



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

Second Quarter Fiscal Year 2012/13  
(October, November, December)

Submitted February 2013



Barbara Palmer  
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 2012, an average of over 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, which leaves about 10,000 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 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.

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. As of January 1, 2013 APD has moved approximately 68% of waiver clients to the iBudget Florida waiver, and will be expanding the

iBudget Florida waiver across the state with final implementation by the end of FY 2012 - 2013. Therefore iBudget Florida will eventually replace the tier waivers.

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

**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	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-12	10,813	\$48,541,604.50	5,100	\$3,722,224.11	13,300	\$35,825,146.32	29,213	\$88,088,974.93
Nov-12	10,815	\$29,244,021.88	5,024	\$2,910,885.93	13,295	\$25,163,249.23	29,134	\$57,318,157.04
Dec-12	10,801	\$37,931,121.33	4,976	\$3,267,402.29	13,305	\$28,583,543.39	29,082	\$69,782,067.01

\*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 February 1, 2013.

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-12	8,805	1,825	4,879	12,983	548	496	28,512
Nov-12	8,823	1,823	4,818	12,958	517	463	28,442
Dec-12	8,809	1,818	4,758	12,860	517	444	28,269

\*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 HP Data Warehouse as of February 1, 2013.

## 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-12	29,213	17,715	60.6%
Nov-12	29,156	17,344	59.5%
Dec-12	29,082	16,927	58.2%

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 February 1, 2013.

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-12	Nov-12	Dec-12	Oct-12	Nov-12	Dec-12	Oct-12	Nov-12	Dec-12
Adult Day Training - Faculty Based	9,177	9,104	8,988				1,435	1,414	1,362
Adult Day Training - Off Site	43	43	40				8	8	8
Adult Dental Services	530	405	411						
Behavior Analysis Level 1	2,192	2,127	1,974				123	123	112
Behavior Analysis Level 2	727	684	645				83	67	61
Behavior Analysis Level 3	1,257	1,218	1,126				84	84	69
Behavior Assistant Services	569	574	526				19	19	18
Behavioral Analysis Services Assessment	13	24	20				2	3	2
CDC Consultant Services				1,285	1,259	1,232			
CDC Monthly Allowance				1,892	1,905	1,915			
Companion	3,609	3,542	3,444				8	7	7
Consumable Medical Supplies	4,978	4,821	4,699				1,147	1,134	1,073
Dietician Services	85	94	91						
Durable Medical Equipment	16	15	12				1	0	3
Environmental Accessibility Adaptations	1	1	1				1	0	1
Environmental Accessibility Assessment	0	2	2				0	2	0
In-Home Support Services (Awake) Qtr. Hour	686	674	661				1,543	1,504	1,479
In-Home Support Services (Live-In) Day	858	841	844				0	2	4

# 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-12	Nov-12	Dec-12	Oct-12	Nov-12	Dec-12	Oct-12	Nov-12	Dec-12
Occupational Therapy	434	430	368						
Personal Care Assistance	1,679	1,669	1,648						
Personal Emergency Response - Installation	1	1	0						
Personal Emergency Response - Service	125	123	122				8	9	9
Personal Supports	4,719	4,641	4,512				204	190	176
Physical Therapy	915	907	816						
Physical Therapy - Assessment	3	9	1						
Private Duty Nursing	155	155	149						
Private Duty Nursing - RN	13	12	15						
Residential Habilitation - Behavior Focused Day	21	34	27						
Residential Habilitation - Behavior Focused Month	932	926	922						
Residential Habilitation - Intensive Behavior Day	525	523	513						
Residential Habilitation - Quarter hour	188	209	230						
Residential Habilitation - Standard Day	105	109	107						
Residential Habilitation - Standard Monthly	5,966	5,907	5,745				11	8	5
Residential Nursing Services	114	112	104						
Residential Nursing Services - RN	61	57	55						
Respiratory Therapy	30	31	31						
Respite Care - Day	89	80	97				48	45	46
Respite Care - Quarter Hour	1,269	1,237	1,211				918	905	860
Skilled Nursing - LPN	11	9	9						
Skilled Nursing - RN	4	4	2						
Special Medical Home Care	18	19	19						
Specialized Mental Health - Assessment	0	3	0						
Specialized Mental Health - Therapy	279	273	254						
Speech Therapy	626	602	553						
Speech Therapy - Assessment	0	1	0						
Support Coordination	19,221	18,985	18,604				3,764	3,677	3,604
Support Coordination - Transitional	10	10	7				1	1	1
Support Coordination Limited	1,194	1,183	1,147	471	445	432	1,712	1,654	1,608
Supported Employment	1,098	1,060	1,031				641	614	604
Supported Living Coaching	3,202	3,141	3,015				518	505	489
Transportation - Mile	84	83	76						
Transportation - Month	935	918	905				252	249	242
Transportation - Trip	5,579	5,490	5,280				807	768	766
<b>Unduplicated Client Count</b>	<b>21,565</b>	<b>21,523</b>	<b>21,395</b>	<b>1,893</b>	<b>1,907</b>	<b>1,919</b>	<b>6,265</b>	<b>6,177</b>	<b>6,035</b>

Note: Based on historical payment patterns waiver services are incomplete due to anticipated unsubmitted claims.  
Source: Medicaid HP Data Warehouse as of February 1, 2013.  
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 October, November and December 2012 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, 2012\*

	Service Month		
	Oct-12	Nov-12	Dec-12
<b>Total Wait List at Beginning of Month*</b>	<b>21,916</b>	<b>22,009</b>	<b>22,069</b>
<b>Paid Service</b>			
ADULT DAY TRAINING	234	235	232
BEHAVIOR ANALYSIS	26	23	28
COMMUNITY BASED EMPLOYMENT	294	284	282
DENTAL SERVICES	0	2	0
ELIGIBILITY DETERMINATION AND SUPPORT PLANNING	5	7	4
HOME ASSISTANCE	43	41	33
LONG TERM RESIDENTIAL SERVICES	11	12	14
MEDICAL SERVICES	6	3	2
OCCUPATIONAL THERAPY	0	0	0
PERSONAL AND FAMILY CARE SERVICES	18	18	18
PHYSICAL THERAPY	0	0	0
PRESUPPORTED TRANSITIONAL LIVING	0	0	0
PSYCHOLOGICAL THERAPY	72	68	70
RECREATIONAL THERAPY	0	0	0
RESIDENTIAL HABILITATION SERVICES	34	32	33
RESPIRE	78	94	102
SPEECH THERAPY	0	0	0
SUPPLIES AND EQUIPMENT	18	18	18
SUPPORT COORDINATION	189	290	343
SUPPORTED LIVING	64	60	59
TRANSPORTATION	128	123	118
TRAVEL REIMBURSEMENT	1	0	0
<b>Unduplicated Client Total</b>	<b>993</b>	<b>1,091</b>	<b>1,140</b>

\*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, 2013.

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, 2012\*

	Service Month		
	Oct-12	Nov-12	Dec-12
<b>Total Wait List at Beginning of Month*</b>	<b>21,916</b>	<b>22,009</b>	<b>22,069</b>
<b>Client Count for APD Non-Medicaid Services</b>	<b>993</b>	<b>1,091</b>	<b>1,140</b>
<b>Client Count for Medicaid State Plan Medical, Facility, and Pharmacy Services***</b>	<b>11,043</b>	<b>11,044</b>	<b>10,975</b>
<b>All Wait List Clients Receiving Services**</b>	<b>11,636</b>	<b>11,700</b>	<b>11,657</b>
<b>Count of Wait List Clients Not Receiving Services</b>	<b>10,280</b>	<b>10,309</b>	<b>10,412</b>
<b>Percent of Wait List Not Receiving Services</b>	<b>46.9%</b>	<b>46.8%</b>	<b>47.2%</b>

\* 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 HP Data Warehouse as of February 1, 2013.

### 3. Waiver Enrollment in Fiscal Year 2012-13

Table 3 summarizes new waiver enrollment to date in FY 2012-13. 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 3: New Waiver Enrollment

<b>Month Enrolled</b>	<b>Total Enrolled</b>
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
Jul-12	21
Aug-12	24
Sep-12	27
Oct-12	38
Nov-12	22
Dec-12	16
<b>Total</b>	<b>834</b>

Source: ABC Database as of February 1, 2013, 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.

## 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. 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 4: Length of Wait for Any Waiver Services  
as of January 1, 2013**

Length of Wait	Date Placed on Wait List	Wait List Clients	
		#	%
1 Year or Less	January 1, 2012 or later	1,723	7.8%
1+ to 2 Years	January 1, 2011 - December 31, 2011	1,771	8.0%
2+ to 3 Years	January 1, 2010 - December 31, 2010	2,034	9.2%
3+ to 4 Years	January 1, 2009 - December 31, 2009	2,271	10.3%
4+ to 5 Years	January 1, 2008 - December 31, 2008	2,148	9.7%
5+ to 6 Years	January 1, 2007 - December 31, 2007	2,344	10.6%
6+ to 7 Years	January 1, 2006 - December 31, 2006	2,425	11.0%
7+ to 8 Years	January 1, 2005 - December 31, 2005	1,865	8.4%
8+ to 9 Years	January 1, 2004 - December 31, 2004	1,846	8.3%
9+ to 10 Years	January 1, 2003 - December 31, 2003	1,875	8.5%
More than 10 Years	On or before December 31, 2002	1,813	8.2%
<b>Total Wait List*</b>		<b>22,115</b>	<b>100.0%</b>

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, 2013.

## 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 2012-13 Waiver Budget Forecast

	General Revenue	Trust Funds	Total
<b>Blended rate adopted by the SSEC for FY 2012-13</b>	<b>0.4227</b>	<b>0.5773</b>	
<b>Appropriation</b>	\$ 343,208,923	\$ 468,735,534	\$ 811,944,457
<b>Appropriation Qualified Expenditure Category (QEC)*</b>	\$ 27,524,911	\$ 37,591,983	\$ 65,116,894
<b>Other Adjustments</b>	\$ -	\$ -	
<b>New Appropriation</b>	\$ 370,733,834	\$ 506,327,517	\$ 877,061,351
<b>Less FY 2011-12 Projected Deficit</b>	\$ (17,020,370)	\$ (22,934,002)	\$ (39,954,372)
<b>Less FY 2012-13 Projected Expenditures</b>	\$ (370,733,834)	\$ (506,327,517)	\$ (877,061,351)
<b>Total Projected APD Waiver Balance FY 2012-13</b>	<b>\$ (17,020,370)</b>	<b>\$ (22,934,002)</b>	<b>\$ (39,954,372)</b>

\*This appropriation is in Reserve in a Qualified Expenditure Category (QEC) which will only be accessed at the time when additional funding in the Waiver category is needed. Funding is accessed via a budget amendment approved by the Joint Legislative Budget Commission. For FY 2012-13, the agency projects to remain within budget of \$370.7 million GR which includes the QEC category funding.