



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

Fourth Quarter Fiscal Year 2011/12
(April, May, June)

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Director

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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 April through June 2012, an average of about 1,400 people on the Wait List for waiver services received limited short term General Revenue and Social Services Block Grant (SSBG) services through the agency. Primarily these services include employment support, respite services for the caregiver, adult day training, transportation, and personal care services. Additionally, more than 10,700 individuals who are Medicaid eligible received some Medicaid State Plan services which are primarily medical, i.e., physician services, pharmaceutical services and other medical related services. Services for children under the age of 21 under the Medicaid State Plan include personal care services, physical therapy, occupational therapy, speech therapy, dental services and other services essential to the development of the child. Once the individual turns age 21 many of these services are no longer available under the Medicaid State Plan. This includes personal care services, behavior analysis services, private duty nursing, dental services. Individuals who turn 21 years of age are therefore in need of these services from another source. For individuals with developmental disabilities the home and community based waiver services are the only resource to provide essential health and safety services such as personal care assistance, respite, therapies, supported living services, employment support and behavior analysis services.

There are over 9,000 people on the waiting list for waiver services who did not receive any services through APD or the Medicaid State Plan. Finding assistance for people on the waiting list without long term care is a priority for the agency.

On October 15, 2008, the agency implemented a 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 \$53,625/year
- Tier 3 - Capped at \$34,125/year
- Tier 4 - Capped at \$14,422/year

Most agency clients were not 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. The tier waiver system did not provide an effective mechanism to provide the necessary health and safety services while controlling the cost of services for the waiver program.

Over a two year period, the agency researched and developed, with stakeholder input, a new waiver system that is based on the unique needs of each person called iBudget Florida. In FY 2011/12, the Agency began the implementation of the new iBudget Florida waiver across the state. This waiver uses an individual budgeting approach that is designed to enhance the simplicity, sustainability, and equity of the system while also increasing the individuals' opportunities for self-direction. The iBudget system emphasizes the blending of all available resources to meet the person's needs and identifies a fair and equitable allocation of waiver funding based on the person's age, living setting, and need for personal assistance. APD will expand this waiver across the state during FY 12/13 with final implementation on July 1, 2013. The iBudget waiver implementation began April 1, 2012, and will be completed statewide by July 2013. The iBudget waiver replaces the four tier waiver system and will ensure the agency operates the waiver within legislative appropriations and will provide the services needed for individuals to live and prosper in their communities.

Please share with us any comments or suggestions you have regarding this report. APD's Acting Chief of Staff, Tom Rankin, may be reached at 850-414-8916.

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.

“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	Enrolled Clients**	Tiers 1, 2, and 3 *		Tier 4		iBudget		All Waivers	
		Total Waiver	Enrolled	Total Waiver	Enrolled	Total Waiver	Enrolled	Total Waiver	
		Payments	Clients**	Payments	Clients**	Payments	Clients**	Payments	
Apr-12	17,376	\$66,353,395	9,129	\$5,471,805	2,982	\$4,392,783	29,487	\$76,217,983	
May-12	17,367	\$76,223,343	9,090	\$6,604,338	2,971	\$5,515,020	29,428	\$88,342,700	
Jun-12	17,377	\$52,419,486	9,056	\$5,410,113	2,965	\$4,368,793	29,398	\$62,198,392	

*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. Since waiver payments are reported in this table by month of payment rather than by month of service, clients may show claims payments simultaneously under multiple waivers.

**As of the first day of the month.

Source: Allocation, Budget, and Contracts (ABC) Database and Medicaid HP Data Warehouse as of August 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 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 (such as in home subsidies) to persons enrolled in a waiver. Room and Board, paid entirely from General Revenue, provides basic room and board payment to residential providers for clients who live in APD licensed residential facilities.

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*
Apr-12	15,283	1,853	8,769	2,875	707	508	28,810
May-12	15,251	1,839	8,713	2,881	787	494	28,707
Jun-12	15,205	1,844	8,557	2,853	690	467	28,491

*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.

Source: ABC Database and Medicaid HP Data Warehouse as of August 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. Medicaid State Plan services include health care services that are not provided under a home and community based service waiver such as physician services, pharmaceutical services, etc.

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

Service Month	Total Waiver Enrollment	Medicaid State Plan	
		#	%
Apr-12	29,487	17,989	61.0%
May-12	29,428	17,757	60.3%
Jun-12	29,398	17,347	59.0%

Note: Enrolled as of the first day of the month in which the services were received.
Source: ABC Database and Medicaid HP Data Warehouse as of August 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		
	12-Apr	12-May	12-Jun	12-Apr	12-May	12-Jun	12-Apr	12-May	12-Jun
Adult Day Training - Faculty Based	8,139	7,988	7,779				2,299	2,263	2,218
Adult Day Training - Off Site	218	211	208				40	40	39
Adult Dental Services	455	468	629						
Behavior Analysis Level 1	2,213	2,104	1,842				214	195	168
Behavior Analysis Level 2	728	697	608				106	103	84
Behavior Analysis Level 3	1,191	1,160	1,070				149	143	131
Behavior Assistant Services	644	615	576				32	29	27
Behavioral Analysis Services Assessment	14	29	29				6	5	2
CDC Consultant Services				1,254	1,185	1,162			
CDC Monthly Allowance				1,865	1,869	1,872			
Companion	3,982	3,899	3,633				4	4	4
Consumable Medical Supplies	4,338	4,381	4,071				1,818	1,848	1,655
Dietician Services	80	73	70						
Durable Medical Equipment	18	11	25				7	5	7
Environmental Accessibility Adaptations	2	0	2					1	2
Environmental Accessibility Assessment	1	2	2				1		
In-Home Support Services (Awake) Qtr. Hour	1,285	1,304	1,261				2,838	2,778	2,611
In-Home Support Services (Live-In) Day	1,352	1,359	1,272				2	2	1

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		
	12-Apr	12-May	12-Jun	12-Apr	12-May	12-Jun	12-Apr	12-May	12-Jun
Occupational Therapy	430	402	382						
Occupational Therapy Assessment		1							
Personal Care Assistance	2,858	2,810	2,734						
Personal Emergency Response - Installation	1								
Personal Emergency Response - Service	113	114	125				9	9	7
Personal Supports	1,035	1,018	1,005				136	126	126
Physical Therapy	901	861	815						
Physical Therapy - Assessment			1						
Private Duty Nursing	141	141	140				1	1	
Private Duty Nursing - RN	23	18	18						
Residential Habilitation - Behavior Focused Day	33	24	24						
Residential Habilitation - Behavior Focused Month	1,224	1,225	1,208						
Residential Habilitation - Intensive Behavior Day	542	537	527				6	6	6
Residential Habilitation - Quarter hour	75	68	66						
Residential Habilitation - Standard Day	222	201	197						
Residential Habilitation - Standard Monthly	5,648	5,635	5,519						
Residential Nursing Services	104	102	83				1		
Residential Nursing Services - RN	62	56	35				1	1	
Respiratory Therapy	30	28	27						
Respite Care - Day	124	152	164				102	95	125
Respite Care - Quarter Hour	1,269	1,251	1,180				1,437	1,443	1,383
Skilled Nursing - LPN	31	30	28						
Skilled Nursing - RN	8	6	5						
Special Medical Home Care	17	17	17						
Specialized Mental Health - Assessment		2							
Specialized Mental Health - Therapy	324	304	249						
Speech Therapy	628	586	549						
Speech Therapy - Assessment	1								
Support Coordination	16,598	16,361	15,917				6,388	6,332	6,087
Support Coordination - Transitional	7	2	6						
Support Coordination Limited	535	533	498	481	454	445	2,500	2,441	2,334
Supported Employment	778	749	656				832	800	726
Supported Living Coaching	2,932	2,852	2,660				824	814	735
Transportation - Mile	81	74	71				2	2	2
Transportation - Month	927	923	892				256	256	249
Transportation - Trip	5,120	4,963	4,675				1,574	1,523	1,421
Unduplicated Client Count	18,102	17,954	18,058	1,869	1,873	1,870	9,516	9,282	9,454

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

2. Services Received by Persons on the Wait List

Table 2a lists non-Medicaid APD services received in April, May and June 2012 by individuals who are on the waitlist for waiver enrollment and 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 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, 2012*

	Service Month		
	Apr-12	May-12	Jun-12
Total Wait List at Beginning of Month*	21,202	21,324	21,464
Paid Service			
ADULT DAY TRAINING	279	288	277
BEHAVIOR ANALYSIS	26	37	34
COMMUNITY BASED EMPLOYMENT	368	362	364
DENTAL SERVICES	6	9	8
ELIGIBILITY DETERMINATION AND SUPPORT PLANNING	5	8	7
HOME ASSISTANCE	45	41	45
MEDICAL SERVICES	6	7	7
OCCUPATIONAL THERAPY	1	1	0
PERSONAL AND FAMILY CARE SERVICES	27	23	25
PHYSICAL THERAPY	1	2	1
PRESUPPORTED TRANSITIONAL LIVING	52	50	50
PSYCHOLOGICAL THERAPY	64	69	72
RECREATIONAL THERAPY	0	0	18
RESIDENTIAL HABILITATION SERVICES	32	31	29
RESPIRE	113	119	128
SPEECH THERAPY	1	5	1
SUPPLIES AND EQUIPMENT	75	99	278
SUPPORT COORDINATION	376	400	308
SUPPORTED LIVING	25	39	31
TRANSPORTATION	143	154	113
TRAVEL REIMBURSEMENT	1	1	0
LONG TERM RESIDENTIAL SERVICES	13	14	13
Unduplicated Client Total	1,352	1,437	1,528

*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. Wait List and ABC Databases as of August 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 and therefore cannot receive 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, 2012

	Service Month		
	Apr-12	May-12	Jun-12
Total Wait List at Beginning of Month	21,202	21,324	21,464
Client Count for APD Non-Medicaid Services*	1,352	1,437	1,528
Client Count for Medicaid State Plan Medical, Facility, and Pharmacy Services**	10,711	10,747	10,740
All Wait List Clients Receiving Services*	11,746	11,777	11,807
Count of Wait List Clients Not Receiving Services	9,456	9,547	9,657
Percent of Wait List Not Receiving Services	44.6%	44.8%	45.0%

*Clients are counted only once regardless of the number of different services they received. Most individuals receiving non-Medicaid services get temporary assistance and do not get ongoing services, also some of these individuals have applied for waiver services through crisis.

**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 HP Data Warehouse as of August 1, 2012.

3. 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. For the last several years, the agency only enrolls individuals on a waiver if the person meets the crisis criteria of homeless, dangerous to self or others, and caregiver unable to give care. Pursuant to proviso language in the General Appropriations Act of 2006, children under age 18 in the foster

care system with an open case in the Department of Children and Families are given priority enrollment for waiver services. .

Table 4: New Waiver Enrollment

Month Enrolled	Total Enrolled
Apr-10	65
May-10	53
Jun-10	57
Jul-10	41
Aug-10	66
Sep-10	72
Oct-10	70
Nov-10	59
Dec-10	26
Jan-11	43
Feb-11	46
Mar-11	58
Apr-11	43
May-11	23
Jun-11	21
Jul-11	29
Aug-11	32
Sep-11	16
Oct-11	27
Nov-11	20
Dec-11	20
Jan-12	11
Feb-12	33
Mar-12	36
Apr-12	15
May-12	28
Jun-12	30
Total	1040

Source: ABC Database as of August 1, 2012, and other APD tracking systems.

4. Length of Wait for Waiver Services

Table 5 displays a frequency distribution of the length of time individuals have been waiting for waiver services. .

Table 5: Length of Wait for Any Waiver Services
as of July 1, 2012

Length of Wait	Date Placed on Wait List	Wait List Clients	
		#	%
1 Year or Less	July 1, 2011 or later	1,923	8.9%
1+ to 2 Years	July 1, 2010 - June 30, 2011	1,684	7.8%
2+ to 3 Years	July 1, 2009 - June 30, 2010	1,545	7.2%
3+ to 4 Years	July 1, 2008 - June 30, 2009	2,209	10.2%
4+ to 5 Years	July 1, 2007 - June 30, 2008	2,225	10.3%
5+ to 6 Years	July 1, 2006 - June 30, 2007	2,259	10.5%
6+ to 7 Years	July 1, 2005 - June 30, 2006	2,559	11.9%
7+ to 8 Years	July 1, 2004 - June 30, 2005	2,162	10.0%
8+ to 9 Years	July 1, 2003 - June 30, 2004	1,730	8.0%
9+ to 10 Years	July 1, 2002 - June 30, 2003	2,049	9.5%
More than 10 Years	On or before June 30, 2002	1,210	5.6%
Total Wait List*		21,555	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, 2012.

5. 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 2011-12 APD WAIVER PROJECTIONS AS OF JUNE 30	General Revenue	Trust Funds	Total
Blended rate adopted by the SSEC	0.4406	0.5594	
Appropriation	\$ 357,690,175	\$ 452,747,197	\$ 810,437,372
Corrected FMAP Adjustment		\$ 1,387,810	\$ 1,387,810
Other Adjustments HB5001 (GAA) Section 38 BOB	\$ 20,500,000	\$ 26,027,463	\$ 46,527,463
Agency Budget Amendment - Transfer from AHCA ICF/DD to Waiver	\$ 27,599	\$ 35,184	\$ 62,783
Agency Budget Amendment - Surplus General Revenue to Waiver	\$ 1,250,000		\$ 1,250,000
New Appropriation	\$ 379,467,774	\$ 480,197,654	\$ 859,665,428
Less FY 2010-11 Deficit	\$ (10,515,592)	\$ (13,088,430)	\$ (23,604,022)
Less FY 2011-12 Projected Expenditures	\$ (389,931,000)	\$ (495,069,000)	\$ (885,000,000)
Total Projected APD Waiver Balance FY 2011-12	\$ (20,978,818)	\$ (27,959,776)	\$ (48,938,594)