

# **Choices for Care**

## **Data Report**

### **September 2013**

**This report describes the status and progress of Choices for Care, representing much of Vermont's Medicaid long term care support service system. This report is intended to provide information regarding service use, 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.**

**For additional information, or to obtain copies of this report in other formats, please contact:**

Bard Hill, Director  
Dale Brooks, Senior Planner  
Dick Laverty, Senior Planner  
Nancy Marinelli, Senior Planner  
Data and Planning Unit  
Division of Disability and Aging Services  
Department of Disabilities, Aging and Independent Living  
Agency of Human Services  
[bard.hill@state.vt.us](mailto:bard.hill@state.vt.us)  
<http://dail.vermont.gov>

## **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

1. Support individual choice.....3  
2. Serve more people.....5  
3. ‘Shift the balance’ .....7  
4. Expand the range of service options.....11  
5. Eliminate or reduce waiting lists.....12  
6. Manage spending to available funding.....17  
7. Ensure an adequate supply of nursing home beds.....19  
8. Ensure that services are of high quality and support individual outcomes.....22  
9. Support the independent evaluation.....25  
10. Other data.....26

**Note:**

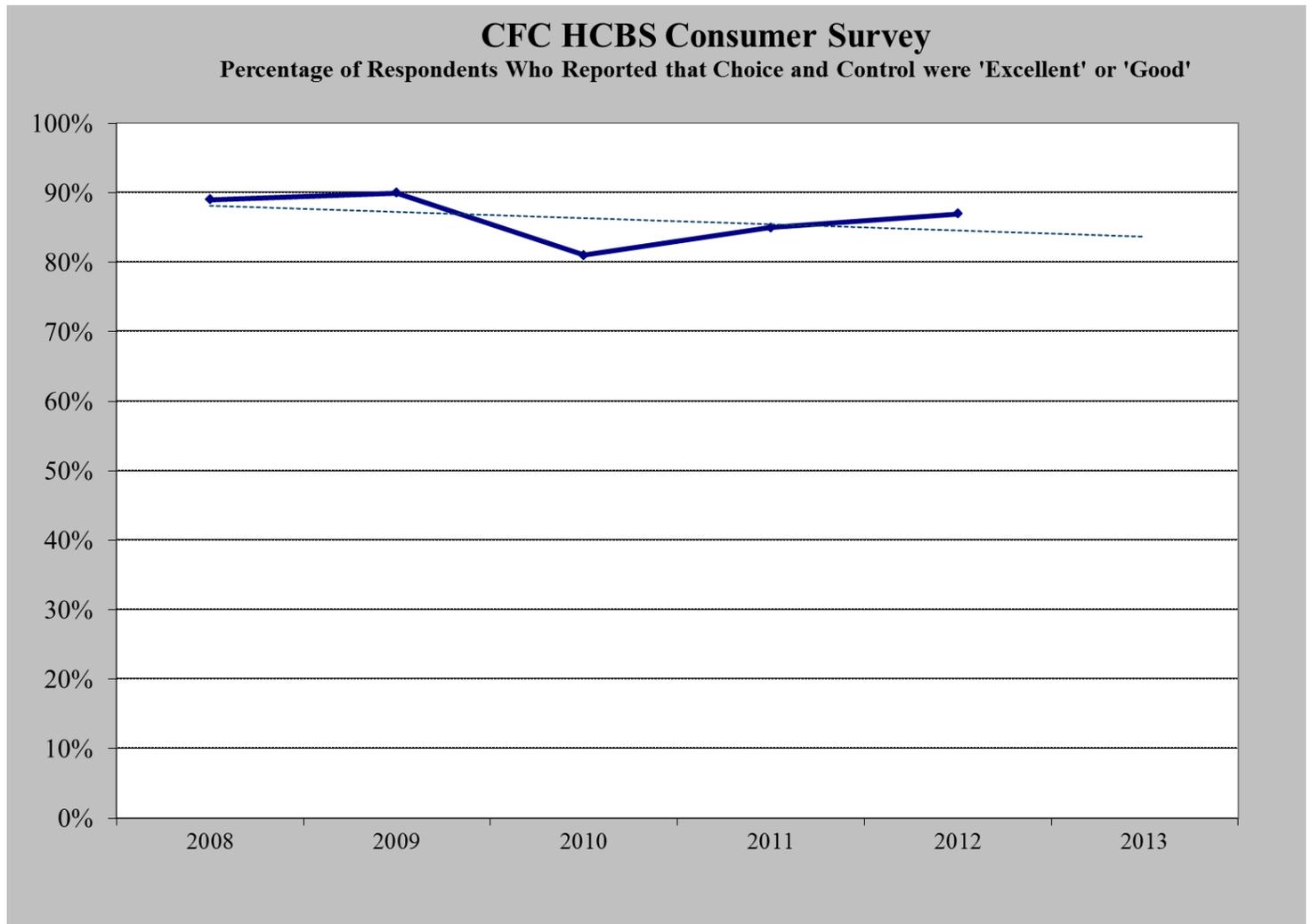
Vermont tracks a variety of process measures and reviews outcomes in a variety of areas in order to manage the Choices for Care Waiver. These include, but are not limited to:

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

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

## 1. Support individual choice

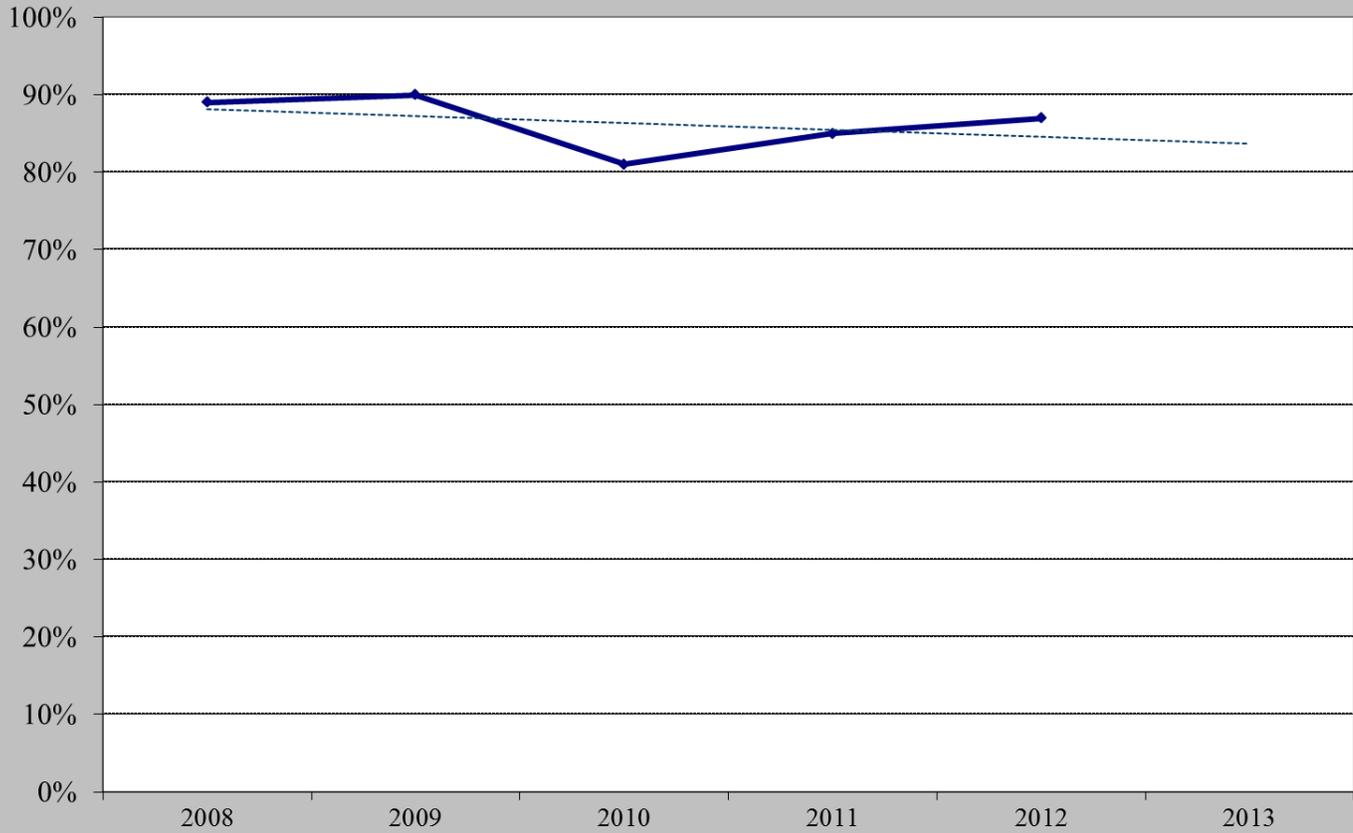
The primary goal of Choices for Care is to support individual choice among a range or ‘menu’ of long term care services and settings. A large majority of HCBS participants report that they had good choice and control over home and community based services, and that these services were provided when and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



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

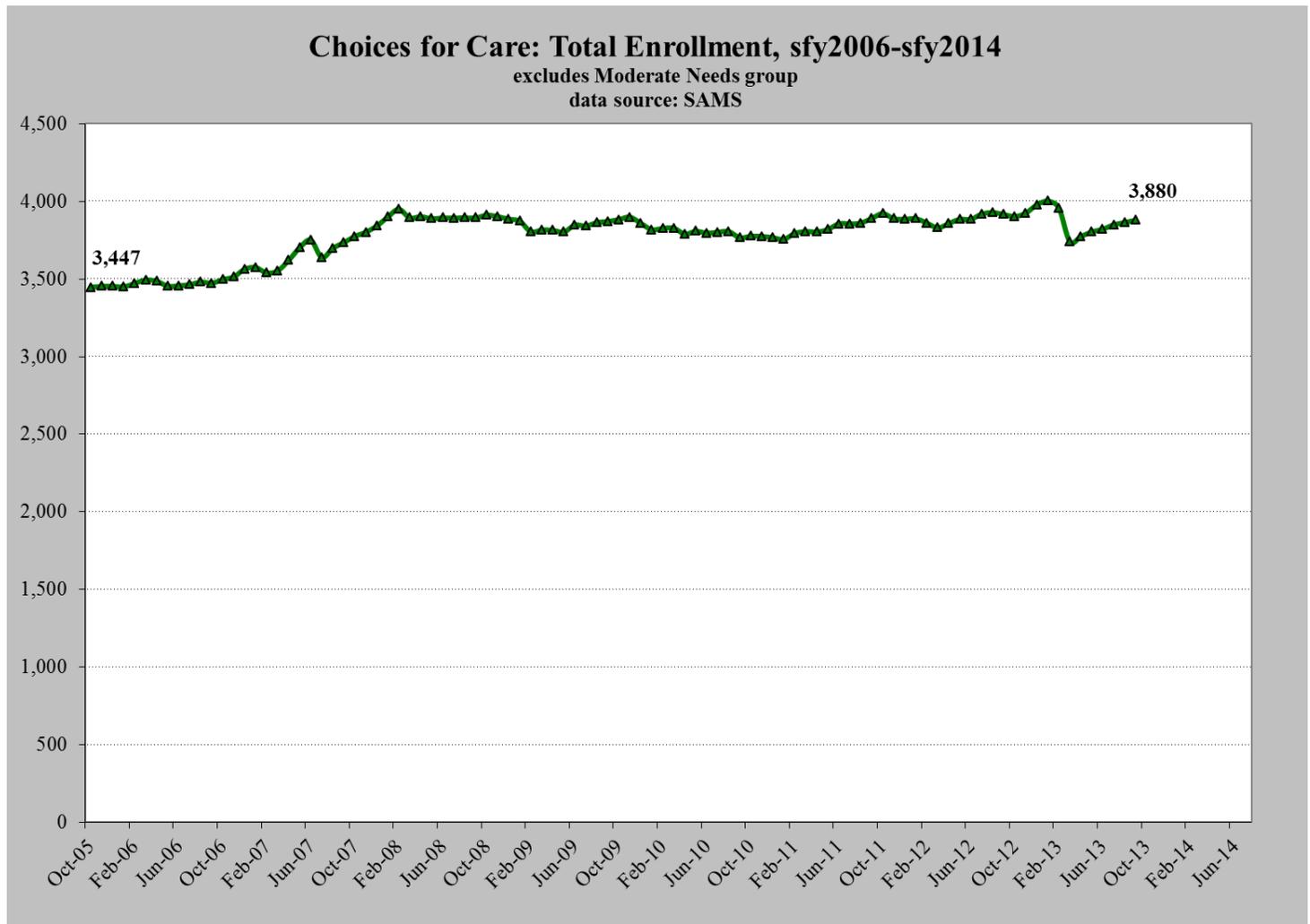
# CFC HCBS Consumer Survey

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



## 2. Serve more people

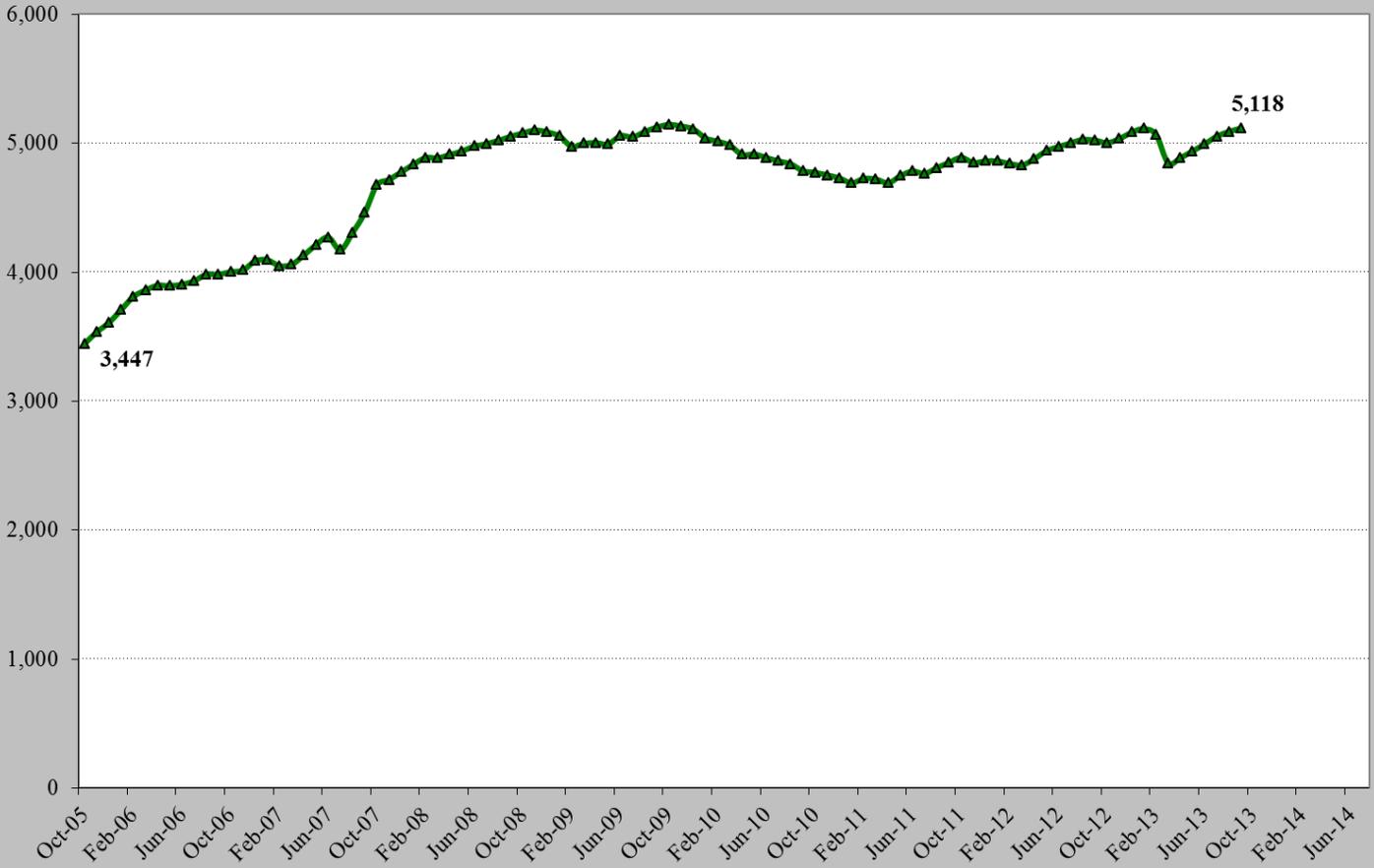
One of the goals of Choices for Care is to serve more people. The number of people served by Choices for Care has increased substantially since it began in October 2005.



# Choices for Care: Total Enrollment, sfy2006-sfy2014

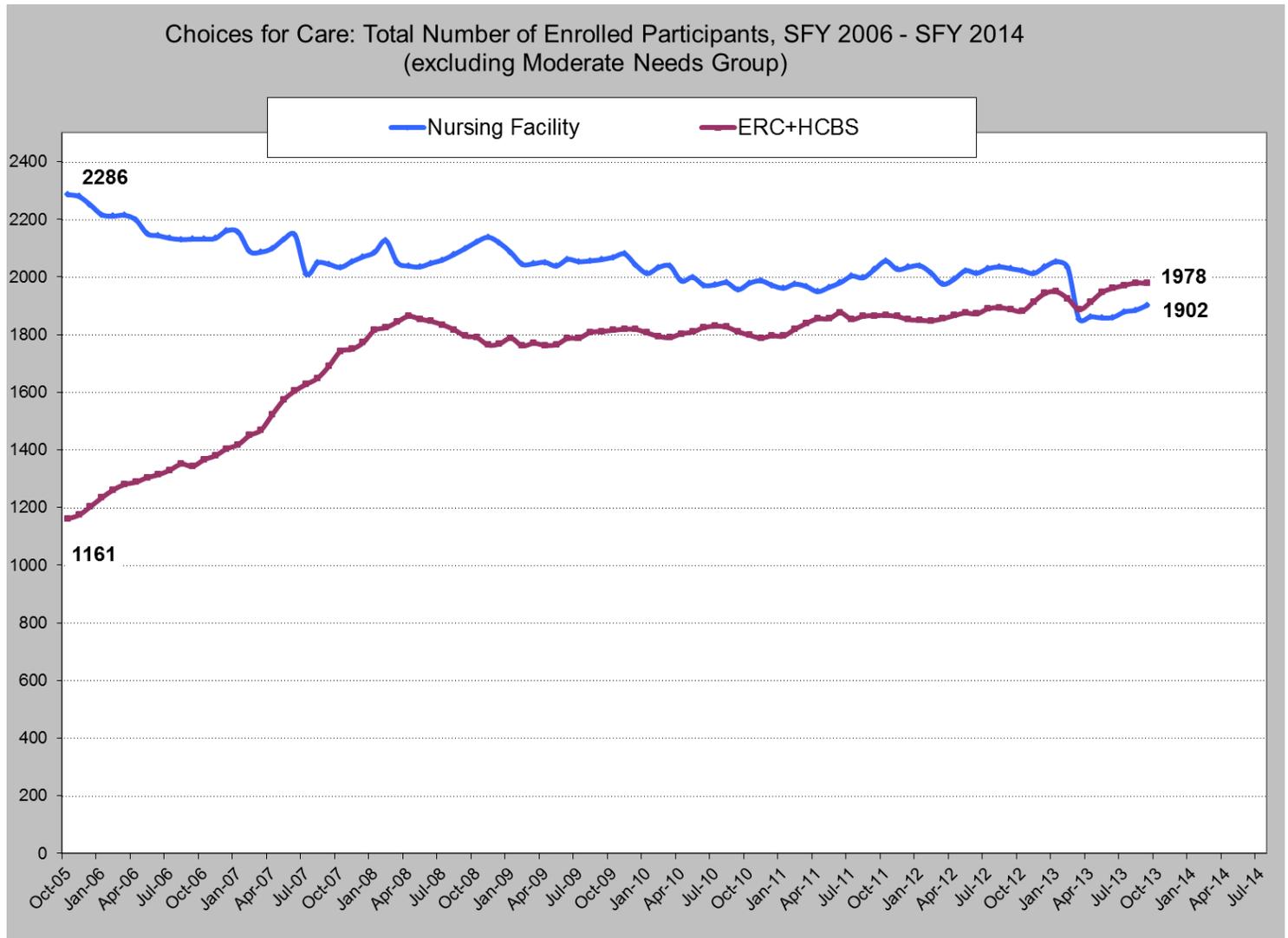
includes Moderate Needs Group

data source: SAMS

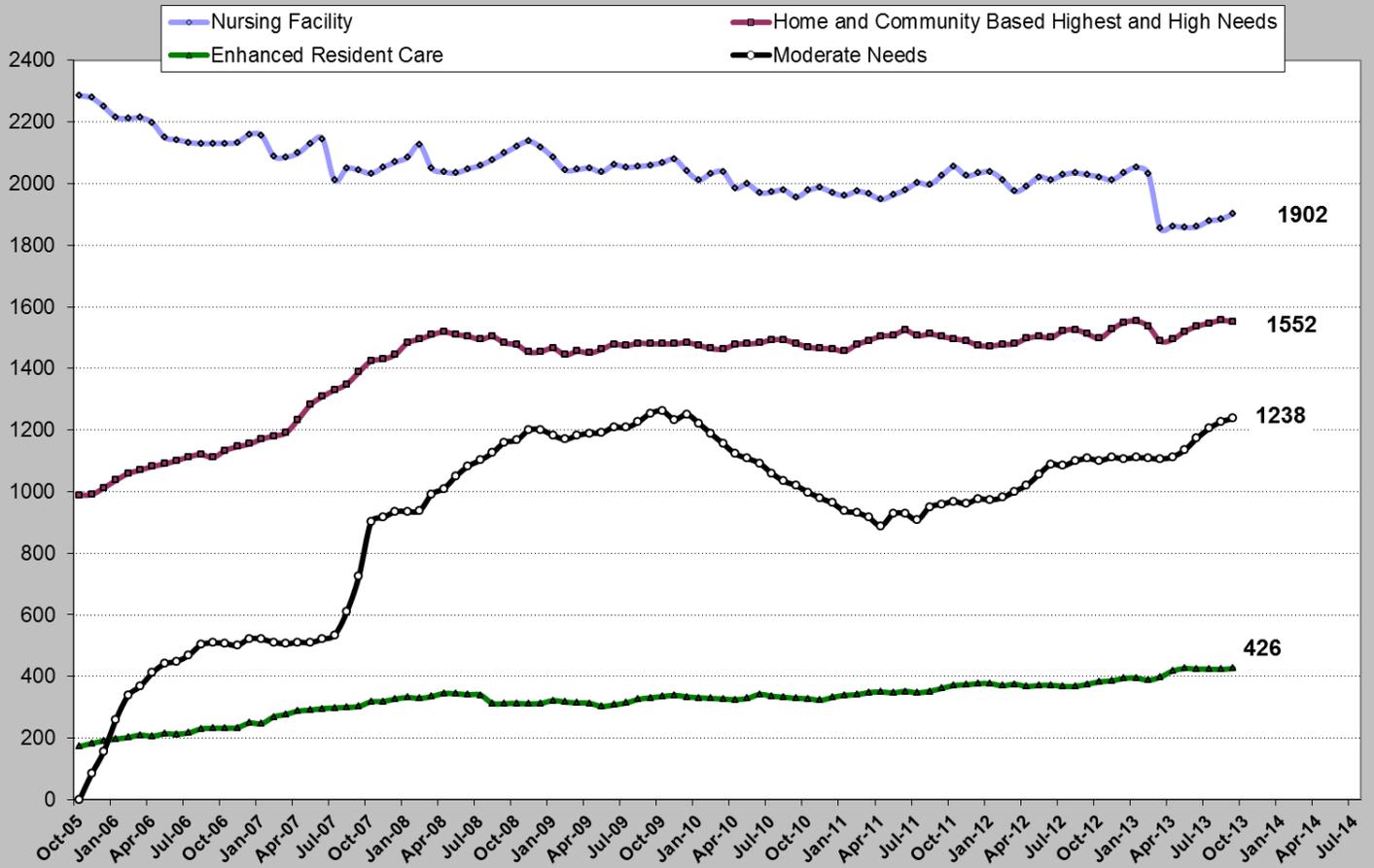


### 3. Shift the balance

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



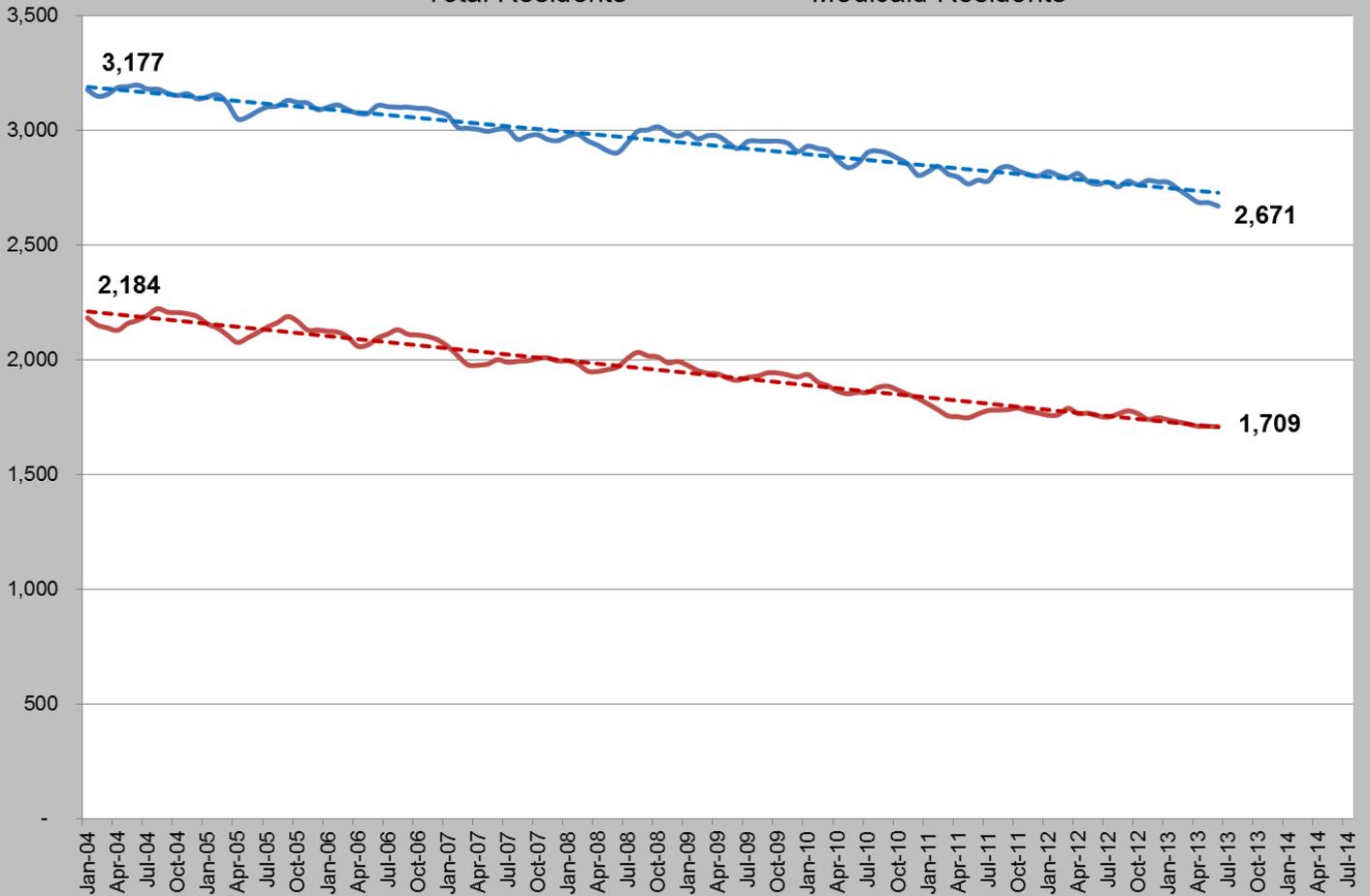
**Choices for Care: Total Number of Enrolled Participants by Setting  
SFY 2006 - SFY 2014**



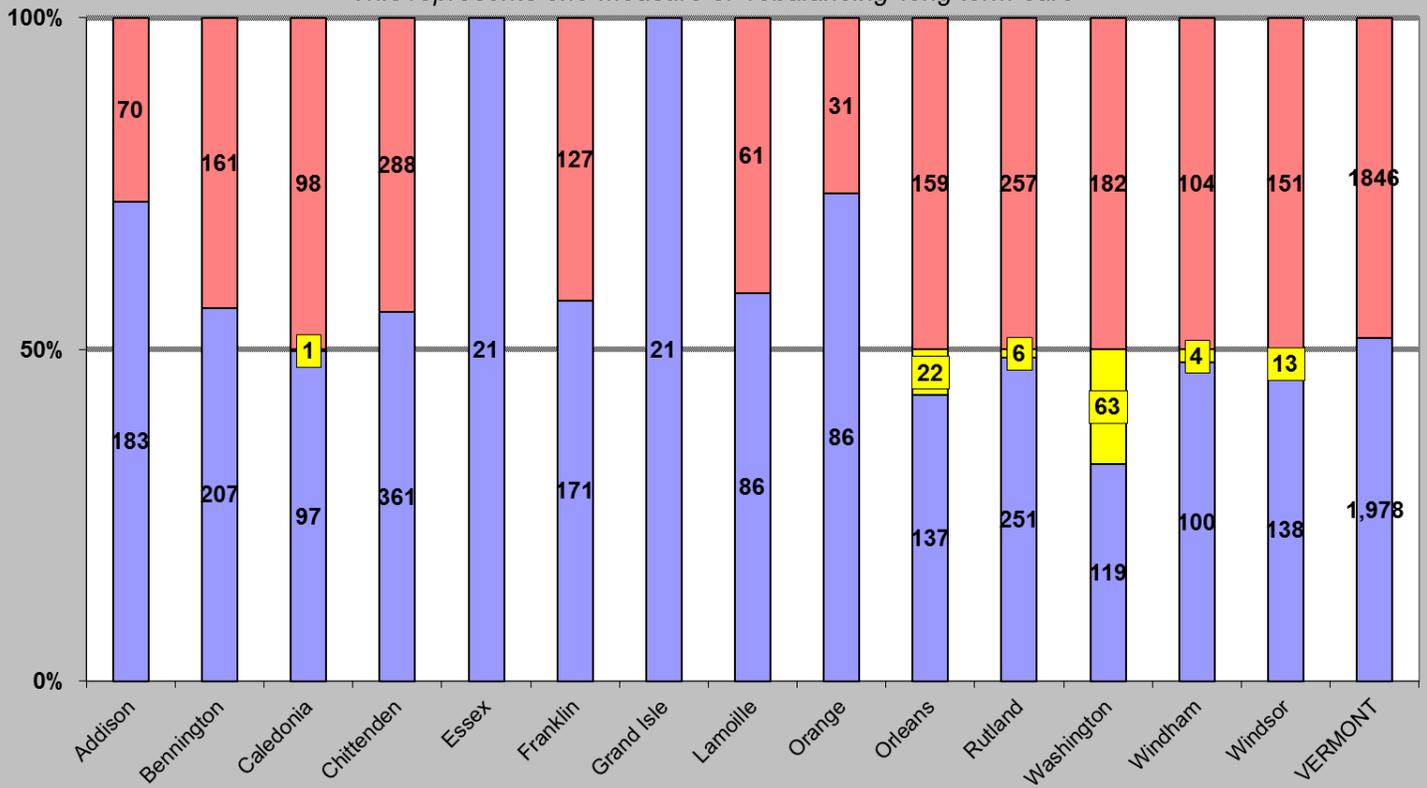
# Vermont Nursing Home Daily Occupancy, sfy2005 - sfy2014

data source: Vermont Division of Ratesetting

— Total Residents      — Medicaid Residents



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

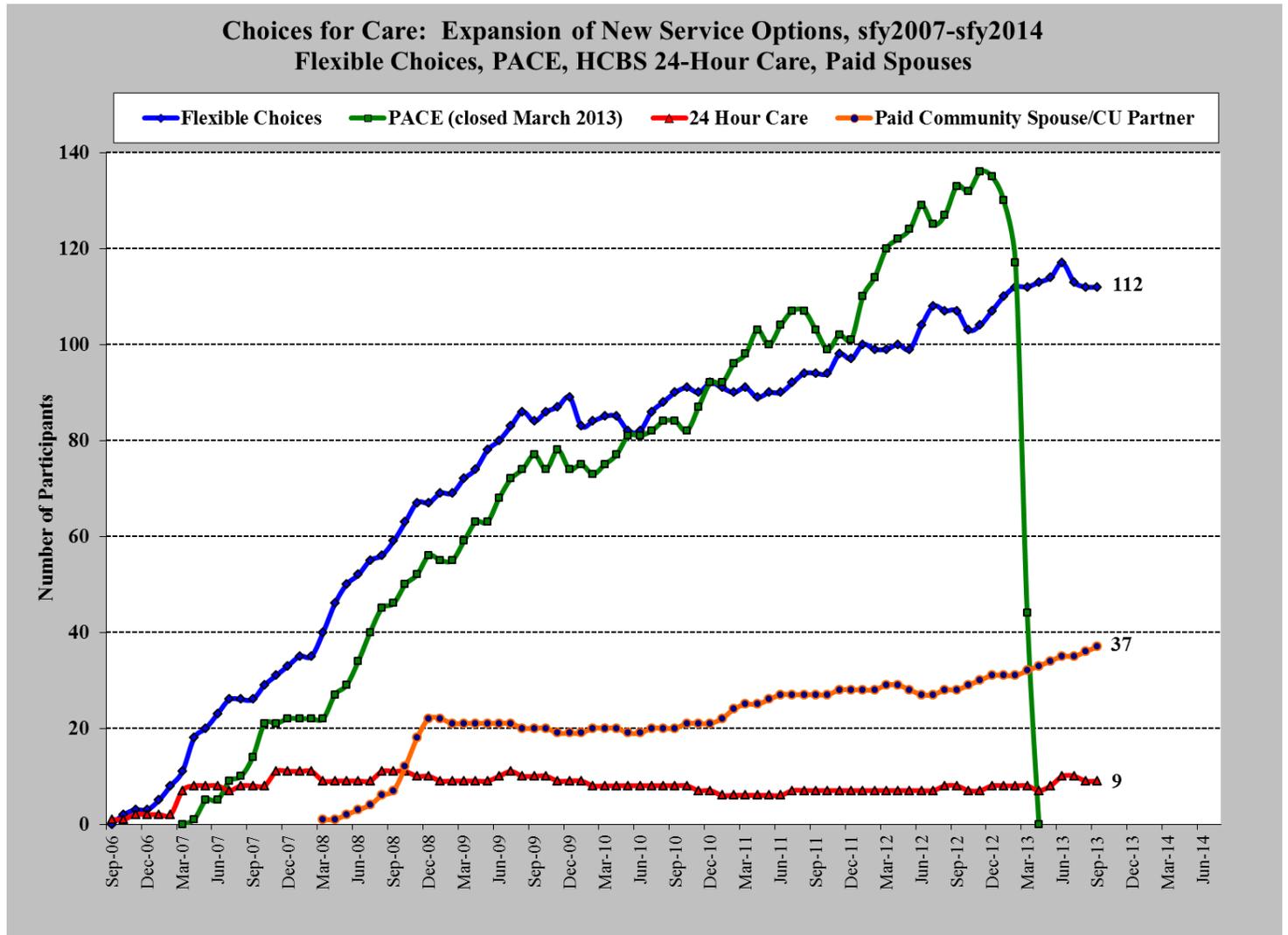


■ Number of Medicaid Nursing Home Residents Less Than or Equal to 50/50  
 ■ Number of Medicaid Nursing Home Residents in Excess of 50/50  
 ■ Number of HCBS Participants (includes ERC but excludes Moderate Needs Group)

Bennington and VERMONT figures exclude Medicaid residents in VT Veterans' Home (n=52).  
 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.

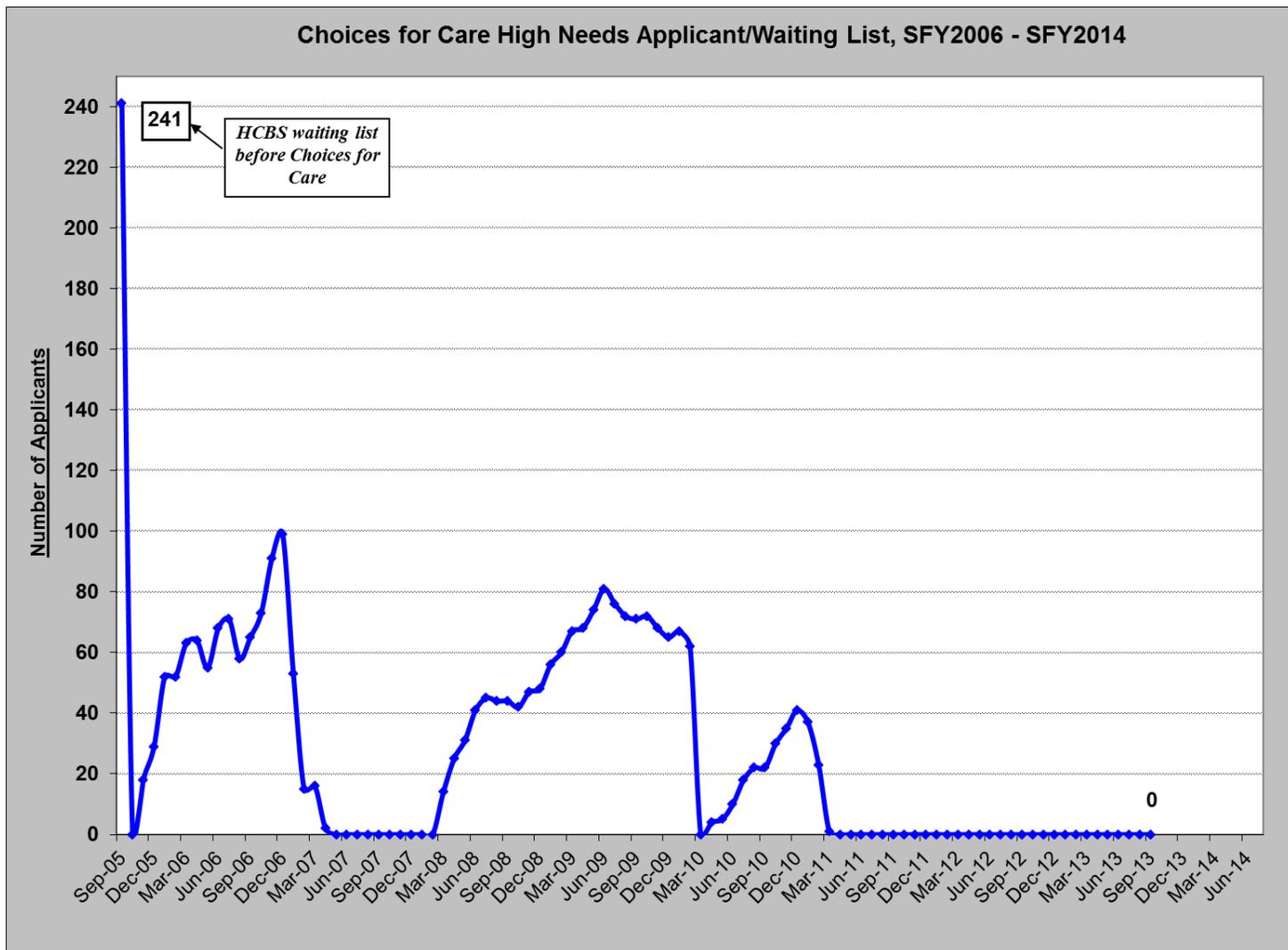
## 4. Expand the range of service options

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. The Vermont PACE program closed two sites (Colchester and Rutland) in March 2013, leaving three new options. The pending implementation of Adult Family Care is intended to increase the number of people receiving 24-hour care in a home setting.

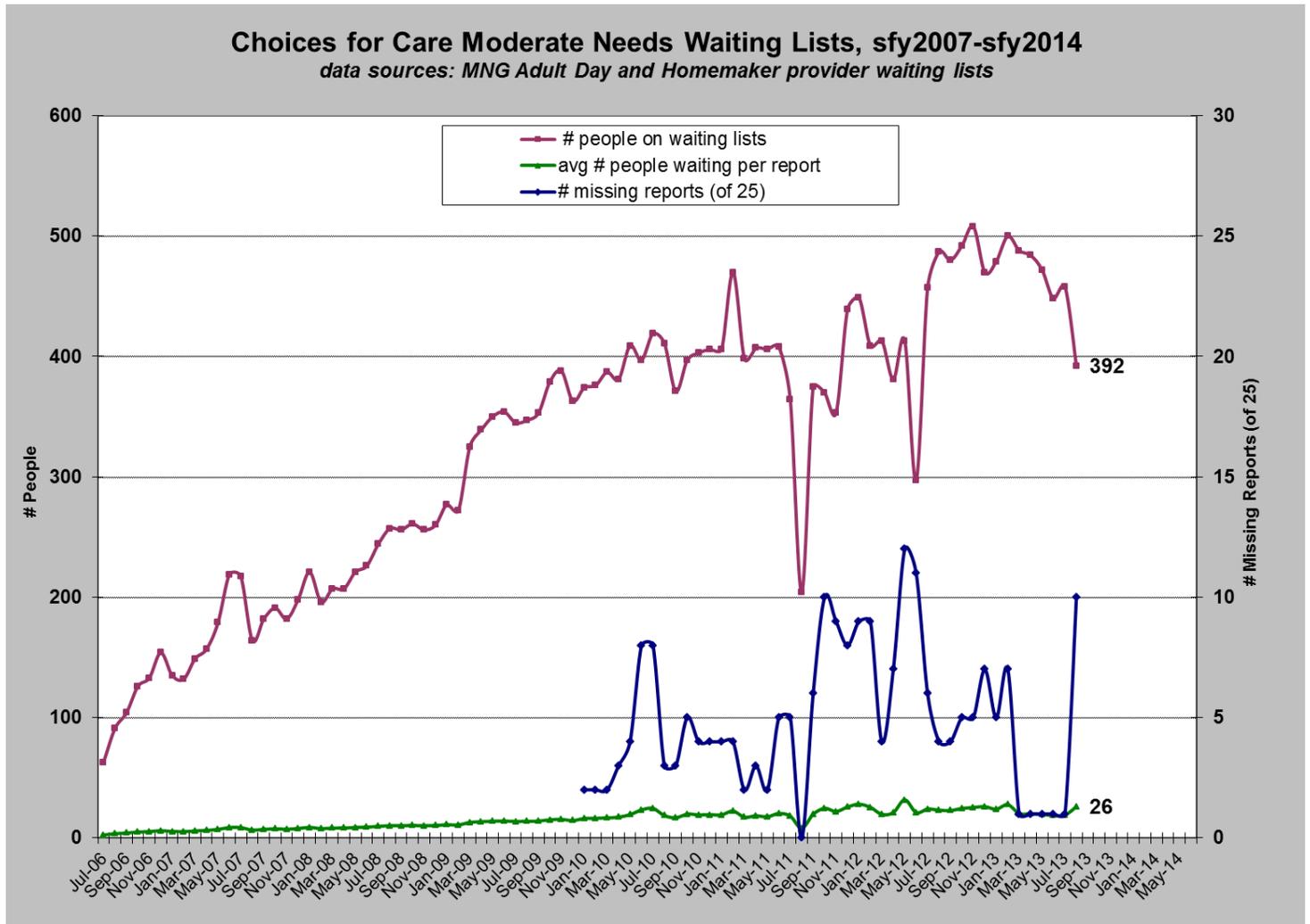


## 5. Eliminate or Reduce Waiting Lists

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. Many thousands of Vermonters are potentially eligible for this group, with services limited by available funding:

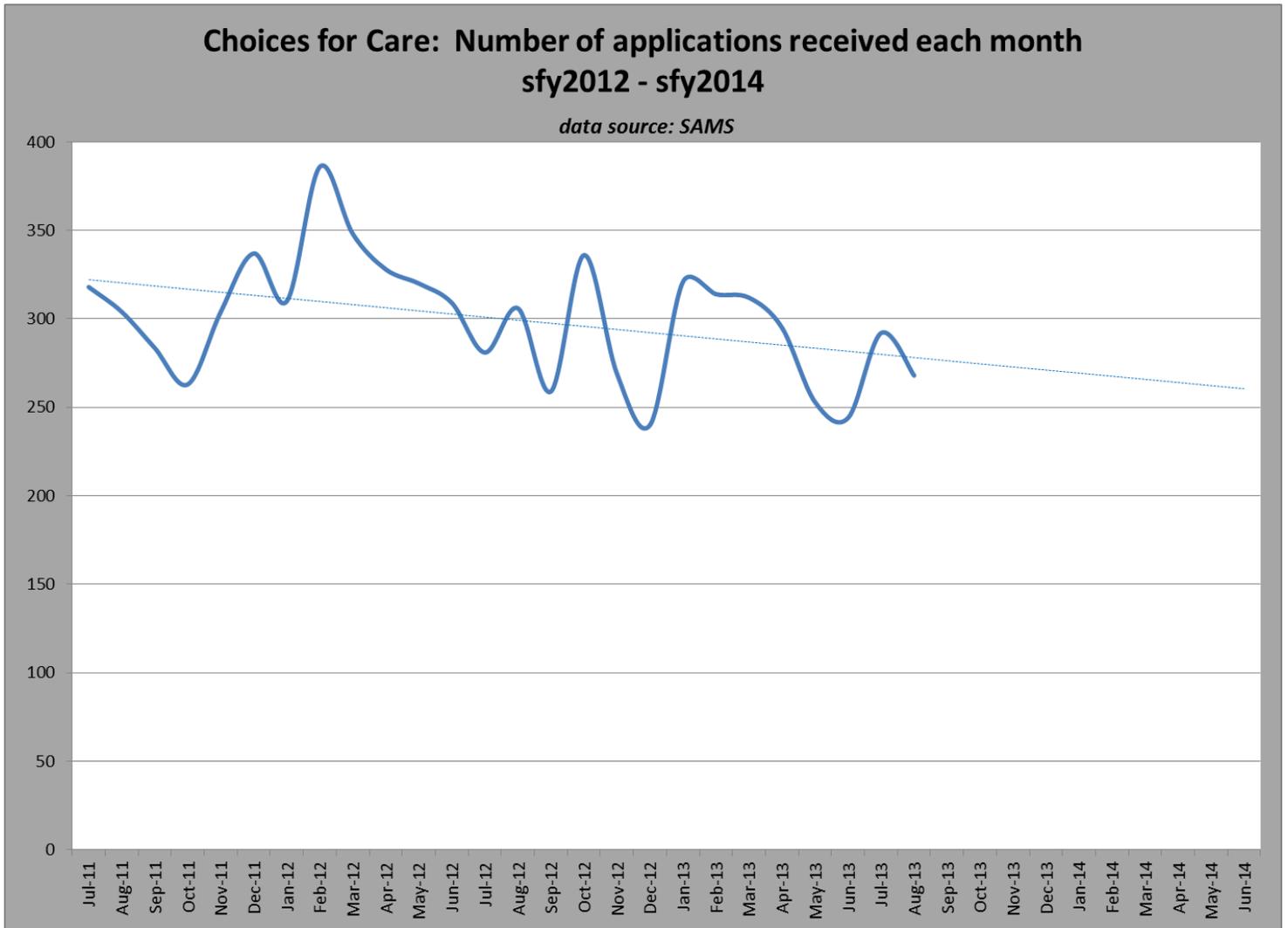


While a very large number of Vermonters is potentially eligible for the Moderate Needs Group, services are limited by available funding. A more focused measure of performance in serving people in the Moderate Needs Group is the percentage of available funding that are actually used.

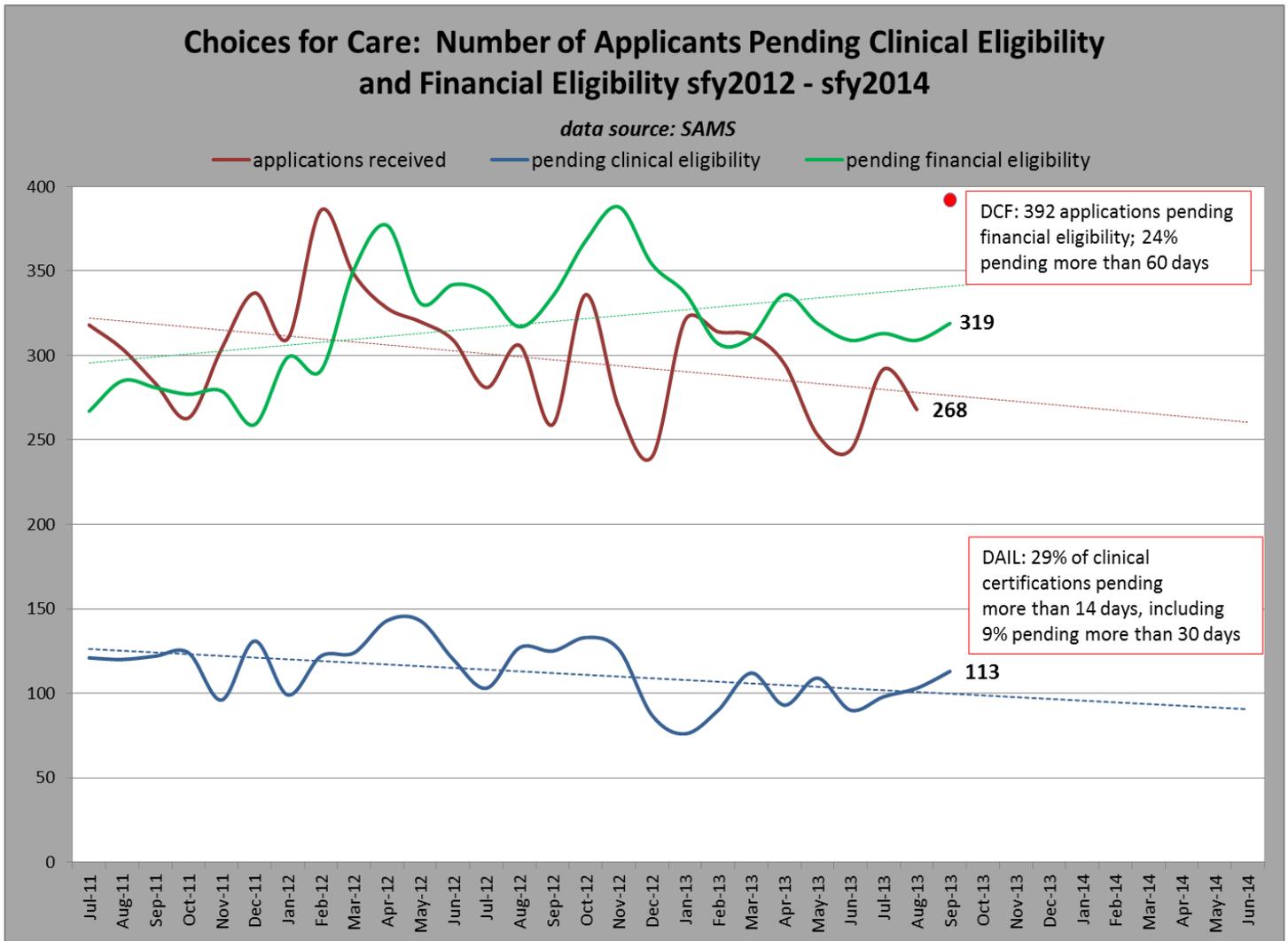
Using this measure, the goal would be to spend more than 90% of available funding in a given year, leaving less than 10% unspent. In sfy2013, 94% of Moderate Needs funds allocated to Adult Day providers was spent, while only 83% of Moderate Needs funds allocated to Homemaker providers was spent.

This performance should be improved. Ideas include giving consumers more direct control and flexibility in the use of funds, allowing agencies to use the funds more flexibly, and adding additional providers of Homemaker services (as previously recommended by the Choices for Care independent evaluators at the University of Massachusetts Medical School). DAIL staff are now working with the University of Massachusetts and Vermont stakeholders to develop new more flexible approaches for providing Moderate Needs Group services, with the goal of making specific proposals to the Vermont legislature in 2014.

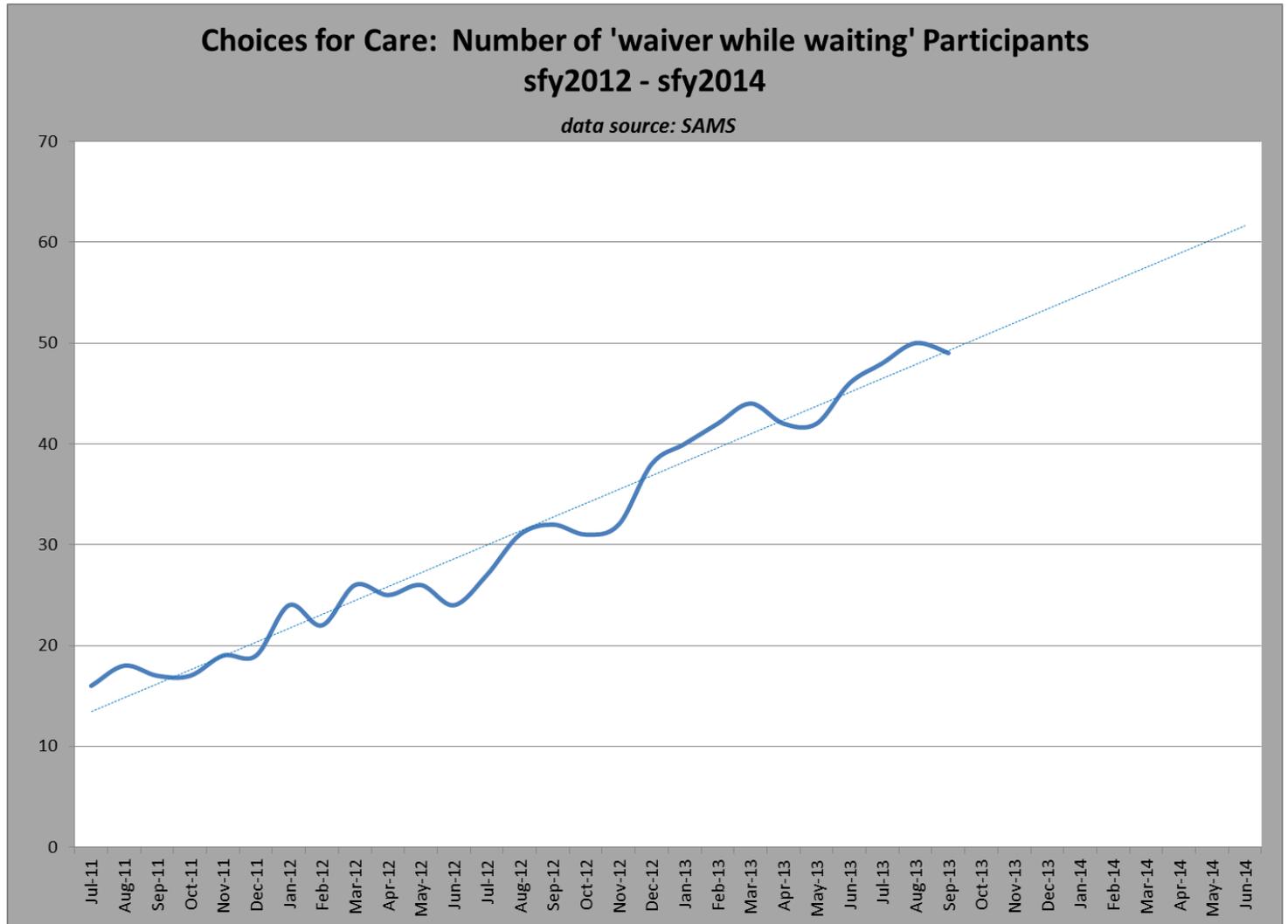
People who have applied for services but have not yet been found eligible represent another group of people who are ‘waiting’. The number of applications received each month has varied over time, with a small decreasing trend in the past two years.



The number of people who are awaiting a DAIL clinical eligibility decision ('received' status) has remained fairly stable over the past two years, while the number of people who have yet to receive a DCF financial eligibility decision ('pending' status) has been more variable. (Note that some people awaiting a financial eligibility decision have yet to submit all of the information required by DCF to make a decision.)

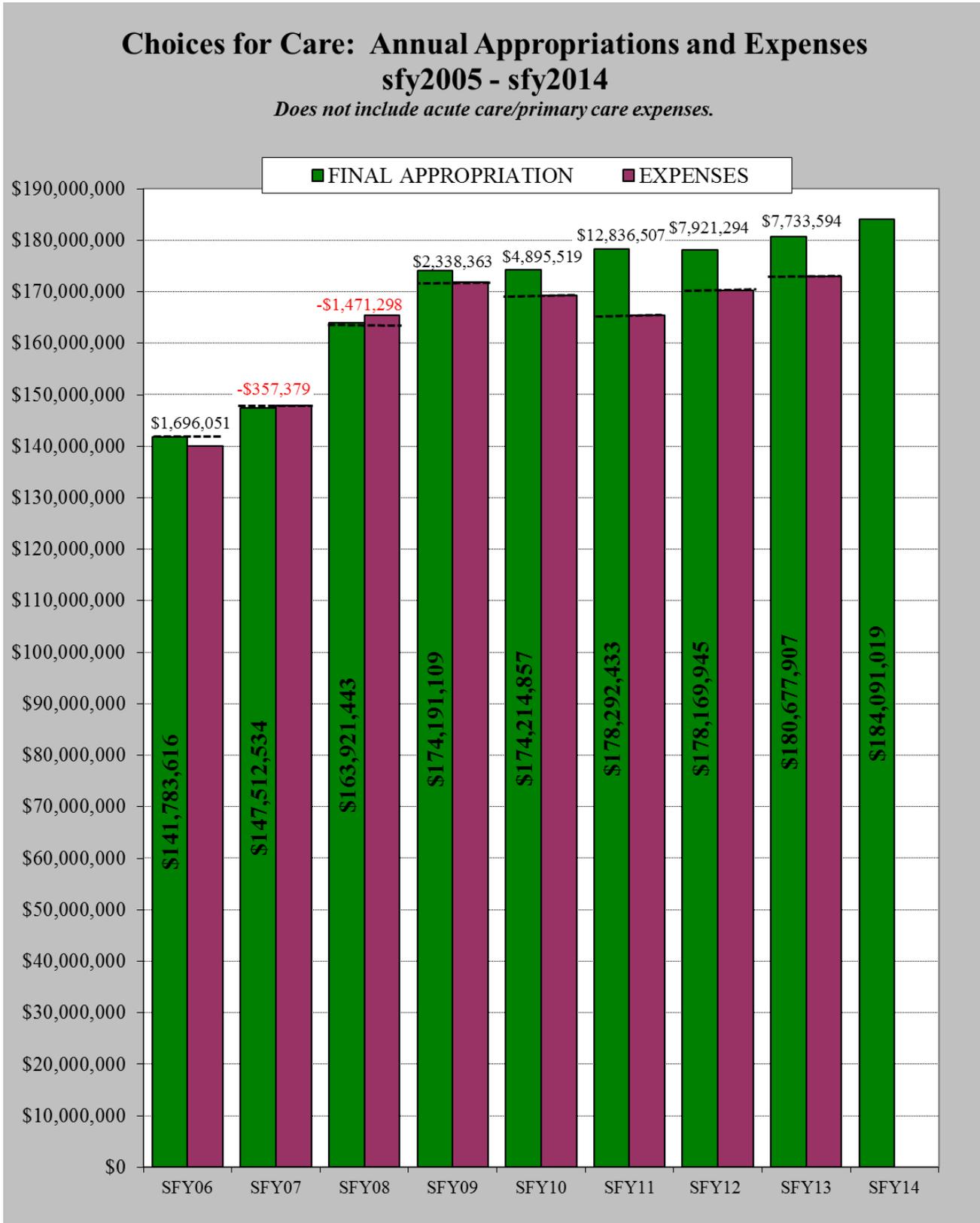


Financial eligibility decisions sometimes take weeks to months. One strategy for improving access to services was to develop ‘waiver while waiting’. Applicants who appear to meet financial eligibility criteria (based on information submitted to DCF) are able to access services before a formal financial eligibility decision is made. The number of people who are in ‘waiver while waiting’ status has increased modestly but steadily over the past two years:



## 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 less than the legislative appropriation:



Recent savings (representing appropriated funds that were not expended) can be carried forward to support Choices for Care ‘reinvestments’. These reinvestments were made in sfy2013, using sfy2012 carryforward funds:

<b>Department of Disabilities, Aging and Independent Living</b>			
<b>Choices for Care SFY2013 Reinvestments- using SFY2012 Carryforward funds</b>			
	<b>Current Appropriation DVHA - LTC</b>	<b>Gross</b>	<b>General Fund</b>
1)	Eliminate proposed FY13 budget reductions	\$ 779,979	\$ 339,837
2)	Increase ACCS rate by \$1/day from \$36.25/day to \$37.25/day	\$ 350,000	\$ 152,495
3)	Restore 2% rate reduction in ERC reimbursement	\$ 156,000	\$ 67,969
4)	Increase wages 15 cents/hour		
	a. For self-directed personal care/respice	\$ 292,922	\$ 127,626
	b. ASP workers GF	\$ 39,657	\$ 39,657
	c. ASP workers GC	\$ 28,434	\$ 12,389
5)	Self-neglect initiative (Area Agencies on Aging)	\$ 350,000	\$ 152,495
6)	Eliminate 2009 2% rate reduction for providers	\$ 847,918	\$ 369,438
7)	AAA for family caregivers, elder abuse, nutrition (one time)	\$ 164,453	\$ 164,453
8)	Mental Health and Aging initiative	\$ 225,000	\$ 98,033
9)	SFY13 Budget Obligations	\$ 2,500,000	\$ 1,089,251
10)	Remainder for SFY13 Unanticipated pressures	\$ 1,632,591	\$ 711,320
11)	Adult Day DHRS - Increase rate by 2% from \$14.72/hr to \$15/hr.	\$ 30,000	\$ 13,071
		<b>\$ 7,396,954</b>	<b>\$ 3,338,033</b>

Other reinvestments were recently approved by the Vermont legislature, using sfy2013 carryforward funds:

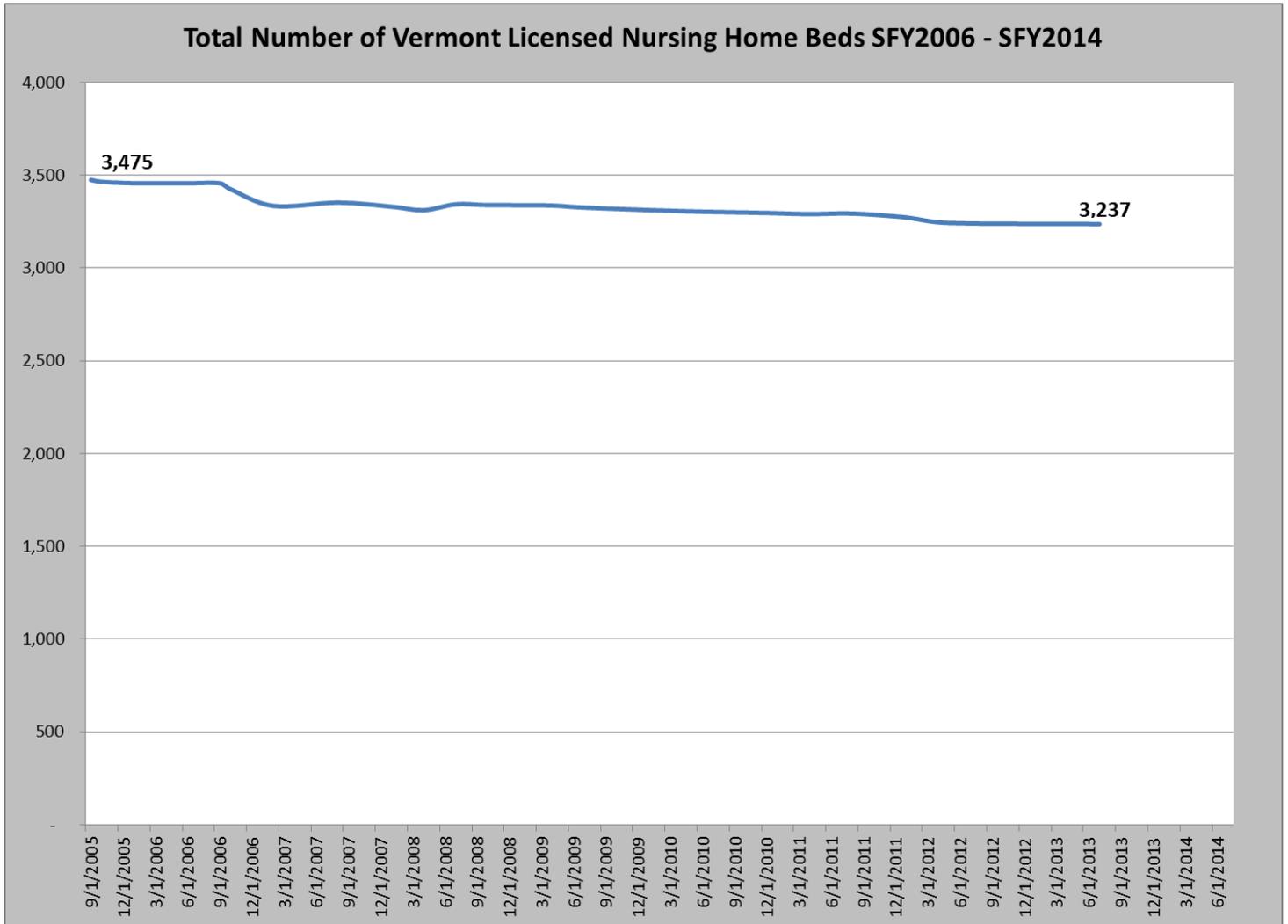
1. \$170,000 to offset the impact of sequestration on Older Americans Act Congregate Nutrition Services (Title IIIC1, \$113,668) and Home-Delivered Nutrition Services (Title IIIC2, \$56,135). These funds will be distributed to Vermont’s five Area Agencies on Aging.
2. \$40,000 to support innovative person-centered, community-based approaches to reducing nutrition risk among older adults at high nutritional and social risk who receive home delivered meals. Funds will be awarded on a competitive basis through one or more grant awards to Vermont Area Agencies on Aging.
3. In the sfy2014 ‘big bill’, the legislature also awarded \$50,505 to SASH (subject to other approval provisions).

[http://www.leg.state.vt.us/jfo/budget\\_reports\\_v3/FY%202014%20Big%20Bill%20Conference%20Report%20051313.html#id3460020000](http://www.leg.state.vt.us/jfo/budget_reports_v3/FY%202014%20Big%20Bill%20Conference%20Report%20051313.html#id3460020000)

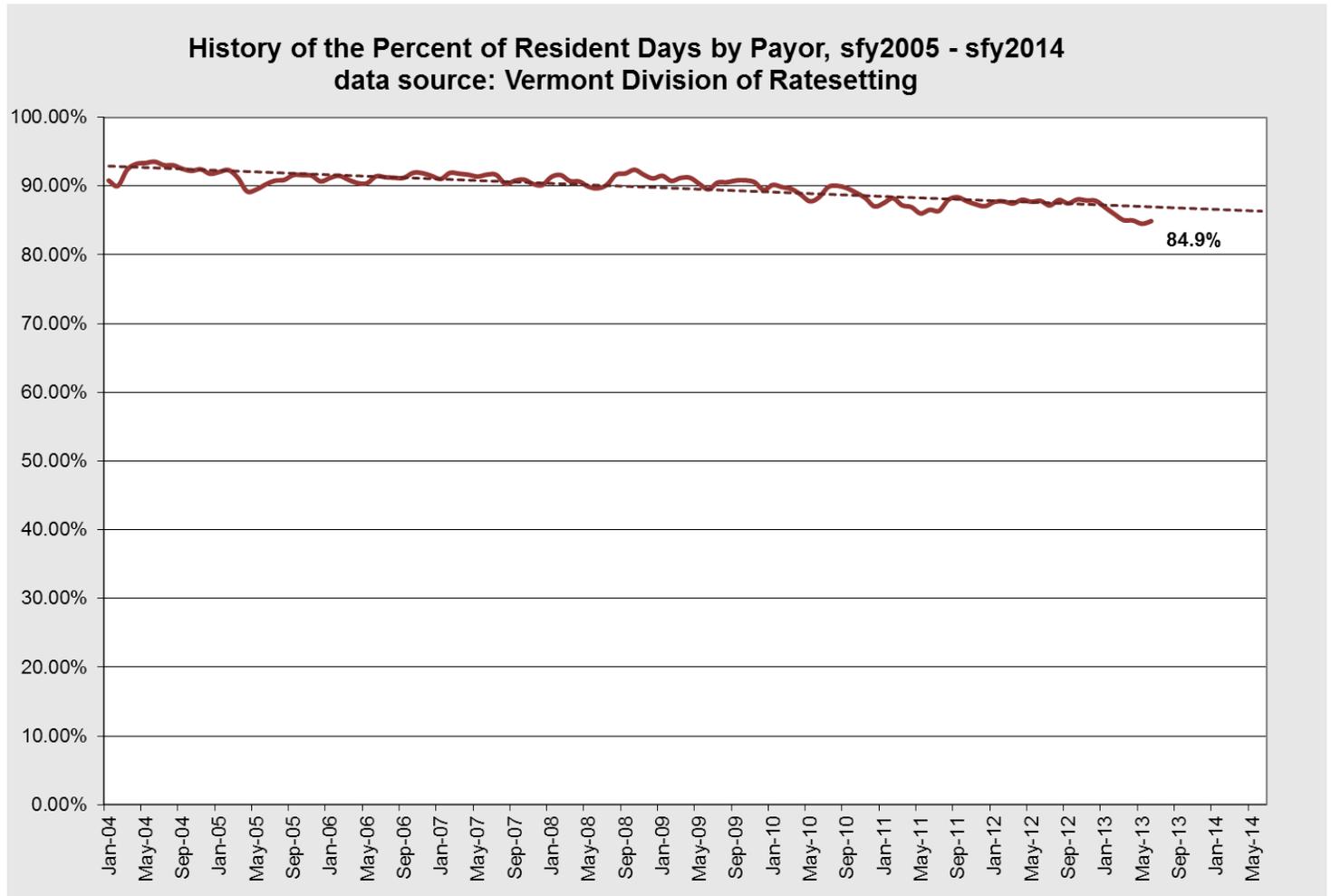
As required by Vermont statute (Section E308.1(a) of Act 50 of 2013), DAIL will propose additional reinvestments in the next legislative session, which begins in January 2014.

## 7. Ensure an adequate supply of nursing home beds

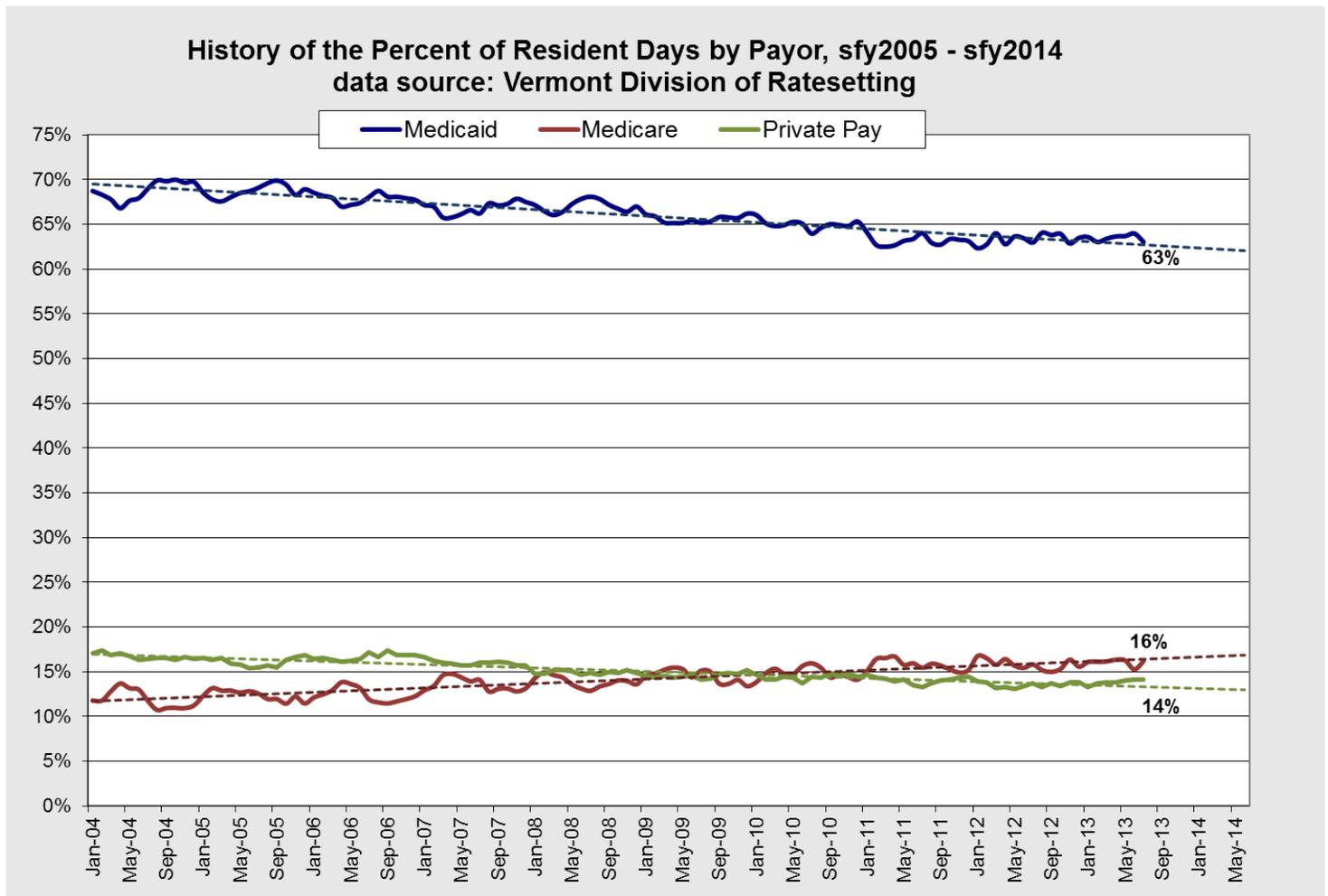
While one goal of Choices for Care is to ‘shift the balance’, another goal is to ensure continued access to an adequate supply of high-quality nursing homes. The number of nursing home beds in Vermont has decreased:



Since Choices for Care began, the total occupancy of Vermont nursing homes has decreased from 92% to below 85%. This results in more unoccupied beds available to those people who want to use them:



The percentage of residents of Vermont nursing homes using Medicaid as primary payer has decreased from about 70% to below 65%:



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

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

Quality ratings, available on the CMS website:

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

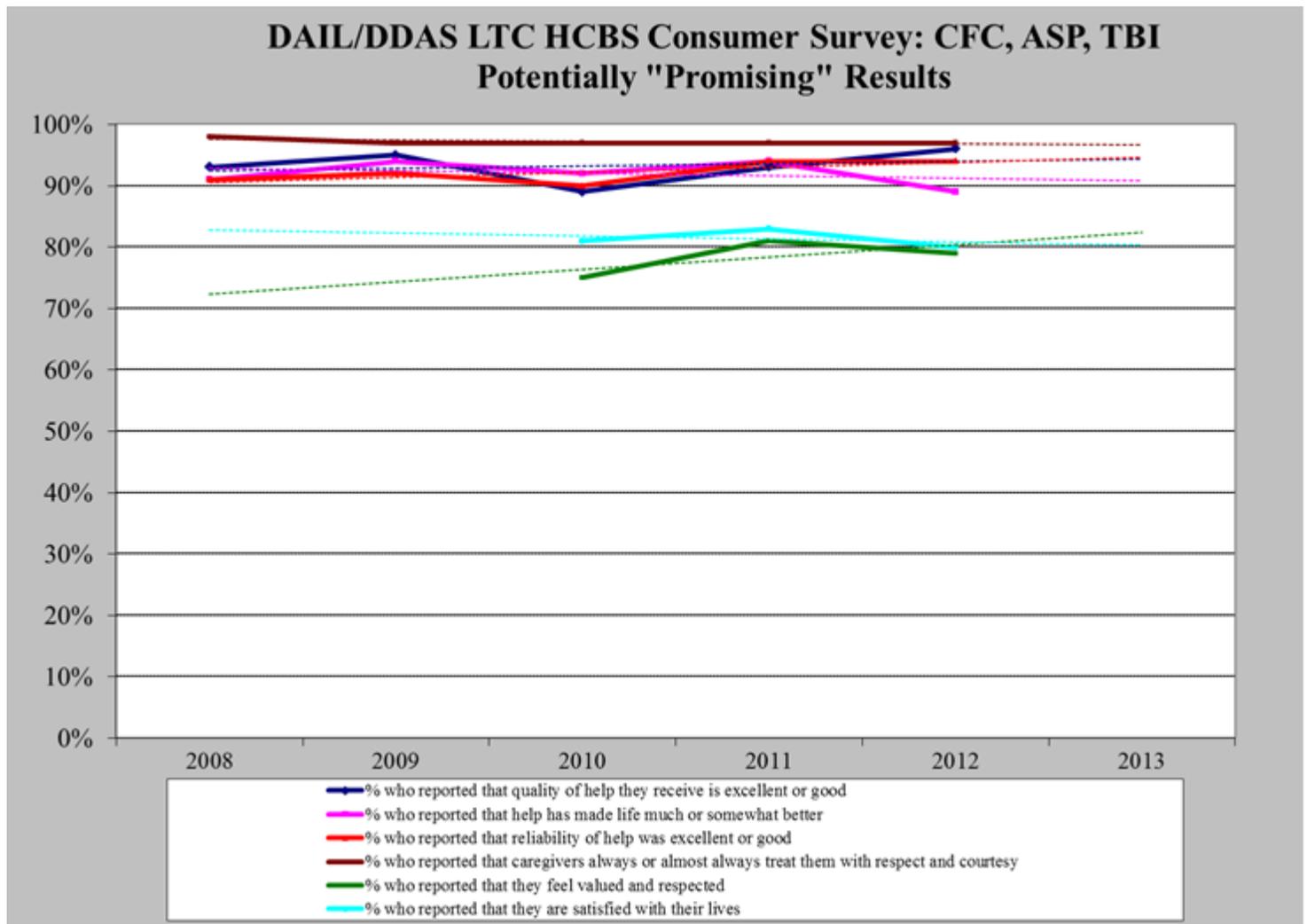
suggest that the quality of services at Vermont nursing homes is good. The results of Vermont licensing surveys if nursing homes are also available online at:

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

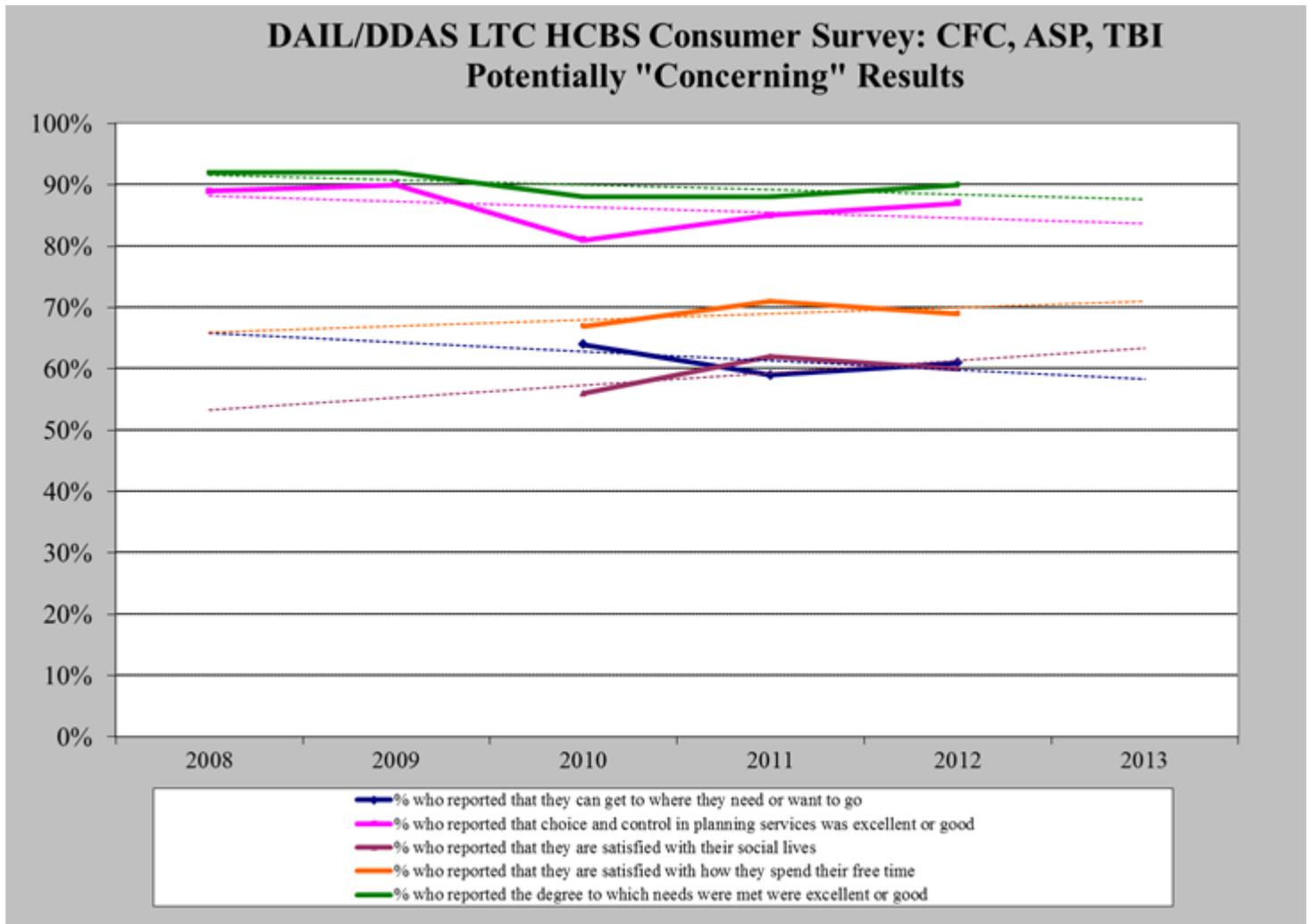
## 8. Ensure that services are of high quality and support individual outcomes

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

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



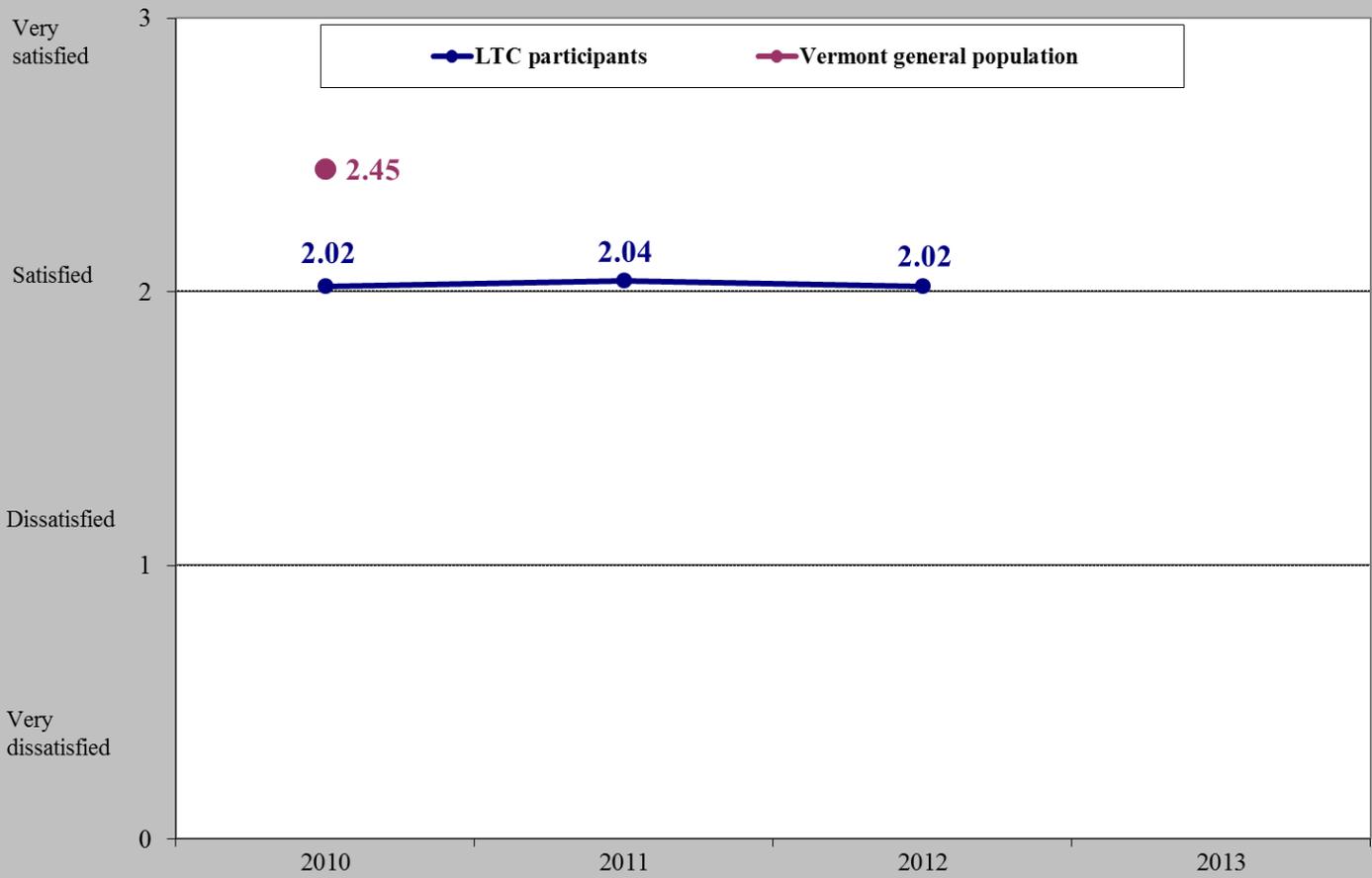
However, the surveys also suggest some opportunities for improvement:



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

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

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



## **9. Support the independent evaluation**

One of the goals (and requirements) of Choices for Care is to support an independent evaluation of Choices for Care. Under 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 of 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

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

<b>Choices for Care Summary - Expenses and # People Served by Date of Service</b>				
<b>Department of Disabilities Aging and Independent Living</b>				
<b>Date 10/15/2013</b>				
<b>Source: HP Claims Analysis View Universe; DLB 10/15/2013</b>				
<b>Expenditures</b>	<b>QE 12-31-05</b>	<b>QE 3-31-06</b>	<b>QE 6-30-06</b>	<b>QE 9-30-06</b>
Highest & High (includes all Case Management & Nursing Home)	\$35,772,031	\$35,852,839	\$35,178,239	\$38,174,641
Moderate	\$175,683	\$256,513	\$289,326	\$362,315
Pace	\$0	\$0	\$0	\$0
<b>Total</b>	<b>\$35,947,714</b>	<b>\$36,109,352</b>	<b>\$35,467,565</b>	<b>\$38,536,956</b>
<b>Expenditures By Service Category</b>				
1 Nursing Home	\$27,213,148	\$26,270,594	\$25,959,334	\$28,610,109
2 Adult Day (Moderate, High&Highest)	\$596,407	\$627,676	\$654,174	\$752,131
3 Case Management (HHA & AAA)	\$527,450	\$585,009	\$629,572	\$629,359
4 Homemaker	\$58,298	\$95,809	\$130,407	\$155,846
5 Respite/Companion	\$899,906	\$1,507,874	\$1,344,818	\$1,401,401
6 Enhanced Residential Care	\$907,122	\$972,581	\$1,074,562	\$1,129,652
7 Personal Care (by Agency)	\$3,096,003	\$2,944,259	\$2,969,099	\$2,925,860
8 Personal Care (Self Directed)	\$2,511,186	\$2,959,458	\$2,554,820	\$2,777,128
9 Flexible Choices	\$0	\$0	\$0	\$3,444
10 PACE	\$0	\$0	\$0	\$0
11 Misc (Assistive Devices, Emergency Response Systems, ISO)	\$138,194	\$146,092	\$150,779	\$152,026
<b>Total</b>	<b>\$35,947,714</b>	<b>\$36,109,352</b>	<b>\$35,467,565</b>	<b>\$38,536,956</b>
<b>People Served</b>				
* Highest & High (includes all Case Management)	3,991	4,085	4,146	4,171
**Moderate	315	396	472	494
PACE	0	0	0	0
<b>Total</b>	<b>4,222</b>	<b>4,345</b>	<b>4,453</b>	<b>4,490</b>
*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.				
<b>People Served by Service Category</b>				
1 Nursing Home	2,606	2,608	2,604	2,566
2 Adult Day (Moderate, High&Highest)	285	297	306	313
3 Case Management (HHA & AAA)	1,439	1,555	1,652	1,687
4 Homemaker	241	304	371	389
5 Respite/Companion	670	856	886	896
6 Enhanced Residential Care	234	243	267	270
7 Personal Care (by Agency)	643	587	614	612
8 Personal Care (Self Directed)	619	641	649	668
9 Flexible Choices	0	0	0	4
10 PACE	0	0	0	0
11 Misc (Assistive Devices, Emergency Response Systems, ISO)	918	973	997	988
<b>Total</b>	<b>4,222</b>	<b>4,345</b>	<b>4,453</b>	<b>4,490</b>

<b>Choices for Care Summary - Expenses and # People Served by Date of Service</b>				
<b>Department of Disabilities Aging and Independent Living</b>				
<b>Date 10/15/2013</b>				
<b>Source: HP Claims Analysis View Universe; DLB 10/15/2013</b>				
<b>Expenditures</b>	<b>QE 12-31-06</b>	<b>QE 3-31-07</b>	<b>QE 6-30-07</b>	<b>QE 9-30-07</b>
Highest & High (includes all Case Management & Nursing Home)	\$38,526,281	\$37,679,617	\$37,639,269	\$40,969,870
Moderate	\$353,666	\$322,067	\$353,064	\$492,912
Pace	\$0	\$0	\$0	\$0
<b>Total</b>	<b>\$38,879,947</b>	<b>\$38,001,684</b>	<b>\$37,992,333</b>	<b>\$41,462,782</b>
<b>Expenditures By Service Category</b>				
1 Nursing Home	\$28,369,354	\$27,135,587	\$26,880,692	\$28,607,922
2 Adult Day (Moderate, High&Highest)	\$738,375	\$662,427	\$746,099	\$840,974
3 Case Management (HHA & AAA)	\$614,766	\$703,036	\$747,538	\$851,068
4 Homemaker	\$151,697	\$147,050	\$151,395	\$293,049
5 Respite/Companion	\$1,508,385	\$1,750,840	\$1,420,003	\$1,785,338
6 Enhanced Residential Care	\$1,213,489	\$1,520,271	\$1,724,323	\$1,878,102
7 Personal Care (by Agency)	\$2,954,844	\$3,200,681	\$3,279,421	\$3,439,734
8 Personal Care (Self Directed)	\$3,141,696	\$2,625,299	\$2,705,190	\$3,389,097
9 Flexible Choices	\$26,670	\$85,013	\$151,154	\$181,903
10 PACE	\$0	\$0	\$0	\$0
11 Misc (Assistive Devices, Emergency Response Systems, ISO)	\$160,671	\$171,480	\$186,518	\$195,595
<b>Total</b>	<b>\$38,879,947</b>	<b>\$38,001,684</b>	<b>\$37,992,333</b>	<b>\$41,462,782</b>
<b>People Served</b>				
* Highest & High (includes all Case Management)	4,228	4,325	4,368	4,616
**Moderate	515	486	522	888
PACE	0	0	0	0
<b>Total</b>	<b>4,571</b>	<b>4,638</b>	<b>4,691</b>	<b>5,131</b>
*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.				
<b>People Served by Service Category</b>				
1 Nursing Home	2,598	2,562	2,514	2,498
2 Adult Day (Moderate, High&Highest)	331	318	334	351
3 Case Management (HHA & AAA)	1,691	1,857	1,968	2,223
4 Homemaker	411	388	418	781
5 Respite/Companion	882	972	1,005	1,038
6 Enhanced Residential Care	295	321	341	361
7 Personal Care (by Agency)	614	664	710	735
8 Personal Care (Self Directed)	686	727	779	823
9 Flexible Choices	6	18	28	28
10 PACE	0	0	0	0
11 Misc (Assistive Devices, Emergency Response Systems, ISO)	1,031	1,106	1,165	1,218
<b>Total</b>	<b>4,571</b>	<b>4,638</b>	<b>4,691</b>	<b>5,131</b>

<b>Choices for Care Summary - Expenses and # People Served by Date of Service</b>				
<b>Department of Disabilities Aging and Independent Living</b>				
<b>Date 10/15/2013</b>				
<b>Source: HP Claims Analysis View Universe; DLB 10/15/2013</b>				
<b>Expenditures</b>	<b>QE 12-31-07</b>	<b>QE 3-31-08</b>	<b>QE 6-30-08</b>	<b>QE 9-30-08</b>
Highest & High (includes all Case Management & Nursing Home)	\$41,978,934	\$41,178,960	\$42,351,393	\$42,015,950
Moderate	\$540,785	\$558,916	\$684,776	\$848,498
Pace	\$0	\$0	\$0	\$549,904
<b>Total</b>	<b>\$42,519,719</b>	<b>\$41,737,876</b>	<b>\$43,036,169</b>	<b>\$43,414,352</b>
<b>Expenditures By Service Category</b>				
1 Nursing Home	\$29,347,050	\$28,496,746	\$29,195,529	\$30,133,994
2 Adult Day (Moderate, High&Highest)	\$852,689	\$835,816	\$987,246	\$1,177,787
3 Case Management (HHA & AAA)	\$911,222	\$998,932	\$1,027,588	\$974,211
4 Homemaker	\$319,974	\$333,104	\$387,504	\$454,453
5 Respite/Companion	\$1,842,333	\$2,148,986	\$1,917,227	\$1,622,742
6 Enhanced Residential Care	\$1,961,922	\$1,980,360	\$2,003,642	\$1,608,629
7 Personal Care (by Agency)	\$3,435,807	\$3,528,520	\$3,381,155	\$3,354,647
8 Personal Care (Self Directed)	\$3,379,594	\$2,900,648	\$3,380,539	\$2,903,704
9 Flexible Choices	\$251,580	\$297,477	\$526,939	\$418,496
10 PACE	\$0	\$0	\$0	\$549,904
11 Misc (Assistive Devices, Emergency Response Systems, ISO)	\$217,548	\$217,287	\$228,800	\$215,785
<b>Total</b>	<b>\$42,519,719</b>	<b>\$41,737,876</b>	<b>\$43,036,169</b>	<b>\$43,414,352</b>
<b>People Served</b>				
* Highest & High (includes all Case Management)	4,753	4,937	5,167	5,219
**Moderate	929	960	1,075	1,139
PACE	0	0	0	52
<b>Total</b>	<b>5,240</b>	<b>5,353</b>	<b>5,462</b>	<b>5,497</b>
*includes all Case Management for Highest, High,				
** People in Moderate needs are also counted in Highest/High due to universal case management code.				
<b>People Served by Service Category</b>				
1 Nursing Home	2,520	2,510	2,500	2,524
2 Adult Day (Moderate, High&Highest)	372	375	393	408
3 Case Management (HHA & AAA)	2,345	2,541	2,778	2,794
4 Homemaker	817	846	948	1,011
5 Respite/Companion	1,030	1,124	1,098	1,048
6 Enhanced Residential Care	370	378	381	356
7 Personal Care (by Agency)	746	756	738	709
8 Personal Care (Self Directed)	854	866	867	862
9 Flexible Choices	37	45	58	70
10 PACE	0	0	0	52
11 Misc (Assistive Devices, Emergency Response Systems, ISO)	1,264	1,291	1,259	1,256
<b>Total</b>	<b>5,240</b>	<b>5,353</b>	<b>5,462</b>	<b>5,497</b>

<b>Choices for Care Summary - Expenses and # People Served by Date of Service</b>				
<b>Department of Disabilities Aging and Independent Living</b>				
<b>Date 10/15/2013</b>				
<b>Source: HP Claims Analysis View Universe; DLB 10/15/2013</b>				
<b>Expenditures</b>	<b>QE 12-31-08</b>	<b>QE 3-31-09</b>	<b>QE 6-30-09</b>	<b>QE 9-30-09</b>
Highest & High (includes all Case Management & Nursing Home)	\$42,756,532	\$41,099,421	\$41,423,470	\$40,628,150
Moderate	\$833,873	\$841,669	\$882,945	\$898,122
Pace	\$647,014	\$709,243	\$819,977	\$863,053
<b>Total</b>	<b>\$44,237,419</b>	<b>\$42,650,333</b>	<b>\$43,126,392</b>	<b>\$42,389,325</b>
<b>Expenditures By Service Category</b>				
1 Nursing Home	\$30,259,388	\$28,904,802	\$28,799,355	\$29,072,892
2 Adult Day (Moderate, High&Highest)	\$1,107,449	\$1,047,058	\$1,116,501	\$1,141,806
3 Case Management (HHA & AAA)	\$952,817	\$938,499	\$909,337	\$875,932
4 Homemaker	\$474,842	\$478,496	\$491,875	\$481,745
5 Respite/Companion	\$1,720,125	\$2,179,588	\$1,892,242	\$1,539,843
6 Enhanced Residential Care	\$1,678,280	\$1,629,986	\$1,647,753	\$1,713,681
7 Personal Care (by Agency)	\$3,316,370	\$3,239,900	\$3,234,120	\$3,188,744
8 Personal Care (Self Directed)	\$3,302,151	\$2,766,713	\$3,270,845	\$2,734,010
9 Flexible Choices	\$561,770	\$538,015	\$724,594	\$568,746
10 PACE	\$647,014	\$709,243	\$819,977	\$863,053
11 Misc (Assistive Devices, Emergency Response Systems, ISO)	\$217,213	\$218,033	\$219,793	\$208,873
<b>Total</b>	<b>\$44,237,419</b>	<b>\$42,650,333</b>	<b>\$43,126,392</b>	<b>\$42,389,325</b>
<b>People Served</b>				
* Highest & High (includes all Case Management)	5,273	5,307	5,262	5,287
**Moderate	1,166	1,175	1,180	1,202
PACE	57	64	69	77
<b>Total</b>	<b>5,562</b>	<b>5,565</b>	<b>5,519</b>	<b>5,536</b>
*includes all Case Management for Highest, High, and Moderate needs. This duplicates people who are counted in Moderate				
** People in Moderate needs are also counted in Highest/High due to universal case management code.				
<b>People Served by Service Category</b>				
1 Nursing Home	2,528	2,545	2,510	2,492
2 Adult Day (Moderate, High&Highest)	400	379	404	410
3 Case Management (HHA & AAA)	2,804	2,824	2,834	2,870
4 Homemaker	1,047	1,058	1,054	1,077
5 Respite/Companion	984	1,090	1,097	1,030
6 Enhanced Residential Care	369	366	367	375
7 Personal Care (by Agency)	687	664	655	645
8 Personal Care (Self Directed)	858	853	864	846
9 Flexible Choices	75	84	85	93
10 PACE	57	64	69	77
11 Misc (Assistive Devices, Emergency Response Systems, ISO)	1,247	1,248	1,234	1,209
<b>Total</b>	<b>5,562</b>	<b>5,565</b>	<b>5,519</b>	<b>5,536</b>

<b>Choices for Care Summary - Expenses and # People Served by Date of Service</b>				
<b>Department of Disabilities Aging and Independent Living</b>				
<b>Date 10/15/2013</b>				
<b>Source: HP Claims Analysis View Universe; DLB 10/15/2013</b>				
<b>Expenditures</b>	<b>QE 12-31-09</b>	<b>QE 3-31-10</b>	<b>QE 6-30-10</b>	<b>QE 9-30-10</b>
Highest & High (includes all Case Management & Nursing Home)	\$41,472,821	\$40,467,129	\$41,161,149	\$40,868,445
Moderate	\$868,851	\$841,882	\$781,206	\$746,283
Pace	\$919,562	\$910,404	\$937,154	\$1,007,539
<b>Total</b>	<b>\$43,261,234</b>	<b>\$42,219,415</b>	<b>\$42,879,509</b>	<b>\$42,622,267</b>
<b>Expenditures By Service Category</b>				
1 Nursing Home	\$29,097,883	\$28,238,624	\$28,430,674	\$29,269,852
2 Adult Day (Moderate, High&Highest)	\$1,084,842	\$1,089,316	\$1,104,204	\$1,038,938
3 Case Management (HHA & AAA)	\$823,737	\$879,907	\$804,960	\$783,124
4 Homemaker	\$487,263	\$476,529	\$465,710	\$442,838
5 Respite/Companion	\$1,821,126	\$2,215,199	\$1,961,951	\$1,604,505
6 Enhanced Residential Care	\$1,712,574	\$1,662,512	\$1,757,184	\$1,744,692
7 Personal Care (by Agency)	\$3,195,761	\$3,167,751	\$3,261,586	\$3,284,341
8 Personal Care (Self Directed)	\$3,272,166	\$2,794,713	\$3,192,619	\$2,649,386
9 Flexible Choices	\$629,914	\$573,726	\$761,289	\$603,201
10 PACE	\$919,562	\$910,404	\$937,154	\$1,007,539
11 Misc (Assistive Devices, Emergency Response Systems, ISO)	\$216,406	\$210,734	\$202,178	\$193,851
<b>Total</b>	<b>\$43,261,234</b>	<b>\$42,219,415</b>	<b>\$42,879,509</b>	<b>\$42,622,267</b>
<b>People Served</b>				
* Highest & High (includes all Case Management)	5,209	5,251	5,047	4,970
**Moderate	1,196	1,124	1,046	977
PACE	80	81	85	91
<b>Total</b>	<b>5,520</b>	<b>5,468</b>	<b>5,304</b>	<b>5,193</b>
*includes all Case Management for Highest, High, and Moderate needs. This duplicates people who are counted in Moderate				
** People in Moderate needs are also counted in Highest/High due to universal case management code.				
<b>People Served by Service Category</b>				
1 Nursing Home	2,496	2,518	2,449	2,421
2 Adult Day (Moderate, High&Highest)	397	380	371	347
3 Case Management (HHA & AAA)	2,763	2,804	2,667	2,598
4 Homemaker	1,075	1,021	952	897
5 Respite/Companion	1,007	1,124	1,107	1,035
6 Enhanced Residential Care	371	377	383	376
7 Personal Care (by Agency)	651	660	667	641
8 Personal Care (Self Directed)	859	861	849	826
9 Flexible Choices	92	88	89	94
10 PACE	80	81	85	91
11 Misc (Assistive Devices, Emergency Response Systems, ISO)	1,215	1,234	1,210	1,176
<b>Total</b>	<b>5,520</b>	<b>5,468</b>	<b>5,304</b>	<b>5,193</b>

<b>Choices for Care Summary - Expenses and # People Served by Date of Service</b>				
<b>Department of Disabilities Aging and Independent Living</b>				
<b>Date 10/15/2013</b>				
<b>Source: HP Claims Analysis View Universe; DLB 10/15/2013</b>				
<b>Expenditures</b>	<b>QE 12-31-10</b>	<b>QE 3-31-11</b>	<b>QE 6-30-11</b>	<b>QE 9-30-11</b>
Highest & High (includes all Case Management & Nursing Home)	\$40,943,227	\$39,499,424	\$40,273,476	\$41,196,763
Moderate	\$687,821	\$663,023	\$685,760	\$710,324
Pace	\$1,117,010	\$1,214,667	\$1,242,650	\$1,294,171
<b>Total</b>	<b>\$42,748,058</b>	<b>\$41,377,114</b>	<b>\$42,201,886</b>	<b>\$43,201,258</b>
<b>Expenditures By Service Category</b>				
1 Nursing Home	\$28,833,056	\$27,555,965	\$27,566,418	\$29,407,655
2 Adult Day (Moderate, High&Highest)	\$942,907	\$905,076	\$1,042,824	\$1,042,028
3 Case Management (HHA & AAA)	\$761,747	\$837,013	\$844,083	\$849,920
4 Homemaker	\$432,870	\$442,357	\$425,138	\$428,840
5 Respite/Companion	\$1,705,457	\$2,068,869	\$1,876,159	\$1,559,830
6 Enhanced Residential Care	\$1,770,421	\$1,823,106	\$1,869,765	\$1,908,794
7 Personal Care (by Agency)	\$3,210,199	\$3,069,715	\$3,322,391	\$3,385,716
8 Personal Care (Self Directed)	\$3,034,132	\$2,607,160	\$3,016,636	\$2,484,906
9 Flexible Choices	\$745,619	\$659,919	\$798,248	\$642,986
10 PACE	\$1,117,010	\$1,214,667	\$1,242,650	\$1,294,171
11 Misc (Assistive Devices, Emergency Response Systems, ISO)	\$194,640	\$193,267	\$197,574	\$196,412
<b>Total</b>	<b>\$42,748,058</b>	<b>\$41,377,114</b>	<b>\$42,201,886</b>	<b>\$43,201,258</b>
<b>People Served</b>				
* Highest & High (includes all Case Management)	4,860	4,904	4,892	4,929
**Moderate	905	856	876	923
PACE	96	106	116	116
<b>Total</b>	<b>5,129</b>	<b>5,110</b>	<b>5,099</b>	<b>5,141</b>
*includes all Case Management for Highest, High, and Moderate needs. This duplicates people who are counted in Moderate				
** People in Moderate needs are also counted in Highest/High due to universal case management code.				
<b>People Served by Service Category</b>				
1 Nursing Home	2,419	2,386	2,350	2,361
2 Adult Day (Moderate, High&Highest)	331	316	330	335
3 Case Management (HHA & AAA)	2,474	2,546	2,593	2,621
4 Homemaker	838	797	815	835
5 Respite/Companion	978	1,076	1,086	1,022
6 Enhanced Residential Care	382	417	408	409
7 Personal Care (by Agency)	643	641	648	648
8 Personal Care (Self Directed)	827	819	826	804
9 Flexible Choices	93	94	98	102
10 PACE	96	106	116	116
11 Misc (Assistive Devices, Emergency Response Systems, ISO)	1,134	1,146	1,176	1,158
<b>Total</b>	<b>5,129</b>	<b>5,110</b>	<b>5,099</b>	<b>5,141</b>

<b>Choices for Care Summary - Expenses and # People Served by Date of Service</b>				
<b>Department of Disabilities Aging and Independent Living</b>				
<b>Date 10/15/2013</b>				
<b>Source: HP Claims Analysis View Universe; DLB 10/15/2013</b>				
<b>Expenditures</b>	<b>QE 12-31-11</b>	<b>QE 3-31-12</b>	<b>QE 6-30-12</b>	<b>QE 9-30-12</b>
Highest & High (includes all Case Management & Nursing Home)	\$42,250,758	\$41,152,940	\$41,852,125	\$43,098,062
Moderate	\$739,754	\$803,416	\$898,368	\$928,890
Pace	\$1,280,173	\$1,416,161	\$1,543,687	\$1,587,260
<b>Total</b>	<b>\$44,270,685</b>	<b>\$43,372,517</b>	<b>\$44,294,180</b>	<b>\$45,614,212</b>
<b>Expenditures By Service Category</b>				
1 Nursing Home	\$29,758,057	\$28,831,472	\$29,074,721	\$30,101,881
2 Adult Day (Moderate, High&Highest)	\$1,040,665	\$1,063,976	\$1,136,499	\$1,140,241
3 Case Management (HHA & AAA)	\$810,078	\$899,039	\$858,201	\$858,144
4 Homemaker	\$436,204	\$456,104	\$476,654	\$492,090
5 Respite/Companion	\$1,758,034	\$2,017,606	\$1,896,150	\$1,912,751
6 Enhanced Residential Care	\$1,985,998	\$1,970,531	\$2,009,492	\$2,099,549
7 Personal Care (by Agency)	\$3,347,241	\$3,330,876	\$3,371,417	\$3,486,482
8 Personal Care (Self Directed)	\$2,830,133	\$2,448,758	\$2,810,753	\$2,885,412
9 Flexible Choices	\$826,981	\$738,006	\$921,736	\$849,839
10 PACE	\$1,280,173	\$1,416,161	\$1,543,687	\$1,587,260
11 Misc (Assistive Devices, Emergency Response Systems, ISO)	\$197,121	\$199,988	\$194,870	\$200,563
<b>Total</b>	<b>\$44,270,685</b>	<b>\$43,372,517</b>	<b>\$44,294,180</b>	<b>\$45,614,212</b>
<b>People Served</b>				
* Highest & High (includes all Case Management)	4,931	5,101	5,081	4,982
**Moderate	943	998	1,049	1,066
PACE	115	124	133	140
<b>Total</b>	<b>5,195</b>	<b>5,308</b>	<b>5,308</b>	<b>5,300</b>
*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.				
<b>People Served by Service Category</b>				
1 Nursing Home	2,392	2,391	2,361	2,305
2 Adult Day (Moderate, High&Highest)	344	372	379	371
3 Case Management (HHA & AAA)	2,568	2,720	2,788	2,677
4 Homemaker	843	882	927	935
5 Respite/Companion	954	1,068	1,074	1,039
6 Enhanced Residential Care	428	426	421	426
7 Personal Care (by Agency)	639	636	647	639
8 Personal Care (Self Directed)	776	790	804	799
9 Flexible Choices	105	113	110	113
10 PACE	115	124	133	140
11 Misc (Assistive Devices, Emergency Response Systems, ISO)	1,145	1,157	1,157	1,158
<b>Total</b>	<b>5,195</b>	<b>5,308</b>	<b>5,308</b>	<b>5,300</b>

**Choices for Care Summary - Expenses and # People Served by Date of Service**

**Department of Disabilities Aging and Independent Living**

**Date 10/15/2013**

**Source: HP Claims Analysis View Universe; DLB 10/15/2013**

<b>Expenditures</b>	<b>QE 12-31-12</b>	<b>QE 3-31-13</b>	<b>QE 6-30-13</b>
Highest & High (includes all Case Management & Nursing Home)	\$42,114,039	\$42,297,268	\$41,951,202
Moderate	\$878,917	\$876,203	\$879,189
Pace	\$1,654,820	\$1,208,952	\$0
<b>Total</b>	<b>\$44,647,776</b>	<b>\$44,382,423</b>	<b>\$42,830,391</b>

**Expenditures By Service Category**

1	Nursing Home	\$29,599,467	\$28,580,238	\$28,311,423
2	Adult Day (Moderate, High&Highest)	\$1,067,112	\$1,099,937	\$1,301,790
3	Case Management (HHA & AAA)	\$858,012	\$985,709	\$989,444
4	Homemaker	\$490,791	\$502,146	\$529,595
5	Respite/Companion	\$1,760,236	\$2,321,522	\$1,888,565
6	Enhanced Residential Care	\$2,135,933	\$2,059,407	\$2,230,431
7	Personal Care (by Agency)	\$3,509,374	\$3,464,604	\$3,765,730
8	Personal Care (Self Directed)	\$2,569,513	\$2,957,828	\$2,593,752
9	Flexible Choices	\$789,788	\$990,594	\$988,654
10	PACE	\$1,654,820	\$1,208,952	\$0
11	Misc (Assistive Devices, Emergency Response Systems, ISO)	\$212,730	\$211,486	\$231,007
	<b>Total</b>	<b>\$44,647,776</b>	<b>\$44,382,423</b>	<b>\$42,830,391</b>

**People Served**

	* Highest & High (includes all Case Management)	4,984	5,237	5,184
	**Moderate	1,047	1,043	1,108
	PACE	140	132	0
	<b>Total</b>	<b>5,318</b>	<b>5,365</b>	<b>5,320</b>

\*includes all Case Management for Highest, High, and Moderate needs (duplicates people in Moderate needs)

\*\* People in Moderate needs are also counted in Highest/High due to universal case management code.

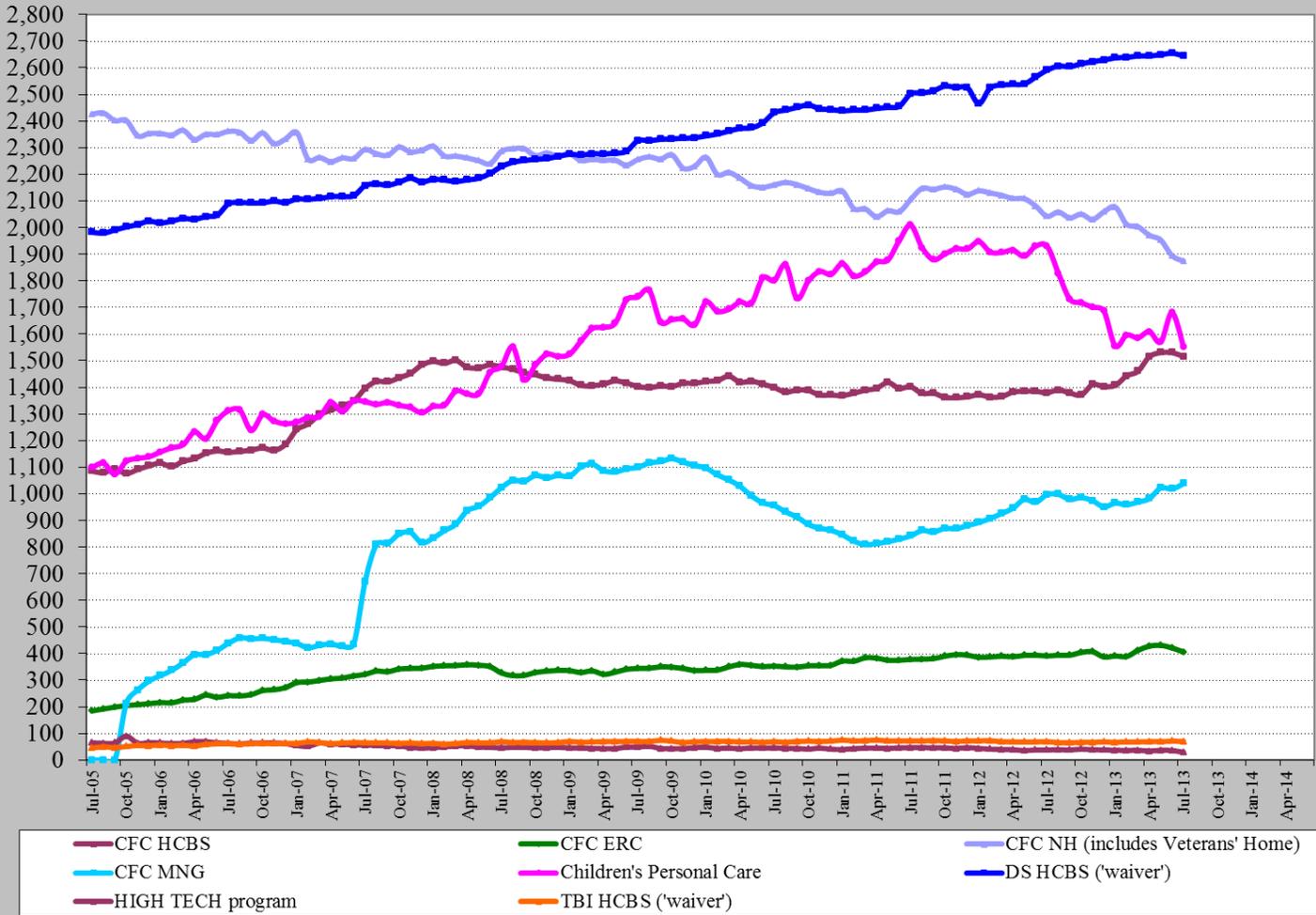
**People Served by Service Category**

1	Nursing Home	2,330	2,354	2,193
2	Adult Day (Moderate, High&Highest)	360	386	408
3	Case Management (HHA & AAA)	2,678	2,914	2,980
4	Homemaker	927	933	998
5	Respite/Companion	979	1,093	1,105
6	Enhanced Residential Care	433	449	457
7	Personal Care (by Agency)	661	709	749
8	Personal Care (Self Directed)	784	787	800
9	Flexible Choices	113	117	120
10	PACE	140	132	0
11	Misc (Assistive Devices, Emergency Response Systems, ISO)	1,157	1,213	1,240
	<b>Total</b>	<b>5,318</b>	<b>5,365</b>	<b>5,320</b>

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

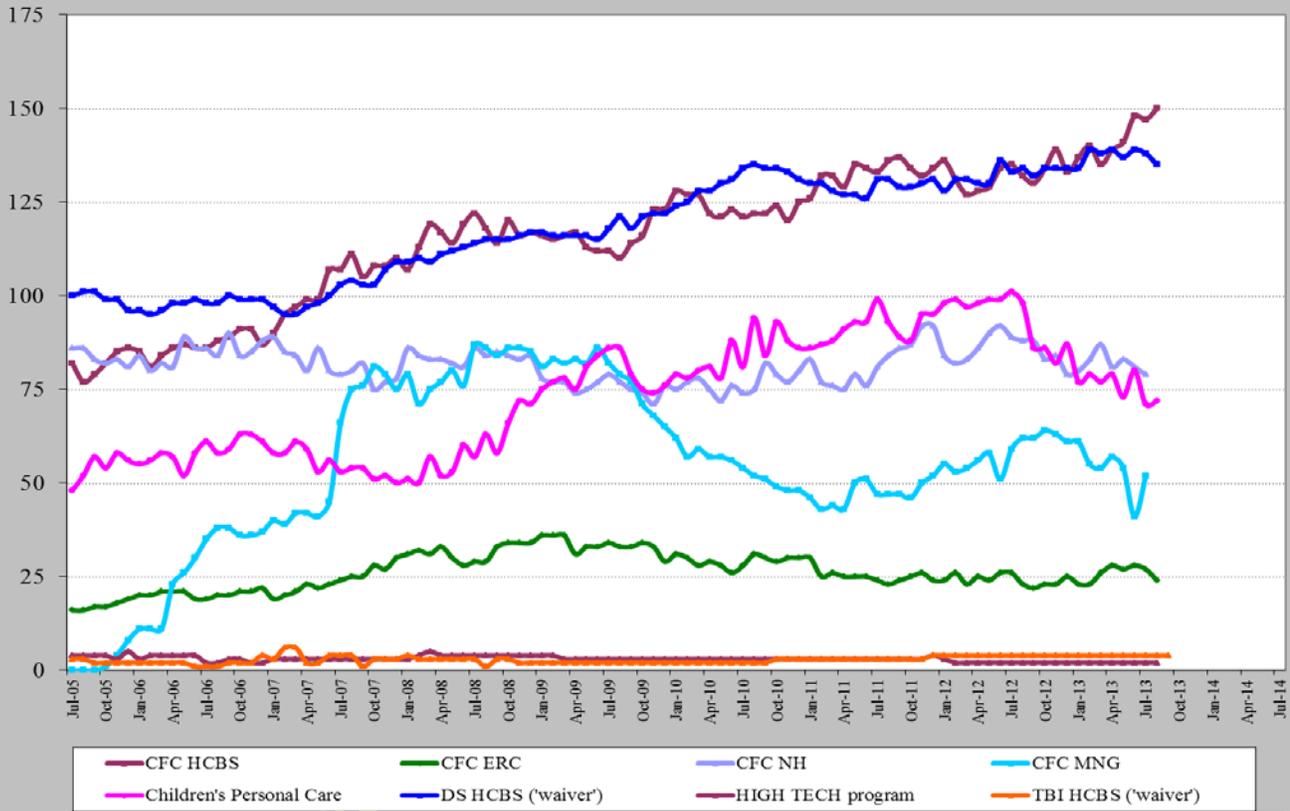
### Numbers of People Receiving Selected Services in Vermont sfy2005 - sfy2014

*data source: Medicaid paid claims by dates of service*



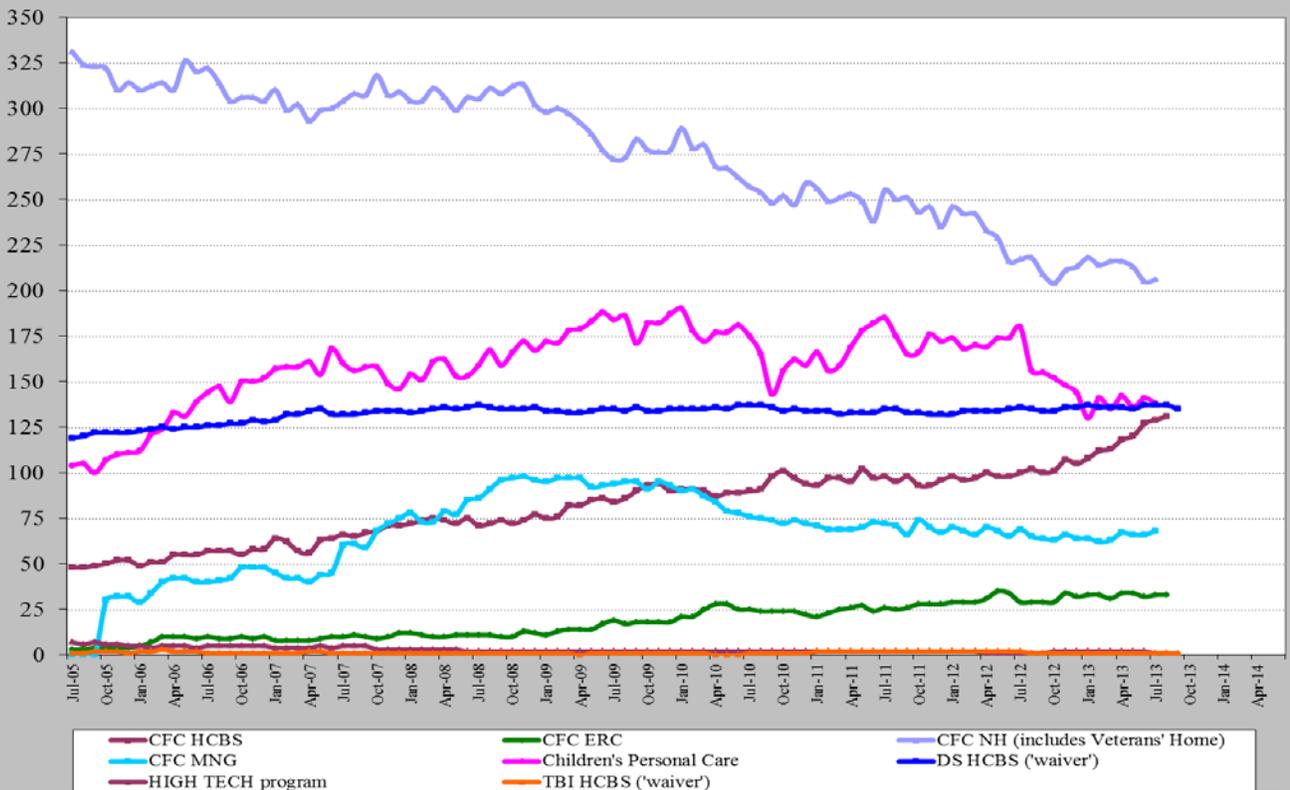
**Numbers of People Receiving Selected Services in Addison County  
sfy2005 - sfy2014**

*data source: Medicaid paid claims by dates of service*



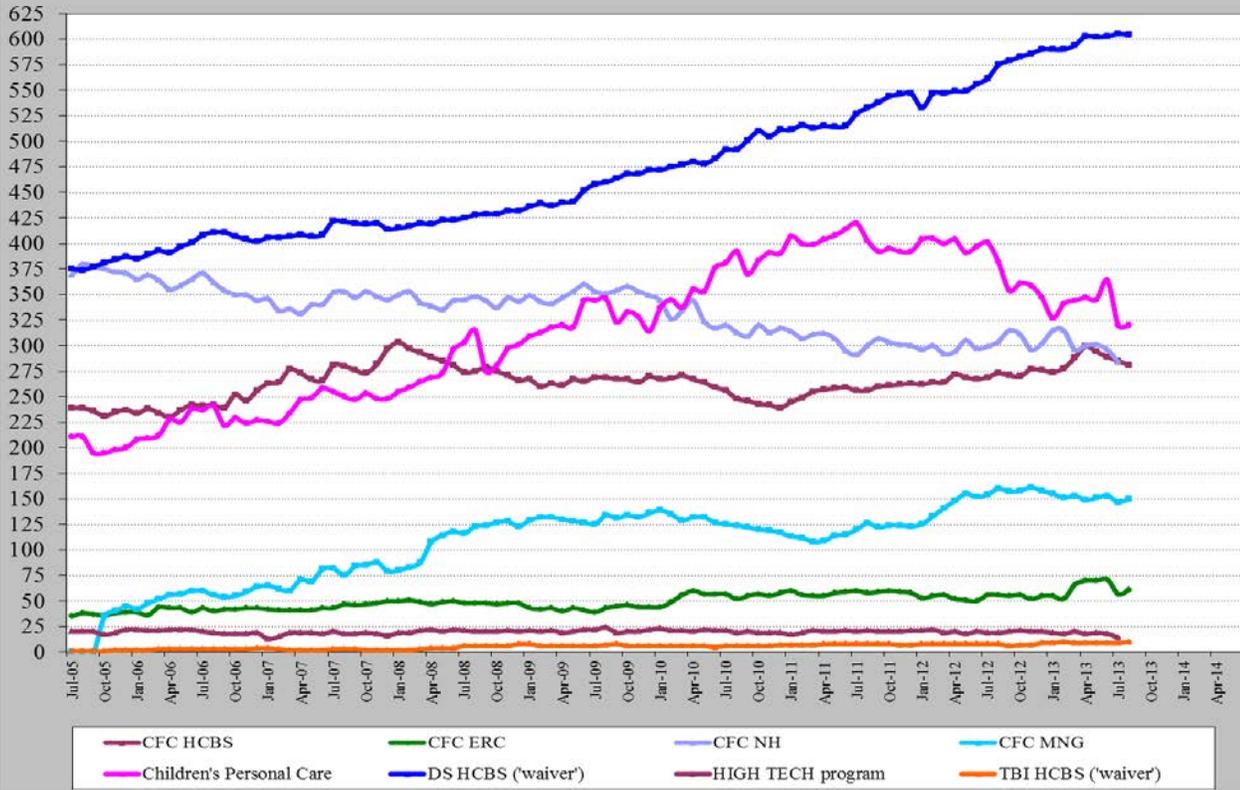
**Numbers of People Receiving Selected Services in Bennington County  
sfy2005 - sfy2014**

*data source: Medicaid paid claims by dates of service (includes Vermont Veterans Home)*



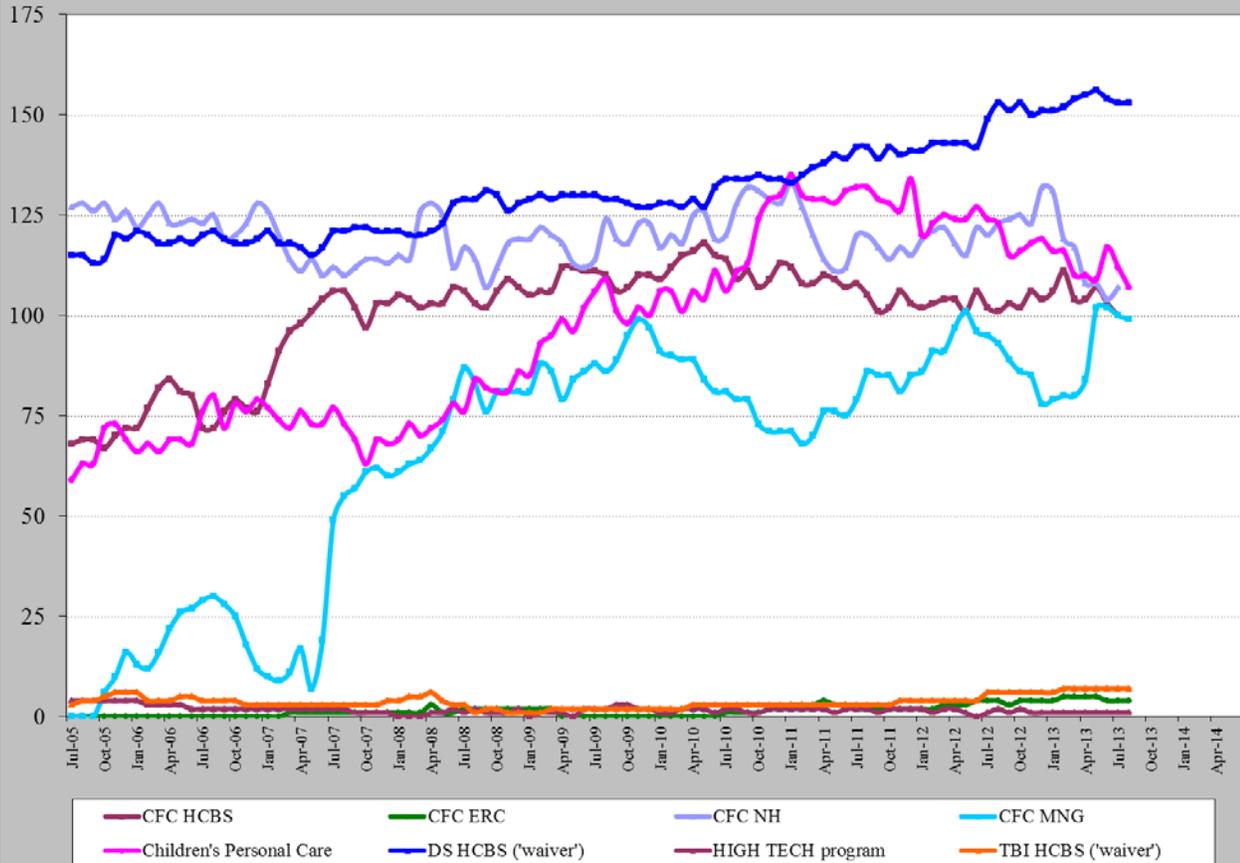
**Numbers of People Receiving Selected Services in Chittenden County  
sfy2005 - sfy2014**

*data source: Medicaid paid claims by dates of service*



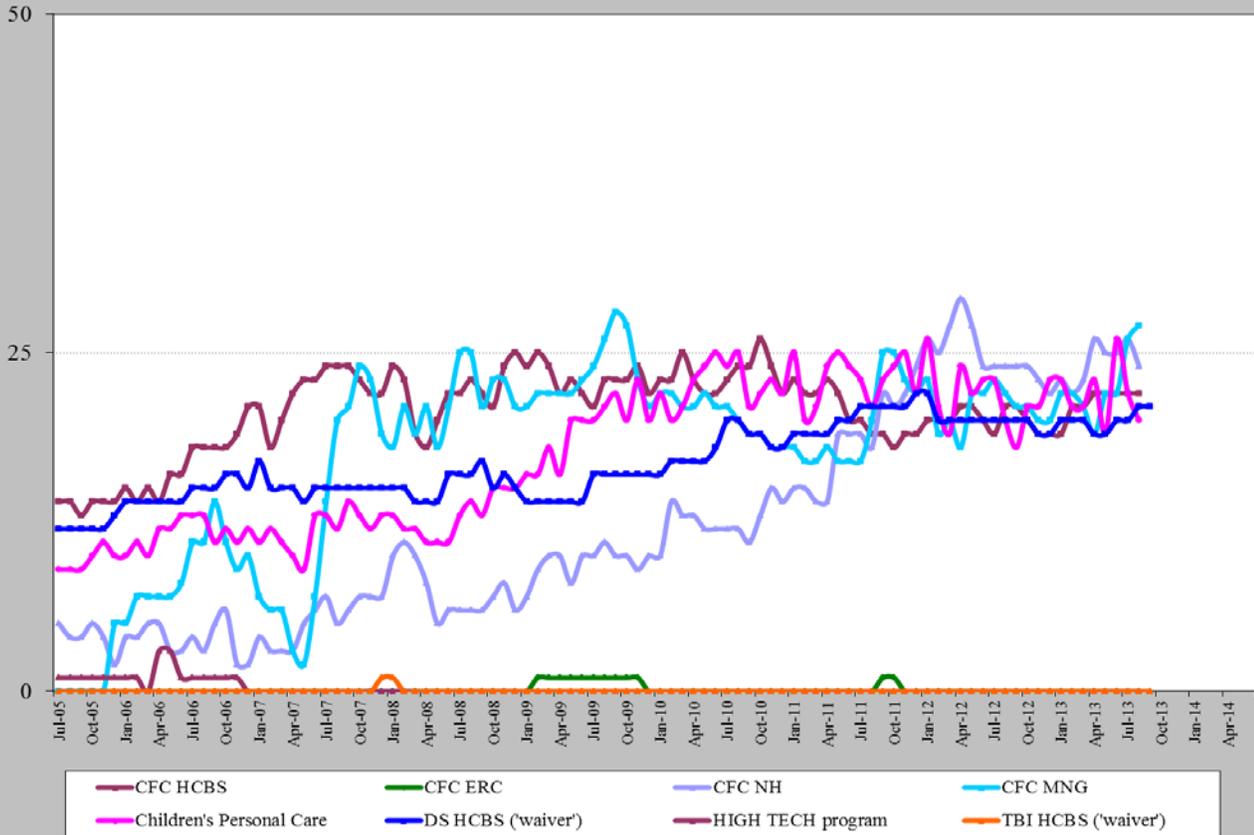
**Numbers of People Receiving Selected Services in Caledonia County  
sfy2005 - sfy2014**

*data source: Medicaid paid claims by dates of service*



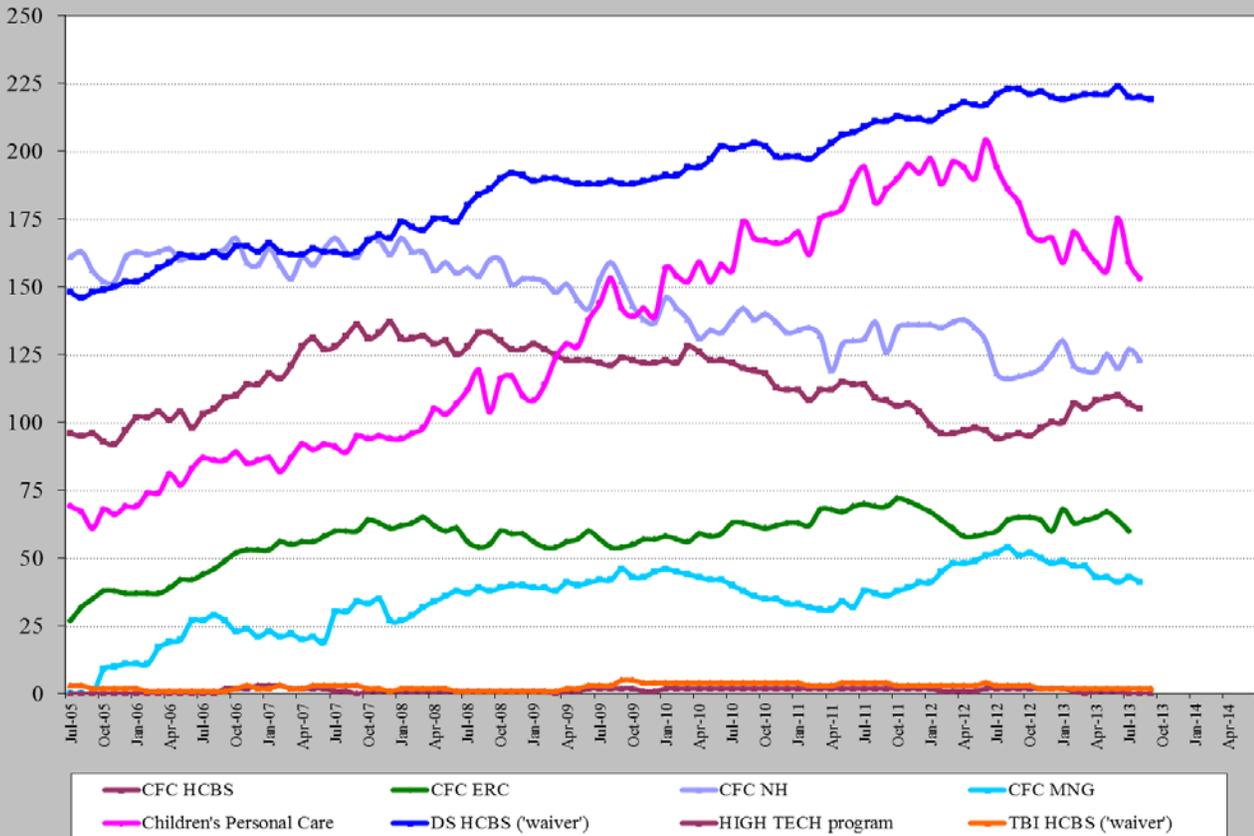
**Numbers of People Receiving Selected Services in Essex County  
sfy2005 - sfy2014**

*data source: Medicaid paid claims by dates of service*



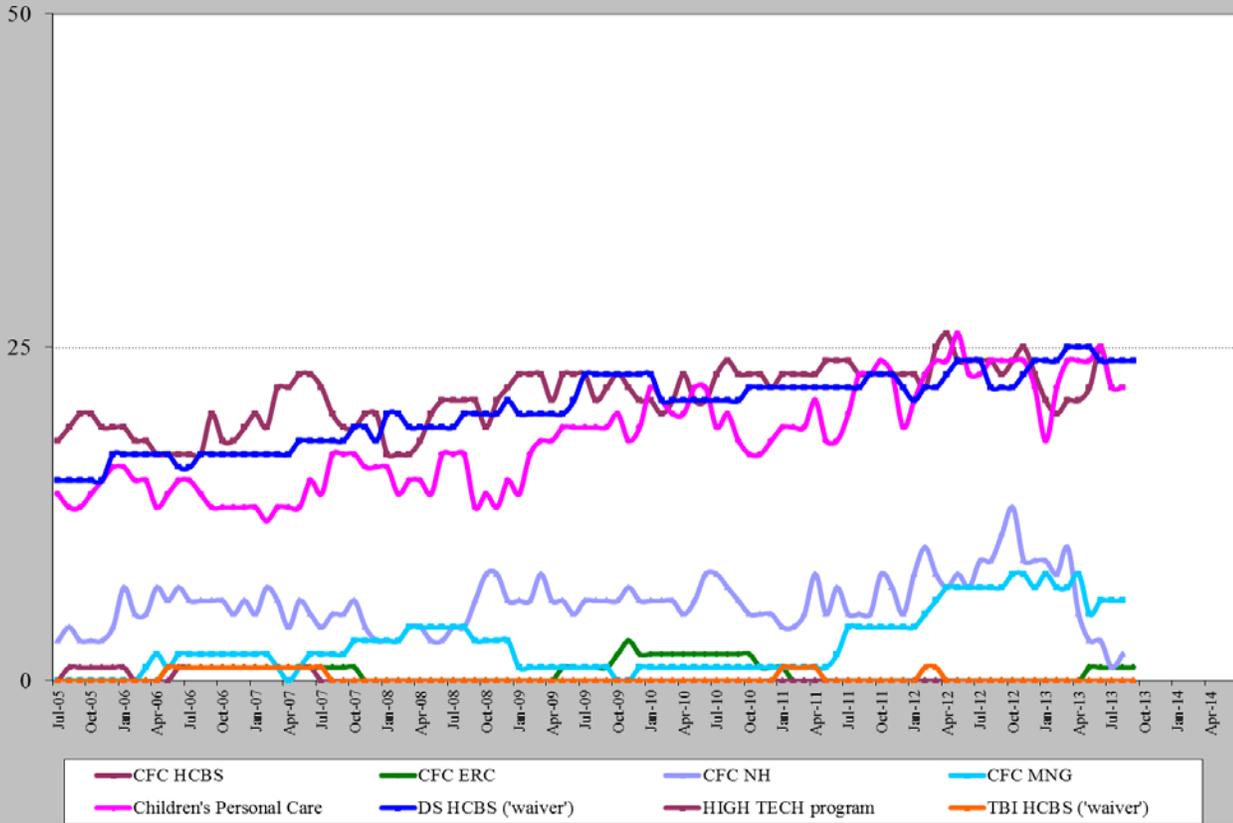
**Numbers of People Receiving Selected Services in Franklin County  
sfy2005 - sfy2014**

*data source: Medicaid paid claims by dates of service*



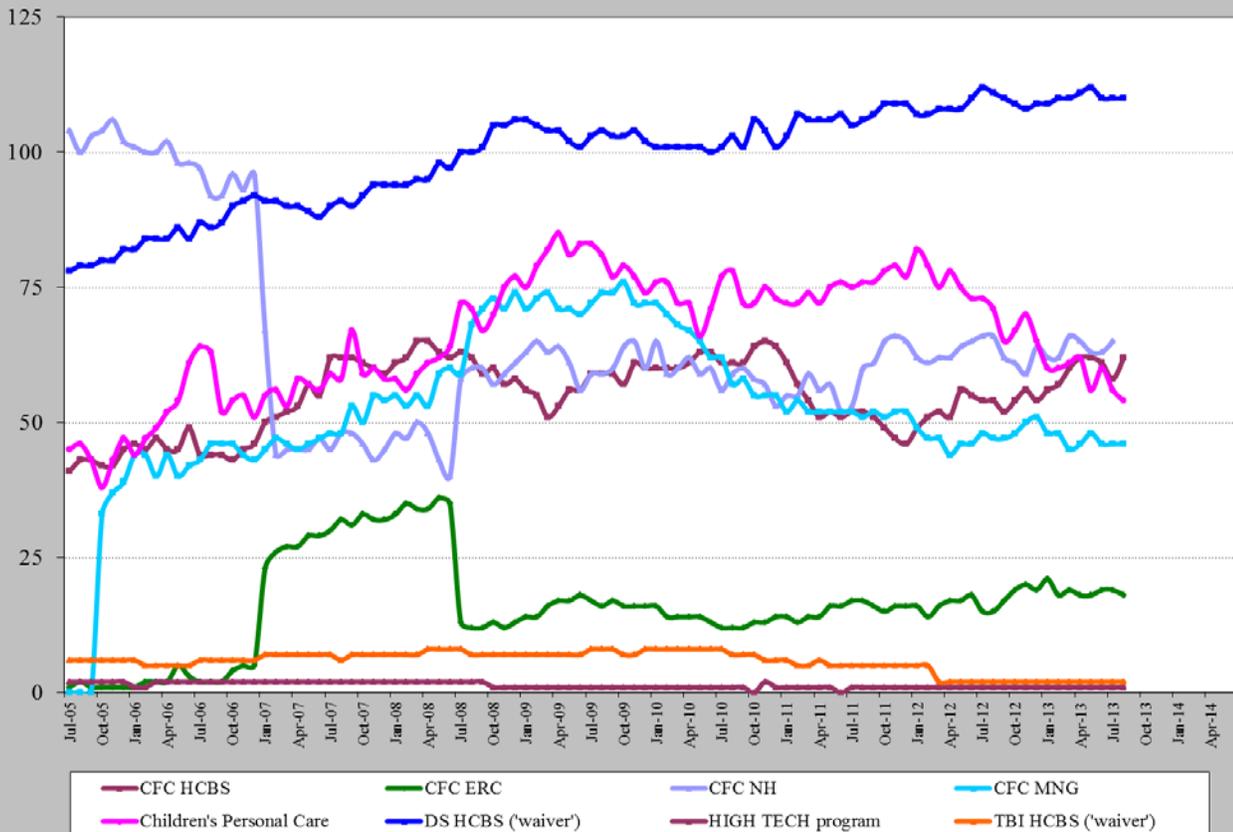
**Numbers of People Receiving Selected Services in Grand Isle County  
sfy2005 - sfy2014**

*data source: Medicaid paid claims by dates of service*



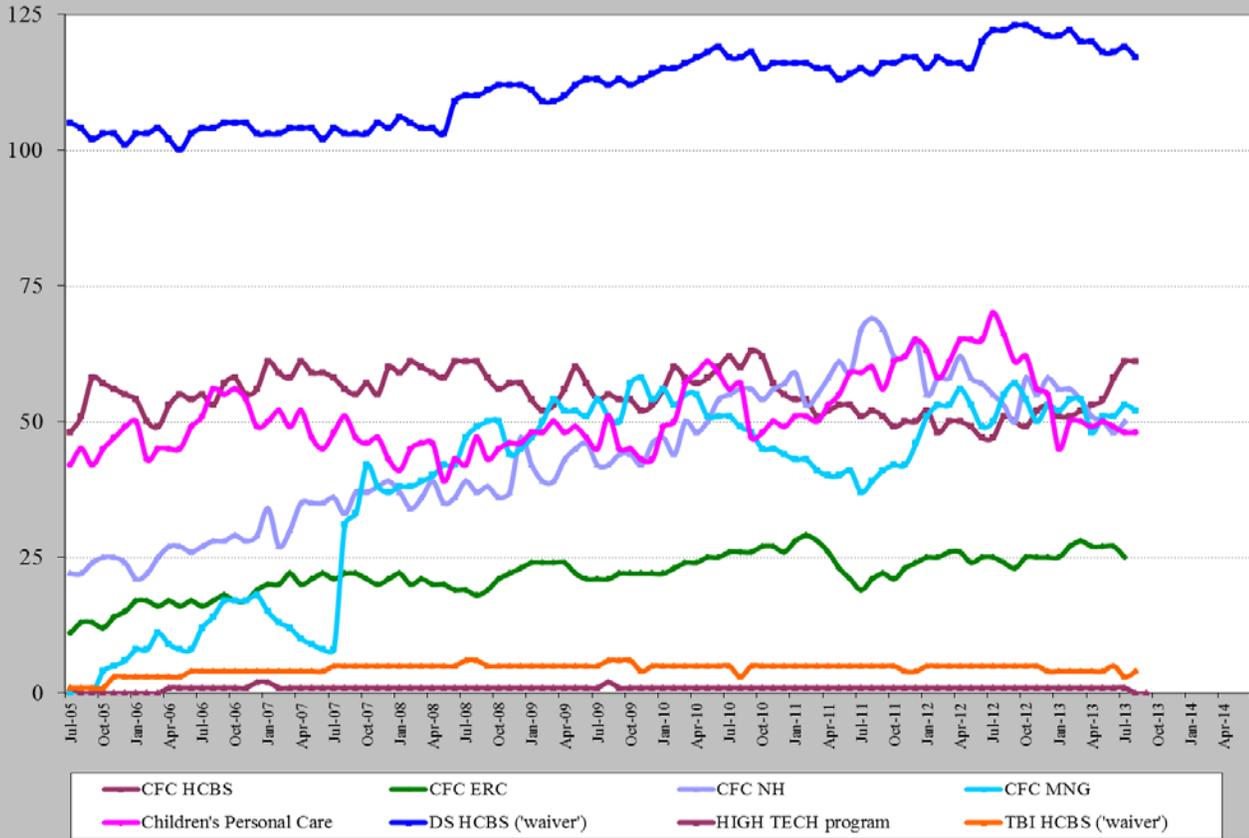
**Numbers of People Receiving Selected Services in Lamoille County  
sfy2005 - sfy2014**

*data source: Medicaid paid claims by dates of service*



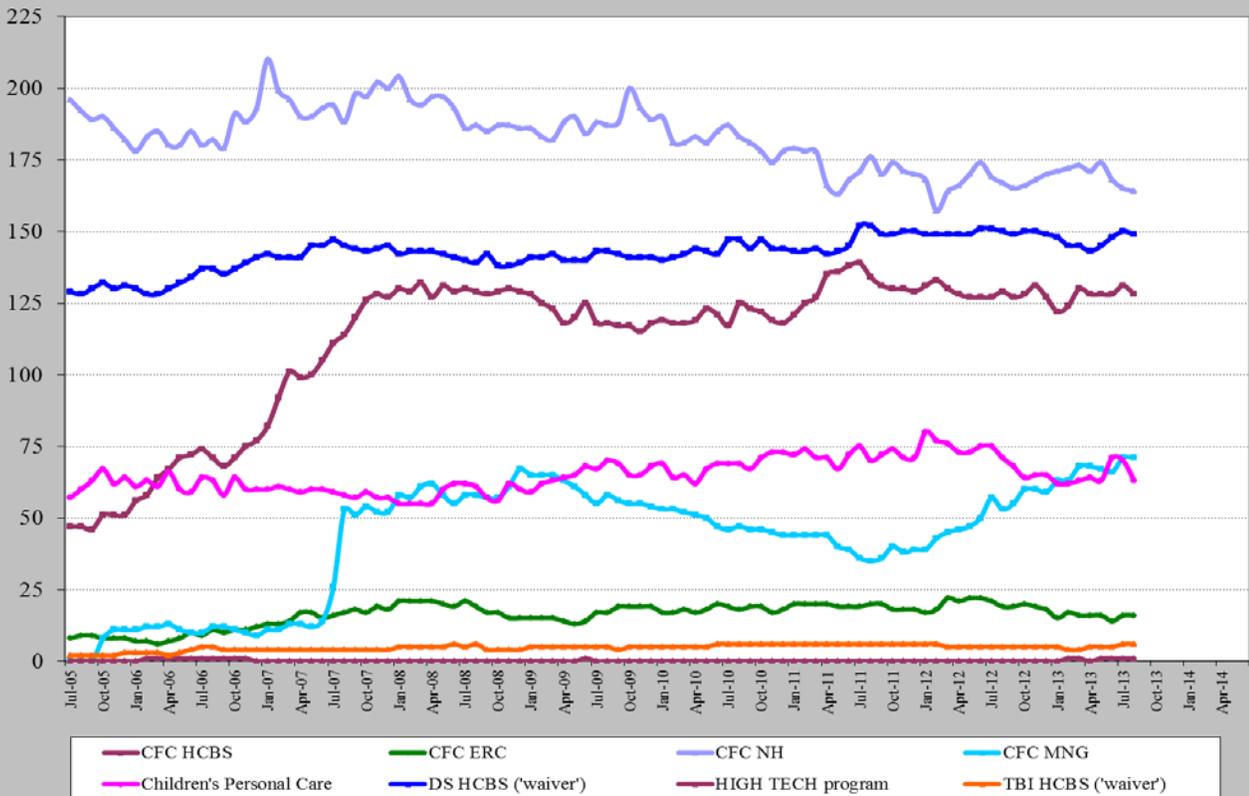
**Numbers of People Receiving Selected Services in Orange County  
sfy2005 - sfy2014**

*data source: Medicaid paid claims by dates of service*



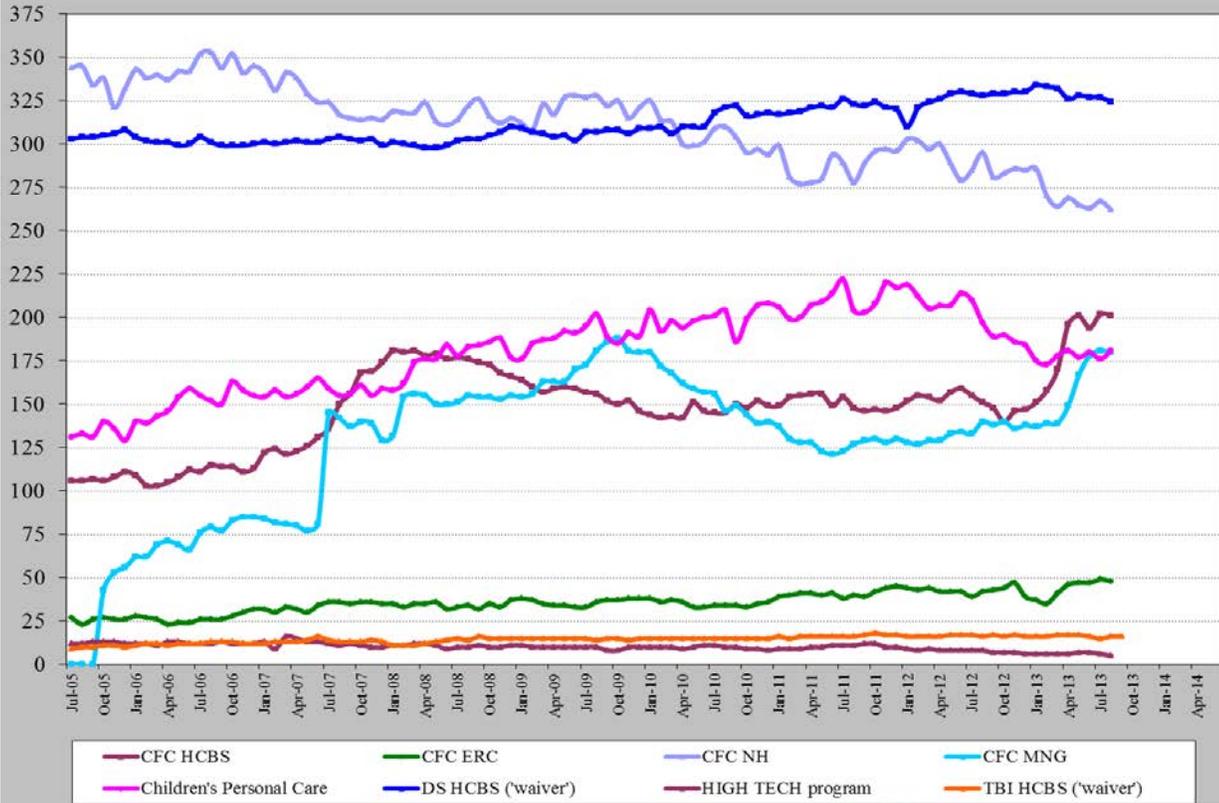
**Numbers of People Receiving Selected Services in Orleans County  
sfy2005 - sfy2014**

*data source: Medicaid paid claims by dates of service*



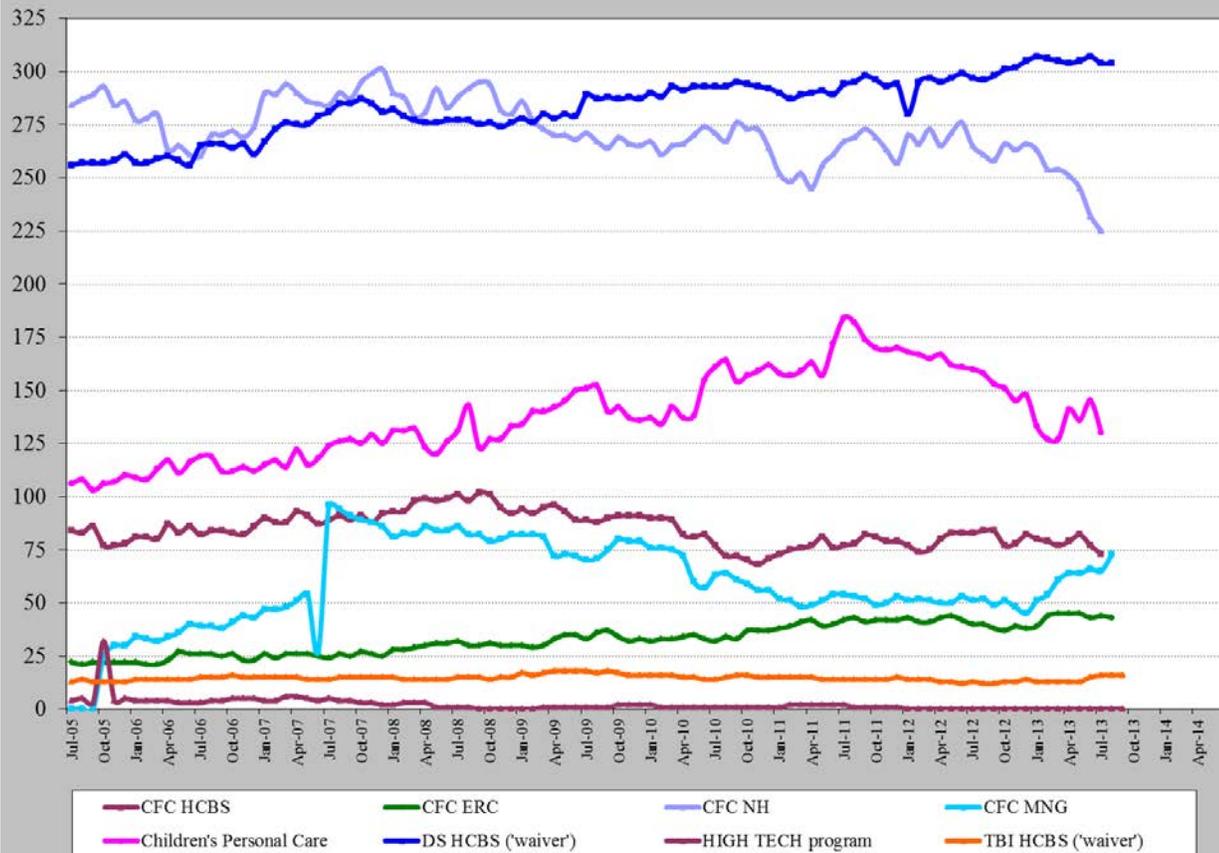
**Numbers of People Receiving Selected Services in Rutland County  
sfy2005 - sfy2014**

*data source: Medicaid paid claims by dates of service*



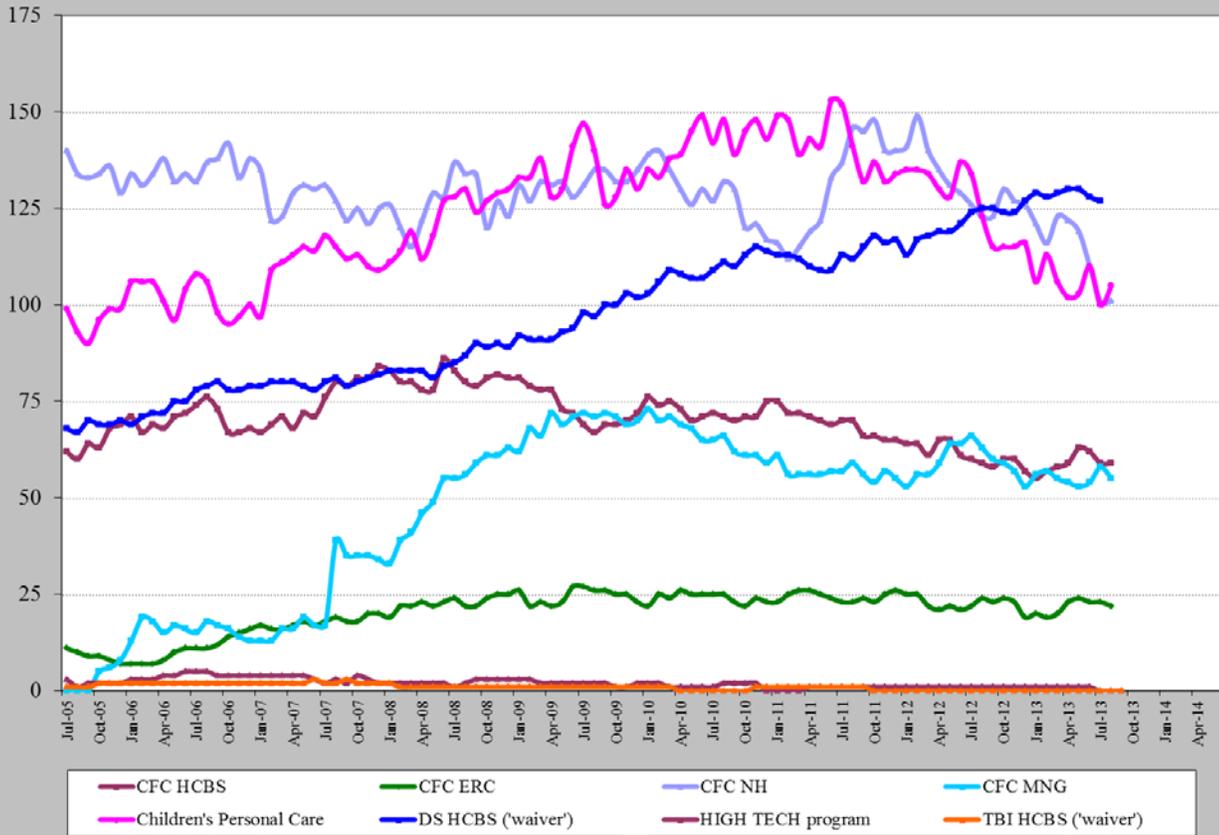
**Numbers of People Receiving Selected Services in Washington County  
sfy2005 - sfy2014**

*data source: Medicaid paid claims by dates of service*



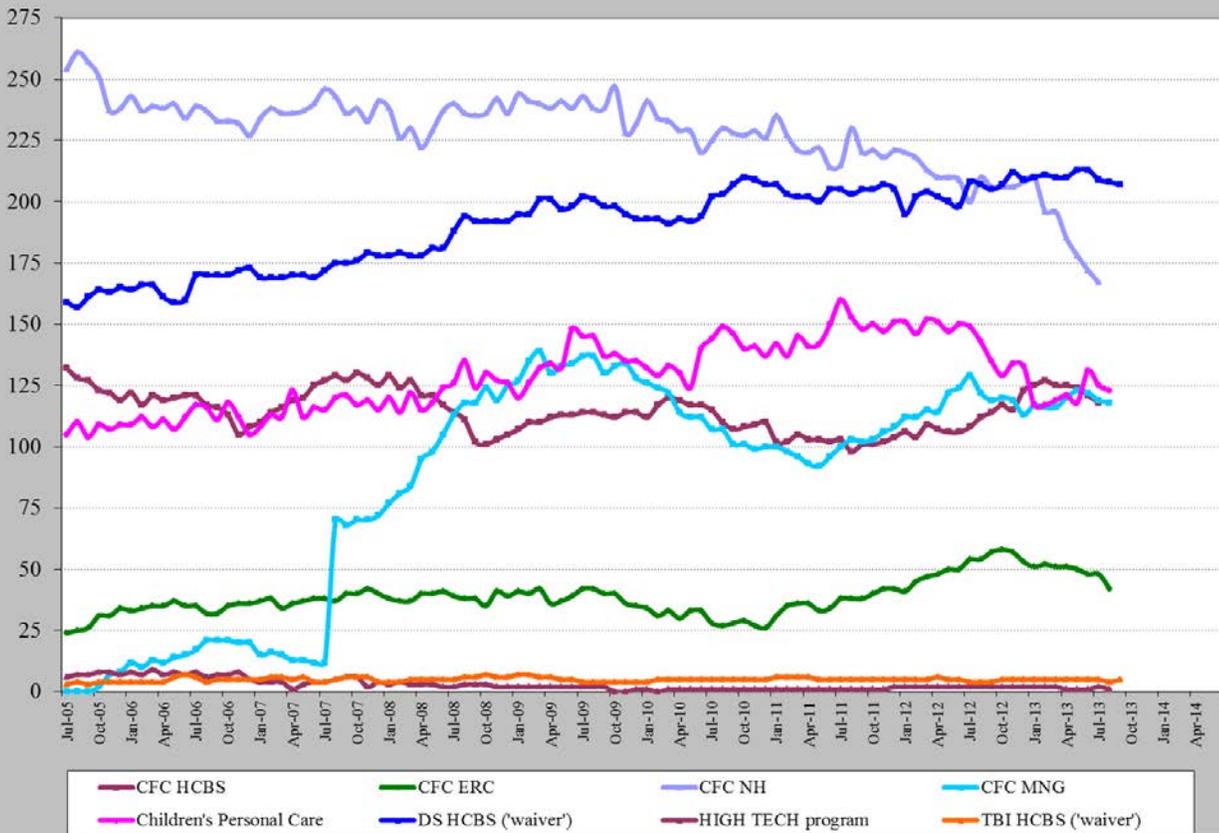
**Numbers of People Receiving Selected Services in Windham County  
sfy2005 - sfy2014**

*data source: Medicaid paid claims by dates of service*



**Numbers of People Receiving Selected Services in Windsor County  
sfy2005 - sfy2014**

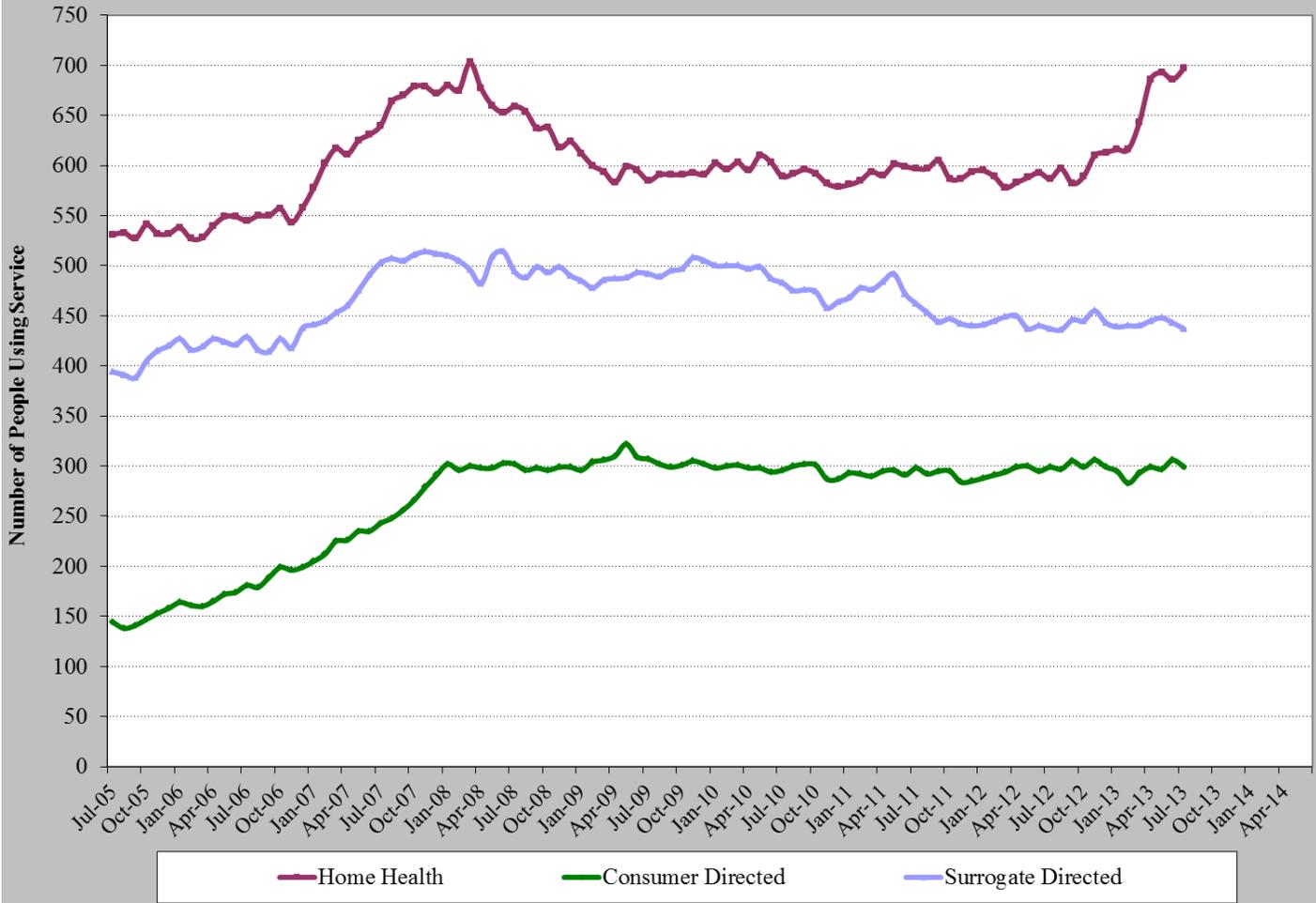
*data source: Medicaid paid claims by dates of service*



The use of Choices for Care Home Health Agency personal care services has increased substantially in the past year. This increase is not occurring in every county, and is most prominent in seven counties: Addison, Bennington, Essex, Franklin, Orange, Rutland, and Windsor.

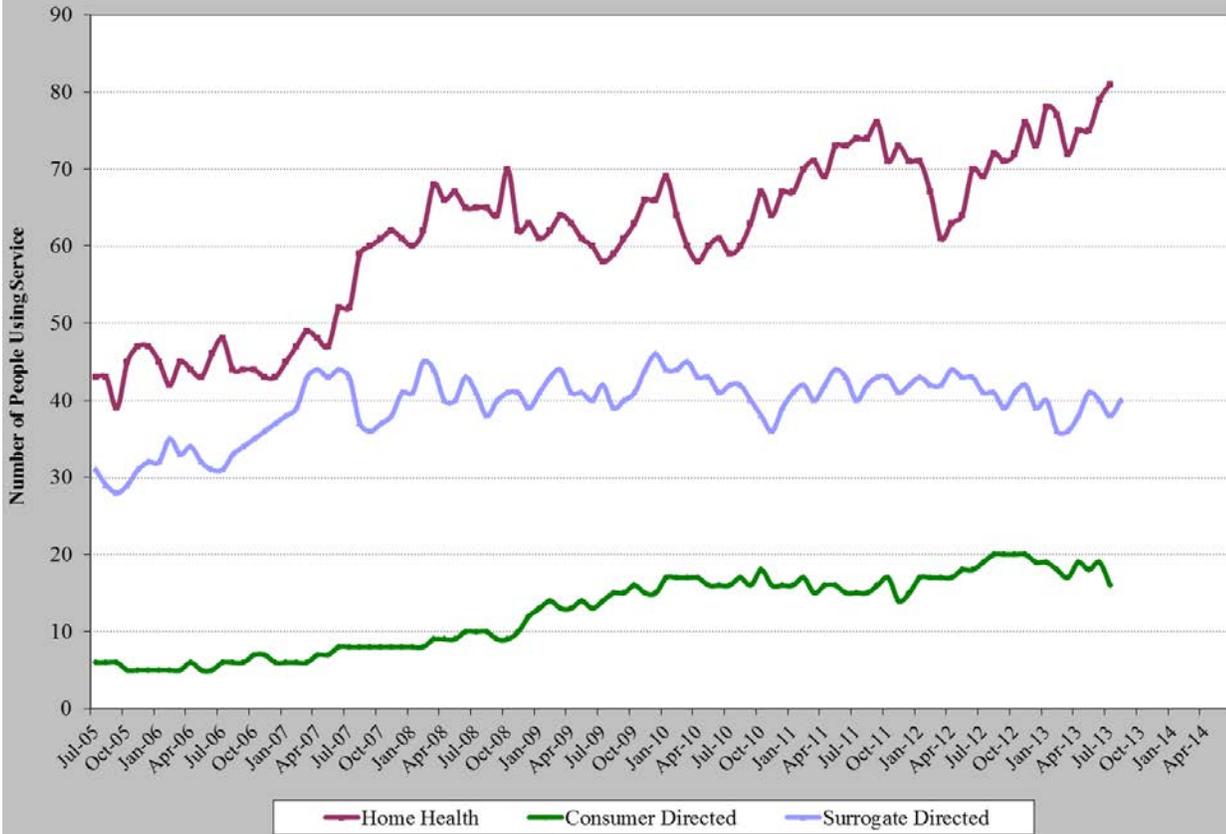
**Vermont: Choices for Care Personal Care by Type, sfy2005 - sfy2014**

*data source: paid claims by dates of service*



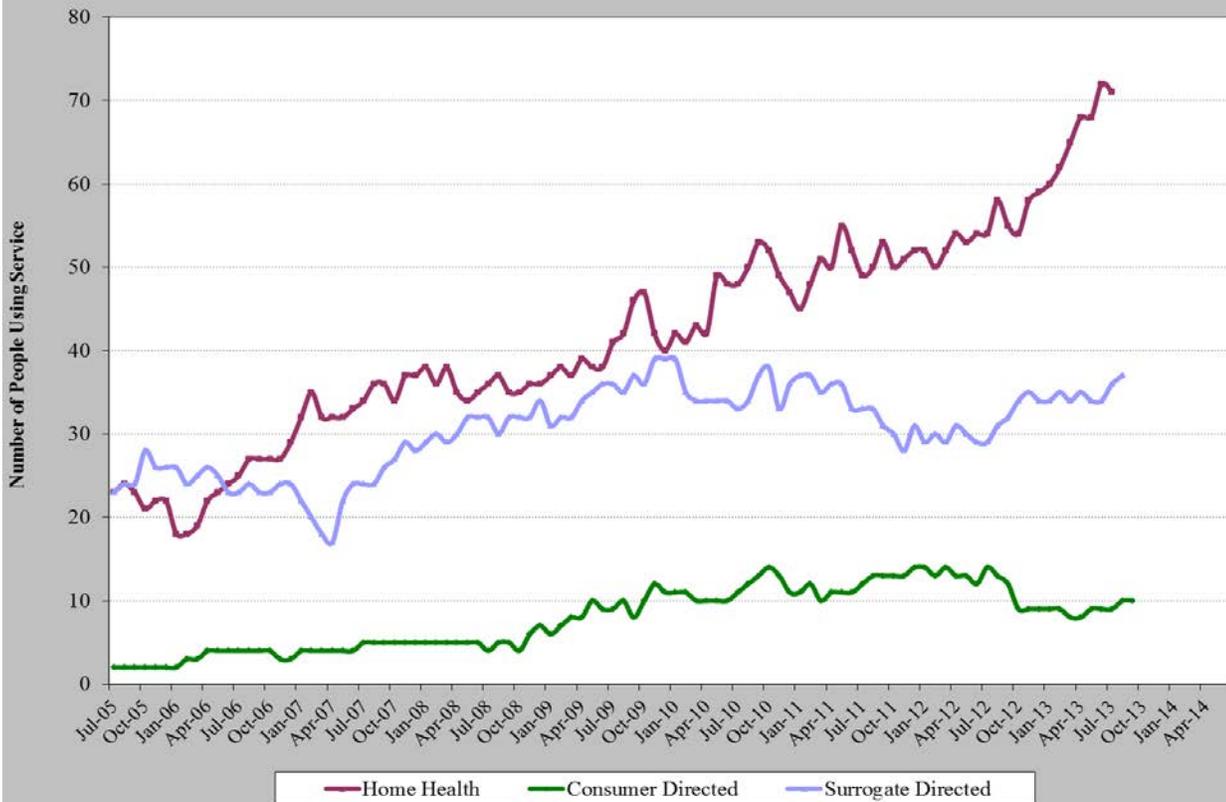
**Addison County: Choices for Care Personal Care by Type, sfy2005 - sfy2014**

*data source: paid claims by dates of service*

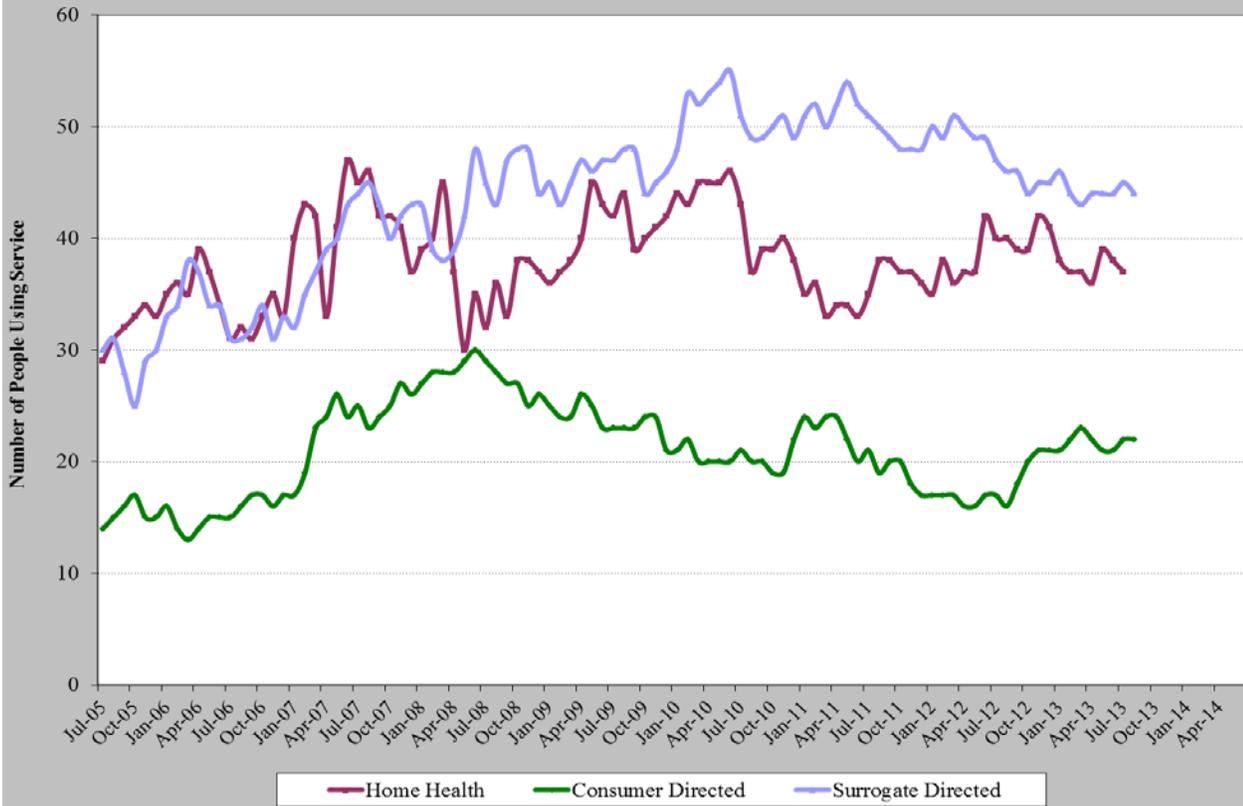


**Bennington County: Choices for Care Personal Care by Type, sfy2005 - sfy2014**

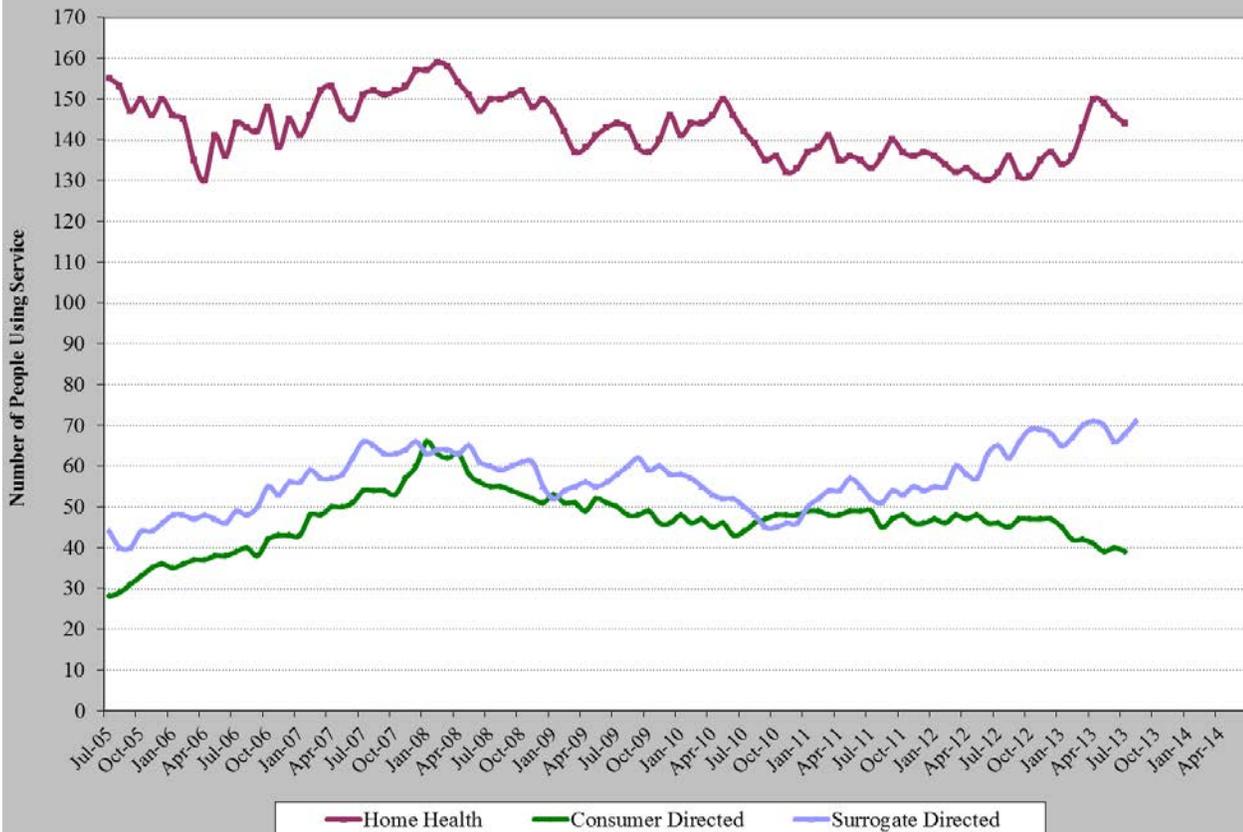
*data source: paid claims by dates of service*



**Caledonia County: Choices for Care Personal Care by Type, sfy2005 - sfy2014**  
*data source: paid claims by dates of service*

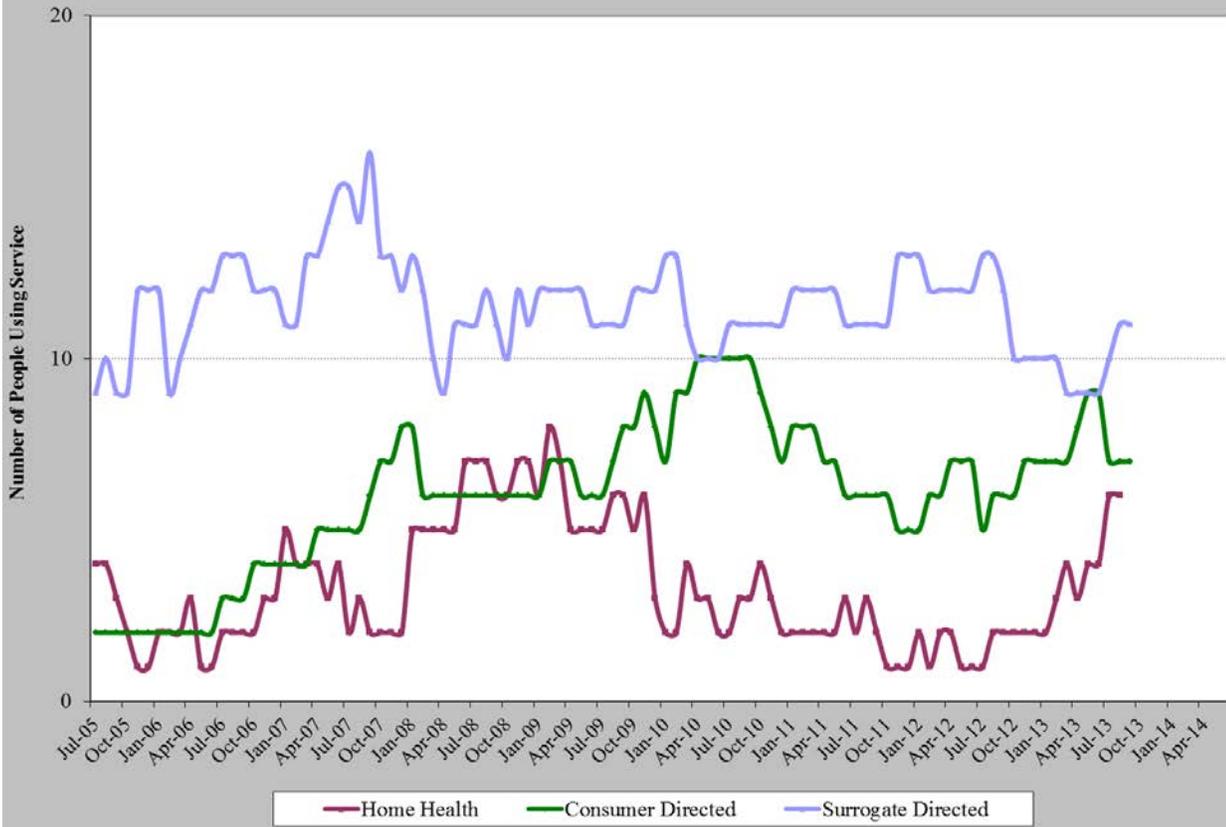


**Chittenden County: Choices for Care Personal Care by Type, sfy2005 - sfy2014**  
*data source: paid claims by dates of service*



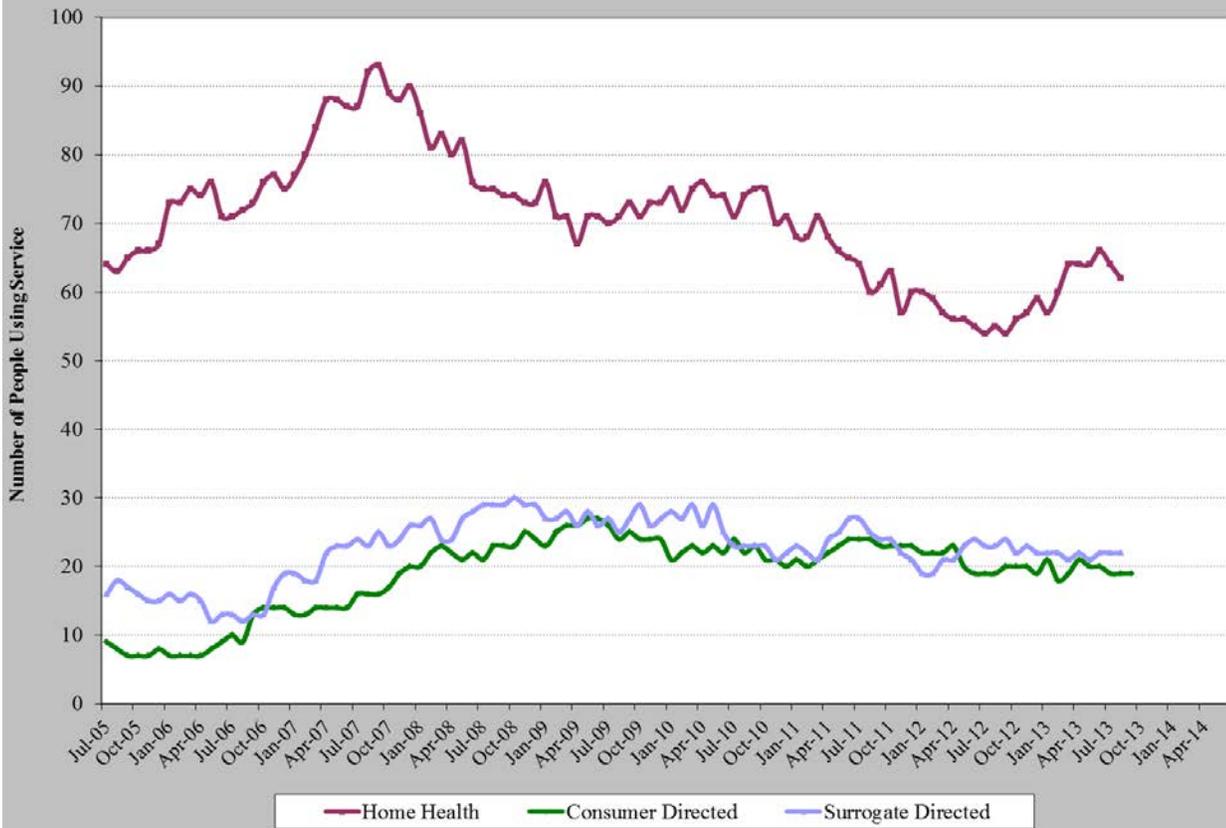
**Essex County: Choices for Care Personal Care by Type, sfy2005 - sfy2014**

*data source: paid claims by dates of service*



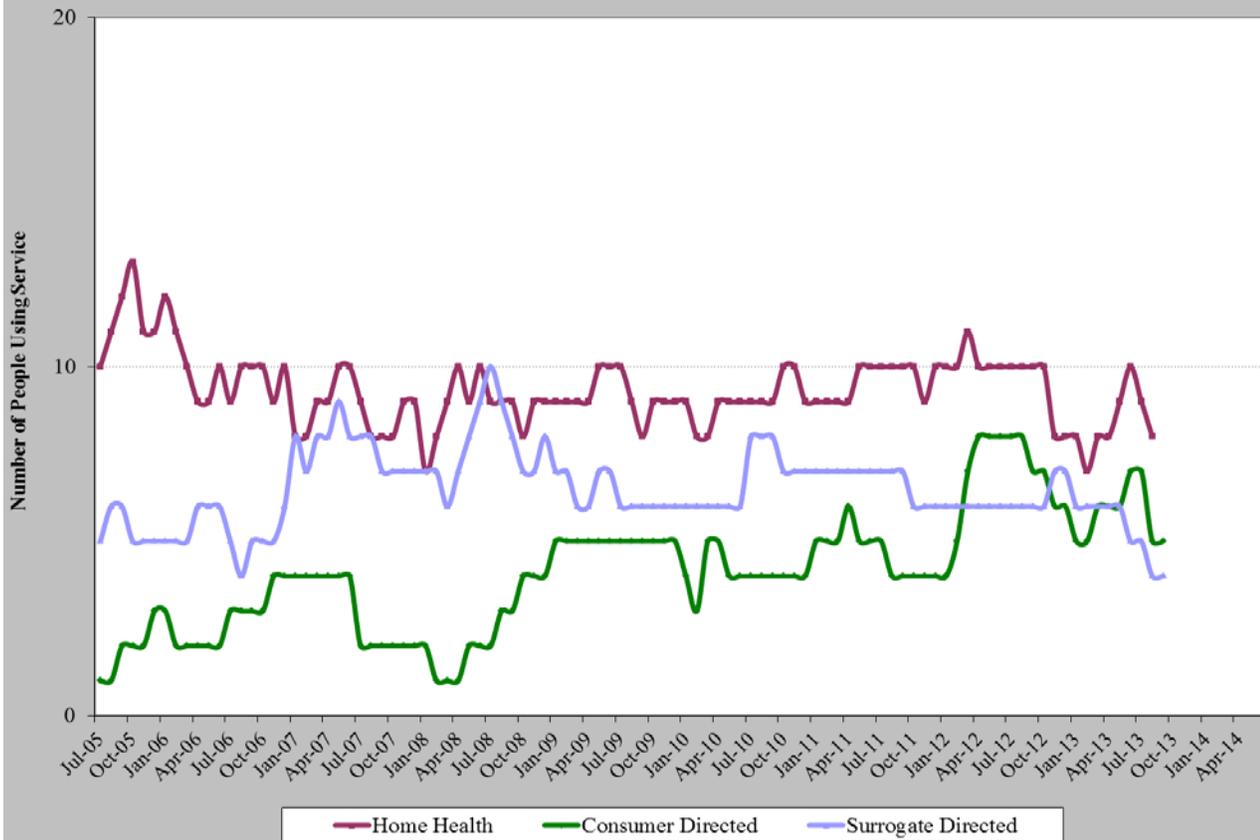
**Franklin County: Choices for Care Personal Care by Type, sfy2005 - sfy2014**

*data source: paid claims by dates of service*



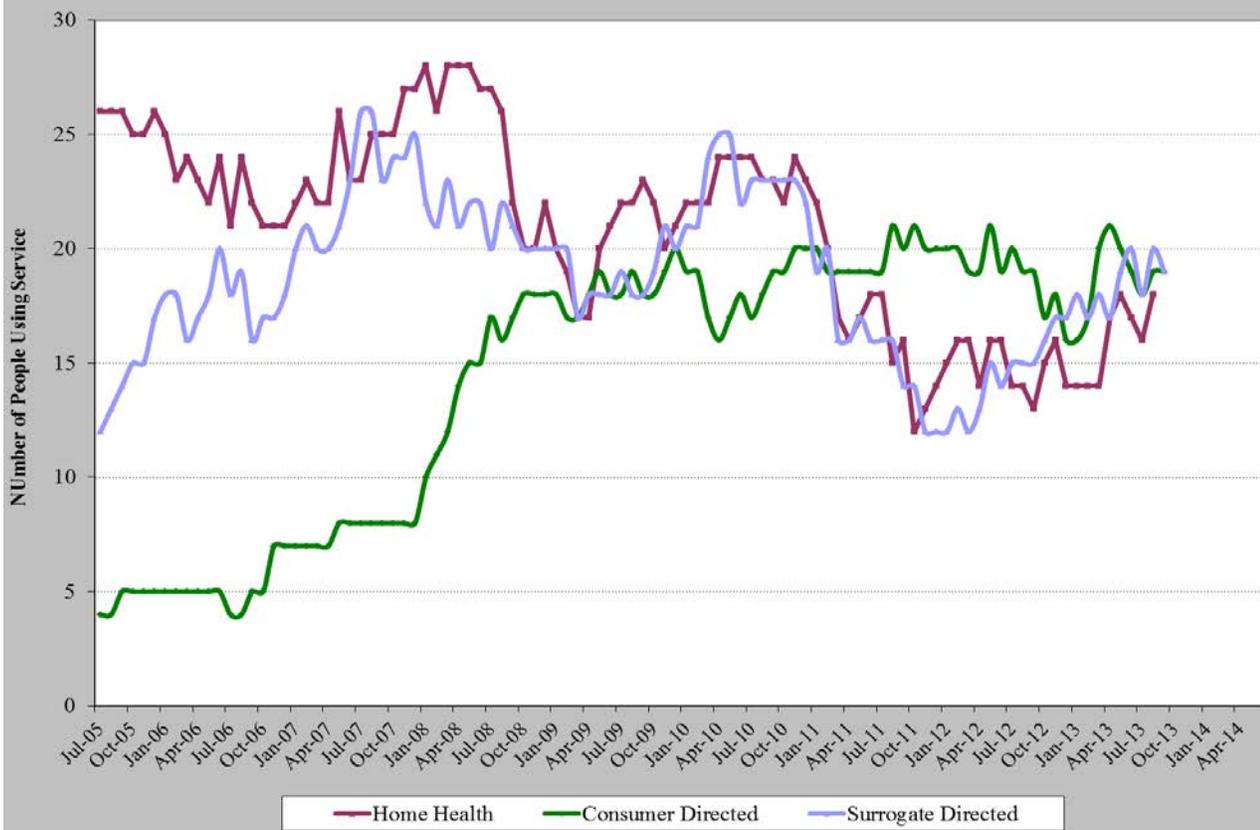
**Grand Isle County: Choices for Care Personal Care by Type, sfy2005 - sfy2014**

*data source: paid claims by dates of service*



**Lamoille County: Choices for Care Personal Care by Type, sfy2005 - sfy2014**

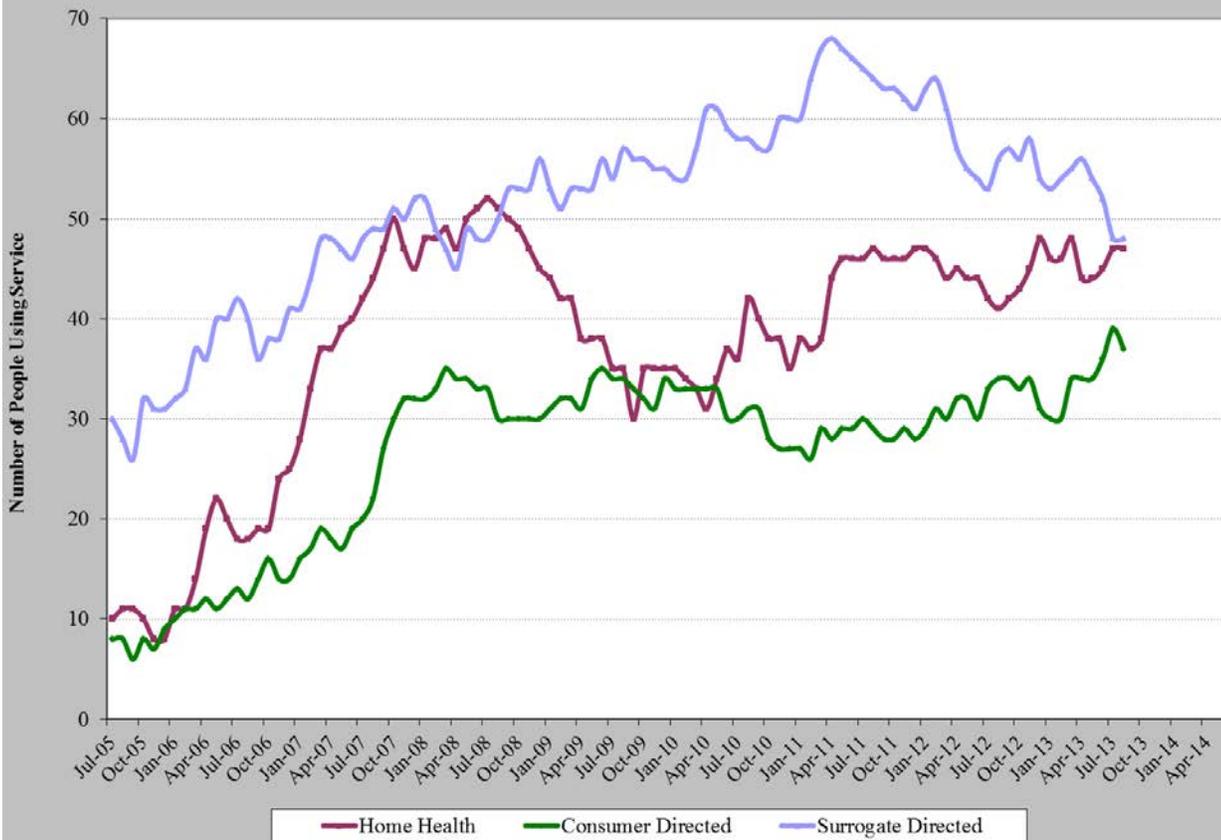
*data source: paid claims by dates of service*



**Orange County: Choices for Care Personal Care by Type, sfy2005 - sfy2014**  
*data source: paid claims by dates of service*

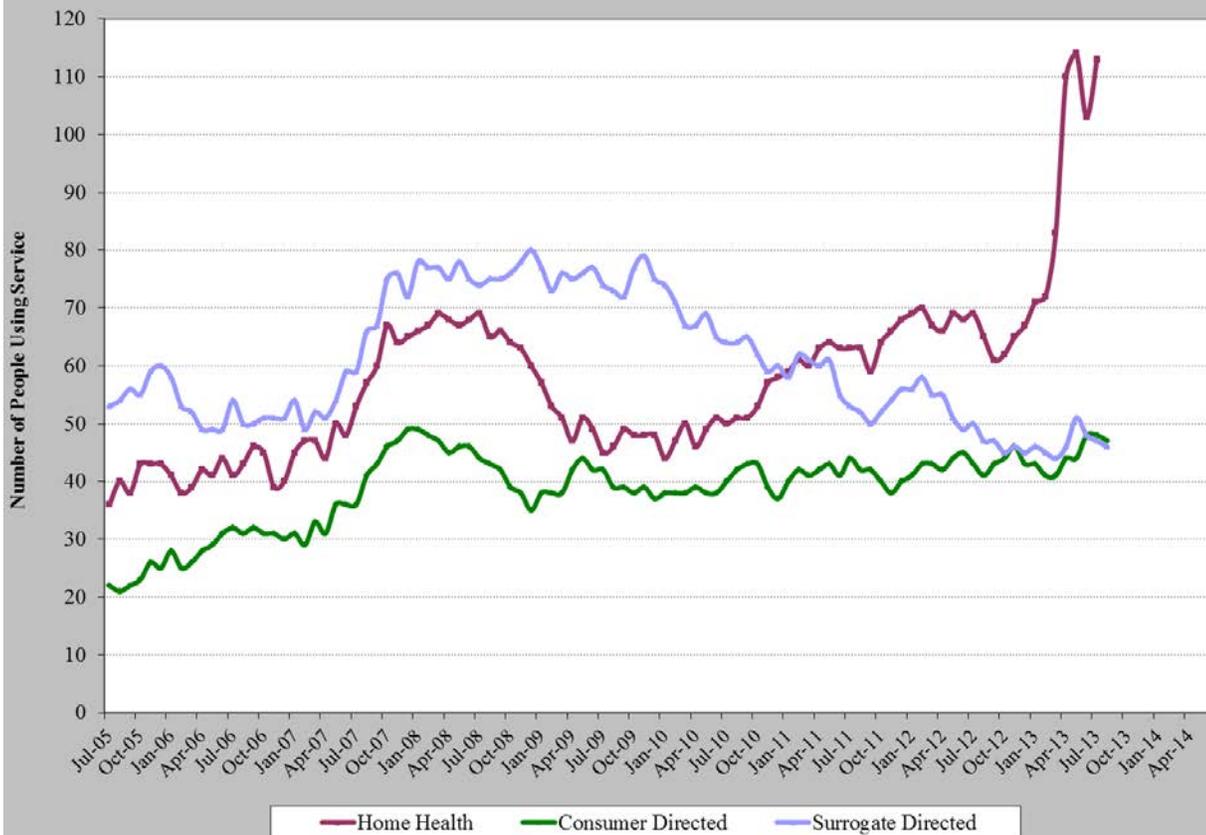


**Orleans County: Choices for Care Personal Care by Type, sfy2005 - sfy2014**  
*data source: paid claims by dates of service*



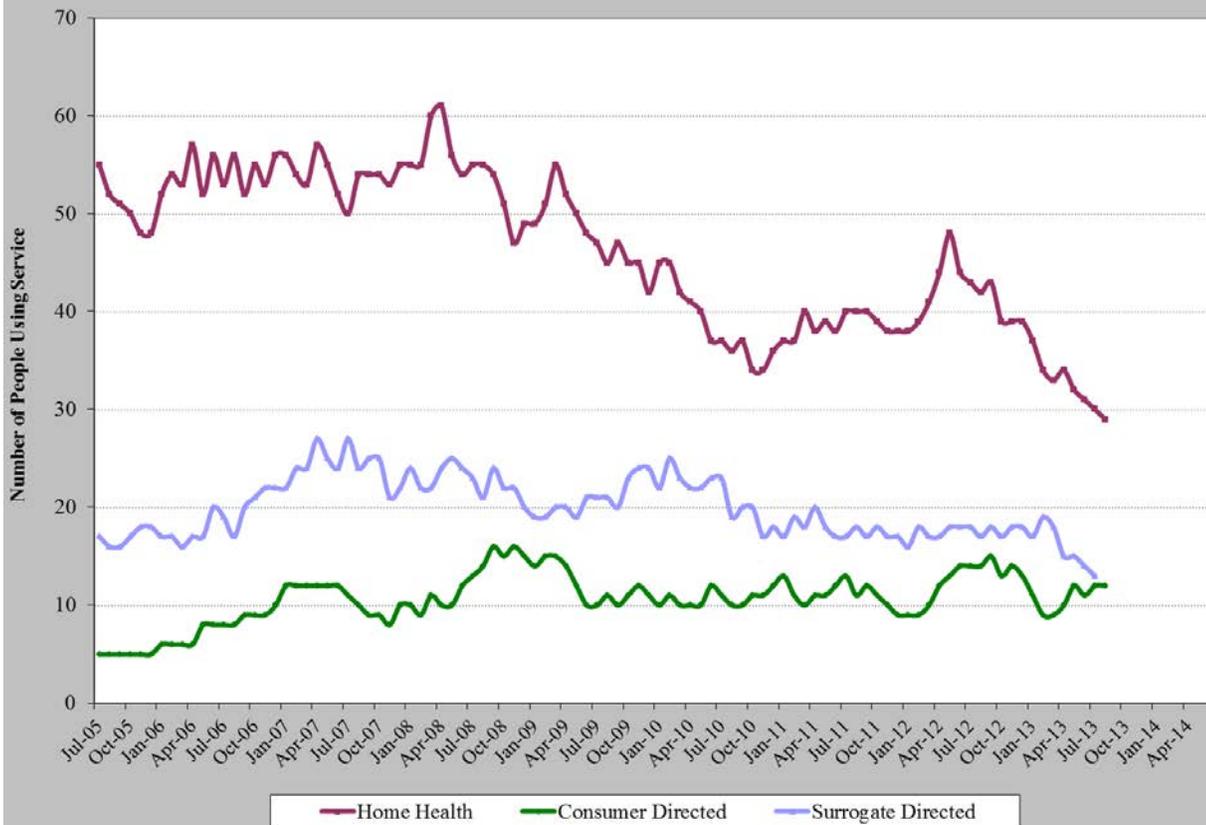
**Rutland County: Choices for Care Personal Care by Type, sfy2005 - sfy2014**

*data source: paid claims by dates of service*



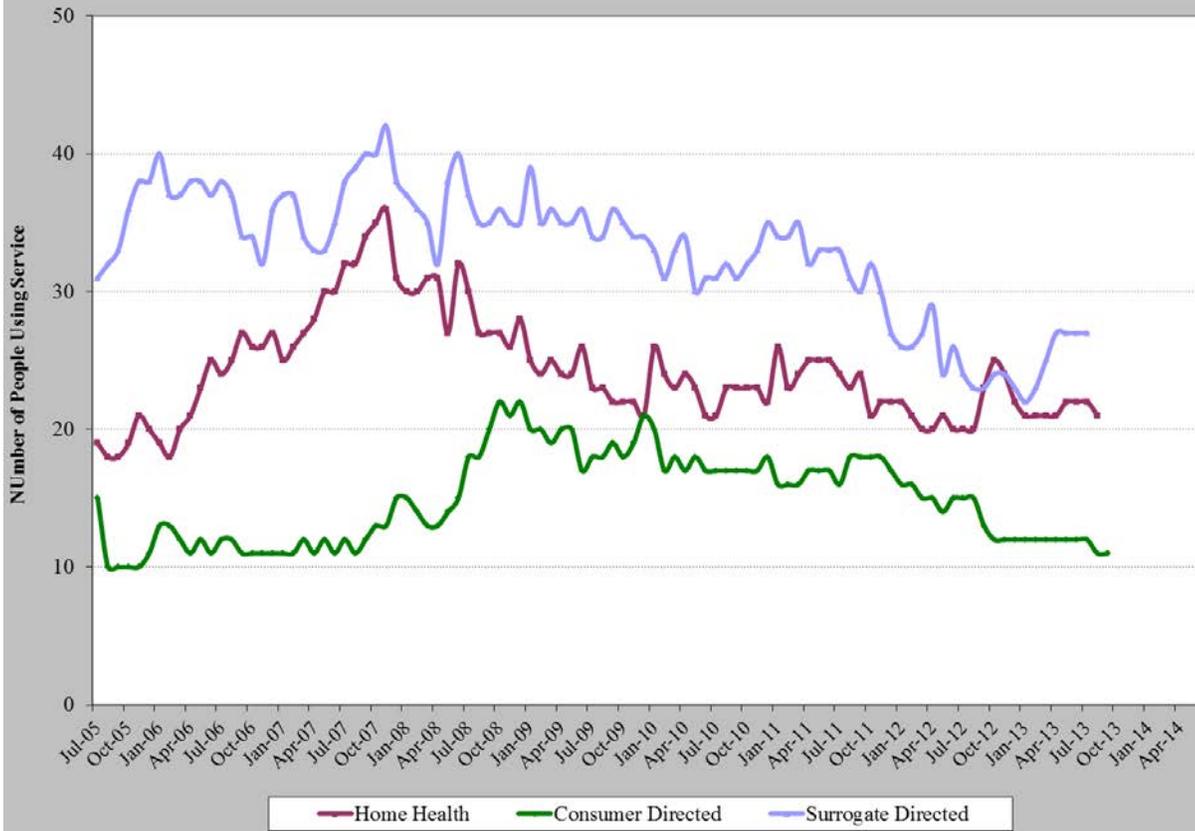
**Washington County: Choices for Care Personal Care by Type, sfy2005 - sfy2014**

*data source: paid claims by dates of service*



**Windham County: Choices for Care Personal Care by Type, sfy2005 - sfy2014**

*data source: paid claims by dates of service*



**Windsor County: Choices for Care Personal Care by Type, sfy2005 - sfy2014**

*data source: paid claims by dates of service*

