Aging Services Annual Comparison Dashboard

LTSS OC Dashboard

LTSS Options Counseling (OC) Referral Totals

DOJ Year	Total Referrals	Increase/ Decrease	LTSS OC Visit	Does Not Meet Criteria	Unable to Locate	Referred Deceased	Referral Outcome Pending
2021	1,491	n/a	838	309	212	62	70
2022	1,313	12% Decrease	1,170	90	9	44	0
2023	1,053	20% Decrease	886	114	11	41	1
2024	1,552	47% Increase	1,193	170	25	48	1
2025	1,500	3% Decrease	1,019	280	15	57	1
Total	6,909	n/a	5,106	963	272	252	73

Territory Referrals per DOJ SA Month

Month	Dec 14-31	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec 1-13
2025	73	129	113	132	109	98	128	115	87	111	103	126	48
2024	43	132	142	113	106	105	115	137	117	133	137	91	66
2023	58	118	69	86	87	90	77	76	95	62	75	110	50
2022	56	54	51	139	131	175	166	85	99	106	94	112	45
2021	0	191	175	208	176	159	131	74	91	73	67	67	34

Notes: LTSS OC referrals are submitted via the nursing facility (NF) level of care (LoC) form. The number of referrals depend on the number of individuals who meet the TPM criteria who are referred for a long term stay in a nursing home. These numbers can vary year to year.

Individuals that do not meet the LTSS OC criteria, or that cannot be reached after two attempts, are sent written information about Home and Community Based Services (HCBS). Referral outcome pending reflects a lag in data submission.

The referral totals decreased from 2021 to 2023 because the State refined the data collection process in June of 2022, seeing every Target Population Member (TPM) who is referred for a long term stay in a skilled nursing facility (SNF). There was a 47% increase from 2023 to 2024. Part of this increase was due to changes made to the data collection process. In 2025, referrals were slightly down but remain consistent.

Unduplicated LTSS OC Referrals Sent to the Territories Visit Summary

DOJ Year	Total Unduplicated Visits	Increase/ Decrease	Nursing Facility	Hospital	Home/ Community	Swing Bed
2021	936	n/a	718	171	47	n/a

2022	1,104	18% Increase	969	129	2	4
2023	840	24% Decrease	641	169	10	20
2024	1,151	37% Increase	856	227	10	58
2025	989	14% Decrease	685	254	14	36
Total	5,020	n/a	3,869	950	83	118

Notes: Since the start of the SA, 5,020 unduplicated contacts have been made. There was a 24% decrease from year two (2022) to three (2023) because we refined our data collection process to only include referrals for people who meet the definition of a TPM for the SA. In 2025, visits decreased because the number of admissions into NFs can vary from year to year and we continue to refine how we identify and track TPMs. Many TPMs are discharged from the hospital to a NF, resulting in most visits occurring with individuals residing in NFs. Swing bed data was not tracked as a location prior to 2022.

LTSS OC Referrals Sent to the Territories Transition Summary

DOJ Year	Total LTSS OC referred to MFP	Increase/ Decrease	MFP Pending Transition	MFP Completed Transition	Completed Transitions Receiving HCBS
2021	64	n/a	47	17	2
2022	125	95% Increase	24	38	10
2023	130	4% Increase	25	57	28
2024	110	15% Decrease	28	30	11
2025	134	22% Increase	84	23	5
Total	563	n/a	208	165	56

Notes: Referrals to MFP and HCBS indicate preference to receive care in the community. Individuals not interested in pursuing transition, will be seen annually by the Case Manager. There was a decrease from 2023 to 2024 due to a change in the data collection system, tracking only individuals who were already eligible for MFP.

HCBS Dashboard

HCBS Monthly Case Totals (2025)

Program/ Month	Dec 14-31	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec 1-13
MSP PC	692	706	700	707	707	711	712	721	739	744	743	732	718
Med W	677	686	694	688	696	710	805	726	731	735	746	748	729
SPED	1,796	1,819	1,821	1,850	1,854	1,865	1,864	1,886	1,950	1,920	1,909	1,908	1,871
Ex-SPED	104	405	104	105	106	104	100	101	100	97	99	100	100

Home and Community-Based Services (HCBS) Monthly Case Totals

Program	December 2021	December 2022	December 2023	December 2024
Ex-SPED	109	113	110	106
SPED	1,488	1,615	1,708	1,791
MW	419	457	541	672
MSP	659	707	754	692

Notes: This information reflects the total number of open cases by program for all HCBS recipients, not just TPMs. Numbers are not unduplicated because individuals may receive services from multiple programs at the same time.
SPED is the most utilized program because it has the least restrictive financial eligibility criteria. Individuals with less than $50,000 in liquid assets may qualify for the SPED program. We also continue to see an increase in utilization of Medicaid waiver (MW) because of residential habilitation and community support services, which can provide up to 24-hour support in an integrated setting. From 2021 to 2025, MW has grown by 74% and SPED cases by 26%.

HCBS Cases Worked Summary

DOJ Year	Open Cases	Increase/ Decrease	Closed Cases	Increase/ Decrease	MSP	MSP	MW	MW	SPED	SPED	Ex-SPED	Ex-SPED
n/a	n/a	n/a	n/a	n/a	Open	Closed	Open	Closed	Open	Closed	Open	Closed
2021	789	n/a	700	n/a	n/a	n/a	n/a	n/a	752	648	37	52
2022	1,394	77% Increase	1,090	56% Increase	283	281	238	126	830	639	43	44
2023	1,371	2% Decrease	1,125	3% Increase	284	281	260	170	792	638	35	36
2024	1,485	8% Increase	1,334	19% Increase	281	415	313	191	860	688	31	40
2025	1,441	3% Decrease	1,227	8% Decrease	270	295	271	199	871	705	29	28
Total	6,480	n/a	5,476	n/a	1,118	1,272	1,082	686	4,105	3,318	175	200

Notes: These are the number of cases that are worked per year for all HCBS recipients, not just TPMs. Many of the people we serve have unstable medical conditions or are at end of life, which contributes to the number of individuals who come on and off HCBS each year. It also reflects the amount of Case Management time that is spent enrolling and disenrolling HCBS recipients.
From 2021 to 2025, there was an 83% increase in the number of opened cases and a 75% increase in the number of closures. This data was not tracked for MSP or MW prior to 2022.

HCBS Case Management Referrals for All HCBS Recipients

Year	Total HCBS Referrals	Increase/ Decrease	Year	Average HCBS Referrals Per Month	Increase/ Decrease
2021	1,893	n/a	2021	158	n/a
2022	1,854	2% Decrease	2022	155	2% Decrease
2023	1,592	14% Decrease	2023	133	14% Decrease
2024	1,807	14% Increase	2024	151	14% Decrease
2025	1,881	4% Increase	2025	157	4% Increase
Total	9,027	n/a	Average	150	n/a
Year	Open Cases	Increase/ Decrease	Year	Average Open Cases per Month	Increase/ Decrease
2021	909	n/a	2021	76	n/a
2022	1,013	11% Increase	2022	84	11% Increase
2023	1,005	1% Decrease	2023	84	1% Decrease
2024	954	5% Decrease	2024	80	5% Decrease
2025	950	0% Decrease	2025	79	0% Decrease
Total	4,831	n/a	Average	81	n/a
Year	Percent of Open Cases per Referral	Increase/ Decrease	Year	Total Unduplicated Pending HCBS Cases	Increase/ Decrease
2021	48%	n/a	2021	n/a	n/a
2022	55%	7% Increase	2022	189	n/a
2023	63%	8% Increase	2023	187	1% Decrease
2024	53%	10% Decrease	2024	163	13% Decrease
2025	51%	2% Decrease	2025	208	28% Increase
Average	54%	n/a	Total	747	n/a

Notes: Since the first year of the SA (2021), the number of HCBS referrals from all referral sources (ADRL intake, direct referral, MFP, LTC Eligibility Unit and LTSS OC visits) has remained consistent.

From 2021 to 2025, there has been a slight increase in the average opened cases per month, with the percent of open cases per referral increasing by 3%. There was a decrease from 2023 to 2025 because Adult and Aging Services see individuals who are requesting services but they don't meet the functional criteria for the service, or they self-report they have a physical disability that was not confirmed during assessment.

Pending cases are active HCBS referrals that are still being worked and do not yet have a formal outcome.

HCBS Case Management Referrals for all HCBS Recipients Continued

	2025	2024	2023	2022
QSP Enrollment	11	11	19	25
Waiting to hear back from applicant	92	79	66	67
Waiting on MA eligibility	14	14	3	14
Waiting on financial verification	20	17	15	20
Waiting on medical/OT docs	11	9	8	10
Transition from facility	57	67	71	76

Notes: The pending case reason monthly average summary represents the annual monthly average based on unduplicated data, indicating why cases are pending. This data collection began in September of 2022.
The number of people waiting for QSP enrollment went down from 2023 to 2025 because the implementation of the new QSP Enrollment Portal. The number waiting on MA eligibility also went down from 2023 to 2025.

HCBS Long Term Care (LTC) Diversions

DOJ Year	Total unduplicated TPMs diverted from a SNF	Increase/ Decrease	Total MSP Level B & C diversions	Total HCBS MW TPM diversions	Total SPED TPM diversions
2021	272	n/a	66	144	104
2022	319	17% Increase	76	223	92
2023	328	3% Increase	64	258	89
2024	390	19% Increase	94	304	109
2025	312	20% Decrease	48	273	73
Total	1,621		348	1,202	467

Note: A TPM is an individual receiving HCBS as an appropriate alternative to a SNF, who is at least 21 years of age, has less than $25,000 in assets and meets a NFLoC. TPMs may receive services from multiple programs at the same time and dis-enroll/re-enroll in programs.

Since the first year of the SA (2021), the State has diverted 1,621 TPMs from a SNF. From 2021 to 2025, there has been a 15% increase in the number of TPM diversions. The SA required the State to divert 100 TPMs during the first two years of the SA (2021 and 2022), an additional 150 by year four (2024), and another 150 by year six (2026). The State has far exceeded these requirements.

Most TPMs receive their diversion services through the HCBS Medicaid waiver because it's designed to be an alternative way for people who meet a NFLoC to receive services in their home and community. It is significant to note 467 TPMs are diverted through the State funded SPED program.

ADRL Dashboard

Aging & Disability Resource Link (ADRL) Contacts

DOJ Year	Total Unique I & A Inquiries	Increase/ Decrease	ADRL I & A Calls	ADRL I & A Website Hits	ADRL I & A Unique Website	Average Call Wait Time (in minutes)	Total Web Intake Referrals
2021	34,487	n/a	11,207	28,092	23,280	7	576
2022	43,475	26% Increase	14,255	33,691	29,220	1	1,198
2023	49,187	13% Increase	15,502	39,272	33,685	1	1,440
2024	68,269	39% Increase	16,226	60,479	52,043	1	1,641
2025	45,172	34% Decrease	15,815	34,067	29,357	1	1,926
Total	240,590	n/a	73,005	195,601	167,585	n/a	6,781

Notes: The ADRL is a centralized intake system for applying for State or Federally funded HCBS. TPMs, family and other interested parties can make HCBS referrals via the phone, email or online.

The number of inquiries to the ADRL continues to increase. However, there was a decrease in calls from 2024 to 2025 because in 2024 we were fielding calls from another system. This problem has been corrected.

Additionally, there is a decrease in total inquiries from 2024 to 2025 because we are doing a systems change and are currently unable to track website hits.

Calls made to the ADRL increased by 41% from 2021 to 2025.

For the fourth year in a row, the call wait time is one minute.

Transition Dashboard

TPM Transition Referral Summary

DOJ Year	Program	Total Referrals	Increase/ Decrease	Physically Disabled	Elder	Develop Disabled
2021	MFP	196	n/a	104	90	2
2021	Transit & Div	38	n/a	17	21	0
2021	HCBS MW	1	n/a	1	0	0

2021	**Total**	**235**	**n/a**	**122**	**111**	**2**
2022	MFP	218	n/a	90	123	5
2022	Transit & Div	25	n/a	12	12	1
2022	HCBS MW	0	n/a	0	0	0
2022	**Total**	**243**	**3% Increase**	**102**	**135**	**6**
2023	MFP	262	n/a	95	163	4
2023	Transit & Div	18	n/a	8	9	1
2023	HCBS MW	0	n/a	0	0	0
2023	**Total**	**280**	**15% Increase**	**103**	**172**	**5**
2024	MFP	227	n/a	79	127	21
2024	Transit & Div	33	n/a	4	25	4
2024	HCBS MW	0		0	0	0
2024	**Total**	**260**	**7% Decrease**	**83**	**152**	**25**
2025	MFP	201		68	122	11
2025	Transit & Div	15		8	6	1
2025	HCBS MW	0		0	0	0
2025	**Total**	**216**	**17% Decrease**	**76**	**128**	**12**

Notes: Transition services help TPMs move from an institutional setting to an integrated setting in their own home and community. The State currently provides transition support services through the following programs: MFP grant, Transition and Diversion Program, and the HCBS Medicaid waiver. The number of referrals has been decreasing because we are diverting more people. The State expected the number of referrals for transition to go down in the later years of the SA. We transition more elderly individuals into the community than any other population we serve. MFP transition referrals for elders have increased by 36% from the first year of the SA (2021) to the fifth (2025). There was a jump in DD referrals from 2023 to 2024 due to educational efforts with DD staff about the benefits of MFP.

TPM Completed Transitions Summary

DOJ Year	Program	Total Completed Transitions	Increase/ Decrease	Within 30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	Over 150 Days
2021	MFP	64	n/a	24	14	5	8	2	11
2021	T&D Prog	26	n/a	22	2	2	0	0	0
2021	HCBS MW	1	n/a	0	1	0	0	0	0
2021	**Total**	**91**	**n/a**	**46 51%**	**17 19%**	**7 8%**	**8 9%**	**2 2%**	**11 12%**
2022	MFP	105	n/a	19	29	12	11	5	29
2022	T&D Prog	16	n/a	16	0	0	0	0	0
2022	HCBS MW	0	n/a	0	0	0	0	0	0
2022	**Total**	**121**	**33 % Increase**	**35 29%**	**29 24%**	**12 10%**	**11 9%**	**5 4%**	**29 24%**
2023	MFP	105	n/a	15	26	9	10	8	37

2023	T&D Prog	13	n/a	12	1	0	0	0	0
2023	HCBS MW	0	n/a	0	0	0	0	0	0
2023	**Total**	**118**	**2%** **Decrease**	**27** **23%**	**27** **23%**	**9** **8%**	**10** **8%**	**8** **7%**	**37** **31%**
2024	MFP	110	n/a	29	17	16	11	8	29
2024	T&D Prog	29	n/a	29	0	0	0	0	0
2024	HCBS MW	0	n/a	0	0	0	0	0	0
2024	**Total**	**139**	**18%** **Increase**	**58** **42%**	**17** **12%**	**16** **12%**	**11** **8%**	**8** **6%**	**29%** **21%**
2025	MFP	66	n/a	12	7	8	13	7	19
2025	T&D Prog	12	n/a	10	1	0	0	0	1
2025	HCBS MW	0	n/a	0	0	0	0	0	0
2025	**Total**	**78**	**44%** **Decrease**	**22** **28%**	**8** **10%**	**8** **10%**	**13** **17%**	**7** **9%**	**20** **26%**

Notes: Since the start of the SA, 547 TPMs have transitioned to an integrated setting. From 2021 to 2025, there has been a 14% decrease in the number of completed transitions. As with the referrals, this is expected due to the number of people we are diverting.

The SA requires the State to transition 100 TPMs from SNFs by year two of the SA (2022), transition 60% of individuals referred for transition supports by the end of year four (2024), increasing to 70% by the end of year six (2026), and to transition all remaining individuals by end of year eight (2028). The SA also requires transitions to occur no later than 120 days after the TPM requests transition support. In 2025, 27 transitions took over 120 days to complete. The length of a transition can vary depending on housing, and medical and behavioral health needs of the TPM. Creating a safe transition plan can take time and the State is working with the transition teams to ensure adequate services and housing are available for a successful transition to the chosen community of the TPM. Many of these cases have become more complex and the State continues to look for ways to transition TPMs efficiently and safely.

Housing Dashboard

TPM Transitions Permanent Supported Housing (PSH) Summary

DOJ Year	Total Transitioned TPM Receiving Assistance/Support	Increase/ Decrease	PSH	Housing Facilitation	Modification Assistance
2021	95	n/a	28	56	11
2022	175	84% Increase	99	52	24
2023	208	19% Increase	110	69	29
2024	164	21% Decrease	50	84	30
2025	116	29% Decrease	48	53	15
Total	759	n/a	335	314	109

Notes: Of the TPMs who successfully transitioned to the community, this data reflects who received permanent supported housing, housing facilitation, or assistance with home modification.
There was an 84% increase between 2021 and 2022 in the number of TPMs receiving housing supports. Some of this was due to a data collection change.
The SA requires the State to provide housing supports to at least 20 TPMs in year one (2021), 30 TPMs in year two (2022), 60 TPMs in year three (2023), and provide PSH to TPMs based on aggregate need in the SA years thereafter. The State has far exceeded that number. During the 2025 reporting period, every TPM who needed PSH was provided the service.
There has been a decrease in PSH because of reduced transition numbers and fully expending the TPM Rental Assistance Program before the end of the previous biennium. The State received $300,000 to operate TPM Rental Assistance Program in the 2025-2027 biennium, allowing us to continue to support TPM housing needs.