



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

Fourth Quarter Fiscal Year 2013-14  
(April, May, June)

Submitted August 2014



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Director

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## Introduction

Each month, the **Agency for Persons with Disabilities (APD)** serves over 30,000 people across Florida through Medicaid waivers administered by the agency providing supports to help individuals with developmental disabilities to live, learn and work in their communities. These individuals have autism, intellectual disability, spina bifida, cerebral palsy, Down syndrome (as of July 1, 2011), Prader-Willi syndrome, or are children ages 3 to 5 who are at high risk of being diagnosed with a developmental disability.

To meet the needs of the diverse population it serves, APD offers a wide array of services for individuals who are living in their own homes, family homes, or in licensed group facilities. Some of the 27 services currently provided by the agency include life skills development (levels 1, 2 and 3) which provide companion services, supported employment or adult day training services, personal support services, occupational therapy, behavior analysis, adaptive and medical equipment, and physical therapy. These services are provided to over 30,000 people on the home and community based services waiver (iBudget waiver). Additionally there are 21,152 of individuals on the waiting list for services.

For the period of April through June 2014, about 1,100 people on the Wait List for waiver services received General Revenue and Social Services Block Grant (SSBG) services through the agency, and more than 11,000 received some state services through the Medicaid State Plan if the individual was Medicaid eligible. For these individuals, the waiver services that are typically needed are respite, behavior services and some adaptive equipment. About 9,500 people on the Wait List for waiver services did not receive any services through APD or the Medicaid State Plan during this period.

## Historical Overview

On October 15, 2008, the agency implemented a four tiered waiver system as mandated by the Florida Legislature. The four tier system consisted of four separate waivers, with 3 of the tiers maintaining a financial cap. The Developmental Disabilities Home and Community Based Services Tier Waiver system replaced the Developmental Disabilities Waiver and the Family and Supported Living Waiver. Most agency clients were not subject to reductions in service as a result of the tier waiver system, but for some it meant the state would not pay as much for services as in past years. The agency's goal was to ensure the health and safety of people served by APD while adjustments were made to control and reduce costs.

On May 1, 2011, the agency began implementation of the new Developmental Disabilities Home & Community Based Services Individual Budgeting Waiver known as iBudget Florida. The iBudget Florida 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. As of July 1, 2013 APD transitioned waiver clients to the iBudget Florida waiver statewide, completing the phasing out of the Tier Waiver system.

Please share with us any comments or suggestions you have regarding this report. APD's Chief of Staff, Michael Ayers, 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

**iBudget Waiver** - Developmental Disabilities Individual Budgeting Home & 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	iBudget CDC		iBudget		All Waivers	
	Enrolled Clients**	Total Waiver Payments	Enrolled Clients**	Total Waiver Payments	Enrolled Clients**	Total Waiver Payments
Apr-14	2,001	\$5,277,432	27,996	\$84,166,790	29,997	\$89,444,222.00
May-14	2,000	\$5,761,951	28,014	\$56,712,983	30,014	\$62,474,934.40
Jun-14	2,033	\$5,649,940	28,059	\$65,688,705	30,092	\$71,338,645.06

NOTE: 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, 2014.

Table 1b summarizes types of services received by waiver enrollees. In addition to iBudget Florida waiver, 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 greater flexibility and more 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				
	iBudget CDC	iBudget	IFS	Room\Board	Client Total*
Apr-14	1,993	26,935	531	398	29,127
May-14	2,018	26,462	526	401	29,063
Jun-14	2,045	26,739	490	380	28,844

\*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, 2014.

## 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-14	29,997	18,310	61.04%
May-14	30,014	17,969	59.87%
Jun-14	30,092	17,321	57.56%

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, 2014.

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	iBudget		
	Apr-14	May-14	Jun-14
Adult Dental Services	545	527	726
Behavior Analysis - Level 1	1,187	1,125	983
Behavior Analysis - Level 2	645	648	554
Behavior Analysis - Level 3	2,113	2,045	1,662
Behavior Analysis Assessment	28	30	34
Behavior Assistant Services	411	386	368
CDC Monthly Allowance	1,996	2,008	2,025
Consumable Medical Supplies	5,559	5,321	5,018
Dietitian Services	66	59	38
Durable Medical Equipment	46	59	85
Environmental Accessibility Adaptations	6	5	17
Environmental Accessibility Adaptations -- Assessment	11	10	13
Incontinence Supplies; All Types	5,390	5,344	5,024
Life Skills Development - Level 1 (Companion)	3,013	2,956	2,736
Life Skills Development - Level 2 (Supported Empl - Group)	31	30	12
Life Skills Development - Level 2 (Supported Empl - Individual)	1,468	1,459	1,266
Life Skills Development - Level 3 (ADT) - Facility Based	10,569	10,353	9,089
Life Skills Development - Level 3 (ADT) - Off Site	81	78	84

# 1. Services Received by Waiver Enrollees (continued)

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

Service Description	iBudget		
	Apr-14	May-14	Jun-14
Occupational Therapy	412	402	379
Occupational Therapy - Assessment	2	1	5
Personal Emergency Response System - Installation	0	1	0
Personal Emergency Response System - Service	134	122	123
Personal Supports	9,692	9,616	9,258
Physical Therapy	861	841	782
Physical Therapy - Assessment	5	8	9
Private Duty Nursing	199	194	196
Residential Habilitation - Behavioral Focus (day)	22	20	15
Residential Habilitation - Intensive Behavior (day)	523	531	459
Residential Habilitation - Standard (day)	262	245	245
Residential Habilitation (month)	7,258	7,244	6,990
Residential or Skilled Nursing - LPN	113	109	88
Residential or Skilled Nursing - RN	58	33	38
Respiratory Therapy	33	33	31
Respiratory Therapy - Assessment	0	0	0
Respite (under 21 only)	1,634	1,632	1,615
Respite, Skilled	2	2	2
Special Medical Home Care	17	17	17
Specialized Mental Health Assessment	5	6	2
Specialized Mental Health Counseling	207	192	160
Speech Therapy	441	434	402
Speech Therapy - Assessment	0	0	0
Support Coordination	22,849	22,607	21,468
Support Coordination - CDC Consultant	1,439	1,426	1,304
Support Coordination (Enhanced)	7	5	5
Support Coordination (Limited)	3,059	3,002	2,835
Support Coordination (Limited) - CDC	407	403	361
Supported Living Coaching	3,543	3,439	3,148
Transportation - mile	103	80	65
Transportation - month	1,032	1,036	1,025
Transportation - trip	5,824	5,693	5,171
<b>Unduplicated Client Count</b>	<b>29,103</b>	<b>29,035</b>	<b>28,811</b>

Note: Based on historical payment patterns waiver services are incomplete due to anticipated unsubmitted claims.  
Source: Medicaid HP Data Warehouse as of August 1, 2014.

## **2. Services Received by Persons on the Wait List**

Table 2a lists non-Medicaid APD services received in April, May, and June 2014 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 ages 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, 2014

	Service Month		
	Apr-14	May-14	Jun-14
<b>Total Wait List at Beginning of Month*</b>	<b>21,237</b>	<b>21,233</b>	<b>21,140</b>
<b>Paid Service</b>			
ADULT DAY TRAINING	251	247	231
BEHAVIOR ANALYSIS	5	12	15
COMMUNITY BASED EMPLOYMENT	237	220	196
DENTAL SERVICES	6	4	5
ELIGIBILITY AND PLANNING	5	4	3
HOME ASSISTANCE	37	34	37
LONG-TERM RESIDENTIAL SVS	16	9	7
MEDICAL SERVICES	2	5	2
PERSONAL/FAMILY CARE SVS	23	23	28
OCCUPATIONAL THERAPY	1		1
PHYSICAL THERAPY	4	3	3
PSYCHOLOGICAL THERAPY	85	92	101
RECREATIONAL THERAPY			36
RESIDENTIAL HABILITATION SVS	29	26	28
RESPIRE CARE	55	54	43
SPEECH THERAPY	1	1	0
SUPPLIES/EQUIPMENT	47	65	138
SUPPORT COORDINATION	356	474	445
SUPPORTED LIVING	42	41	28
TRANSPORTATION	119	119	113
PRESUPPORTED TRANSITIONAL LIVING			36
<b>Unduplicated Client Total</b>	<b>987</b>	<b>1,263</b>	<b>1,313</b>

Source: Wait List and ABC Databases as of August 1, 2014.

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 April 1, May 1, and June 1, 2014\***

	Service Month		
	Apr-14	May-14	Jun-14
<b>Total Wait List at Beginning of Month*</b>	<b>21,237</b>	<b>21,233</b>	<b>21,140</b>
<b>Client Count for APD Non-Medicaid Services</b>	<b>987</b>	<b>1,263</b>	<b>1,313</b>
<b>Client Count for Medicaid State Plan Medical, Facility, and Pharmacy Services***</b>	<b>11,085</b>	<b>11,110</b>	<b>10,764</b>
<b>All Wait List Clients Receiving Services**</b>	<b>11,666</b>	<b>11,819</b>	<b>11,529</b>
<b>Count of Wait List Clients Not Receiving Services</b>	<b>9,571</b>	<b>9,414</b>	<b>9,611</b>
<b>Percent of Wait List Not Receiving Services</b>	<b>45.1%</b>	<b>44.3%</b>	<b>45.5%</b>

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

\*\* Unduplicated count for the clients receiving Medicaid services or Non-Medicaid services or both.

\*\*\*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, 2014.

### ***3. Waiver Enrollment in Fiscal Year 2013-14***

Table 3 summarizes new waiver enrollment to date in FY 2013-14. Crisis cases are enrollees whose needs for services have been determined to require priority enrollment as defined in statute and rule. Foster kids are children on the Wait List for iBudget 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. Beginning in FY 2013-14, the agency received additional appropriation to begin offering enrollment to individuals from the Wait List as referenced in proviso language. Individuals who have enrolled with this additional funding are tracked separately from those that were already enrolled from previous years.

**Table 3: New Waiver Enrollment**

<b>Month Enrolled</b>	<b>Crisis Enrolled</b>	<b>Waitlist Offered &amp; Enrolled</b>	<b>CBC Kids Enrolled</b>	<b>Total</b>
Apr-12	15			15
May-12	28			28
Jun-12	30			30
Jul-12	21			21
Aug-12	24			24
Sep-12	27			27
Oct-12	38			38
Nov-12	22			22
Dec-12	16			16
Jan-13	23			23
Feb-13	19			19
Mar-13	10			10
Apr-13	27			27
May-13	33			33
Jun-13	18			18
Jul-13	27	568	5	600
Aug-13	27	55	3	85
Sep-13	57	18	3	78
Oct-13	58	7	2	67
Nov-13	43	385	3	431
Dec-13	49	56	4	109
Jan-14	40	42	3	85
Feb-14	39	14	2	55
Mar-14	35	6	6	47
Apr-14	44	15	4	63
May-14	63	10	4	77
Jun-14	52	137	5	194
<b>Total</b>	<b>885</b>	<b>1313</b>	<b>44</b>	<b>2242</b>

Source: APD Database as of August 1, 2014 and other ABC tracking systems.

## **4. Length of Wait for Waiver Services**

Table 4 displays a frequency distribution of the length of time individuals have been waiting for waiver services. Agency policy allows people to remain on the Wait List if they currently do not need services or do not qualify for Medicaid at the time. These counts include those who may not have needed services at the time of waiver enrollment offers and those who have received other state assistance.

Table 4: Length of Wait for Any Waiver Services  
as of August 1, 2014

Length of Wait	Date Placed on Wait List	Wait List Clients	
		#	%
1 Year or Less	August 1, 2013 or later	1,351	6.4%
1+ to 2 Years	August 1, 2012 - July 31, 2013	1,458	6.9%
2+ to 3 Years	August 1, 2011 - July 31, 2012	1,545	7.3%
3+ to 4 Years	August 1, 2010 - July 31, 2011	1,699	8.0%
4+ to 5 Years	August 1, 2009 - July 31, 2010	1,808	8.5%
5+ to 6 Years	August 1, 2008 - July 31, 2009	1,877	8.9%
6+ to 7 Years	August 1, 2007 - July 31, 2008	1,921	9.1%
7+ to 8 Years	August 1, 2006 - July 31, 2007	2,091	9.9%
8+ to 9 Years	August 1, 2005 - July 31, 2006	1,834	8.7%
9+ to 10 Years	August 1, 2004 - July 31, 2005	1,468	6.9%
More than 10 Years	On or before July 31, 2004	4,100	19.4%
<b>Total Wait List*</b>		21,152	100.0%

Source: Wait List Database as of July 29, 2014.

## **5. Projected Waiver Costs and Appropriations**

Table 5 provides information concerning projected waiver costs compared to the available appropriations and any projected surpluses or deficits.

Table 5: Fiscal Year 2013-14 Waiver Budget Forecast

FY 2013-14 APD WAIVER PROJECTIONS Blended rate adopted by the SSEC for FY 2013-14	General Revenue	Trust Funds	Total
	0.4133	0.5867	
<b>Appropriation</b>	\$ 378,272,973	\$ 536,977,383	\$ 915,250,356
<b>Corrected FMAP Adjustment</b>			\$ -
<b>New Appropriation</b>	\$ 378,272,973	\$ 536,977,383	\$ 915,250,356
<b>Less FY 2012-13 Projected Deficit</b>	\$ -	\$ -	\$ -
<b>Less FY 2013-14 Expenditures</b>	<b>\$ (354,885,676)</b>	<b>\$(503,697,075)</b>	<b>\$(858,582,751)</b>
<b>Total APD Waiver Balance FY 2013-14</b>	<b>\$23,387,297</b>	<b>\$33,280,308</b>	<b>\$56,667,605</b>