



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

Third Quarter Fiscal Year 2011/12  
(January, February, March)

Submitted May 2012



Rick Scott  
Governor

Michael P. Hansen  
Director

## 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 disabilities, 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 January through March 2012, an average of 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 10,000 received some state services through the Medicaid State Plan, which leaves over 9,000 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. APD will be expanding this waiver across the state during the 2011-2012 Fiscal Year with final implementation by the end of FY 2012-2013. 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, Barbara Palmer, may be reached at 850-922-4487.

## 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.

“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
Jan-12	17,328	\$57,771,622.78	9,212	\$5,147,065.57	3,011	\$4,347,792.23	29,551	\$67,266,480.58
Feb-12	17,325	\$73,256,332.89	9,188	\$6,494,786.74	2,998	\$5,443,845.36	29,511	\$85,194,964.99
Mar-12	17,367	\$52,178,230.13	9,161	\$5,410,087.94	2,990	\$4,618,820.41	29,518	\$62,207,138.48

\* 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 May 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							Client Total*
	Tier 1, 2 & 3	CDC+	Tier 4	iBudget	IFS	Room\Board		
Jan-12	15,407	1,839	8,978	2,903	649	566	28,878	
Feb-12	15,394	1,853	8,925	2,880	676	547	28,811	
Mar-12	15,356	1,864	8,824	2,857	617	518	28,666	

\* 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 May 1, 2012.

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	
		#	%
Jan-12	29,551	19,434	65.8%
Feb-12	29,511	18,500	62.7%
Mar-12	29,518	17,669	59.9%

\* 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 May 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		
	Jan-12	Feb-12	Mar-12	Jan-12	Feb-12	Mar-12	Jan-12	Feb-12	Mar-12
Adult Day Training - Faculty Based	8,249	8,301	7,937				2,249	2,300	2,186
Adult Day Training - Off Site	219	215	195				43	44	36
Adult Dental Services	454	501	527						
Behavior Analysis Level 1	2,250	2,216	1,920				213	212	178
Behavior Analysis Level 2	725	689	637				101	91	90
Behavior Analysis Level 3	1,192	1,179	961				165	143	100
Behavior Assistant Services	672	644	631				27	23	29
Behavioral Analysis Services Assessment	16	21	19				8	9	1
CDC Consultant Services				1,180	1,197	1,182			
CDC Monthly Allowance				1,837	1,852	1,862			
Companion	4,093	3,971	3,808				4	4	4
Consumable Medical Supplies	4,615	4,320	4,365				1,974	1,778	1,858
Dietician Services	93	87	87						
Durable Medical Equipment	13	8	11				1		2
Environmental Accessibility Adaptations	4	0	2				1	1	1
Environmental Accessibility Assessment							1		
In-Home Support Services (Awake) Qtr. Hour	1,220	1,230	1,213				2,890	2,838	2,749
In-Home Support Services (Live-In) Day	1,360	1,312	1,278				1	2	

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

Service Description	Tier 1, 2 and 3			CDC+			Tier 4		
	Jan-12	Feb-12	Mar-12	Jan-12	Feb-12	Mar-12	Jan-12	Feb-12	Mar-12
Occupational Therapy	428	424	397						
Occupational Therapy Assessment	1	1	3						
Personal Care Assistance	2,939	2,894	2,832						
Personal Emergency Response - Installation		2							
Personal Emergency Response - Service	87	86	69				8	9	8
Personal Supports	1,059	1,043	952				153	151	135
Physical Therapy	904	863	847						
Physical Therapy - Assessment	10		1						
Private Duty Nursing	117	119	130						
Private Duty Nursing - RN	16	18	18						
Residential Habilitation - Behavior Focused Day	23	26	23						
Residential Habilitation - Behavior Focused Month	1,245	1,229	1,202						
Residential Habilitation - Intensive Behavior Day	546	543	531				12	12	6
Residential Habilitation - Quarter hour	59	63	47						
Residential Habilitation - Standard Day	235	209	197						
Residential Habilitation - Standard Monthly	5,605	5,593	5,461						
Residential Nursing Services	123	115	102					1	1
Residential Nursing Services - RN	68	46	52						
Respiratory Therapy	29	30	27						
Respiratory Therapy Assessment	1	1							
Respite Care - Day	116	109	103				54	62	86
Respite Care - Quarter Hour	1,295	1,231	1,213				1,457	1,422	1,351
Skilled Nursing - LPN	43	43	42						
Skilled Nursing - RN	19	16	18						
Special Medical Home Care	18	18	18						
Specialized Mental Health - Assessment	2	1	1						
Specialized Mental Health - Therapy	308	305	253						
Speech Therapy	613	589	583						
Speech Therapy - Assessment	2	0	2						
Support Coordination	16,419	16,292	15,789				6,371	6,271	6,047
Support Coordination - Transitional	8	9	6						
Support Coordination Limited	503	509	492	458	458	435	2,428	2,432	2,291
Supported Employment	822	789	728				849	842	785
Supported Living Coaching	2,947	2,812	2,653				841	813	751
Transportation - Mile	92	91	77				2	1	
Transportation - Month	943	925	895				250	252	247
Transportation - Trip	5,239	5,160	4,858				1,549	1,533	1,389
<b>Unduplicated Client Count</b>	<b>18,094</b>	<b>18,071</b>	<b>17,998</b>	<b>1,840</b>	<b>1,856</b>	<b>1,864</b>	<b>9,634</b>	<b>9,549</b>	<b>9,427</b>

\* Based on historical payment patterns waiver services are incomplete due to anticipated unsubmitted claims. There is no separate waiver fund code for iBudget in the Medicaid data warehouse.

Source: Medicaid HP Data Warehouse as of May 1, 2012.

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

Table 2a lists non-Medicaid APD services received in January, February and March 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 January 1, February 1, and March 1, 2012\*

	Service Month		
	Jan-12	Feb-12	Mar-12
<b>Total Wait List at Beginning of Month*</b>	<b>20,974</b>	<b>21,032</b>	<b>21,131</b>
<b>Paid Service</b>			
ADULT DAY TRAINING	228	239	259
BEHAVIOR ANALYSIS	21	22	24
COMMUNITY BASED EMPLOYMENT	336	339	324
DENTAL SERVICES	1	10	4
ELIGIBILITY DETERMINATION AND SUPPORT PLANNING	6	7	2
HOME ASSISTANCE	32	36	44
MEDICAL SERVICES	5	5	5
PERSONAL AND FAMILY CARE SERVICES	19	16	18
PHYSICAL THERAPY	0	0	1
PRESUPPORTED TRANSITIONAL LIVING	42	45	41
PSYCHOLOGICAL THERAPY	55	59	60
RESIDENTIAL HABILITATION SERVICES	29	28	28
RESPIRE	79	66	82
SPEECH THERAPY	0	0	1
SUPPLIES AND EQUIPMENT	22	36	37
SUPPORT COORDINATION	360	267	327
SUPPORTED LIVING	20	20	19
TRANSPORTATION	126	122	135
LONG TERM RESIDENTIAL SERVICES	15	13	11
<b>Unduplicated Client Total</b>	<b>1,158</b>	<b>1,090</b>	<b>1,164</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 May 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 January 1, February 1, and March 1, 2012\*

	Service Month		
	Jan-12	Feb-12	Mar-12
<b>Total Wait List at Beginning of Month*</b>	<b>20,974</b>	<b>21,032</b>	<b>21,131</b>
<b>Client Count for APD Non-Medicaid Services**</b>	<b>1,158</b>	<b>1,090</b>	<b>1,164</b>
<b>Client Count for Medicaid State Plan Medical, Facility, and Pharmacy Services***</b>	<b>10,886</b>	<b>10,710</b>	<b>10,590</b>
<b>All Wait List Clients Receiving Services**</b>	<b>11,541</b>	<b>11,349</b>	<b>11,274</b>
<b>Count of Wait List Clients Not Receiving Services</b>	<b>9,433</b>	<b>9,683</b>	<b>9,857</b>
<b>Percent of Wait List Not Receiving Services</b>	<b>45.0%</b>	<b>46.0%</b>	<b>46.6%</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 May 1, 2012.

### 3. Waiver Enrollment in Fiscal Year 2011-12

Table 3 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 3: New Waiver Enrollment

<b>Month Enrolled</b>	<b>Total Enrolled</b>
Jan-10	45
Feb-10	78
Mar-10	61
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
<b>Total</b>	<b>1151</b>

\* 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.

Source: ABC Database as of May 1, 2012, and other APD 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. 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 April 1, 2012

Length of Wait	Date Placed on Wait List	Wait List Clients	
		#	%
1 Year or Less	April 1, 2011 or later	1,707	8.0%
1+ to 2 Years	April 1, 2010 - March 31, 2011	2,000	9.4%
2+ to 3 Years	April 1, 2009 - March 31, 2010	2,295	10.8%
3+ to 4 Years	April 1, 2008 - March 31, 2009	2,217	10.5%
4+ to 5 Years	April 1, 2007 - March 31, 2008	2,295	10.8%
5+ to 6 Years	April 1, 2006 - March 31, 2007	2,569	12.1%
6+ to 7 Years	April 1, 2005 - March 31, 2006	2,046	9.6%
7+ to 8 Years	April 1, 2004 - March 31, 2005	1,744	8.2%
8+ to 9 Years	April 1, 2003 - March 31, 2004	2,139	10.1%
9+ to 10 Years	April 1, 2002 - March 31, 2003	804	3.8%
More than 10 Years	On or before March 31, 2002	1,392	6.6%
<b>Total Wait List*</b>		<b>21,208</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 April 1, 2012.

## 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 2011-12 Waiver Budget Forecast

FY 11-12 APD Waiver Projections as of May 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
FMAP 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)
Other Adjustments HB 5001 (GAA) Section 38 Back of Bill	\$ 20,500,000	\$ 26,027,463	\$ 46,527,463
<b>Total Projected APD Waiver Balance FY 11-12</b>	<b>\$ (23,029,268)</b>	<b>\$ (28,976,197)</b>	<b>\$ (52,005,465)</b>