



Choices for Care

Quarterly Data Report

April 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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Note:

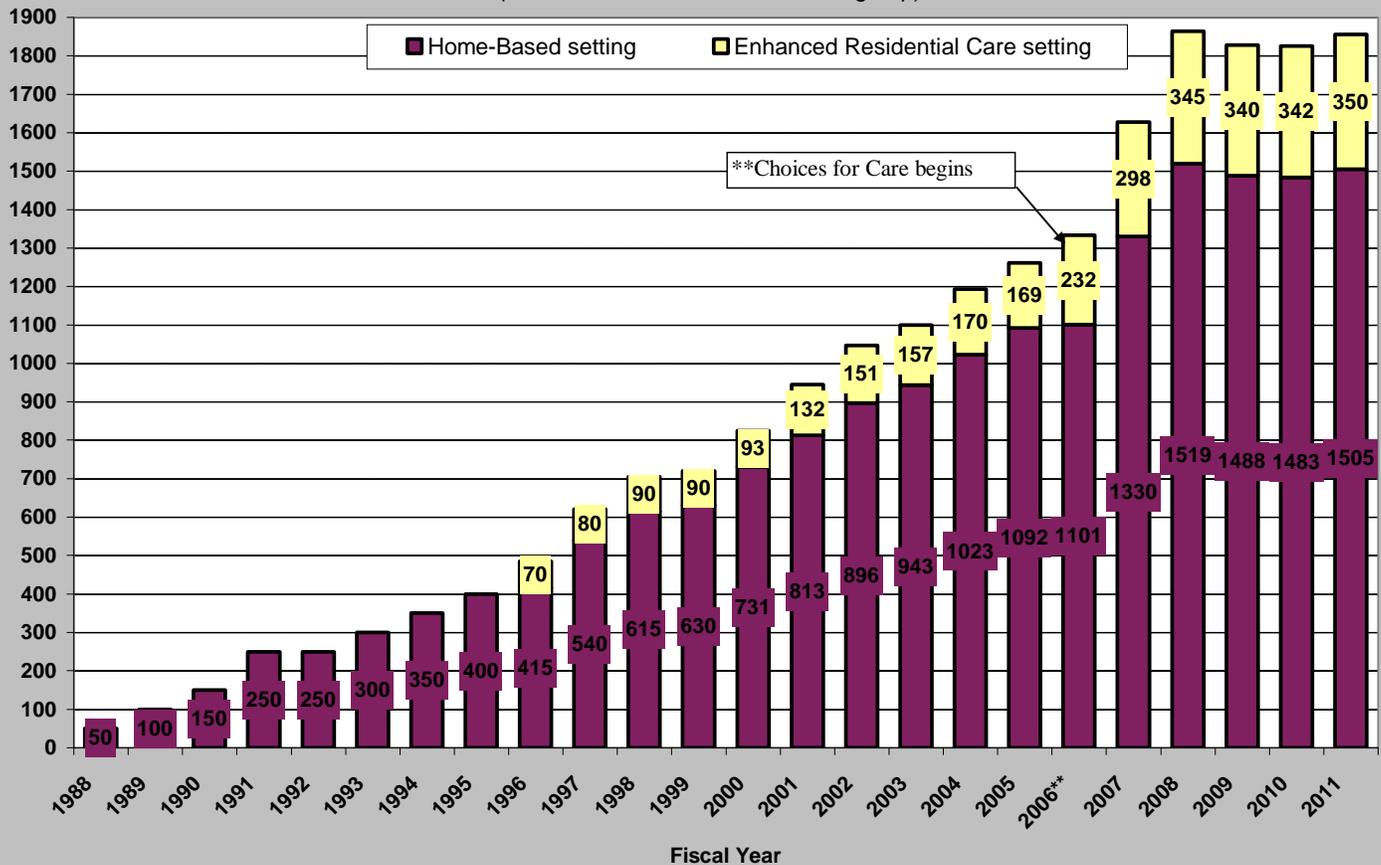
Vermont tracks a variety of process and reviews outcomes in a variety of areas in order to manage the Choices for Care Waiver. These include, but are not limited to:

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)



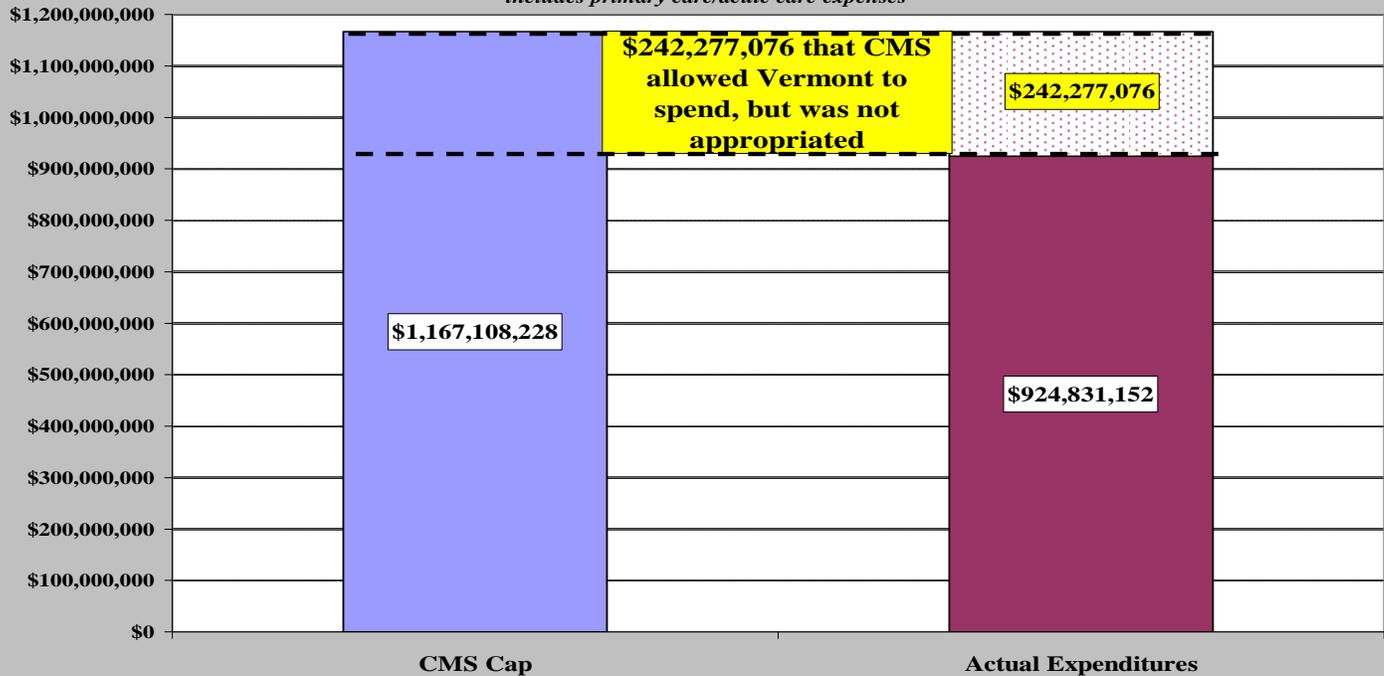
Data source: DAIL/DDAS databases

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.

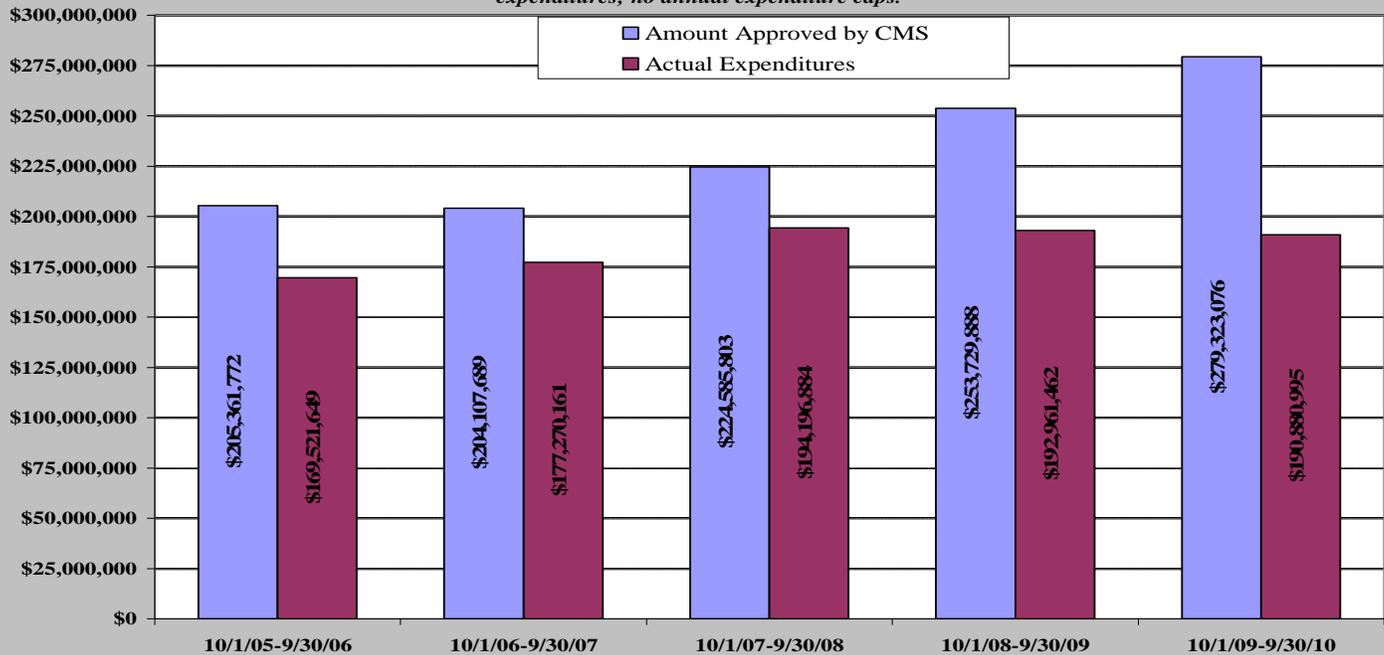
Choices for Care: CMS Expenditure Limit and Actual Expenses Waiver Years 1 through 5 (2005- 2010)

includes primary care/acute care expenses



Choices for Care: Estimated Expenses Approved by CMS and Actual Expenditures, WY2006-WY2010

Includes primary care/acute care expenses. CMS expenditure cap of \$1,167,108,228 is for five year aggregate expenditures; no annual expenditure caps.

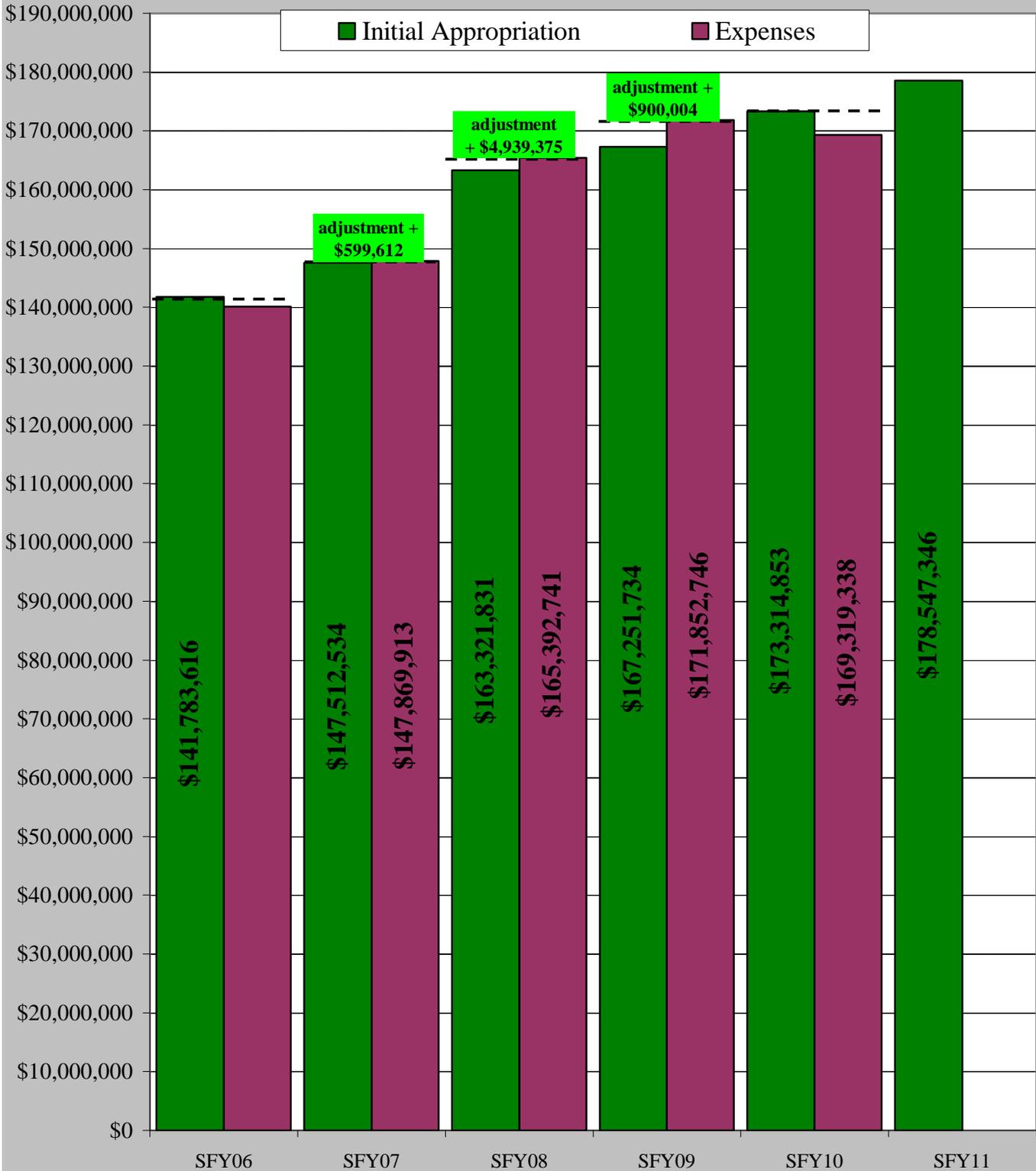


Data source: CMS approval documents, DAIL Business Office

The graphs on this page and the next page show the relationships between the approved CMS expenditure limit, state budget allocations, and actual expenditures. In all six years, the state appropriations were less than allowed by CMS. In three of five complete fiscal years, expenses exceeded the initial state appropriations.

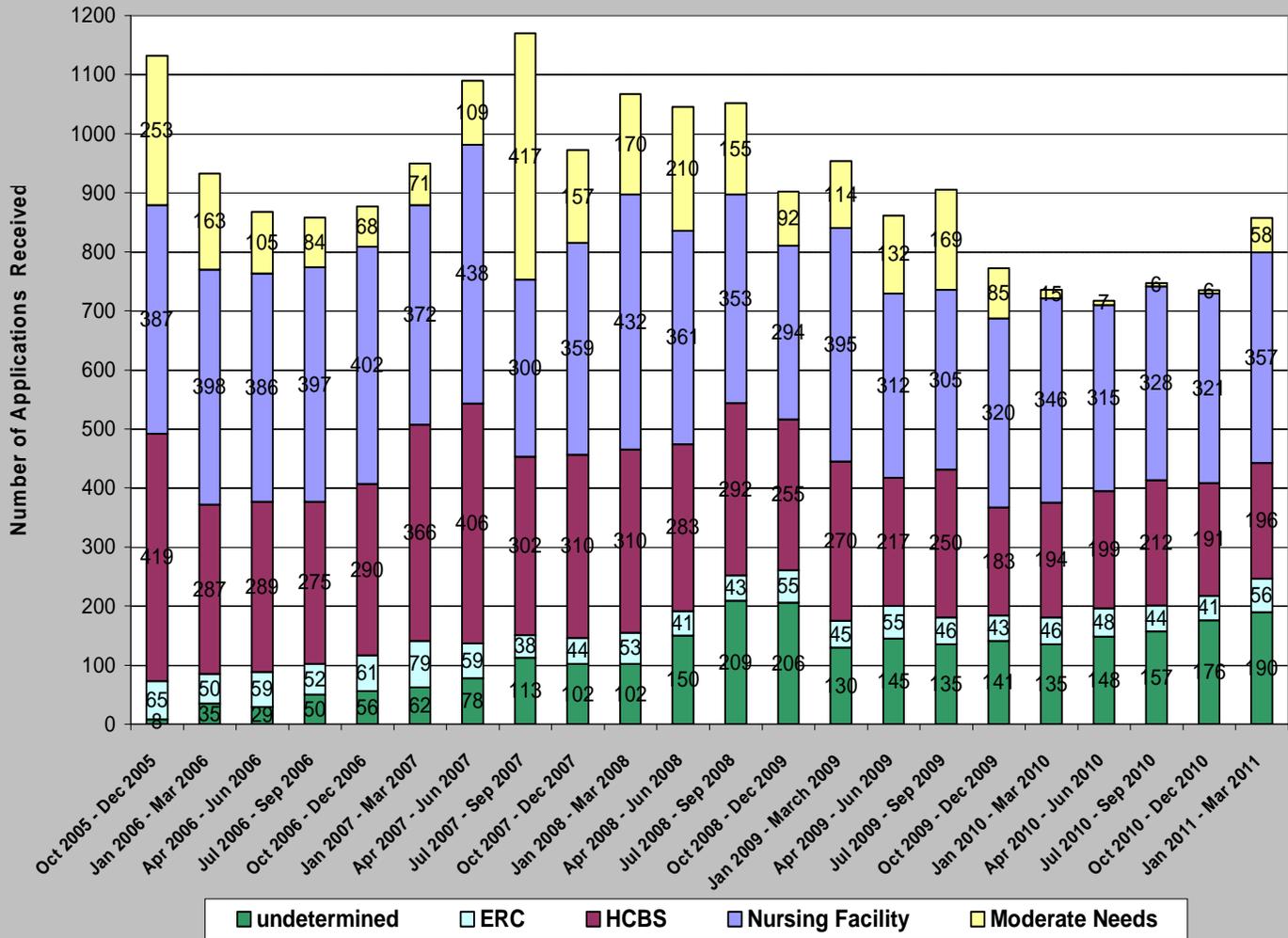
Choices for Care: Initial Appropriations, Adjustments, and Expenses, sfy2005 - sfy2011

Does not include primary care/acute care expenses.



Data source: DAIL Business Office

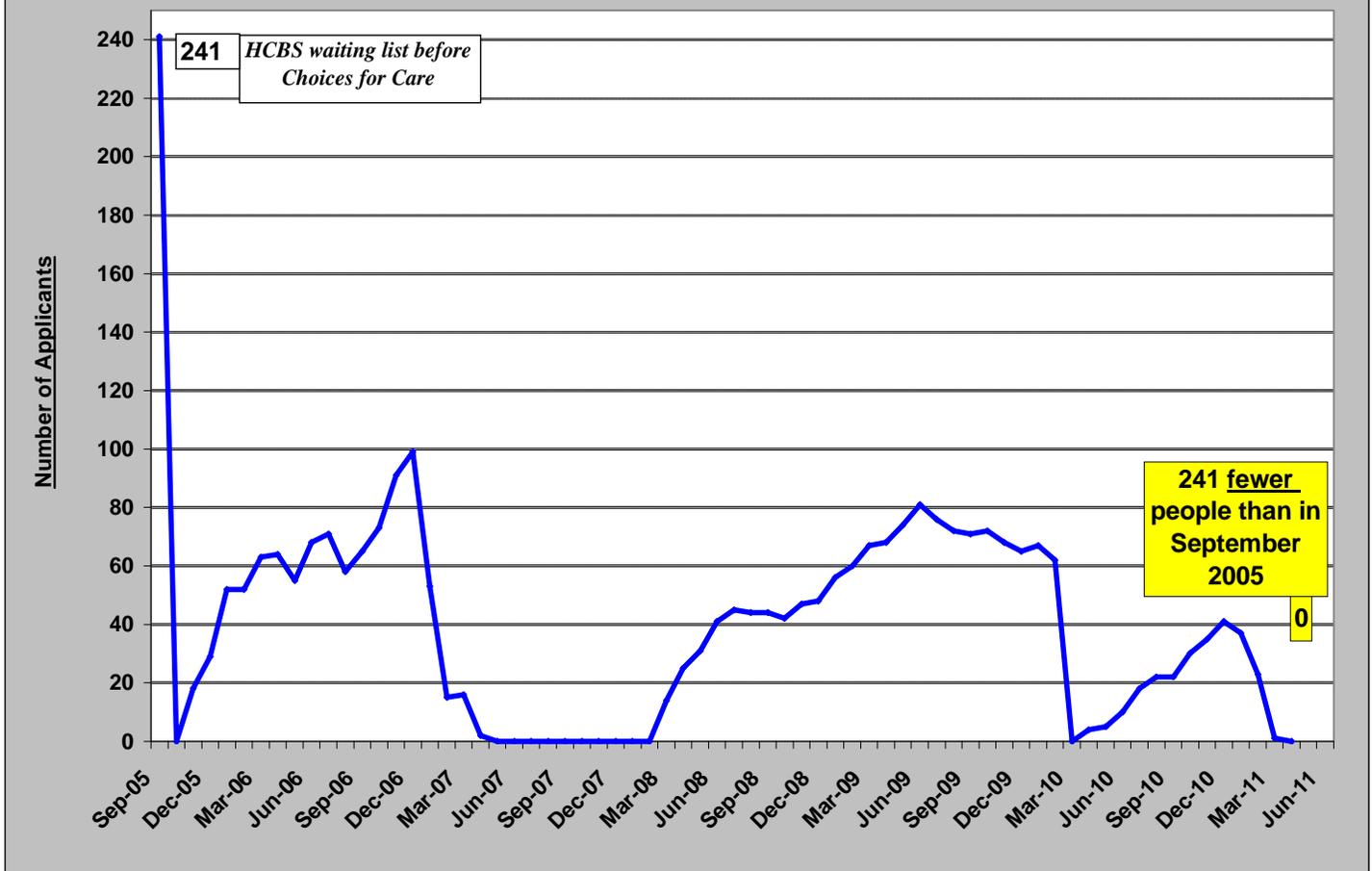
Choices for Care: Applications Received by Service Program SFY2006 - SFY 2011



Data source: DAIL/DDAS SAMS database.

This shows the number of Choices for Care applications received by DAIL over time. The total number of applications represents workload, while the numbers of applications by setting indicate relative demand for different settings.

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



Data source: DAIL/DDAS SAMS database.

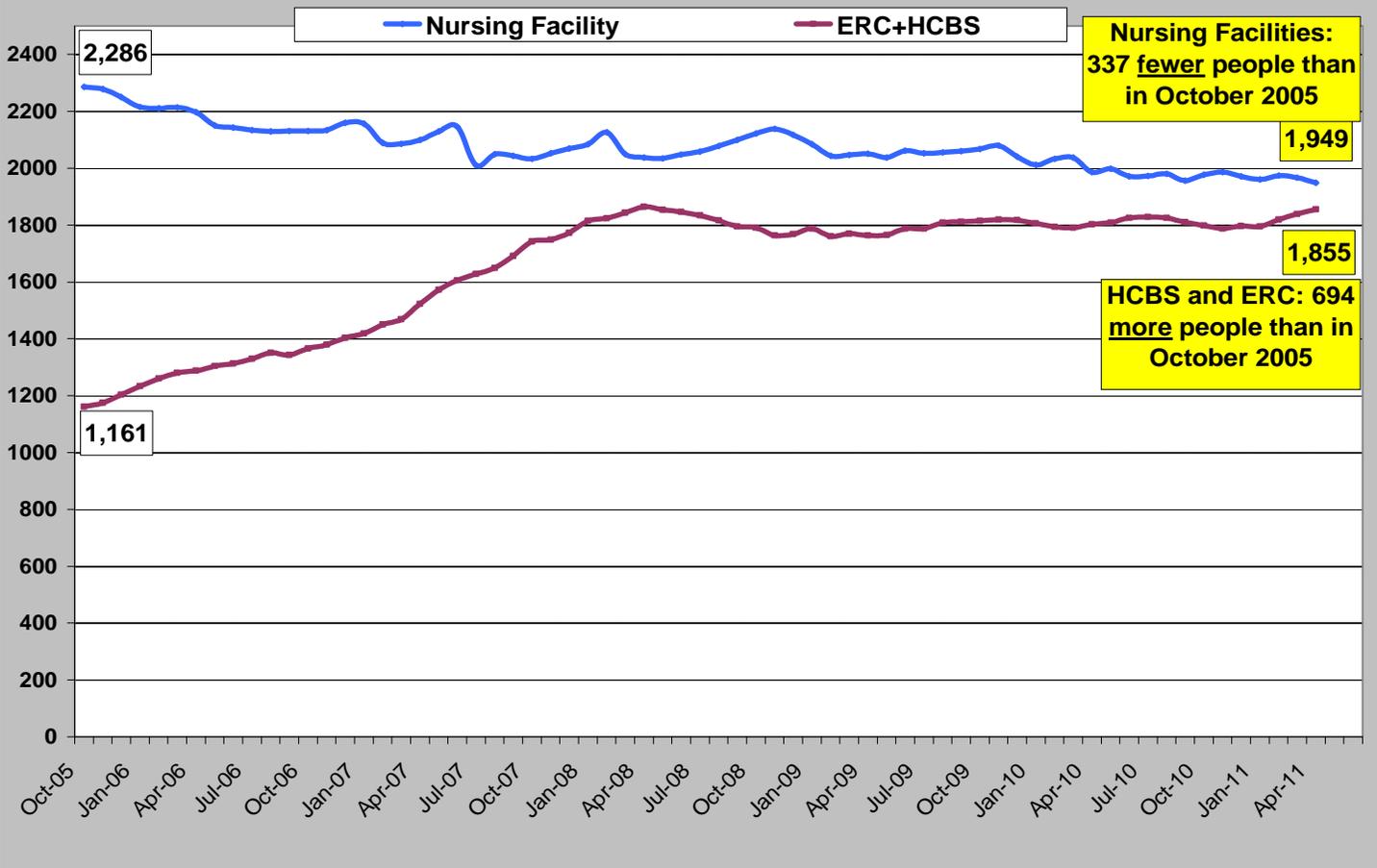
One indicator of access to services is the existence of waiting lists, with the number of people on waiting lists reflecting unmet demand for services.

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 the waiting list slowly increased over time. The waiting list has been eliminated and recreated several times; no waiting list currently exists.

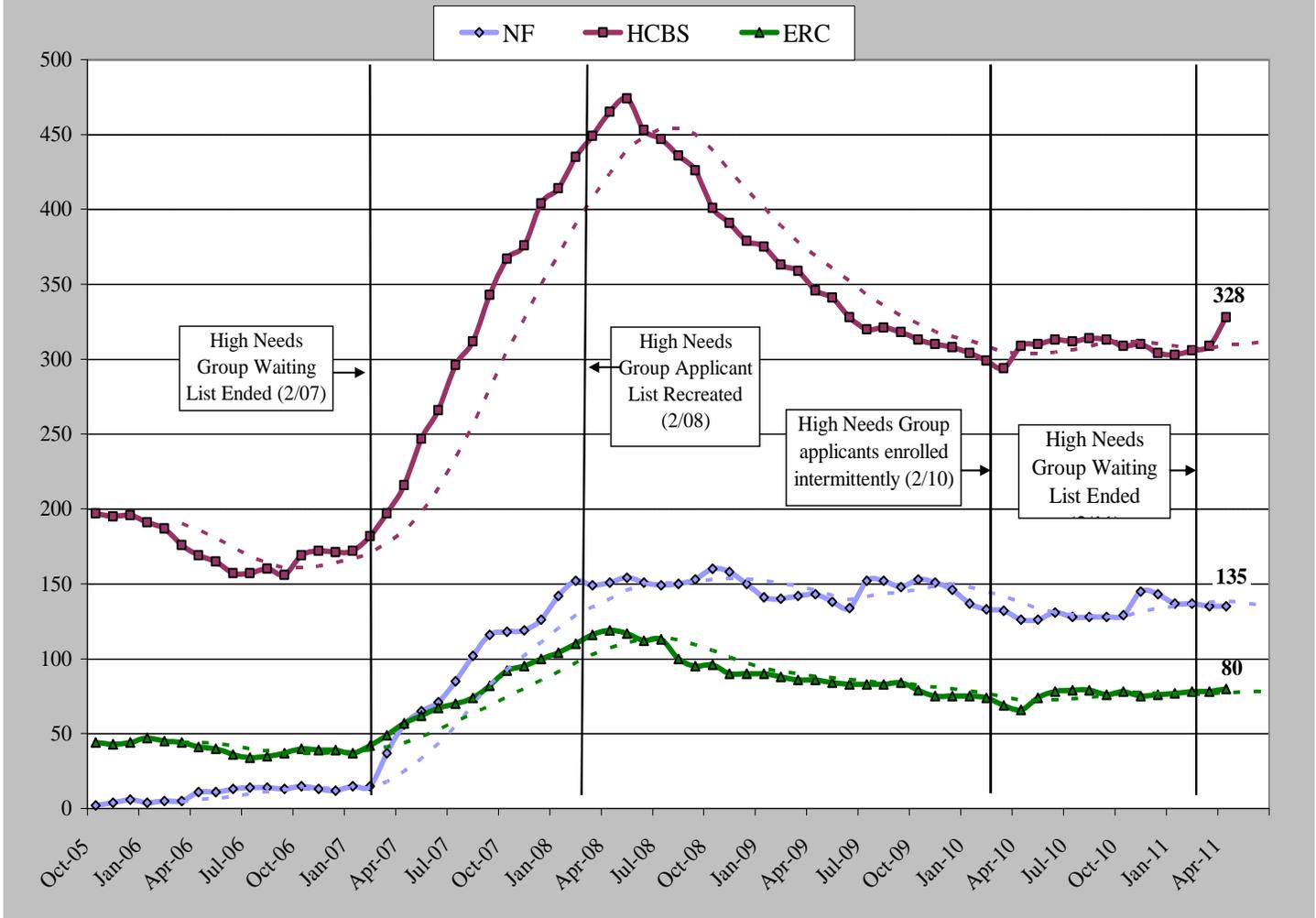
Choices for Care: Total Number of Enrolled Participants, SFY 2006 - SFY 2011
 (excluding Moderate Needs Group)



Data source: DAIL/DDAS SAMS database.

This graph shows trends in enrollment of people in the Highest Needs Group and the High Needs Group. These groups meet Vermont’s ‘traditional’ nursing home clinical and financial eligibility criteria.

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

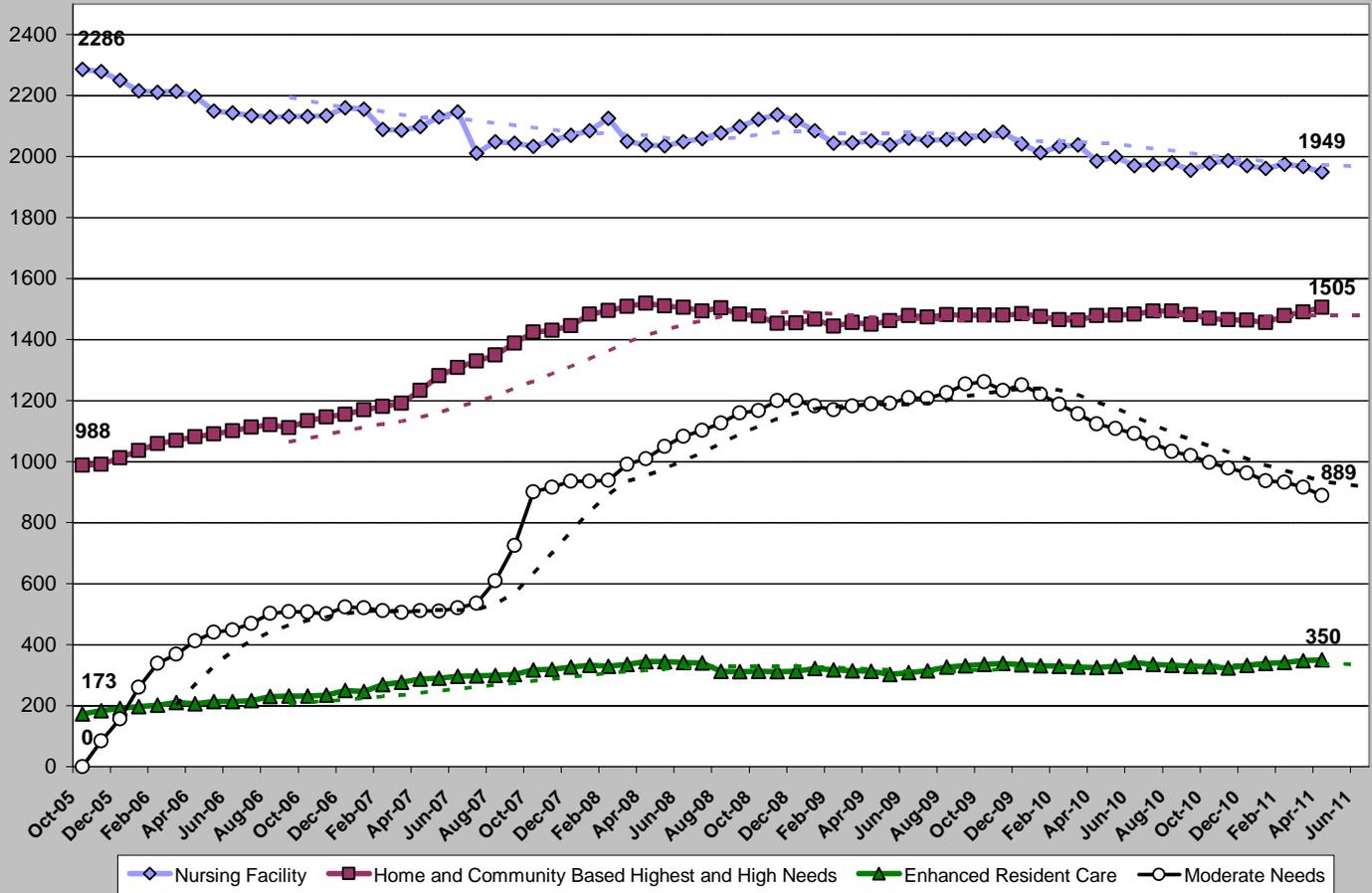


Data source: DAIL/DDAS SAMS database.

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 occurring 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. With the recent elimination of the waiting list, enrollment is again increasing

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 for all groups and all settings.

Nursing homes: between October 2005 and April 2011, the number of people enrolled in the nursing home setting decreased by 337, or about 15%. This was associated with a decrease of 196 beds in Vermont’s licensed nursing home capacity.

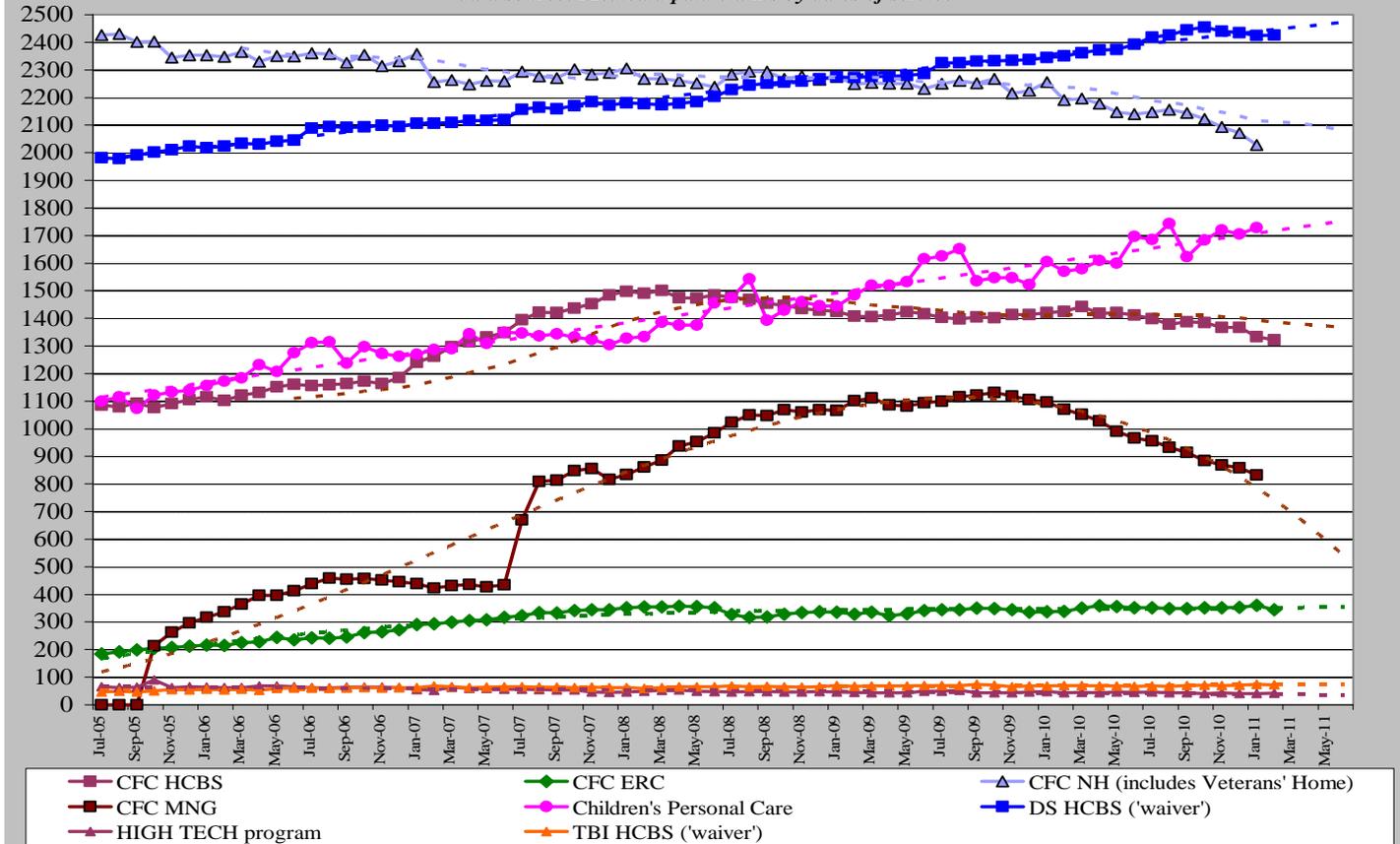
Home Based Services (Highest/High Needs Groups): between October 2005 and April 2011, the number of people enrolled in HCBS increased by more than 500 people, more than 50%.

Enhanced Residential Care (ERC): between October 2005 and April 2011, the number of people enrolled in ERC increased by 177 people, more than 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 led to a decrease in enrollment. Enrollment is expected to increase in the coming months.

Numbers of People Receiving DDAS Services in Vermont sfy2005 - sfy2011

data source: Medicaid paid claims by dates of service



Data source: Medicaid paid claims

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

Nursing homes: between October 2005 and January 2011, the number of people served decreased by 398, or about 16%.

Home Based Services (Highest/High Needs Groups): between October 2005 and January 2011, the number of people served increased by about 237 people, or about 22%.

Enhanced Residential Care (ERC): between October 2005 and January 2011, the number of people served increased by about 175 people, or about 95%.

HCBS Moderate Needs Group (MNG): this “expansion” group served 213 people in October 2005, and 833 people in January 2011.

Children’s Personal Care Services: between October 2005 and January 2011, the number of people served increased by about 630 people, or about 57%.

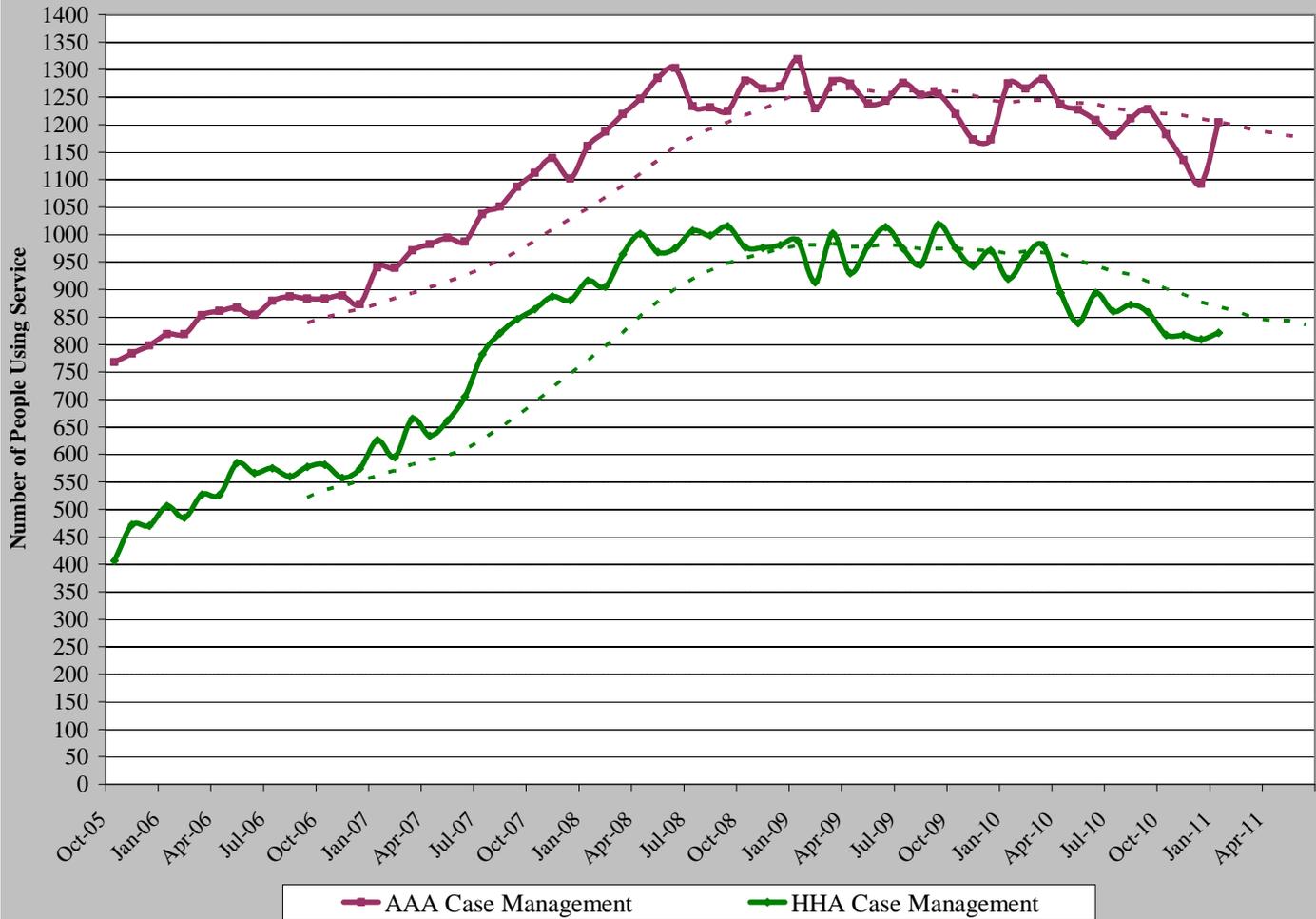
‘High Tech’ Services: between October 2005 and January 2011, the number of people served decreased by 22 people, or about 34%.

TBI HCBS ‘Waiver’: between October 2005 and January 2011, the number of people served increased by 21 people, or about 41%.

DDS HCBS ‘Waiver’: between October 2005 and January 2011, the number of people served increased by 424 people, or about 21%.

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

data source: paid claims by dates of service



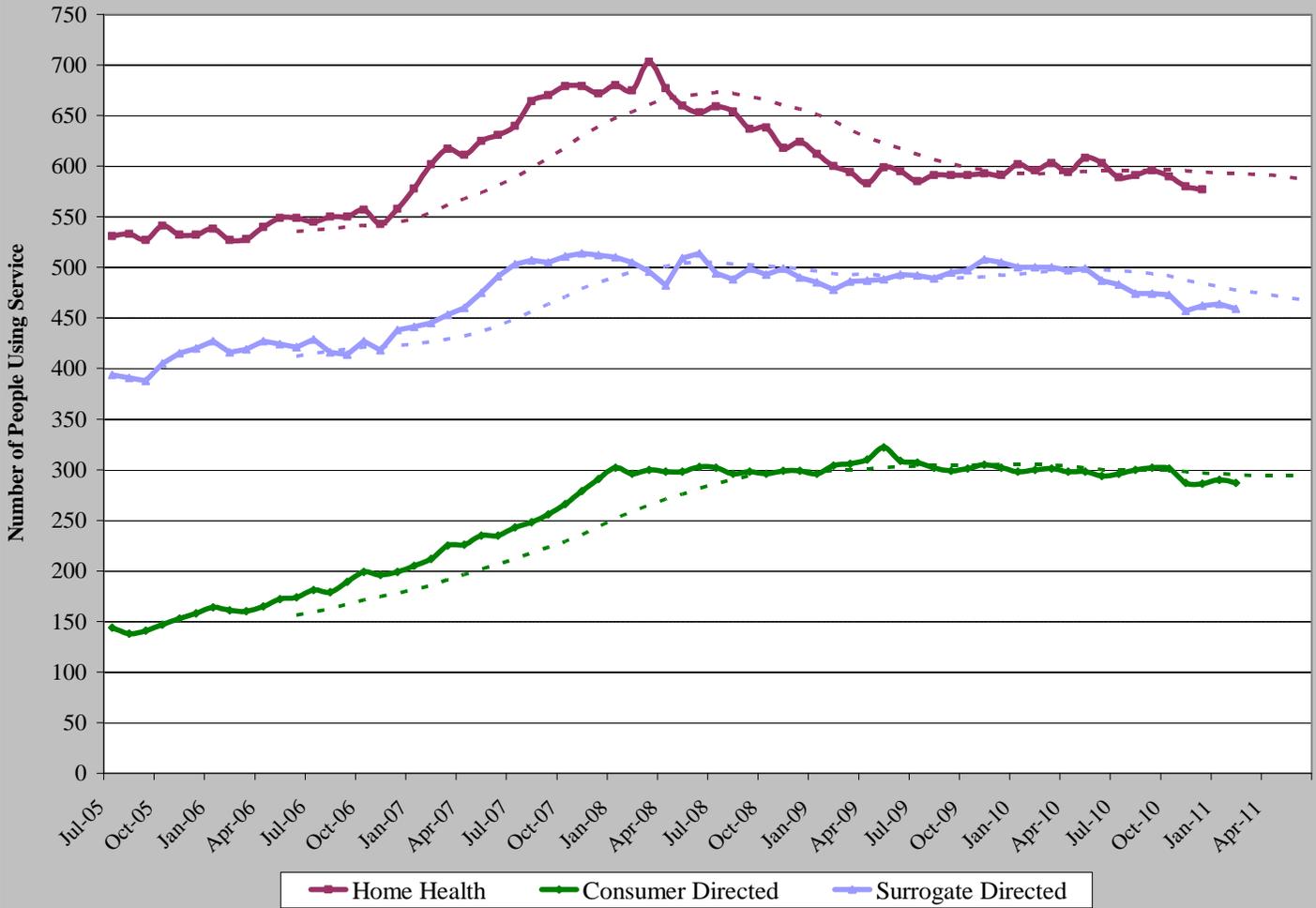
Data source: Medicaid paid claims

Participants in Choices for Care (except for people 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 serve 200-300 more people each month than Home Health Agencies. In recent months, both types of agencies have served decreasing numbers of people. These decreases are associated with decreases in Choices for Care HCBS enrollment, including substantial decreases in the Moderate Needs Group, resulting from enrollment freezes and waiting lists.

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

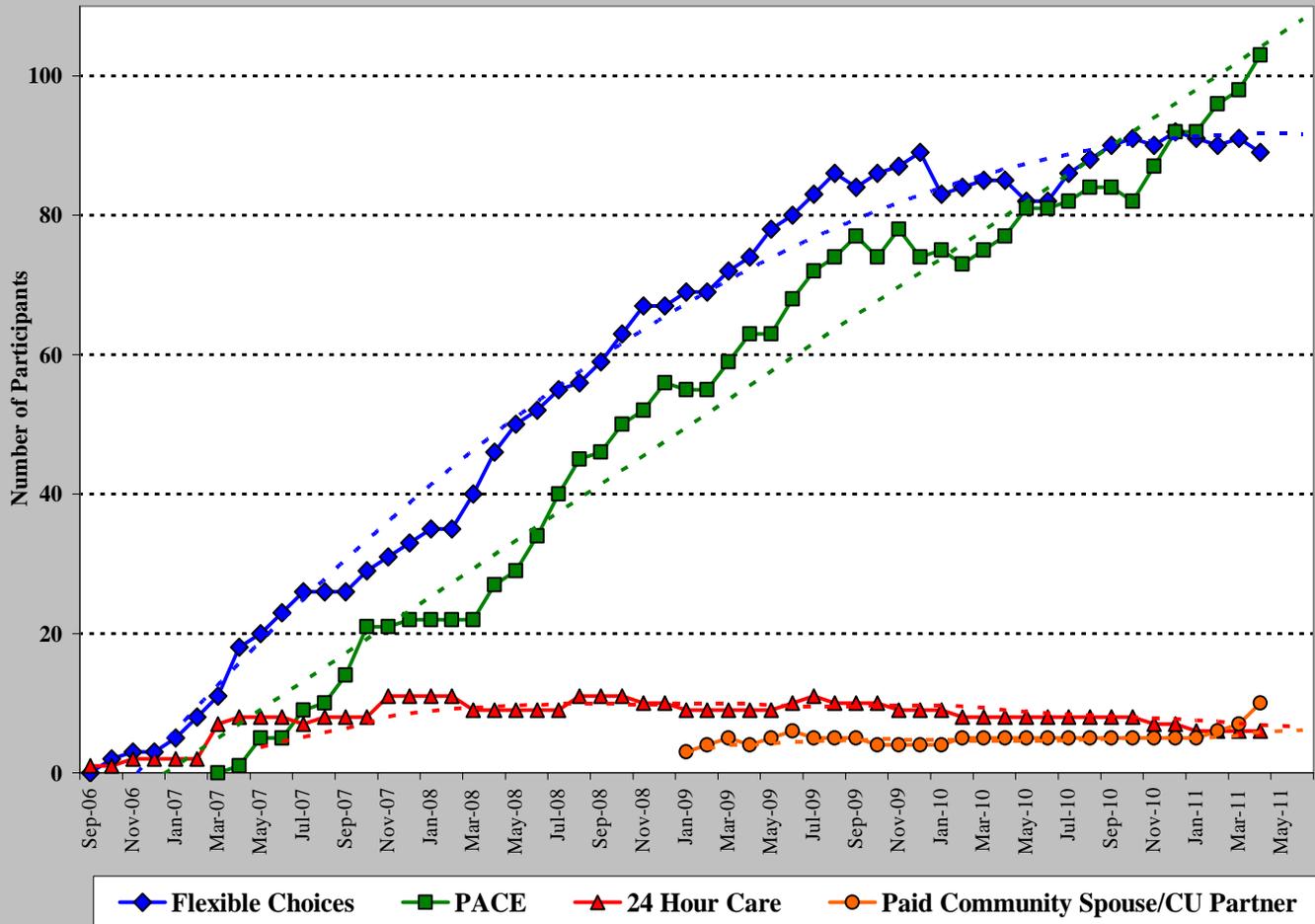
data source: paid claims by dates of service



Data source: Medicaid paid claims

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



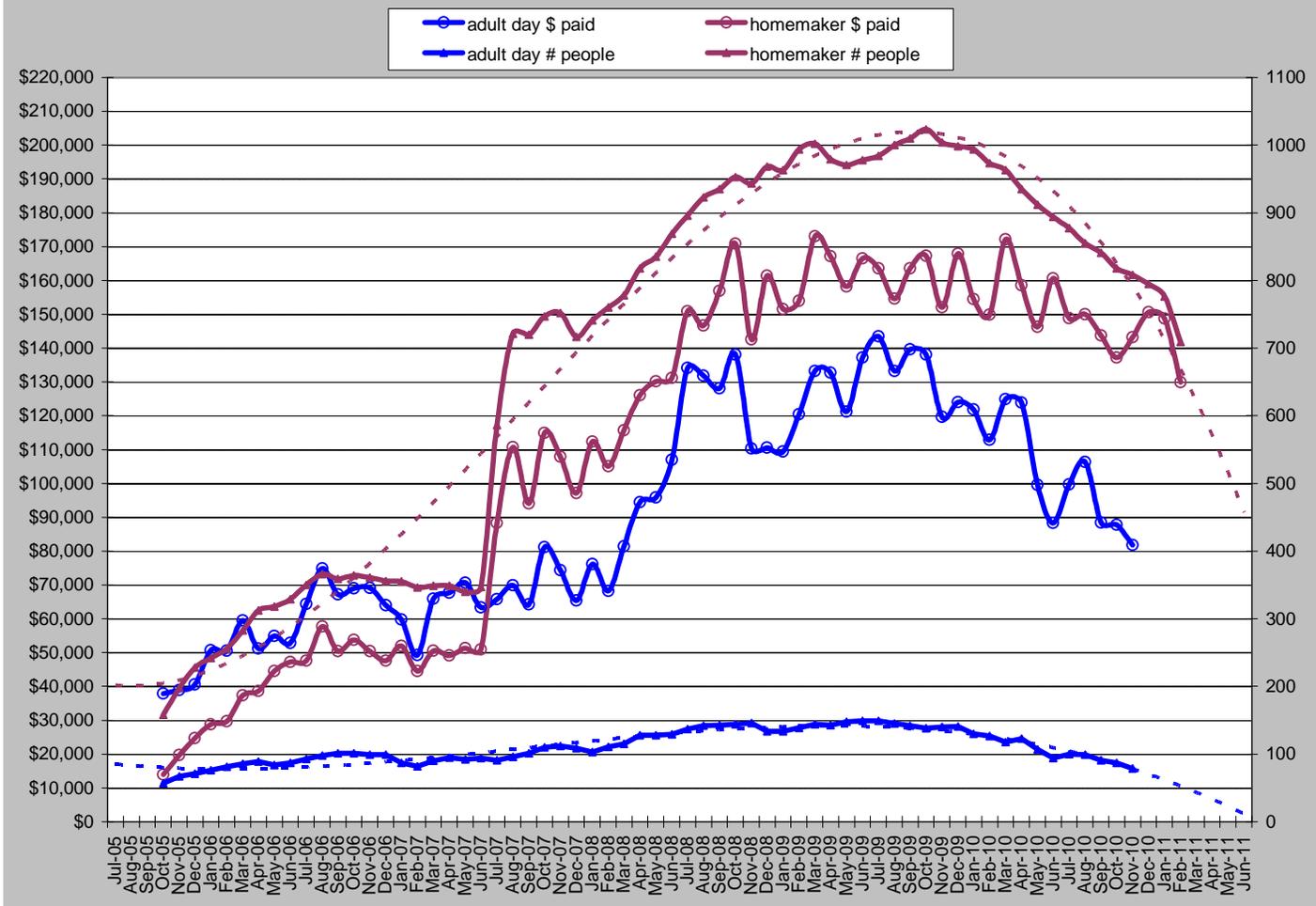
Data source: DAIL/DDAS SAMS database

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 14% of those served in the HCBS setting (excluding people in the Moderate Needs Group, who are not eligible for these service options).

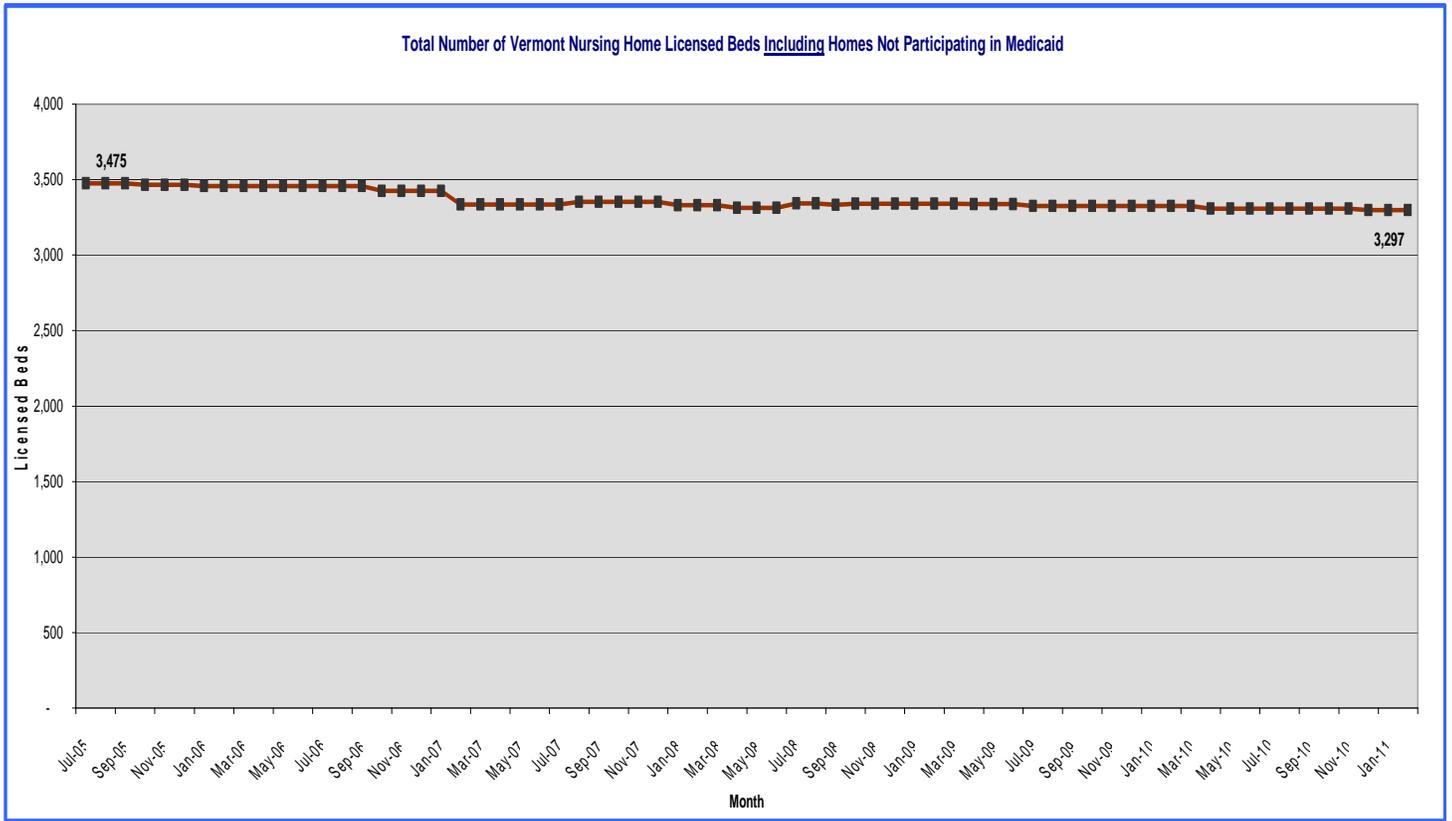
**Choices for Care Moderate Needs Group
Total Participants and Total Payments by Month, sfy2006 - sfy2011**



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.)

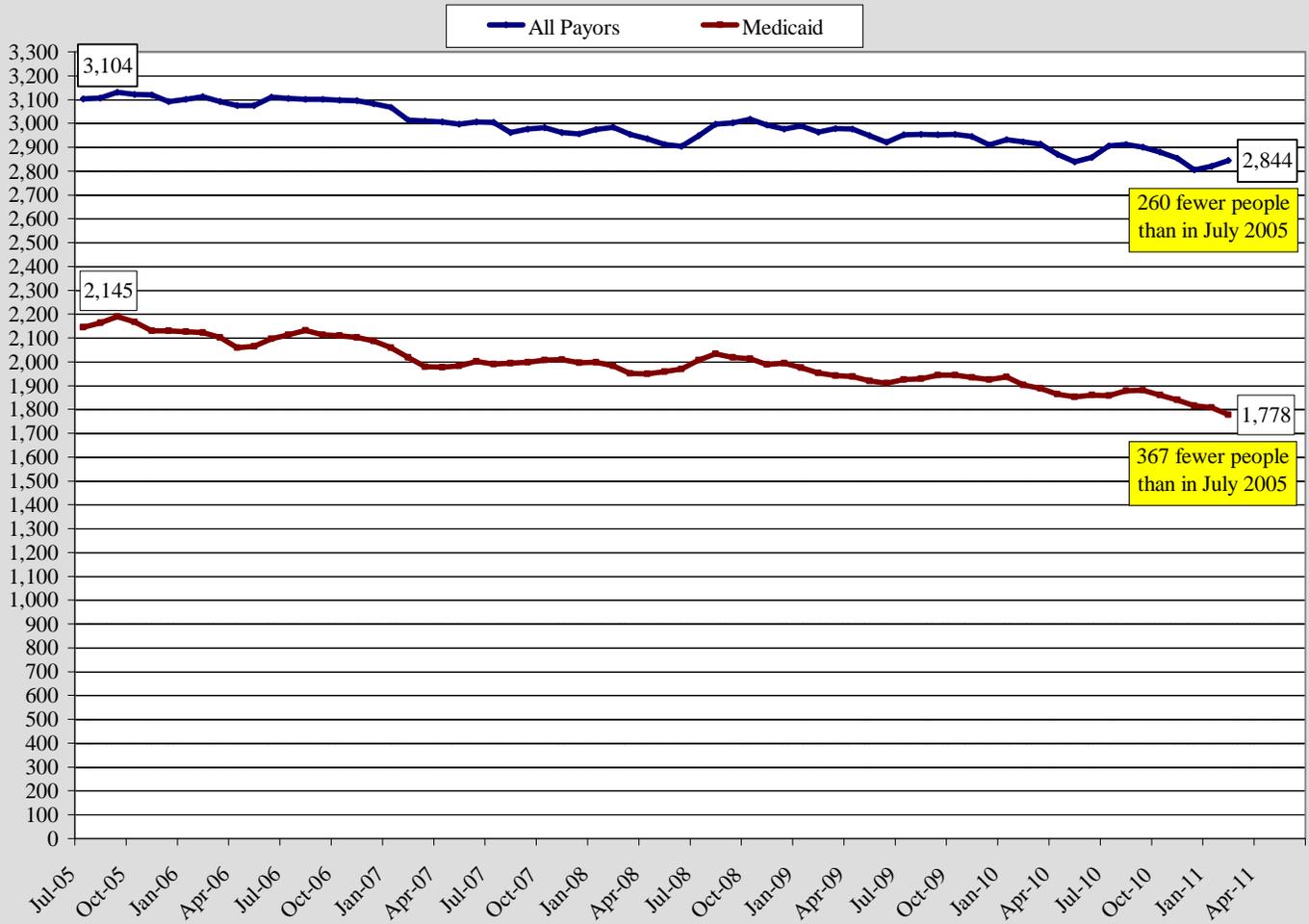
The November 2009 freeze on new enrollment in the Moderate Needs Group reduced the numbers of people served, total services, and total payments. With the elimination of waiting lists, the number of people served in the Moderate Needs Group should increase.



Data source: DRS, using licensing information

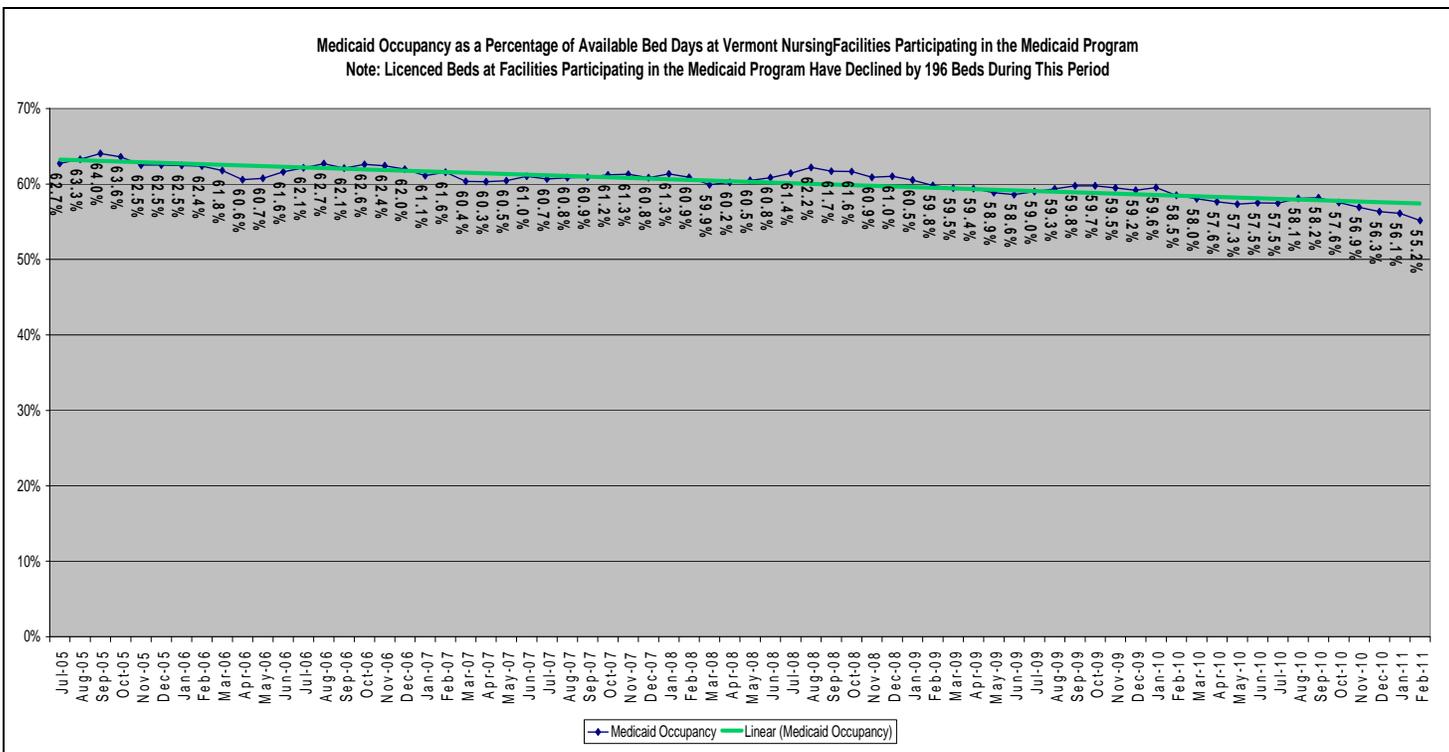
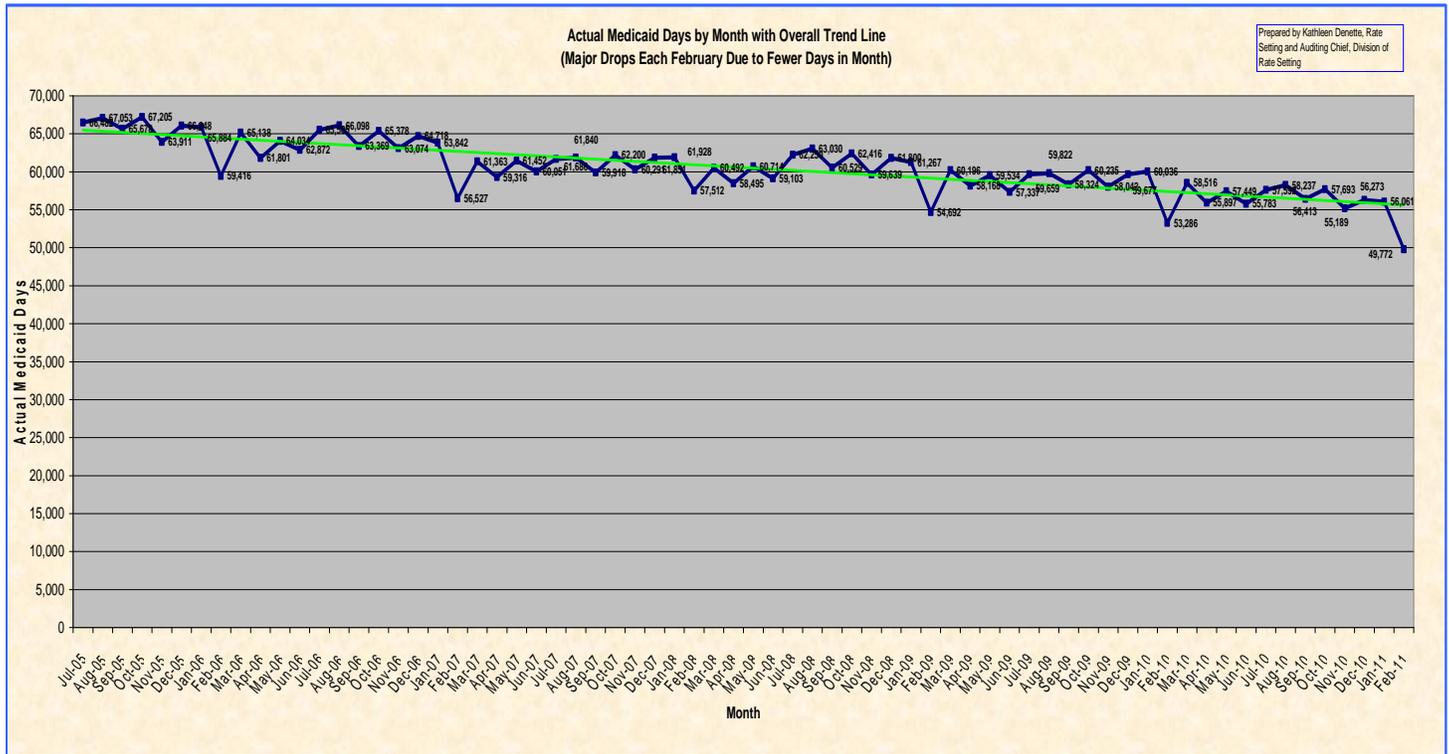
This illustrates the decrease of 178 licensed nursing home beds in Vermont since July 2005. For the facilities that participate in Medicaid, the reduction was 196 beds.

Vermont Nursing Homes: Average Census by Month, sfy2005-sfy2011



Data source: DRS monthly provider census reports

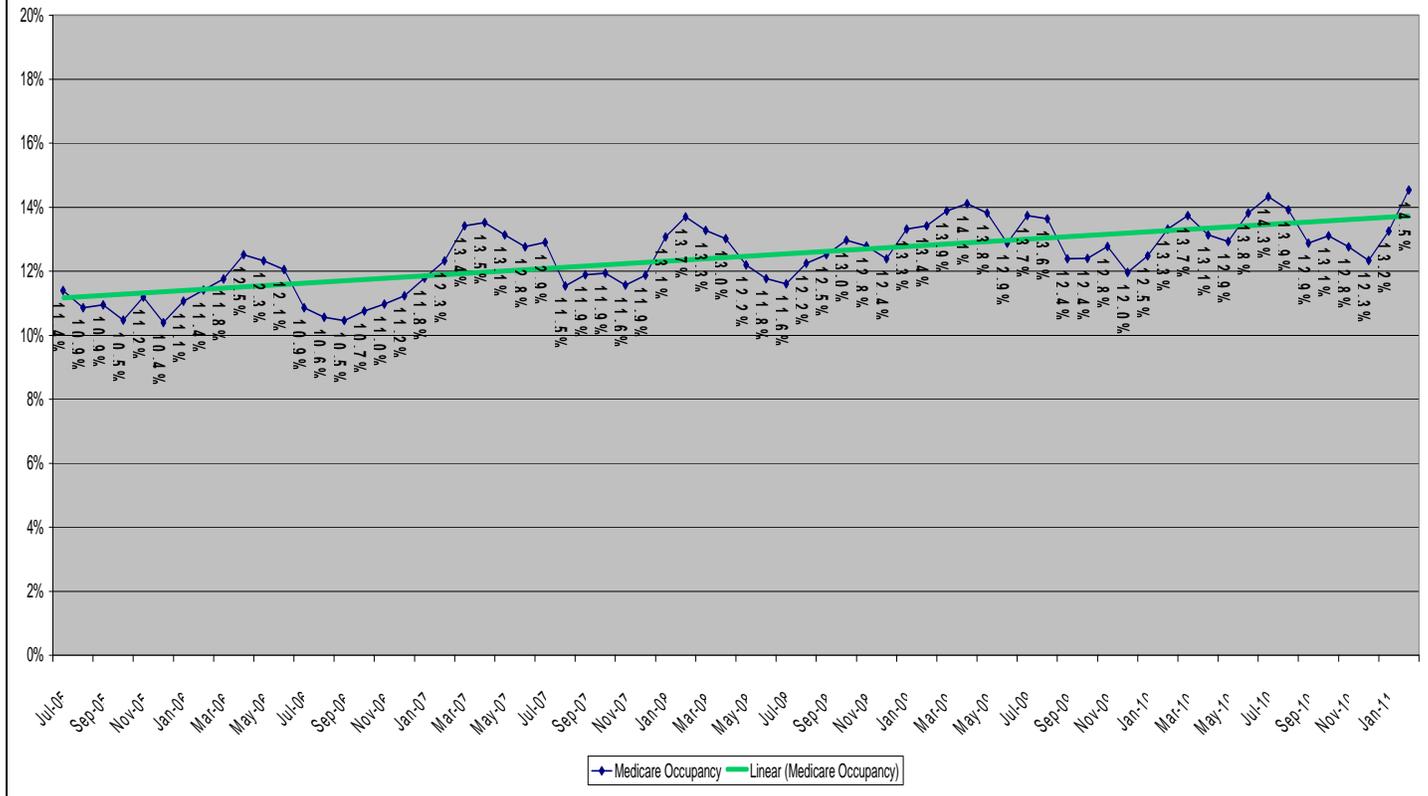
The monthly reports from Vermont nursing homes confirm that the use of nursing homes continues to decrease.



Data source: DRS, monthly provider reports

These two graphs show a gradual decrease in the use of nursing home beds by Medicaid residents. The 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 196 Beds During This Period

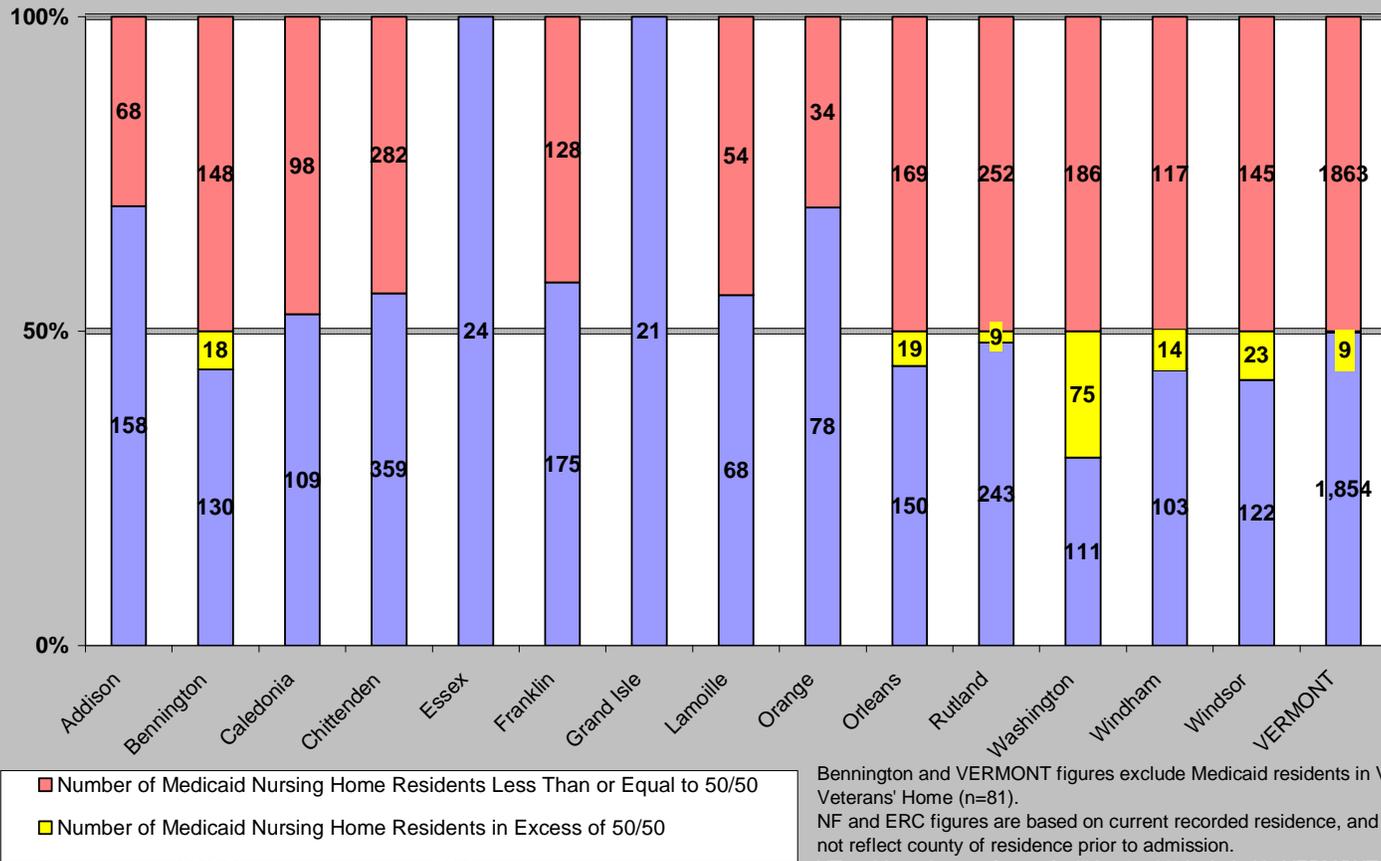


Data source: DRS, monthly provider reports

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

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

data source: CFC enrollment database



Bennington and VERMONT figures exclude Medicaid residents in VT Veterans' Home (n=81).
 NF and ERC figures are based on current recorded residence, and do not reflect county of residence prior to admission.
 VT residents in out of state facilities (n=32) included in VERMONT.

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 April 2011.

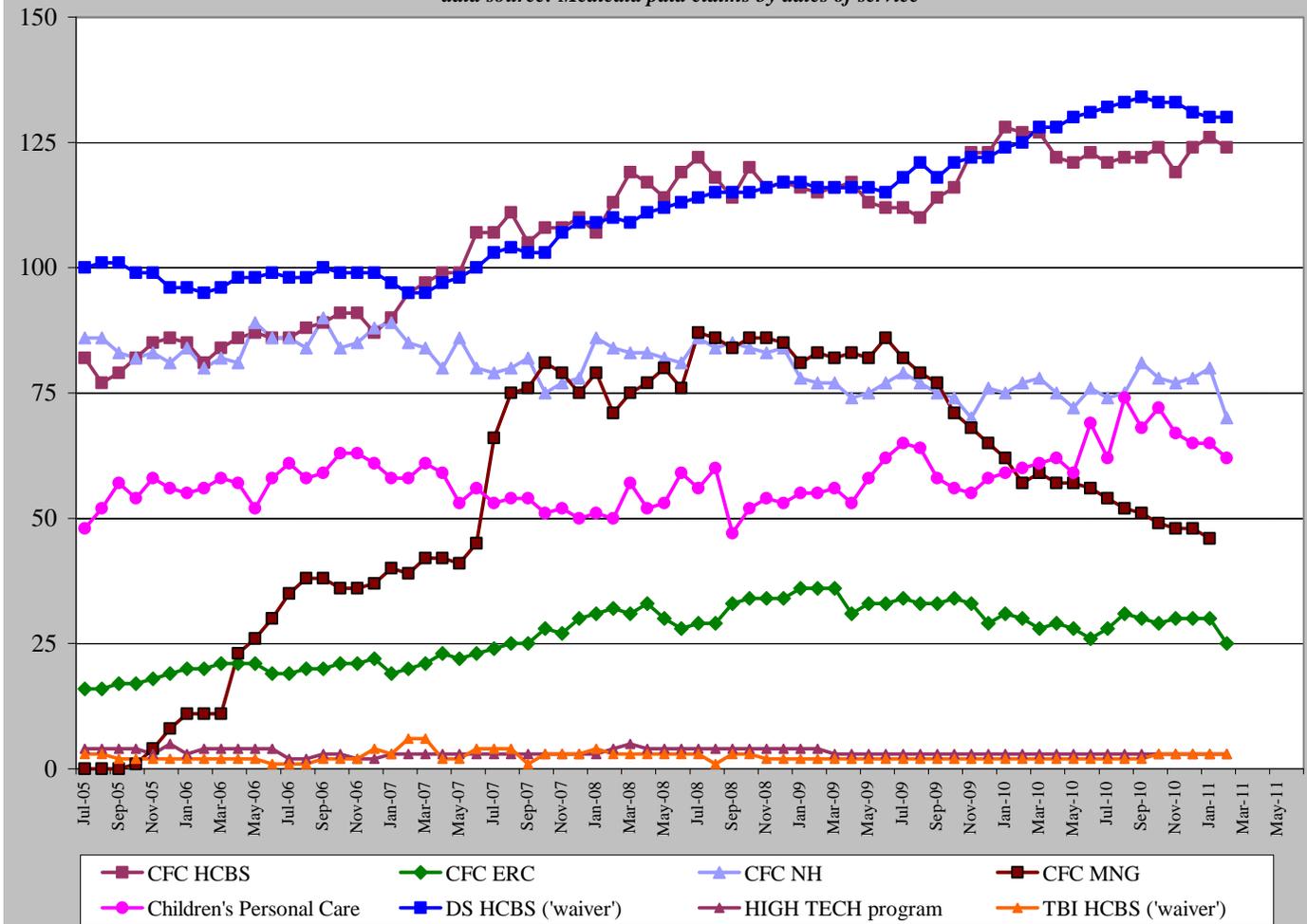
The graph shows the number of Choices for Care participants who were served in nursing home settings (blue), the number served in alternative settings (red), and the number of participants who would have to move from a nursing home setting to an alternative setting to reach the benchmark of 50% in alternative 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.

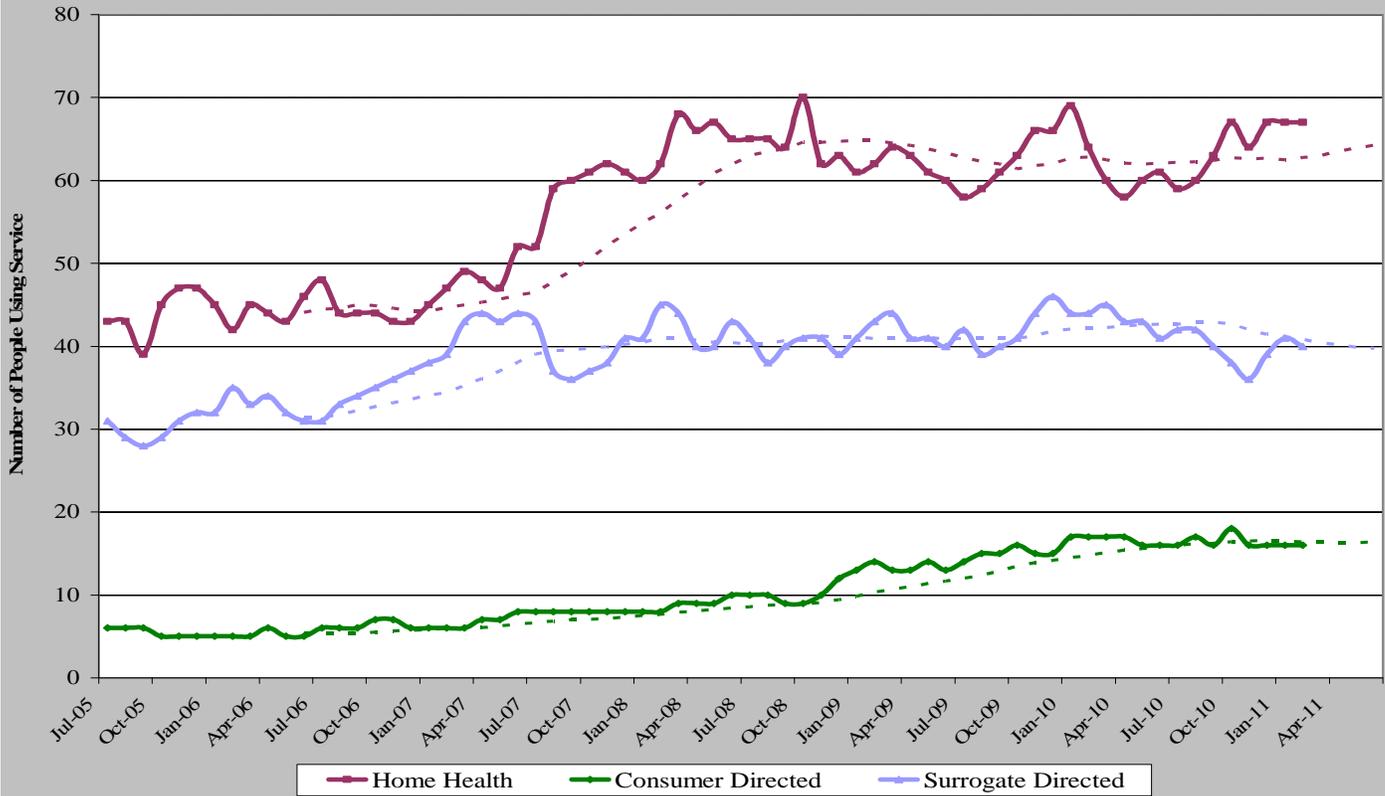
Numbers of People Receiving DDAS Services in Addison County sfy2005 - sfy2011

data source: Medicaid paid claims by dates of service



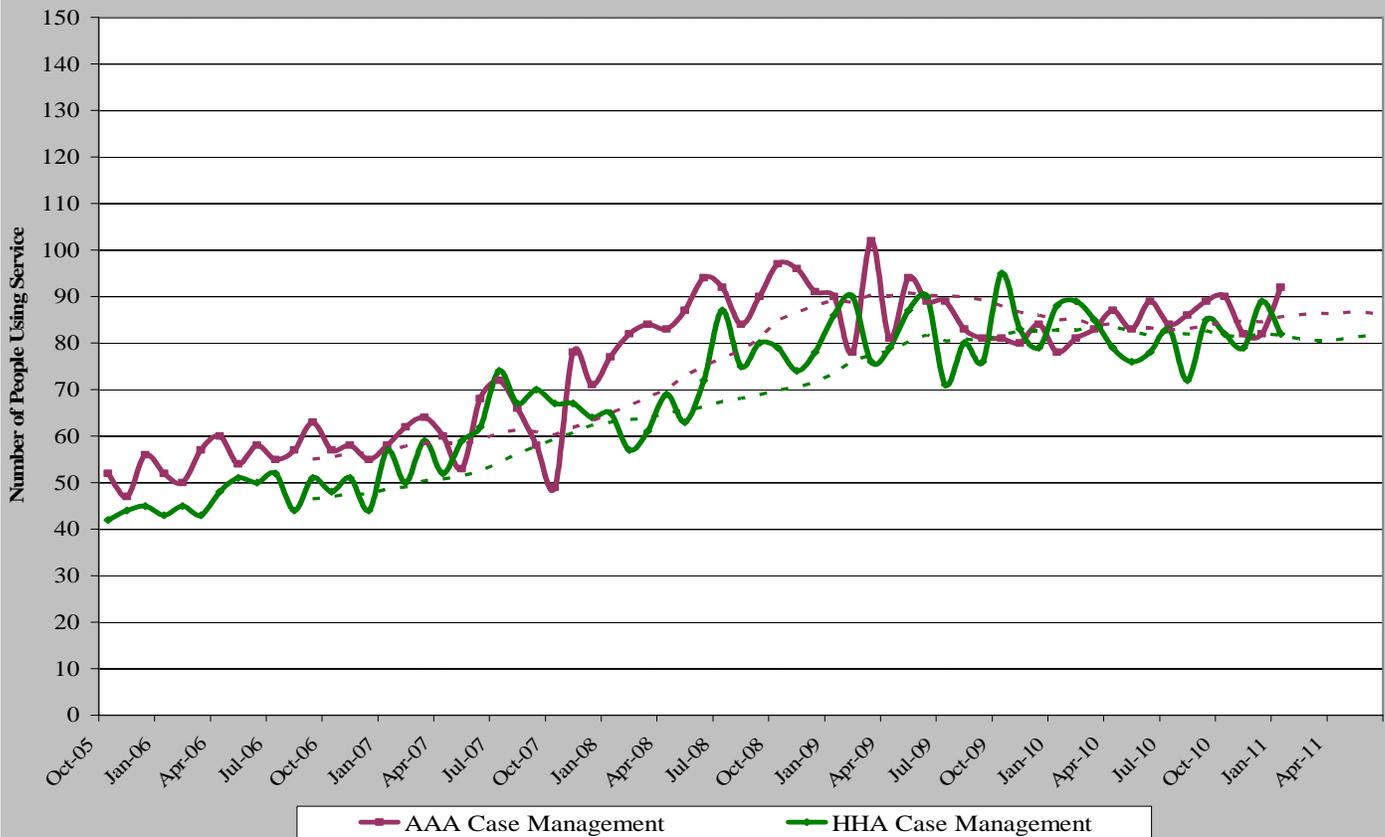
Addison County: Choices for Care Personal Care by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



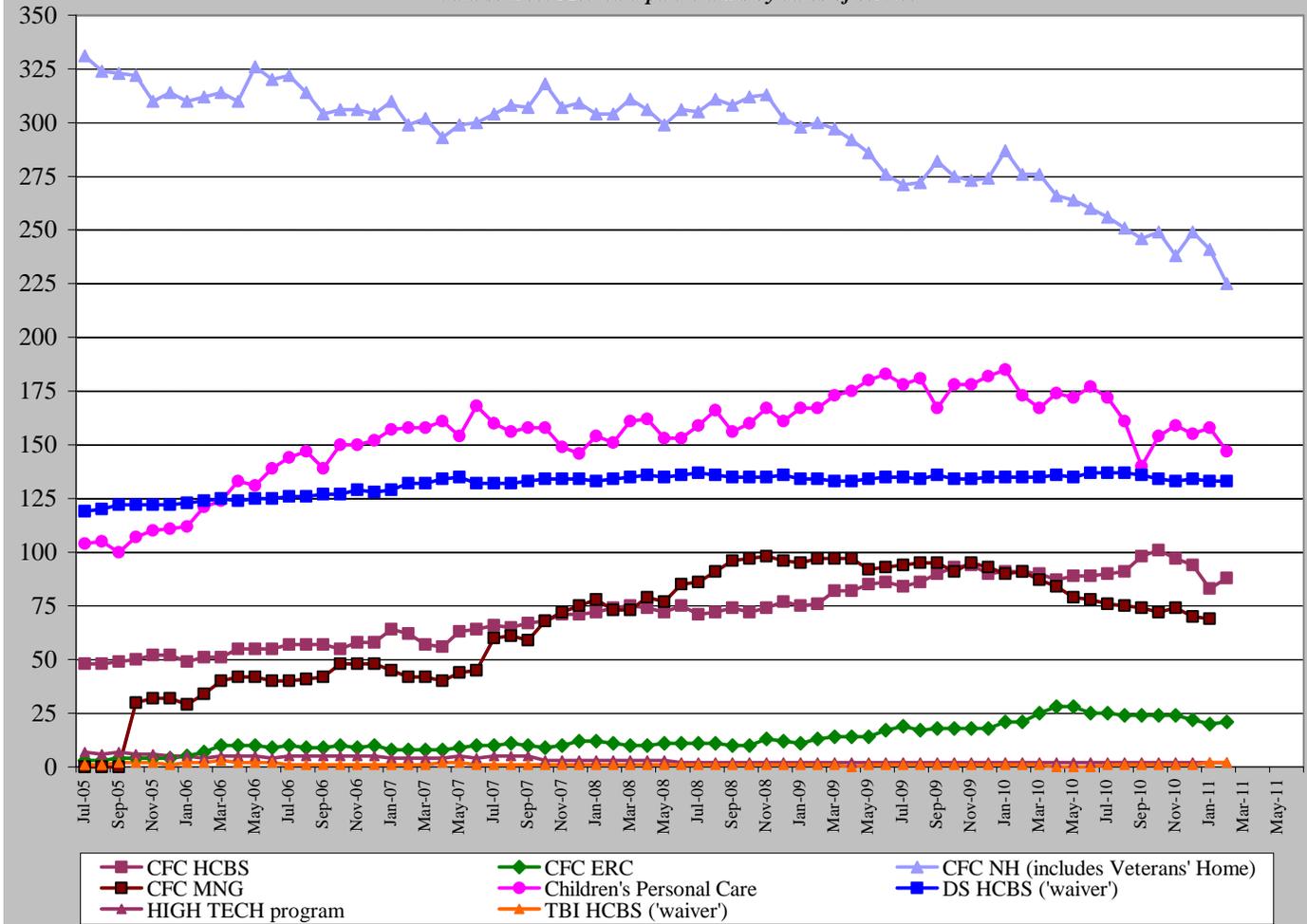
Addison County: Choices for Care Case Management by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



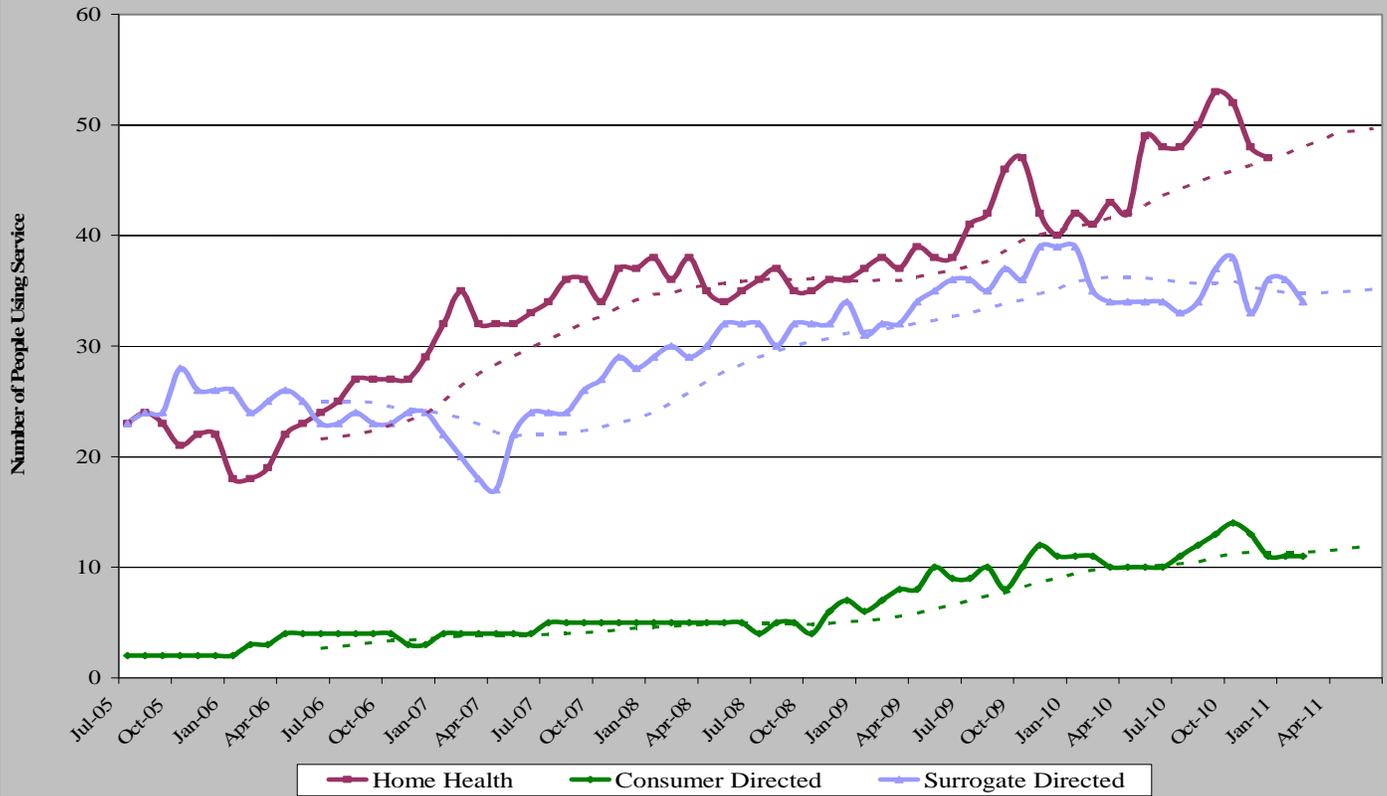
Numbers of People Receiving DDAS Services in Bennington County sfy2005 - sfy2011

data source: Medicaid paid claims by dates of service



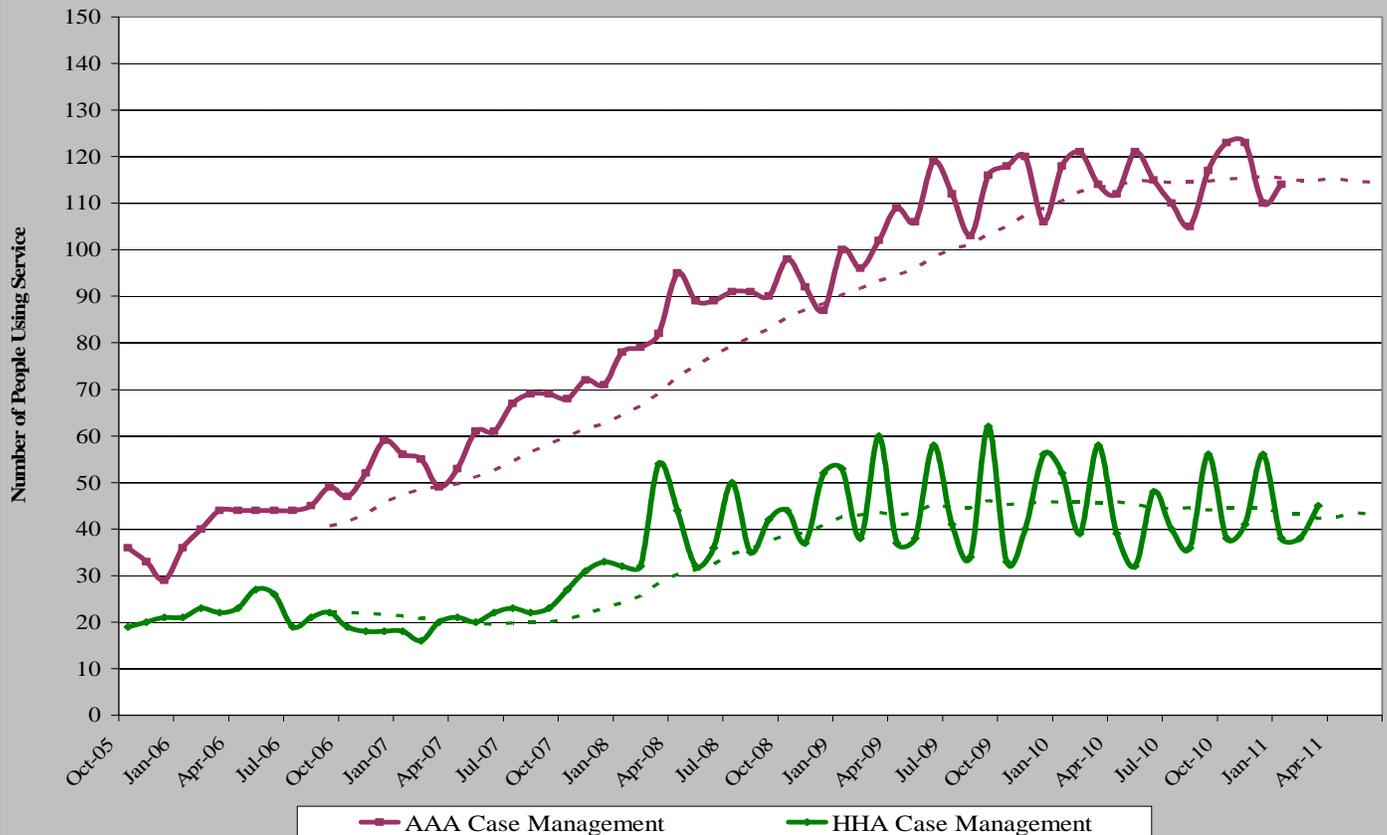
Bennington County: Choices for Care Personal Care by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



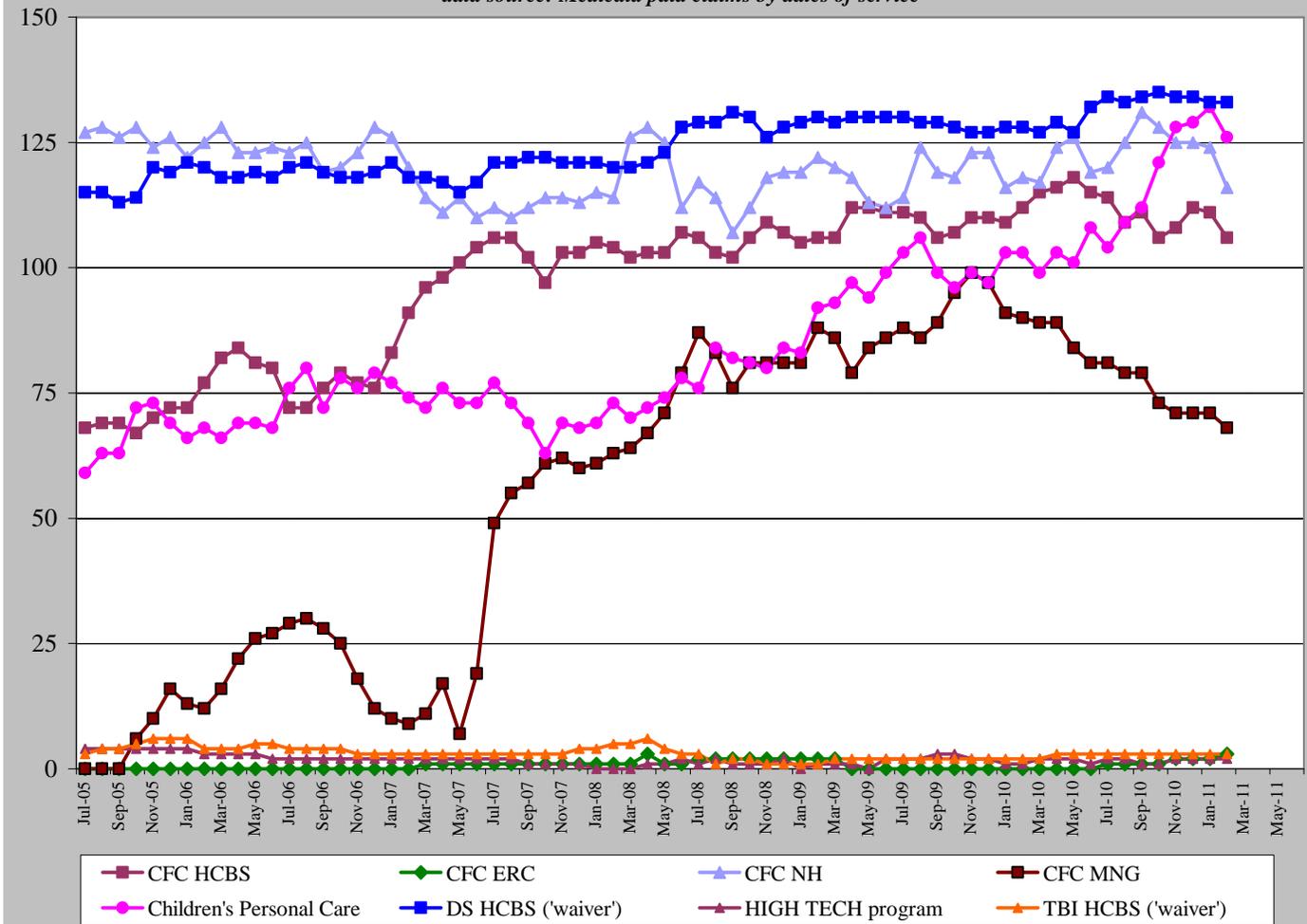
Bennington County: Choices for Care Case Management by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



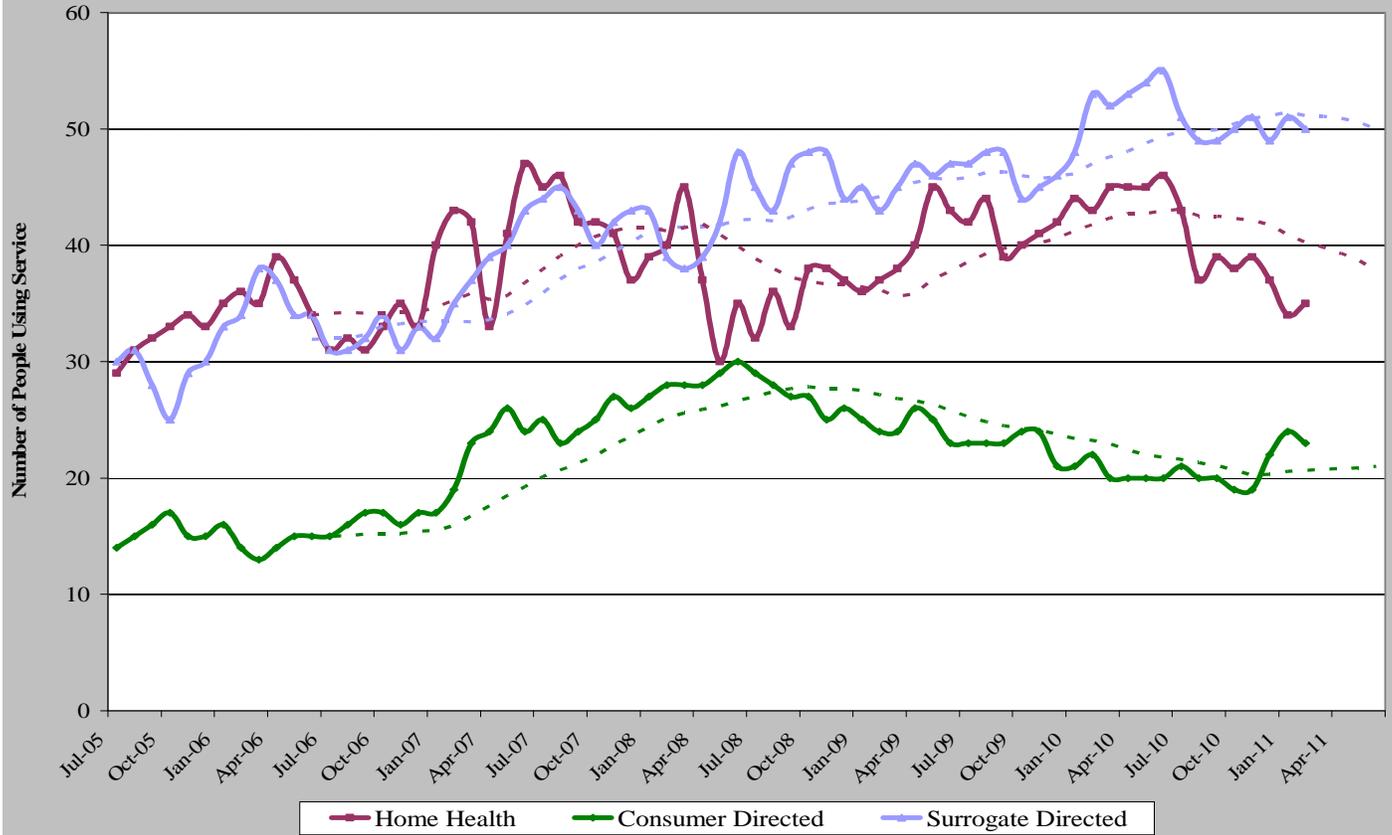
Numbers of People Receiving DDAS Services in Caledonia County sfy2005 - sfy2011

data source: Medicaid paid claims by dates of service



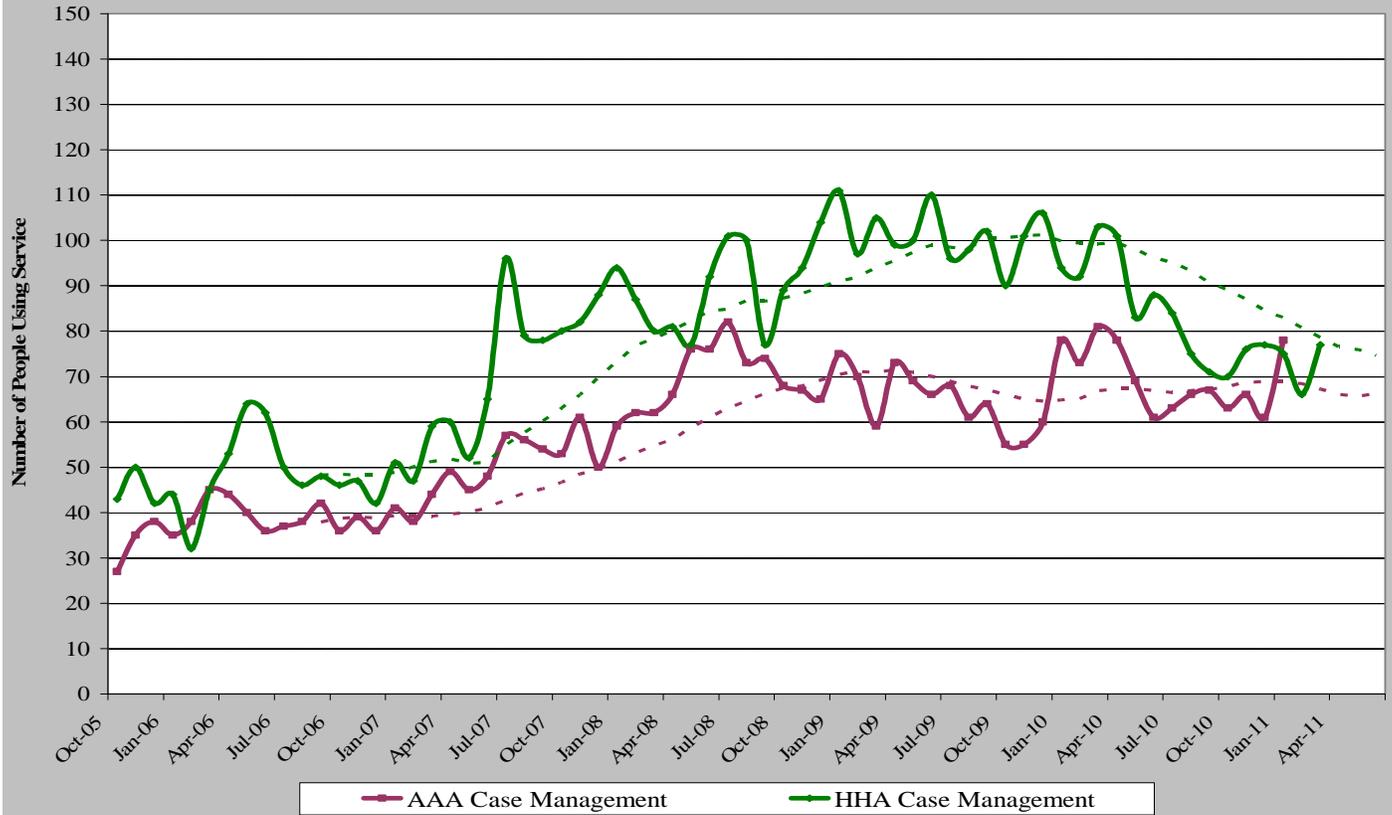
Caledonia County: Choices for Care Personal Care by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



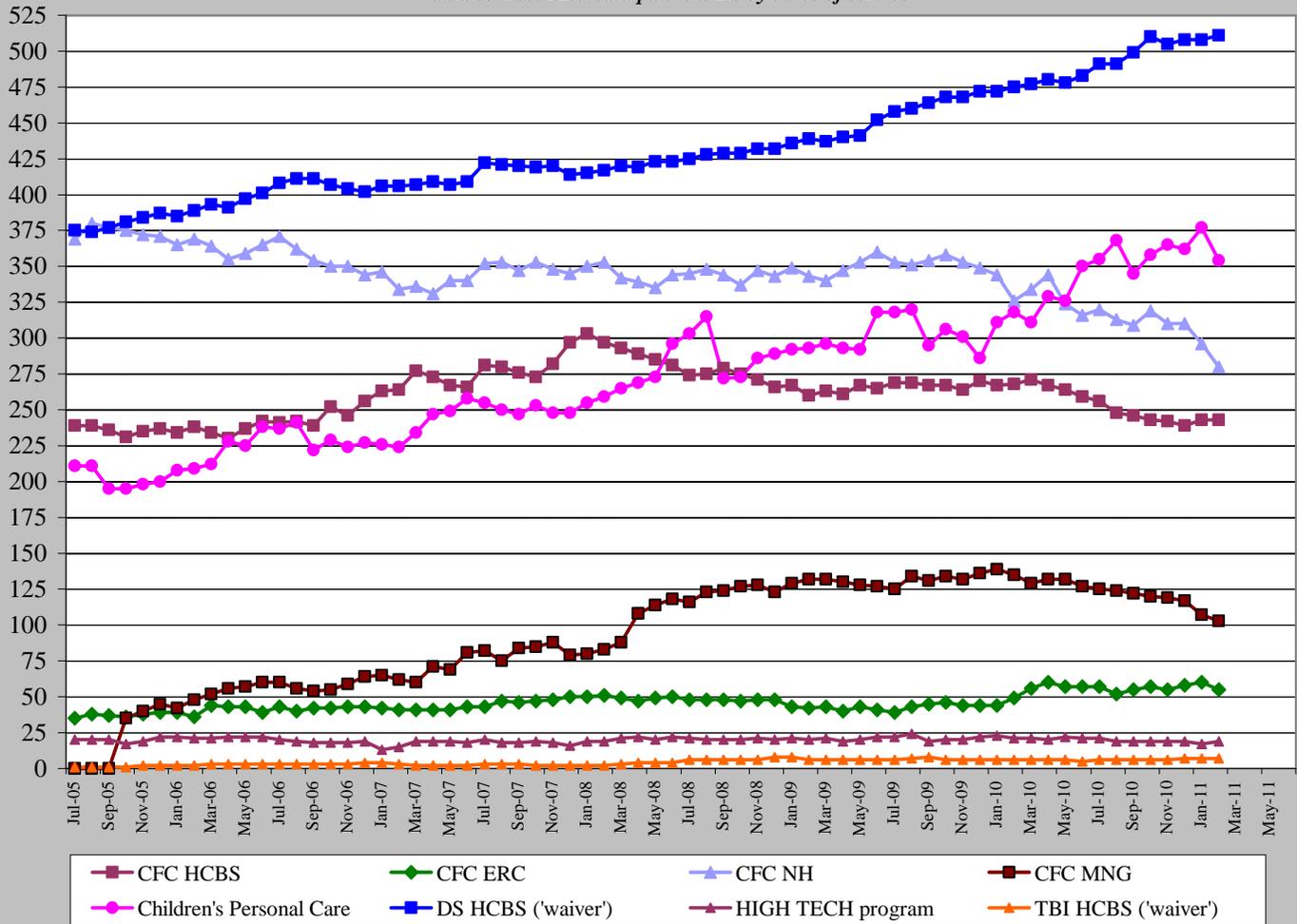
Caledonia County: Choices for Care Case Management by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



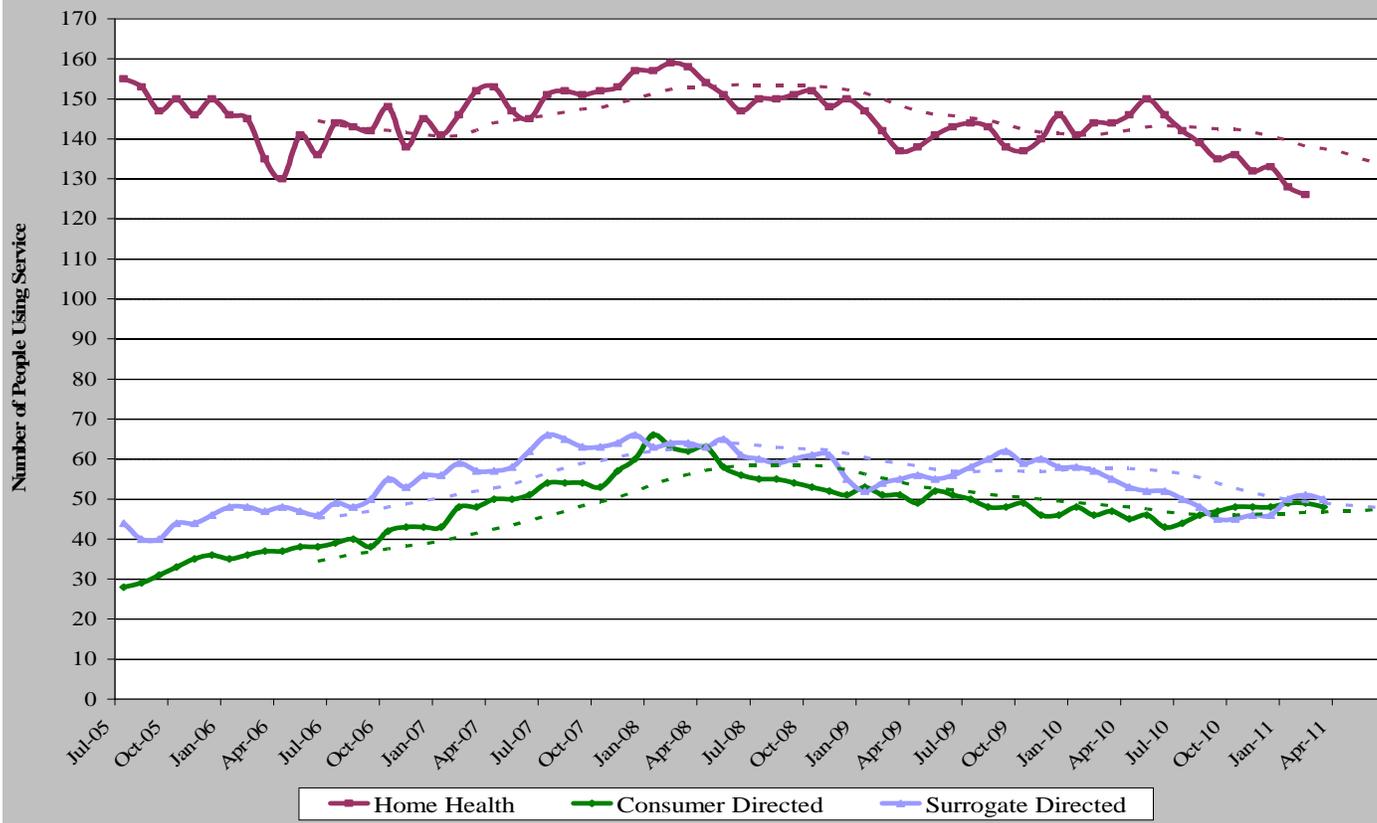
Numbers of People Receiving DDAS Services in Chittenden County sfy2005 - sfy2011

data source: Medicaid paid claims by dates of service



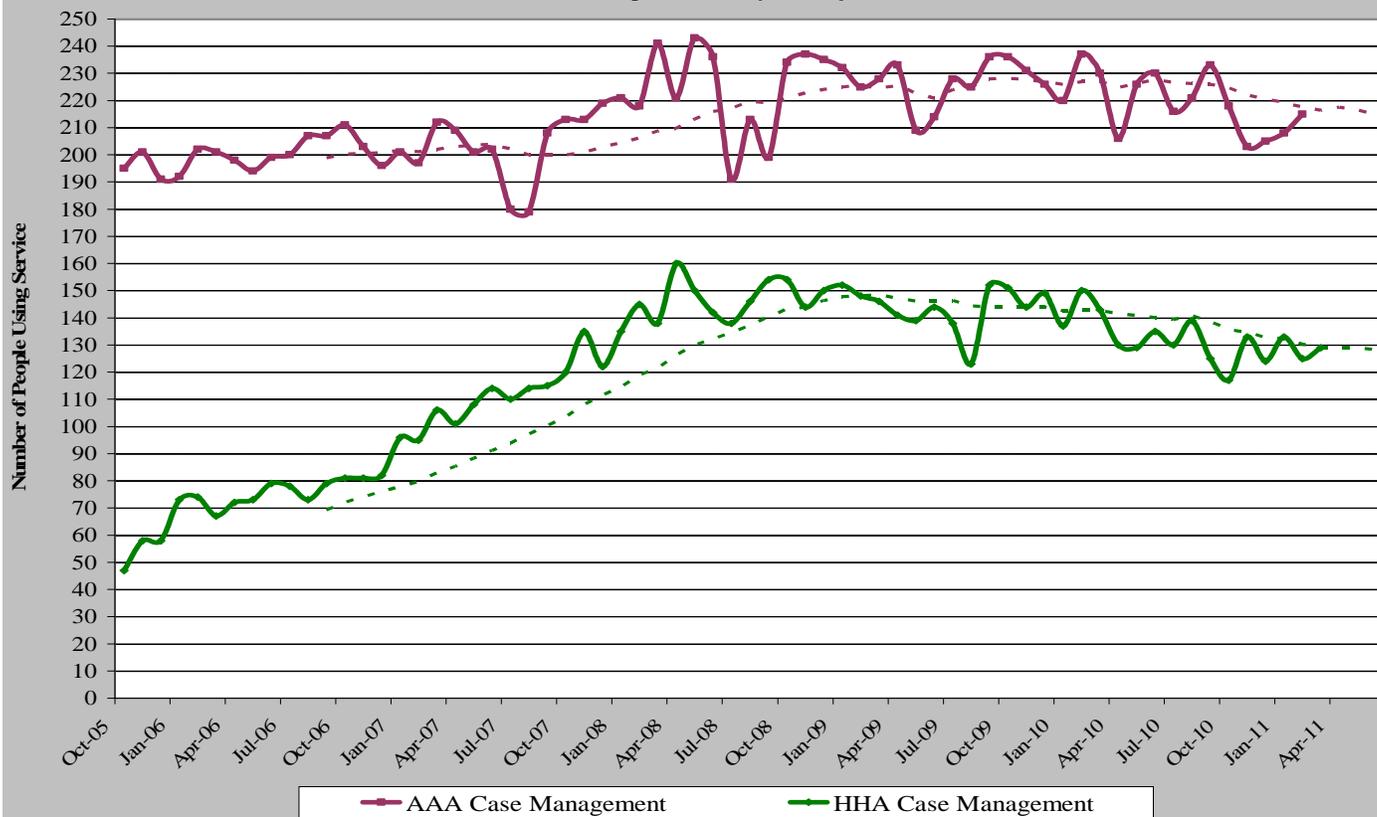
Chittenden County: Choices for Care Personal Care by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



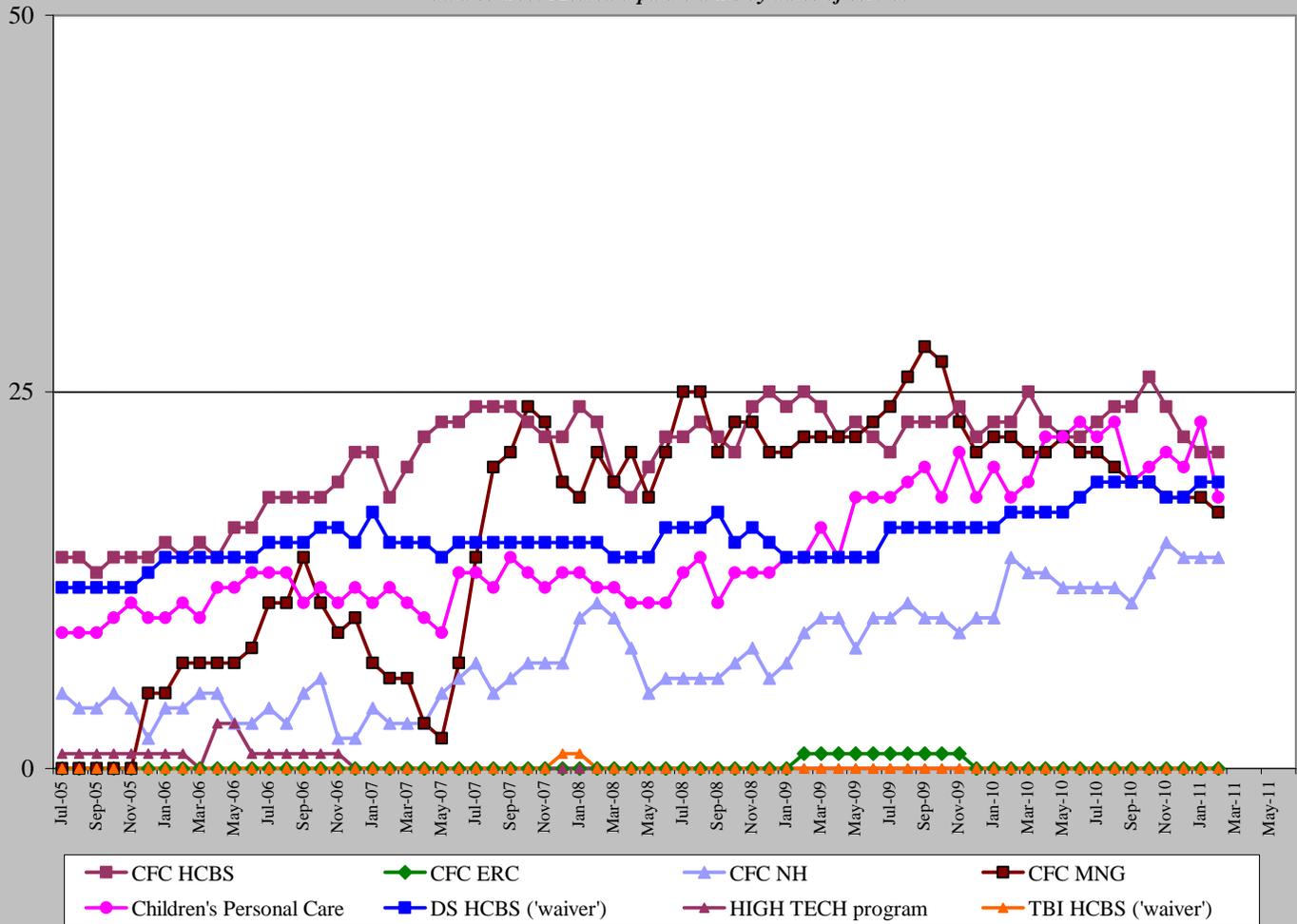
Chittenden County: Choices for Care Case Management by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



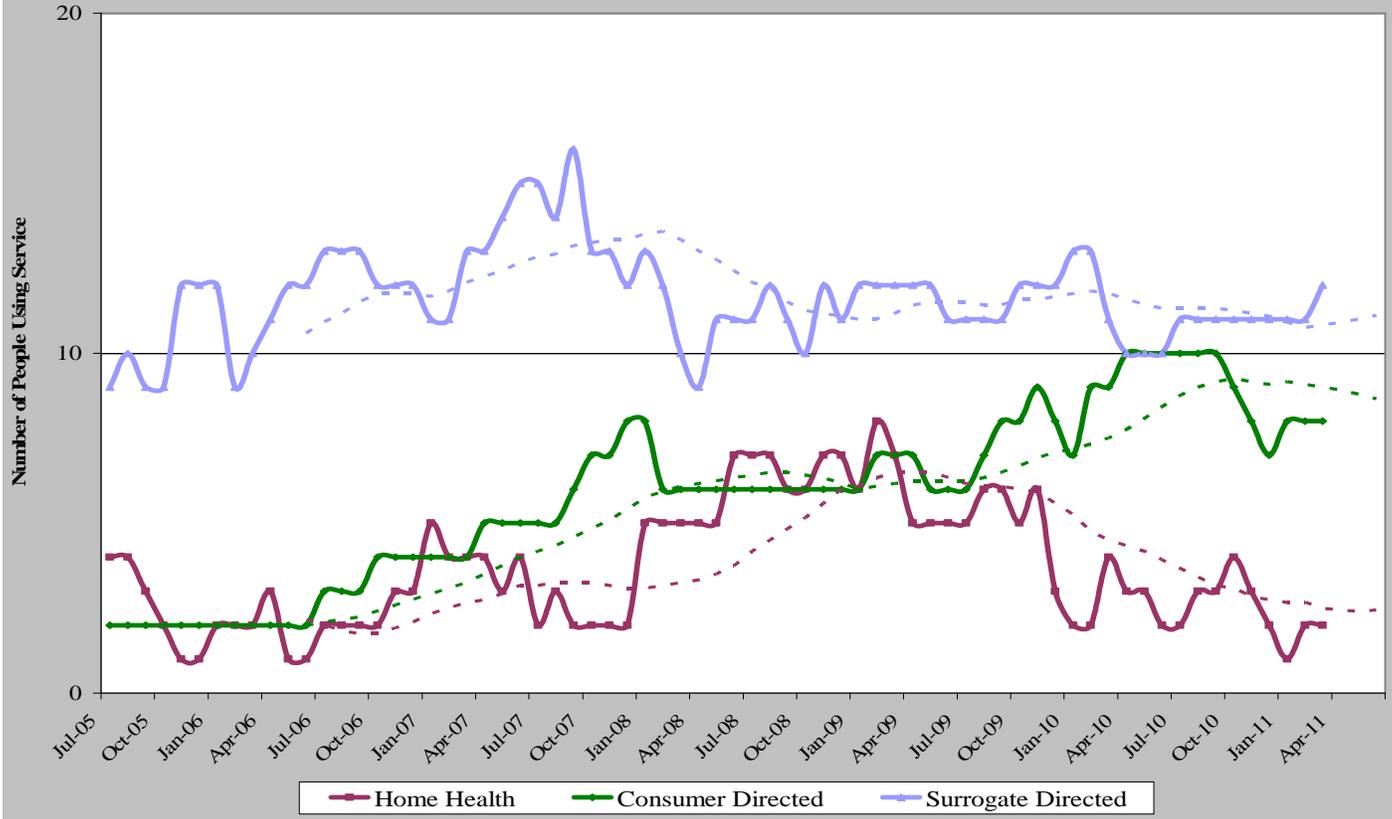
Numbers of People Receiving DDAS Services in Essex County sfy2005 - sfy2011

data source: Medicaid paid claims by dates of service



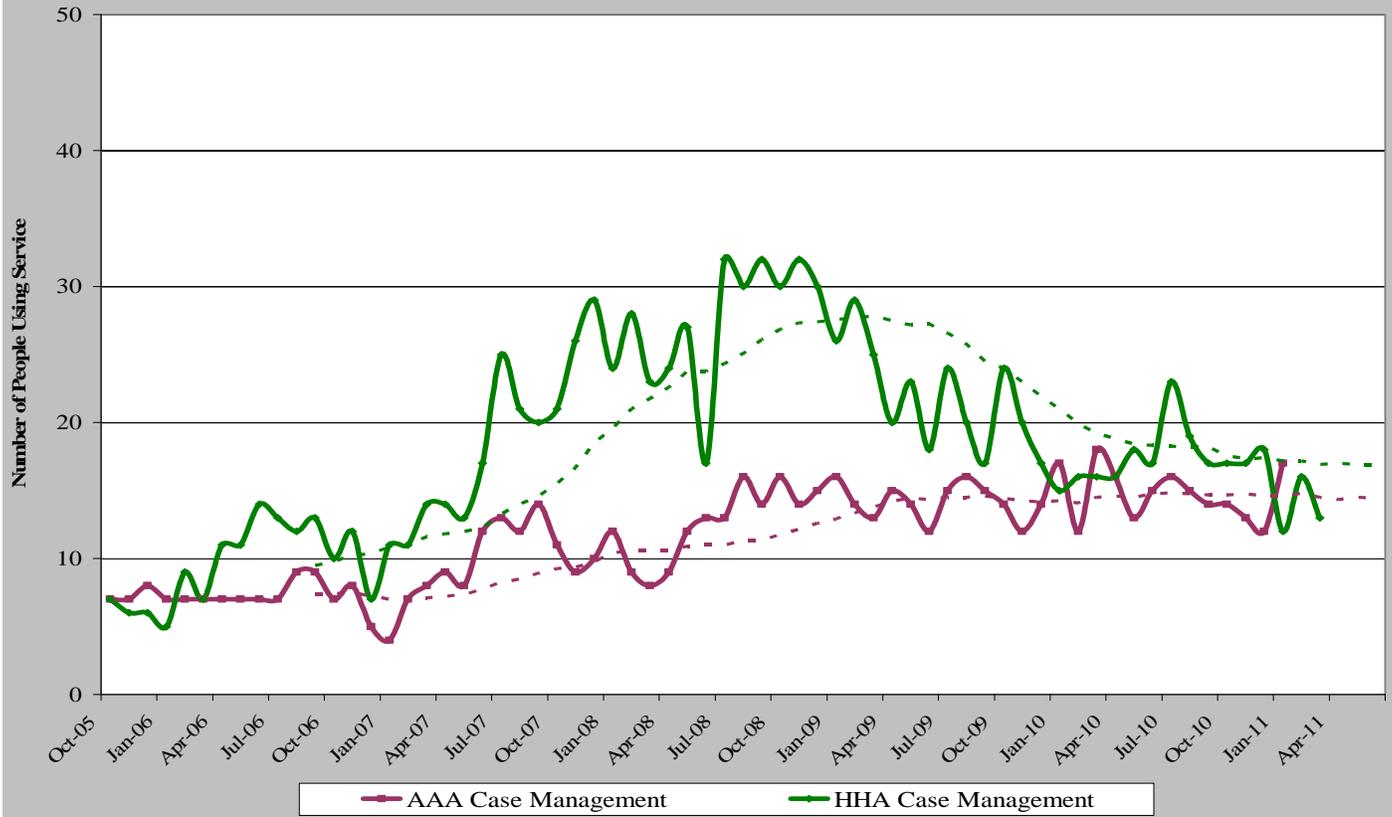
Essex County: Choices for Care Personal Care by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



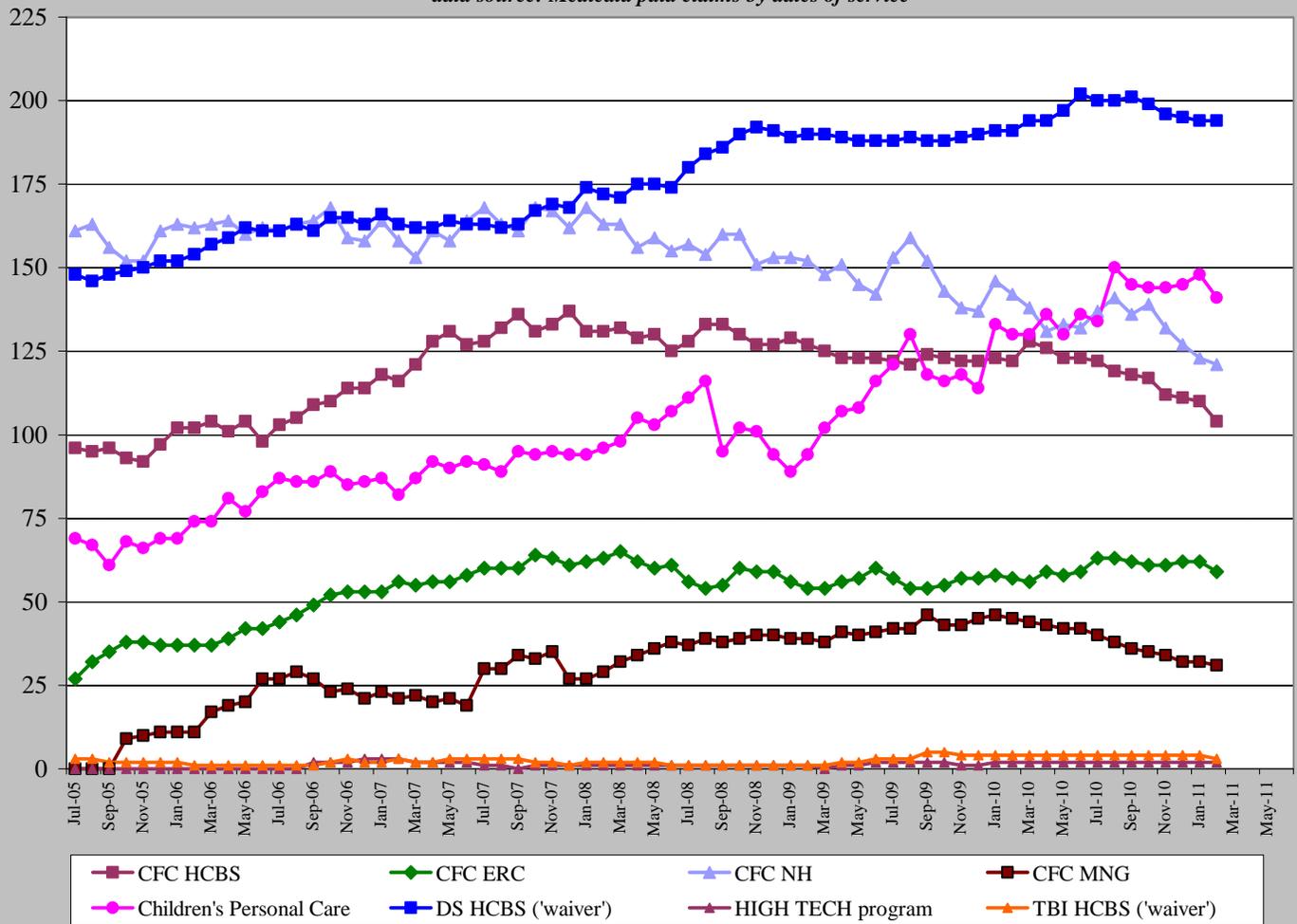
Essex County: Choices for Care Case Management by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



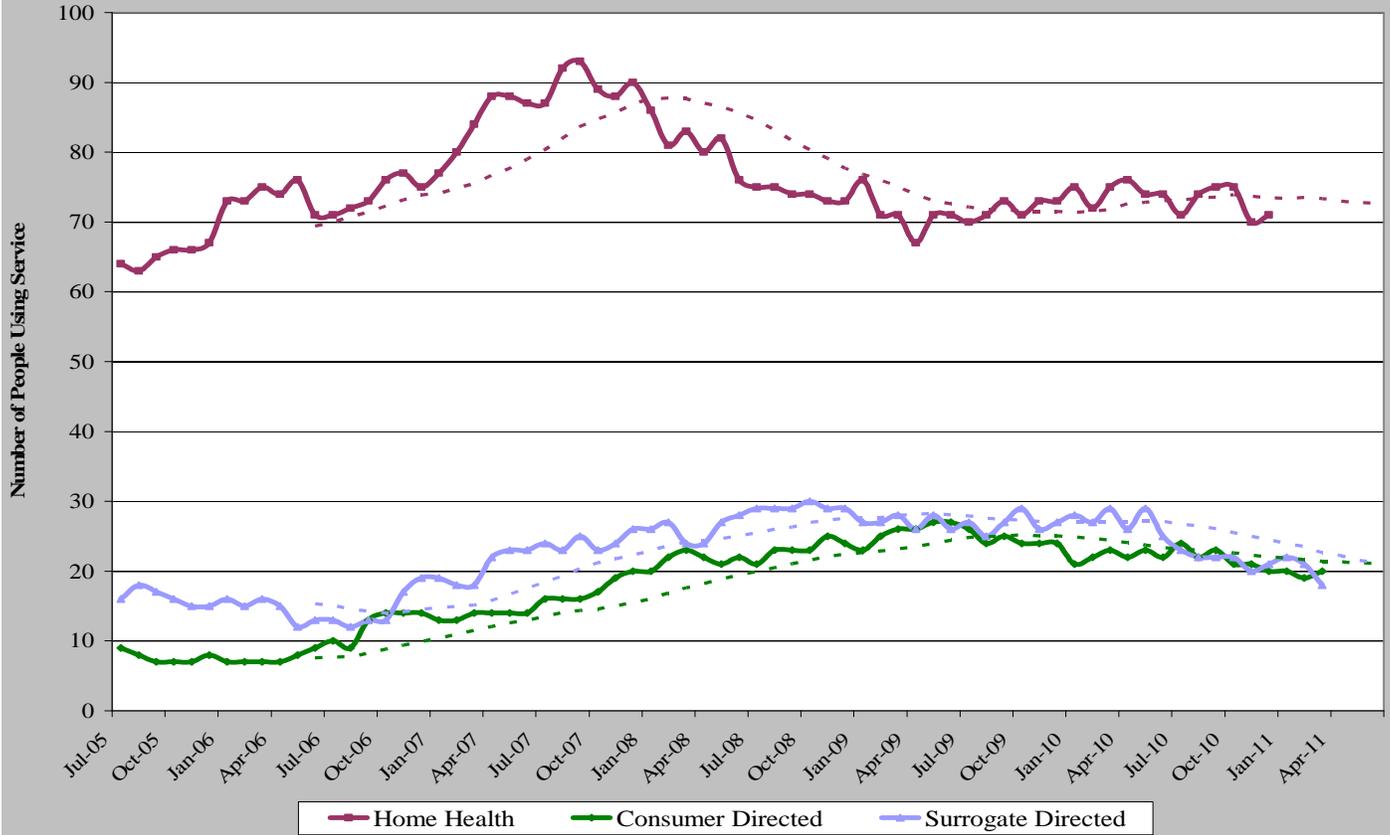
Numbers of People Receiving DDAS Services in Franklin County sfy2005 - sfy2011

data source: Medicaid paid claims by dates of service



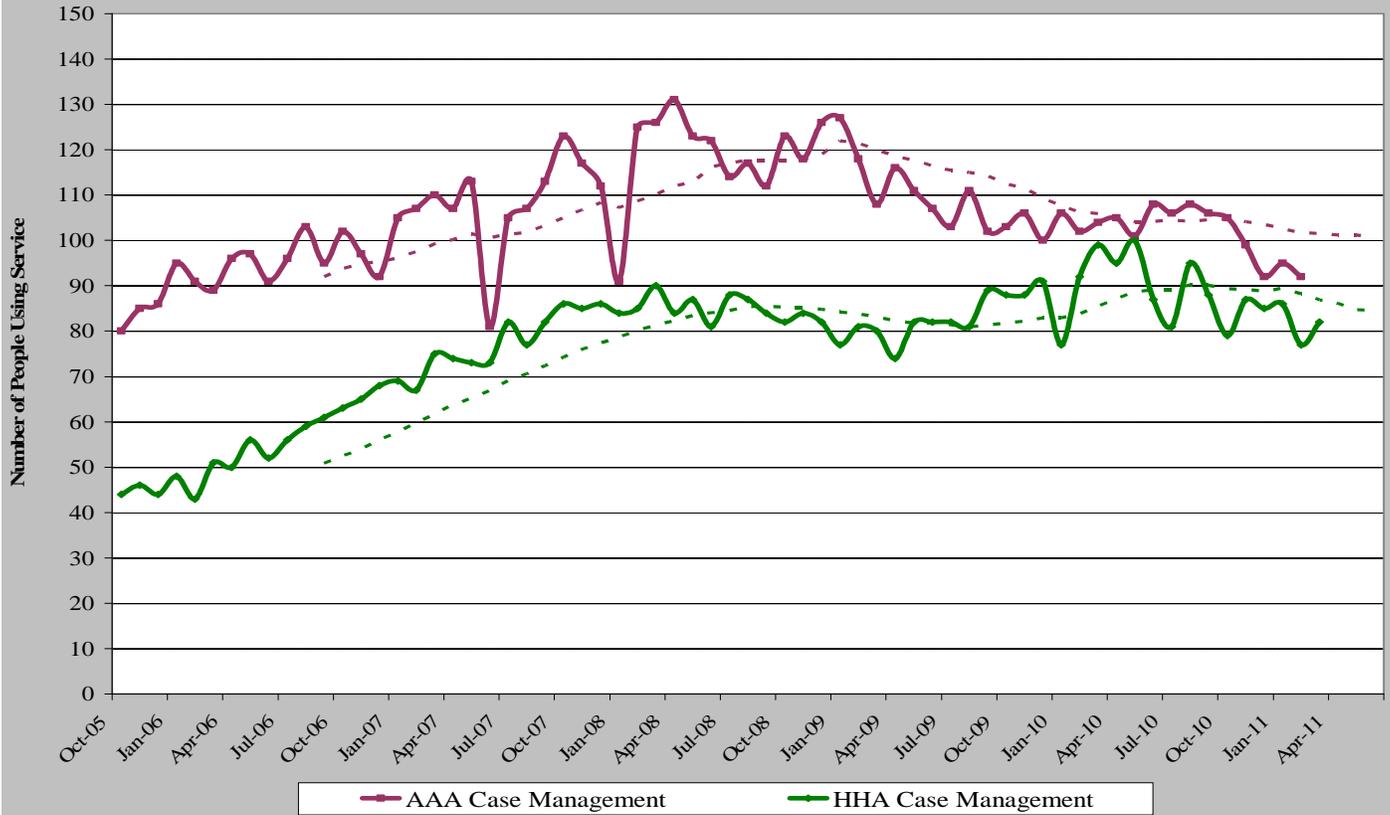
Franklin County: Choices for Care Personal Care by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



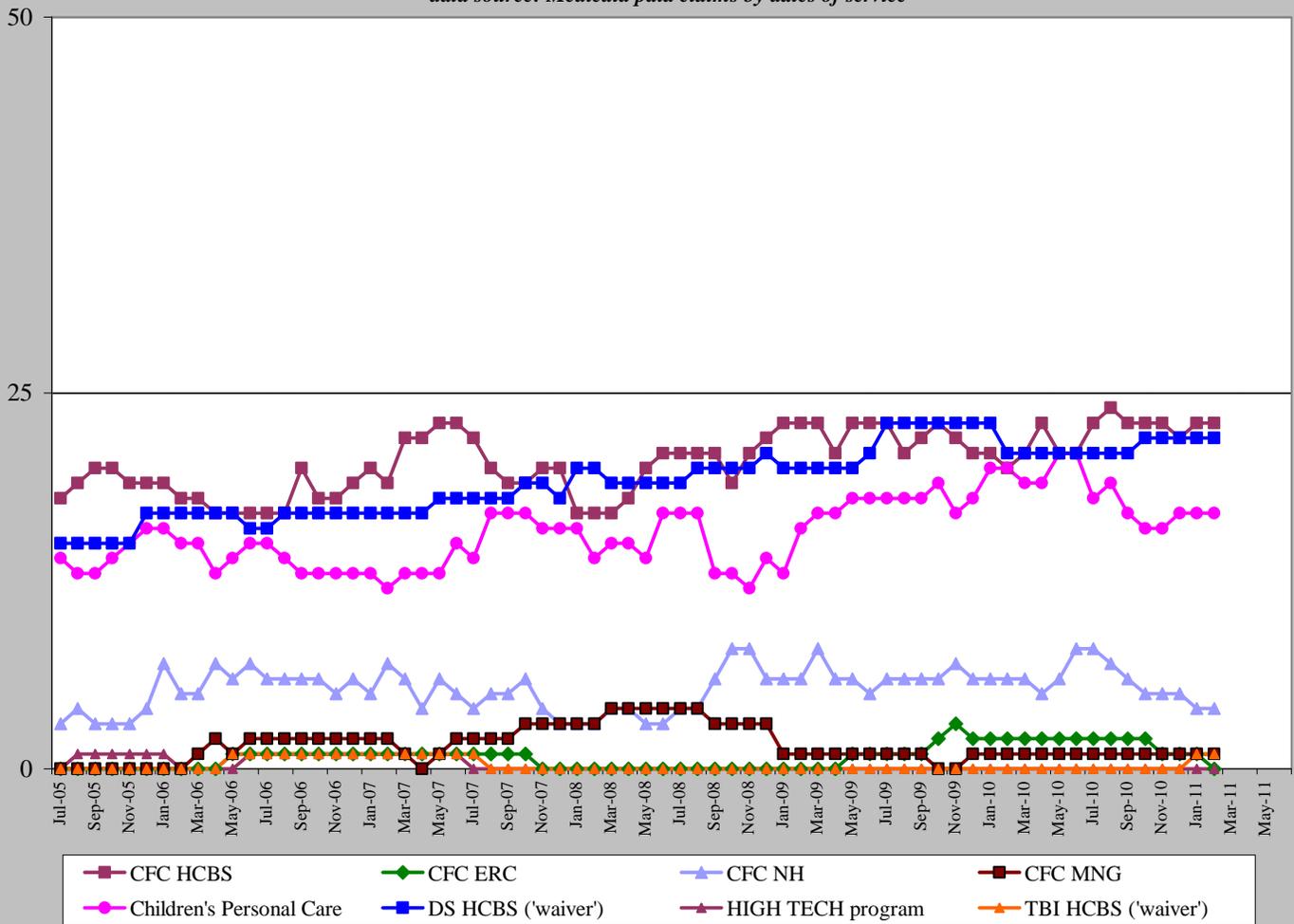
Franklin County: Choices for Care Case Management by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



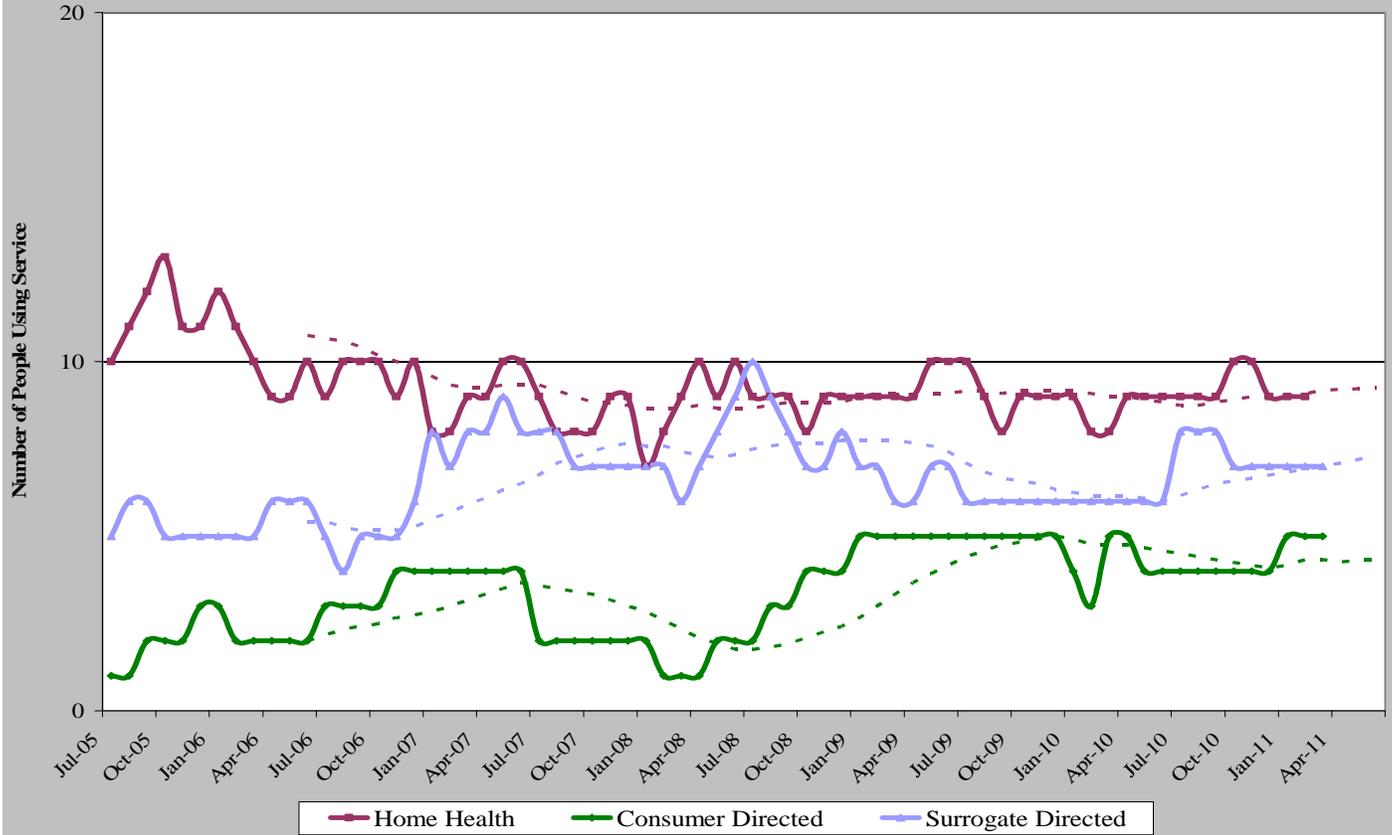
Numbers of People Receiving DDAS Services in Grand Isle County sfy2005 - sfy2011

data source: Medicaid paid claims by dates of service



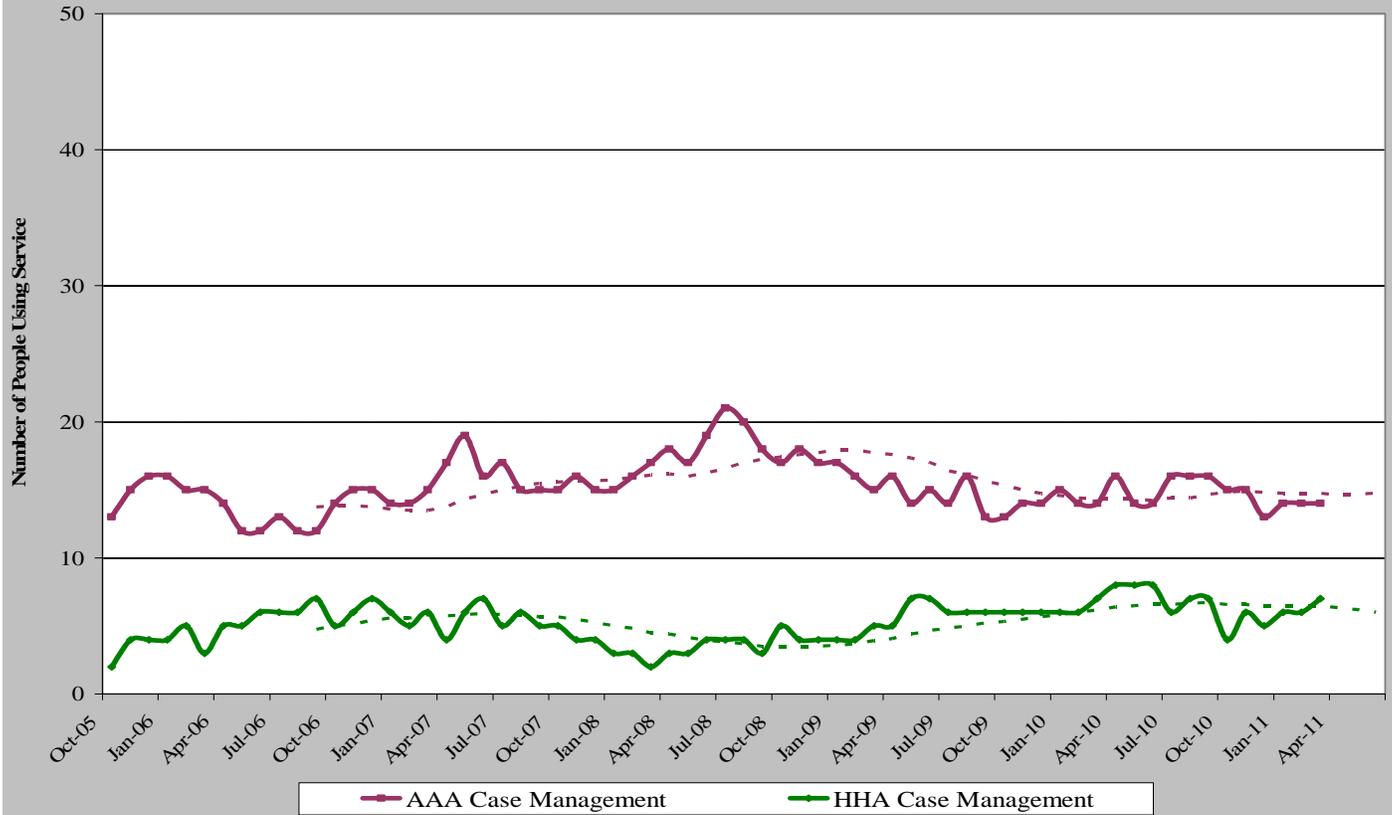
Grand Isle County: Choices for Care Personal Care by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



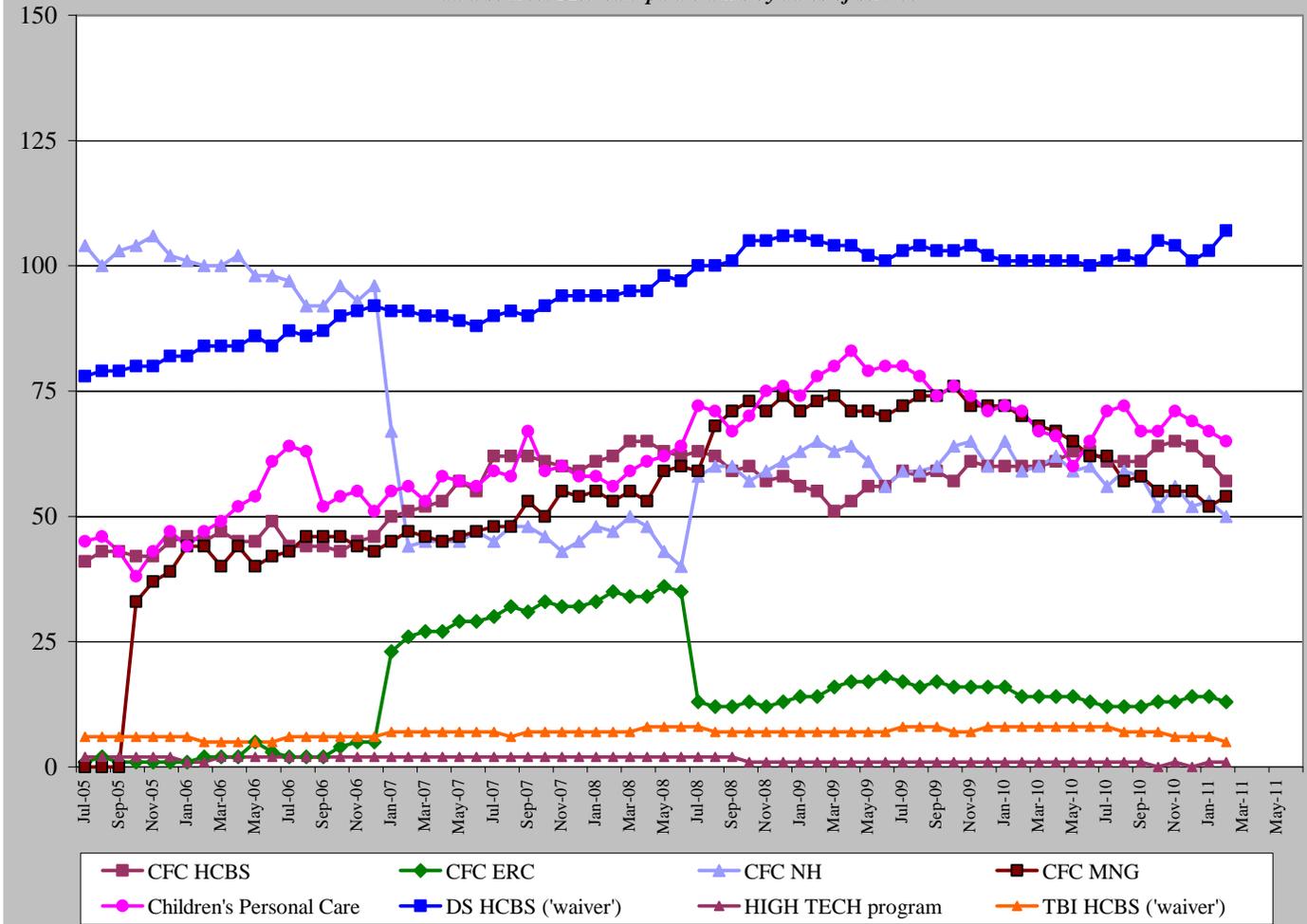
Grand Isle County: Choices for Care Case Management by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



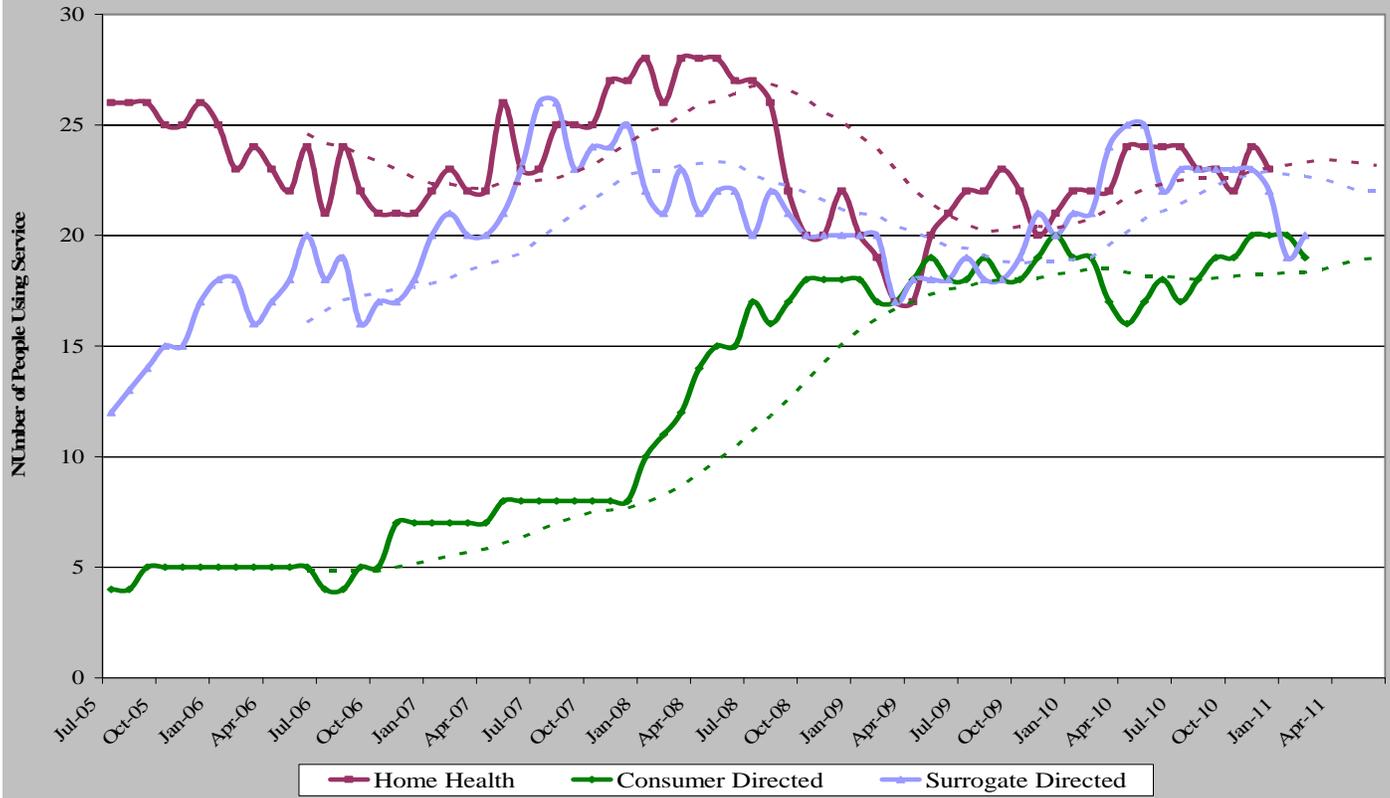
Numbers of People Receiving DDAS Services in Lamoille County sfy2005 - sfy2011

data source: Medicaid paid claims by dates of service



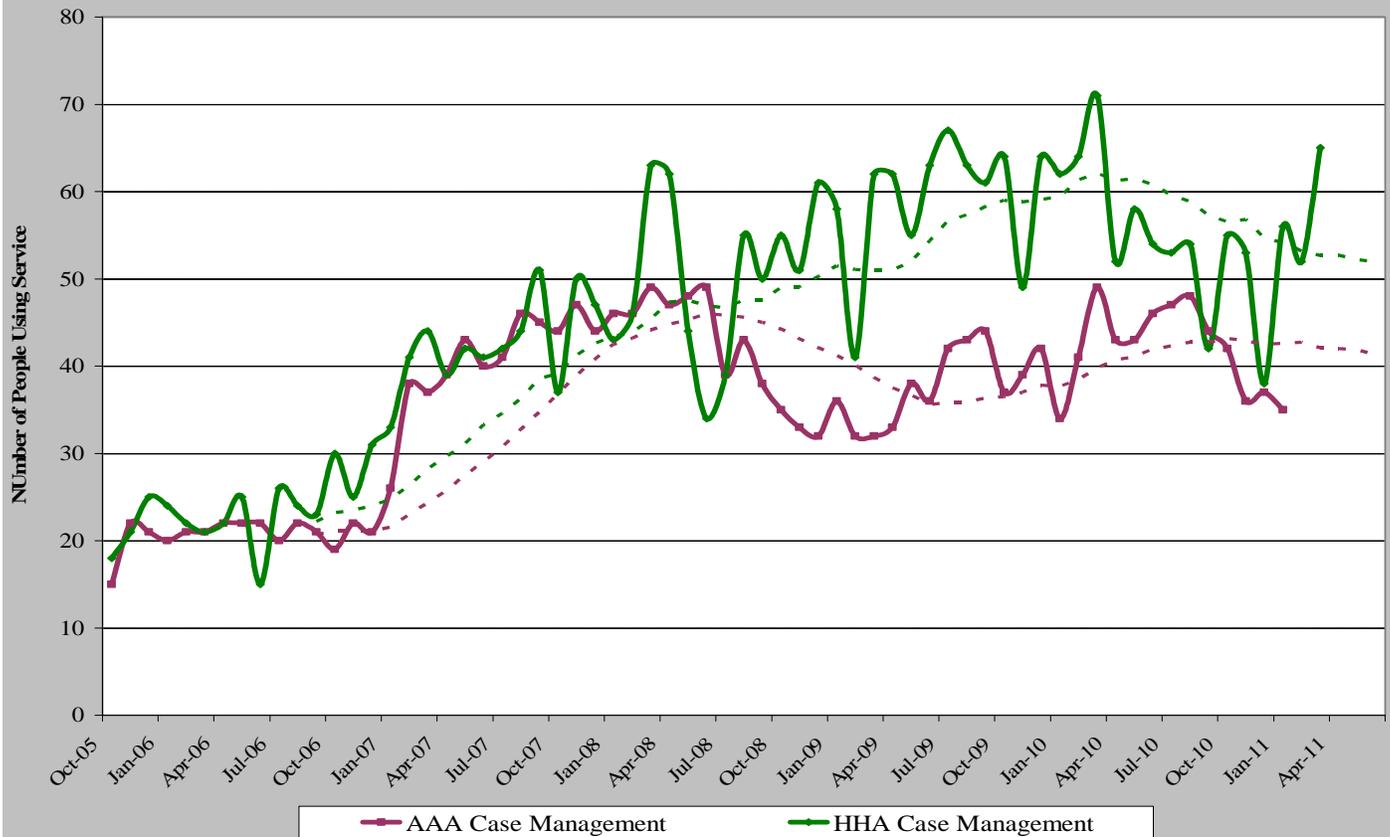
Lamoille County: Choices for Care Personal Care by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



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

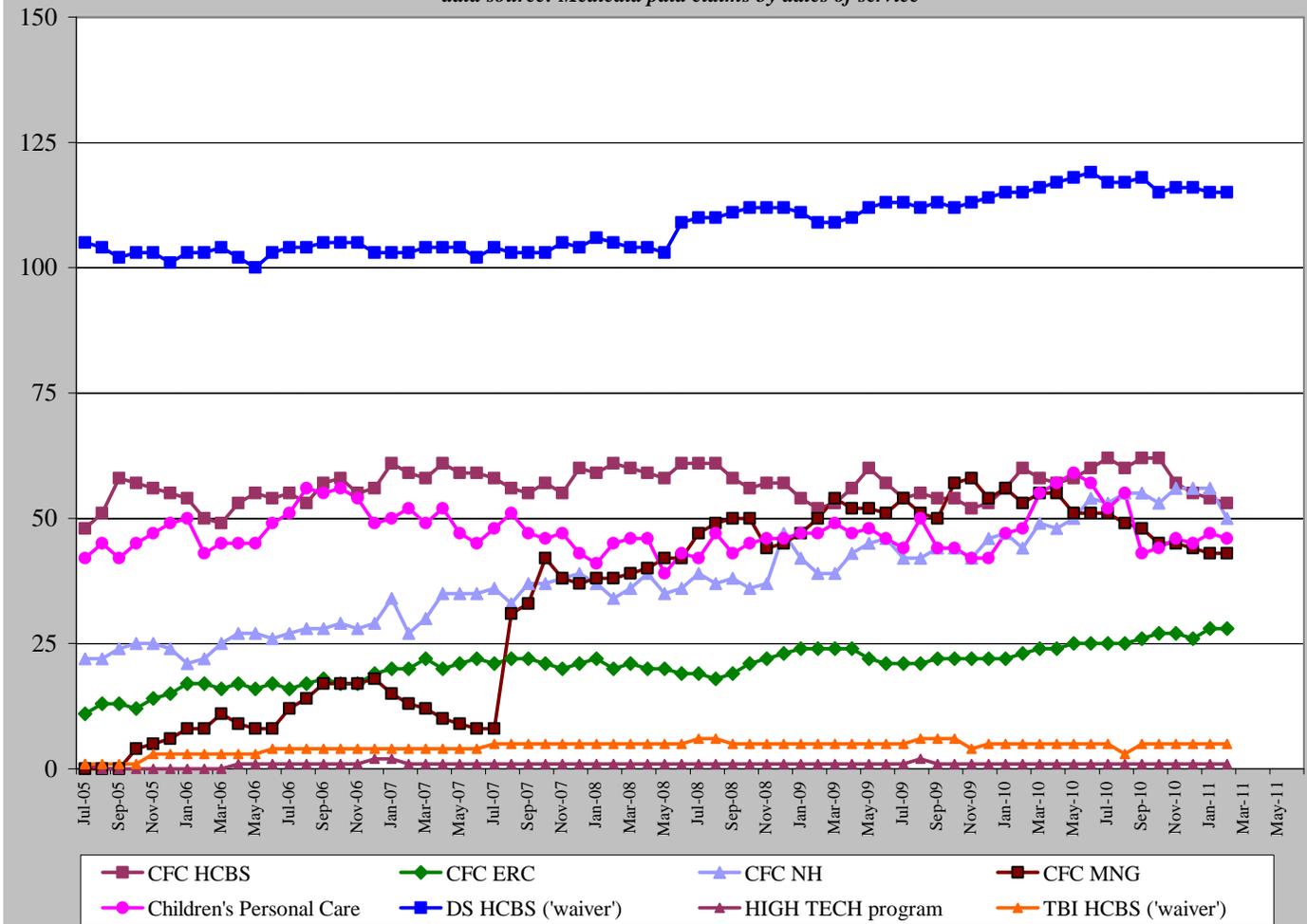
data source: paid claims by dates of service



Numbers of People Receiving DDAS Services in Orange County

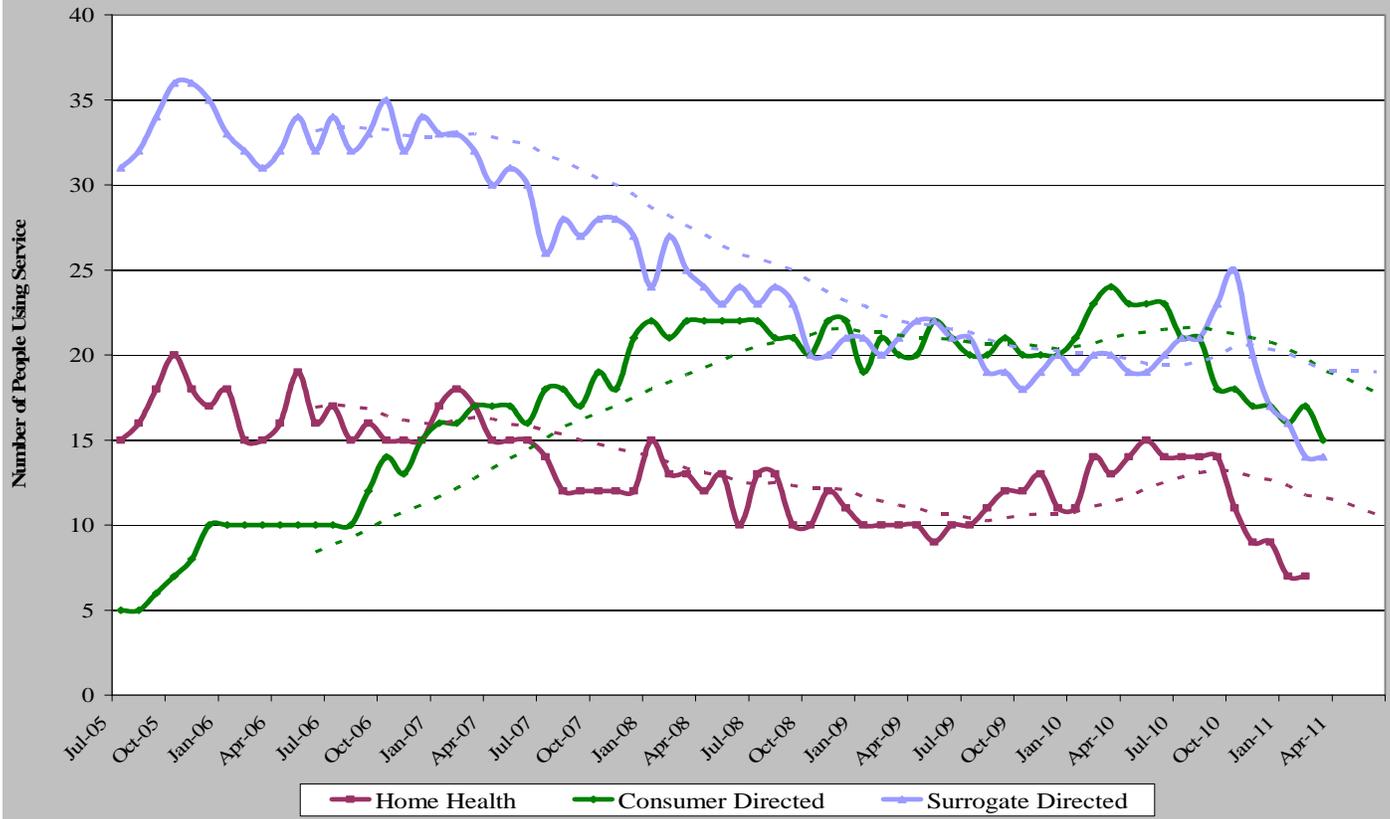
sfy2005 - sfy2011

data source: Medicaid paid claims by dates of service



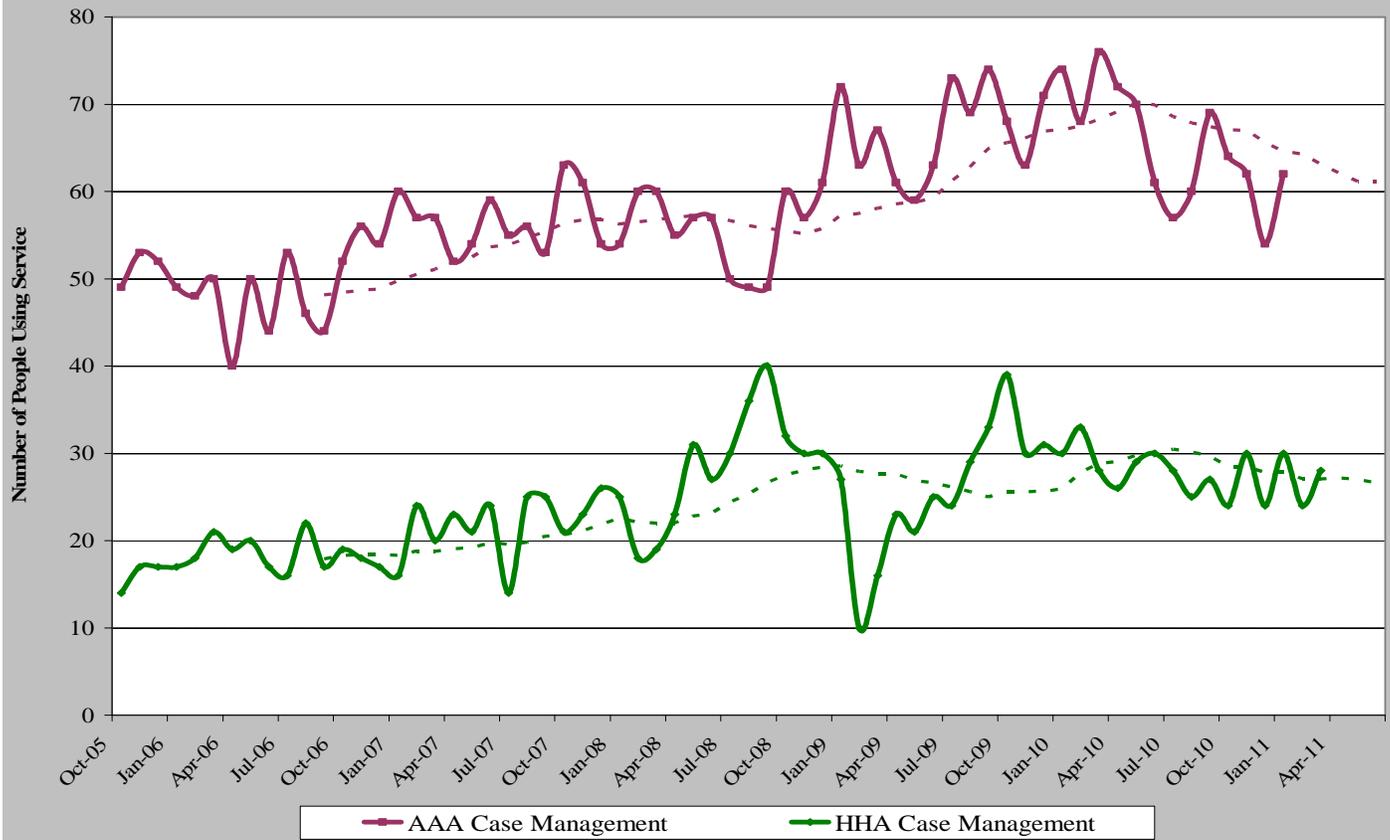
Orange County: Choices for Care Personal Care by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



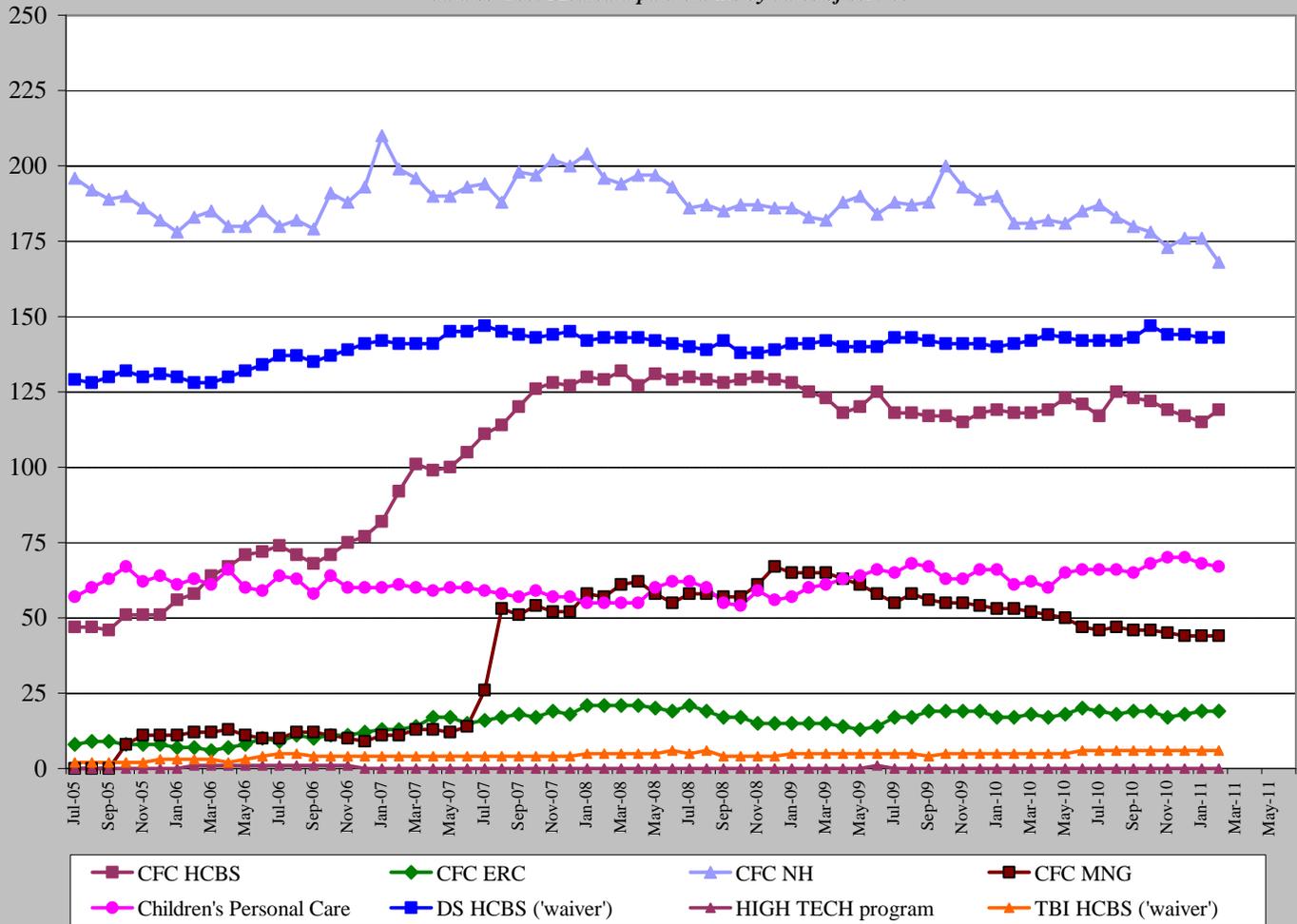
Orange County: Choices for Care Case Management by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



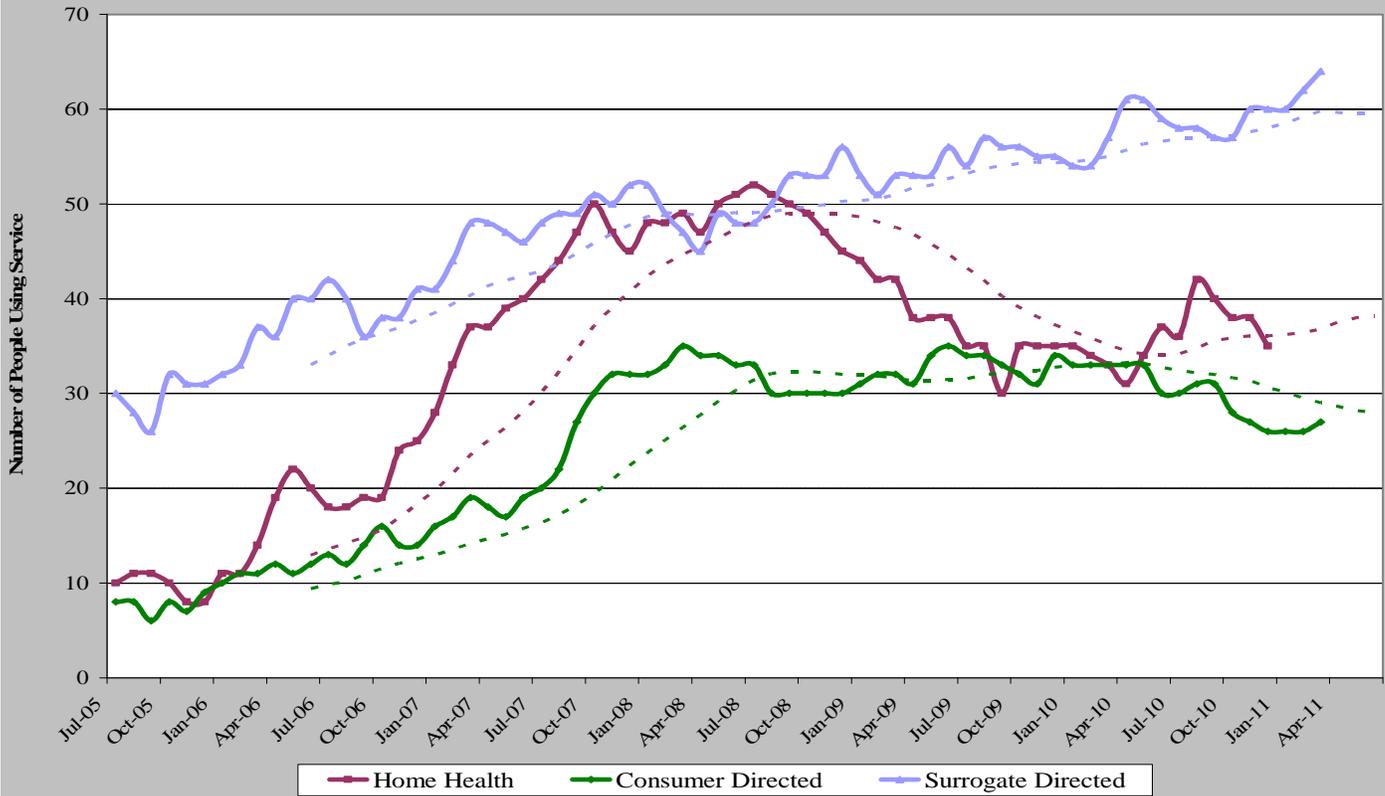
Numbers of People Receiving DDAS Services in Orleans County sfy2005 - sfy2011

data source: Medicaid paid claims by dates of service



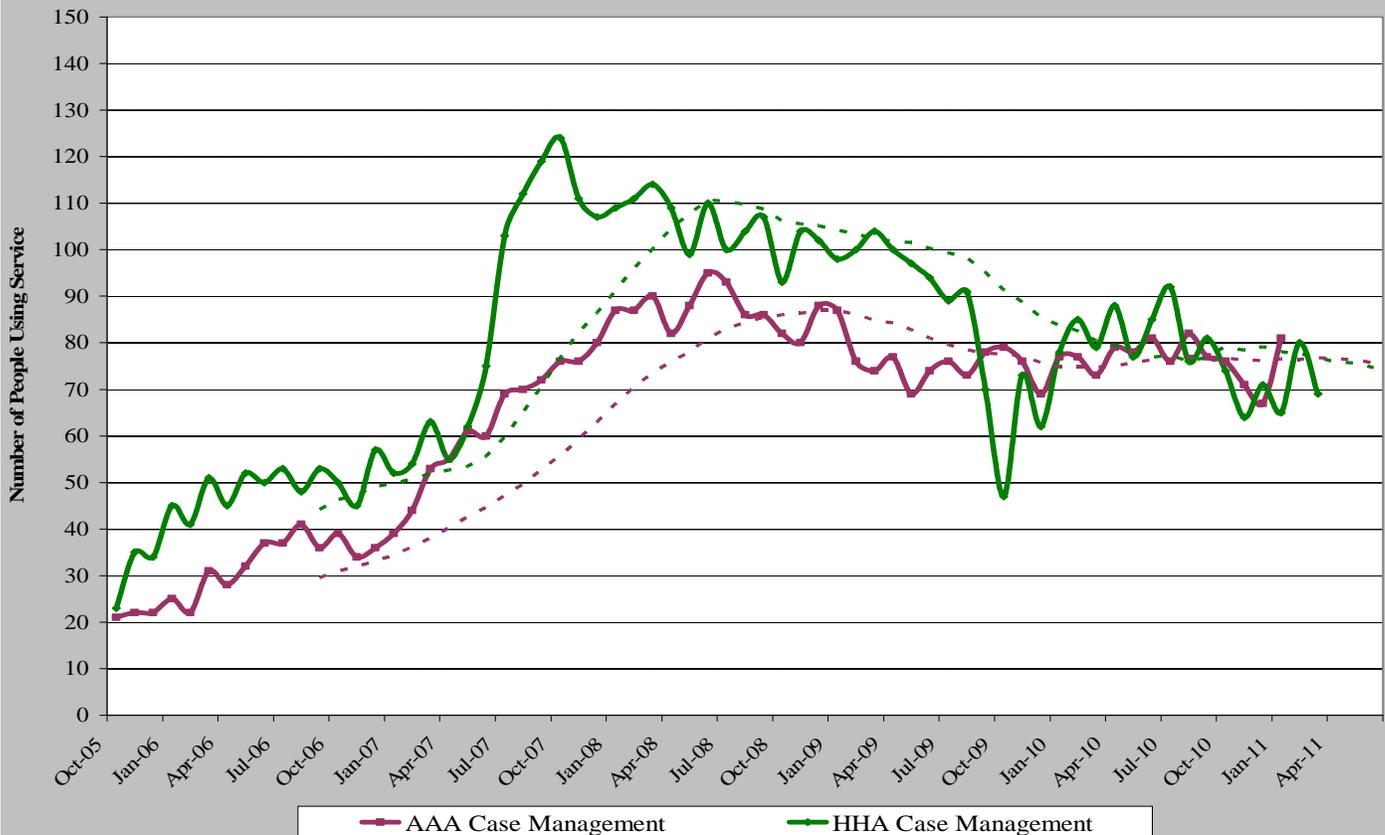
Orleans County: Choices for Care Personal Care by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



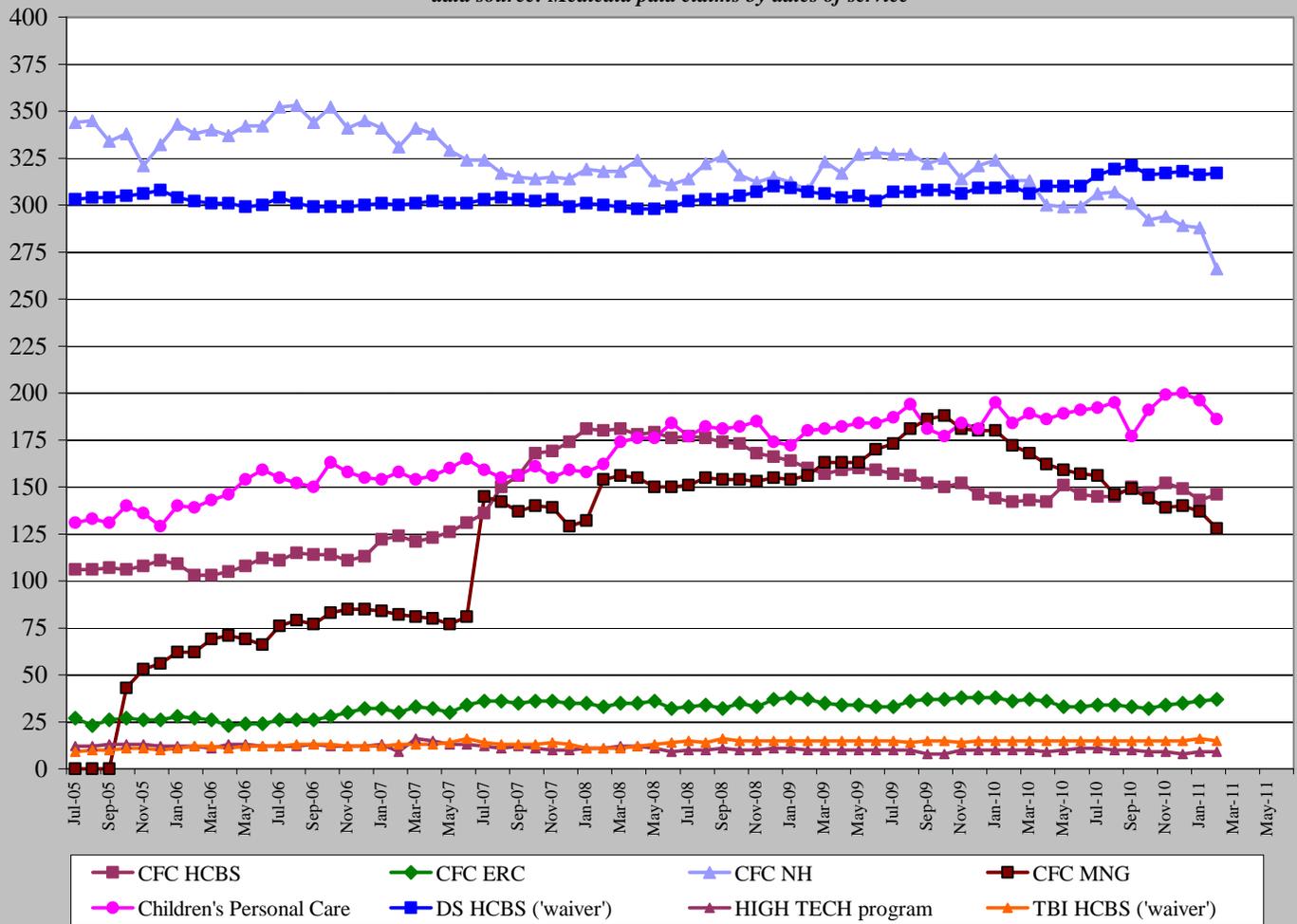
Orleans County: Choices for Care Case Management by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



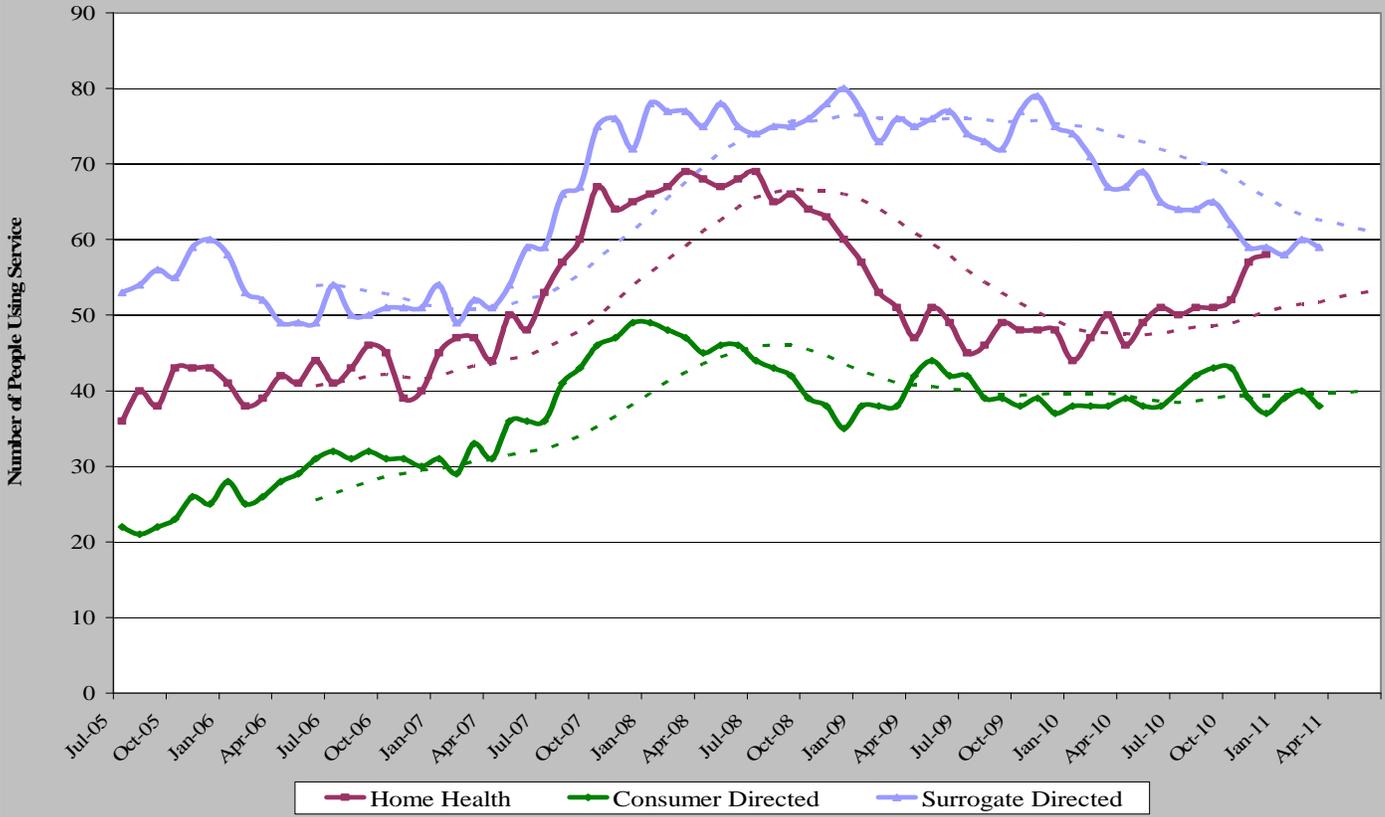
Numbers of People Receiving DDAS Services in Rutland County sfy2005 - sfy2011

data source: Medicaid paid claims by dates of service



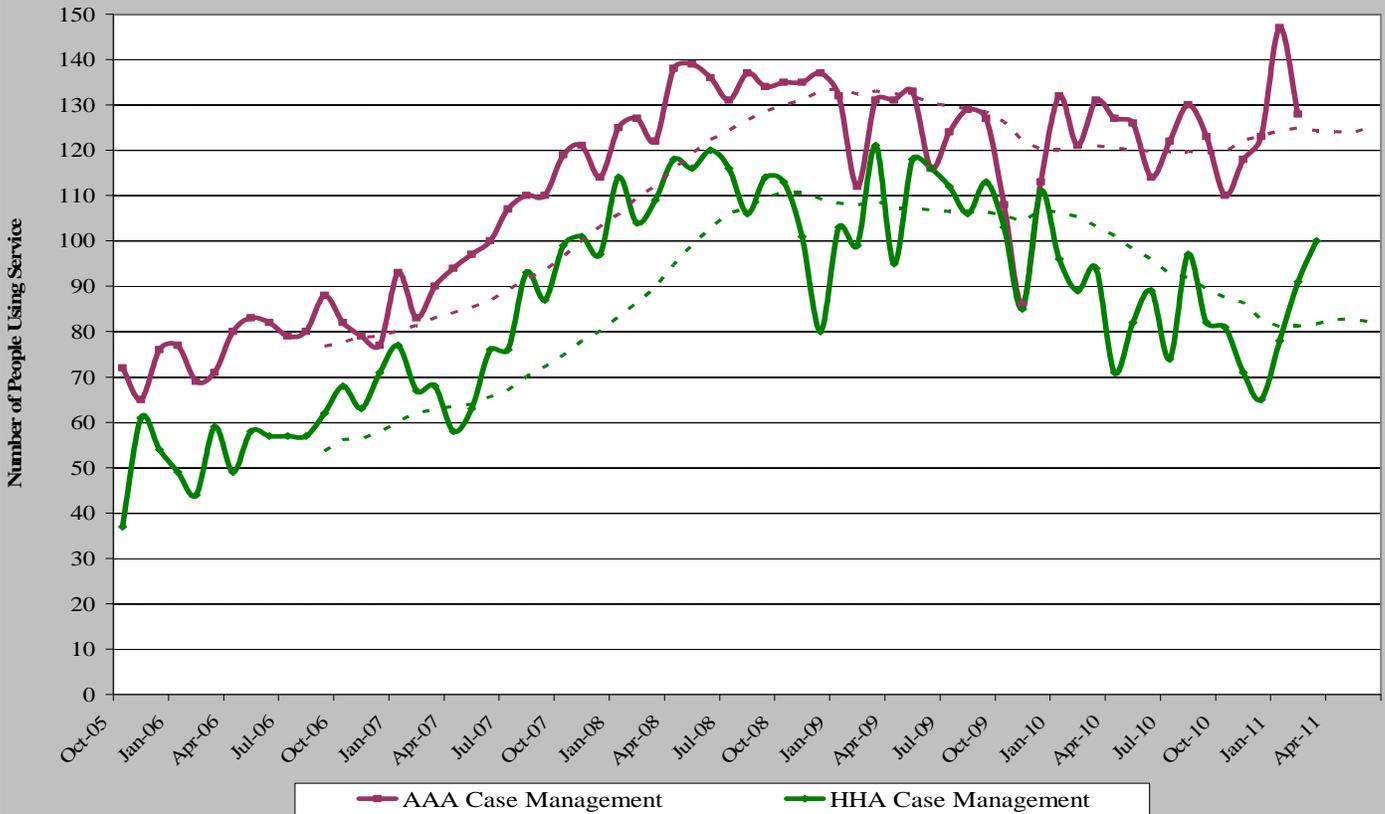
Rutland County: Choices for Care Personal Care by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



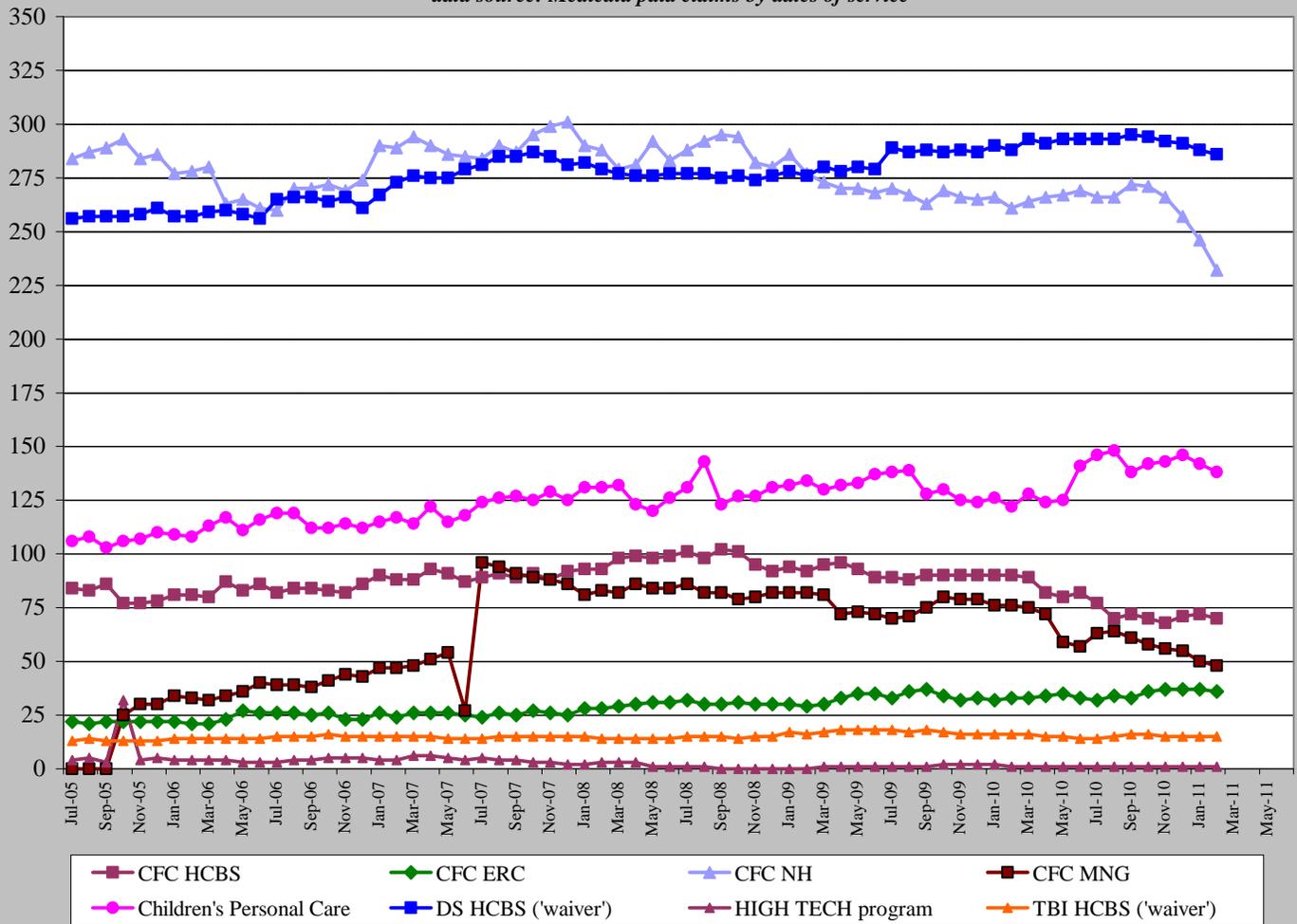
Rutland County: Choices for Care Case Management by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



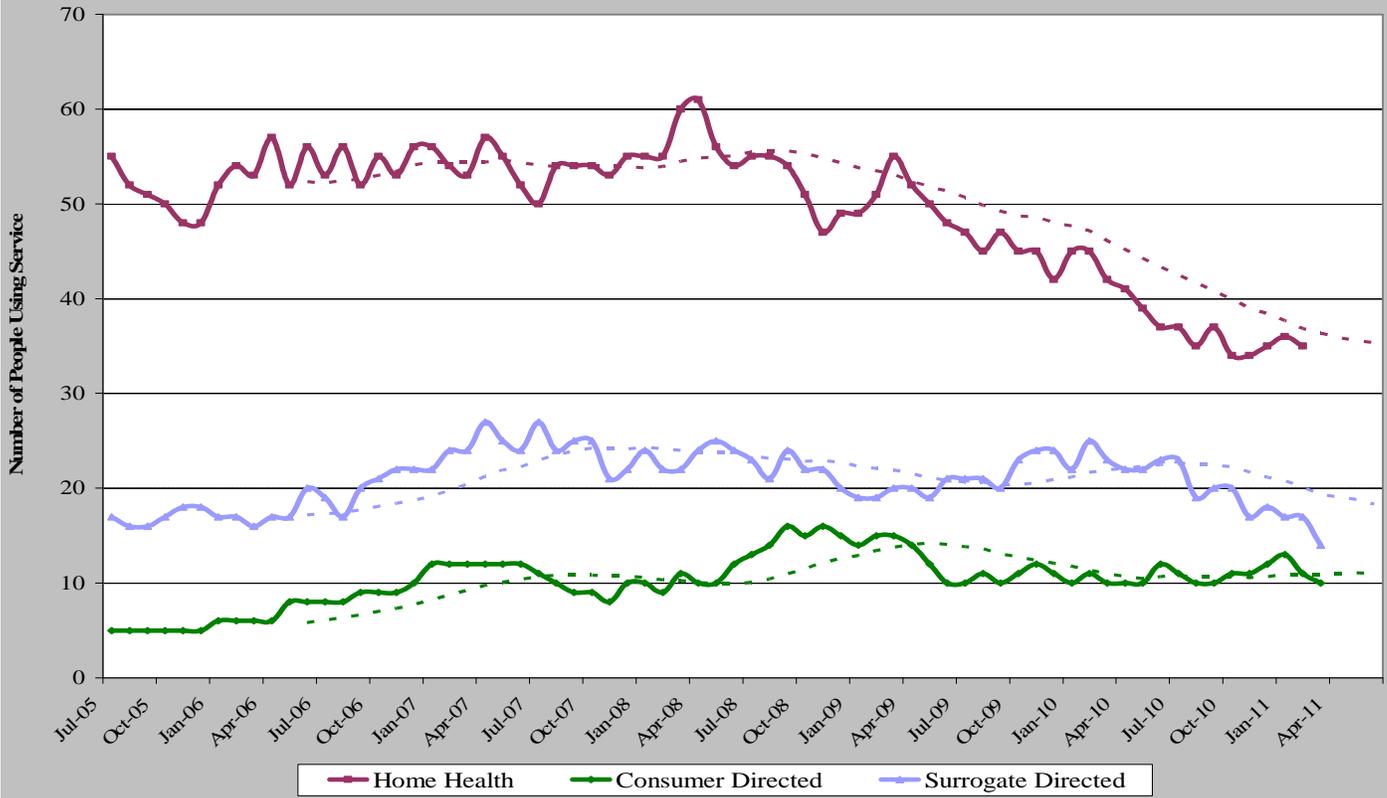
Numbers of People Receiving DDAS Services in Washington County sfy2005 - sfy2011

data source: Medicaid paid claims by dates of service



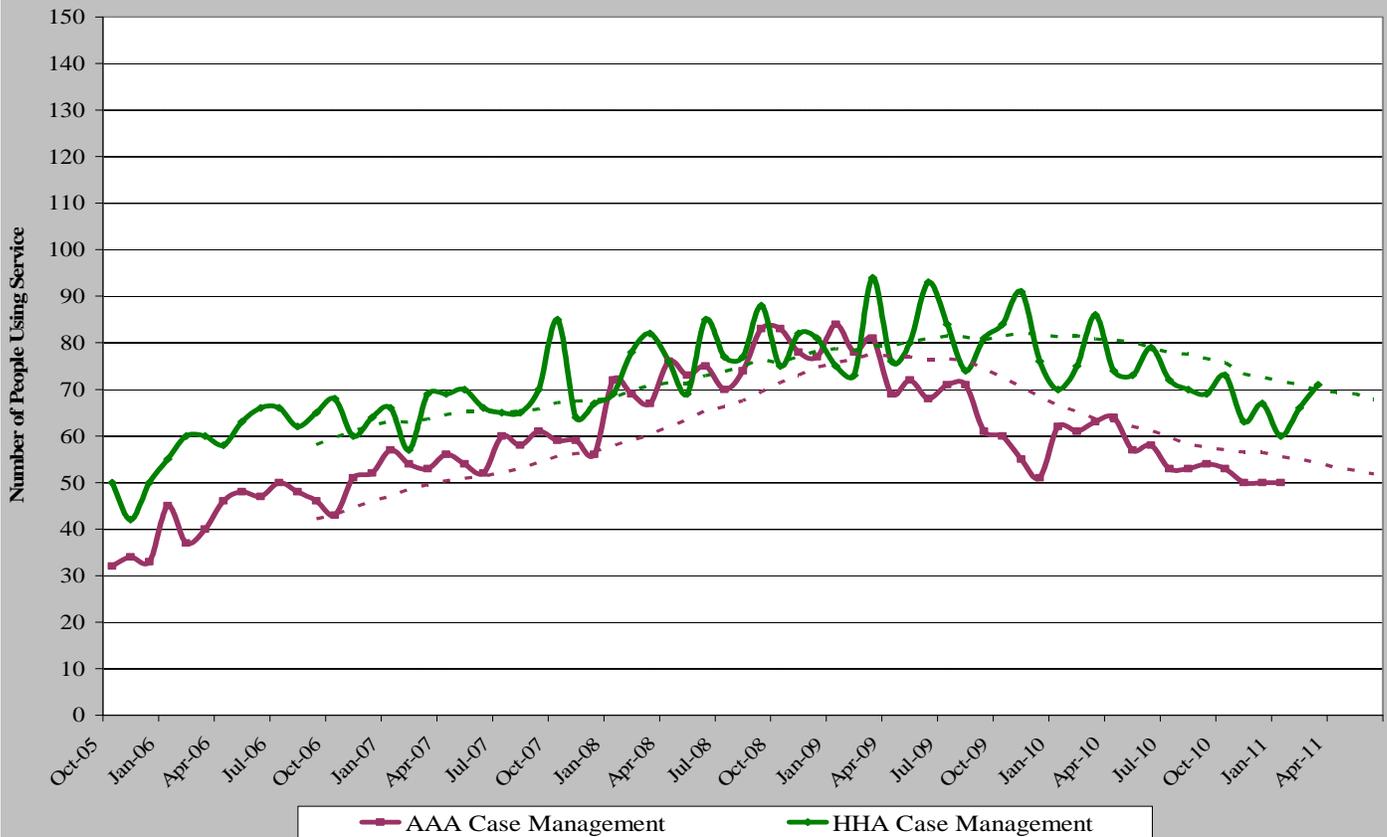
Washington County: Choices for Care Personal Care by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



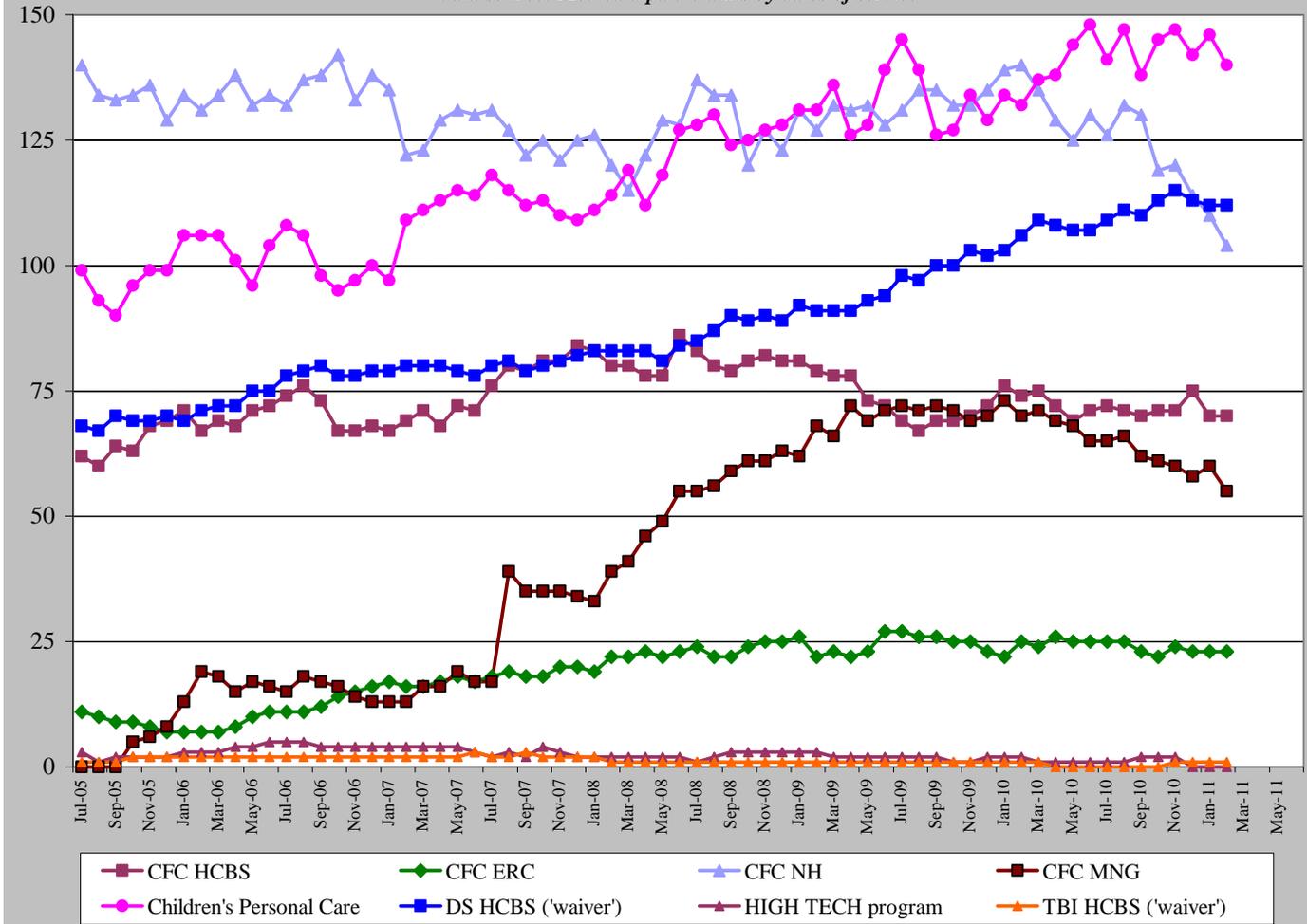
Washington County: Choices for Care Case Management by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



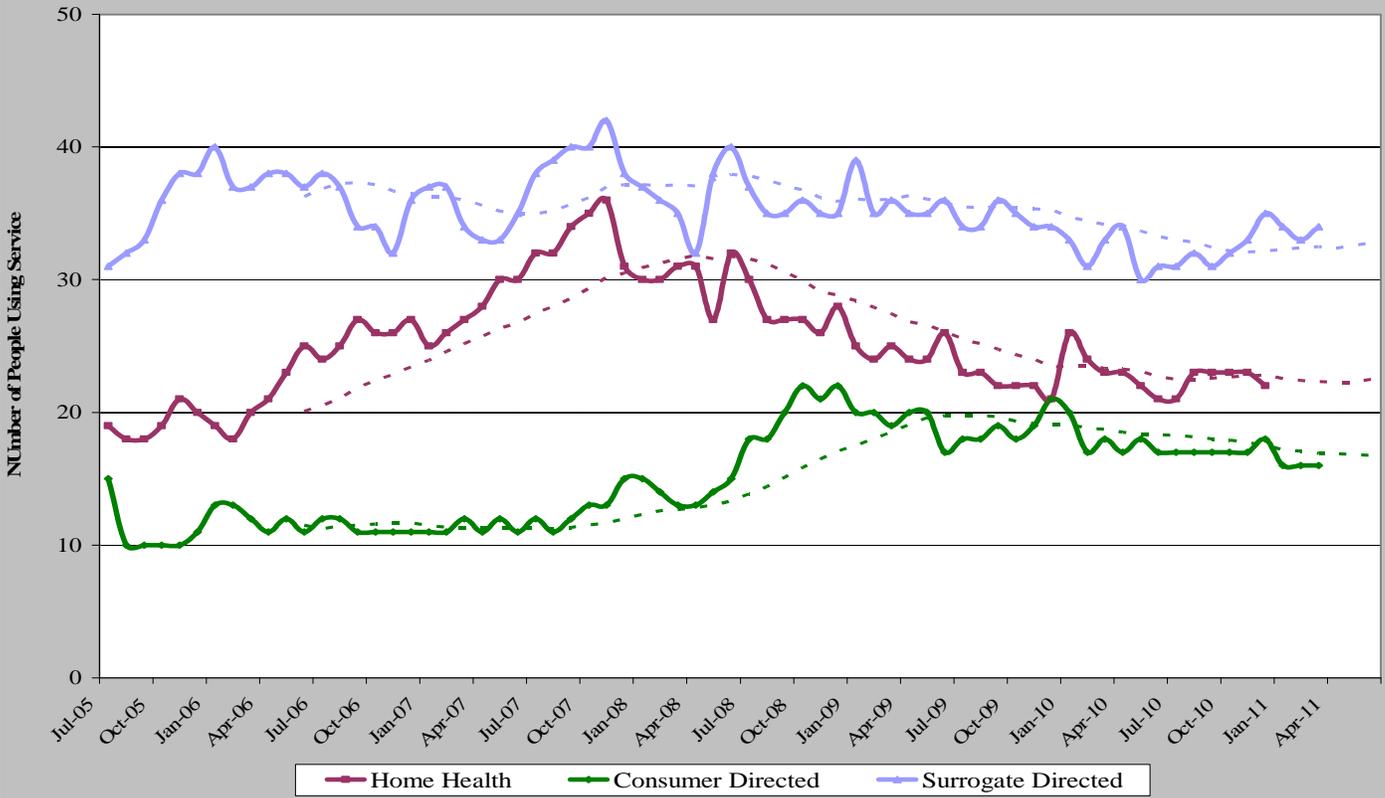
Numbers of People Receiving DDAS Services in Windham County sfy2005 - sfy2011

data source: Medicaid paid claims by dates of service



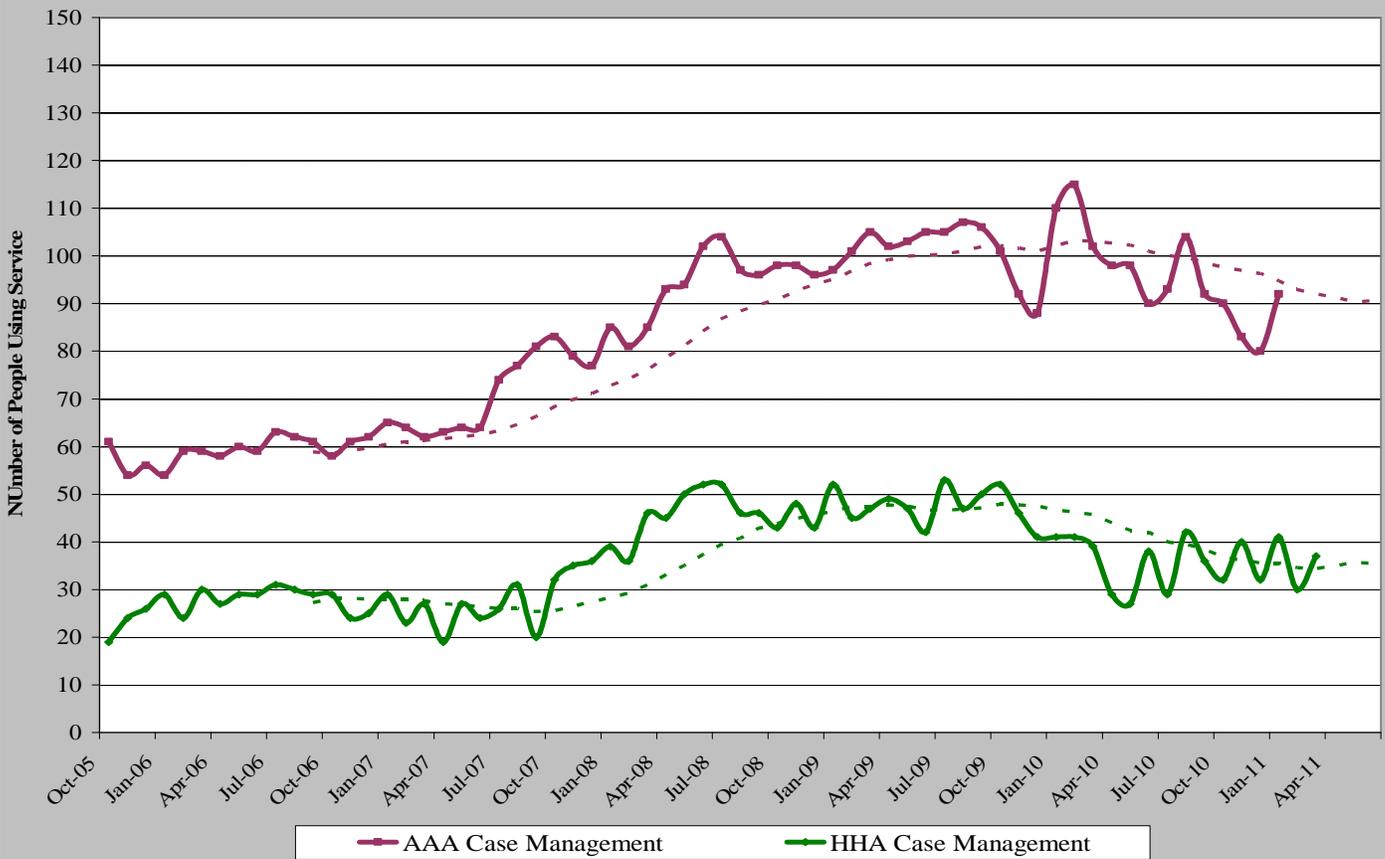
Windham County: Choices for Care Personal Care by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



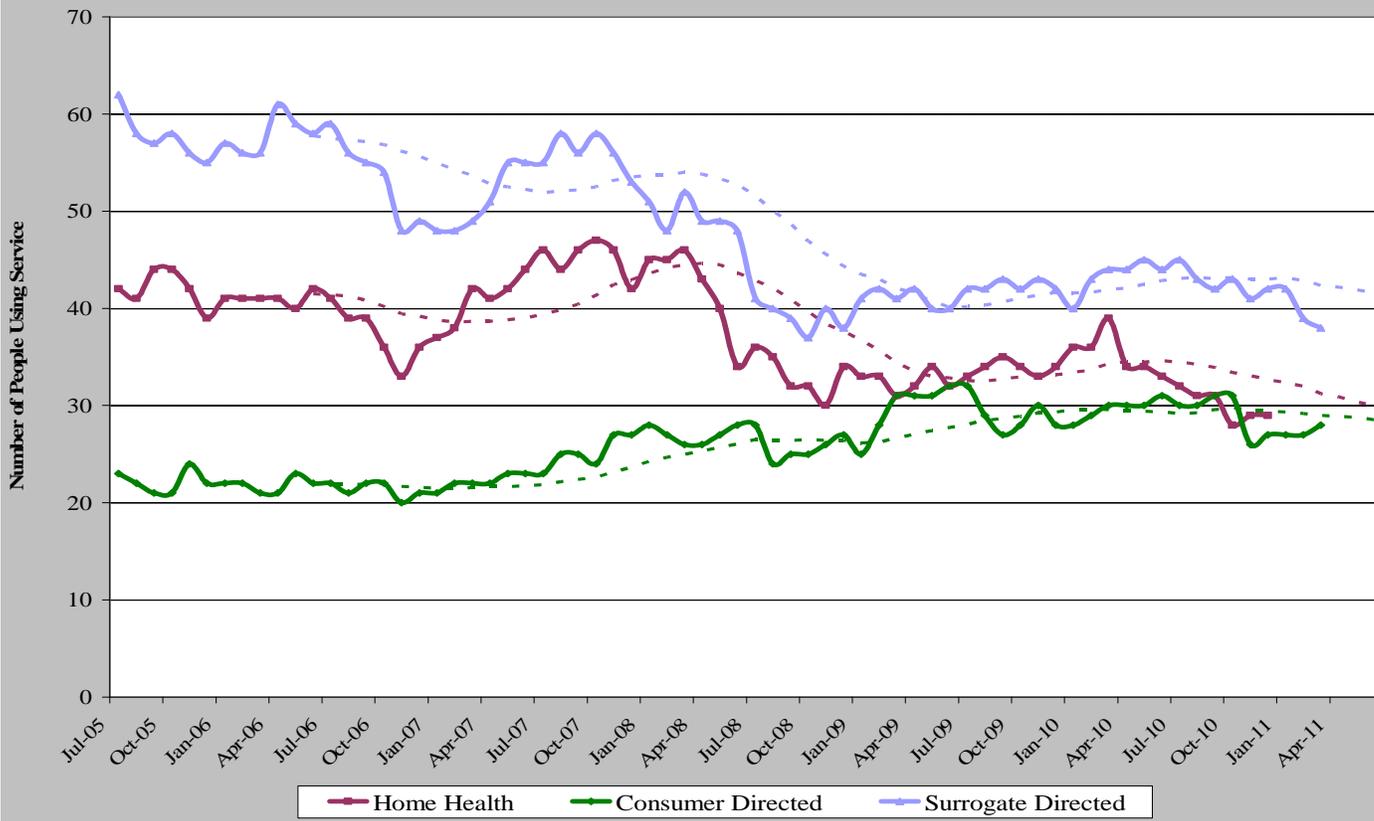
Windham County: Choices for Care Case Management by Type, sfy2005 - sfy2011

data source: paid claims by dates of service



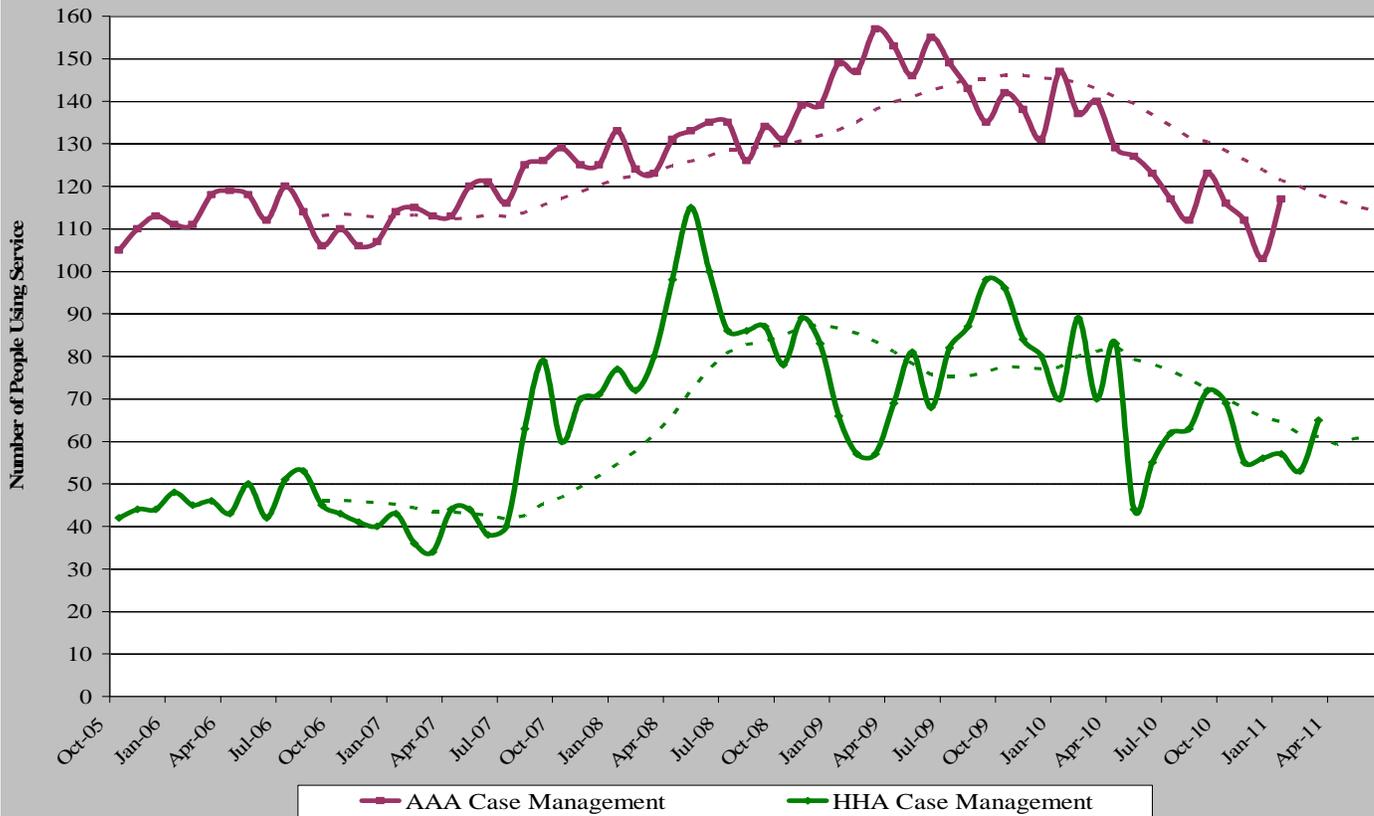
Windsor County: Choices for Care Personal Care by Type, sfy2005 - sfy2011

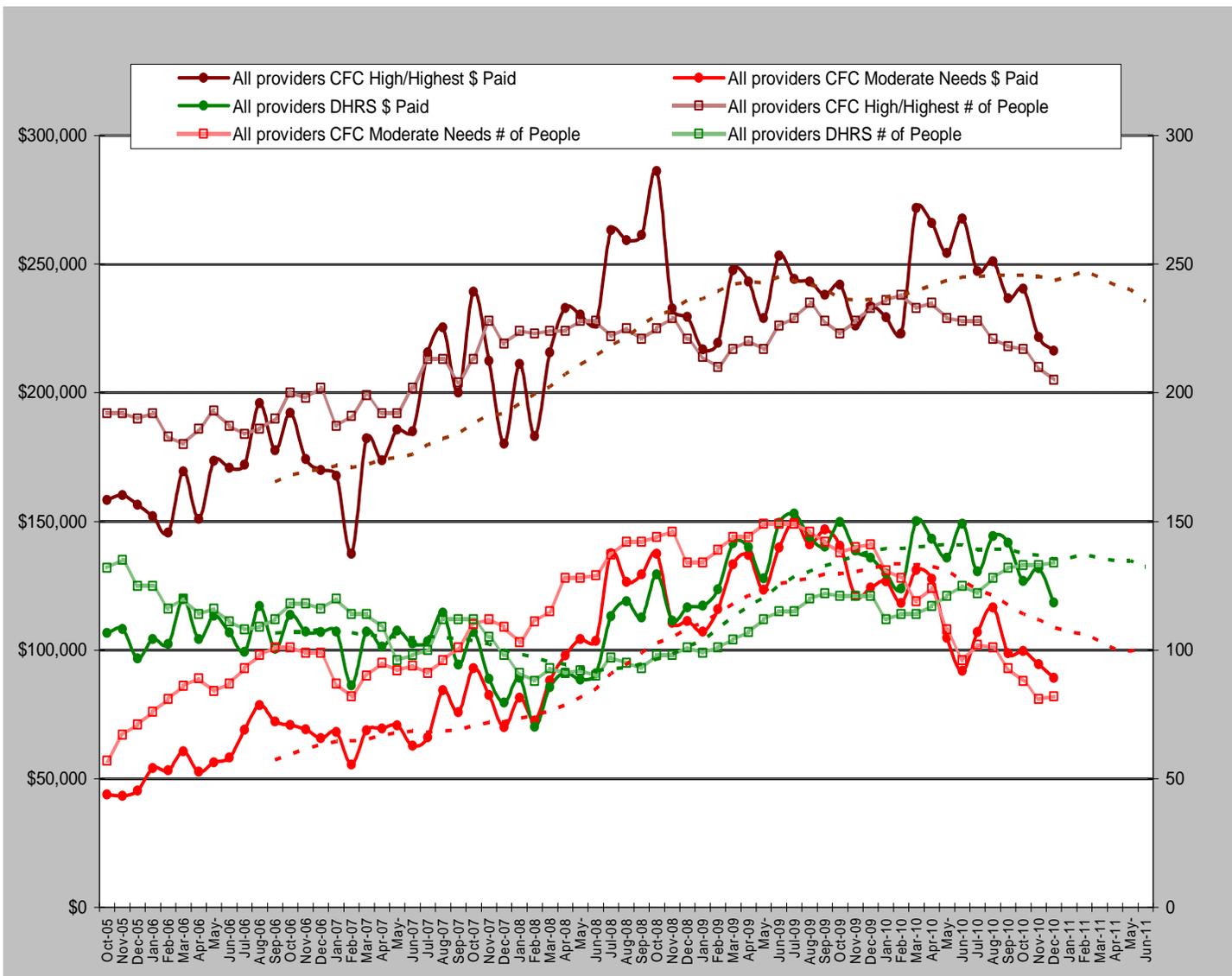
data source: paid claims by dates of service



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

data source: paid claims by dates of service





Data source: Medicaid paid claims

This shows the numbers of people receiving three different types of DAIL-funded adult day services, and the payments made for these services. The following pages show this information for each adult day service provider.

