

**Family Care Financial Summary**  
**Three Months Ending March 31, 2012**  
**(Report Date: July 6, 2012)**

**Background**

- As of the end of the March 31, 2012, financial reporting period, the Family Care program will be a \$1.2 billion program, when annualized for the full 2012 calendar year.
- The program has experienced a 6.0% growth in total capitation payments and a 6.3% growth in member months during the first three months of 2012, compared to the same period in 2011.
- Six of the MCOs have reported a surplus, and three have reported losses.
- This continued improvement in overall financial results remains consistent with the Department's expectation of increased financial stabilization after the program's initial expansion into a given service region has completed and business operations have normalized.
- The two MCOs that remain in a deficit position, and which are also beyond the 3-year transition period, are under increased oversight by DHS and OCI. Corrective measures are in place. Agency staff are actively monitoring performance to ensure that operational and financial goals are met.
- The composite, year-to-date Family Care program surplus of \$5.8 million (2.0%) compares to a gain of \$3.3 million (1.2%) through the first three months of 2011. While the overall Family Care program is in a modestly positive position with respect to operations, MCOs that are not yet compliant with the program's capital requirements are receiving additional oversight until their stability is achieved.
- The Department continues to evaluate differences in financial results that have been experienced by the pilot county-based MCOs and the MCOs that are newer to the Family Care program.

**Key Metrics**

- *Capitation:* The average capitation revenue decreased by 0.3%, on a per member per month (PMPM) basis, relative to the first three months of 2011. The decrease reflects a slowdown in enrollment growth, and overall stabilization in membership, after a three-year period of very rapid expansion. There was no quarterly acuity adjustment for this period, given that enrollment was expected to be predictable. The decline also reflects a series of policy actions taken by the Department to limit capitation growth.
- *Member services:* There was a 4.2% decrease in overall member services costs, expressed on a PMPM basis, relative to the same time period in 2011. The decrease generally results from the care coordination and contracting strategies adopted by the MCOs, particularly for members who transitioned from the waiver programs to the Family Care program, as well as an influx of lower cost/lower need enrollees. Service costs generally decline over time to reflect the Family Care program model of cost effective, member-centered, care planning, so this result is consistent with expectations.
- *Care Management:* Year-to-date results reflect a 5.3% decrease in care management costs, on a PMPM basis, since the quarter ending March 31, 2011. The reported decrease reflects MCOs' continued efforts to streamline care management practices. The average monthly cost for this service, \$339 on a per member per month basis, represents an average of 4 – 5 hours of care management per person per month. This is consistent with historical norms for the program.

- *Administration:* The program continues to achieve administrative savings, with just under 94% of funding used to support member services. The cost to administer the program decreased an additional 1.1%, on a PMPM basis, relative to the same period in 2011. MCOs continue to focus on generating savings by contracting for claims processing under the Department's master contract, a pooled purchasing approach to administrative services, and through other MCO-specific initiatives to achieve administrative efficiencies.
- *Net Income:* Net income for the Family Care program was \$5.8 million for the quarter ending March 31, 2012. As noted above, this compares to a gain of \$3.3 million for the first three months of the same reporting period in the prior year.
- *Solvency:* MCO **Working Capital** improved by \$46 million since the quarter ending March 31, 2011. As of March 31, 2012, total Working Capital across the whole program is \$42.0 million. The Department is closely monitoring the Working Capital of two MCOs (down from five in March, 2011) with negative positions to ensure continued progress on this important liquidity measure. As of March 31, 2012, **Restricted Reserves** are fully funded by eight of nine MCOs, up from six in March, 2011, with total funding at 99.5% of requirements (up from 91% in March, 2011). The MCO **Solvency fund**, a pooled and segregated fund held by the Department of Administration (DOA), is within \$340,000 of full funding with eight MCOs currently meeting the requirements and the remaining MCO meeting funding plans approved by the OCI. Overall, the MCOs have funded 95% of their Solvency Fund requirements (up from 81% in March, 2011) with plans to achieve full funding by December 31, 2012 on track. MCOs that do not meet the capital requirements are under fiscal corrective action that requires monthly financial reporting.

#### **More Recent Developments**

- The Family Care enrollment cap was lifted in early April. The financial impacts associated with that policy change will generally be observed in future reporting periods.
- The Department anticipates that acuity adjustments will be resumed, given the uncertainty associated with the new enrollments. It is anticipated that the new enrollees will generally have lower acuity profiles and therefore be lower cost members.
- The Department and the MCOs are jointly focused on implementing the LTC Sustainability initiatives. These reforms are intended help make the program sustainable on an ongoing basis in the future while keeping consistent with the interests of current and future program participants. See this link for additional information: <http://www.dhs.wisconsin.gov/lcreform>.
- All MCOs with short-term permits were re-permitted by the OCI. Two MCOs were granted six-month permits, and one MCO was issued a three-month permit.
- OCI finalized, and posted, its examination report for one MCO during the first quarter and has carried out an on-site examination for another MCO.
- One MCO has emerged from the fiscal corrective action status it entered as a result of the financial distress it experienced during expansion. The Department anticipates that several more MCOs may be removed from fiscal corrective action during 2012, after meeting and sustaining their 2012 capital requirements and demonstrating ongoing program stability.

**Family Care**  
**MCO Financial Statement Summaries**  
**YTD for Period Ending March 31, 2012**

	SFCA	CCCW	LCD	WWC	MCDFC	CCI	CWF	CHP-LTS	NB	Total
<b>Revenue</b>										
Capitation	15,918,737	29,076,235	22,939,247	29,168,342	60,218,814	71,164,738	33,978,242	12,139,746	17,021,369	291,625,471
Interest Income- Operating Acct	7,450	23,135		1,188					3,732	35,505
Other Retro Adjustments, DHS										
Other Income		38,531	44,091	52	12,665					95,339
<b>Total Revenue</b>	<b>15,926,187</b>	<b>29,137,901</b>	<b>22,983,338</b>	<b>29,169,582</b>	<b>60,231,479</b>	<b>71,164,738</b>	<b>33,978,242</b>	<b>12,139,746</b>	<b>17,025,101</b>	<b>291,756,314</b>
<b>Expenses</b>										
Member Service Expenses	14,472,004	24,617,519	21,539,824	26,252,404	58,314,356	69,098,804	31,838,850	11,655,304	16,038,684	273,827,749
Cost Share	(338,474)	(454,622)	(568,466)	(834,217)	(2,591,493)	(1,498,746)	(596,559)	(139,402)	(313,662)	(7,335,641)
Room & Board	(1,255,359)	(2,528,766)	(2,073,794)	(1,957,661)	(4,350,494)	(6,558,763)	(3,374,896)	(1,080,480)	(1,407,476)	(24,587,690)
Spend Down & Third Party	(45,728)	(257,208)	(230,479)	(68,164)	(449,953)	(526,831)	(273,541)	(53,347)	(48,183)	(1,953,433)
<b>Net Member Services Expenses</b>	<b>12,832,444</b>	<b>21,376,923</b>	<b>18,667,085</b>	<b>23,392,362</b>	<b>50,922,416</b>	<b>60,514,464</b>	<b>27,593,854</b>	<b>10,382,075</b>	<b>14,269,363</b>	<b>239,950,985</b>
Net Care Management Expenses	1,811,338	4,060,025	2,649,344	3,800,096	7,335,847	7,041,378	3,438,515	1,513,062	2,401,939	34,051,545
Administrative Expenses	855,565	1,335,629	938,496	1,309,136	2,321,285	2,213,027	1,627,008	628,204	1,061,044	12,289,395
<b>Total Operating Expenses, CY</b>	<b>15,499,346</b>	<b>26,772,577</b>	<b>22,254,925</b>	<b>28,501,594</b>	<b>60,579,548</b>	<b>69,768,869</b>	<b>32,659,377</b>	<b>12,523,342</b>	<b>17,732,346</b>	<b>286,291,924</b>
<b>Income (Loss) from Operations, CY</b>	<b>426,840</b>	<b>2,365,324</b>	<b>728,413</b>	<b>667,988</b>	<b>(348,069)</b>	<b>1,395,869</b>	<b>1,318,865</b>	<b>(383,595)</b>	<b>(707,245)</b>	<b>5,464,390</b>
<b>Other (Revenues)/Expenses, Ordinary</b>										
Total Other (Revenue)/Expenses	(76,226)	(150,046)	(39,537)	(1,347)	(4,049)	231,390	(860)	(222,480)	(32,527)	(295,682)
<b>Net Surplus (Deficit)</b>	<b>503,067</b>	<b>2,515,370</b>	<b>767,950</b>	<b>669,335</b>	<b>(344,020)</b>	<b>1,164,479</b>	<b>1,319,725</b>	<b>(161,115)</b>	<b>(674,718)</b>	<b>5,760,072</b>
<b>Member Months</b>	<b>5,867</b>	<b>9,690</b>	<b>8,011</b>	<b>11,080</b>	<b>23,048</b>	<b>22,832</b>	<b>10,285</b>	<b>3,628</b>	<b>6,073</b>	<b>100,514</b>
<b>Key Ratios (as % of Revenue)</b>										
Member Service Expense, Net	80.6%	73.4%	81.2%	80.2%	84.5%	85.0%	81.2%	85.5%	83.8%	82.2%
Care Management Service Expense	11.4%	13.9%	11.5%	13.0%	12.2%	9.9%	10.1%	12.5%	14.1%	11.7%
Total Member Service Expense	91.9%	87.3%	92.7%	93.2%	96.7%	94.9%	91.3%	98.0%	97.9%	93.9%
Administrative Expense	5.4%	4.6%	4.1%	4.5%	3.9%	3.1%	4.8%	5.2%	6.2%	4.2%
Total Operating Expenses	97.3%	91.9%	96.8%	97.7%	100.6%	98.0%	96.1%	103.2%	104.2%	98.1%
Net Surplus (Deficit)	3.2%	8.6%	3.3%	2.3%	-0.6%	1.6%	3.9%	-1.3%	-4.0%	2.0%

Family Care  
MCO Financial Statement Summaries  
YTD for Period Ending March 31, 2012

	SFCA	CCCW	LCD	WWC	MCDFC	CCI	CWF	CHP-LTS	NB	Total
<b>Summary PMPM Presentation</b>										
<b>Revenues</b>										
Capitation	2,713.27	3,000.64	2,863.47	2,632.52	2,612.76	3,116.89	3,303.67	3,346.13	2,802.79	2,901.34
Interest Income- Operating Acct	1.27	2.39	0.00	0.11	0.00	0.00	0.00	0.00	0.61	0.35
Other Retro Adjustments, DHS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Income	0.00	3.98	5.50	0.00	0.55	0.00	0.00	0.00	0.00	0.95
<b>Total Service Revenue</b>	<b>2,714.54</b>	<b>3,007.01</b>	<b>2,868.97</b>	<b>2,632.63</b>	<b>2,613.31</b>	<b>3,116.89</b>	<b>3,303.67</b>	<b>3,346.13</b>	<b>2,803.41</b>	<b>2,902.64</b>
<b>Expenses</b>										
Member Service Expenses	2,466.68	2,540.51	2,688.78	2,369.35	2,530.13	3,026.40	3,095.66	3,212.60	2,640.98	2,724.28
Cost Share	(57.69)	(46.92)	(70.96)	(75.29)	(112.44)	(65.64)	(58.00)	(38.42)	(51.65)	(72.98)
Room & Board	(213.97)	(260.97)	(258.87)	(176.68)	(188.76)	(287.26)	(328.14)	(297.82)	(231.76)	(244.62)
Spend Down & Third Party	(7.79)	(26.54)	(28.77)	(6.15)	(19.52)	(23.07)	(26.60)	(14.70)	(7.93)	(19.43)
<b>Net Member Services Expenses</b>	<b>2,187.22</b>	<b>2,206.08</b>	<b>2,330.18</b>	<b>2,111.22</b>	<b>2,209.41</b>	<b>2,650.42</b>	<b>2,682.92</b>	<b>2,861.65</b>	<b>2,349.64</b>	<b>2,387.24</b>
Net Care Management Expenses	308.73	418.99	330.71	342.97	318.29	308.40	334.32	417.05	395.51	338.77
Administrative Expenses	145.83	137.84	117.15	118.15	100.72	96.93	158.19	173.15	174.71	122.27
<b>Total Operating Expenses, CY</b>	<b>2,641.78</b>	<b>2,762.91</b>	<b>2,778.05</b>	<b>2,572.35</b>	<b>2,628.41</b>	<b>3,055.75</b>	<b>3,175.44</b>	<b>3,451.86</b>	<b>2,919.87</b>	<b>2,848.28</b>
<b>Income (Loss) from Operations, CY</b>	<b>72.75</b>	<b>244.10</b>	<b>90.93</b>	<b>60.29</b>	<b>(15.10)</b>	<b>61.14</b>	<b>128.23</b>	<b>(105.73)</b>	<b>(116.46)</b>	<b>54.36</b>
<b>Other (Revenues)/Expenses, Ordinary</b>										
Total Other (Revenue)/Expenses	(12.99)	(15.48)	(4.94)	(0.12)	(0.18)	10.13	(0.08)	(61.32)	(5.36)	(2.94)
<b>Net Surplus (Deficit)</b>	<b>85.75</b>	<b>259.58</b>	<b>95.86</b>	<b>60.41</b>	<b>(14.93)</b>	<b>51.00</b>	<b>128.32</b>	<b>(44.41)</b>	<b>(111.10)</b>	<b>57.31</b>
<b>Member Months</b>	<b>5,867</b>	<b>9,690</b>	<b>8,011</b>	<b>11,080</b>	<b>23,048</b>	<b>22,832</b>	<b>10,285</b>	<b>3,628</b>	<b>6,073</b>	<b>100,514</b>

Family Care  
MCO Financial Statement Summaries  
YTD for Period Ending March 31, 2012

	SFCA	CCCW	LCD	WWC	MCDFC	CCI	CWF	CHP-LTS	NB	Total
<b>Solvency Protection</b>										
<b>Working Capital</b>										
Current Assets	11,494,450	19,713,766	18,774,283	14,030,925	49,461,737	39,397,432	19,636,732	2,983,034	6,881,078	182,373,438
Current Liabilities	6,611,089	13,828,864	11,316,979	11,183,429	28,328,289	35,051,165	16,402,561	9,115,874	8,550,266	140,388,515
Working Capital	4,883,361	5,884,902	7,457,304	2,847,496	21,133,448	4,346,267	3,234,171	(6,132,840)	(1,669,188)	41,984,923
Requirement	1,882,078	3,506,332	2,706,366	3,453,088	6,839,825	8,614,501	4,190,897	1,489,474	2,031,410	34,713,971
Excess/(shortage)	3,001,283	2,378,570	4,750,938	(605,592)	14,293,623	(4,268,234)	(956,726)	(7,622,313)	(3,700,598)	7,270,952
<b>Restricted Reserve</b>										
Current Restricted Reserve	1,628,025	2,178,342	1,943,628	2,151,550	3,610,906	4,604,446	2,396,966	250,520	1,700,155	20,464,540
Required	1,627,359	2,168,777	1,902,122	2,151,029	3,279,942	3,871,500	2,396,966	1,492,982	1,677,137	20,567,815
Excess/(shortage)	666	9,565	41,506	521	330,964	732,946	0	(1,242,463)	23,018	(103,275)
<b>Solvency Fund</b>										
Current Solvency Fund	750,000	750,000	750,000	750,000	750,000	750,000	750,000	412,500	750,000	6,412,500
Required	750,000	750,000	750,000	750,000	750,000	750,000	750,000	750,000	750,000	5,250,000
Excess/(shortage)	0	0	0	0	0	0	0	(337,500)	0	(337,500)
<b>Total Equity</b>	<b>8,128,830</b>	<b>10,522,548</b>	<b>11,009,771</b>	<b>6,213,075</b>	<b>24,747,100</b>	<b>17,731,258</b>	<b>9,769,014</b>	<b>(5,469,819)</b>	<b>934,857</b>	<b>83,586,634</b>

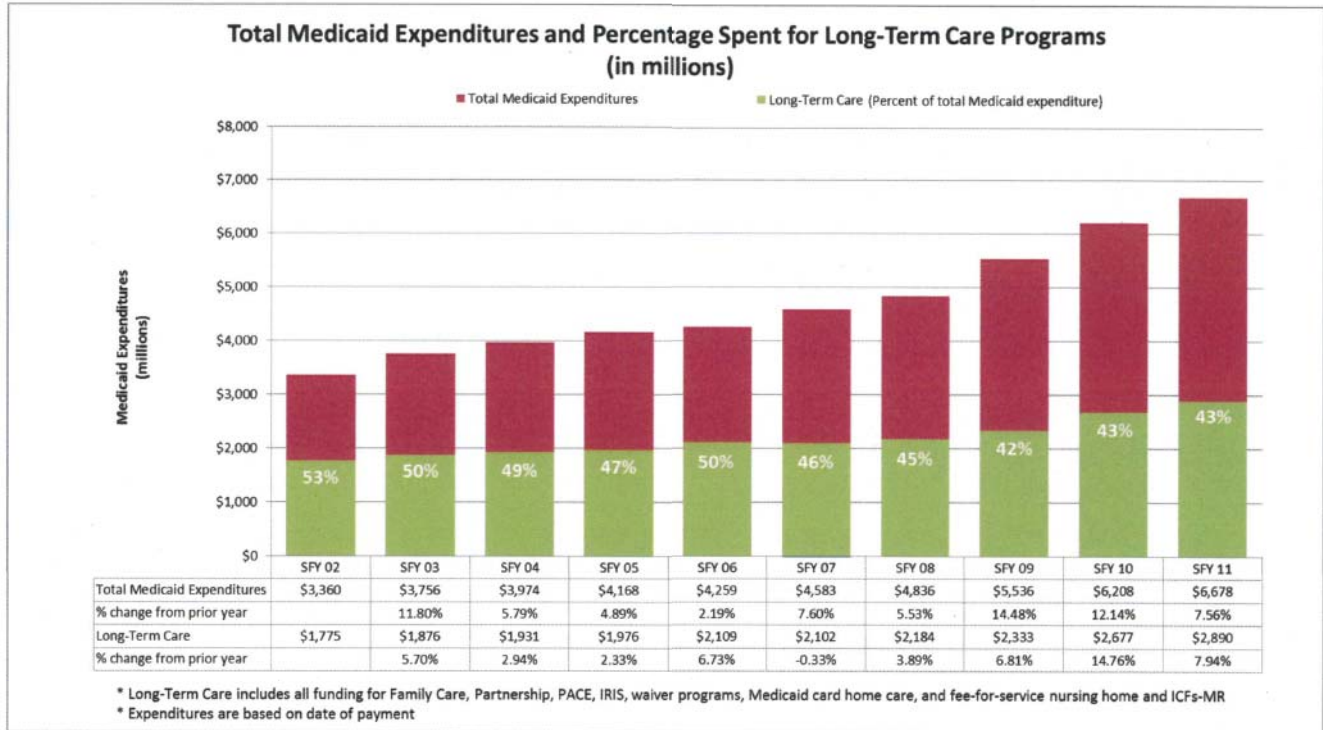
**REPORT TO THE JOINT LEGISLATIVE AUDIT COMMITTEE ON FAMILY CARE**  
**AUGUST 31, 2012**

**HISTORICAL DATA ON LTC EXPENDITURES AND ENROLLMENT**

**OVERVIEW OF HISTORICAL DATA**

- This section provides data on Medicaid expenditures and enrollment in long term care (LTC) programs in the past decade.
- The graphs highlight key indicators and trends in the data both compared to overall Medicaid spending across the LTC programs.
- The data and graphs show that:
  - Medicaid expenditures on LTC programs have declined as a proportion of overall Medicaid expenditures in the last decade, falling from 53% in SFY 02 to 43% in SFY 11, and the average growth rate in LTC spending was also more moderate than overall Medicaid spending during this time.
  - Since SFY 02, LTC spending for institutions, such as nursing homes and ICFs, have declined from 62% of the budget to 31%, while spending for Family Care and community services has grown from 38% to 69% of LTC expenditures.
  - After the significant increase in enrollment with expansion in 2010, Family Care PMPM costs have fallen in the past two years.
  - While the people eligible for LTC programs has increased somewhat since SFY 04, enrollment has been driven by enrolling people in Family Care and IRIS who were previously on the wait list.
  - Over the last decade, expenditures for Medicaid LTC programs have transitioned from primarily fee-for-service payments for institutional services, such as nursing homes, to managed care programs that enable people to live in their own homes and community-based settings.
  - The majority of individuals enrolled in a LTC program reside in a community-based setting or their own homes. A key to ensuring cost-effectiveness and fiscal sustainability is to strengthen supports to ensure that people are safely cared for in their own homes as long as possible.

Graph 1

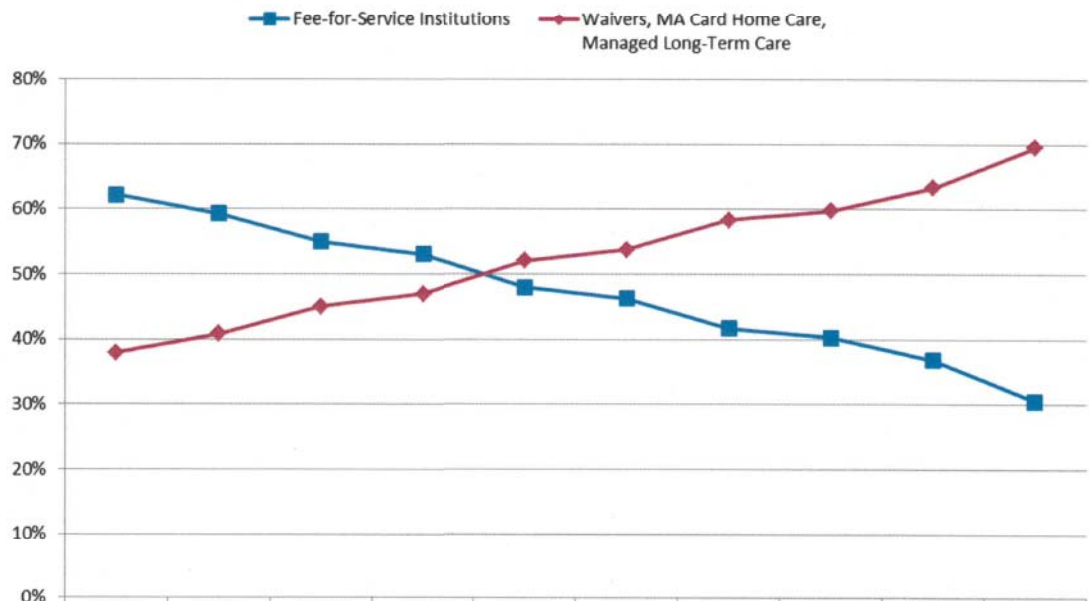


**SUMMARY OF THE DATA**

- Medicaid expenditures on long-term care programs have declined as a proportion of overall Medicaid expenditures over the last decade.
- While overall Medicaid expenditures nearly doubled between State Fiscal Years 2002 and 2011, expenditures on long-term care programs grew by less than two-thirds.
- As a result, long-term care program expenditures, which constituted the majority of Medicaid expenditures in SFY 2002, made up 43 percent of Medicaid expenditures in SFY 2011.

Graph 2

### Medicaid Long-Term Care Expenditures: Fee-For-Service Institutional vs. Home- and Community-Based Programs



	SFY 02	SFY 03	SFY 04	SFY 05	SFY 06	SFY 07	SFY 08	SFY 09	SFY 10	SFY 11
Fee-for-Service Institutions	62%	59%	55%	53%	48%	46%	42%	40%	37%	31%
Waivers, MA Card Home Care, Managed Long-Term Care	38%	41%	45%	47%	52%	54%	58%	60%	63%	69%

\* Managed long-term care expenditures include services in both community and institutional settings and acute and primary care services in PACE/Partnership programs

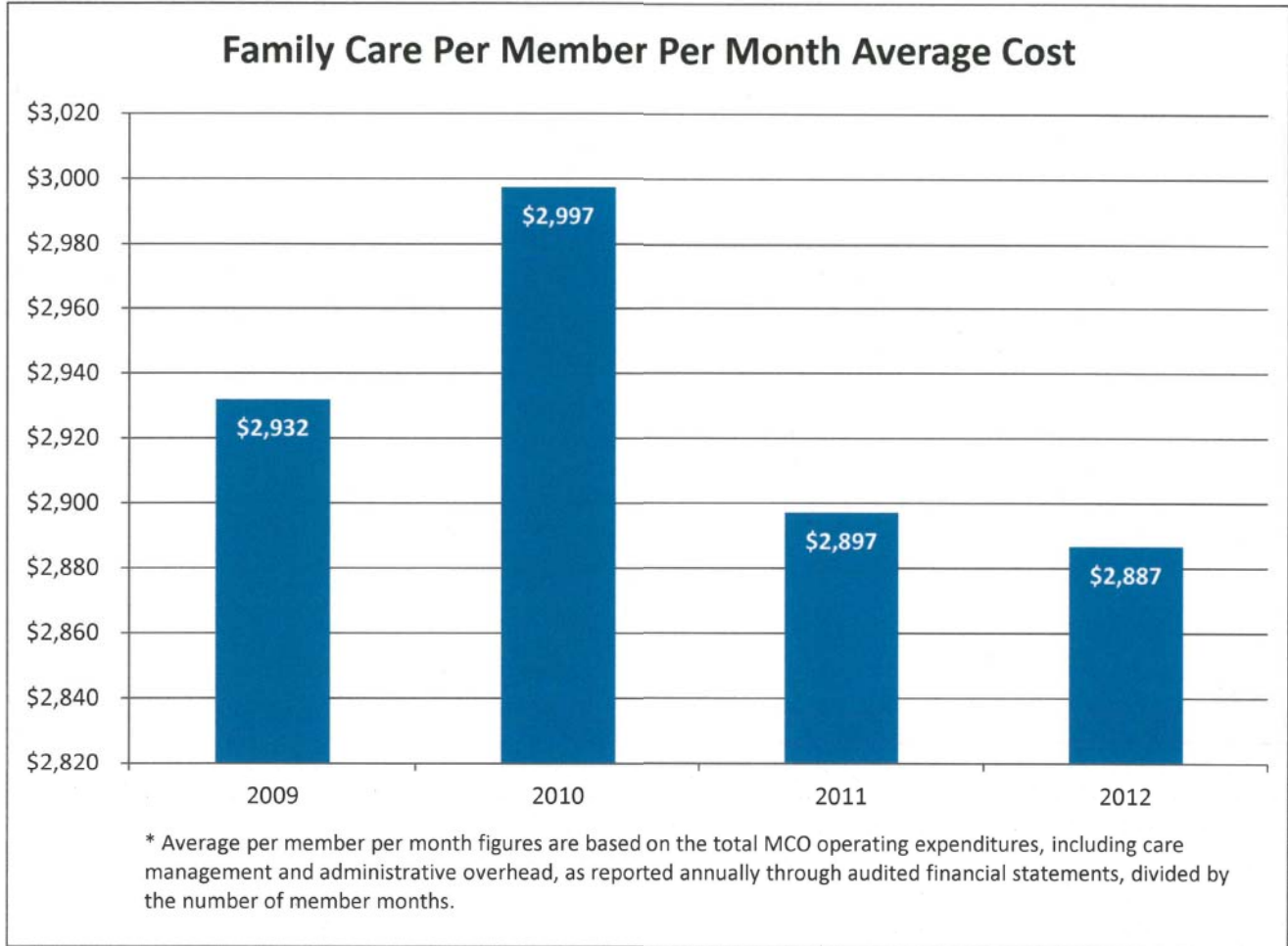
\* Expenditures are based on date of payment

#### SUMMARY OF THE DATA

- Since SFY 02, LTC spending for institutions, such as nursing homes and ICFs, have declined from 62% of the budget to 31%, while spending for Family Care and community services has grown from 38% to 69% of LTC expenditures.



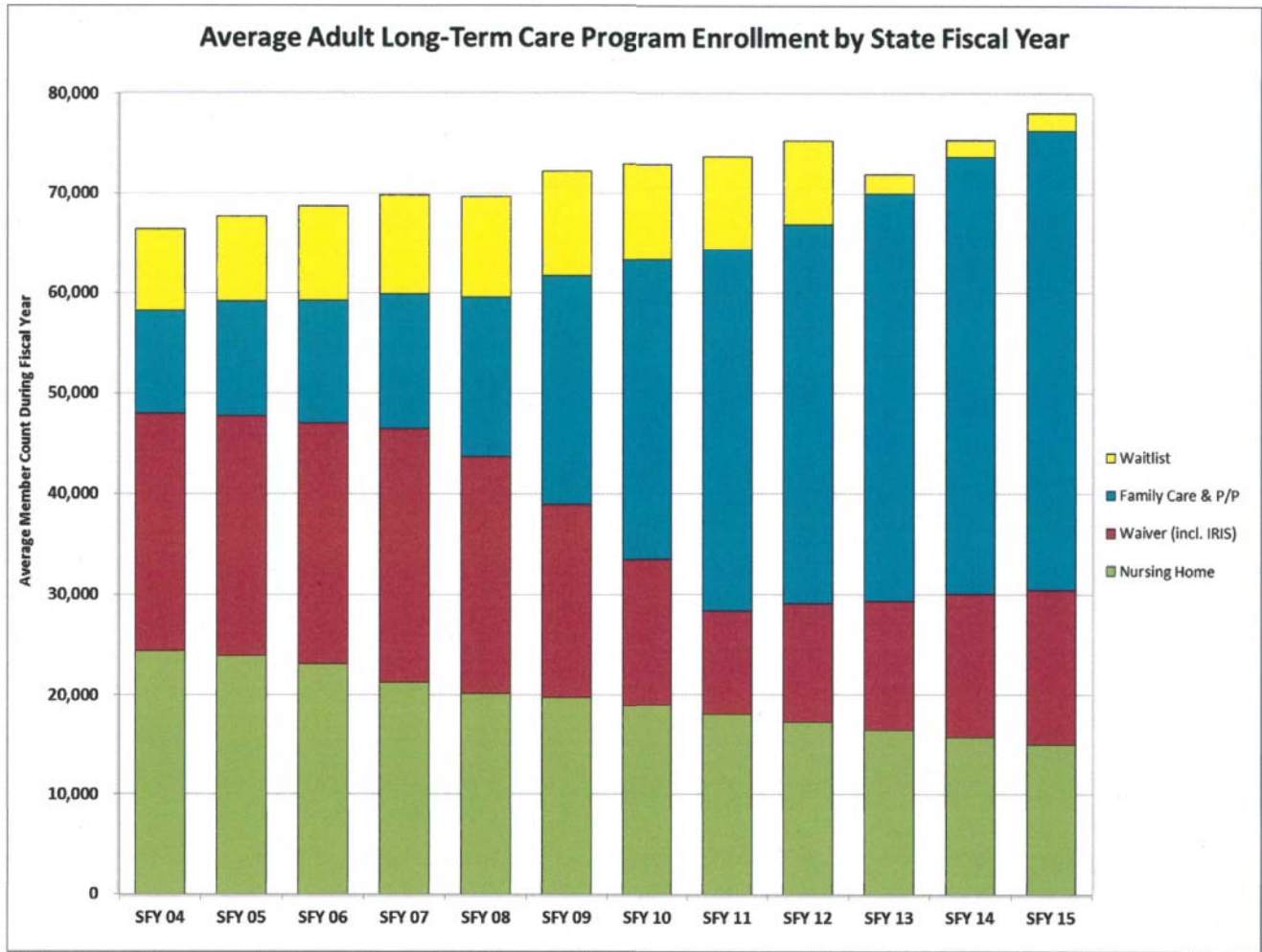
Graph 3



#### SUMMARY OF THE DATA

- After the significant increase in enrollment with expansion in 2010, Family Care PMPM costs have fallen in the past two years.

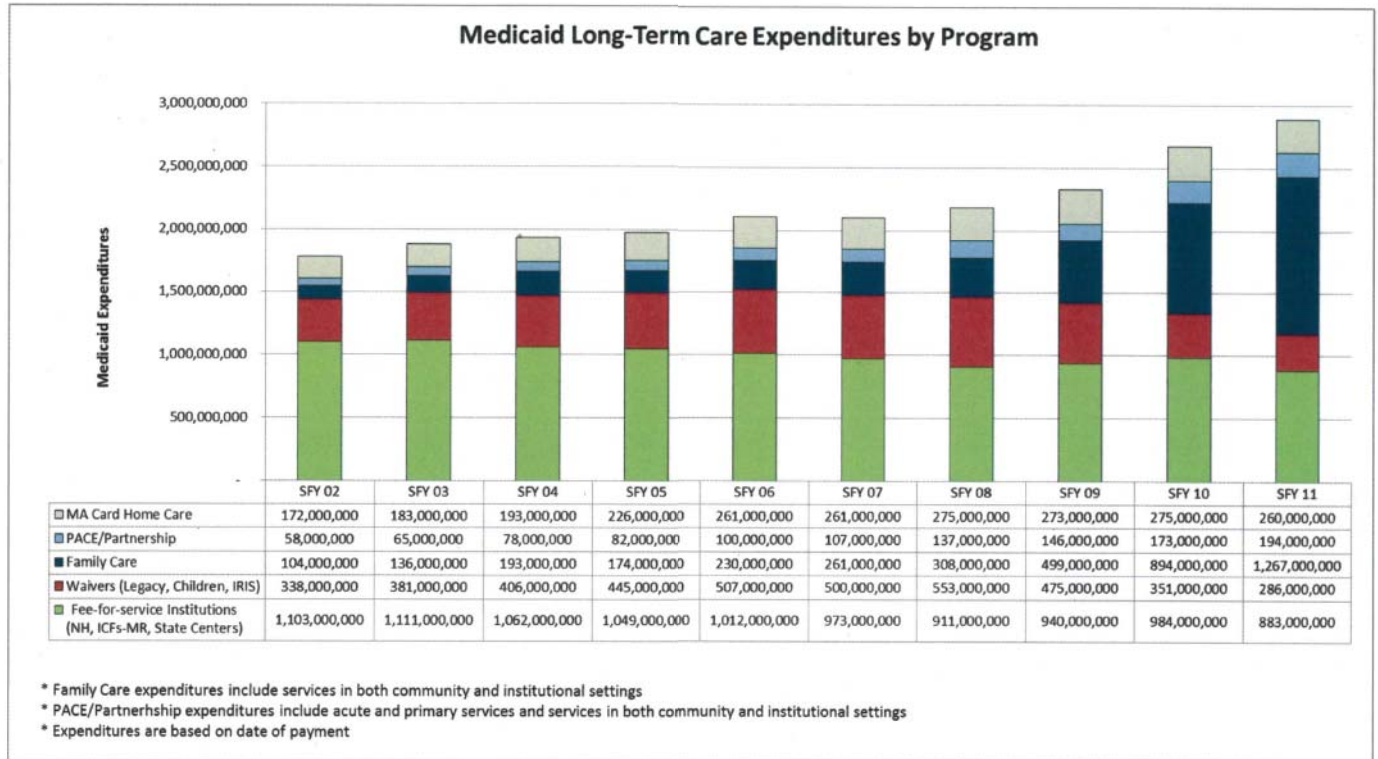
Graph 4



**SUMMARY OF THE DATA**

- While the people eligible for LTC programs has increased somewhat since SFY 04, enrollment has been driven by enrolling people in Family Care and IRIS who were previously on the wait list.

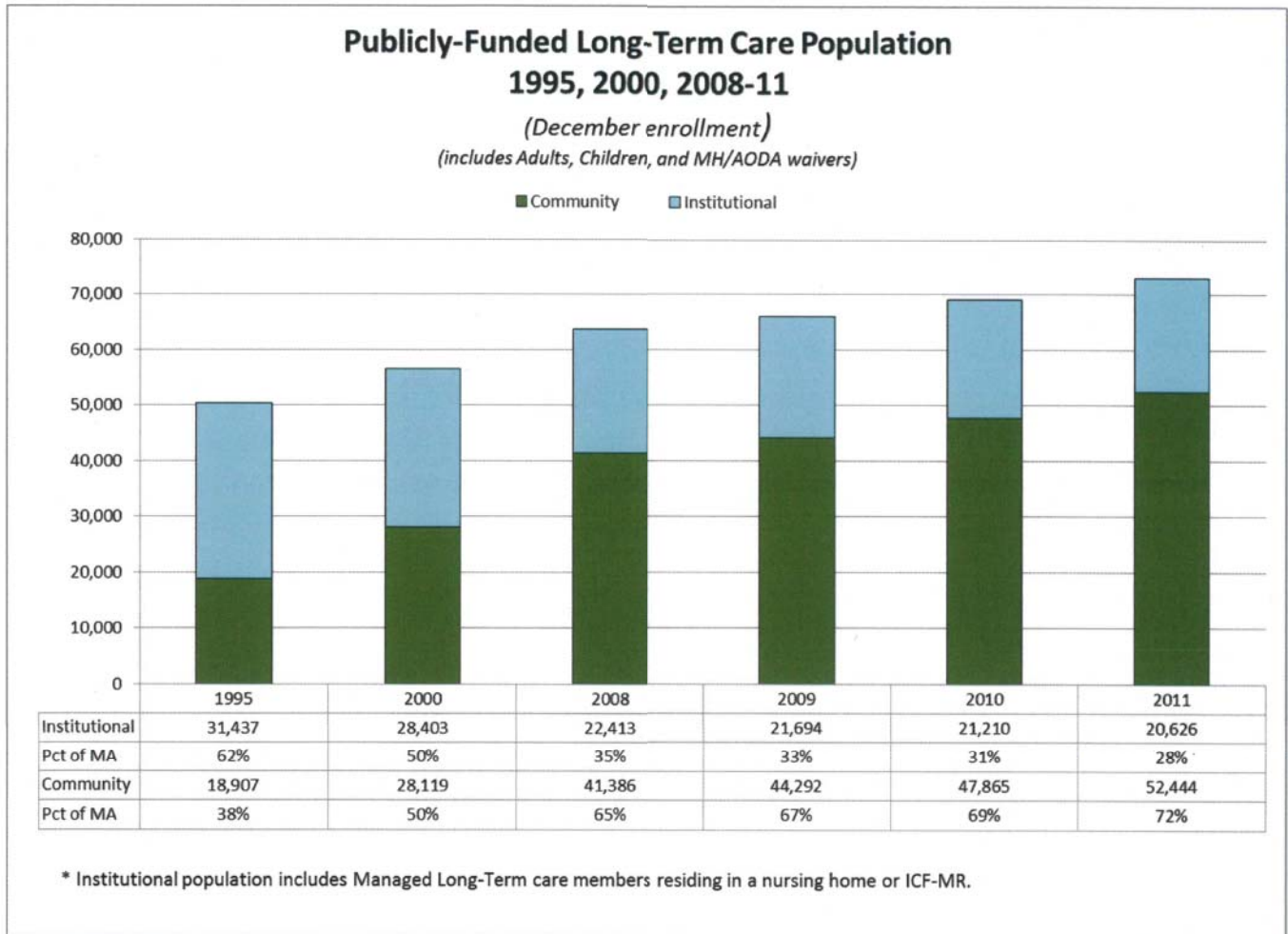
Graph 5



**SUMMARY OF THE DATA**

- Over the last decade, expenditures for Medicaid long-term care programs have transitioned from primarily fee-for-service payments for institutional services, such as nursing homes, to managed care programs that enable members to live in their own homes and community-based settings.
- While Family Care members may reside in an institution, the overwhelming majority live in community settings or their own homes.

Graph 6

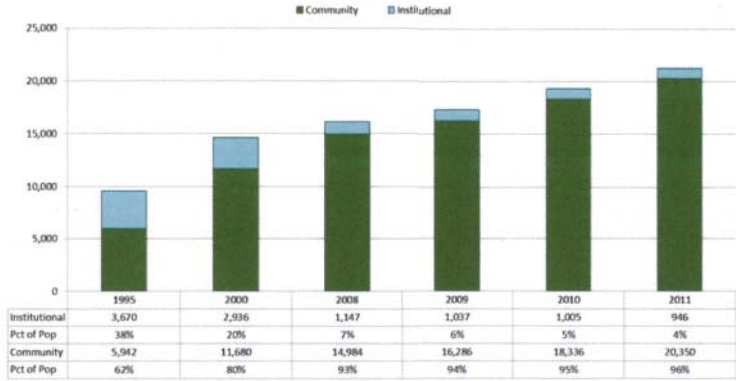


#### SUMMARY OF THE DATA

- The majority of individuals enrolled in a Medicaid long-term care program reside in a community-based setting or their own homes.
- Prior to 2000, the majority of Medicaid members receiving long-term care lived in a nursing home or ICF-MR.
- Since that time, a growing number and proportion of individuals have received services in a home or community-based setting.
- In December 2011, fewer than 30% of individuals receiving long-term care services resided in an institution funded either through Medicaid fee-for-service or managed long-term care.

**Publicly-Funded Long-Term Care Population  
Adults with a Developmental Disability  
1995, 2000, 2008-11**

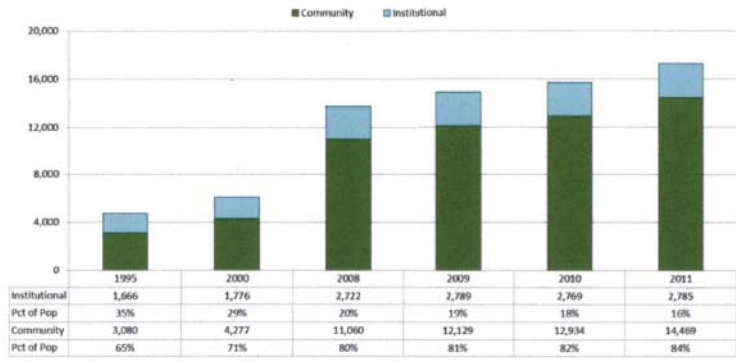
*(end of year counts)*



\* Institutional population includes managed long-term care members residing in a nursing home or ICF-MR.

**Publicly-Funded Long-Term Care Population  
Adults with a Physical Disability  
1995, 2000, 2008-11**

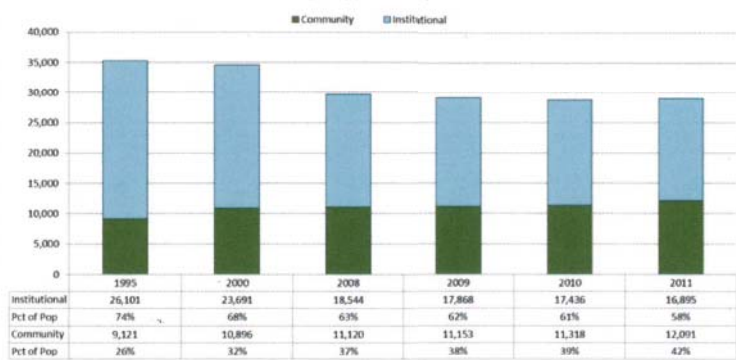
*(end of year counts)*



\* Institutional population includes managed long-term care members residing in a nursing home or ICF-MR.  
\* Fee-for-service institutional and legacy waiver programs use an age-adjusted target group that is not used in managed long-term care and IRIS programs. As a result, older individuals with an existing diagnosis of physically disabled who are served in fee-for-service or a legacy waiver program will not be included in these counts.

**Publicly-Funded Long-Term Care Population  
Frail Elderly  
1995, 2000, 2008-11**

*(end of year counts)*



\* Institutional population includes managed long-term care members residing in a nursing home or ICF-MR.  
\* Fee-for-service institutional and legacy waiver programs use an age-adjusted target group that is not used in managed long-term care and IRIS programs. As a result, older individuals with an existing diagnosis of physically disabled who are served in Family Care, PACE, Partnership, or IRIS programs will not be included in these counts.

**Table 1**  
**Long Term Care Spending as a Proportion of Medicaid Expenditures**  
**(State Fiscal Year 2002 – 2010)**

	SFY 2002	SFY 2003	SFY 2004	SFY 2005	SFY 2006	SFY 2007	SFY 2008	SFY 2009	SFY 2010	SFY 2011
<b>Total MA</b>	\$ 3,359,566,889	\$ 3,755,979,037	\$ 3,973,580,016	\$ 4,167,792,670	\$ 4,259,117,753	\$ 4,582,708,312	\$ 4,836,027,252	\$ 5,536,293,381	\$ 6,208,239,462	\$ 6,677,502,121
<b>LTC Spending</b>	\$ 1,775,241,957	\$ 1,876,349,834	\$ 1,931,437,948	\$ 1,976,409,350	\$ 2,109,469,647	\$ 2,102,430,379	\$ 2,184,123,778	\$ 2,332,897,927	\$ 2,677,210,875	\$ 2,889,891,134
<i>Fee-for-service Institutions (NH, ICFs-MR, State Centers)</i>	\$ 1,102,848,552	\$ 1,111,387,020	\$ 1,061,692,522	\$ 1,049,089,623	\$ 1,011,722,664	\$ 973,273,620	\$ 911,060,876	\$ 940,286,091	\$ 984,190,869	\$ 882,659,229
<i>MA Card Home Care</i>	\$ 172,462,986	\$ 182,735,554	\$ 193,055,201	\$ 226,425,900	\$ 261,279,592	\$ 261,370,897	\$ 275,083,100	\$ 273,273,860	\$ 275,096,443	\$ 259,953,133
<i>Waivers (CIP, COP, BIW, Children, IRIS, MFP)</i>	\$ 337,909,491	\$ 381,037,298	\$ 405,869,535	\$ 444,783,049	\$ 506,521,870	\$ 500,217,463	\$ 552,911,853	\$ 474,617,896	\$ 350,501,701	\$ 285,798,043
<i>Family Care</i>	\$ 104,212,479	\$ 135,924,596	\$ 192,916,770	\$ 173,711,795	\$ 230,091,573	\$ 260,538,308	\$ 307,651,323	\$ 498,687,110	\$ 894,270,222	\$ 1,267,176,236
<i>PACE/Partnership</i>	\$ 57,808,449	\$ 65,265,367	\$ 77,903,921	\$ 82,398,983	\$ 99,853,948	\$ 107,030,091	\$ 137,416,626	\$ 146,032,970	\$ 173,151,640	\$ 194,304,493
<b>LTC Spending as a proportion of MA spending</b>	53%	50%	49%	47%	50%	46%	45%	42%	43%	43%
<i>Fee-for-service Institutions (NH, ICFs-MR, State Centers)</i>	33%	30%	27%	25%	24%	21%	19%	17%	16%	13%
<i>MA Card Home Care</i>	5%	5%	5%	5%	6%	6%	6%	5%	4%	4%
<i>Waivers (CIP, COP, BIW, Children, IRIS, MFP)</i>	10%	10%	10%	11%	12%	11%	11%	9%	6%	4%
<i>Family Care</i>	3%	4%	5%	4%	5%	6%	6%	9%	14%	19%
<i>PACE/Partnership</i>	2%	2%	2%	2%	2%	2%	3%	3%	3%	3%
<b>LTC Spending by Area</b>										
<i>Fee-for-Service Institutions</i>	62%	59%	55%	53%	48%	46%	42%	40%	37%	31%
<i>Waivers, MA Card Home Care, Managed Long-term Care</i>	38%	41%	45%	47%	52%	54%	58%	60%	63%	69%

**Table 2**  
**Enrollment in Long Term Care Programs**

	1995	2000	2008	2009	2010	2011
<b>Community</b>						
<i>Frail Elderly</i>	9,121	10,896	11,120	11,153	11,318	12,091
<i>Physical Disability</i>	3,080	4,277	11,060	12,129	12,934	14,469
<i>Developmental Disability</i>	5,942	11,680	14,984	16,286	18,336	20,350
<b>Total - Community</b>	18,142	26,853	37,164	38,568	42,588	46,910
Percent of Total	36%	49%	64%	66%	69%	71%
<b>Institutional</b>						
<i>Frail Elderly</i>	26,101	23,694	18,544	17,868	17,436	16,895
<i>Physical Disability</i>	1,666	1,776	2,722	2,789	2,769	2,785
<i>Developmental Disability</i>	3,670	2,936	1,147	1,037	1,005	946
<b>Total - Institutional</b>	31,437	28,403	22,413	21,694	21,210	20,626
Percent of Total	64%	51%	36%	34%	31%	29%
<b>Total</b>	48,579	55,445	62,566	64,682	67,698	71,247