



Quarterly Report on Agency Services to Floridians with Developmental Disabilities and Their Costs

Second Quarter Fiscal Year 2008/2009
(October, November, December 2008)

Submitted February, 2009

Jim DeBeaugrine
Director



Charlie Crist
Governor

Introduction

Each month, the **Agency for Persons with Disabilities (APD)** serves approximately 35,000 people across Florida with autism, mental retardation, spina bifida, cerebral palsy, Prader-Willi syndrome, and children aged 3 to 5 who are at high risk of being diagnosed with a developmental disability. The great majority of APD's services are provided through four Medicaid waivers administered by the agency.

To meet the needs of the diverse and often medically complex population it serves, APD offers a wide array of services. Some of the 28 services currently provided by the agency include nursing care, occupational therapy, behavior analysis, medical equipment, and adult day training. Companies under contract with the agency determine the medical need for a service and authorize it prior to delivery.

From October through December 2008, nearly 1,000 people on the wait list received General Revenue services through the Agency, and more than 8,500 received some state services through Medicaid State Plan, which leaves about 8,000 people who did not receive any state services. The number without services is something this agency hopes to address even as it works to hold spending within the budget appropriated by the legislature. APD's recently proposed measures to further limit spending in response to declining state revenues have concentrated on greater system efficiencies that will minimize any adverse impact on those we serve.

On October 15, 2008, the agency implemented a new, four-tiered waiver system as mandated by the Florida Legislature, after working with stakeholders to develop the implementation plan. The waiver tiers are actually four separate waivers, with three of them having financial caps. Tier 1 was formerly known as the Developmental Disabilities Waiver, and Tier 4 was formerly the Family and Supported Living Waiver.

- Tier 1 - No cap
- Tier 2 - Capped at \$55,000/year
- Tier 3 - Capped at \$35,000/year
- Tier 4 - Capped at \$14,792/year

Most agency clients will not be subject to reductions in service as a result of this new waiver system. But for some, it will mean that the state will not pay as much for services as in the past. The agency's goal in implementing these changes is to ensure the health and safety of the people served by APD while making adjustments to control and reduce costs. APD worked with the Agency for Health Care Administration to obtain the federal approval for this new program.

Please share with us any comments or suggestions you have regarding this report. Our Chief of Staff, Tamara Demko, may be reached at 488-4879.

Glossary of Terms Used in Report

APD-Agency for Persons with Disabilities

CDC+ Waiver-Consumer-Directed Care Plus Waiver

FSL Waiver-Family and Supported Living Waiver

DD/HCBS Waiver- Developmental Disabilities Home and Community-Based Services Waiver

IFS-Individual and Family Supports

This report is prepared and distributed pursuant to section 393.0661(5), Florida Statutes.

“The Agency for Persons with Disabilities shall submit quarterly status reports to the Executive Office of the Governor, the chair of the Senate Ways and Means Committee or its successor, and the chair of the House Fiscal Council or its successor regarding the financial status of home and community-based services, including the number of enrolled individuals who are receiving services through one or more programs; the number of individuals who have requested services who are not enrolled but who are receiving services through one or more programs, with a description indicating the programs from which the individual is receiving services; the number of individuals who have refused an offer of services but who choose to remain on the list of individuals waiting for services; the number of individuals who have requested services but who are receiving no services; a frequency distribution indicating the length of time individuals have been waiting for services; and information concerning the actual and projected costs compared to the amount of the appropriation available to the program and any projected surpluses or deficits...”

1. Services Received by Waiver Enrollees

Tables 1a, 1b, 1c and 1d provide information on services received by persons enrolled in APD waivers.

Table 1a: Waiver Enrollment and Payments

Month	DD/HCBS Waiver*		FSL Waiver		Both Waivers	
	Enrolled Clients**	Total Waiver Payments	Enrolled Clients**	Total Waiver Payments	Enrolled Clients**	Total Waiver Payments
Oct-08	21,205	\$82,364,347	9,417	\$4,166,371	30,622	\$86,530,718.06
Nov-08	17,496	\$63,647,506	13,192	\$5,501,808	30,688	\$69,149,314.02
Dec-08	17,407	\$74,032,369	13,274	\$7,422,564	30,681	\$81,454,932.55

*CDC + enrollment is included. Effective October 15, 2009, a tier structure was established, which changed the basis for defining enrollment in the waivers. Some cases remain under review this time.

**As of the first day of the month.

Source: Allocation, Budget, and Contracts (ABC) Database as of February 1, 2009, and Medicaid EDS Data Warehouse as of February 1, 2009.

Table 1b summarizes types of services received by waiver enrollees. In addition to the DD/HCBS Waiver and the FSL Waiver, a third waiver, the Consumer-Directed Care Plus (CDC+) Waiver, is included. This waiver offers comparable services to the DD/HCBS Waiver, but it allows much greater flexibility and choice in client selection of providers and services. Table 1b also includes two types of services funded by APD that are not part of Medicaid: Individual and Family Supports (IFS) and Room and Board. The former, paid from General Revenue and the Social Services Block Grant, comprises services to persons not eligible for waiver services, services to persons waiting for waiver enrollment, and non-waiver services to persons enrolled in a waiver. Room and Board, paid entirely from General Revenue, provides payment to residential providers for clients with identified support and income needs.

Table 1b: Types of Services Received by Waiver-Enrolled Clients

Service Month	Client Counts by Service Category for Billed Services					
	DD/HCBS	CDC+	FSL	IFS	Room\Board	Client Total*
Oct-08	21,420	945	9,934	1,053	929	28,047
Nov-08	17,111	939	10,445	1,016	884	27,663
Dec-08	16,871	935	10,291	1,035	779	27,332

*Clients are counted only once regardless of the number of different services they received.

Based on historical payment patterns, Medicaid State Plan services are undercounted due to the anticipated unsubmitted claims for the reported service months as of the database effective date.

Effective October 15, 2009, a tier structure was established, which changed the basis for defining enrollment in the waivers. Some cases remain under review this time.

Source: Allocation, Budget, and Contracts (ABC) Database as of February 1, 2009, and Medicaid EDS Data Warehouse as of February 1, 2009.

1. Services Received by Waiver Enrollees (continued)

In addition to the services cited above, many waiver enrollees receive Medicaid State Plan services. Table 1c summarizes the number and percent of waiver enrollees who use these services.

Table 1c: Clients Using Medicaid State Plan Services
by Month of Service

Service Month	Total Waiver Enrollment*	Medicaid State Plan	
		#	%
Oct-08	30,622	24,547	80.2%
Nov-08	30,688	17,747	57.8%
Dec-08	30,681	24,010	78.3%

*Enrolled as of the first day of the month in which the services were received

Source: ABC as of February 1, 2009, and Medicaid EDS Data Warehouse as of February 1, 2009.

Table 1d lists the number of clients using individual waiver services. Because clients typically use multiple services, the client total at the bottom of the table is an unduplicated count.

Table 1d: Clients Using Individual Waiver Services
by Month of Service

Service Description	DD/HCBS Waiver			CDC+ Waiver			FSL Waiver		
	Oct-08	Nov-08	Dec-08	Oct-08	Nov-08	Dec-08	Oct-08	Nov-08	Dec-08
Adult Day Training - Faculty Based	9,830	7,978	7,123				2,414	2,461	2,146
Adult Day Training - Off Site	4	2	2				2	2	3
Adult Dental Services	1,409	632	638						
Behavior Analysis Level 1	2,111	1,905	1,638				308	312	295
Behavior Analysis Level 2	926	824	763				157	153	153
Behavior Analysis Level 3	1,390	1,198	1,039				280	285	252
Behavior Assistant Services	547	522	518				27	32	29
Behavioral Analysis Services Assessment	64	35	29				6	3	9
CDC Consultant Services				252	230	225			
CDC Monthly Allowance				944	939	935			
Companion	6,131	4,432	4,341						
Consumable Medical Supplies	5,166	4,173	4,009				1,593	2,471	2,319
Dietician Services	126	104	109						
Durable Medical Equipment	25	13	18				3	4	5
Environmental Accessibility Adaptations	10	4	2				4	3	1
Environmental Accessibility Assessment	2	2	4				0	5	0
In-Home Support Services (Awake) Qtr. Hour	1,060	991	965				3,263	3,377	3,313
In-Home Support Services (Live-In) Day	1,690	1,666	1,607				7	5	4

1. Services Received by Waiver Enrollees (continued)

Table 1d: Clients Using Individual Waiver Services (continued)

Service Description	DD/HCBS Waiver			CDC+ Waiver			FSL Waiver		
	Oct-08	Nov-08	Dec-08	Oct-08	Nov-08	Dec-08	Oct-08	Nov-08	Dec-08
Medication Review	529	177	97						
Occupational Therapy	565	513	506						
Occupational Therapy Assessment	8	5	3						
Personal Care Assistance	4,076	3,951	3,882						
Personal Emergency Response - Installation	0	4	0				1	0	0
Personal Emergency Response - Service	99	95	99				11	12	11
Physical Therapy	1,049	1,010	953						
Physical Therapy - Assessment	8	4	3						
Private Duty Nursing	86	85	83						
Private Duty Nursing - RN	2	2	2						
Residential Habilitation - Behavior Focused Day	10	17	7						
Residential Habilitation - Behavior Focused Month	966	941	876						
Residential Habilitation - Intensive Behavior Day	433	434	403						
Residential Habilitation - Quarter hour	118	95	87						
Residential Habilitation - Standard Day	316	339	325						
Residential Habilitation - Standard Monthly	5,401	5,262	5,057						
Residential Nursing Services	195	158	139						
Residential Nursing Services - RN	56	52	24						
Respiratory Therapy	15	15	16						
Respite Care - Day	383	276	227				113	131	98
Respite Care - Quarter Hour	2,142	1,316	1,280				1,473	1,530	1,513
Skilled Nursing - LPN	57	59	57						
Skilled Nursing - RN	16	14	12						
Special Medical Home Care	12	12	14						
Specialized Mental Health - Assessment	5	4	5						
Specialized Mental Health - Therapy	676	540	487						
Speech Therapy	1,088	970	929						
Speech Therapy - Assessment	7	2	0						
Support Coordination	7,138	6,919	6,798				3,501	3,571	3,492
Support Coordination - Transitional	6	5	2						
Support Coordination Limited	196	158	144				1,507	1,528	1,509
Supported Employment	2,223	1,403	1,297				1,124	1,190	1,148
Supported Living Coaching	3,607	2,802	2,602				882	915	921
Transportation - Mile	136	84	65				44	44	34
Transportation - Month	1,080	992	974				187	238	225
Transportation - Trip	7,640	5,831	5,417				1,567	1,651	1,627
Unduplicated Client Count	21,420	17,111	16,871	945	939	935	9,934	10,445	10,290

Note: Based on historical payment patterns, waiver services are incomplete due to anticipated unsubmitted claims.
Source: Medicaid EDS Data Warehouse as of February 1, 2009.

2. Services Received by Persons on the Wait List

Table 2a lists non-Medicaid APD services received in October, November, and December 2008, by individuals who requested enrollment in a waiver but were not enrolled as of the first day of the respective months. Funding for these services came from General Revenue and the Social Services Block Grant. Individuals on the wait list aged 21 or younger may also receive services from the Florida Department of Education and other state and local resources.

Table 2a: Client Counts of Non-Medicaid Services Provided by APD to Clients Waiting for Waiver Services as of October 1, November 1, and December 1, 2008*

	Service Month		
	Oct-08	Nov-08	Dec-08
Total Wait List at Beginning of Month*	17,922	18,092	18,245
Paid Service			
ADULT DAY TRAINING	122	121	114
BEHAVIOR ANALYSIS	13	10	5
COMMUNITY BASED EMPLOYMENT	344	345	322
DENTAL SERVICES	3	2	3
ELIGIBILITY DETERMINATION AND SUPPORT PLANNING	22	16	9
HOME ASSISTANCE	32	26	20
MEDICAL SERVICES	3	3	1
PERSONAL AND FAMILY CARE SERVICES	8	8	7
PSYCHOLOGICAL THERAPY	74	76	72
RESIDENTIAL HABILITATION SERVICES	26	23	21
RESPIRE	8	7	8
SUPPLIES AND EQUIPMENT	24	19	59
SUPPORT COORDINATION	347	323	340
SUPPORTED LIVING	40	38	35
TRANSPORTATION	104	98	88
LONG TERM RESIDENTIAL SERVICES	13	13	11
Unduplicated Client Total	988	959	963

*FSL Waiver enrollees on the wait list for the DD/HCBS Waiver are excluded from the table. See Tables 1a, 1b, 1c and 1d for information on services used by waiver enrollees.

Source: Wait List and ABC Databases as of February 1, 2009.

Table 2b provides client counts of persons on the wait list who received APD non-Medicaid services (see Table 2a) or Medicaid State Plan services. APD non-Medicaid

services are provided with state General Revenue and grant dollars. Because some clients received both APD non-Medicaid and State Plan services, the client count in the third row is an unduplicated total rather than a sum of the two prior rows. The last two rows in the table provide information on wait list clients who received neither non-Medicaid nor Medicaid State Plan services.

Table 2b: Client Counts of Non-Medicaid and Medicaid State Plan Services Received by Clients Waiting for Services as of October 1, November 1, and December 1, 2008*

	Service Month		
	Oct-08	Nov-08	Dec-08
Total Wait List at Beginning of Month*	17,922	18,092	18,245
Client Count for APD Non-Medicaid Services**	988	959	963
Client Count for Medicaid State Plan Medical, Facility, and Pharmacy Services***	8,527	7,908	8,443
All Wait List Clients Receiving Services**	9,110	8,514	9,026
Count of Wait List Clients Not Receiving Services	8,812	9,578	9,219
Percent of Wait List Not Receiving Services	49.2%	52.9%	50.5%

*FSL waiver enrollees on the wait list are excluded from the table.

**Clients are counted only once regardless of the number of different services they received.

***Based on historical payment patterns, Medicaid State Plan services are undercounted due to the anticipated unsubmitted claims for the reported service months as of the database effective date.

Source: Wait List and ABC as of February 1, 2009, and Medicaid EDS Data Warehouse as of February 1, 2009.

3. Waiver Enrollment Offers for Persons on the Wait List as of January 1, 2009

Tables 3a and 3b provide the number of individuals on the January 1, 2009, wait list who were offered waiver enrollment in FY 2005/06, FY 2006/07, FY 2007/08 and FY 2008/09 to date, with results of those offers indicated. Over 13 percent of the clients on the wait list as of January 1, 2009, have been previously offered waiver enrollment since June 2005. These two tables formerly included those on the FSL waiver. However, as noted in the footnotes, the wait list definition has changed within the implementation of the tier structure.

Table 3a: Waiver Enrollment Offers for Persons on the Wait List as of January 1, 2009

	Number	Percent
Total Wait List Count*	18,456	100.0%
Wait List Clients Offered Waiver*		
FY 2008/09 to date	0	0.0%
FY 2007/08	2	0.0%
FY 2006/07	6	0.0%
FY 2005/06	2,505	13.6%
Total	2,513	13.6%

*With the implementation of tiers in October, 2008, the definition of the wait list was revised to exclude those on the FSL waiver (now Tier 4), so these counts differ significantly from the previous report.
Source: Wait List Database and Waiver Enrollment Tracking System as of February 1, 2009.

Table 3b: Outcomes of Waiver Enrollment Offers for Persons on the Wait List as of January 1, 2009

Disposition of Waiver Offers	Offers in FY 2005/06	Offers in FY 2006/07	Offers in FY 2007/08	Offers in FY 2008/09	Total	
					Number	Percent
Enrolled in FSL Waiver	71	6	2	0	79	3.1%
Remained in FSL Waiver	26	0	0	0	26	1.0%
Remained on non-Medicaid Services	12	0	0	0	12	0.5%
Ineligible for Waiver	297	0	0	0	297	11.8%
Received and Declined Offer	601	0	0	0	601	23.9%
Offer Sent--No Response	1,329	0	0	0	1,329	52.9%
Other	169	0	0	0	169	6.7%
Total	2,505	6	2	0	2,513	100.0%

With the implementation of tiers in October, 2008, the definition of the wait list was revised to exclude those on the FSL waiver (now Tier 4), so these counts differ significantly from the previous report.
Source: Wait List Database and Waiver Enrollment Tracking System as of February 1, 2009.

4. Waiver Enrollment in Fiscal Year 2008-09

Table 4 summarizes new waiver enrollment to date in FY 2008-09. The counts are broken out by client category, waiver, and month of enrollment.

Brown v. Bush enrollments are placements of institutionalized persons on a waiver pursuant to the lawsuit settlement. Crisis cases are enrollees whose needs for services have been determined to require priority enrollment. Foster kids are children on the wait list for the DD/HCBS Waiver who have open cases in the Department of Children and Families' child welfare system. Pursuant to proviso language in the General Appropriations Act of 2006, these children have been given priority enrollment over other persons on the wait list for waiver services, with the exception of crisis enrollments.

Table 4: New Waiver Enrollment by Waiver and Enrollment Type

Month Enrolled	DD/HCBS Waiver			FSL Waiver		Total Crisis Cases	Total Foster Kids	Total Enrolled
	Brown v. Bush	Crisis Cases	Foster Kids	Crisis Cases	Foster Kids			
Jan-07	10	29	16	7	22	36	38	84
Feb-07	4	12	2	10	1	22	3	29
Mar-07	4	15		13	3	28	3	35
Apr-07	6	18		6		24		30
May-07	14	52	1	35		87	1	102
Jun-07	14	30	1	16		46	1	61
Jul-07	1	26		19		45		46
Aug-07		25		23		48		48
Sep-07		29		25		54		54
Oct-07	1	42		29		71		72
Nov-07		36		24		60		60
Dec-07	1	27		18		45		46
Jan-08	3	48		21		69		72
Feb-08	21	22		12		34		55
Mar-08	2	34		26		60		62
Apr-08	1	16		18		34		35
May-08	4	47		22		69		73
Jun-08	7	32		22		54		61
Jul-08	5	39		27		66		71
Aug-08	2	36		23		59		61
Sep-08	5	51		16		67		72
Oct-08	2	NA		NA		37		39
Nov-08	2	NA		NA		58		60
Dec-08	2	NA		NA		46		48
Total	111	666	20	412	26	1219	46	1376

Source: ABC Database as of February 1, 2009, and other APD tracking systems. Due to the implementation of the tiers on October 15, 2009, clients are no longer offered to enroll in either HCBS or FSL waivers through the crisis.

5. Length of Wait for Waiver Services

Table 5 gives a frequency distribution of the length of time individuals have been waiting for waiver services. Currently, the agency policy allows people to remain on the wait list if they refuse services, don't qualify for services, or do not respond to enrollment offers. The list is never purged except for deaths, or persons moving out of state, so some people will always remain on the wait list. These counts include those who may have refused one or more earlier waiver enrollment offers and those who have received other state assistance. Persons enrolled in the Family and Supported Living Waiver are not included in the table.

Table 5: Length of Wait for Any Waiver Services
as of January 1, 2009

Length of Wait	Date Placed on Wait List	Wait List Clients	
		#	%
6 Months or Less	July 1, 2008 or later	1,174	6.4%
6+ to 12 Months	January 1, 2008 - June 30, 2008	1,345	7.3%
12+ to 18 Months	July 1, 2007 - December 31, 2007	1,300	7.0%
18+ to 24 Months	January 1, 2007 - June 30, 2007	1,538	8.3%
24+ to 30 Months	July 1, 2006 - December 31, 2006	1,570	8.5%
30+ to 36 Months	January 1, 2006 - June 30, 2006	1,438	7.8%
36+ to 42 Months	July 1, 2005 - December 31, 2005	1,225	6.6%
42+ to 48 Months	January 1, 2005 - June 30, 2005	1,182	6.4%
4+ to 5 Years	January 1, 2004 - December 31, 2004	2,464	13.4%
More than 5 Years	On or before December 31, 2003	5,220	28.3%
Total Wait List*		18,456	100.0%

*Excluding Family and Supported Living Waiver enrollees.

Source: Wait list Database as of February 1, 2009.

6. Projected Waiver Costs and Appropriations

Table 6 provides information concerning projected waiver costs compared to the available appropriations and any projected surpluses or deficits.

Table 6: Fiscal Year 2008-09 Waiver Budget Forecast

	General Revenue/Other	Federal Match	Total
Appropriation	\$ 371,254,160	\$ 462,275,610	\$ 833,529,770
Deficit Carried Over from FY 07-08	\$ (5,494,742)	\$ (6,841,903)	\$ (12,336,645)
FY 08-09 Expenditures Projected	\$ 437,803,932	\$ 545,141,583	\$ 982,945,515
Adjust for PCA Kids Under 21 (Transferred to AHCA)	\$ 9,015,585	\$ 11,225,962	\$ 20,241,546
Adjust for CDC PCA Kids Under 21 (Transferred to AHCA)	\$ 3,563,200	\$ 4,436,800	\$ 8,000,000
Adjust for PCA Rate Reduction to \$15/hr from the Rate as of Jan 1, 08	\$ 2,705,617	\$ 3,368,961	\$ 6,074,577
FY 08-09 Expenditures Prior to Policy Changes	\$ 422,519,531	\$ 526,109,861	\$ 948,629,392
Surplus/Deficit Prior to Policy Changes	\$ (56,760,113)	\$ (70,676,154)	\$ (127,436,267)
Projected Effect of Policy Changes			
Tiers to be Fully Implemented on Apr 1, 2009	\$ (13,362,000)	\$ (16,638,000)	\$ (30,000,000)
Provider Rate Reductions on Jul 1, 2008	\$ (19,152,200)	\$ (23,847,800)	\$ (43,000,000)
Cost Plan Re-Basing on Mar 1, 2009	\$ (6,681,000)	\$ (8,319,000)	\$ (15,000,000)
Reshab Rate Reduction on Jul 1, 2008	\$ (5,996,993)	\$ (7,467,294)	\$ (13,464,287)
Total Savings Due to Policy Changes	\$ (45,192,193)	\$ (56,272,094)	\$ (101,464,287)
Projected APD Waiver Surplus/Deficit	\$ (11,567,920)	\$ (14,404,060)	\$ (25,971,980)

*Budget and expenditures for the CDC+ Waiver are included.

**The GAA has been corrected to reflect the FMAP reduction effective October 1, 2008.