



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

Second Quarter Fiscal Year 2011/12
(October, November, December)

Submitted February 2012



Michael Hansen
Director

Rick Scott
Governor

Introduction

Each month, the **Agency for Persons with Disabilities (APD)** serves approximately 30,000 people across Florida through five Medicaid waivers administered by the agency. These individuals have autism, intellectual disability, spina bifida, cerebral palsy, Down syndrome (as of July 1, 2011), or Prader-Willi syndrome, or are children aged 3 to 5 who are at high risk of being diagnosed with a developmental disability.

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 and medical equipment, physical therapy, and adult day training.

From October through December 2011, an average of about 1,100 people on the Wait List for waiver services received General Revenue services through the agency, and more than 11,000 received some state services through the Medicaid State Plan, which leaves about 9,900 people on the Wait List for waiver services who did not receive any services through APD or the Medicaid State Plan. The number of Wait List consumers 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 strategies to 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 cap¹

Tier 2 - Capped at \$53,625/year

Tier 3 - Capped at \$34,125/year

Tier 4 - Capped at \$14,422/year

Most agency clients were not been subject to reductions in service as a result of the tier waiver system. But for some, it meant that the state will not pay as much for services as in the past. The agency's goal in implementing these changes was 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 tier program.

¹ Section 393.0661, F.S., requires that total annual expenditures under tier one may not exceed \$150,000 per client each year. However, the cap may be exceeded for clients in tier one with a documented medical necessity requiring intensive behavioral residential habilitation services, intensive behavioral residential habilitation services with medical needs, or special medical home care, as provided in the Developmental Disabilities Waiver Services Coverage and Limitations Handbook. In FY 10/11, 230 individuals exceeded the annual \$150,000 cap in tier one. Approximately 5200 individuals per month are enrolled in tier one.

On May 1, 2011, the Agency began a “proof of concept” implementation of the new iBudget Florida waiver. This waiver uses an individual budgeting approach and is intended to enhance the simplicity, sustainability, and equity of the system while also increasing individuals’ opportunities for self-direction. APD will be expanding this waiver across the state during the 2011-2012 Fiscal Year. iBudget Florida will eventually replace the tier waivers.

Please share with us any comments or suggestions you have regarding this report. Our Chief of Staff, Barbara Palmer, may be reached at 922-4487.

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

This report is prepared and distributed pursuant to section 393.0661(9), Florida Statutes.

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“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	Tiers 1, 2, and 3 *		Tier 4		iBudget		All Waivers	
	Enrolled Clients**	Total Waiver Payments	Enrolled Clients**	Total Waiver Payments	Enrolled Clients**	Total Waiver Payments	Enrolled Clients**	Total Waiver Payments
Oct-11	17,380	\$62,495,166.85	9,237	\$5,675,132.61	3,024	\$4,894,285.55	29,641	\$73,064,585.01
Nov-11	17,375	\$76,656,919.40	9,231	\$6,792,415.49	3,018	\$5,833,338.60	29,624	\$89,282,673.49
Dec-11	17,360	\$56,150,950.41	9,222	\$5,471,915.42	3,012	\$4,644,513.74	29,594	\$66,267,379.57

*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 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 February 1, 2012.

Table 1b summarizes types of services received by waiver enrollees. In addition to the tier and iBudget Florida 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 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	iBudget	IFS	Room\Board	Client Total*
Oct-11	15,498	1,806	9,068	2,904	642	660	29,043
Nov-11	15,457	1,813	8,985	2,903	658	641	28,931
Dec-11	15,344	1,825	8,876	2,859	633	587	28,705

*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 February 1, 2012.

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-11	29,641	17,875	60.3%
Nov-11	29,624	17,603	59.4%
Dec-11	29,594	16,784	56.7%

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 February 1, 2012.

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	Tier 1, 2 and 3			CDC+			Tier 4		
	Oct-11	Nov-11	Dec-11	Oct-11	Nov-11	Dec-11	Oct-11	Nov-11	Dec-11
Adult Day Training - Faculty Based	8,518	8,342	7,826				2,312	2,225	2,128
Adult Day Training - Off Site	201	192	180				35	31	33
Adult Dental Services	570	509	361						
Behavior Analysis Level 1	2,322	2,211	1,958				216	206	176
Behavior Analysis Level 2	730	702	660				103	94	90
Behavior Analysis Level 3	1,222	1,197	1,032				172	167	129
Behavior Assistant Services	689	678	636				24	25	22
Behavioral Analysis Services Assessment	20	19	6				7	5	3
CDC Consultant Services				1,225	1,169	1,117			
CDC Monthly Allowance				1,802	1,809	1,823			
Companion	4,207	4,102	3,917				3	4	4
Consumable Medical Supplies	4,395	4,496	4,201				1,821	1,951	1,695
Dietician Services	122	98	99						
Durable Medical Equipment	11	8	9				3	2	7
Environmental Accessibility Adaptations	2	2	3				1	2	1
Environmental Accessibility Assessment	2	1	2						1
In-Home Support Services (Awake) Qtr. Hour	1,221	1,197	1,160				2,912	2,895	2,818
In-Home Support Services (Live-In) Day	1,391	1,324	1,285				1	1	2

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		
	Oct-11	Nov-11	Dec-11	Oct-11	Nov-11	Dec-11	Oct-11	Nov-11	Dec-11
Occupational Therapy	427	418	390						
Occupational Therapy Assessment		1							
Personal Care Assistance	2,960	2,954	2,877						
Personal Emergency Response - Installation									
Personal Emergency Response - Service	93	65	102				8	7	8
Personal Supports	1,029	1,030	975				162	154	129
Physical Therapy	930	914	870						
Physical Therapy - Assessment	1	1	2						
Private Duty Nursing	118	119	109						
Private Duty Nursing - RN	18	15	13						
Residential Habilitation - Behavior Focused Day	29	28	21						
Residential Habilitation - Behavior Focused Month	1,246	1,228	1,196						
Residential Habilitation - Intensive Behavior Day	556	554	524				9	9	9
Residential Habilitation - Quarter hour	76	60	54						
Residential Habilitation - Standard Day	208	234	231						
Residential Habilitation - Standard Monthly	5,620	5,496	5,146						
Residential Nursing Services	135	121	101						
Residential Nursing Services - RN	66	64	52						
Respiratory Therapy	32	30	27						
Respiratory Therapy Assessment									
Respite Care - Day	165	143	129				115	82	67
Respite Care - Quarter Hour	1,439	1,367	1,321				1,521	1,476	1,420
Skilled Nursing - LPN	44	41	41						
Skilled Nursing - RN	15	13	14						
Special Medical Home Care	18	18	18						
Specialized Mental Health - Assessment	2	2							
Specialized Mental Health - Therapy	354	326	269						
Speech Therapy	671	629	590						
Speech Therapy - Assessment	2	1	1						
Support Coordination	16,728	16,385	15,837				6,548	6,387	6,171
Support Coordination - Transitional	3	3	7						
Support Coordination Limited	514	503	468	487	450	437	2,578	2,434	2,358
Supported Employment	862	833	763				884	884	780
Supported Living Coaching	2,963	2,834	2,592				833	818	719
Transportation - Mile	56	49	20				3	3	1
Transportation - Month	913	907	927				253	254	248
Transportation - Trip	5,482	5,246	4,726				1,628	1,540	1,424
Unduplicated Client Count	18,163	18,130	17,960	1,807	1,814	1,826	9,690	9,604	9,479

Note: Based on historical payment patterns waiver services are incomplete due to anticipated unsubmitted claims.
Source: Medicaid EDS Data Warehouse as of February 1, 2012.
There is no separate waiver fund code for I-budget in the Medicaid data warehouse.

2. Services Received by Persons on the Wait List

Table 2a lists non-Medicaid APD services received in October, November and December 2011 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, 2011*

	Service Month		
	Oct-11	Nov-11	Dec-11
Total Wait List at Beginning of Month*	20,736	20,822	20,891
Paid Service			
ADULT DAY TRAINING	196	200	201
BEHAVIOR ANALYSIS	20	15	18
COMMUNITY BASED EMPLOYMENT	331	353	336
DENTAL SERVICES	0	1	1
ELIGIBILITY DETERMINATION AND SUPPORT PLANNING	7	7	7
HOME ASSISTANCE	33	35	35
MEDICAL SERVICES	7	3	3
PERSONAL AND FAMILY CARE SERVICES	20	19	19
PRESUPPORTED TRANSITIONAL LIVING	41	47	42
PSYCHOLOGICAL THERAPY	51	58	58
RECREATIONAL THERAPY	1	0	0
RESIDENTIAL HABILITATION SERVICES	28	29	28
RESPIRE	68	76	71
SUPPLIES AND EQUIPMENT	18	22	24
SUPPORT COORDINATION	377	328	374
SUPPORTED LIVING	19	22	24
TRANSPORTATION	131	88	117
LONG TERM RESIDENTIAL SERVICES	18	17	15
Unduplicated Client Total	1,123	1,087	1,149

*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 February 1, 2012.

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. Note that some Wait List clients are not currently eligible for 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, 2011*

	Service Month		
	Oct-11	Nov-11	Dec-11
Total Wait List at Beginning of Month*	20,736	20,822	20,891
Client Count for APD Non-Medicaid Services**	1,123	1,087	1,149
Client Count for Medicaid State Plan Medical, Facility, and Pharmacy Services***	10,523	10,512	10,290
All Wait List Clients Receiving Services**	11,171	11,160	10,976
Count of Wait List Clients Not Receiving Services	9,565	9,662	9,915
Percent of Wait List Not Receiving Services	46.1%	46.4%	47.5%

* 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 February 1, 2012.

3. Waiver Enrollment Offers for Persons on the Wait List as of January 1, 2012

Tables 3a and 3b provide the number of individuals on the Wait List as of January 1, 2012, who were offered waiver enrollment in FY 2005/06, FY 2006/07, FY 2007/08, FY 2008/09, FY 2009/10, FY 2010/11 and FY 11-12 to date, with results of those offers indicated. About 8.4 percent of the clients on the Wait List as of January 1, 2012, 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 January 1, 2012

	Number	Percent
Total Wait List Count*	20,974	100.0%
Wait List Clients Offered Waiver**		
FY 2011/12	0	0.0%
FY 2010/11	1	0.0%
FY 2009/10	3	0.0%
FY 2008/09	0	0.0%
FY 2007/08	8	0.0%
FY 2006/07	9	0.0%
FY 2005/06	1,731	8.3%
Total	1,752	8.4%

*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 February 1, 2012.

** Offers made to date in the fiscal year.

Table 3b: Outcomes of Waiver Enrollment Offers for Persons on the Wait List as of January 1, 2012

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	Offers in FY 2010/11	Offers in FY 2011/12*	Total	
								Number	Percent
Waiver Enrolled	104	9	8	0	3	1	0	125	7.1%
Remained in FSL Waiver	32	0	0	0	0	0	0	32	1.8%
Remained on non-Medicaid Services	8	0	0	0	0	0	0	8	0.5%
Ineligible for Waiver	245	0	0	0	0	0	0	245	14.0%
Received and Declined Offer	445	0	0	0	0	0	0	445	25.4%
Offer Sent--No Response	788	0	0	0	0	0	0	788	45.0%
Other	109	0	0	0	0	0	0	109	6.2%
Total	1,731	9	8	0	3	1	0	1,752	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 February 1, 2012.

* Offers made to date in the fiscal year.

4. Waiver Enrollment in Fiscal Year 2011-12

Table 4 summarizes new waiver enrollment to date in FY 2011-12. 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			
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		51	6	60
Jul-10	NA	NA		NA		31	10	41
Aug-10	NA	NA		NA		63	3	66
Sep-10	NA	NA		NA		55	17	72
Oct-10	NA	NA		NA		51	19	70
Nov-10	NA	NA		NA		54	5	59
Dec-10	NA	NA		NA		21	5	26
Jan-11	NA	NA		NA		37	6	43
Feb-11	NA	NA		NA		42	4	46
Mar-11	NA	NA		NA		56	2	58
Apr-11	NA	NA		NA		41	2	43
May-11	NA	NA		NA		20	3	23
Jun-11	NA	NA		NA		18	3	21
Jul-11	NA	NA		NA		29	0	29
Aug-11	NA	NA		NA		32	0	32
Sep-11	NA	NA		NA		16	0	16
Oct-11	NA	NA		NA		27	0	27
Nov-11	NA	NA		NA		20	0	20
Dec-11	NA	NA		NA		20	0	20
Total	31	0	0	0	0	1163	85	1279

Source: ABC Database as of February 1, 2012, 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 January 1, 2012

Length of Wait	Date Placed on Wait List	Wait List Clients	
		#	%
1 Year or Less	January 1, 2011 or later	1,784	8.5%
1+ to 2 Years	January 1, 2010 - December 31, 2010	2,091	10.0%
2+ to 3 Years	January 1, 2009 - December 31, 2009	2,351	11.2%
3+ to 4 Years	January 1, 2008 - December 31, 2008	2,209	10.5%
4+ to 5 Years	January 1, 2007 - December 31, 2007	2,393	11.4%
5+ to 6 Years	January 1, 2006 - December 31, 2006	2,504	11.9%
6+ to 7 Years	January 1, 2005 - December 31, 2005	1,922	9.2%
7+ to 8 Years	January 1, 2004 - December 31, 2004	1,898	9.0%
8+ to 9 Years	January 1, 2003 - December 31, 2003	1,943	9.3%
9+ to 10 Years	January 1, 2002 - December 31, 2002	629	3.0%
More than 10 Years	On or before December 31, 2001	1,250	6.0%
Total Wait List*		20,974	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 January 1, 2012.

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 2011-12
Waiver Budget Forecast

FY 11-12 APD Waiver Projections as of Feb 2012	General Revenue	Trust Funds	Total
Blended rate adopted by the Social Service Estimating Conference	0.4406	0.5594	
Appropriation for FY 11-12	\$ 357,690,175	\$ 452,747,197	\$ 810,437,372
FAMP Adjustment Correction		\$ 1,387,810	\$ 1,387,810
Adjusted Appropriation for FY 11-12	\$ 357,690,175	\$ 454,135,007	\$ 811,825,182
FY 10-11 Carry-Forward Deficits	\$ (10,515,592)	\$ (13,088,430)	\$ (23,604,022)
FY 11-12 Estimated Expenditures	\$ (390,703,851)	\$ (496,050,237)	\$ (886,754,088)
Estimated Savings from Cost Containment Initiatives	\$ 2,681,067	\$ 3,403,970	\$ 6,085,037
Total Projected APD Waiver Balance FY 11-12	\$ (40,848,201)	\$ (51,599,690)	\$ (92,447,891)