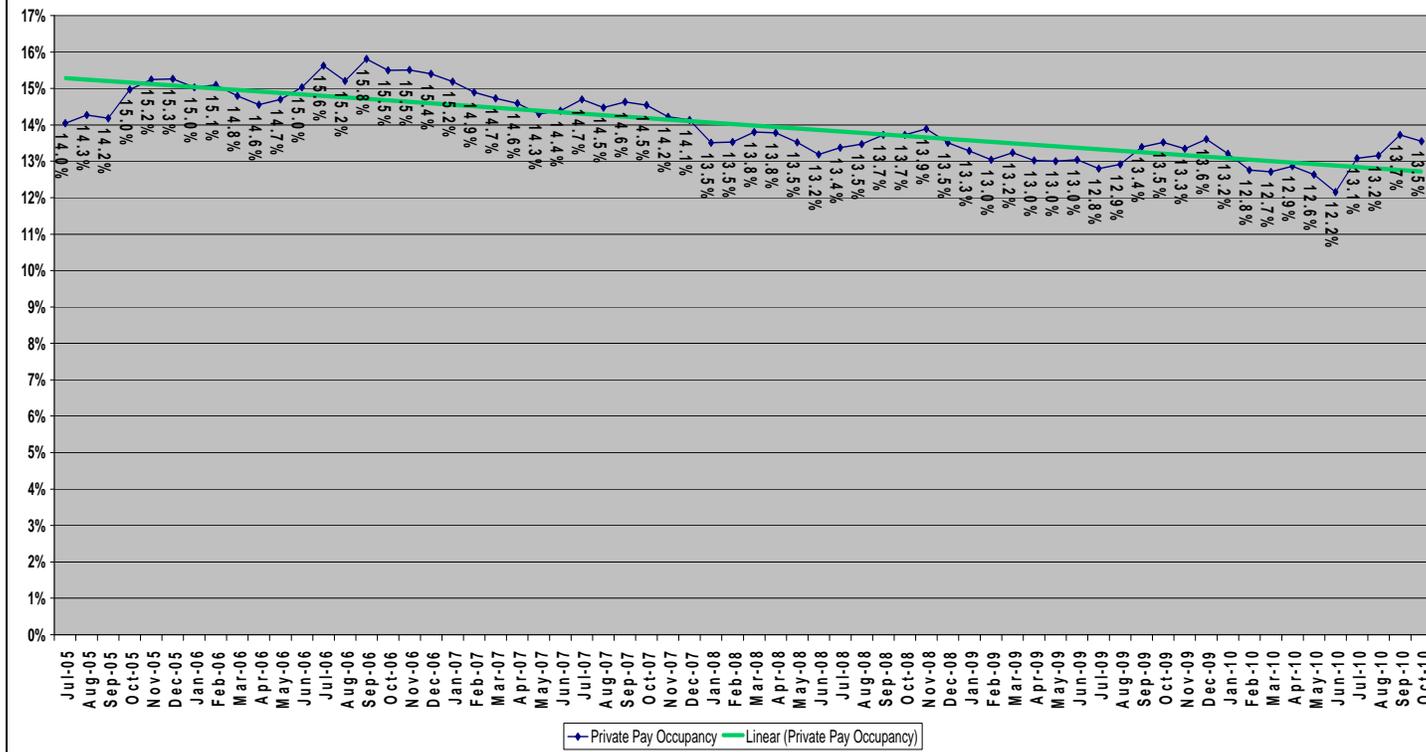


Data source: DRS, monthly provider reports

This graph shows a gradual increase in the use of nursing home beds by Medicare residents. This increase may be masked by cyclical patterns in Medicare occupancy.

Private Payor Occupancy as a Percentage of Available Bed Days at Vermont Nursing Facilities Participating in the Medicaid Program

Note: Licenced Beds at Facilities Participating in the Medicaid Program Have Declined by 186 Beds During This Period

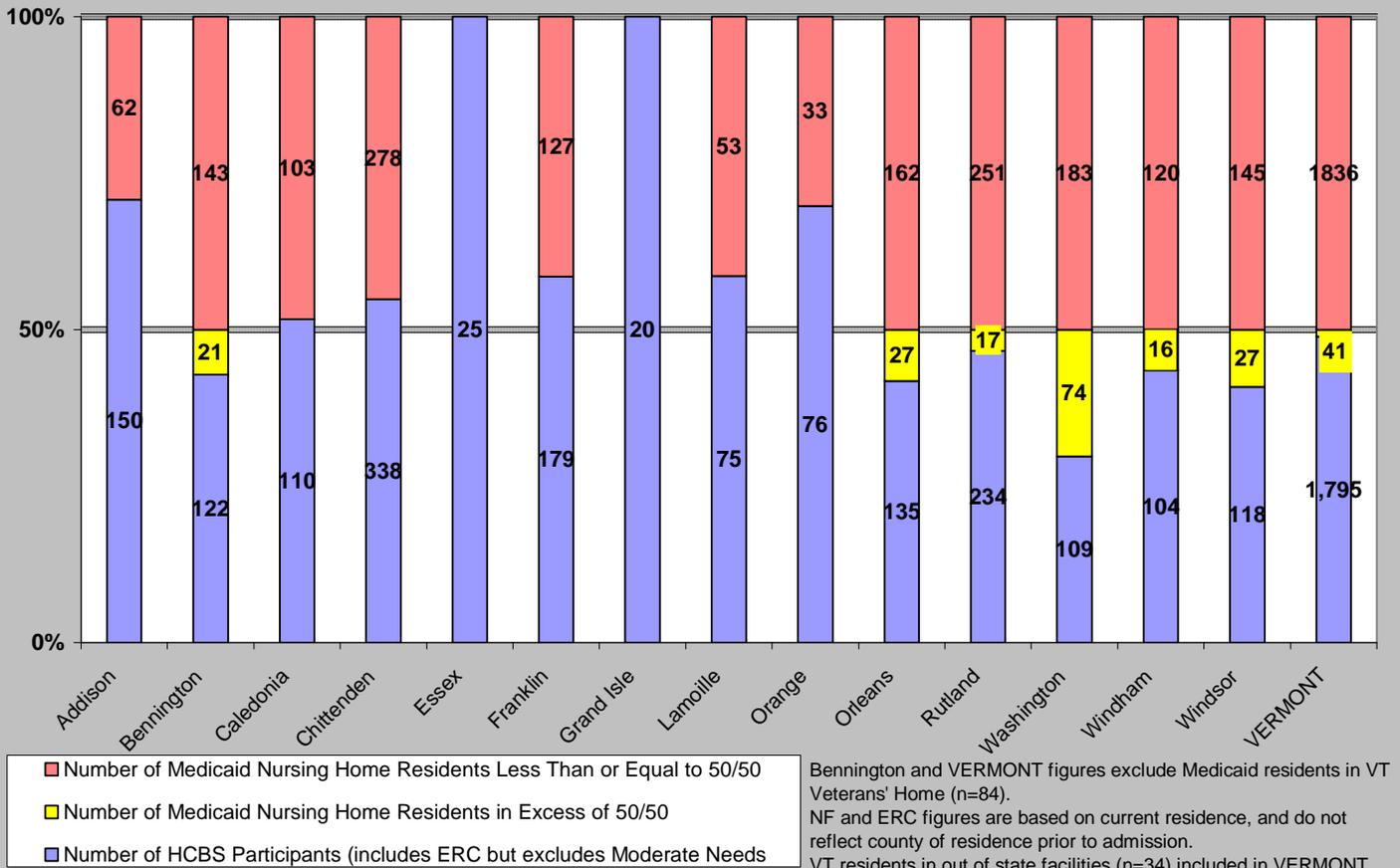


Data source: DRS, monthly provider reports

This graph shows a gradual decrease in the use of nursing home beds by private pay residents.

Vermont Choices for Care: Nursing Home Residents and Home & Community-Based Participants by County, January 2011
 Changes (Yellow) Needed to Achieve At Least 50% HCBS

data source: CFC enrollment database



Data sources: DAIL/DDAS SAMS database

One of the expected outcomes of Choices for Care is that a higher percentage of people who use Medicaid-funded long term care will choose home and community-based settings, while a lower percentage will choose nursing homes. This graph illustrates the relative use of nursing homes and other settings in each county as of January 2010.

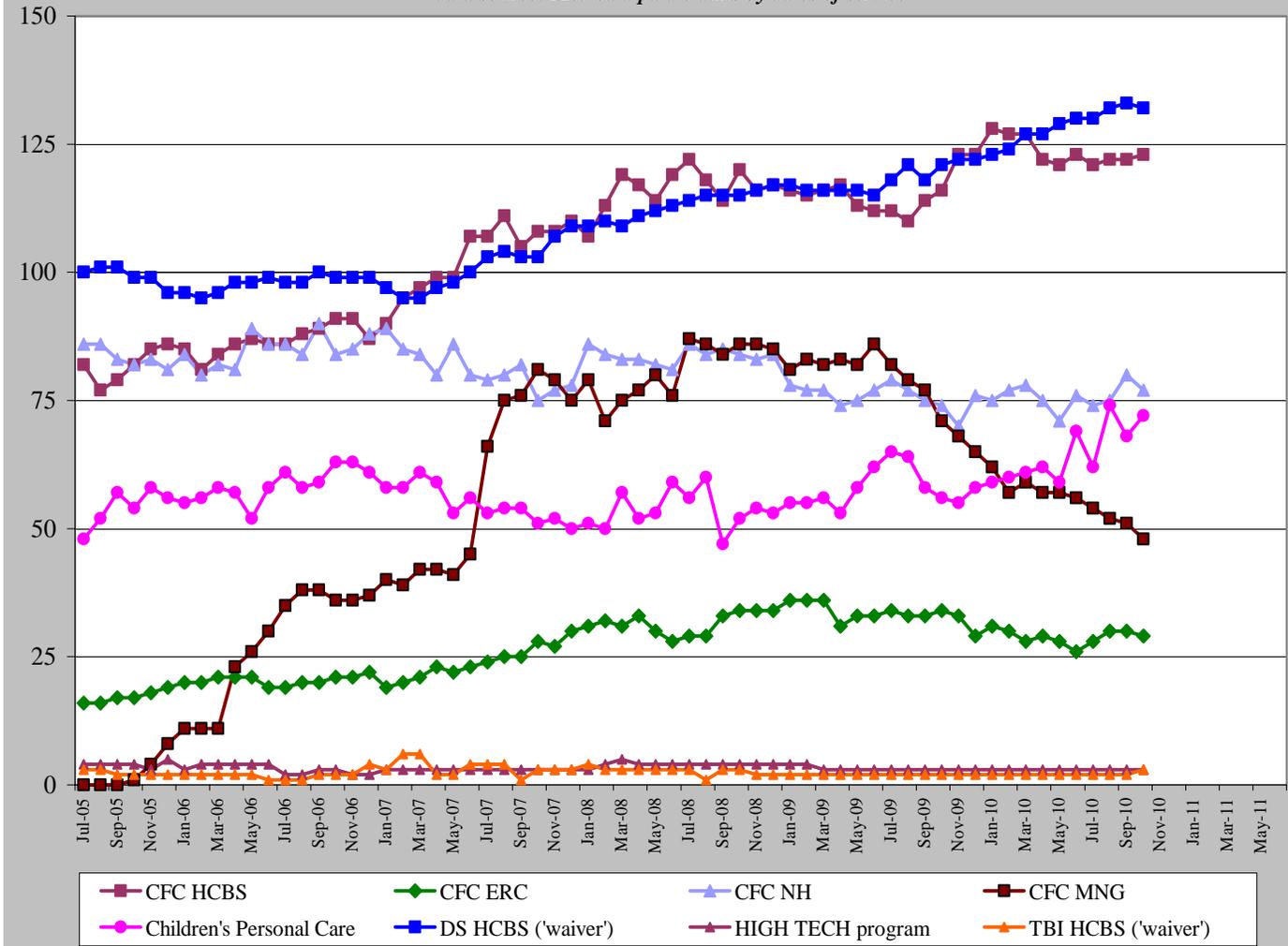
The graph shows the number of Choices for Care participants who were served in nursing home settings (blue), the number served in alternative settings (red), and the number of participants who would have to move from a nursing home setting to an alternative setting to reach the benchmark of 50% in alternative settings (yellow). This is based on the stated goal of serving at least 50% of the people who use Medicaid long term care in settings other than a nursing home.

In eight counties (Addison, Caledonia, Chittenden, Essex, Franklin, Grand Isle, Lamoille, and Orange), more than 50% of Choices for Care participants are served in alternative settings. People in the remaining counties (Bennington, Orleans, Rutland, Washington, Windham, and Windsor) are more reliant on nursing homes, with less than 50% served in alternative settings. People in Washington County remain most reliant on nursing homes.

The following pages show service use by county.

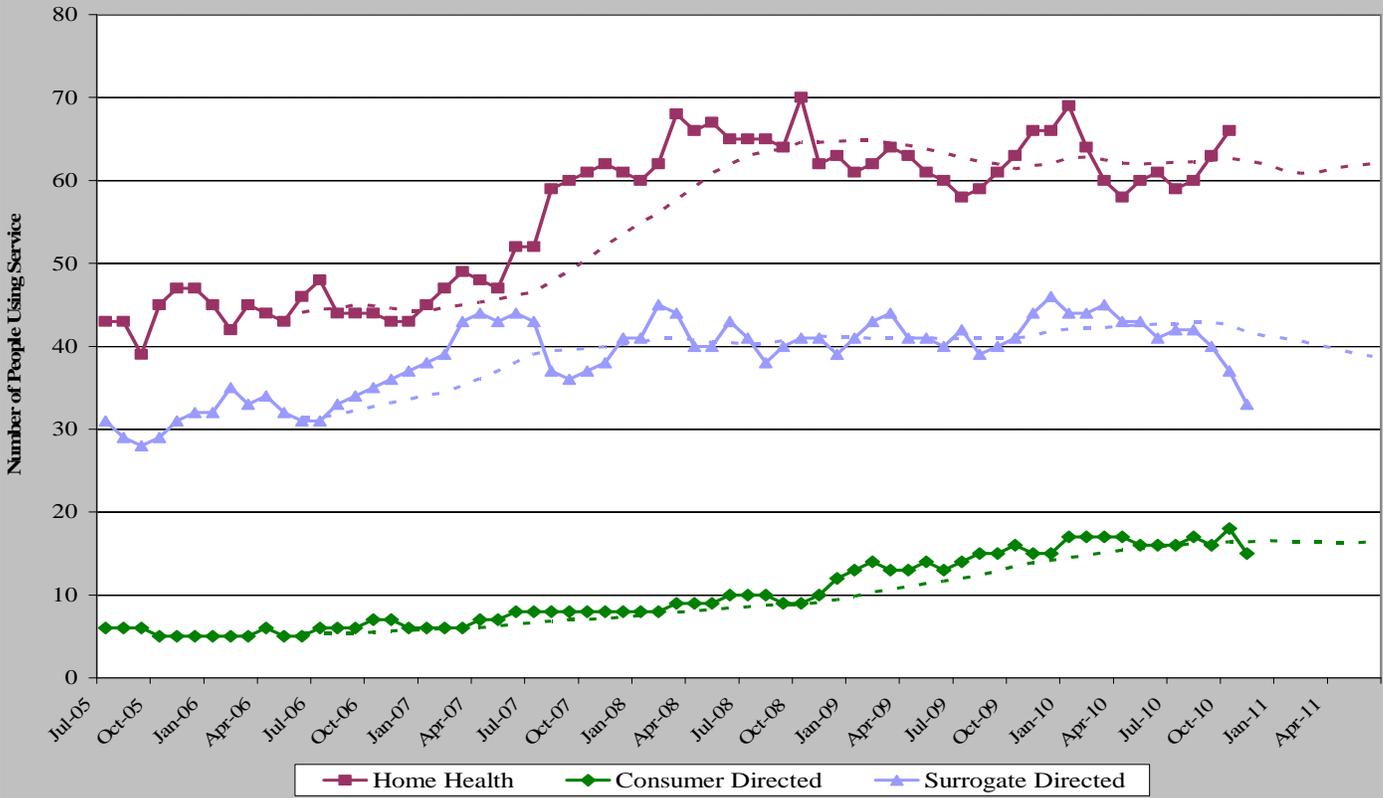
Numbers of People Receiving DDAS Services in Addison County sfy2005 - sfy2011

data source: Medicaid paid claims by dates of service



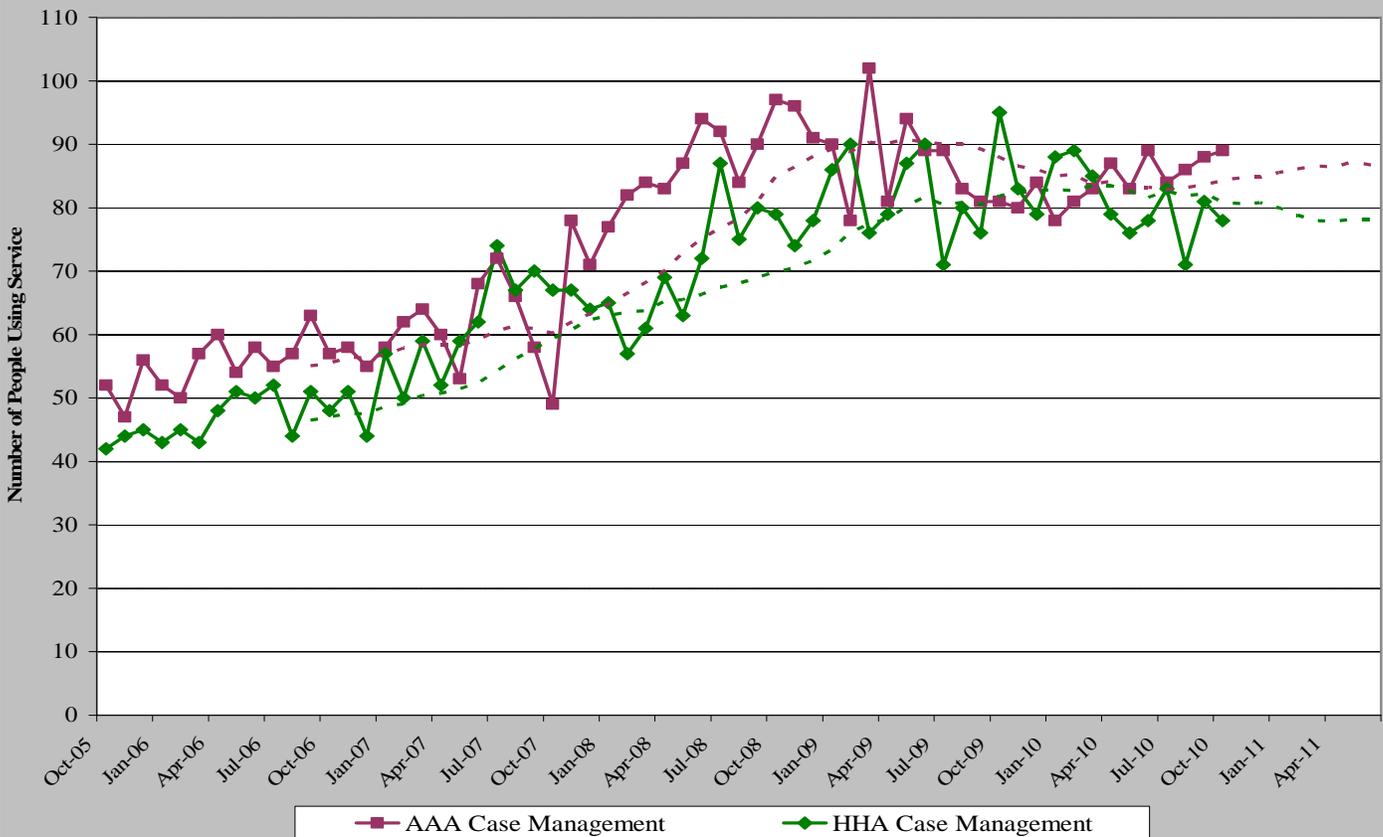
Addison County: Choices for Care Personal Care by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



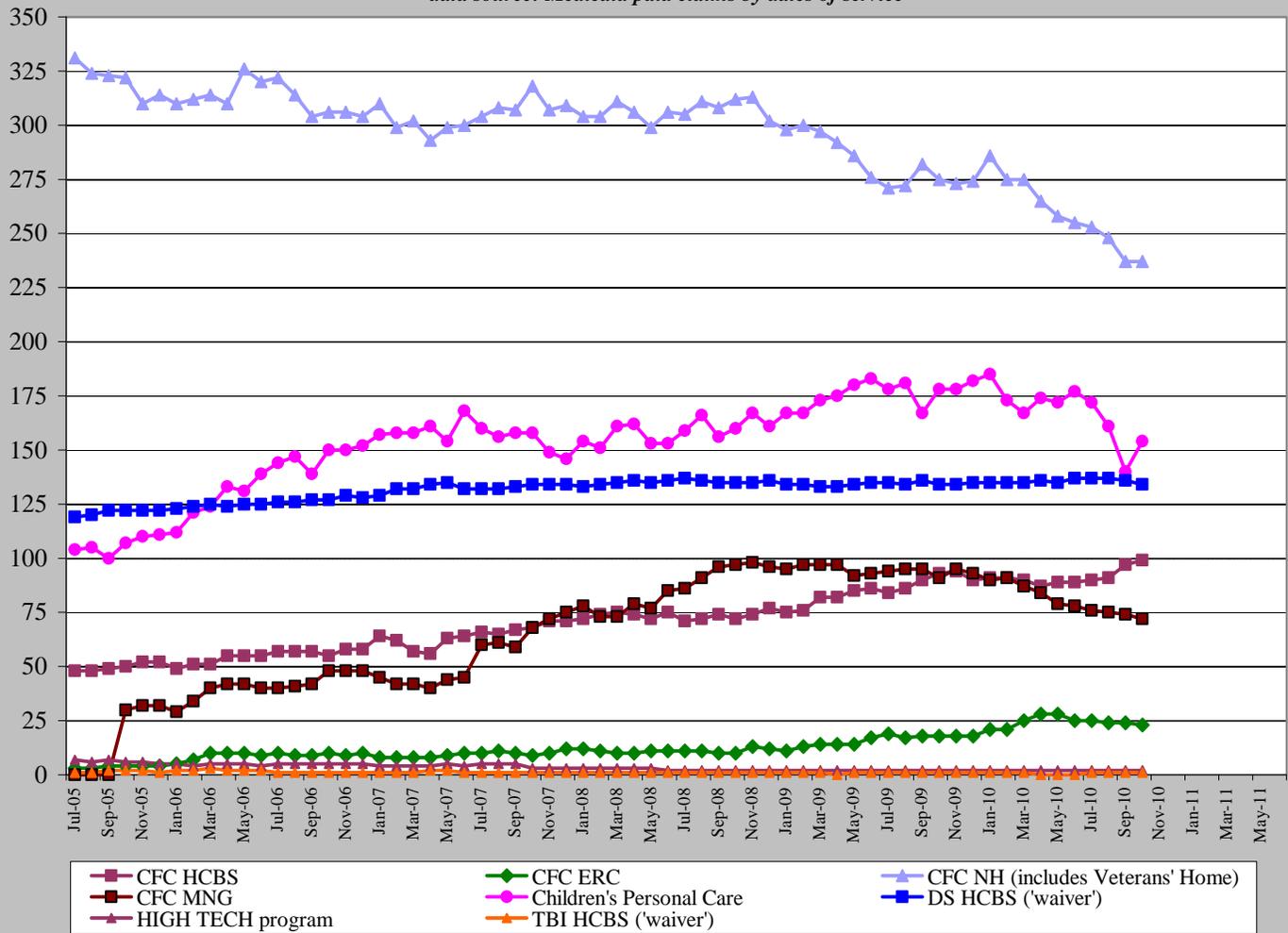
Addison County: Choices for Care Case Management by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



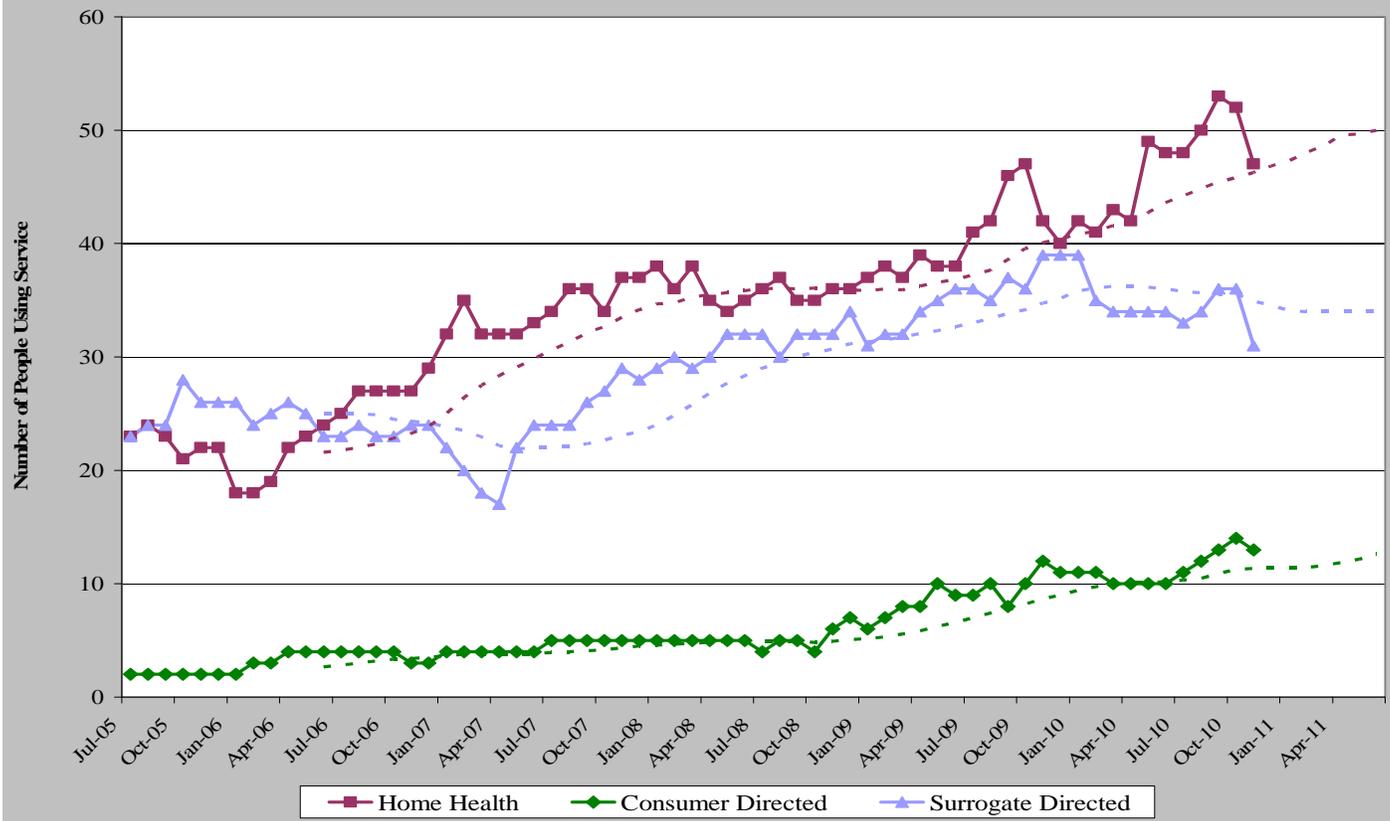
Numbers of People Receiving DDAS Services in Bennington County sfy2005 - sfy2011

data source: Medicaid paid claims by dates of service



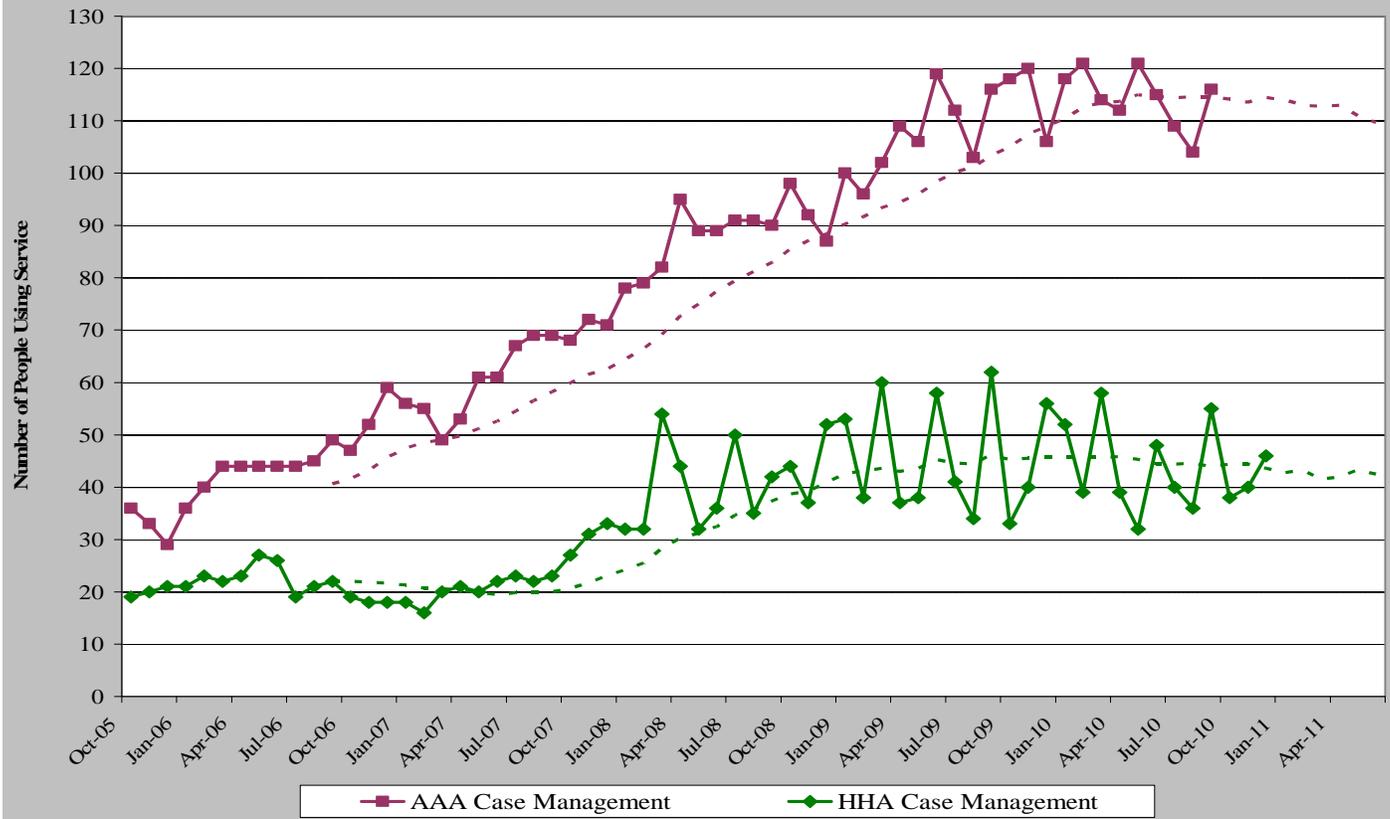
Bennington County: Choices for Care Personal Care by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



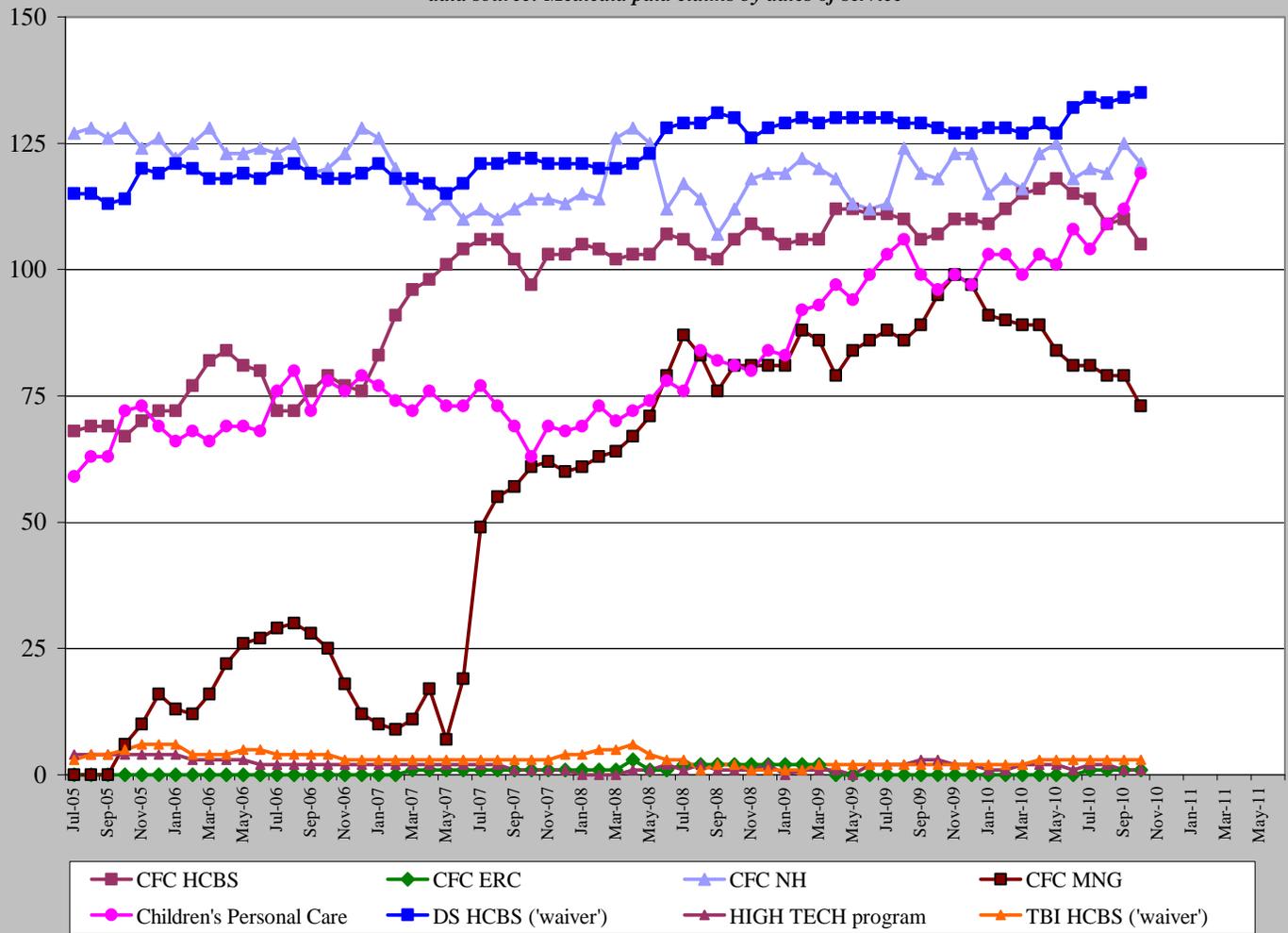
Bennington County: Choices for Care Case Management by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



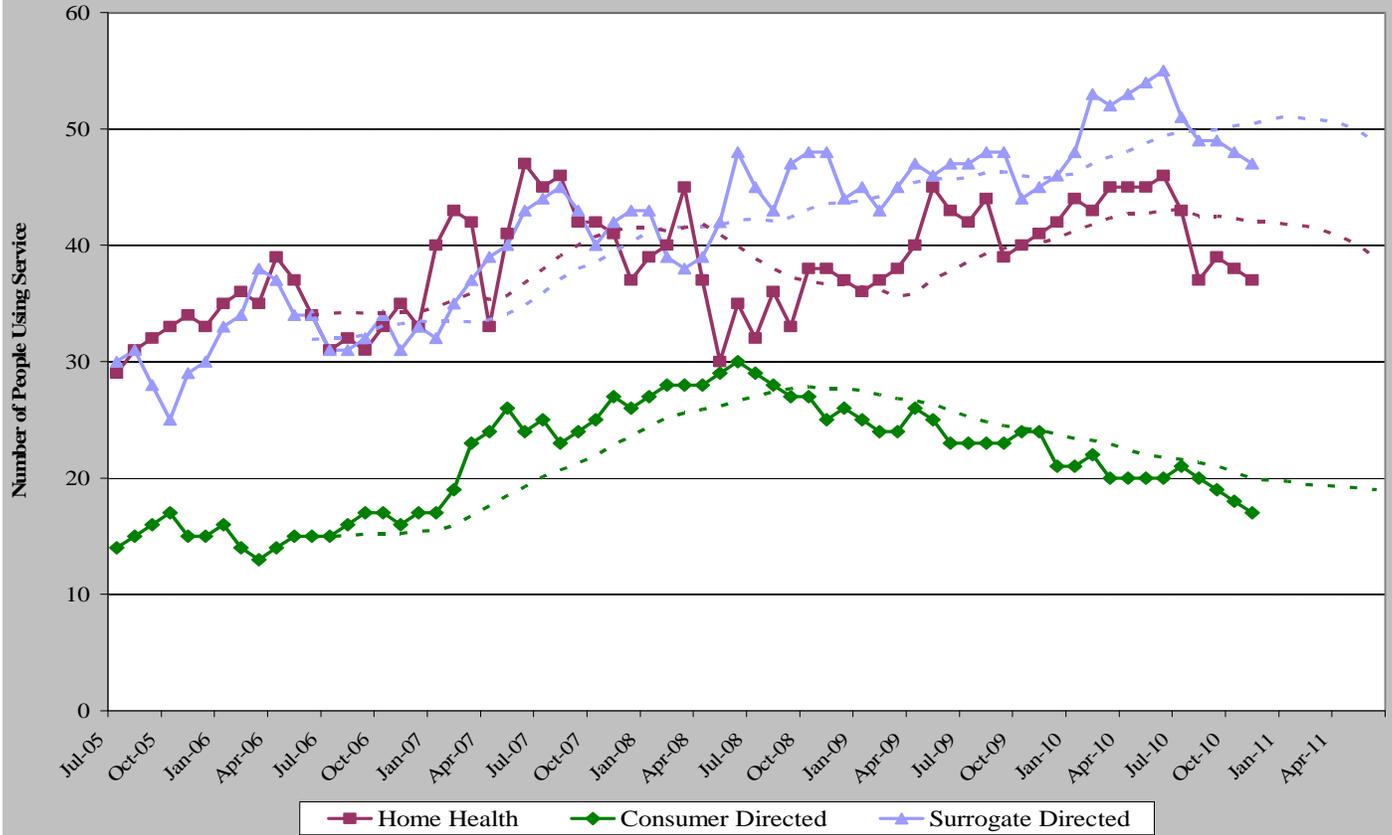
Numbers of People Receiving DDAS Services in Caledonia County sfy2005 - sfy2011

data source: Medicaid paid claims by dates of service



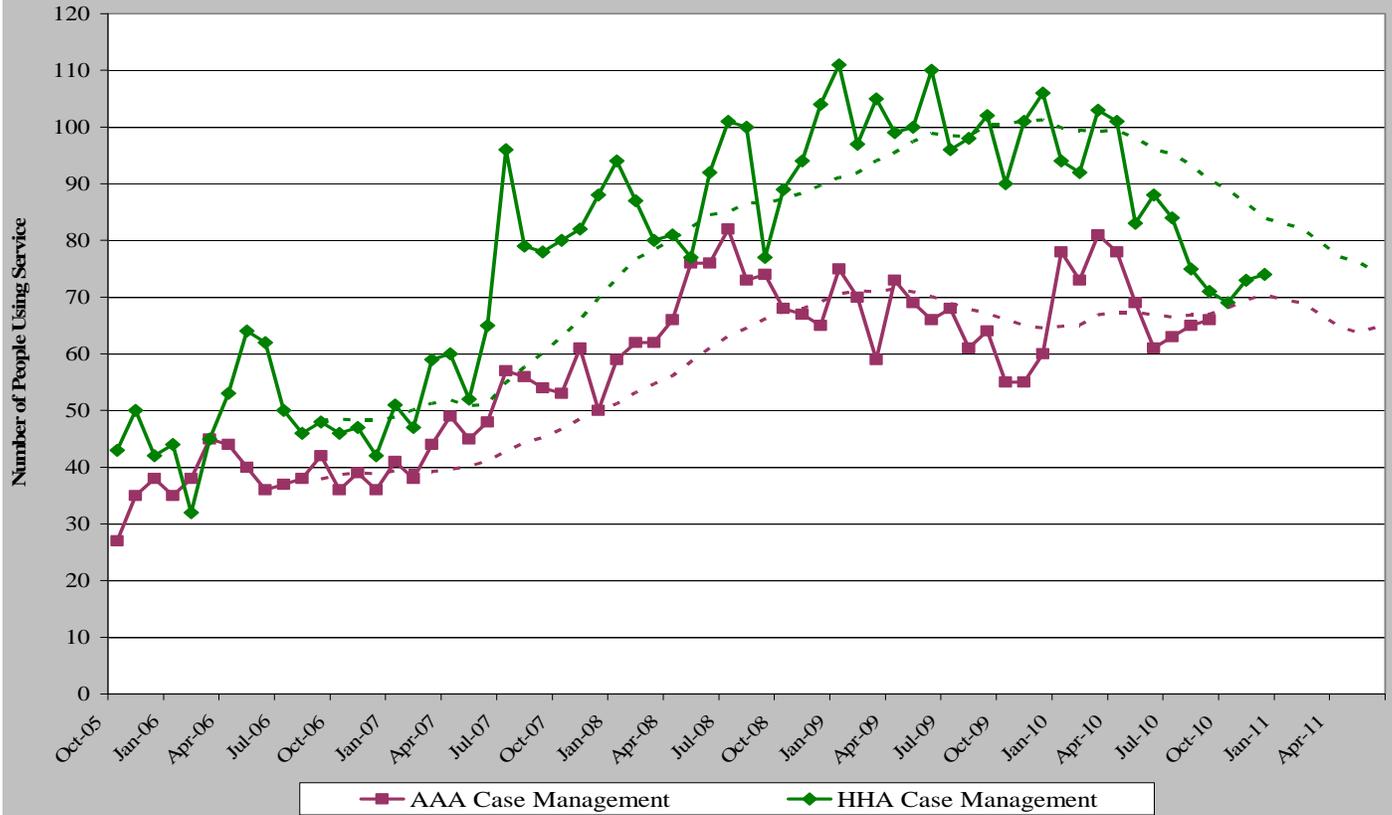
Caledonia County: Choices for Care Personal Care by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



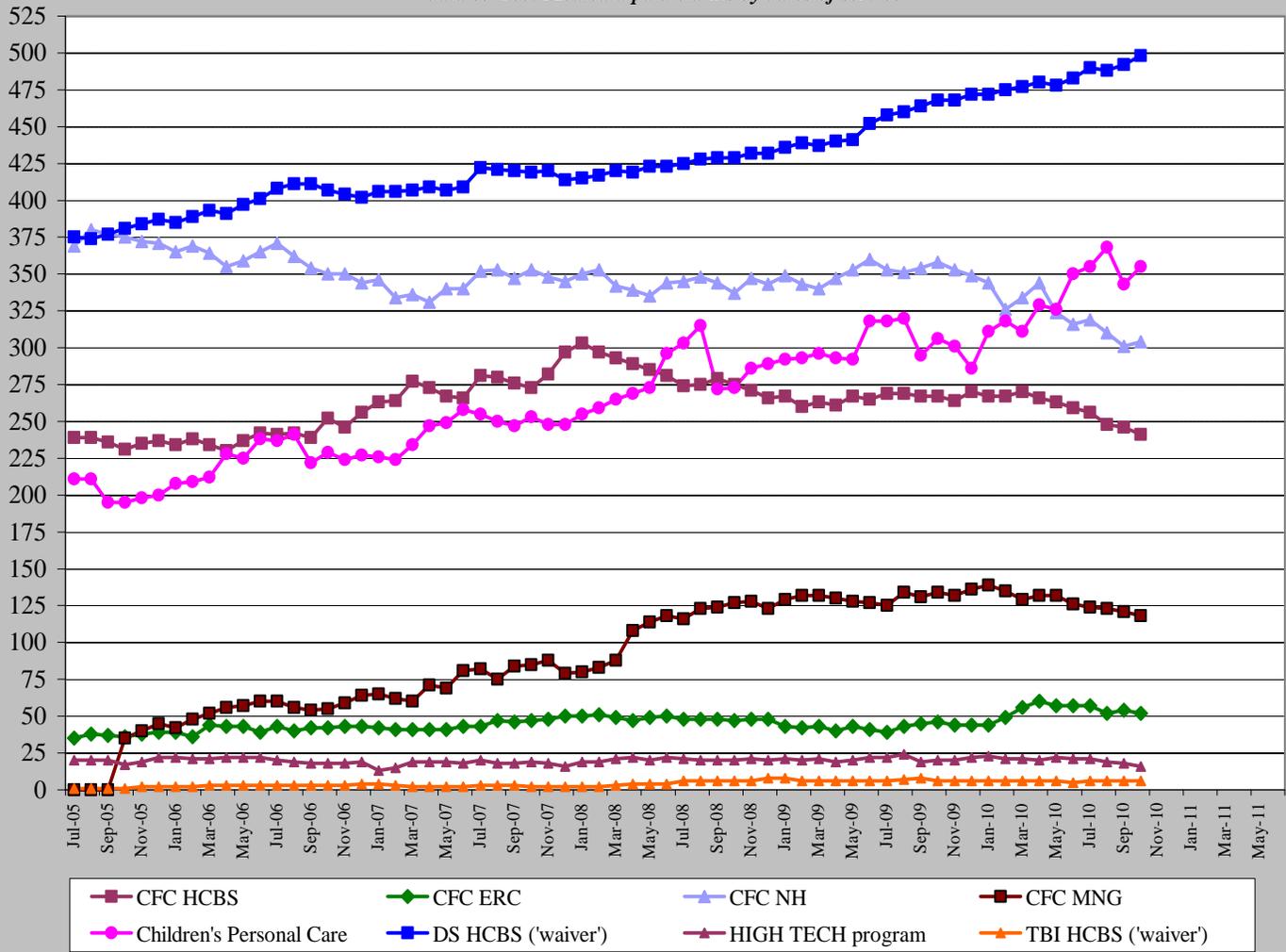
Caledonia County: Choices for Care Case Management by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



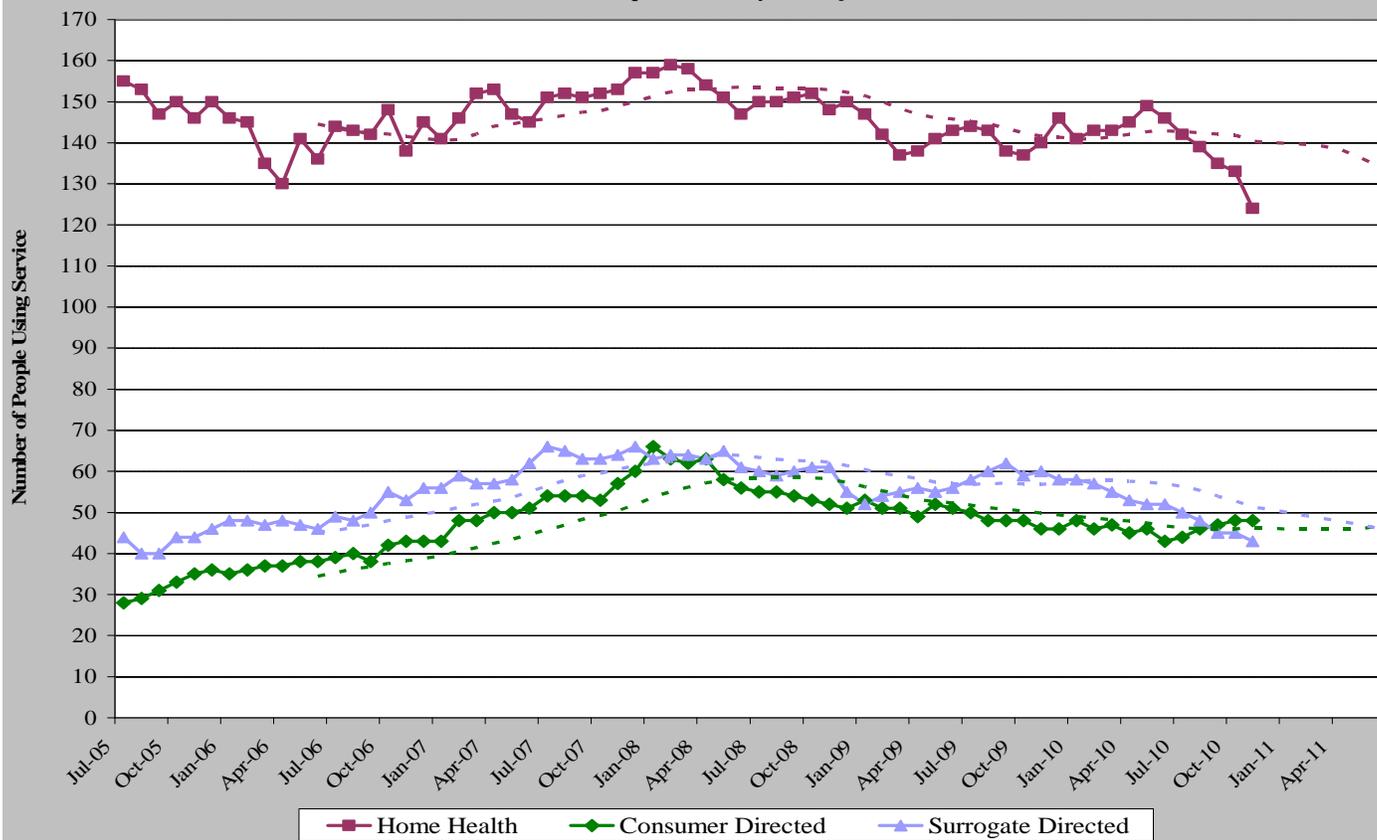
Numbers of People Receiving DDAS Services in Chittenden County sfy2005 - sfy2011

data source: Medicaid paid claims by dates of service



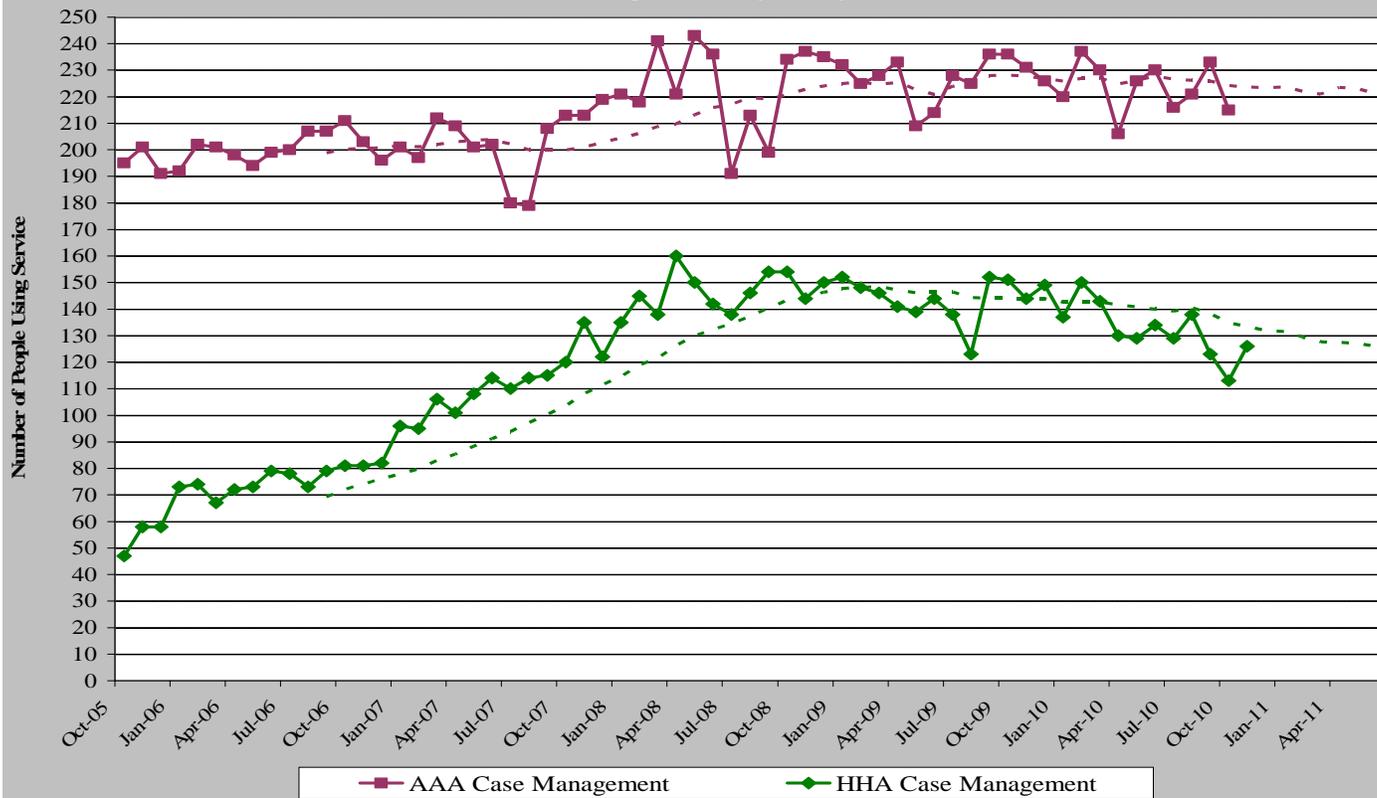
Chittenden County: Choices for Care Personal Care by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



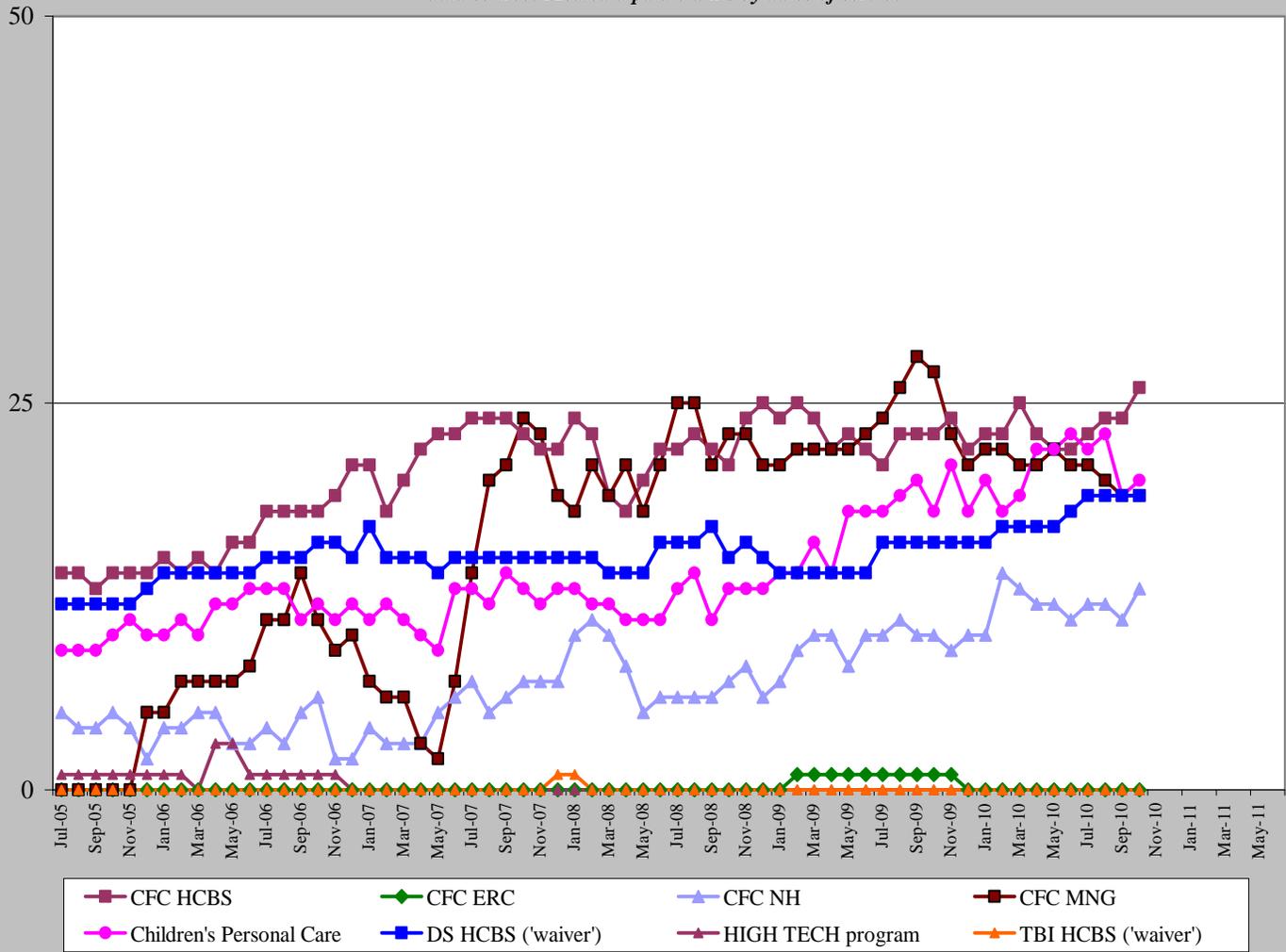
Chittenden County: Choices for Care Case Management by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



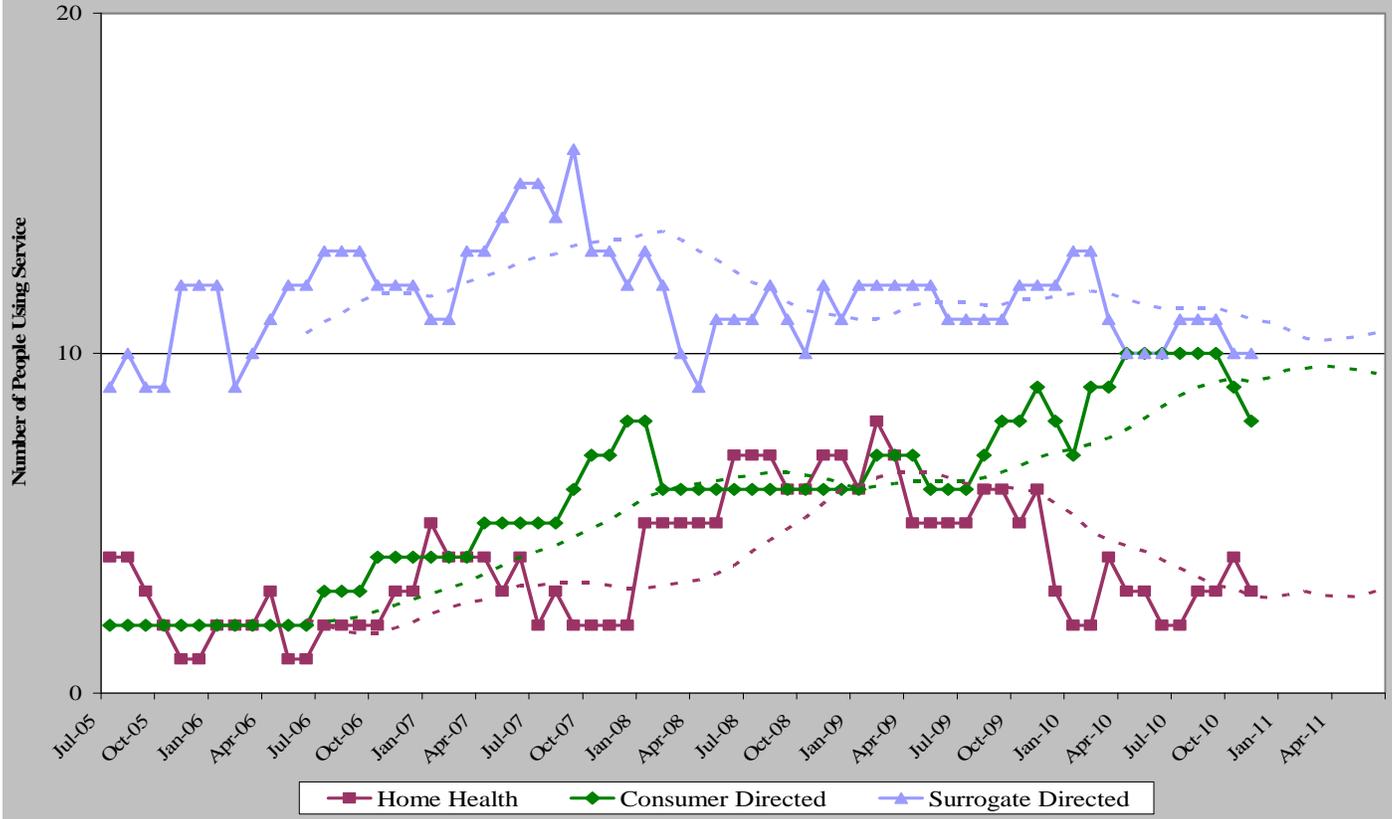
Numbers of People Receiving DDAS Services in Essex County sfy2005 - sfy2011

data source: Medicaid paid claims by dates of service



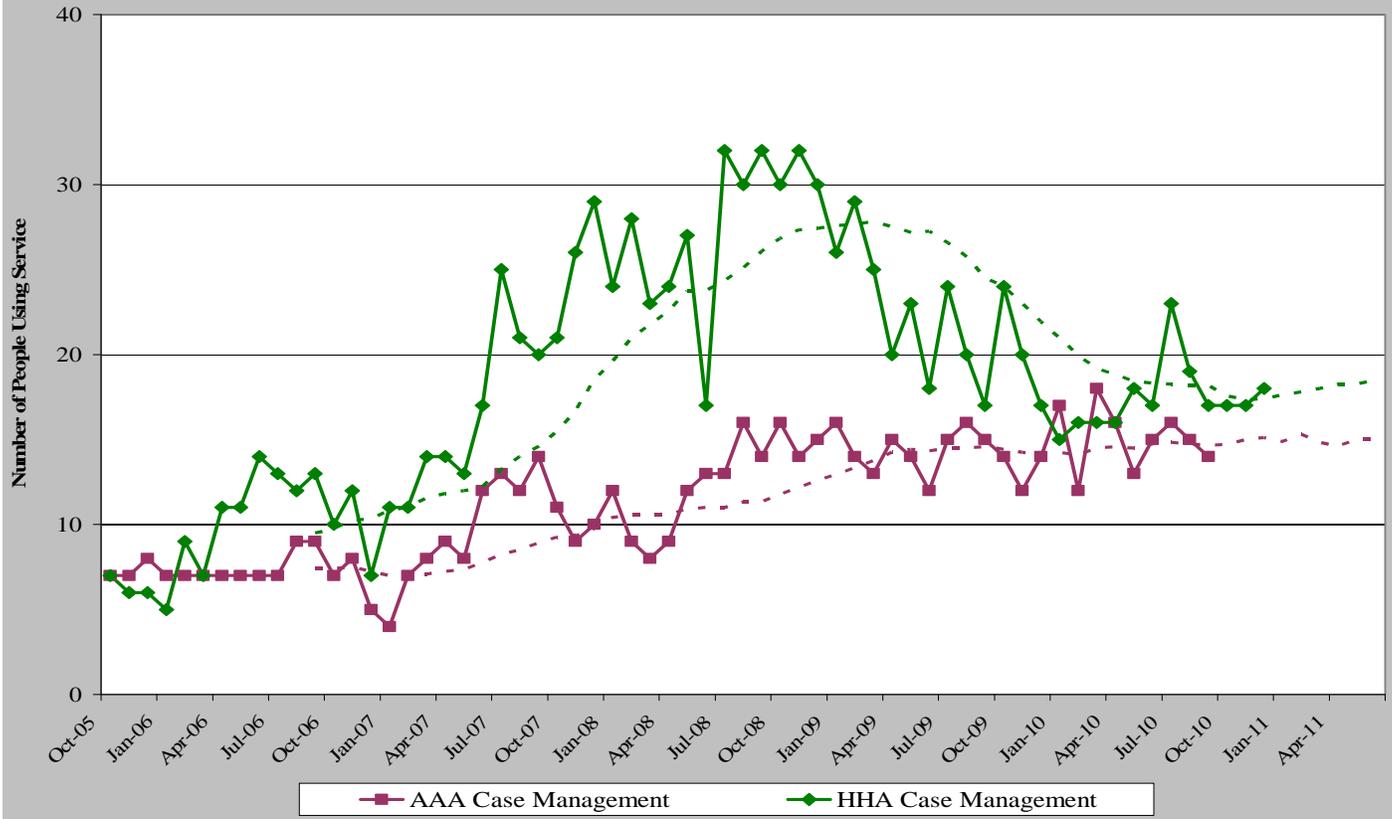
Essex County: Choices for Care Personal Care by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



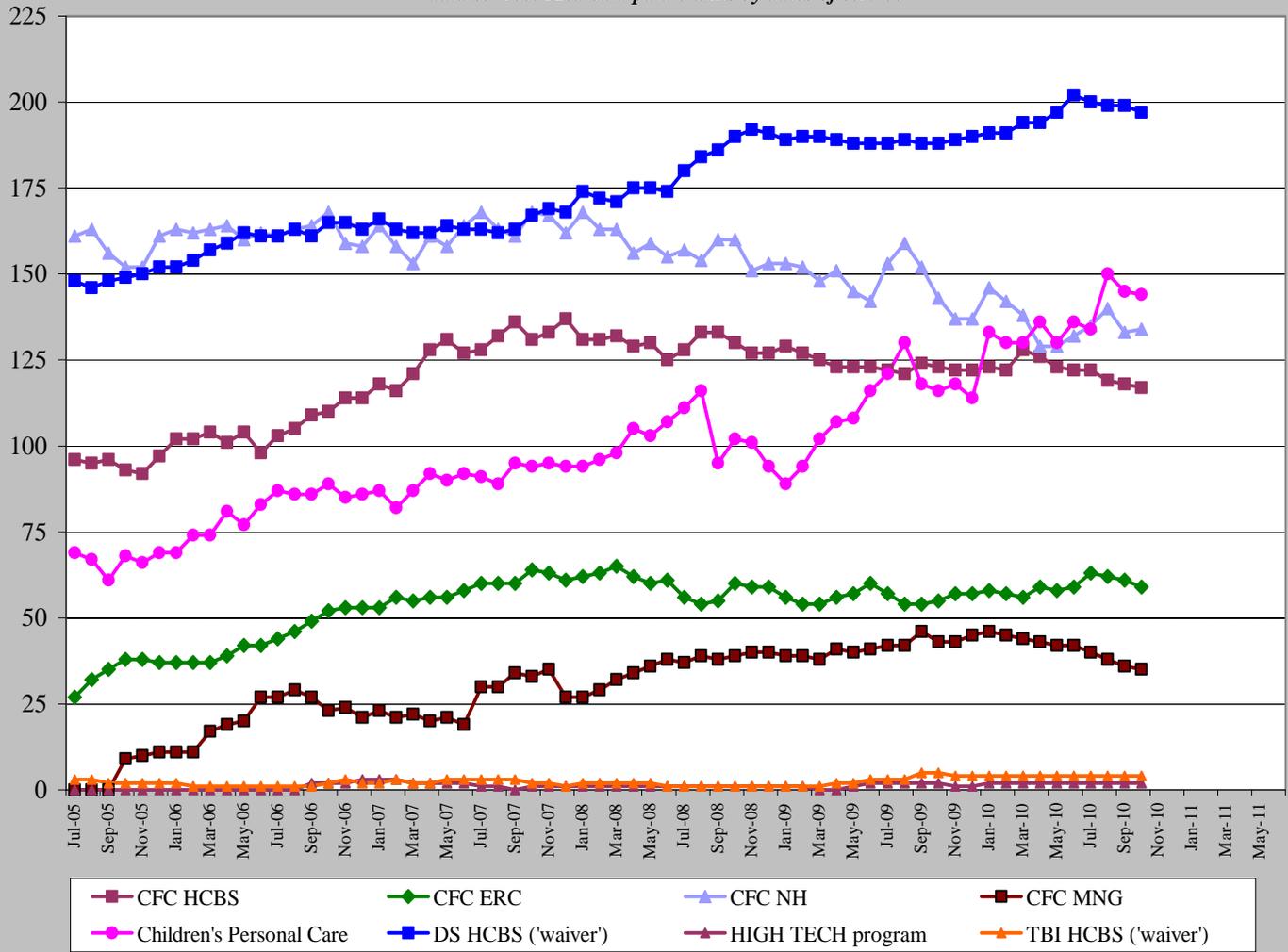
Essex County: Choices for Care Case Management by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



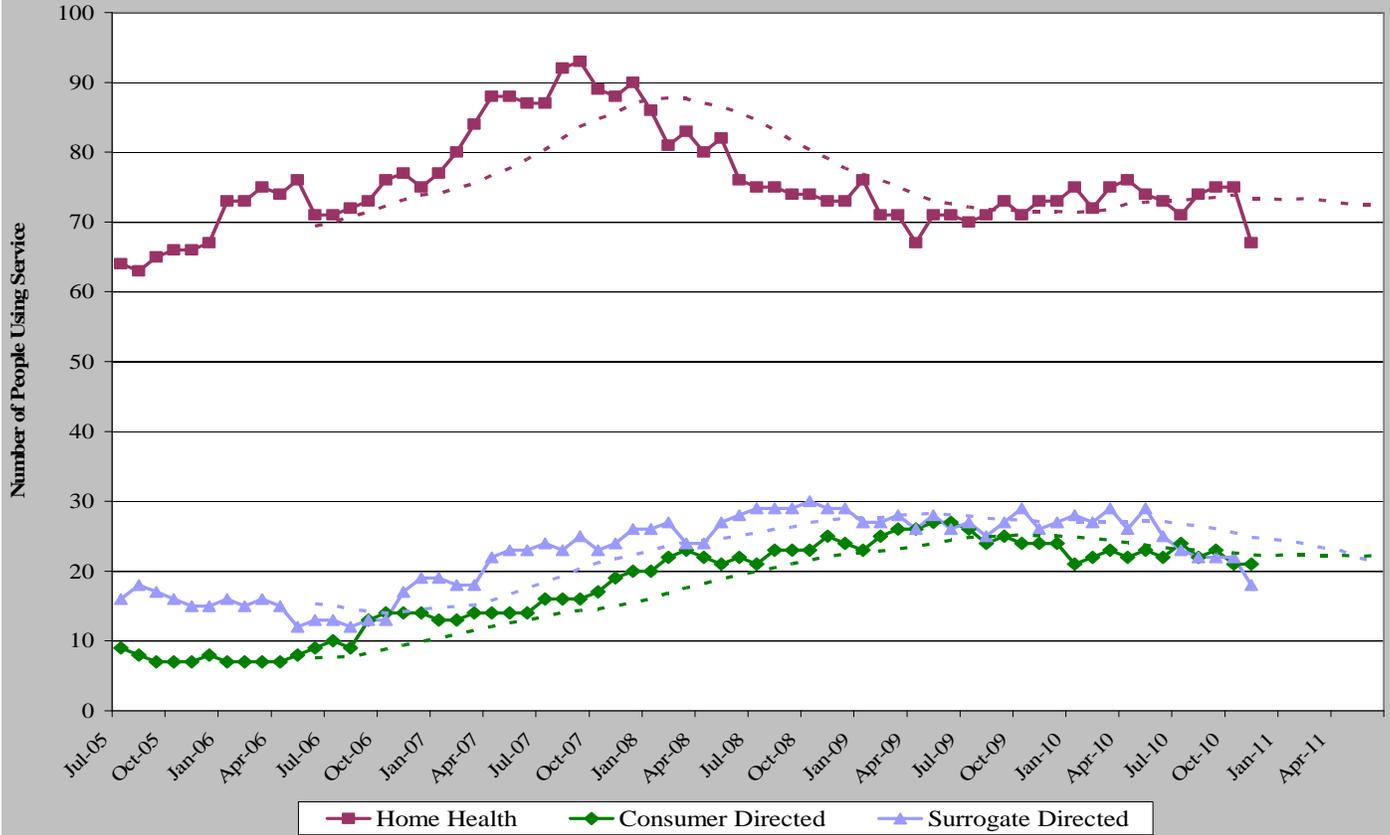
Numbers of People Receiving DDAS Services in Franklin County sfy2005 - sfy2011

data source: Medicaid paid claims by dates of service



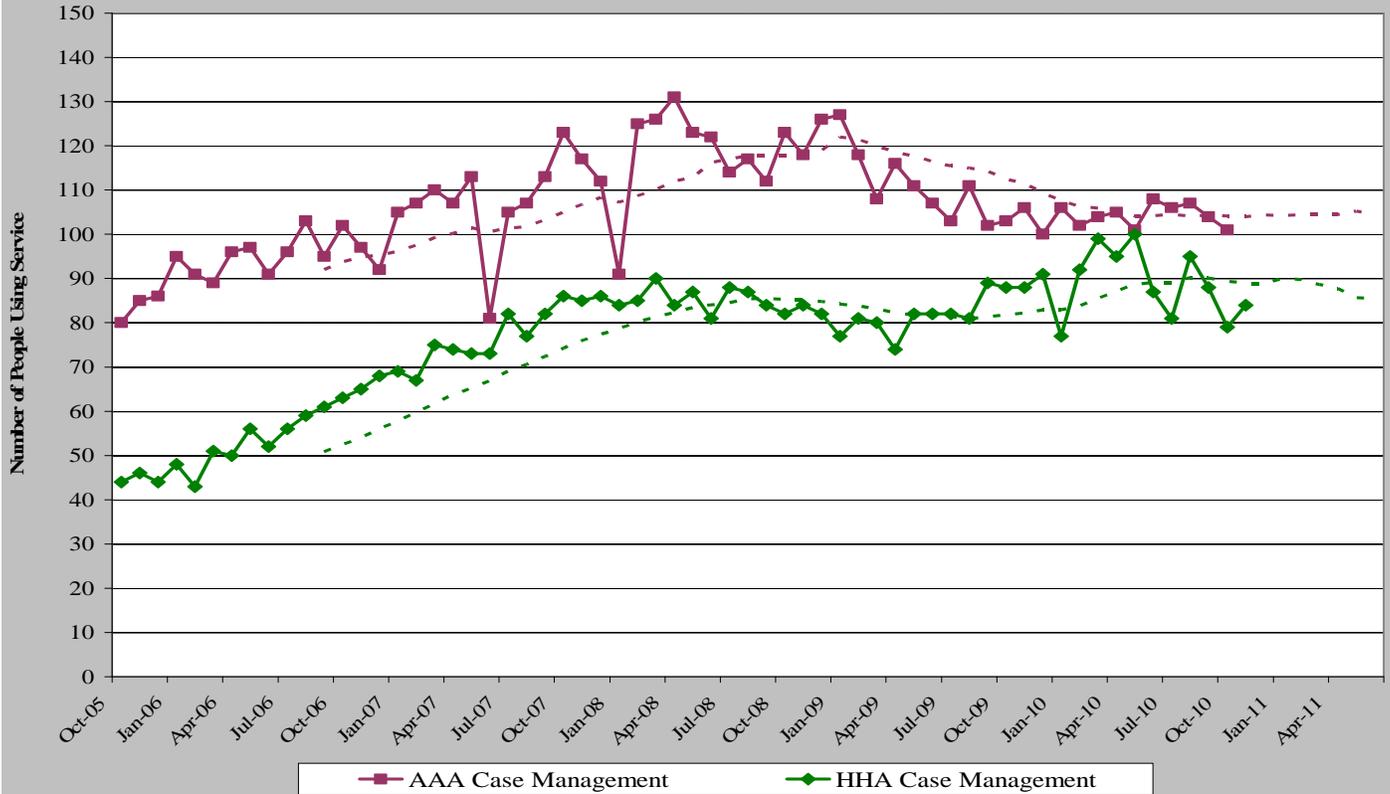
Franklin County: Choices for Care Personal Care by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



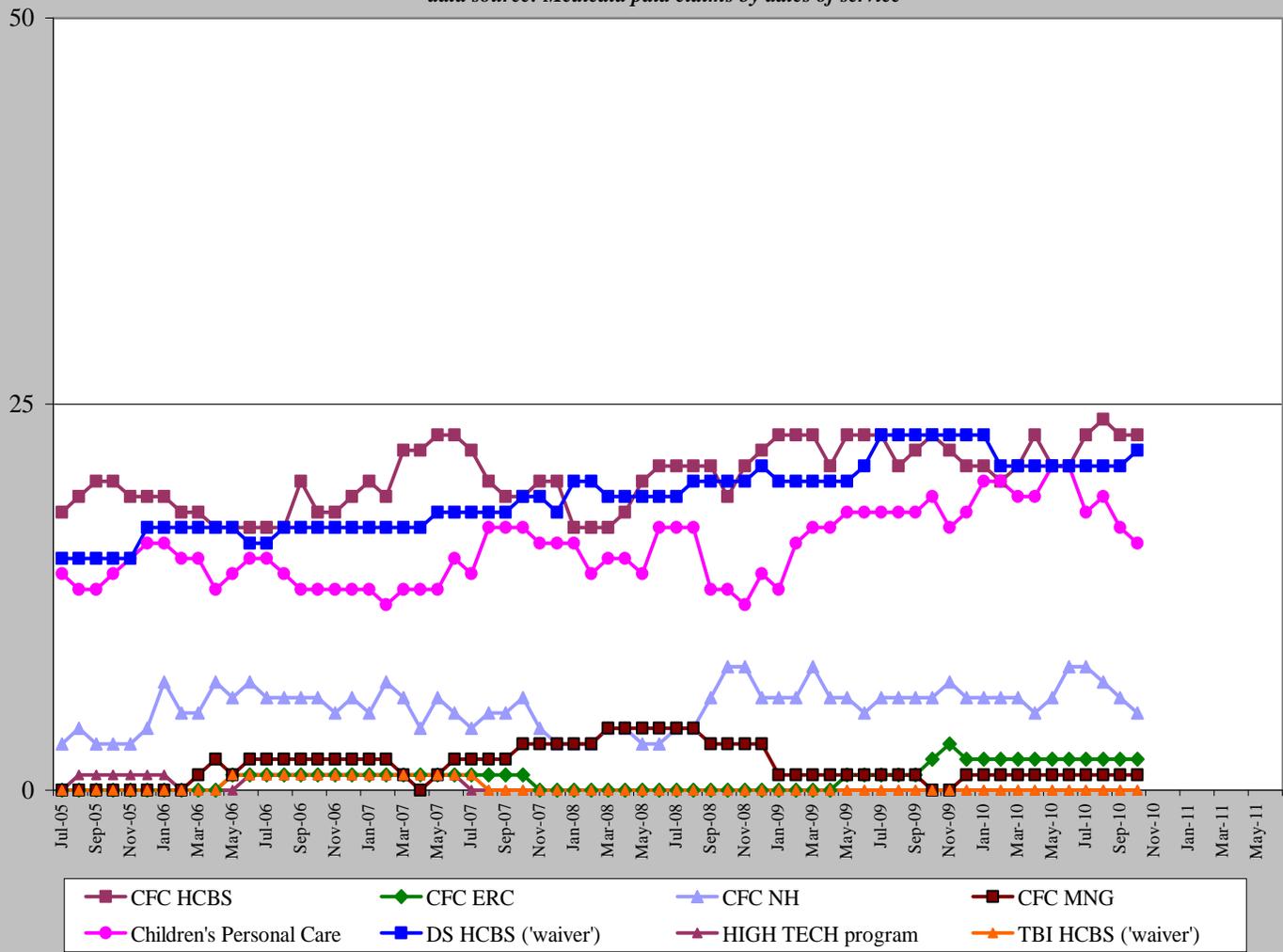
Franklin County: Choices for Care Case Management by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



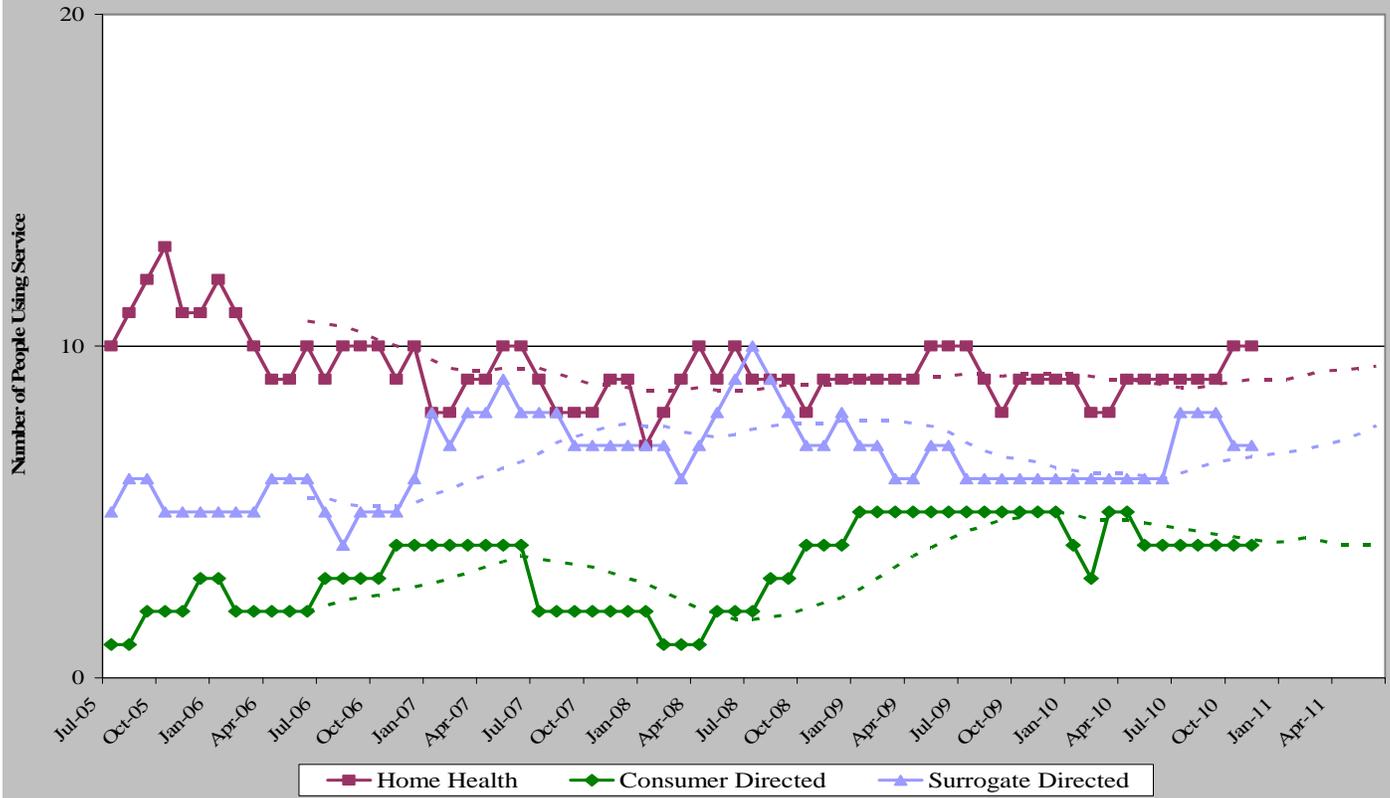
Numbers of People Receiving DDAS Services in Grand Isle County sfy2005 - sfy2011

data source: Medicaid paid claims by dates of service



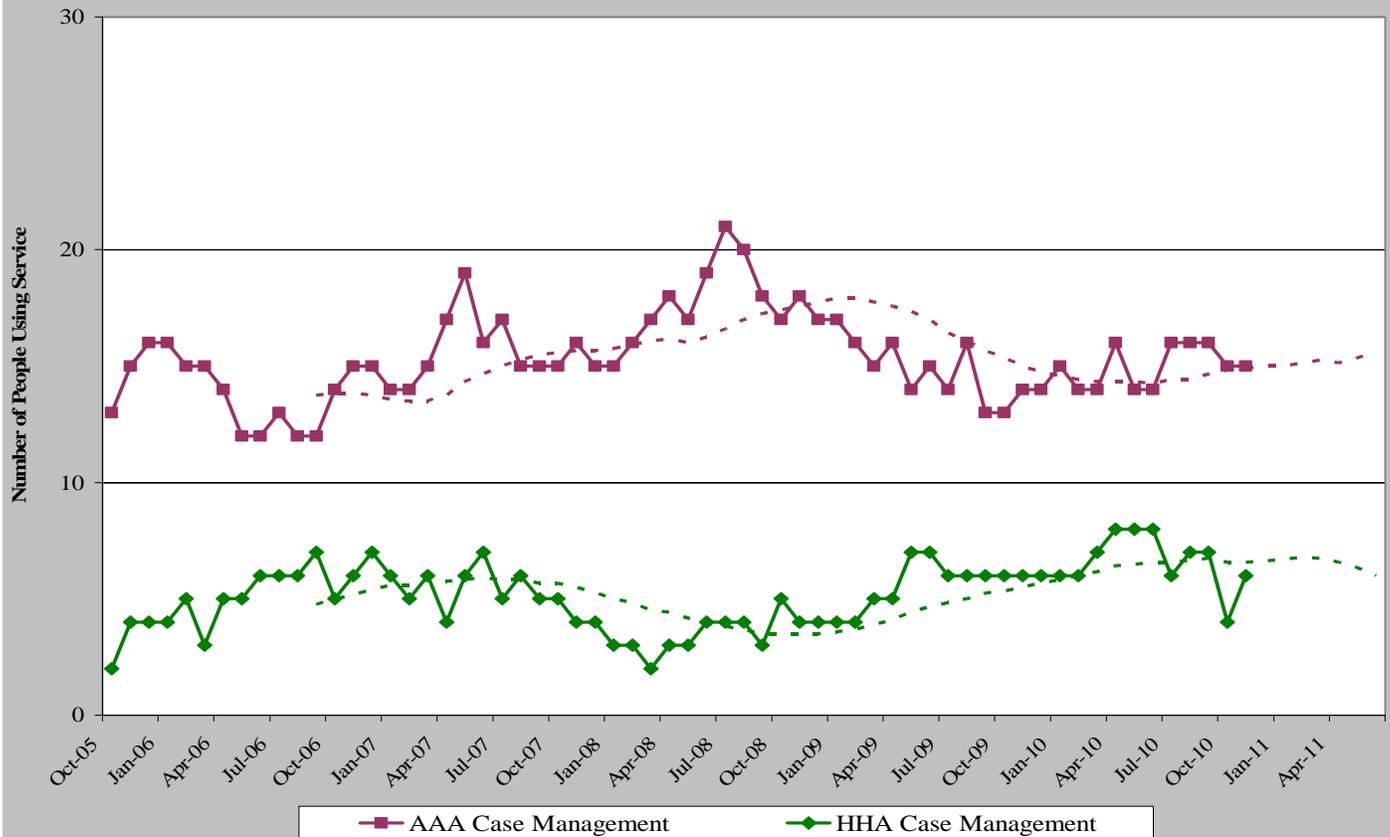
Grand Isle County: Choices for Care Personal Care by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



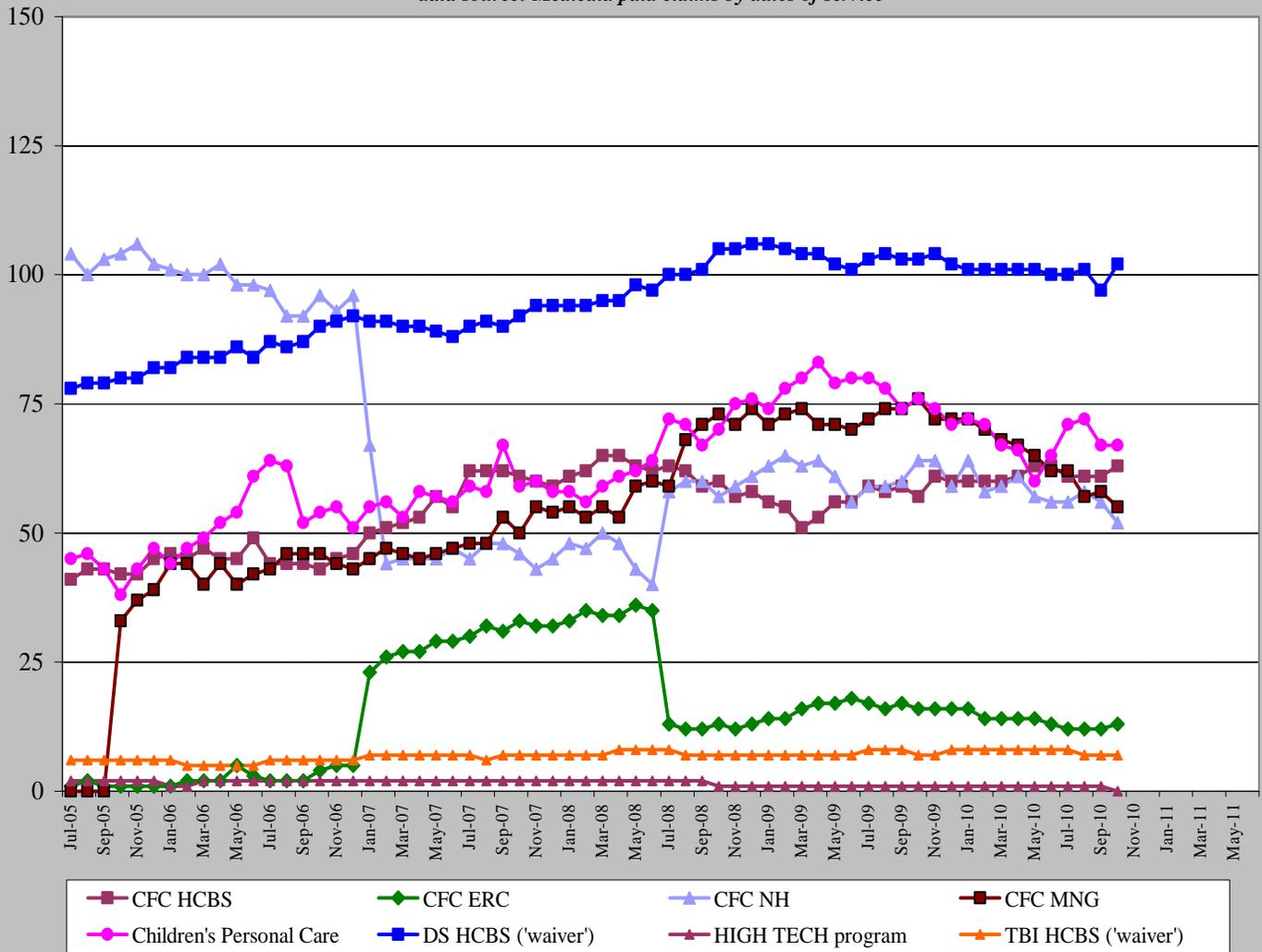
Grand Isle County: Choices for Care Case Management by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



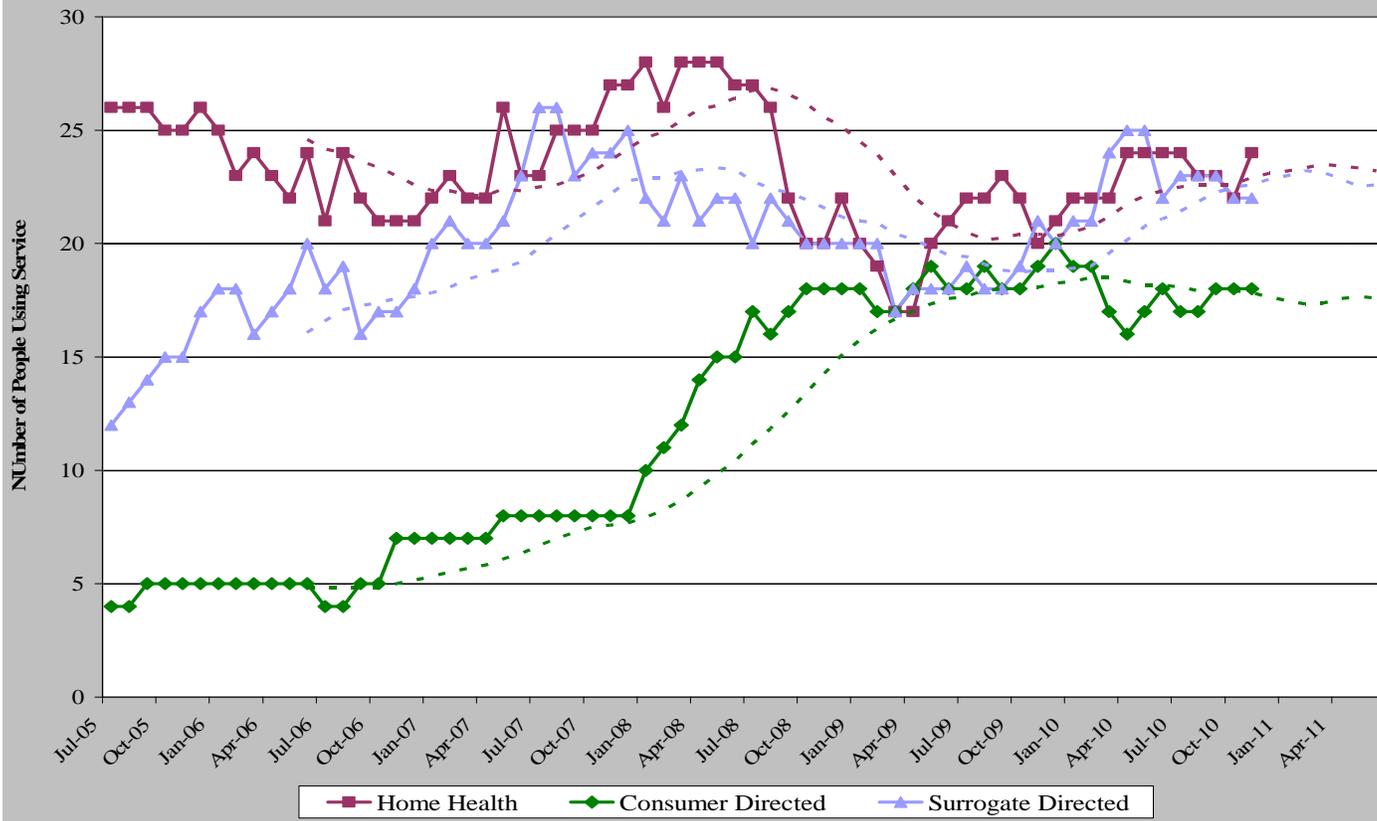
Numbers of People Receiving DDAS Services in Lamoille County sfy2005 - sfy2011

data source: Medicaid paid claims by dates of service



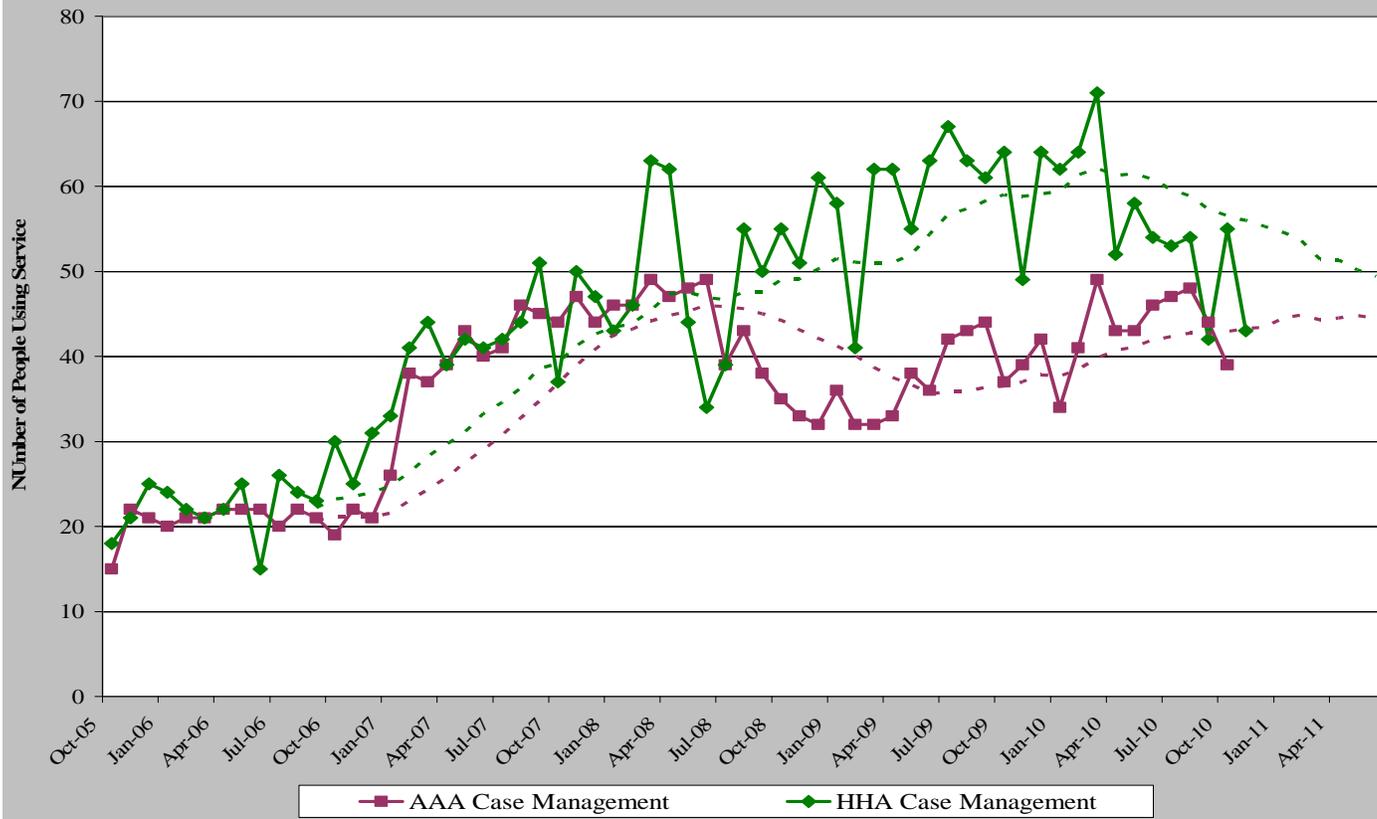
Lamoille County: Choices for Care Personal Care by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



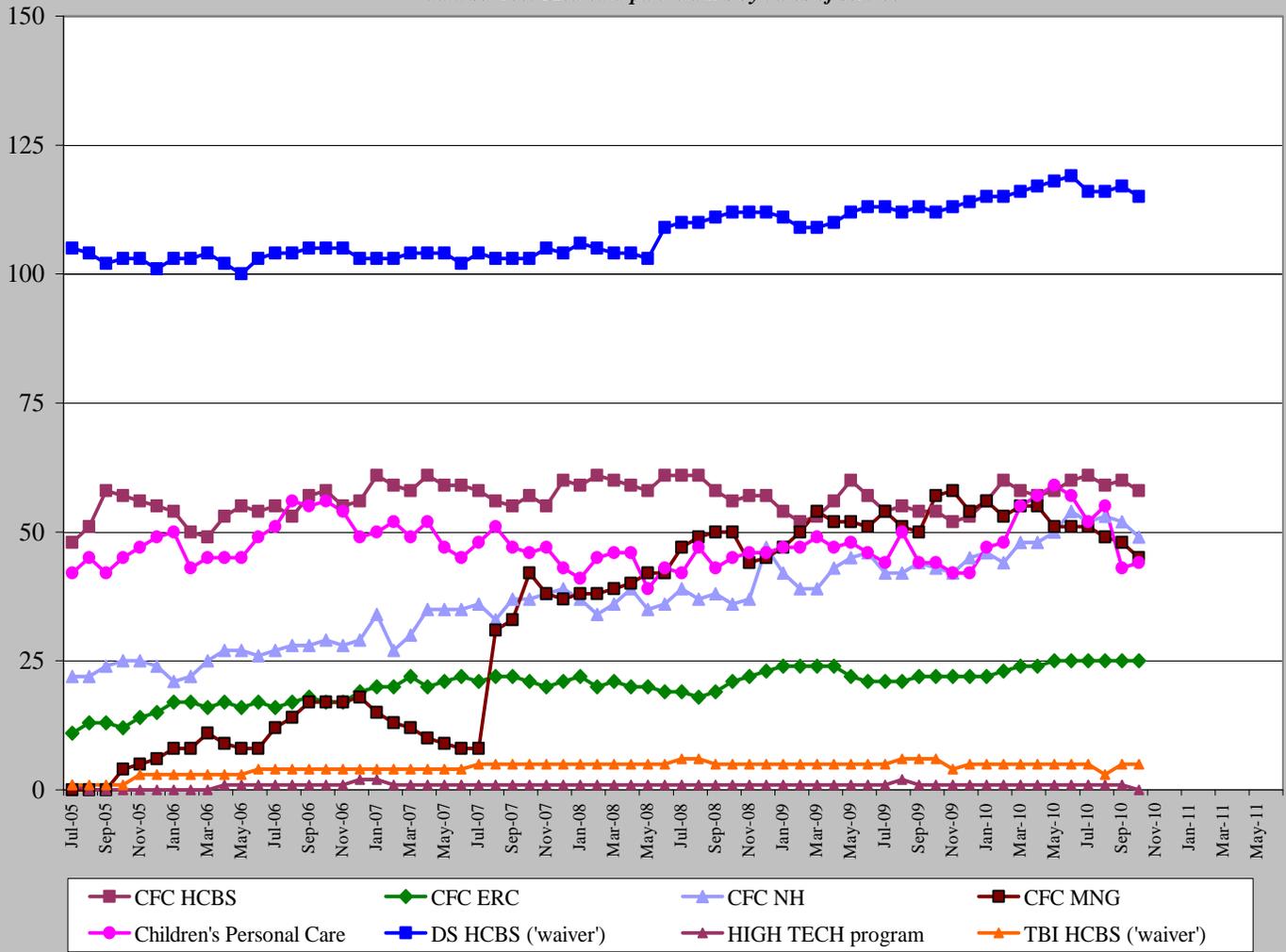
Lamoille County: Choices for Care Case Management by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



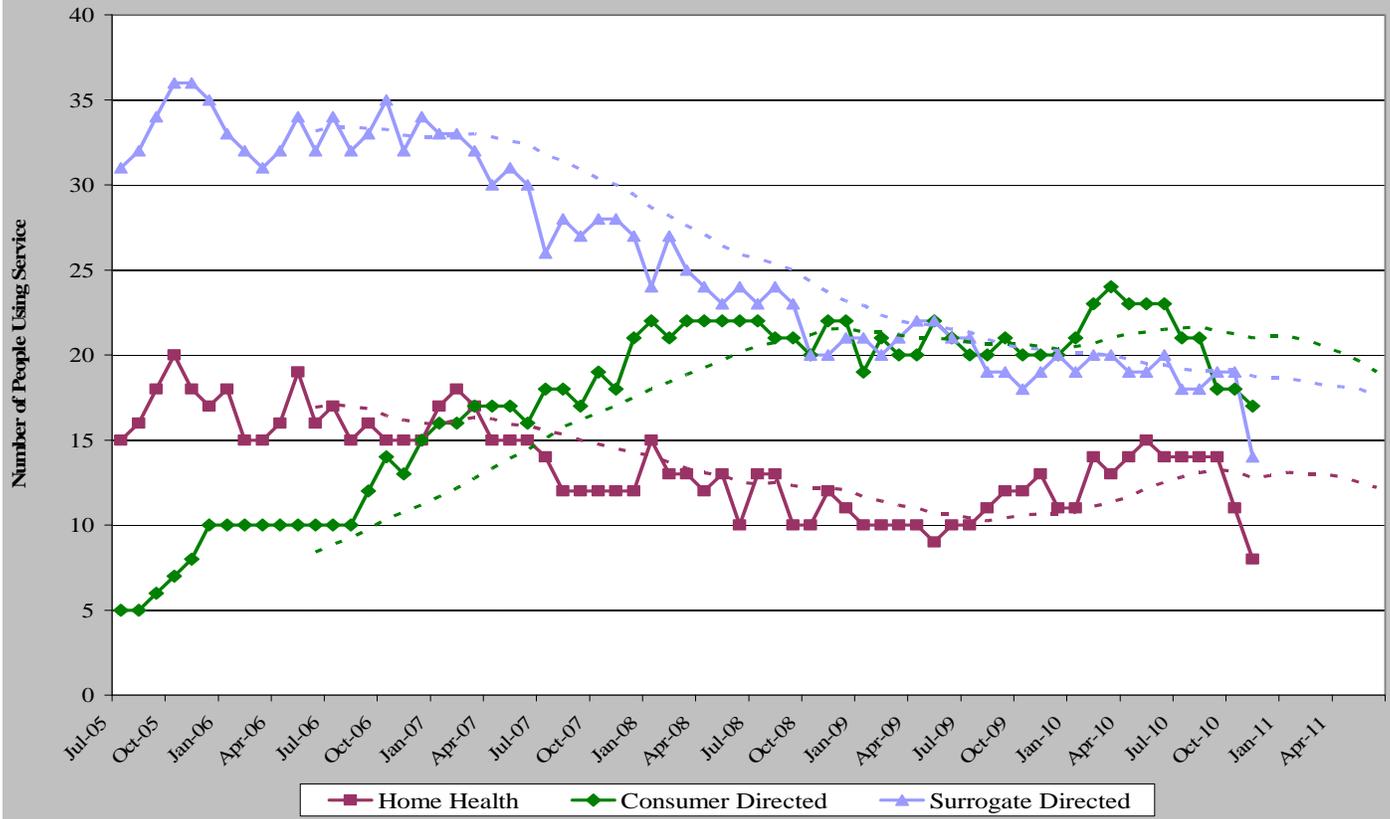
Numbers of People Receiving DDAS Services in Orange County sfy2005 - sfy2011

data source: Medicaid paid claims by dates of service



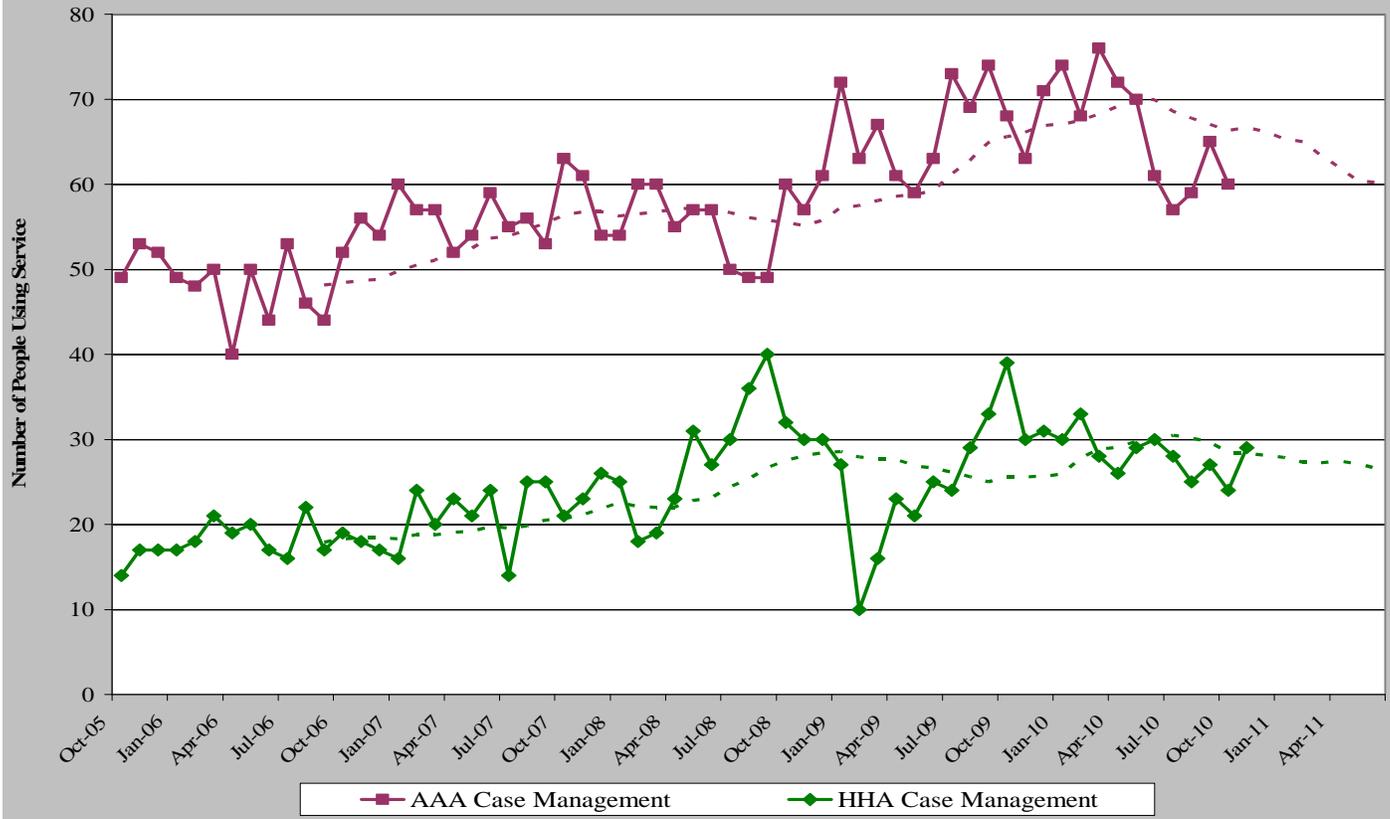
Orange County: Choices for Care Personal Care by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



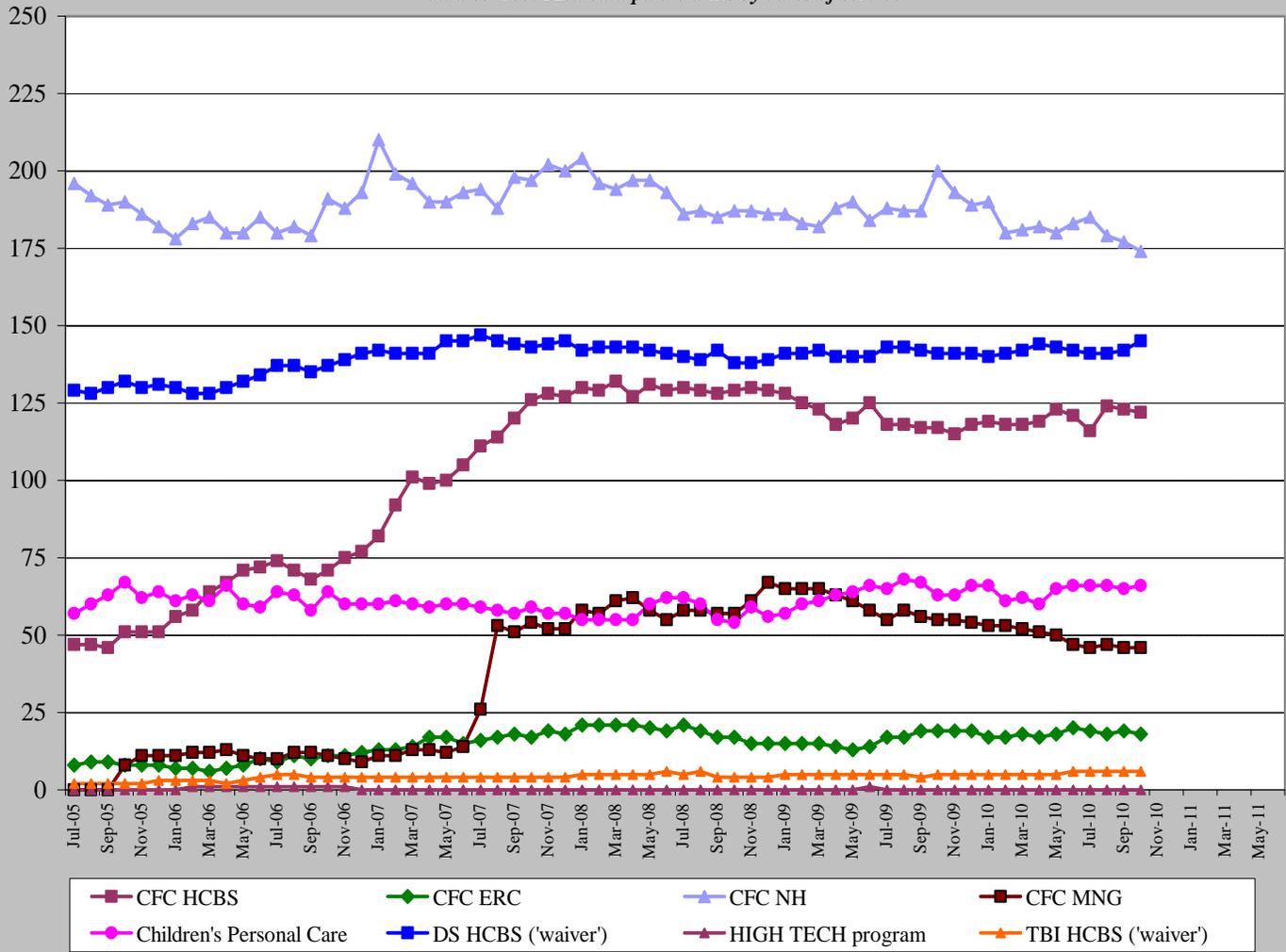
Orange County: Choices for Care Case Management by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



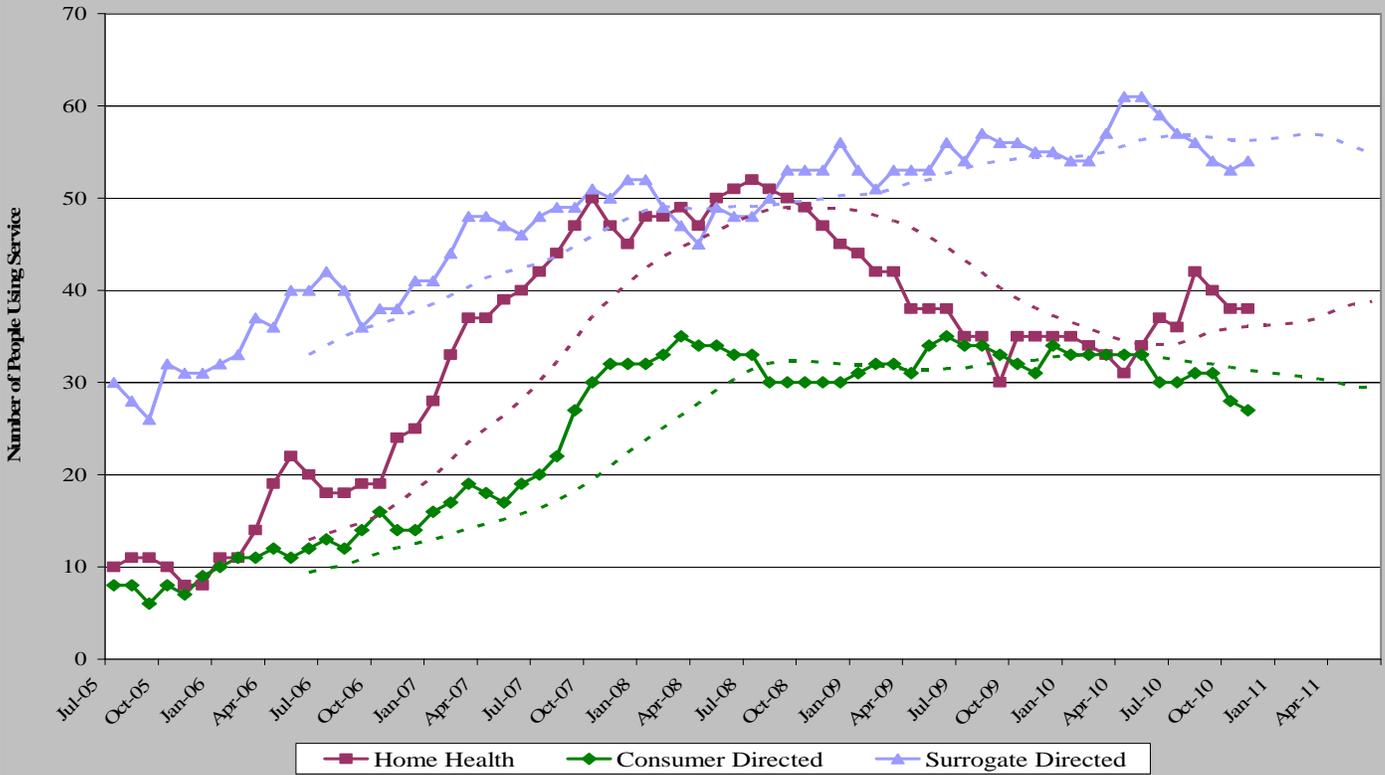
Numbers of People Receiving DDAS Services in Orleans County sfy2005 - sfy2011

data source: Medicaid paid claims by dates of service



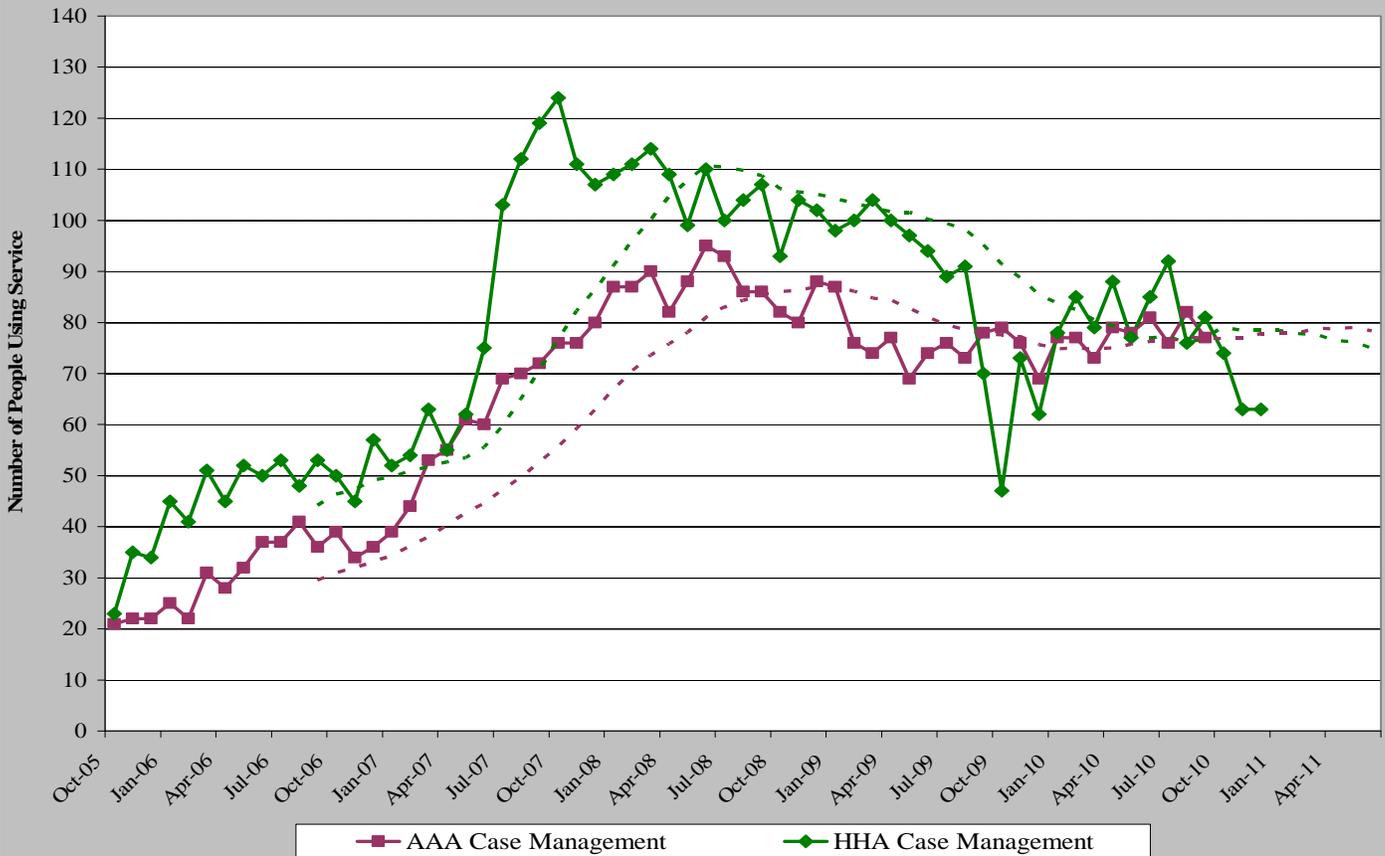
Orleans County: Choices for Care Personal Care by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



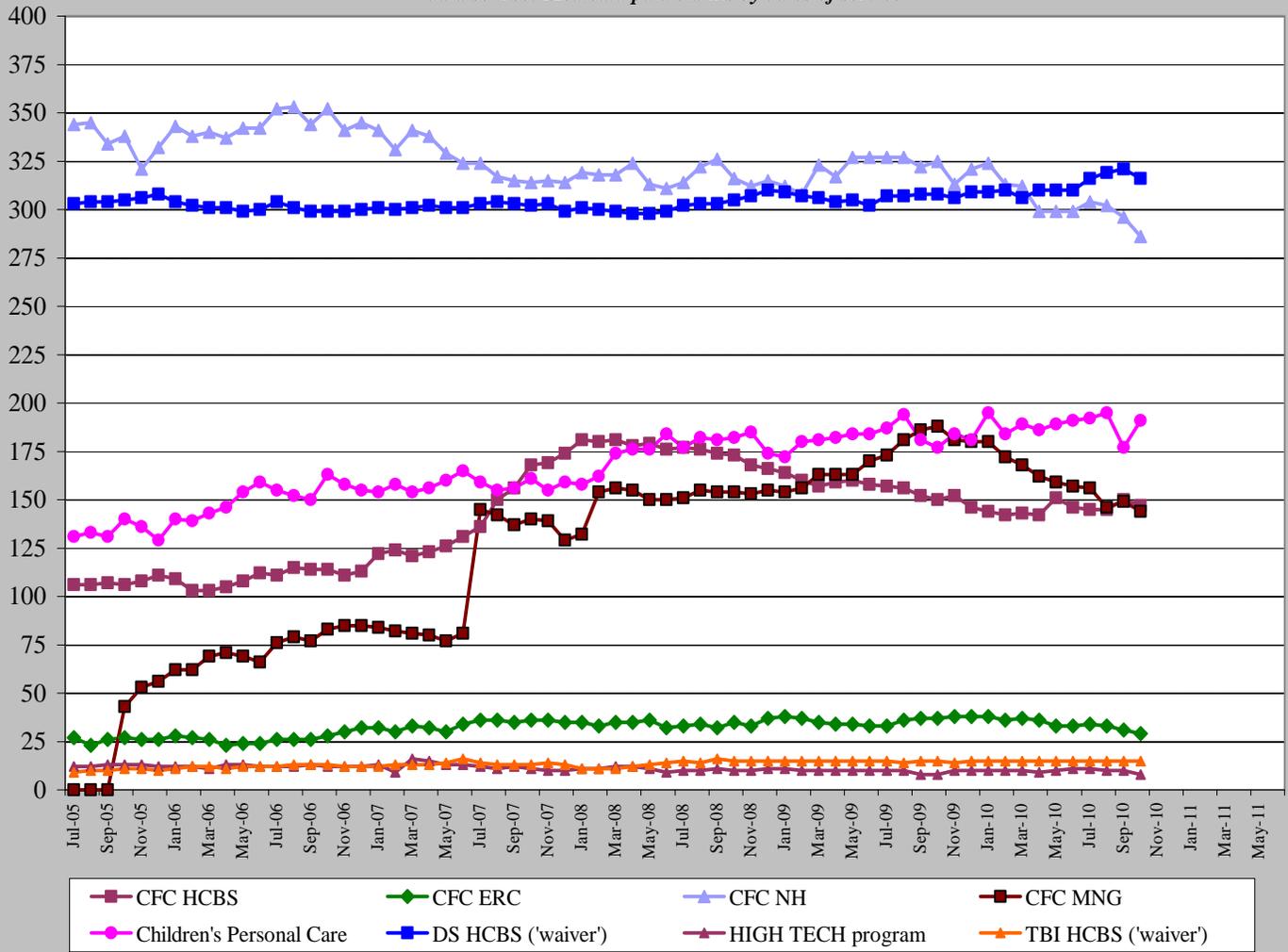
Orleans County: Choices for Care Case Management by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



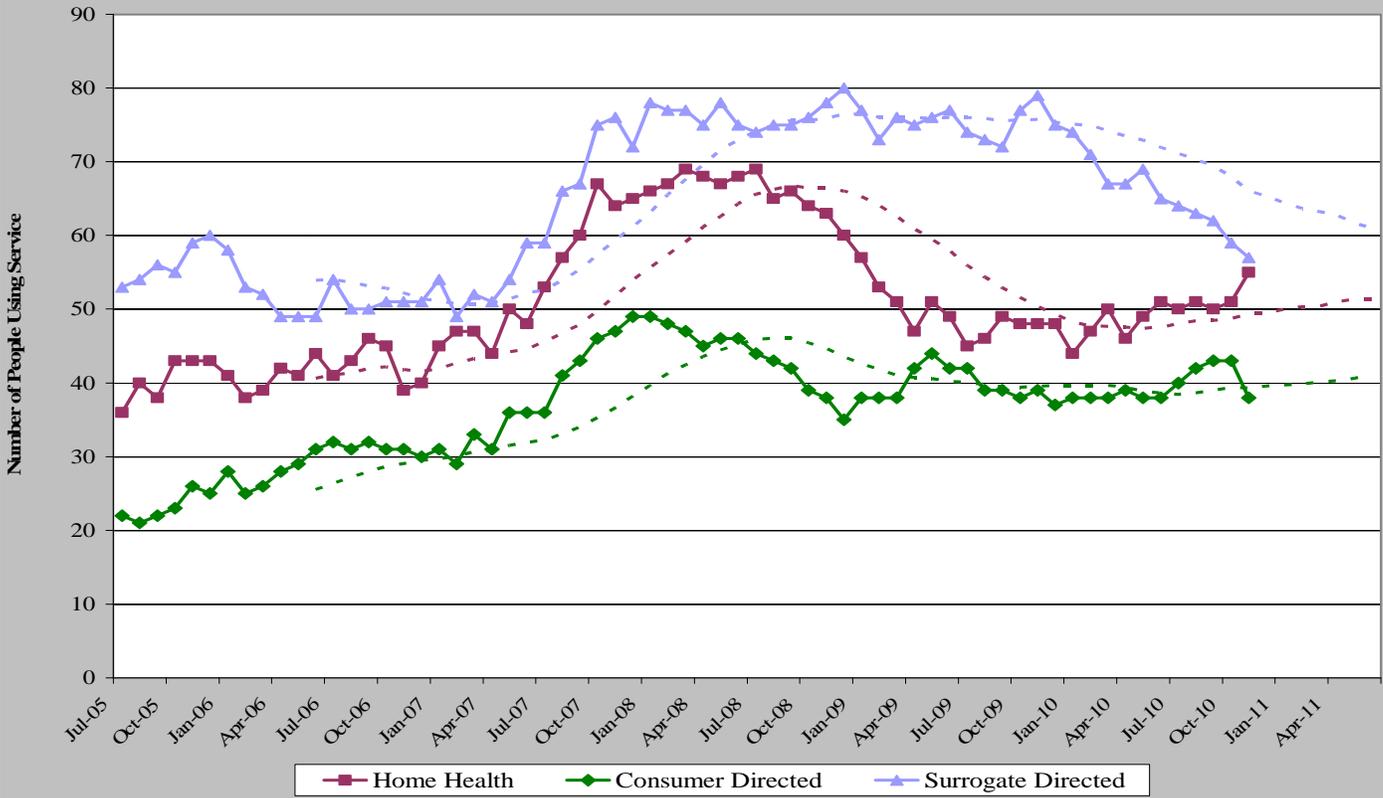
Numbers of People Receiving DDAS Services in Rutland County sfy2005 - sfy2011

data source: Medicaid paid claims by dates of service



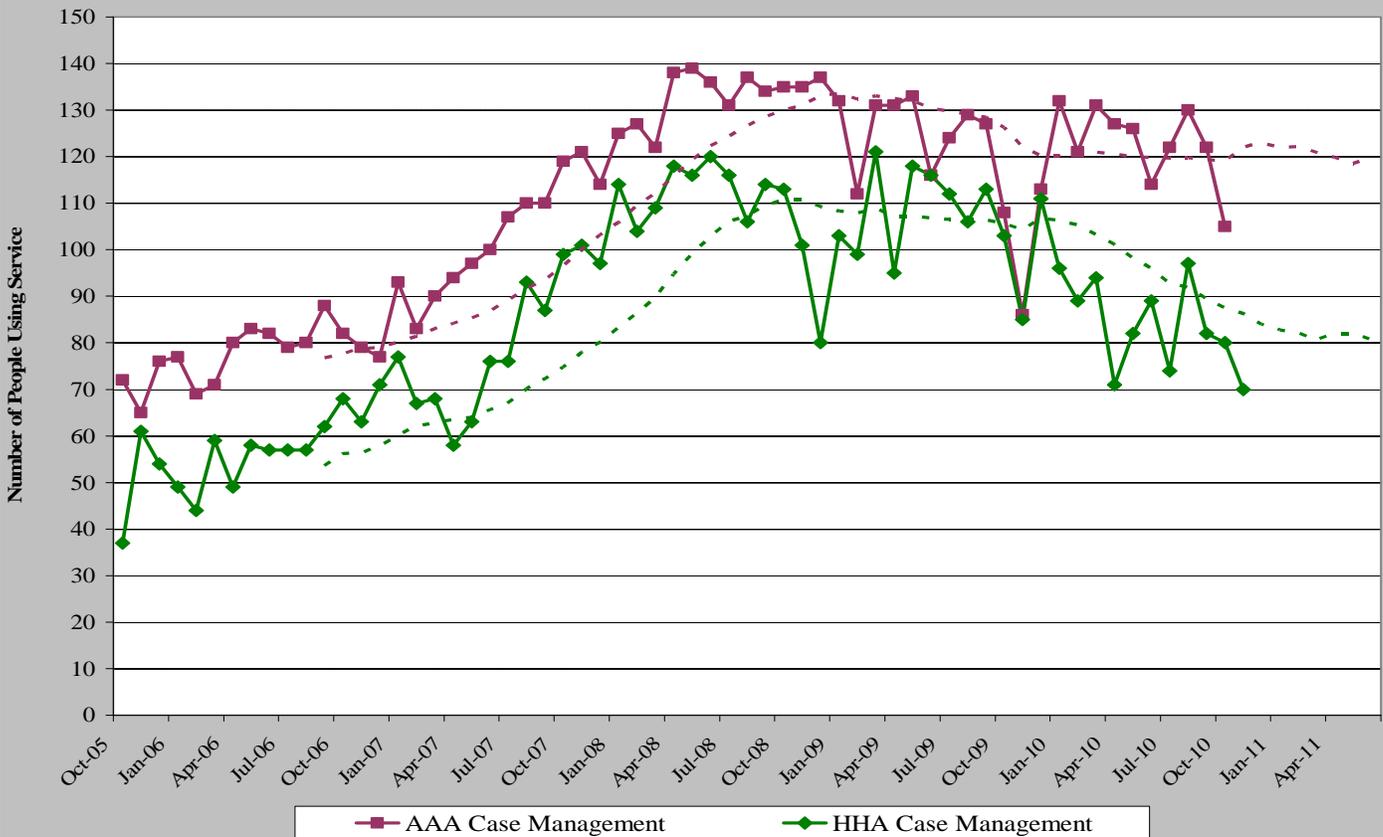
Rutland County: Choices for Care Personal Care by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



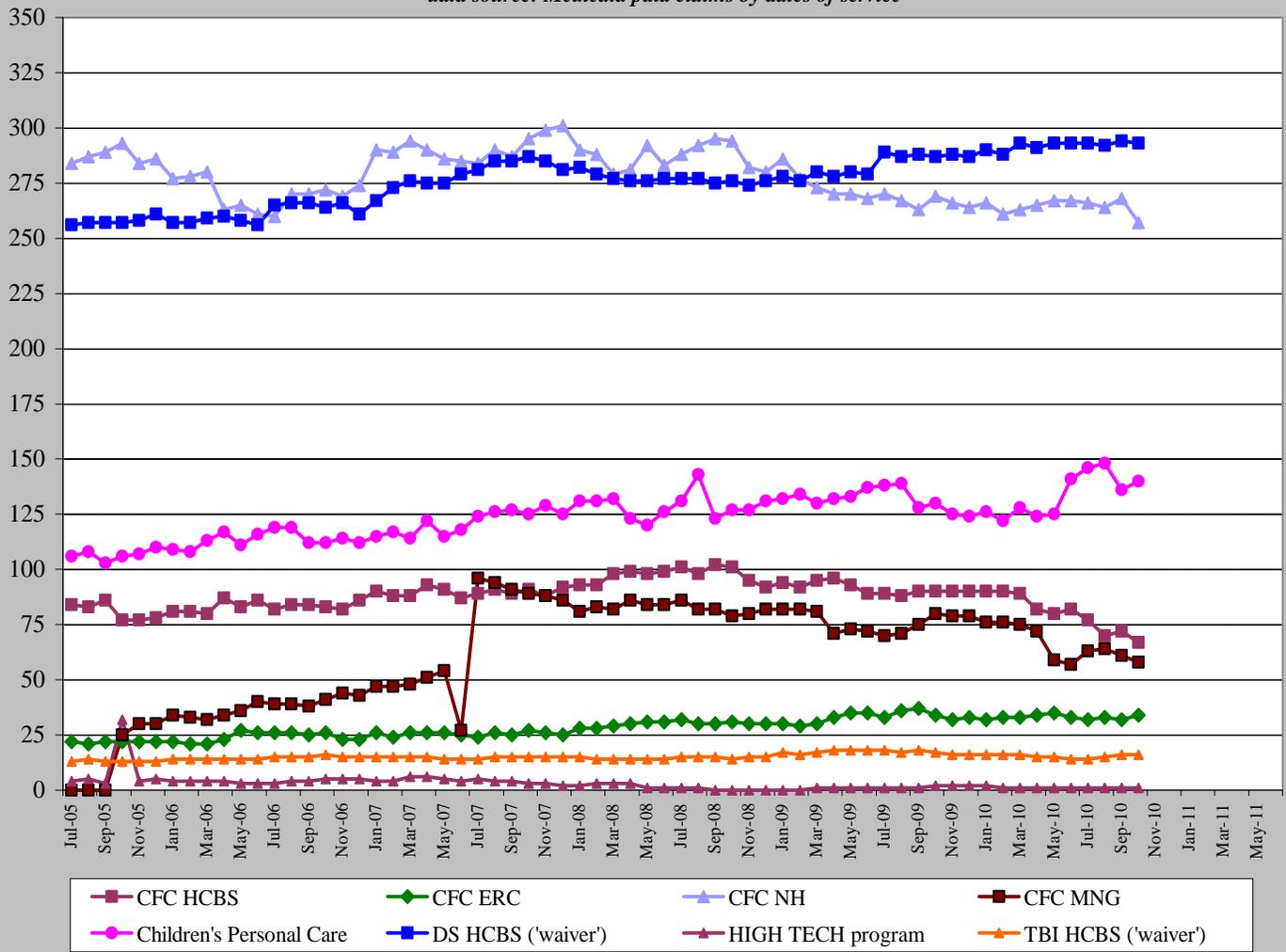
Rutland County: Choices for Care Case Management by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



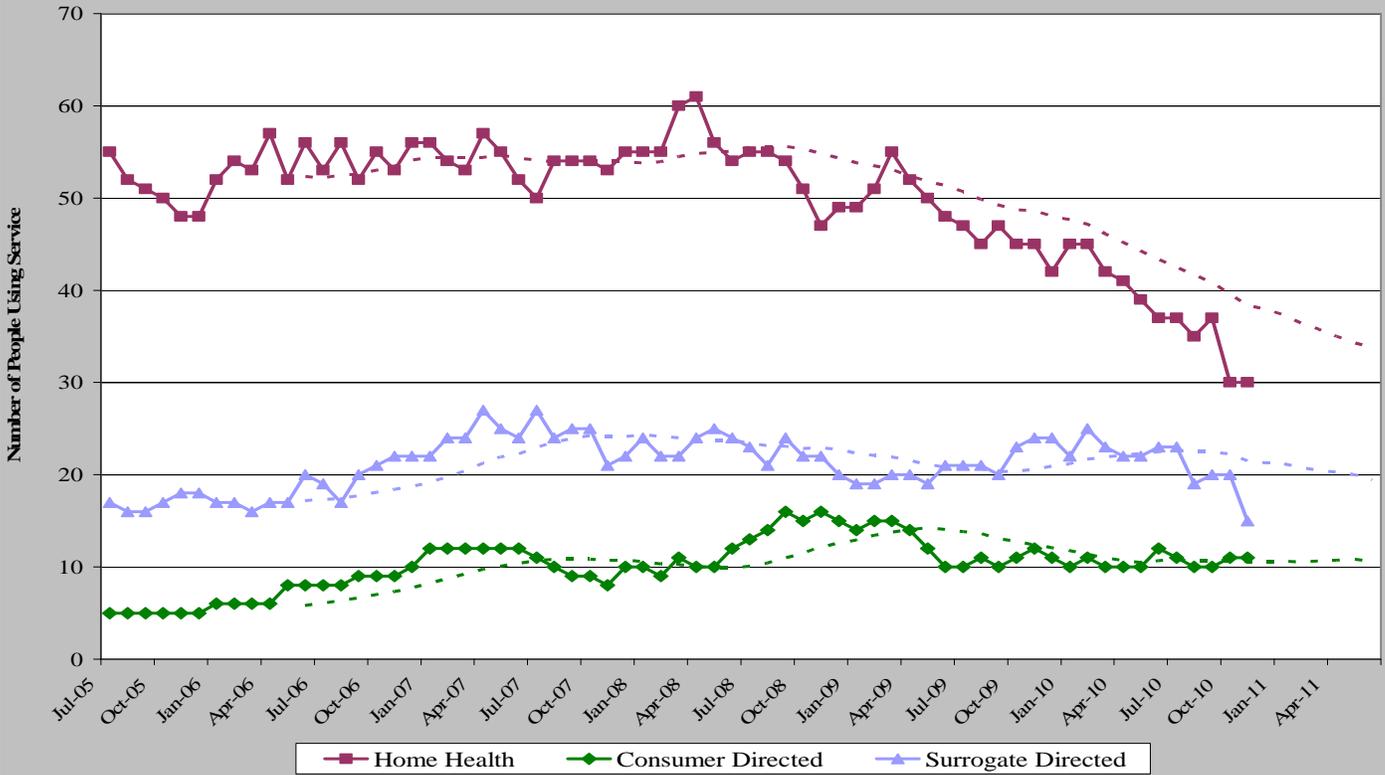
Numbers of People Receiving DDAS Services in Washington County sfy2005 - sfy2011

data source: Medicaid paid claims by dates of service



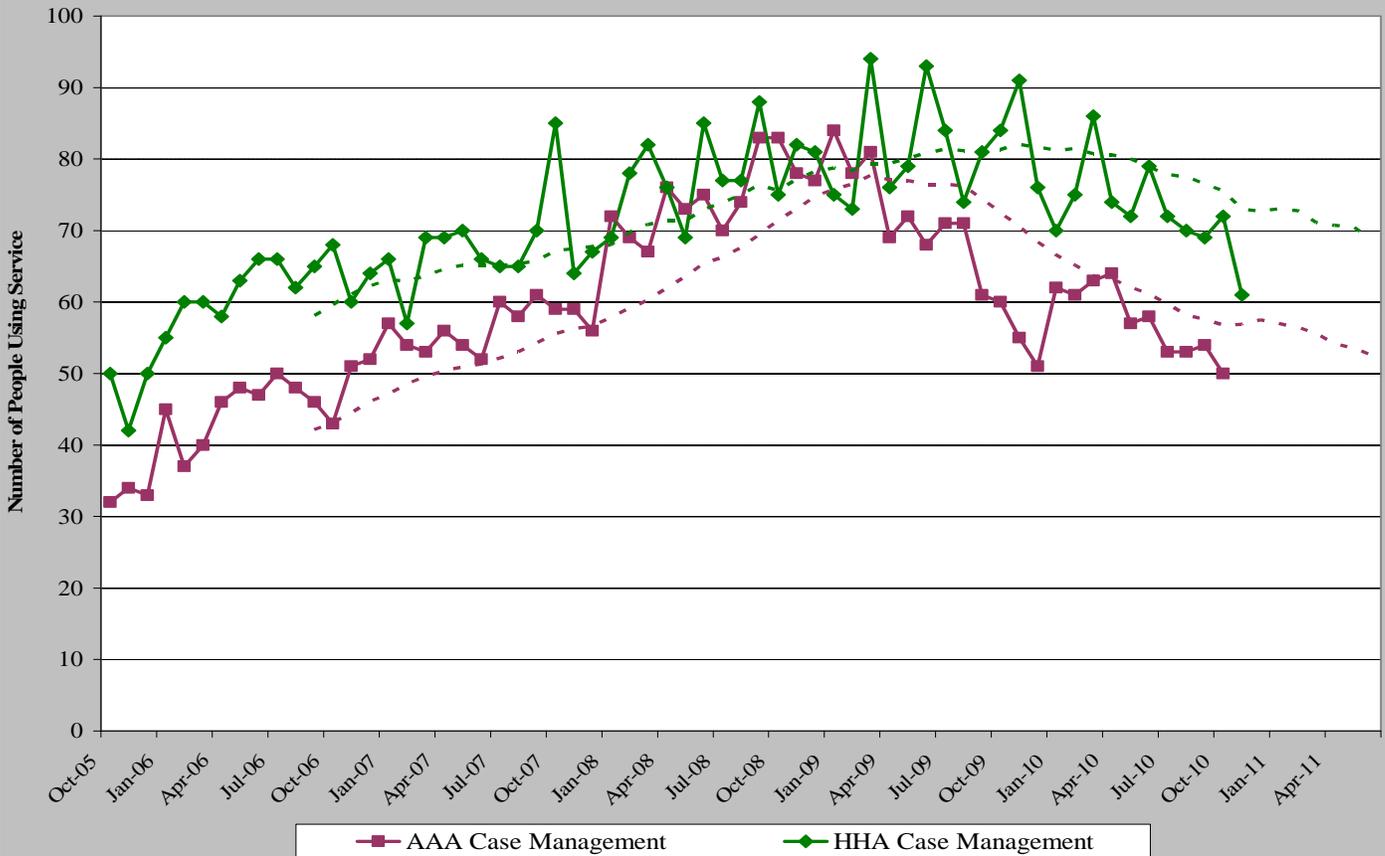
Washington County: Choices for Care Personal Care by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



Washington County: Choices for Care Case Management by Type, sfy2005 - sfy2011

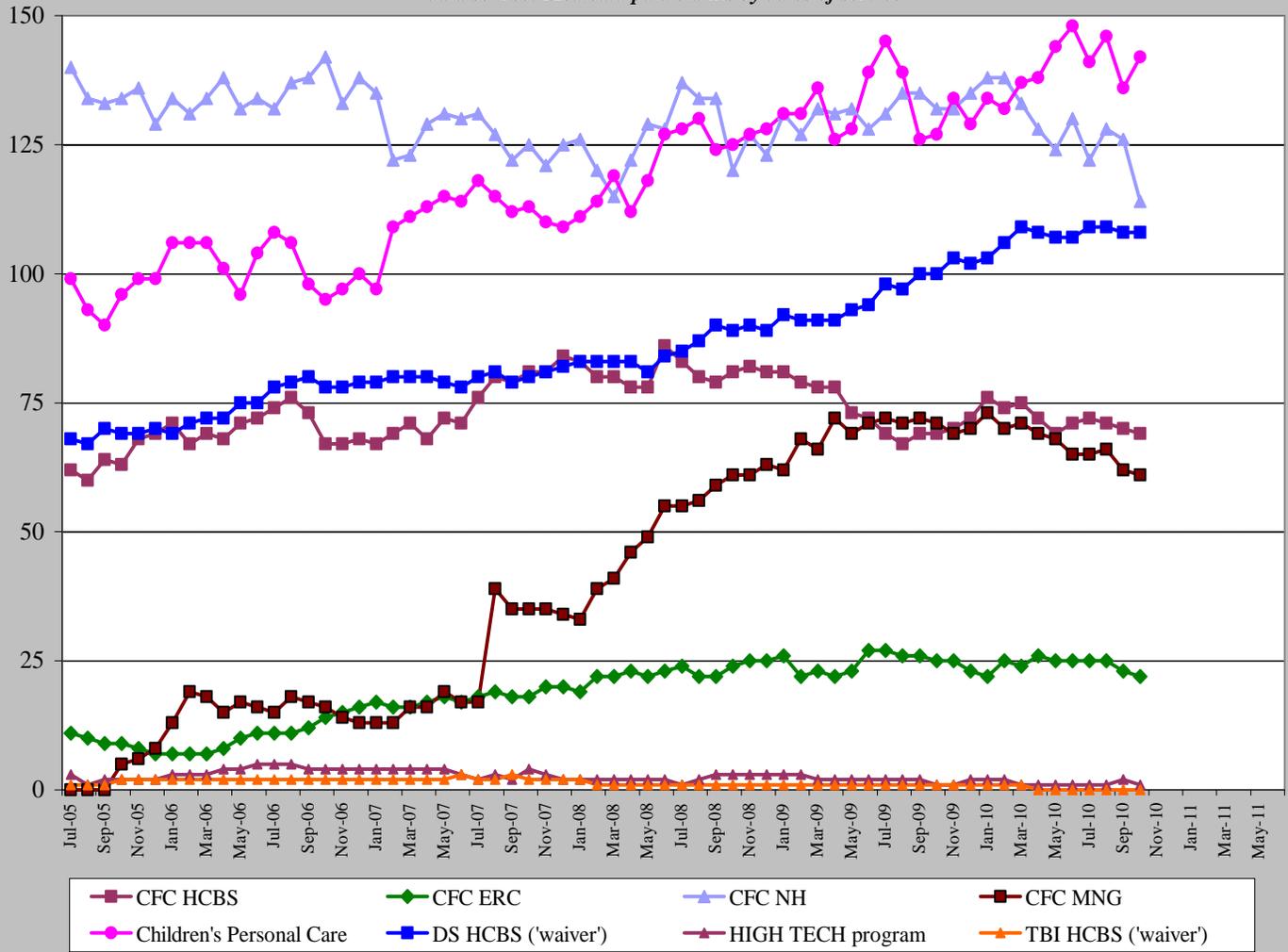
data source: paid claims by dates of service



Numbers of People Receiving DDAS Services in Windham County

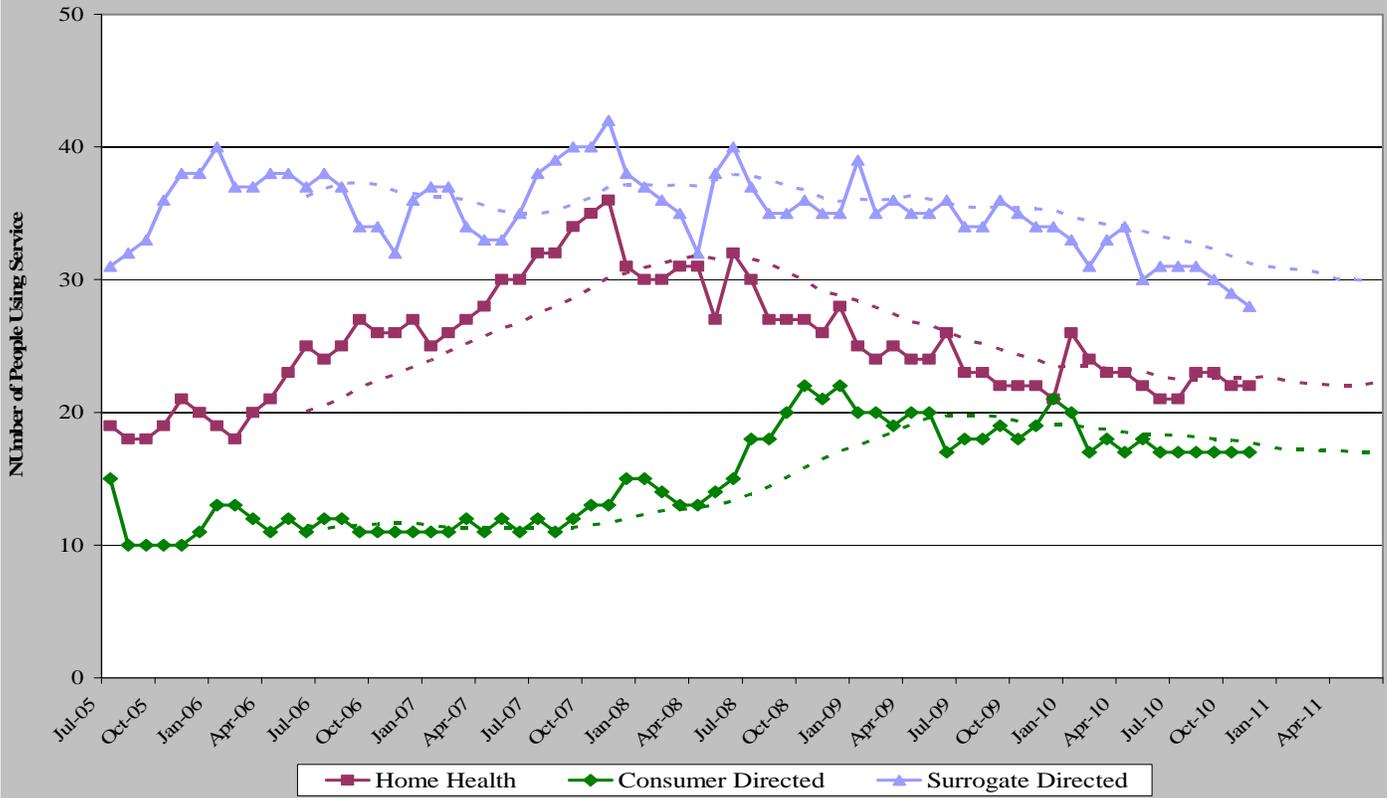
sfy2005 - sfy2011

data source: Medicaid paid claims by dates of service



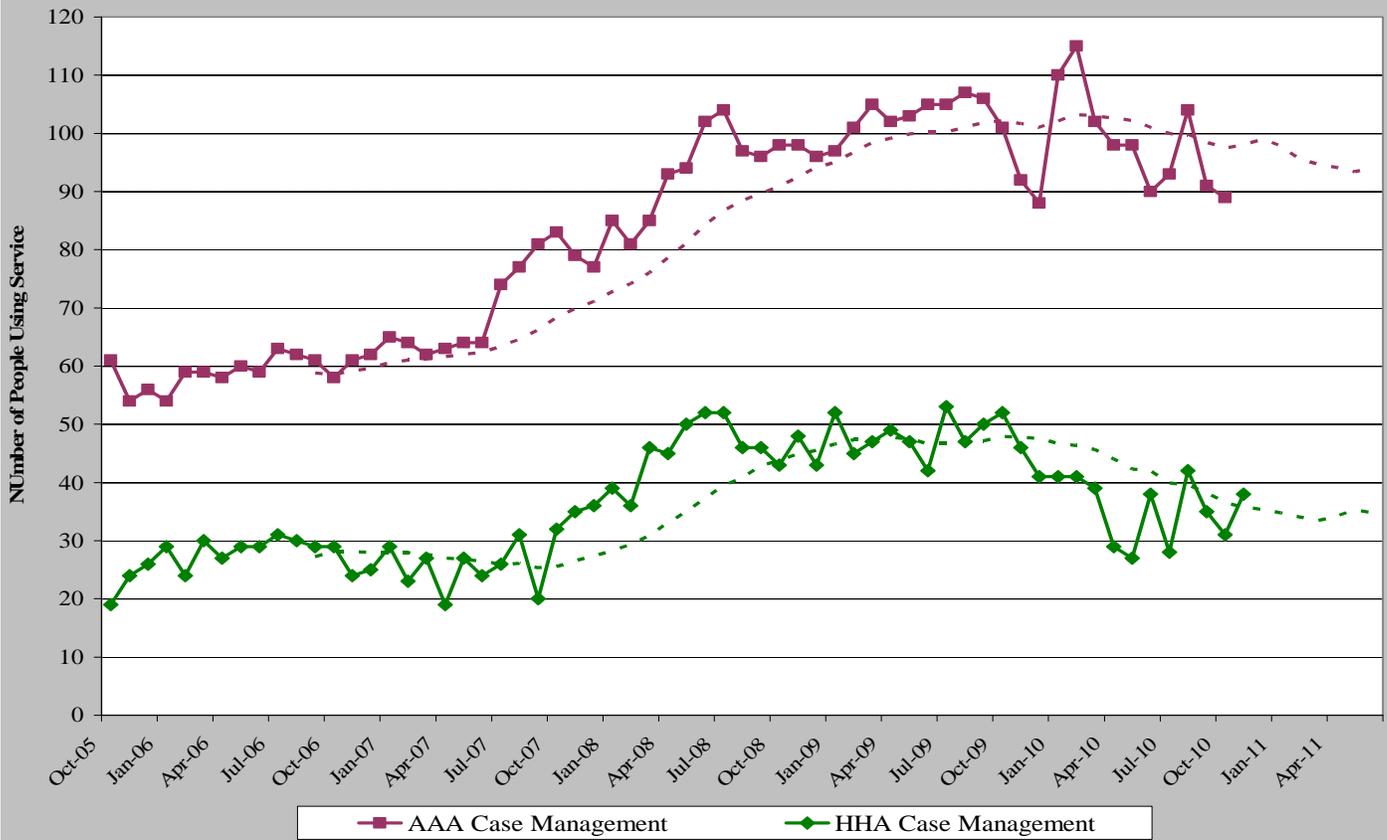
Windham County: Choices for Care Personal Care by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



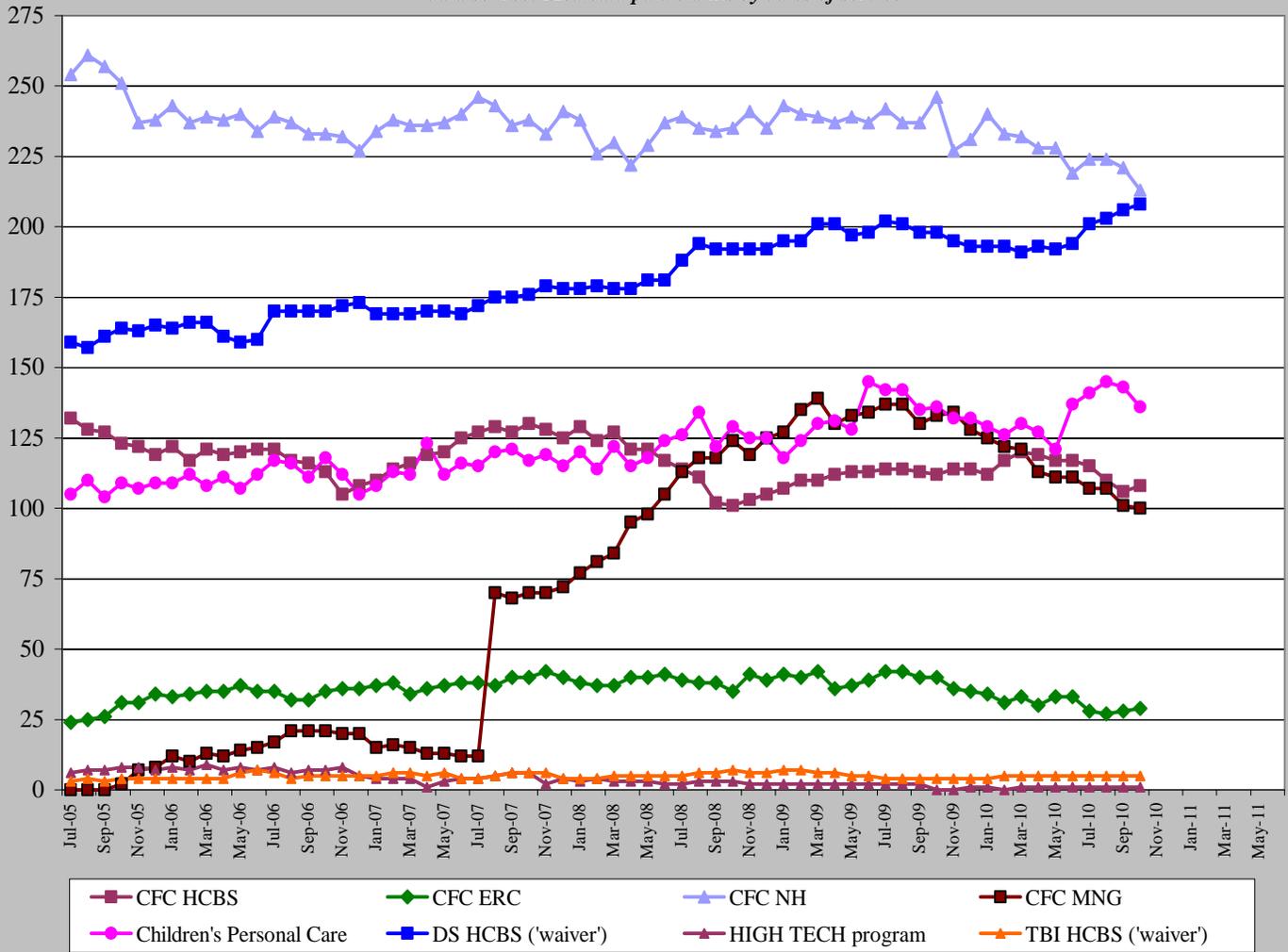
Windham County: Choices for Care Case Management by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



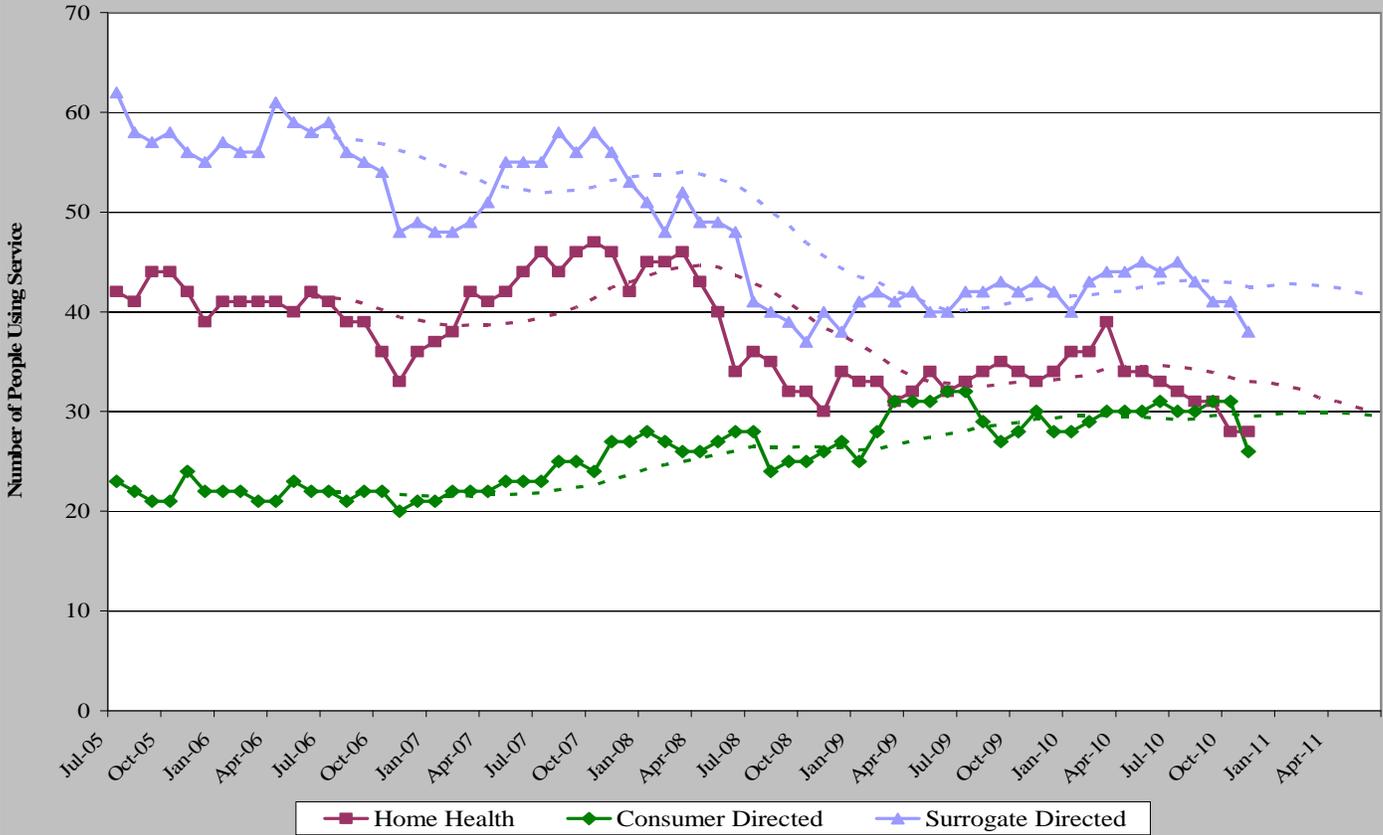
Numbers of People Receiving DDAS Services in Windsor County sfy2005 - sfy2011

data source: Medicaid paid claims by dates of service



Windsor County: Choices for Care Personal Care by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



Windsor County: Choices for Care Case Management by Type, sfy2005 - sfy2011

data source: paid claims by dates of service

