



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

Third Quarter Fiscal Year 2008/2009
(January, February, and March 2009)

Submitted May 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 January through March 2009, more than 1,000 people on the wait list received General Revenue services through the agency, and almost 9,000 received some state services through Medicaid State Plan, which leaves about 9,000 people on the wait list 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 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 have not been subject to reductions in service as a result of this new waiver system. But for some, it means 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 (Tier DD4)*		Both Waivers	
	Enrolled Clients**	Total Waiver Payments	Enrolled Clients**	Total Waiver Payments	Enrolled Clients**	Total Waiver Payments
Jan-09	17,829	\$57,800,689	12,835	\$6,361,136	30,664	\$64,161,825
Feb-09	17,855	\$66,395,267	12,759	\$7,259,144	30,614	\$73,654,411
Mar-09	17,511	\$63,737,619	12,607	\$6,964,336	30,118	\$70,701,955

*CDC + enrollment is included. Effective October 15, 2008, a tier structure was established which changed the basis for defining enrollment in the waivers. Beginning with the third quarter of FY 08-09, FSL enrollment is reported as enrollment in tier DD4, and DD/HCBS comprises all other waiver enrollment, including new enrollees for whom a tier has not yet been assigned. The implementation caused the shift of several thousand clients between tiers, primarily from DD/HCBS to FSL. Since waiver payments are reported in this table by month of payment rather than by month of service these clients likewise may show claims payments simultaneously under both waivers.

**As of the first day of the month.

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

Table 1b summarizes types of services received by waiver enrollees. In addition to the DD/HCBS Waiver and the FSL Waiver, another 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*
Jan-09	17,116	933	10,743	1,089	864	27,856
Feb-09	16,985	933	10,612	1,026	827	27,654
Mar-09	16,808	932	10,488	994	720	27,403

*Clients are counted only once regardless of the number of different services they received. Based on historical payment patterns, waiver and General Revenue services are undercounted due to the anticipated unsubmitted claims for the reported service months as of the database effective date. Effective October 15, 2008, a tier structure was established which changed the basis for defining enrollment in the waivers.

Source: ABC Database and Medicaid EDS Data Warehouse as of May 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	
		#	%
Jan-09	30,664	24,841	81.0%
Feb-09	30,614	24,617	80.4%
Mar-09	30,118	24,062	79.9%

*Enrolled as of the first day of the month in which the services were received.
Source: ABC Database and Medicaid EDS Data Warehouse as of May 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		
	Jan-09	Feb-09	Mar-09	Jan-09	Feb-09	Mar-09	Jan-09	Feb-09	Mar-09
Adult Day Training - Faculty Based	8,262	8,148	7,439				2,734	2,697	2,520
Adult Day Training - Off Site	2	1	1				3	2	3
Adult Dental Services	726	728	818						
Behavior Analysis Level 1	2,034	1,941	1,546				329	324	277
Behavior Analysis Level 2	843	781	727				183	184	169
Behavior Analysis Level 3	1,213	1,148	889				285	276	235
Behavior Assistant Services	529	513	464				37	39	35
Behavioral Analysis Services Assessment	32	39	45				19	17	22
CDC Consultant Services				232	229	202			
CDC Monthly Allowance				933	932	932			
Companion	4,515	4,413	4,204						
Consumable Medical Supplies	4,400	4,131	4,128				2,669	2,422	2,585
Dietician Services	109	95	95						
Durable Medical Equipment	18	19	18				11	8	10
Environmental Accessibility Adaptations	6	2	2				1	3	5
Environmental Accessibility Assessment	5	2	3				8	4	6
In-Home Support Services (Awake) Qtr. Hour	1,008	1,003	975				3,523	3,505	3,428
In-Home Support Services (Live-In) Day	1,685	1,658	1,555				8	7	5

1. Services Received by Waiver Enrollees (continued)

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

Service Description	DD/HCBS Waiver			CDC+ Waiver			FSL Waiver		
	Jan-09	Feb-09	Mar-09	Jan-09	Feb-09	Mar-09	Jan-09	Feb-09	Mar-09
Medication Review	171	207	288						
Occupational Therapy	518	495	478						
Occupational Therapy Assessment	4	1	3						
Personal Care Assistance	3,970	3,921	3,823						
Personal Emergency Response - Installation	0	0	1				1	0	1
Personal Emergency Response - Service	116	117	100				13	13	14
Physical Therapy	993	961	926						
Physical Therapy - Assessment	6	9	13						
Private Duty Nursing	88	87	87						
Private Duty Nursing - RN	3	4	3						
Residential Habilitation - Behavior Focused Day	12	16	10						
Residential Habilitation - Behavior Focused Month	984	949	804						
Residential Habilitation - Intensive Behavior Day	444	448	412						
Residential Habilitation - Quarter hour	96	92	81						
Residential Habilitation - Standard Day	314	291	202						
Residential Habilitation - Standard Monthly	5,282	5,278	4,984						
Residential Nursing Services	176	154	131						
Residential Nursing Services - RN	61	53	22						
Respiratory Therapy	16	17	17						
Respiratory Therapy Assessment	0	0	1						
Respite Care - Day	258	230	226				119	132	120
Respite Care - Quarter Hour	1,279	1,218	1,181				1,638	1,624	1,550
Skilled Nursing - LPN	59	57	51						
Skilled Nursing - RN	17	16	15						
Special Medical Home Care	14	14	14						
Specialized Mental Health - Assessment	3	5	4						
Specialized Mental Health - Therapy	537	519	436						
Speech Therapy	941	943	860						
Speech Therapy - Assessment	4	2	1						
Support Coordination	7,030	6,844	6,672				3,631	3,602	3,414
Support Coordination - Transitional	3	3	2						
Support Coordination Limited	150	149	146				1,608	1,567	1,515
Supported Employment	1,380	1,336	1,219				1,255	1,236	1,168
Supported Living Coaching	2,850	2,769	2,513				1,012	993	941
Transportation - Mile	74	75	71				49	50	50
Transportation - Month	1,011	976	878				257	267	234
Transportation - Trip	5,987	5,812	5,244				1,886	1,867	1,696
Unduplicated Client Count	17,116	16,985	16,808	933	933	932	10,743	10,612	10,488

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

2. Services Received by Persons on the Wait List

Table 2a lists non-Medicaid APD services received in January, February, and March 2009 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 January 1, February 1, and March 1, 2009*

	Service Month		
	Jan-09	Feb-09	Mar-09
Total Wait List at Beginning of Month*	18,439	18,537	18,746
Paid Service			
ADULT DAY TRAINING	133	148	156
BEHAVIOR ANALYSIS	15	16	23
COMMUNITY BASED EMPLOYMENT	385	387	348
DENTAL SERVICES	0	1	3
ELIGIBILITY DETERMINATION AND SUPPORT PLANNING	15	16	12
HOME ASSISTANCE	27	31	33
MEDICAL SERVICES	6	4	5
OCCUPATIONAL THERAPY	0	0	1
PERSONAL AND FAMILY CARE SERVICES	10	19	26
PSYCHOLOGICAL THERAPY	81	79	75
RESIDENTIAL HABILITATION SERVICES	30	39	37
RESPIRE	10	10	27
SPEECH THERAPY	0	0	3
SUPPLIES AND EQUIPMENT	29	70	155
SUPPORT COORDINATION	343	322	367
SUPPORTED LIVING	38	42	43
TRANSPORTATION	107	123	123
LONG TERM RESIDENTIAL SERVICES	16	16	15
Unduplicated Client Total	1,039	1,083	1,199

*The implementation of tiers changed the definition of the wait list to exclude those on the FSL waiver (now Tier 4). See Tables 1a, 1b, 1c and 1d for information on services used by waiver enrollees.
Source: Wait List and ABC Databases as of May 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 January 1, February 1, and March 1, 2009*

	Service Month		
	Jan-09	Feb-09	Mar-09
Total Wait List at Beginning of Month*	18,439	18,537	18,746
Client Count for APD Non-Medicaid Services**	1,039	1,083	1,199
Client Count for Medicaid State Plan Medical, Facility, and Pharmacy Services***	8,823	8,865	8,963
All Wait List Clients Receiving Services**	9,434	9,475	9,636
Count of Wait List Clients Not Receiving Services	9,005	9,062	9,110
Percent of Wait List Not Receiving Services	48.8%	48.9%	48.6%

* The implementation of tiers changed the definition of the wait list to exclude those on the FSL waiver (now Tier 4).

**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 Databases and Medicaid EDS Data Warehouse as of May 1, 2009.

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

Tables 3a and 3b provide the number of individuals on the April 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 April 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 with the implementation of the tier structure.

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

	Number	Percent
Total Wait List Count*	18,793	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	2,485	13.2%
Total	2,493	13.3%

*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).

Source: Wait List Database and Waiver Enrollment Tracking System as of April 1, 2009.

Table 3b: Outcomes of Waiver Enrollment Offers for Persons on the Wait List as of April 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	72	6	2	0	80	3.2%
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	296	0	0	0	296	11.9%
Received and Declined Offer	600	0	0	0	600	24.1%
Offer Sent--No Response	1,313	0	0	0	1,313	52.7%
Other	166	0	0	0	166	6.7%
Total	2,485	6	2	0	2,493	100.0%

The implementation of tiers changed the definition of the wait list to exclude those on the FSL waiver (now Tier 4).

Source: Wait List Database and Waiver Enrollment Tracking System as of April 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			
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
Jan-09	2	NA		NA		33		35
Feb-09	4	NA		NA		53		57
Mar-09	2	NA		NA		38		40
Total	101	610	2	382	0	1257	2	1360

Source: ABC Database as of May 1, 2009, and other APD tracking systems. Due to the implementation of the tiers on October 15, 2008, crisis enrollee clients are no longer offered enrollment specifically in either HCBS or FSL waivers.

5. Length of Wait for Waiver Services

Table 5 displays a frequency distribution of the length of time individuals have been waiting for waiver services. Currently, 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. These counts include those who may have refused one or more earlier waiver enrollment offers and those who have received other state assistance.

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

Length of Wait	Date Placed on Wait List	Wait List Clients	
		#	%
6 Months or Less	October 1, 2008 or later	1,061	5.6%
6+ to 12 Months	April 1, 2008 - September 30, 2008	1,305	6.9%
12+ to 18 Months	October 1, 2007 - March 31, 2008	1,306	6.9%
18+ to 24 Months	April 1, 2007 - September 30, 2007	1,377	7.3%
24+ to 30 Months	October 1, 2006 - March 31, 2007	1,532	8.2%
30+ to 36 Months	April 1, 2006 - September 30, 2006	1,538	8.2%
36+ to 42 Months	October 1, 2005 - March 31, 2006	1,368	7.3%
42+ to 48 Months	April 1, 2005 - September 30, 2005	1,173	6.2%
4+ to 5 Years	April 1, 2004 - March 31, 2005	2,275	12.1%
More than 5 Years	On or before March 31, 2004	5,858	31.2%
Total Wait List*		18,793	100.0%

The implementation of tiers changed the definition of the wait list to exclude those on the FSL waiver (now Tier 4).

Source: Wait list Database as of April 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.