

Review of the Vermont Veterans' Home In Response to 2014 Act 179 Sec. E.100.2

Prepared for the Joint Fiscal Committee

Agency of Administration

11/15/2014

Sec. E.100.2 VERMONT VETERANS' HOME; FUNDING REVIEW

(a) The Secretary of Administration shall carry out a review of the revenue and budget options for the Vermont Veterans' Home and develop a business plan with the following goals:

(1) creation of a revenue and budget approach that does not present a long-term structural deficit for the Vermont State budget; and

(2) development of a strategy that eliminates the need for ongoing General Fund subsidies by fiscal year 2018.

(b) This review shall be submitted to the Joint Fiscal Committee before November 15, 2014.

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Executive Summary

The Secretary of Administration has prepared the following report per Sec. E.100.2 of Act 179 of 2014, which directed the Secretary to review the budget and revenues options for the Vermont Veterans' Home and to develop a business plan that does not present a long term structural deficit for the Budget of the State of Vermont and eliminates the need for ongoing General Fund subsidies by 2018.

This report details some of the pressures that have resulted in the increased reliance on General Funds in the last two fiscal years. This is primarily a result of a lower than budgeted census, but other factors, such as a denial of payment by CMS during a deficiency period, non-paying residents, and rate setting settlements, have contributed to the recent increased need for General Funds to balance the budget.

Because of a lower stable census and little indication that the Home will be able to increase it above an estimated 130 nursing home residents, it is the Administration's recommendation that the operations of the Home be reset to align with a new census status quo. This will require reassessing the current staffing level and the number of licensed beds. Additionally, steps including reconfiguring rooms to create additional private rooms with a higher per day charge, and revamping the use of vacant space, will help increase revenues for the Home.

These proposals will minimize the Home's reliance on General Funds, but it will not necessarily eliminate it. The State has provided either General Fund or Global Commitment funding to the Home for well over ten years and it may not be realistic, given the current struggles to increase the census, that the Home will be able to achieve complete self-sustainability by 2018. Through the implementation of the business process changes out-lined in this report, General Fund contributions will decrease. The Administration is currently working to finalize how these changes will impact funding at the Home and they will be incorporated in the Veterans' Home FY2015 Budget Adjustment request and the FY2016 Governor's Recommended Budget. The Secretary of Administration will work closely with the Departments of Finance and Management and Human Resources, as well as the Vermont Veterans' Home to begin implementing these changes in the coming months.

To completely eliminate the need for General Fund, other revenue sources will need to be identified. In this regard, some have suggested a Veterans' Home centric lottery game, while others have proposed a small wholesale fee on boxes of break open tickets, with the proceeds of either directed to the special fund to fund the operations of the Home.

Introduction

In Sec. E.100.2 of Act 179 of 2014, the Secretary of Administration was charged with reviewing budget and revenue options for the Vermont Veterans' Home and to develop a business plan that does not present a long term structural deficit for the Budget for the State of Vermont and eliminates the need for ongoing General Fund subsidies. This request arose due to a significant increase in the appropriation of General Fund to the Home in the FY2014 Budget, the FY2014 Budget Adjustment and the FY2015 Budget.

This report presents the background information on the revenue and expenditure issues that have faced the Home over the past few fiscal years. Following a review of the Home's recent fiscal challenges, the report presents recommendations to lessen (or eliminate) the need for the state to provide General Funds to keep the Home financially solvent.

The Secretary has met with the Administration of the Vermont Veterans' Home and Board Leadership along with members of the VSEA to hear ideas for making the Veterans' Home more fiscally sustainable. Some of their recommendations have been incorporated in this report.

Background

Overview of Current Funding Streams

Currently, the Veterans' Home appropriation consists of Federal Funds, General Funds, Global Commitment Funds and Special Funds. The Federal Fund and Special Fund appropriations are determined by anticipated reimbursement from different payer sources. Additionally, the Home receives Global Commitment Funds. The General Fund appropriation covers the gap between estimated expenditures and revenues from resident reimbursement. In addition to state appropriations, the Board of Trustees has authority to approve expenditures from two trust funds and a donation account based on the rules governing each fund. Each of these funding streams is discussed in more detail below.

Federal Funds: The Veterans' Home Federal Fund appropriation consists of dollars from three separate streams. Both Medicare and Veterans Administration (VA) reimbursement for nursing Home days are deposited into this fund. On average in FY2014 Medicare reimbursement was \$407 per day and VA was \$385 per day. Additionally, qualifying Veterans' receive a daily stipend from the VA that is deposited into this fund.¹ In FY2014 the stipend was \$100 for nursing home residents and \$43 for residents of the Domiciliary.

Special Funds: There are four Special Funds that make up the Special Fund appropriation; Vermont Medicaid, New York Medicaid, Private Pay, and Domiciliary. The revenue to these funds comes from

¹ All Veterans that live at the home with a disability rating of 70% or lower received a stipend from the VA. Residents whose disability rating is greater than 70% are considered VA residents and their reimbursement is paid for by the VA. Gold star parents and spouses that reside at the home do not receive the stipend.

reimbursement based on each resident's payer source. The reimbursement rate for these payers varies by source. The following table lists the FY2014 reimbursement rate for each of the special funds:

Table 1 - FY2014 Special Fund Reimbursement Rates (excluding the VA Stipend)

Vermont Medicaid	\$245
New York Medicaid	\$223
Private Pay	\$232
Domiciliary	\$20

Global Commitment Funds: The Home was appropriated \$410,986 of Global Commitment Funds in FY2014 and FY2015. In FY2013, the Global Commitment amount was reduced by nearly \$1M due to the negative impact it had on the reimbursement rates paid by Medicaid. This resulted in Medicaid rate settlements of \$480,302 for FY2012 rates and \$501,177 for FY2013 rates; the settlement equated to nearly \$1M of General Fund costs in the FY2014 Budget Adjustment Act. The change in Global Commitment funding should eliminate the Veterans' Home owing the state funds for rate settlements in future years.

General Funds: The FY2014 budget included a General Fund appropriation of \$1,344,225. FY2014 was the first time since FY2007 that the State had to appropriate General Funds to the Home. In the FY2014 Budget Adjustment, the Veterans' Home required an additional General Fund appropriation of \$2,854,731 to cover costs associated with lower than budgeted revenue.² The FY2015 Budget included an appropriation of \$2,704,637³ to help cover the costs of operating the Home, and it is anticipated that additional General Funds will be requested in the FY2015 Budget Adjustment. While in recent years the Home has had an increased reliance on General Fund to cover its deficit, the State has provided either General Funds or Global Commitment to the Home to help balance its budget for many years. Table 2 provides a history of State (or State equivalent) funding provided to the Home since 2002.

² The amount was later decreased by \$15,179 as a result of a statewide administrative management savings initiative. The final FY2014 appropriation at the Vermont Veterans' Home equaled \$4,183,777.

³ Amount appropriated after the August 13th, 2014 rescission.

Table 2 - History of State funds Appropriated to the Vermont Veterans' Home

Fiscal Year	General Funds	Global Commitment	Total State Funds	Percent change in State Funds
2002	2,287,969	-	2,287,969	-
2003	918,275	-	918,275	-59.87%
2004	1,882,445	-	1,882,445	105.00%
2005	1,018,786	-	1,018,786	-45.88%
2006	165,495	747,000	912,495	-10.43%
2007	170,826	913,047	1,083,873	18.78%
2008	-	913,047	913,047	-15.76%
2009	-	881,289	881,289	-3.48%
2010	-	837,225	837,225	-5.00%
2011	-	1,410,956	1,410,956	68.53%
2012	-	1,410,956	1,410,956	0.00%
2013	-	1,410,956	1,410,956	0.00%
2014	1,344,225	410,986	1,755,211	24.40%
2014 BAA	4,183,777	410,986	4,594,763	225.65%*
2015	2,817,331	410,986	3,228,317	-6.35%†

* Percent Change from FY2013 to FY2014 BAA

† Percent Change from FY2014 BAA to FY 2015; does not include an anticipated FY2015 Budget Adjustment

Other non-operating revenue: A unique aspect of the Vermont Veterans' Home is its Governance by a Board of Directors. The funds listed above are managed by the State and appropriated through the legislative process. There are three funds, a private trust, an endowment, and a donation fund, which can only be expended per a vote by the Board of Directors. These cannot be spent to support the daily operations of the Home.⁴ In 2014, the Home received over \$70,000 in donations that by nature are restricted and cannot be used to support operations.

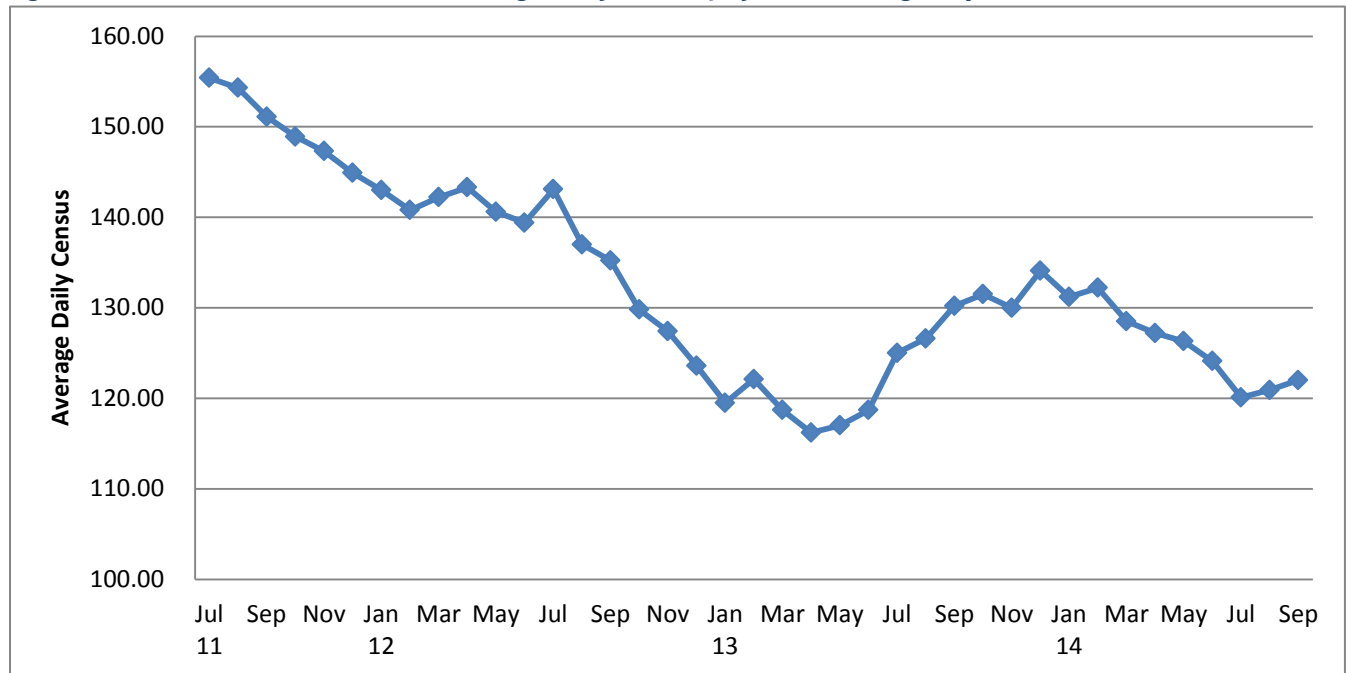
Census Summary

In recent years, the Veterans' Home has faced issues managing its census. Factors including reimbursement from residents and denial of payment by The Centers for Medicare and Medicaid (CMS) have impacted the Home's ability to increase and maintain a higher census.

Historical information: The census at the Vermont Veterans' Home drives its ability to collect reimbursement from residents to cover costs. The average daily census has dropped from 155.4 in July of 2012 to 120.1 in July of 2014, with a low of 116.2 in April of 2013. This information is depicted in Figure 1 below:

⁴ Per the bylaws of the Board of Directors

Figure 1 – Vermont Veterans' Home Average Daily Census July 2012 through September 2014



Demographics: The average age of the Veterans' at the Home is 81.49 years, including the residents in the Domiciliary. There are currently 104 Male Veterans and 2 Female Veterans, the rest of the residents are either Gold Star parents or the spouses of Veterans. The following table details the service period of the current veteran population:

Table 3 - Service Period of Residents of the Vermont Veterans' Home

Time of Service	Number of Veterans
World War II	37
Korea	23
Vietnam	33
Gulf War	2
Peace Time	14

Deaths: The Veterans' Home not only has to work to bring in new residents to increase the census, but the Home also has to fill the resident beds that are vacated through resident death. From January 1 through November 4, 2014, there have been 52 deaths at the Home.

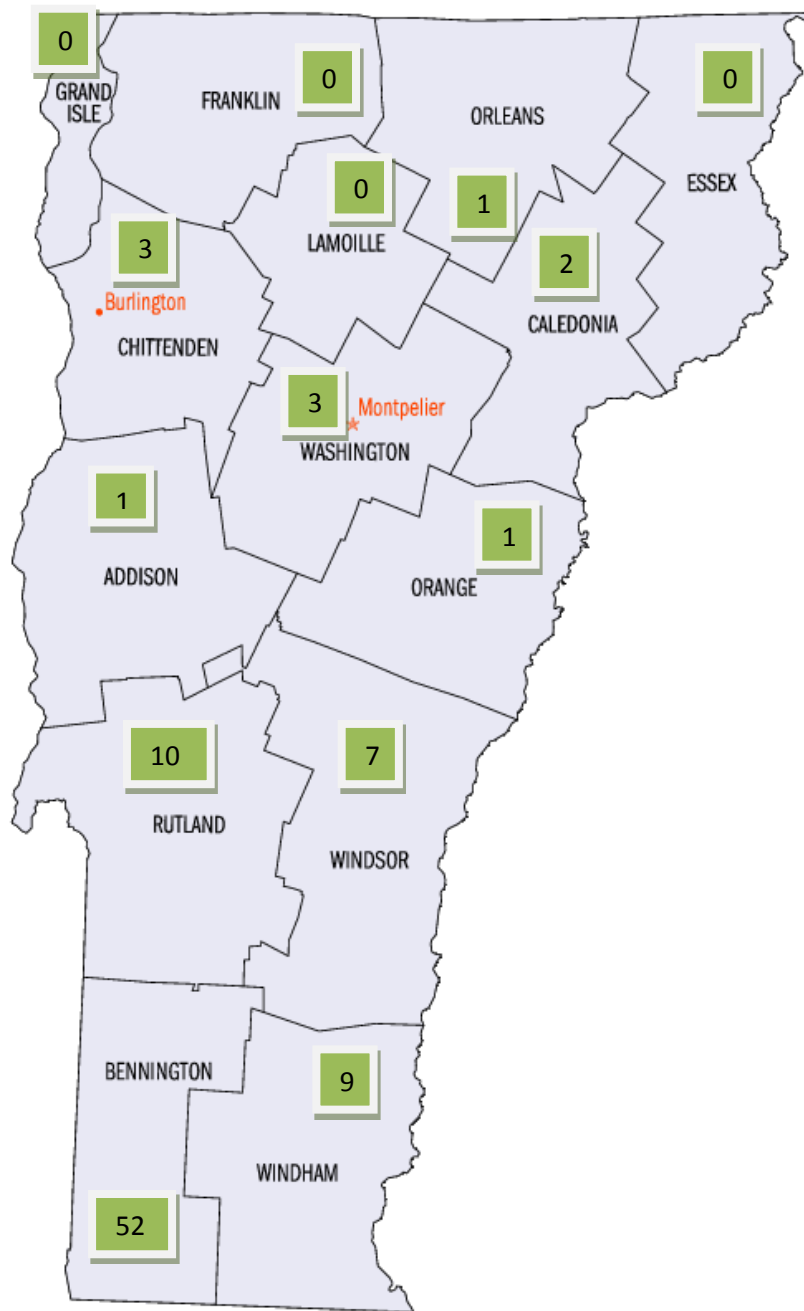
Location: The Veterans' Home is located in Bennington, several hours from the state's population centers. As a result, it is difficult for the Home to recruit residents from the northern and central part of the State because of the distance it puts between the resident and his or her family. This is evidenced by the geographic distribution of the residents at the Home. The following table and figure summarizes the

home state of current residents, and the home county of the Vermont Residents as of November 10, 2014.

Table 4 – Home States of Vermont Veteran’s Home Residents

State	Number of Residents
Vermont	89
New York	31
Massachusetts	6
Florida	2
New Jersey	1
Total	129

Figure 2 – Distribution of Vermont Residents at the Vermont Veterans' Home



Map source: <http://quickfacts.census.gov/qfd/img/counties/stout50.gif>

Reimbursement: For the last two years the Home's reimbursement amount has been impacted by both institutional and individual resident issues. These issues have impacted how the Home screens residents for admission.

On the individual side, the Home has had to work to manage the sense of entitlement that some Veterans' have regarding their right to live at the Home. In October of 2013 the Home had to have a resident removed for non-payment for services rendered, and at a loss to the Home. Additionally, there are potential residents who qualify for Vermont Medicaid but who will not enroll, jeopardizing the Home's ability to be reimbursed if the individual is admitted. As a result of non-paying Veterans the Home has worked to make sure that any new admissions have a way to pay for the services they receive. If they do not or refuse to apply for Medicaid, they are not admitted to the Home.

On the institutional side, in mid-2012 CMS cited the Home for deficiencies that resulted in a withholding of payment for Medicaid and Medicare enrolled residents from June 28th, 2012 through September 25, 2012. In May of 2013 CMS issued another denial of payment letter and withheld reimbursement from May 26, 2013 through August 4, 2013. Due to these two events, the Home was designated as a Special Focus Facility and is subject to twice as many CMS evaluations. During these periods, the Home did not admit new residents in order to give them the ability to focus on implementing a corrective action plan and ensure that the Home did not lose reimbursement from CMS altogether. After the two denials of payment, the Home has worked to admit residents that the staff can manage, by screening potential residents for behavioral issues and other complex and difficult factors to minimize risk of citations from CMS in order to have the Special Focus Facility designation lifted.

Marketing Director: In an attempt to increase the census, the Home reconfigured a vacant position to create a marketing director in 2014. The role of this position is to seek resident referrals from both the community and other medical institutions. Through the end of October, there have been 237 total referrals; 131 from institutions and 106 self referrals. Despite having over 200 referrals, the Home has not reached its budgeted census, due in part to resident deaths as well as the measures put in place to ensure that the Home is reimbursed and not at risk of licensing issues. The Administration suggests that the Home actively review the effectiveness of the current marketing plan to ensure that the position and plan are benefiting the Home. Appendix 1 includes some more information regarding the Home's current marketing plan and referrals.

Expenditure Review

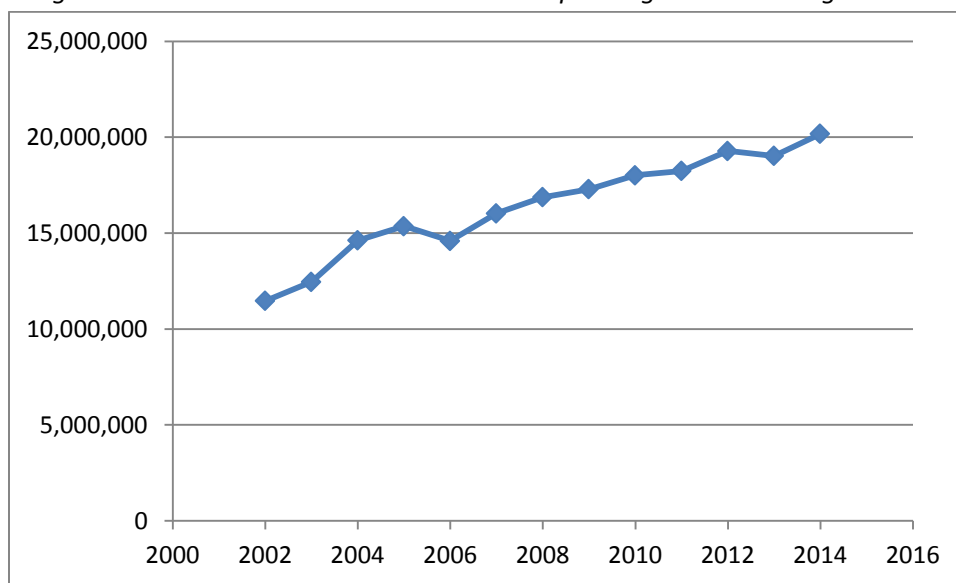
As part of the development of this report, the Administration examined the cost structure of the Home. This section provides a brief overview of some of the historical expenditures at the Home.

Historical Actual Spending: The Veterans' Home actual expenditures have grown from \$11.47M in FY2002 to \$20.17M in FY2014; representing an \$8.7M increase in 12 years, a growth rate of 4.82% per year. Figure 3 below depicts this growth year over year. Table 5 provides detail on the last 5 years of growth.

Table 5- Vermont Veterans' Home Historical Spending FY2010 through FY2014

	Personal Services		Contracts		Operating		Total
FY2014	13,069,139	65%	2,136,535	10%	4,967,509	25%	20,173,182
FY2013	12,872,371	68%	1,544,710	8%	4,605,496	24%	19,022,577
FY2012	12,872,969	67%	1,618,751	8%	4,789,281	25%	19,281,000
FY2011	12,899,591	71%	1,108,809	6%	4,232,402	23%	18,240,803
FY2010	13,226,905	73%	1,037,170	6%	3,748,599	21%	18,012,673

Figure 3 – Vermont Veterans' Home Actual Spending FY2002 through FY2014



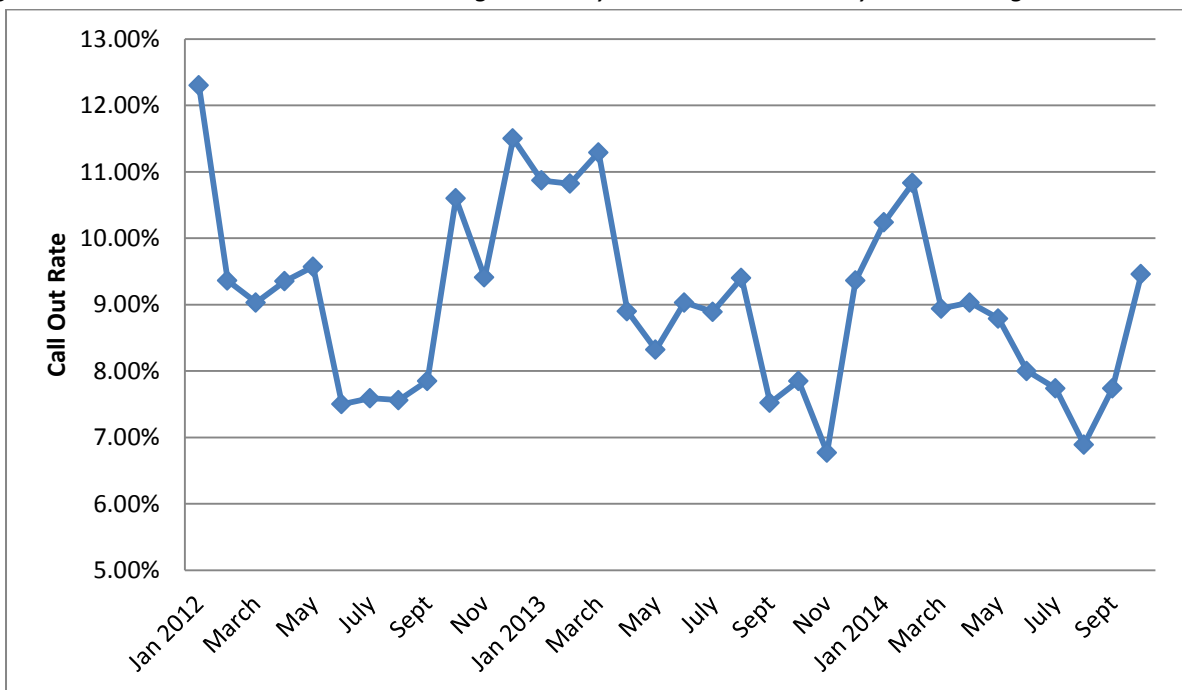
Salaries and Benefits: In FY2014 salary and benefit expenses represented 65% of actual expenditures; approximately \$13M. Until FY2015, the Veterans' Home operated with exclusively full time staff. In FY2014 four employees converted to part time FTEs.

Personal service costs at the Veterans' Home are a driver of costs and an area of the budget that is difficult to manage. A lack of part-time employees and a fixed staffing level has made it difficult for the Home to flex staff when the actual census at the Home changes. Similarly, when there is a staff member who calls out the Home either has to request that a different employee cover the shift, resulting in increased overtime costs, or they have to enlist the use of a staffing contract. In FY2014 the Home spent \$856,182 on overtime and \$277,287 on a supplemental staffing contract. Table 6 shows the change in overtime costs from FY2010 through FY2014. This has been a cost pressure at the Home for a few years due to an unusually high staff call out rate. Figure 4 below depicts the monthly call out rate since January 2012. In January 2012, the call out rate was at a high of 12.3%; in October of 2014 the call out rate was 9.46%.

Table 6 – Veterans’ Home Change in Overtime Costs

	Annual Actual Overtime Costs	Percent Change
FY2014	\$856,182	38%
FY2013	\$619,131	-11%
FY2012	\$692,280	1%
FY2011	\$688,418	39%
FY2010	\$493,802	-

Figure 4 – Vermont Veterans’ Home Average Monthly Call Out Rate January 2012 through October 2014



Nursing Home Assessment: 33 V.S.A. §1954 establishes the assessment paid by nursing homes in Vermont per the number of licensed beds at a facility. Currently the Vermont Veterans’ Home has a bed license of 171. The current annual per bed tax is \$4,919.53; the Veterans’ Home will be assessed \$841,240 in FY2015. The Home has to pay the assessment regardless of the actual average resident census.

Current Steps being taken to Increase Reimbursement and Manage Costs

Reimbursement

Managing reimbursement is critical to ensuring that there is sufficient revenue to operate the Home. The Home is working to make sure that only residents who have a payer source are admitted. Additionally, work is being done to train and improve processes to ensure that the Special Focus Facility designation is lifted to minimize risk of further CMS reimbursement action. Part of this work includes accepting residents that the staff can manage.

Additionally, the Director of Rate Setting visited the Home to educate staff on documenting acuity of residents correctly so that the Home is accurately reimbursed. The nursing staff is being trained on how to accurately document, and resident record keeping processes are being revisited to ensure that there are procedures that allow staff time to capture the correct information.

Expenses

In addition to taking steps to increase reimbursement, the Home has continued to work on controlling its expenses. Based on feedback from a review done by Health Management Resources, Inc., the Home has implemented department level budgets to provide more control on department spending. This gives department heads more awareness of their current budget amounts and how their spending aligns with their monthly allocations.

In FY2014 the Home implemented the use of part-time staff as a management tool to minimize the use of temps and overtime. Four employees are currently part-time, providing some flexibility in staffing.

Proposals to reduce reliance on General Funds

Based on the Secretary of Administration's analysis of the current Veterans' Home situation, achieving a census that would result in no state support of the Home is likely not realistic. Despite the Home's best attempts to increase the census over the last few years while minimizing risk to reimbursement and citations by CMS, the average monthly nursing home census has not been over 135 since September of 2012. While additional effort might increase the census slightly, it is the Secretary's determination that the Home will most likely not reach a nursing Home census higher than 130.

Rather than propose a likely unachievable plan to eliminate the reliance on General Fund entirely, this report proposes changes to current practices so that Vermont can continue to operate a Veterans' Home while minimizing reliance on General Funds. To completely eliminate the need for General Fund support, alternative sources of revenue will need to be identified.

Expenses

There are a few areas at the Veterans' Home where the expenses do not align with the current census. Most notably these areas include the staffing levels and the nursing home assessment.

Staffing: Currently the Vermont Veterans' Home is staffed to cover a census of 150 residents. The Home has not had a census that high since 2011 and the current environment does not indicate that a census of 150 is achievable in the near future. Given that the Home has had an average monthly census around 130 for the past few years, and there is no indication that they will be able to achieve a census of higher than 130, the Administration proposes dropping the staffing level to more closely align with an achievable census of 130 residents. Over the next few months the Secretary will be working closely with the Commissioner of Human Resources and the Veterans' Home to establish a staffing plan that will align the staff resources needed to provide care with the number of residents at the Home.

Nursing Home Assessment: The Nursing Home Assessment is currently levied based on the number of licensed beds at a facility. The Veterans' Home is currently licensed for 171 beds, and is subsequently taxed at that amount despite not having a census that aligns with the license. If the number of licensed beds were lowered to more closely align with a realistic census, the Home would save on this cost. The Administration proposes to drop the license to 130 in order to more closely align with the number of beds that could be filled. This would save an estimated \$177,103.⁵

Revenue

The current reimbursement rates for the Home do not provide sufficient funds to cover the costs of operations. The Administration estimates that the savings from decreasing staff and the number of licensed beds will not be sufficient to make the Home self sustaining and additional changes should be considered to increase the Home's revenue. There are three avenues for revenue generation included in this report; repurposing open space at the Home, the introduction of a private room option with a higher per day room charge, and raising dedicated funds through a lottery game or a small fee on break open tickets where proceeds would be used only for the operations of the Home.

Repurposing Space: Residents and staff do not currently occupy all of the available space at the Home. Currently there is open office space on the second floor of the Home that formerly housed the finance and human resource departments. Due to the mold remediation project at the Home, those offices have been relocated to a vacant resident wing of the Home. Once the office space is renovated, the Home should consider either leaving the finance and human resource departments in the vacant wing and renting out the office space on the second floor, or the Home should investigate other opportunities for the empty resident wing, such as expanding the Domiciliary, providing shelter for homeless Veterans, or developing linkages with the VA Medical Center.

Private Rooms: Currently the Veterans' Home mainly offers double occupancy rooms for residents. In the past year there have been several potential residents who have declined admission to the Vermont Veterans' Home because there wasn't an option to have a private room. The Home has the room space to turn some double rooms into private rooms and charge a higher rate. This would increase the

⁵ This change would be net neutral to the State. While lowering the amount of the assessment at the Home would result in the State providing less General Fund to the Home, it would also decrease the amount of assessment being deposited into the State Health Care Resources Fund. There would be no net gain to the State through this change.

resident revenue and help offset the need for General Fund. The Administration at the Home is working to determine which rooms could be made private and will be proposing a revenue adjustment in the FY2015 Budget Adjustment request and FY2016 Budget.

Other Revenue Options: To reduce the need to use General Fund to support the Home, Vermont could opt to raise funds through an alternative revenue source to help pay for the operating costs of the Home. Alternative sources suggested include a veteran centric lottery game or small per box fee on the wholesale of break open tickets. The funds from these sources would be dedicated to the Home and deposited into a special fund from which only the Veterans' Home would receive an appropriation. The Administration will work with the Department of Finance and Management, the Department of Taxes, the Vermont Lottery and the Department of Liquor Control to develop a revenue proposal.

Conclusion

The current financial structure at the Vermont Veterans' Home does not lend itself to self sustainability and requires the State to subsidize the Home's operations with General Funds. This is not unique to the Veterans' Homes in New England. Rhode Island, Massachusetts and New Hampshire have state run Veterans' Homes that are funded with 100% General Funds. Given the historical census at the Vermont Veterans' Home, and the other difficulties the Home has faced over the last few fiscal years, the Secretary of Administration proposes to realign the operations of the Home to fit within the realities of the recent census trends. This will require reducing the staff to align with an average daily census of 130 residents and lowering the number of licensed beds. Additionally, there are opportunities to raise revenue for the Home by repurposing space, converting some double rooms to private rooms, and creating a dedicated revenue stream, such as a lottery game or a small fee on boxes of break open tickets. By implementing the recommendations outlined in this report, the Secretary of Administration is confident that Vermont can continue to operate a successful Home for its Veterans that provides optimal care to its residents with minimal subsidies from the state General Fund.

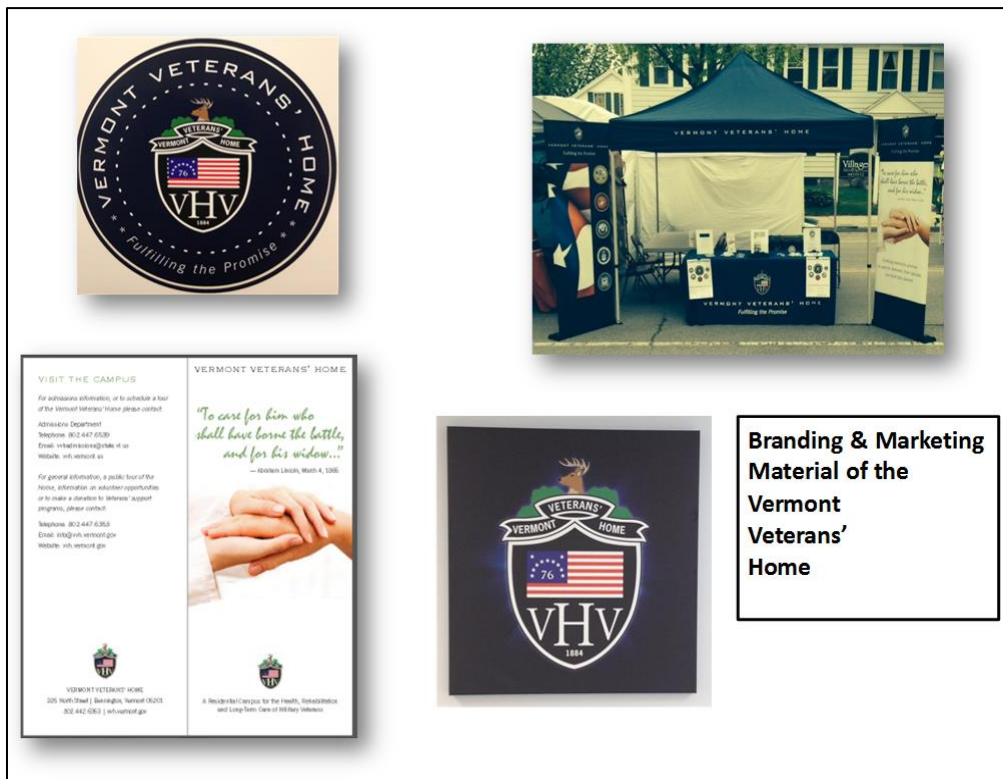
Appendix 1 - Marketing Information

The Vermont Veterans' Home (VVH) has a detailed marketing plan to help increase census. It was prepared for the Home by the Skoug Group, and full implementation would require \$240,000 of funding. Due to the funding issues at the Home, the Home is not implementing the complete plan. The Home has identified and is executing those activities that can be supported through the current budget. These activities include:

- **Lecture Series:** VVH has started the VALOR Program which entails monthly educational topics offered to the community and the Veterans/Members of VVH. This program began in September with a discussion on China, in October there was a presentation on the Haunted History of Vermont, and November there will be a discussion on Scottish Immigration to America. This program has had an attendance of 30 at each session averaging 10 members of the community at each.
- **Email Blasts, Twitter Feeds, and Facebook:** VVH sends regular emails/faxes to the various referral sources detailing our bed availability. The Facebook page and web page are regularly (at least weekly) updated with upcoming events, local news articles and pictures of facility events.
- **Public Events:** In addition to the VALOR program the facility hosted a Father's Day Car Show, 2 Summer Concerts in 2014, a Blood Drive, a visit from the Disabled American Veterans Mobile Benefits Van, and an ALS Walk. This year VVH will be hosting the Bennington Christmas Tree Lighting and Wreaths Across America in December. Plans are already in place for the 2015 Father's Day Car Show, an expansion of the Summer Concert Series, and another ALS Walk. Additionally we will be adding a Pow Wow to our community events.
- **Enhanced Website:** While we work on developing a new website all departments are reviewing the information on our current webpage to identify information that needs to be updated and/or added. This is a continual work in progress.
- **T-Shirts:** The President of the Board of Trustees paid for (out of his own personal funds) the set up charge at a local embroiderer where staff can purchase VVH merchandise, including but not limited to, Polo Shirts, Dress Shirts, Jackets, Hats, etc.
- **CAT TV:** Although not an ad campaign representatives from VVH have been invited to and have participated in 5 CAT programs throughout Vermont and Massachusetts. The CEO of VVH was recently interviewed by VPR for a Veterans' Day program. The program highlights our Memory Care and Arts program at the facility. A PSA was developed with the assistance of the CAT TV staff; the PSA is on our Web site and Facebook Page. It can be found at the following link: https://www.youtube.com/watch?v=otZqq3xg_ss
- **Business Card/Stationary:** Through the State printing office new business cards with the updated logo have been printed for the facility's leadership team (those that are actively involved in our community outreach). The logo has also been made into a sticker that can be placed on various items from folders to automobiles.
- **Display banners:** One of the first marketing steps implemented was the purchase of display banners which were used during our visit to the card room this past winter. The display is set up at all community events both on and off the facility grounds.

- **Small Rack Brochure:** Brochures were completed in conjunction with the display banners and have been distributed to various referral sources throughout Vermont, Western Massachusetts, and the Capital District of New York. The facility's Marketing/Admissions Director makes frequent visits to these locations to refill the brochures, provide updates on facility activities and provide education on our admissions process.
- **Giveaways:** The facility is using previously purchased VVH wrist bands (similar to the Live Strong wrist bands) as well as pens with the facility's contact information as giveaways at community events.

Below are images of the Home Marketing Material:



The Marketing director has also compiled the following referral data by source:

Table 7 – Resident Referrals by Source

Albany Med	5
Albany VA	7
Bennington Council on aging	1
Berlin Health	1
BMC	2
Brocton VA	1
Central Vermont	1
Diamond Ridge	1
Danforth	3
Dartmouth	5
Denver VA	1
Ellis Med	1
Equinox Terrace	4
Fawn Ridge	1
Fletcher Allen	1
Gifford Med	1
Glens Falls	1
Grace Cottage	1
Indian River	1
Lady of Meows	1
Maple Lane	1
Montana VA	1
Mountain View	1
Mt Ascutney	1
North Adams Regional	1
North Western Med	1
Northeastern Center	1
Northshire	1
Rutland med	5
VT Cboc	8
Samaritain Hospital	7
St peters	13
St Mary's	1
SVMC	31
WRJ	17
West Roxbury	1
Total Referrals by Intuitions	131
Self Referrals	106
Total Referrals year to date	237