## Title: Choices for Care Summary - Paid Claims and Number of People Served by Date of Service

**Description**: This report includes data aggregated from the Vermont Medicaid Management Information System (MMIS) examining Vermont Medicaid claims for Choices for Care (Fund Source 2) programming and services with beginning dates of service from 07/01/2020 to 06/30/2024.

**Data and Analysis Information**: Data were extracted from Gainwell's Financial Balancing Report (FBR), and Institutional and Nursing Home Universes using the web-based Business Intelligence tool (WebBI) from 09/27/2024 by Jenn Schollmeyer. Limiting parameters for the data extract include:

1. Date of service: 07/01/2020 to 06/30/2024

2. Fund Source 2 (Choices for Care)

3. Claim Status: 6 (paid)

Raw data were aggregated using R. Resulting analyses on Tabs: SFY2024 of this report shows the number of people served by recipient placement level (i.e., Moderate Needs Group or High/Highest Groups) and service category (e.g., Nursing Home Care, Respite, Case Management). Category descriptions are noted throughout the report with attention to places where individuals may be counted in multiple categories per quarter due to changes in placement level or utilization of multiple services. Due to six month timely submission rules, data for the most recent six months reported herein are incomplete.

**Analysis Notes:** Data extracted from the Financial Balancing Report provide actual expenditure amounts while data extracted from the Institutaional and Nursing Home Universes provide category breakdowns for types of service provided. Totals may not match exactly.

Analyst: Jenn Schollmeyer, ADS Data Manager

**Requestor**: Bill Kelly (DAIL Business Office) for the House Committee on Appropriations (VT Legislature)

Data Extract Date: 09/27/2024

Documentation Path: I:\Share\ASD\ASD Data Requests\HAC and CFC Trend Reports

Shared Path: I:\Share\ASD\ASD Data Requests\HAC and CFC Trend Reports

Choices for Care Summary - Paid Claims and Number of People Served by Date of Service State Fiscal Year 2024
Department of Disabilities Aging and Independent Living (DAIL)

Dates of Service: 07/01/2023-06/30/2024

Data Source: MMIS, WebBI Gainwell FBR, Institutional, and Nursing Home Universes

Paid Claims		QE 09/30/2023	QE 12/31/2023	QE 03/31/2024*	QE 06/30/2024*
Total Paid Claims by Placement Level					
Moderate Needs Group	\$	1,265,237.57	\$ 1,168,935.39	\$ 1,259,396.66	\$ 1,256,809.75
High and Highest Needs Groups	\$	72,446,706.17	\$ 75,279,868.64	\$ 78,129,657.85	\$ 76,007,195.73
Unspecified	\$	904,478.55	\$ 848,855.70	\$ 1,011,902.84	\$ 927,365.60
Total	\$	74,616,422.29	\$ 77,297,659.73	\$ 80,400,957.35	\$ 78,191,371.08
Total Paid Claims by General Service Category					
Nursing Home (including Crossover Claims)	\$	49,094,511.36	\$ 51,352,211.11	\$ 53,122,859.96	\$ 51,024,736.25
HCBS (Home and Community Based)	\$	25,521,910.93	\$ 25,945,448.62	\$ 27,278,097.39	\$ 27,166,634.83
Total	\$	74,616,422.29	\$ 77,297,659.73	\$ 80,400,957.35	\$ 78,191,371.08
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Paid Claims By Service Category <sup>^</sup>					
Nursing Home	\$	49,094,511.36	\$ 51,352,211.11	\$ 53,122,859.96	\$ 51,024,736.25
Adult Day	\$	858,208.94	\$ 828,312.45	\$ 858,687.49	\$ 899,087.49
Case Management by Home Health Agency (HHA) or Area Agency on Aging (AAA)	\$	1,586,978.31	\$ 1,515,540.93	\$ 1,676,596.77	\$ 1,712,926.70
Enhanced Residential Care (ERC)	\$	4,505,450.35	\$ 4,546,527.55	\$ 4,588,603.64	\$ 4,427,111.53
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Adult Day	\$ 858,208.94	5	828,312.45	5	858,687.49	\$ 899,087.49
Case Management by Home Health Agency (HHA) or Area Agency on Aging (AAA)	\$ 1,586,978.31	\$	1,515,540.93	<b>\$</b>	1,676,596.77	\$ 1,712,926.70
Enhanced Residential Care (ERC)	\$ 4,505,450.35	\$	4,546,527.55	<b>\$</b>	4,588,603.64	\$ 4,427,111.53
Flexible Choices	\$ 2,211,985.88	\$	2,218,239.31	<b>\$</b>	2,367,985.20	\$ 2,632,404.91
Homemaker	\$ 259,109.89	\$	232,829.54	<b>\$</b>	239,211.11	\$ 214,948.40
Personal Care by Agency, including Adult Family Care Homes	\$ 8,800,283.06	\$	9,011,913.50	<b>\$</b>	9,145,537.32	\$ 9,115,070.12
Personal Care by Self or Surrogate Directed	\$ 4,344,467.94	\$	4,521,624.74	\$	4,457,794.41	\$ 4,568,144.78
Respite or Companion Care	\$ 3,006,839.10	\$	2,979,072.49	\$	4,007,785.48	\$ 3,570,452.30
Miscellaneous (i.e., Assistive Devices, Emergency Response Systems, ISO, and MFP Grant)	\$ 620,588.31	\$	789,136.24	\$	682,695.85	\$ 668,468.35
Revenue Code 940 (Other Therapies)	\$ 33,029.92	\$	33,772.08	\$	24,297.62	\$ 40,586.13
Total (summed in Excel from columns)	\$ 75,321,453.06	\$	78,029,179.94	<b>\$</b>	81,172,054.85	\$ 78,873,936.96

<sup>^</sup>total may not add to Paid Claims total as some claims are duplicated in multiple categories.

\*\*Quarter Incomplete

Expenditures~	QE 09/30/2023	QE 12/31/2023	QE 03/31/2024*	QE 06/30/2024*
Total Expenditures by Placement Level				
Moderate Needs Group	\$ 2,546,726.78	\$ 1,262,924.63	\$ 1,295,524.12	\$ 1,262,924.63
High and Highest Needs Groups	\$ 147,068,696.00	\$ 86,648,312.05	\$ 67,972,262.63	\$ 86,648,312.05
Unspecified	\$ 28,967.44	\$ 9,557.29	\$ (6,172.59)	\$ 9,557.29
Total	\$ 149,644,390.22	\$ 87,920,793.97	\$ 69,261,614.16	\$ 87,920,793.97

<sup>\*</sup>timely filing period not yet completed, data incomplete due to lag in claims submissions,

Total Expenditures by General Service Category				
Nursing Home (including Crossover Claims)	\$ 97,899,338.82	\$ 50,993,588.38	\$ 54,123,140.79	\$ 50,993,588.38
HCBS (Home and Community Based)	\$ 51,745,051.40	\$ 36,927,205.59	\$ 15,138,473.37	\$ 36,927,205.59
Total	\$ 149,644,390.22	\$ 87,920,793.97	\$ 69,261,614.16	\$ 87,920,793.97

~Expenditures are the amounts listed as actual distributions by Gainwell in the Financial Balancing Universe; recommend determining the origin of discrepencies between the Expenditures and the Paid Claims amounts.

\*timely filing period not yet completed, data incomplete due to lag in claims submissions,

\*\*Quarter incomplete

Number of unique people served

Number of unique people served

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People Served	QE 09/30/2023	QE 12/31/2023	QE 03/31/2024*	QE 06/30/2024*
People Served by Placement Level				
Moderate Needs Group	837	809	776	739
High and Highest Needs Groups	4,794	4,835	4,878	4,788
Unspecified	903	871	949	907
Total (people may appear in more than one placement level)	6,534	6,515	6,603	6,434
Number of unique people served	5,635	5,642	5,660	5,530
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People Served by General Category				
Nursing Home	2,012	2,064	2,065	1,992
HCBS (Home and Community Based)	3,822	3,798	3,816	3,730
Total (people may appear in more than one general category)	5,834	5,862	5,881	5,722

People Served by Service Category				
Nursing Home	2,012	2,064	2,065	1,992
Adult Day	198	195	192	205
Case Management by Home Health Agency (HHA) or Area Agency on Aging (AAA)	2,752	2,709	2,749	2,688
Enhanced Residential Care (ERC)	575	555	566	545
Flexible Choices	631	627	620	616
Homemaker	250	237	227	214
Personal Care by Agency	1,007	976	992	1,005
Personal Care by Self or Surrogate Directed	938	946	967	952
Respite or Companion Care	1,124	1,022	1,139	1,149
Miscellaneous (i.e., Assistive Devices, Emergency Response Systems, ISO, and MFP Grant)	1,487	1,612	1,620	1,611
Revenue Code 940 (Other Therapies)	58	51	53	59
Total (people may appear in more than one service category)	11,032	10,994	11,190	11,036

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<sup>\*</sup>timely filing period not yet completed, data incomplete due to lag in claims submissions,

<sup>\*\*</sup>Quarter Incomplete