



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

First Quarter Fiscal Year 2013-14
(July, August, September)

Submitted November 2013



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Introduction

Each month, the **Agency for Persons with Disabilities (APD)** serves approximately 29,500 people across Florida through 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 Life skills development level 1, 2 and 3, occupational therapy, behavior analysis, adaptive and medical equipment, and physical therapy.

From July through September 2013, an average of about 1,000 people on the Wait List for waiver services received General Revenue and Social Services Block Grant (SSBG) services through the agency, and more than 12,000 received some state services through the Medicaid State Plan, which leaves less than 10,300 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 July 1, 2013 APD has moved 100% of waiver clients to the iBudget Florida waiver statewide.

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 | iBudget CDC | | iBudget | | All Waivers | |
|--------|--------------------|-----------------------|--------------------|-----------------------|--------------------|-----------------------|
| | Enrolled Clients** | Total Waiver Payments | Enrolled Clients** | Total Waiver Payments | Enrolled Clients** | Total Waiver Payments |
| Jul-13 | 1,875 | \$4,705,608.18 | 26,975 | \$67,893,096.59 | 28,850 | \$72,598,704.77 |
| Aug-13 | 1,873 | \$4,647,046.07 | 27,367 | \$66,540,415.19 | 29,240 | \$71,187,461.26 |
| Sep-13 | 1,888 | \$4,779,083.73 | 27,479 | \$63,073,146.63 | 29,367 | \$67,852,230.36 |

*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 November 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 | | | | |
|---------------|---|---------|-----|------------|---------------|
| | iBudget CDC | iBudget | IFS | Room\Board | Client Total* |
| Jul-13 | 1,864 | 26,190 | 463 | 362 | 28,325 |
| Aug-13 | 1,866 | 26,336 | 440 | 358 | 28,236 |
| Sep-13 | 1,879 | 26,322 | 422 | 322 | 28,224 |

*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 November 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 | |
|---------------|-------------------------|---------------------|--------|
| | | # | % |
| Jul-13 | 28,850 | 16,974 | 58.84% |
| Aug-13 | 29,240 | 17,077 | 58.40% |
| Sep-13 | 29,367 | 15,372 | 52.34% |

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 November 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 | iBudget | | |
|---|---------|--------|--------|
| | Jul-13 | Aug-13 | Sep-13 |
| Adult Dental Services | 557 | 510 | 638 |
| Behavior Analysis - Level 1 | 1,239 | 1,167 | 1,120 |
| Behavior Analysis - Level 2 | 670 | 675 | 653 |
| Behavior Analysis - Level 3 | 2,026 | 1,842 | 1,802 |
| Behavior Analysis Assessment | 21 | 23 | 21 |
| Behavior Assistant Services | 450 | 424 | 425 |
| CDC Monthly Allowance | 1,928 | 1,932 | 1,933 |
| Consumable Medical Supplies | 4,806 | 4,276 | 4,608 |
| Dietitian Services | 64 | 61 | 55 |
| Durable Medical Equipment | 25 | 24 | 23 |
| Environmental Accessibility Adaptations | 5 | 3 | 1 |
| Environmental Accessibility Adaptations -- Assessment | 3 | 1 | 7 |
| Incontinence Supplies; All Types | 5,328 | 4,761 | 4,778 |
| Life Skills Development - Level 1 (Community Inclusion) | 2,959 | 2,837 | 2,756 |
| Life Skills Development - Level 2 (Supported Empl - Group) | 24 | 20 | 29 |
| Life Skills Development - Level 2 (Supported Empl - Individual) | 1,496 | 1,400 | 1,384 |
| Life Skills Development - Level 3 (ADT) - Facility Based | 10,279 | 9,953 | 9,918 |
| Life Skills Development - Level 3 (ADT) - Off Site | 68 | 68 | 66 |

1. Services Received by Waiver Enrollees (continued)

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

| Service Description | iBudget | | |
|---|---------------|---------------|---------------|
| | Jul-13 | Aug-13 | Sep-13 |
| Occupational Therapy | 356 | 367 | 356 |
| Occupational Therapy - Assessment | 0 | 0 | 0 |
| Personal Emergency Response System - Installation | 1 | 0 | 1 |
| Personal Emergency Response System - Service | 128 | 127 | 127 |
| Personal Supports | 9,390 | 9,255 | 9,151 |
| Physical Therapy | 815 | 821 | 802 |
| Physical Therapy - Assessment | 3 | 6 | 3 |
| Private Duty Nursing | 164 | 165 | 166 |
| Residential Habilitation - Behavioral Focus (day) | 19 | 24 | 29 |
| Residential Habilitation - Intensive Behavior (day) | 521 | 523 | 517 |
| Residential Habilitation - Standard (day) | 265 | 254 | 233 |
| Residential Habilitation (month) | 7,004 | 6,974 | 6,936 |
| Residential or Skilled Nursing - LPN | 119 | 116 | 113 |
| Residential or Skilled Nursing - RN | 54 | 37 | 36 |
| Respiratory Therapy | 33 | 33 | 32 |
| Respiratory Therapy - Assessment | 1 | 0 | 0 |
| Respite (under 21 only) | 1,384 | 1,406 | 1,381 |
| Respite, Skilled | 1 | 1 | 0 |
| Special Medical Home Care | 19 | 18 | 18 |
| Specialized Mental Health Assessment | 1 | 2 | 0 |
| Specialized Mental Health Counseling | 225 | 213 | 203 |
| Speech Therapy | 431 | 408 | 435 |
| Speech Therapy - Assessment | 0 | 3 | 0 |
| Support Coordination | 22,548 | 22,331 | 21,762 |
| Support Coordination - CDC Consultant | 1,399 | 1,384 | 1,290 |
| Support Coordination (Enhanced) | 6 | 7 | 6 |
| Support Coordination (Limited) | 2,854 | 2,830 | 2,792 |
| Support Coordination (Limited) - CDC | 412 | 404 | 378 |
| Supported Living Coaching | 3,560 | 3,382 | 3,258 |
| Transportation - mile | 81 | 79 | 79 |
| Transportation - month | 980 | 992 | 1,001 |
| Transportation - trip | 5,794 | 5,625 | 5,407 |
| Unduplicated Client Count | 28,307 | 28,350 | 28,301 |

Note: Based on historical payment patterns waiver services are incomplete due to anticipated unsubmitted claims.

Source: Medicaid HP Data Warehouse as of November 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 July, August and September 2013 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 July 1, August 1, and September 1, 2013*

| | Service Month | | |
|---|---------------|---------------|---------------|
| | Jul-13 | Aug-13 | Sep-13 |
| Total Wait List at Beginning of Month* | 22,432 | 22,034 | 21,911 |
| Paid Service | | | |
| ADULT DAY TRAINING | 262 | 261 | 246 |
| BEHAVIOR ANALYSIS | 12 | 17 | 12 |
| COMMUNITY BASED EMPLOYMENT | 233 | 236 | 201 |
| DENTAL SERVICES | 1 | | |
| ELIGIBILITY AND PLANNING | 5 | 3 | 1 |
| HOME ASSISTANCE | 30 | 28 | 27 |
| LONG-TERM RESIDENTIAL SVS | 12 | 9 | 10 |
| MEDICAL SERVICES | 2 | 5 | 2 |
| PERSONAL/FAMILY CARE SVS | 18 | 15 | 13 |
| OCCUPATIONAL THERAPY | | | |
| PHYSICAL THERAPY | | | |
| PSYCHOLOGICAL THERAPY | 90 | 83 | 84 |
| RECREATIONAL THERAPY | | 1 | 1 |
| RESIDENTIAL HABILITATION SVS | 32 | 36 | 29 |
| RESPITE CARE | 60 | 63 | 59 |
| SPEECH THERAPY | | | |
| SUPPLIES/EQUIPMENT | 26 | 29 | 17 |
| SUPPORT COORDINATION | 230 | 181 | 246 |
| SUPPORTED LIVING | 50 | 53 | 46 |
| TRANSPORTATION | 123 | 126 | 116 |
| TRAVEL | | | |
| | | | |
| Unduplicated Client Total | 962 | 919 | 916 |

*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 November 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 July 1, August 1, and September 1, 2013*

| | Service Month | | |
|---|---------------|---------------|---------------|
| | Jul-13 | Aug-13 | Sep-13 |
| Total Wait List at Beginning of Month* | 22,432 | 22,034 | 21,911 |
| Client Count for APD Non-Medicaid Services | 962 | 919 | 916 |
| Client Count for Medicaid State Plan Medical, Facility, and Pharmacy Services*** | 11,462 | 11,149 | 10,776 |
| All Wait List Clients Receiving Services** | 12,074 | 11,717 | 11,346 |
| Count of Wait List Clients Not Receiving Services | 10,358 | 10,317 | 10,565 |
| Percent of Wait List Not Receiving Services | 46.2% | 46.8% | 48.2% |

* 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 November 1, 2013.

3. Waiver Enrollment in Fiscal Year 2013-14

Table 4 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. 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

| Month Enrolled | Total Enrolled |
|-----------------------|-----------------------|
| 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 |
| Jan-13 | 23 |
| Feb-13 | 19 |
| Mar-13 | 10 |
| Apr-13 | 27 |
| May-13 | 33 |
| Jun-13 | 18 |
| Jul-13* | 679 |
| Aug-13 | 27 |
| Sep-13 | 57 |
| Total | 1338 |

Source: ABC Database as of November 1, 2013 and other ABC tracking systems.

Crisis clients enrolled were not broken down by FSL and HCBS starting Oct 08 due to tiers.

*For the month of the July 2013, APD enrolled 652 consumers off the waitlist besides 27 consumers through the crisis process.

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. Currently, agency policy allows people to remain on the Wait List if they currently do not need services or do not qualify for Medicaid yet. 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 5: Length of Wait for Any Waiver Services
as of October 1, 2013**

| Length of Wait | Date Placed on Wait List | Wait List Clients | |
|-------------------------|-------------------------------------|-------------------|-------------|
| | | # | % |
| 1 Year or Less | November 1, 2012 or later | 1,424 | 6.6% |
| 1+ to 2 Years | November 1, 2011 - October 30, 2012 | 1,666 | 7.7% |
| 2+ to 3 Years | November 1, 2010 - October 30, 2011 | 1,764 | 8.2% |
| 3+ to 4 Years | November 1, 2009 - October 30, 2010 | 1,888 | 8.7% |
| 4+ to 5 Years | November 1, 2008 - October 30, 2009 | 2,070 | 9.6% |
| 5+ to 6 Years | November 1, 2007 - October 30, 2008 | 1,993 | 9.2% |
| 6+ to 7 Years | November 1, 2006 - October 30, 2007 | 2,136 | 9.9% |
| 7+ to 8 Years | November 1, 2005 - October 30, 2006 | 2,202 | 10.2% |
| 8+ to 9 Years | November 1, 2004 - October 30, 2005 | 1,653 | 7.7% |
| 9+ to 10 Years | November 1, 2003 - October 30, 2004 | 1,689 | 7.8% |
| More than 10 Years | On or before October 30, 2003 | 3,096 | 14.3% |
| Total Wait List* | | 21,581 | 100% |

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 October 1, 2013.

Projected Waiver Costs and Appropriations

Table 6 provides information concerning projected waiver costs compared to the available appropriations and any projected surpluses or deficits.

| FY 2013-14 APD WAIVER PROJECTIONS | General Revenue | Trust Funds | Total |
|---|------------------|------------------|------------------|
| Blended rate adopted by the SSEC for FY 2013-14 | 0.4133 | 0.5867 | |
| Appropriation | \$ 378,272,973 | \$ 536,977,383 | \$ 915,250,356 |
| Corrected FMAP Adjustment | | | \$ - |
| New Appropriation | \$ 378,272,973 | \$ 536,977,383 | \$ 915,250,356 |
| Less FY 2012-13 Projected Deficit | \$ - | \$ - | \$ - |
| Less FY 2013-14 Expenditures | \$ (368,226,547) | \$ (522,715,981) | \$ (890,942,528) |
| | | | |
| Total APD Waiver Balance FY 2013-14 | \$10,046,426 | \$14,261,402 | \$24,307,828 |

Table 6: Fiscal Year 2013-14 Waiver Budget Forecast