



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

Fourth Quarter Fiscal Year 2009-2010
(April, May, and June 2010)

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Director

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Introduction

Each month, the Agency for Persons with Disabilities (APD) serves approximately 35,000 people across Florida diagnosed with autism, mental retardation, spina bifida, cerebral palsy, or Prader-Willi syndrome, or are 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 27 services currently provided by the Agency include supported employment, supported living, occupational therapy, behavior analysis, adaptive equipment and medical supplies, physical therapy, and adult day training. Companies under contract with the agency determine the medical need for a service and authorize it prior to delivery.

From April through June 2010, more than 1,300 people on the wait list received General Revenue funded services through APD, and more than 9,800 received some state services through the Medicaid State Plan, which leaves about 8,400 people on the wait list who did not receive any services through the Agency or the Medicaid State Plan. The number without services is something APD hopes to address even as it works to hold spending within the budget appropriated by the legislature. The Agency's strategies to limit spending in response to declining state revenues have concentrated on greater system efficiencies that will minimize any adverse impact on those served.

On October 15, 2008, APD 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. The Legislature passed legislation implementing new tier caps during the 2010 session. The agency anticipates implementing these caps on Jan 1, 2011, upon receiving approval of the state's waiver amendment from the Centers for Medicare and Medicaid Services (CMS). Until the state's waiver amendment is approved, the current caps remain effective. These caps are:

- 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. For some, however, 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. To obtain the federal approval for this new program, APD worked with the Agency for Health Care Administration (AHCA).

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...”

Glossary of Terms Used in Report

APD-Agency for Persons with Disabilities

CDC+ Program-Consumer-Directed Care Plus Program

FSL Waiver-Family and Supported Living Waiver

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

IFS-Individual and Family Supports

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	Tiers 1, 2, and 3 *		Tier 4		Both Waivers	
	Enrolled Clients**	Total Waiver Payments	Enrolled Clients**	Total Waiver Payments	Enrolled Clients**	Total Waiver Payments
Apr-10	18,408	\$59,013,186.96	11,626	\$7,666,811.23	30,034	\$66,679,998.19
May-10	18,551	\$69,489,965.03	11,497	\$7,792,435.91	30,048	\$77,282,400.94
Jun-10	18,666	\$87,958,287.13	11,372	\$9,070,856.30	30,038	\$97,029,143.43

*CDC + enrollments are 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 4, 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. 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 August 1, 2010.

Table 1b summarizes types of services received by waiver enrollees. In addition to the tier waivers, individuals may receive services through the Consumer-Directed Care Plus (CDC+) Program, offered as an option under the Medicaid state plan. The CDC+ Program offers comparable services to the tier waivers, 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					
	Tier 1, 2 & 3	CDC+	Tier 4	IFS	Room\Board	Client Total*
Apr-10	17,869	1091	11,609	926	799	29,293
May-10	17,849	1191	11,408	925	807	29,198
Jun-10	17,534	1317	10,884	917	776	28,659

*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 August 1, 2010.

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	
		#	%
Apr-10	30,034	19,350	64.4%
May-10	30,048	18,848	62.7%
Jun-10	30,038	18,327	61.0%

Note: 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 August 1, 2010.

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

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

Service Description	Tier 1, 2 and 3			CDC+			Tier 4		
	Apr-10	May-10	Jun-10	Apr-10	May-10	Jun-10	Apr-10	May-10	Jun-10
Adult Day Training - Faculty Based	8,209	7,977	5,597				2,810	2,714	1,811
Adult Day Training - Off Site	6	6	4				4	3	1
Adult Dental Services	1,032	910	1,269						
Behavior Analysis Level 1	2,339	2,204	1,415				316	289	166
Behavior Analysis Level 2	864	823	585				164	161	100
Behavior Analysis Level 3	1,215	1,180	637				272	258	155
Behavior Assistant Services	674	682	526				39	34	24
Behavioral Analysis Services Assessment	64	56	70				22	20	22
CDC Consultant Services				691	693	632			
CDC Monthly Allowance				1,087	1,184	1,313			
Companion	4,576	4,455	3,915						
Consumable Medical Supplies	4,259	4,244	3,954				2,404	2,420	2,128
Dietician Services	101	110	88						
Durable Medical Equipment	27	29	28				9	9	11
Environmental Accessibility Adaptations	4	9	5				5	6	8
Environmental Accessibility Assessment	3	4	4				4	12	8
In-Home Support Services (Awake) Qtr. Hour	1,326	1,327	1,198				3,774	3,607	3,168
In-Home Support Services (Live-In) Day	1,689	1,668	1,437				4	3	3

1. Services Received by Waiver Enrollees (continued)

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

Service Description	Tier 1, 2 and 3			CDC+			Tier 4		
	Apr-10	May-10	Jun-10	Apr-10	May-10	Jun-10	Apr-10	May-10	Jun-10
Occupational Therapy	425	431	409						
Occupational Therapy Assessment	11	14	10						
Personal Care Assistance	4,215	4,132	3,795						
Personal Emergency Response - Installation	1								
Personal Emergency Response - Service	88	77	62				15	12	9
Physical Therapy	905	907	842						
Physical Therapy - Assessment	21	20	25						
Private Duty Nursing	110	112	100						
Private Duty Nursing - RN	12	13	13						
Residential Habilitation - Behavior Focused Day	34	24	12						
Residential Habilitation - Behavior Focused Month	1,119	1,125	940						
Residential Habilitation - Intensive Behavior Day	551	555	386						
Residential Habilitation - Quarter hour	62	61	47						
Residential Habilitation - Standard Day	329	284	196						
Residential Habilitation - Standard Monthly	5,449	5,412	4,820						
Residential Nursing Services	169	163	88						
Residential Nursing Services - RN	62	63	37						
Respiratory Therapy	26	28	26						
Respite Care - Day	263	281	302				155	167	167
Respite Care - Quarter Hour	1,463	1,431	1,254				1,728	1,662	1,483
Skilled Nursing - LPN	50	47	43						
Skilled Nursing - RN	16	18	15						
Special Medical Home Care	13	14	13						
Specialized Mental Health - Assessment	7	14	7						
Specialized Mental Health - Therapy	458	446	301						
Speech Therapy	791	764	654						
Speech Therapy - Assessment	11	1	15						
Support Coordination	15,826	15,496	13,882				7,820	7,566	6,844
Support Coordination - Transitional	10	7	7						
Support Coordination Limited	357	354	318	275	292	289	3,220	3,068	2,695
Supported Employment	1,199	1,138	828				1,176	1,115	757
Supported Living Coaching	2,912	2,815	2,180				1,029	978	724
Transportation - Mile	62	62	56				47	43	42
Transportation - Month	1,002	1,004	795				279	273	179
Transportation - Trip	5,773	5,647	4,212				2,000	1,915	1,490
Unduplicated Client Count	17,869	17,849	17,534	1,091	1,191	1,317	11,609	11,408	10,884

Note: Based on historical payment patterns waiver services are incomplete due to anticipated unsubmitted claims.
Source: Medicaid EDS Data Warehouse as of August 1, 2010.

2. Services Received by Persons on the Wait List

Table 2a lists non-Medicaid APD services received in April, May, and June 2010 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 April 1, May 1, and June 1, 2010*

	Service Month		
	Apr-10	May-10	Jun-10
Total Wait List at Beginning of Month*	18,915	19,032	19,156
Paid Service			
ADULT DAY TRAINING	197	208	209
BEHAVIOR ANALYSIS	33	39	35
COMMUNITY BASED EMPLOYMENT	409	415	375
DENTAL SERVICES	33	19	19
ELIGIBILITY DETERMINATION AND SUPPORT PLANNING	4	5	10
HOME ASSISTANCE	36	39	35
MEDICAL SERVICES	6	11	11
OCCUPATIONAL THERAPY	0	1	1
PERSONAL AND FAMILY CARE SERVICES	23	29	29
PHYSICAL THERAPY	2	3	3
PRESUPPORTED TRANSITIONAL LIVING	3	3	1
PSYCHOLOGICAL THERAPY	73	68	68
RECREATIONAL THERAPY	0	25	15
RESIDENTIAL HABILITATION SERVICES	37	34	32
RESPIRE	45	73	108
SPEECH THERAPY	4	5	4
SUPPLIES AND EQUIPMENT	198	134	231
SUPPORT COORDINATION	349	298	314
SUPPORTED LIVING	52	56	62
TRANSPORTATION	136	149	150
LONG TERM RESIDENTIAL SERVICES	19	22	19
Unduplicated Client Total	1,350	1,349	1,430

*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 August 1, 2010.

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 April 1, May 1, and June 1, 2010*

	Service Month		
	Apr-10	May-10	Jun-10
Total Wait List at Beginning of Month*	18,915	19,032	19,156
Client Count for APD Non-Medicaid Services**	1,350	1,349	1,430
Client Count for Medicaid State Plan Medical, Facility, and Pharmacy Services***	9,889	9,811	9,822
All Wait List Clients Receiving Services**	10,645	10,621	10,629
Count of Wait List Clients Not Receiving Services	8,270	8,411	8,527
Percent of Wait List Not Receiving Services	43.7%	44.2%	44.5%

* 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 August 1, 2010.

3. Waiver Enrollment Offers for Persons on the Wait List as of July 1, 2010

Tables 3a and 3b provide the number of individuals on the wait list as of July 1, 2010, who were offered waiver enrollment in FY 2005/06, FY 2006/07, FY 2007/08, FY 2008/09 and FY 2009/10, with results of those offers indicated. Over 9 percent of the clients on the wait list as of July 1, 2010, 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 July 1, 2010

	Number	Percent
Total Wait List Count*	19,174	100.0%
Wait List Clients Offered Waiver**		
FY 2009/10	0	0.0%
FY 2008/09	0	0.0%
FY 2007/08	3	0.0%
FY 2006/07	11	0.1%
FY 2005/06	1,863	9.7%
Total	1,877	9.8%

*With the implementation of tiers in October 15, 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 July 1, 2010.

Table 3b: Outcomes of Waiver Enrollment Offers for Persons on the Wait List as of July 1, 2010

Disposition of Waiver Offers	Offers in FY 2005/06	Offers in FY 2006/07	Offers in FY 2007/08	Offers in FY 2008/09	Offers in FY 2009/10	Total	
						Number	Percent
Waiver Enrolled	100	11	3	0	0	114	6.1%
Remained in FSL Waiver	33	0	0	0	0	33	1.8%
Remained on non-Medicaid Services	8	0	0	0	0	8	0.4%
Ineligible for Waiver	260	0	0	0	0	260	13.9%
Received and Declined Offer	478	0	0	0	0	478	25.5%
Offer Sent--No Response	864	0	0	0	0	864	46.0%
Other	120	0	0	0	0	120	6.4%
Total	1,863	11	3	0	0	1,877	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 July 1, 2010.

4. Waiver Enrollment in Fiscal Year 2009-10

Table 4 summarizes new waiver enrollment to date in FY 2009-10. 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/Tier 1, 2 3			FSL Waiver/Tier 4		Total Crisis Cases	Total Foster Kids	Total Enrolled
	Brown v. Bush	Crisis Cases	Foster Kids	Crisis Cases	Foster Kids			
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
Apr-09	6	NA		NA		56		62
May-09	4	NA		NA		58		62
Jun-09	6	NA		NA		64		70
Jul-09	3	NA		NA		66		69
Aug-09	2	NA		NA		90		92
Sep-09	9	NA		NA		76		85
Oct-09	1	NA		NA		65		66
Nov-09	1	NA		NA		74		75
Dec-09	7	NA		NA		57		64
Jan-10	2	NA		NA		43		45
Feb-10	7	NA		NA		71		78
Mar-10	3	NA		NA		58		61
Apr-10	4	NA		NA		61		65
May-10	3	NA		NA		50		53
Jun-10	3	NA		NA		57		60
Total	87	126	0	66	0	1403	0	1490

Source: ABC Database as of August 1, 2010, 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. Currently when making the waiver offer, APD does not specify to a crisis client the waiver to which he or she would be enrolled; this is determined later after an evaluation of the appropriate tier placement for the client.

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 previous waiver enrollment offers and those who have received other state assistance.

Table 5: Length of Wait for Any Waiver Services
as of July 1, 2010

Length of Wait	Date Placed on Wait List	Wait List Clients	
		#	%
6 Months or Less	January 1, 2010 or later	1,042	5.4%
6+ to 12 Months	July 1, 2009 - December 31, 2009	1,186	6.2%
12+ to 18 Months	January 1, 2009 - June 30, 2009	1,258	6.6%
18+ to 24 Months	July 1, 2008 - December 31, 2008	1,087	5.7%
24+ to 30 Months	January 1, 2008 - June 30, 2008	1,224	6.4%
30+ to 36 Months	July 1, 2007 - December 31, 2007	1,165	6.1%
36+ to 42 Months	January 1, 2007 - June 30, 2007	1,355	7.1%
42+ to 48 Months	July 1, 2006 - December 31, 2006	1,387	7.2%
4+ to 5 Years	July 1, 2005 - June 30, 2006	2,339	12.2%
More than 5 Years	On or before June 30, 2005	7,131	37.2%
Total Wait List*		19,174	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 July 1, 2010.

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 2009-10 Waiver Budget Forecast

	General Revenue/Other	Federal Match	Total
Total Available Fund	\$ 288,510,723	\$ 603,055,170	\$ 891,565,893
Deficit Carried Over from FY 08-09	\$ (8,670,493)	\$ (18,123,366)	\$ (26,793,859)
FY 09-10 Expenditures Projected	\$ 316,929,473	\$ 662,457,032	\$ 979,386,505
Adjust for PCA Kids Under 21 (Transferred to AHCA)	\$ 6,419,161	\$ 13,417,554	\$ 19,836,715
Adjust for CDC PCA Kids Under 21 (Transferred to AHCA)	\$ 2,912,400	\$ 6,087,600	\$ 9,000,000
Adjust for PCA Rate Reduction to \$15/hr from the Rate as of Jan. 1, 2008	\$ 2,064,020	\$ 4,314,286	\$ 6,378,306
FY 09-10 Expenditures Prior to Policy Changes	\$ 305,533,892	\$ 638,637,591	\$ 944,171,483
Surplus/Deficit Prior to Policy Changes	\$ (25,693,662)	\$ (53,705,787)	\$ (79,399,449)
Projected Effect of Policy Changes			
Tiers Savings	\$ (11,395,432)	\$ (23,819,129)	\$ (35,214,561)
Total Savings Due to Policy Changes	\$ (11,395,432)	\$ (23,819,129)	\$ (35,214,561)
Projected APD Waiver Surplus/Deficit for FY 09-10	\$ (14,298,230)	\$ (29,886,658)	\$ (44,184,888)

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

**The GAA has been corrected to reflect the FMAP reduction effective October 1, 2009.

*** The Agency plans to use cash to cover the deficits projected.