

MILLIMAN REPORT

State of Florida Agency for Persons with Disabilities

Estimated Fiscal Impact of Minimum Wage Changes

November 23, 2021

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Table of Contents

I. BACKGROUND INFORMATION AND SUMMARY OF RESULTS.....	1
II. METHODOLOGY	4

EXHIBITS

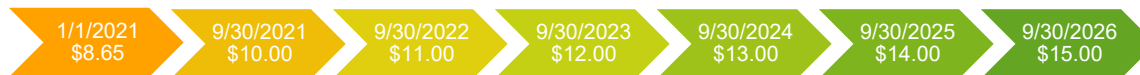
Exhibit 1A: Estimated Impact of Minimum Wage Increases by Service Category

Exhibit 1B: Estimated Impact of Minimum Wage Increases by Service Category – Year Over Year Change

This material assumes that the reader is familiar with the State of Florida’s iBudget Waiver program. The material was prepared solely to provide assistance to APD in developing future budget expenditure impact estimates for the iBudget Waiver and CDC+ programs through APD as a result of minimum wage increases laid out in Florida statute. It may not be appropriate for other purposes. Milliman does not intend to benefit, and assumes no duty or liability to, other parties who receive this work. This material should only be reviewed in its entirety.

I. BACKGROUND INFORMATION AND SUMMARY OF RESULTS

On November 3, 2020, Florida voters approved Amendment 2, which increases the state's hourly minimum wage according to the following schedule:¹



Subsequent to these increases, the minimum wage will be adjusted annually for inflation, beginning in 2027.

Pursuant to the 2021-2022 General Appropriations Act (GAA), State of Florida agencies are required to review all agency contracts that may be impacted by this regulation and provide estimated financial impacts by year. The Agency for Persons with Disabilities (APD) retained Milliman, Inc. (Milliman) to estimate the impact of the change in the minimum wage to APD's expenditures over the next five state fiscal years (July to June).

We estimated the impact to APD expenditures due to the state hourly minimum wage increases specifically for wages paid by APD for direct care services for iBudget Waiver program enrollees. We expect providers to comply with these wage increases and as such, we calculated the estimated impact of the minimum wage increases by year assuming that the APD provider rate tables will be updated to reflect the increases in provider costs.

There are likely many economic impacts as of a result of the change in the minimum wages that we have not estimated as part of this report, including but not limited to those listed below. Individually or in aggregate, each of the following non-modeled impacts could have a significant impact upon the actual expenditure estimates included in this report:

- Increase in wages may change the supply of providers as more individuals may be willing to enter professions that previously were lower wage positions. This increase in supply may lead to changes in utilization of services. We have not estimated potential service utilization impacts.
- The increase in the minimum wage may have an upward impact on wages of individuals above the new minimum wages as their colleagues receive raises. In such case, the increase in minimum wage may increase the floor of wages with corresponding increases to maintain pay differentials between positions and levels of experience. We have not estimated the potential incremental impact on wages paid to individuals paid rates greater than the new minimum wage.
- The expenditures shown in this report are a combination of federal and state spending. Each year, income information for the previous three calendar years is reviewed to establish each state's federal medical assistance percentage (FMAP) using the following formula:

$$FMAP = 1 - \frac{(\text{State Income Per Capita})^2}{(\text{National Income Per Capita})^2} * 45\%$$

As such, states with higher income per capita receive a lower percentage of total costs funded by the federal government than states with lower income per capita. Florida's FMAP may decrease if the change in minimum wage increases Florida's state income per capita at a higher rate than the national income per capita. We have not estimated potential changes to Florida's FMAP and the potential impact on state expenditures.

- The expenditure increases in this report reflect estimated changes in the cost of reimbursement for direct care services due to rising wages. There are additional cost increases that APD may be subject to as a result of cost increases, such as an increase in supplies due to increasing wages at the supplier. We did not estimate any increase in non-direct care costs.

¹ <http://www.leg.state.fl.us/statutes/index.cfm?submenu=3#A10S24>

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- These estimates assume a consistent program design, provider landscape, and overall utilization of services. Future changes to any of these aspects of the program may impact program expenditures, and therefore, may invalidate the incremental impact of these estimates.
- These estimates are calculated based on increases to the minimum wage as of January 2021 and do not consider increases to the minimum wage that may have occurred in absence of Amendment 2 above the current \$8.65 per hour.

This analysis relies on assumptions and results from prior work done by Milliman to develop and update payment rates for several services for APD in 2015 and 2017. However, it is our understanding the rates developed by Milliman were not implemented as provided, but rather rates were changed annually based on appropriation levels and overall program needs. As such, the assumption used in this analysis and the relationships between the various payment rate components may not align exactly with the current fee schedule, and may, thus, contribute to estimation errors. Please note, the responsibility to pay direct care professionals at or above the minimum wage is the responsibility of providers and not APD.

It is important to note that current payment rates for select services reflect reimbursement below the \$10.00 minimum wage change effective September 30, 2021. This list includes at least one variation of the following services: Life Skills Development - Level 1 (Companion), Life Skills Development - Level 2 (Supported Employment - Group), Life Skills Development - Level 3 (ADT) - Facility Based, Life Skills Development - Level 3 (ADT) - Off Site, Personal Supports, Residential Habilitation - Assisted Living Facility / Assistive Care Services, and Residential Habilitation - Live-In, and Respite.

RESULTS SUMMARY

Table 1 below shows our projected expenditures by state fiscal year (SFY) assuming APD adjusts its provider payment rates to include wage components at or above the minimum wage in Florida.

Table 1 Florida Agency for Persons with Disabilities Estimated Impact of Minimum Wage Increases State Fiscal Year Summary					
State Fiscal Year	Total Estimated Expenditures	Year Over Year Change in Estimated Expenditures	Estimated Expenditure Over CY 2019 Baseline	Year to Year Percentage Increase	Cumulative Percentage Increase
SFY 20/21	\$1,144,933,705	\$0	\$0		0%
SFY 21/22	1,162,852,031	17,918,327	17,918,327	2%	2%
SFY 22/23	1,204,685,256	41,833,225	59,751,551	4%	5%
SFY 23/24	1,270,422,031	65,736,775	125,488,326	5%	11%
SFY 24/25	1,351,930,933	81,508,902	206,997,228	6%	18%
SFY 25/26	1,438,806,877	86,875,944	293,873,172	6%	26%
SFY 26/27	1,526,467,420	87,660,543	381,533,715	6%	33%

The attached Exhibits 1A and 1B provide more detail by service category.

The remainder of this report outlines the methodology and assumptions used to estimate the expenditure increases.

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IMPORTANT LIMITATIONS AND CAVEATS

We prepared this report for the specific purpose of developing estimates of the fiscal impact of increasing the minimum wage. This report may not be appropriate, and should not be used, for other purposes.

This report is intended solely for the use and benefit of APD, and it is only to be relied upon by APD. Milliman recognizes that materials it delivers to APD may be public records subject to disclosure to third parties; however, Milliman does not intend to benefit, and assumes no duty or liability to, other parties who receive this work. It should only be distributed and reviewed in its entirety.

In preparing this material, we relied on several sources of data and information provided by APD. Those data sources and information include detailed service plan data, fee-for-service (FFS) claims data, Consumer-Directed Care Plus (CDC+) aggregate expenditure data, provider rate tables, iBudget program enrollment data, and other supporting information. We relied on APD for the accuracy of the service plan data, FFS claims data, and other supporting information. **We did not audit any of the data sources or other information**, but we did assess the data and information for reasonableness. If the data or other information used is inadequate or incomplete, the results will be likewise inadequate or incomplete.

Milliman has developed certain models to estimate the values included in this report. The intent of the models was to develop estimates of the fiscal impact of increasing minimum wage. We have reviewed the models, including their inputs, calculations, and outputs for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOPs). The models, including all input, calculations, and output, may not be appropriate for any other purpose.

APD budget expenditures will differ from the estimates included in this report due to differences in health care trend, provider reimbursement levels, enrollment demographic changes, the impact of the COVID-19 pandemic, and many other factors. It is certain that actual experience will not conform exactly to the assumptions used. Actual amounts will differ from projected amounts to the extent that actual experience is better or worse than expected.

The results of this report are technical in nature and are dependent upon specific assumptions and methods. No party should rely on these results without a thorough understanding of those assumptions and methods. Such an understanding may require consultation with qualified professionals.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. The authors of this report are consulting actuaries at Milliman, are members of the American Academy of Actuaries, and meet the Qualification Standards of the Academy to render the actuarial communication contained herein. To the best of our knowledge and belief, this communication is complete and accurate and has been prepared in accordance with generally recognized and accepted actuarial principles and practices.

This report is subject to the terms and conditions of the October 12, 2021 contract between the Florida Agency for Health Care Administration and Milliman.

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II. METHODOLOGY

The following section outlines the detailed methodology used to develop the future budget expenditure impact estimates for the iBudget Waiver and CDC+ programs as a result of minimum wage increases laid out in Florida statute.

BASE DATA

APD provided historical claims data from July 2017 through June 2018 (SFY 17/18), July 2018 through June 2019 (SFY 18/19), and July 2019 through June 2020 (SFY 19/20). The data provided reflects two different sets of information:

1. Service plan data – These data files include the set of APD authorized services for a given recipient. This data included specific CPT and modifier information, fee types, and the qualifying providers to render the appropriate services.
2. Claims data – These data files include the set of actual claims for services utilized by a recipient, in accordance with the authorized services in the service plan.

APD provided three years of historical data for us to better understand changes in utilization and service mix over time. After reviewing the data, we found very minimal differences year over year attributed to service mix. However, overall utilization decreased significantly in SFY 19/20 as a result of the COVID-19 pandemic and public health emergency (PHE). Given this suppressed utilization, we elected to use the 12-month base period of January 2019 through December 2019 (CY 2019) for our analysis. This time period reflects the most complete 12-months prior to the impact of the COVID-19 pandemic and includes a sufficient amount of claims runout.

Using the CY 2019 data, we summarized the complete set of utilization and paid claims experience by the following variables in order to appropriately match with the provider rate from the APD rate table:

- Procedure code and modifier – Codes identifying the specific service rendered by the provider.
- Agency vs. Solo – Provider classification reflecting a business or organization enrolled to provide waiver services that has two or more employees to carry out the enrolled services (Agency) relative to a self-employed provider who personally renders waiver services directly to recipients and does not employ others to render waiver services (Solo).
- Geographical reference – Geographic location of the services separated by Geographical (Palm Beach, Broward, and Dade Counties), Monroe County, and Non-Geographical (all other counties).
- Billing unit – A unit that describes how the service is billed (e.g., by the quarter hour (QH), hour, day, month, visit, etc.). The billing unit varies by procedure code and modifier.
- Ratio – The ratio denotes the number of recipients served, for services that can be delivered to one or more than one recipient at a time. Ratios of 1:1, 1:2, and 1:3 are examples of recipients served by a relationship of one staff to one recipient, one staff to two recipients, and one staff to three recipients, respectively. A ratio of 1:6 to 10 indicates the rate applies to a staff member serving 6 to 10 recipients.

We did not audit either of the data sources or other information, but we did assess the data and information for reasonableness and validate total expenditures relative to APD's check totals for the data received. Through our review of the provided data, we determined that 99.7% of total service utilization is validated by service authorizations documented in the service plan data.

We repriced all claims in the CY 2019 base data to reflect the July 1, 2021 fee schedule amounts in order to provide an expenditure comparison with current reimbursement rates.

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ESTIMATED FEE SCHEDULE IMPACT

The state's hourly minimum wage is set to increase by one dollar each year beginning September 30, 2021 through 2026. As such, the current fee schedule may need to be adjusted to reflect reimbursement to direct care professional staff in compliance with the minimum wage level. As a result, we use the existing July 1, 2021 fee schedule to calculate expected future expenditure levels for services rendered by direct care staff at or near the current minimum wage. In order to project future budget expenditures, we developed an alternate rate table adjusted to account for the minimum wage changes each year according to the following schedule:

- \$8.65 on January 1, 2021
- \$10.00 on September 30, 2021
- \$11.00 on September 30, 2022
- \$12.00 on September 30, 2023
- \$13.00 on September 30, 2024
- \$14.00 on September 30, 2025
- \$15.00 on September 30, 2026

The process to develop the fiscal impact includes several steps as outlined below.

Step 1: Conversion to Hourly Equivalent Rates

The July 1, 2021 APD provider rate table reflects services performed under various rating units. Services may be billed by the quarter hour, hour, day, month, or other units. We converted the relevant procedure codes to an hourly equivalent in order to reflect reimbursement at an hourly rate to align and easily compare with the hourly minimum wage. For services performed on a daily basis, the APD provider handbook suggests the numbers of service hours performed per day to meet the minimum criteria for a code to be billed, varying by service category. For services billed on a monthly basis, we use the implied days per month included in the provider rate table to convert monthly rates to a daily basis. Further, once monthly rates are converted to a daily basis, the daily equivalent hours from the APD provider handbook are used to convert to an hourly basis.

The provider rate table also reflects procedure codes under varying staffing ratios. For example, a 1:1 staffing ratio implies one direct care staff member to one recipient of the service. Similarly, the rates for a staffing ratio of 1:2 reflect one direct care staff member for every two recipients. For rates with a staffing ratio of 1:2, the procedure code is billed twice, once for each of the two recipients. To reflect the full reimbursement for the direct care provider, we adjust the rates to reflect the full reimbursement. In the instances of a 1:2 procedure code, this translates to multiplying the 1:2 rate in the rate table by 2. A similar approach is applied to all instances of procedure codes with a ratio greater than 1:1 within the rate table.

With these adjustments, the July 1, 2021 provider rate table is restated on an hourly basis for all services.

Step 2: Removal of Non-Wage Components

The July 1, 2021 provider rate table reflects the full reimbursement paid to providers for each service rendered. However, the reimbursement amount also covers general business expense components above and beyond the hourly wage paid to the direct care staff. These costs represent an organization's business and administration expenses and may or may not be directly related to providing care to APD's recipients.

In order to appropriately estimate the fiscal impact of increasing the minimum wage, we remove the non-wage components of the provider payment rate to isolate the hourly wage component, for comparison to the minimum wage. The following reflects the calculation typically used to create the final rates included in the provider rate table.

$$\frac{\text{hourly wage} \times (1 + \text{nondiscretionary benefit expense allowance} + \text{discretionary benefit expense allowance})}{(1 - \text{program related expense allowance} - \text{overhead and administrative expense allowance})}$$

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The components of the rate setting formula are defined as follows:

1. **Hourly wage:** Hourly wage paid to Direct Care Staff for direct care service hours, excluding benefits. Direct Care Staff are hired for the primary purpose of providing hands-on long-term care and personal assistance services related to the objectives in the recipient's service plan.
2. **Non-discretionary benefit expense allowance:** Employers are required to offer these benefits due to local, state, or federal mandates. This includes social security tax (FICA), federal unemployment tax (FUTA), state unemployment tax (SUTA), and worker's compensation. The non-discretionary benefit allowance is expressed as a percentage of the total salary for Direct Care Staff employees, excluding any employee benefits.
3. **Discretionary benefits expense allowance:** These expenses refer to the benefit package that is offered to Direct Care Staff employees. These benefits are offered by employers and not mandated by local, state, or federal government. Some examples of discretionary benefits include, but are not limited to, health insurance and retirement. The discretionary benefit allowance is expressed as a percentage of the total salary for direct care, excluding any employee benefits.
4. **Program related expense allowance:** These expenses are part of the operation for the location(s) in which care provided to APD's recipients occurs and / or related to the activities that occur at the location(s). They are not tied directly to the Direct Care Staff. Some examples of program related expenditures include, but are not limited to, supervision of Direct Care Staff, training expenses, supplies, and allowable program transportation for recipients provided during the service. The program related expense allowance is expressed as the program related expenses for that service over total service revenue.
5. **Overhead and administrative expense allowance:** These costs represent an organization's administration and overhead expenses and are not directly related to providing direct care services to APD's recipients. Some examples include administrative and / or supervisor's salaries (not covered under program related expense allowance), office expenses, and management of accounting. The overhead expense allowance is expressed as the overhead and administrative expenses for the entire business divided by all revenue earned by that business.

Previous work performed by Milliman helped to establish the estimated administrative cost components reflected in the APD provider rate table. We assigned these expense ratios to each relevant procedure code.

Step 3: Projection of Future Wage Component

With the hourly wages isolated, we compare the hourly wages implicit in the current July 1, 2021 provider rate table to the minimum wage instituted by year. For each future year, the assumed hourly wage is the maximum of:

1. The implicit hourly wage included in the July 1, 2021 provider rate table.
2. The minimum wage in effect, consistent with the previously outlined schedule.

There are instances in which the implicit hourly rate included in the July 1, 2021 provider rate table exceeds the minimum wage in a particular year, but does not exceed the minimum wage in future years. As an example, a direct care staff hourly wage of \$12.50 exceeds the current minimum wage of \$10.00 as of September 30, 2021; however, it does not exceed the planned minimum wage after September 30, 2024. In this instance, we assume the \$12.50 hourly wage implicit in the July 1, 2021 provider rate table through September 30, 2024, at which point we increase the implicit wage to align with the minimum wage by year.

Step 4: Reapply Non-wage Components and Convert to Rate Table Structure

Using the annual hourly wage components from Step 3, we re-build the provider rate table by applying the non-wage components previously removed in Step 2. Given the non-wage components are percentage of the hourly wage, increases in the hourly wage result in additional increase to the non-wage components to be paid to providers.

With the rates reflected on a total hourly equivalent, we adjust the rate units and ratios in the rate table consistent with Step 1 to align with the current rate table structure and reporting in the claims data.

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The end result of this step is the creation of a rate table, consistent with that of the July 1, 2021 rate table, for each subsequent year, reflecting the impact of the annual changes in the minimum wage for applicable services.

FUTURE PROJECTIONS

In order to develop future expenditure impact, we calculate total expenditures by year using the mix of services from CY 2019 relative to the future rate tables reflective of the minimum wage changes. Future expenditures are calculated separately on a SFY basis using the rate tables previously developed.

Given CY 2019 utilization is the basis for the projections, several additional adjustments are applied in order to develop the best estimate for the future budget impact. These adjustments are described below.

iBudget Program Expansion Adjustment

The state Legislature approved a \$95 million dollar increase in reoccurring funding for APD in 2021. As a result, an expected 1,900 individuals on the iBudget wait list in categories 1 through 5 are expected to be enrolled into the iBudget Waiver program. Since the underlying data used to develop the budget impact reflects CY 2019 enrollment levels, prior to the increase in the iBudget program, total expenditures are increased by 5.5% to reflect the expected addition of these recipients at a cost level consistent to members enrolled during the CY 2019 base period.

CDC+ Program Expenditure Adjustment

The detailed claims data provided by APD excludes recipients enrolled in the CDC+ program. CDC+ is a long-term care program alternative to the Medicaid Home and Community-Based Services (HCBS) Medicaid Waiver. The program provides the opportunity for individuals to improve the quality of their lives by being empowered to make choices about the supports and services that will meet their long-term care needs and to help them reach their goals. Recipients in CDC+ utilize many of the same types of services as recipients in the traditional iBudget program; however, they have their own discretion as to how to distribute and utilize these funds. Reimbursement for services provided to CDC+ recipients is not bound by the APD fee schedule.

Since recipients of CDC+ are likely to utilize services that may be reimbursed for low wage providers that may be impacted by the minimum wage increases, we approximate the impact of the minimum wage increase on expenditures for these individuals using high-level estimates from the non-CDC+ population. The following table outlines the SFY 18/19 and SFY 19/20 costs by broad service type for CDC+, Non-CDC+ and the corresponding scaling factor applied to the total expenditures by year in order to reflect the entire scope of APD expenditures. Since we ultimately use CY 2019 data, each SFY is shown in accordance with data available for the CDC+ program.

Service Type	iBudget Expenditures (Excluding CDC+)	iBudget Expenditures (CDC+)	Adjustment Factor
Behavior Assistant	\$3,001,553	\$711,447	1.2370
Life Skills Development - Level 1	53,702,206	8,315,668	1.1548
Life Skills Development - Level 2	79,866	259,904	4.2543
Life Skills Development - Level 3	92,060,939	3,964,322	1.0431
Personal Supports	277,146,418	92,966,176	1.3354
Residential Habilitation - Live-In	473,070,699	0	1.0000
Respite	14,642,439	5,972,061	1.4079

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Table 3B
Florida Agency for Persons with Disabilities
SFY 19/20 CDC+ Expenditure Adjustment Calculation

Service Type	iBudget Expenditures (Excluding CDC+)	iBudget Expenditures (CDC+)	Adjustment Factor
Behavior Assistant	\$2,504,389	\$530,993	1.2120
Life Skills Development - Level 1	49,502,159	9,302,551	1.1879
Life Skills Development - Level 2	51,802	245,707	5.7432
Life Skills Development - Level 3	70,850,074	3,449,830	1.0487
Personal Supports	258,681,752	103,617,423	1.4006
Residential Habilitation - Live-In	467,991,406	0	1.0000
Respite	12,517,501	5,016,012	1.4006

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EXHIBIT 1

Estimated Impact of Minimum Wage Increases by Service Category

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State of Florida Agency for Persons with Disabilities
Estimated Fiscal Impact of Minimum Wage Changes

November 23, 2021

Exhibit 1A
Florida Agency for Persons with Disabilities
Estimated Impact of Minimum Wage Increases by Service Category
State Fiscal Year Summary

Service Description	SFY 20/21 Total Estimated Expenditures	SFY 21/22 Total Estimated Expenditures	SFY 22/23 Total Estimated Expenditures	SFY 23/24 Total Estimated Expenditures	SFY 24/25 Total Estimated Expenditures	SFY 25/26 Total Estimated Expenditures	SFY 26/27 Total Estimated Expenditures
Behavior Analysis - Level 3	\$1,776,476	\$1,776,476	\$1,776,476	\$1,776,476	\$1,776,476	\$1,776,476	\$1,776,476
Behavior Assistant Services	3,587,513	3,587,513	3,600,579	3,786,871	4,087,986	4,408,612	4,729,238
Enhanced Intensive Behavioral Residential Habilitation	2,966,609	2,966,609	2,966,609	2,966,609	2,966,734	2,967,421	2,968,281
Enhanced Intensive Behavioral Residential Habilitation - Medical	683,477	683,477	683,477	683,477	683,698	684,911	686,429
Life Skills Development - Level 1 (Companion)	60,405,176	74,601,723	84,720,775	92,236,833	99,893,609	107,595,614	115,383,521
Life Skills Development - Level 2 (Supported Employment - Group)	366,531	369,882	377,528	386,235	394,941	404,932	415,873
Life Skills Development - Level 2 (Supported Employment - Individual)	6,230,721	6,230,721	6,230,721	6,230,721	6,230,721	6,230,721	6,230,721
Life Skills Development - Level 3 (ADT) - Facility Based	103,304,971	103,320,158	103,941,234	104,767,072	105,594,405	106,421,739	107,249,072
Life Skills Development - Level 3 (ADT) - Off Site	1,479,798	1,480,168	1,490,686	1,504,561	1,518,441	1,532,321	1,546,201
Personal Supports	415,782,045	418,233,936	446,130,707	482,263,073	518,406,007	554,549,530	590,693,054
Residential Habilitation - Assisted Living Facility / Assistive Care Services	4,385,463	5,315,323	6,047,173	6,609,701	7,172,228	7,734,756	8,297,284
Residential Habilitation - Basic	1,876,346	1,876,346	1,876,346	1,979,539	2,137,993	2,304,684	2,472,167
Residential Habilitation - Behavioral Focus - Extensive 1	82,835,746	82,835,746	82,835,746	85,487,205	91,206,342	98,143,792	105,244,695
Residential Habilitation - Behavioral Focus - Extensive 2	789,047	789,047	789,047	789,047	791,428	804,486	820,839
Residential Habilitation - Behavioral Focus - Minimal	648,433	648,433	648,433	652,728	682,243	731,504	784,704
Residential Habilitation - Behavioral Focus - Moderate	29,473,232	29,473,232	29,473,232	29,891,907	31,502,933	33,839,197	36,300,229
Residential Habilitation - Extensive 1	80,427,806	80,427,806	80,427,806	83,698,615	89,985,069	96,940,501	103,906,624
Residential Habilitation - Extensive 2	27,346,452	27,346,452	27,863,807	29,698,927	32,139,345	34,658,543	37,179,164
Residential Habilitation - Intensive Behavioral - Behavioral/Medical - Comprehensive Transitional Education Program - Adm	0	0	0	0	0	0	0
Residential Habilitation - Intensive Behavioral - Comprehensive Transitional Education Program - Level 3	0	0	0	0	0	0	0
Residential Habilitation - Intensive Behavioral - Comprehensive Transitional Education Program - Level 4	0	0	0	0	0	0	0
Residential Habilitation - Intensive Behavioral - Comprehensive Transitional Education Program - Level 5	0	0	0	0	0	0	0
Residential Habilitation - Intensive Behavioral - Level 1	303,998	303,998	303,998	303,998	304,916	309,947	316,247
Residential Habilitation - Intensive Behavioral - Level 2	1,642,042	1,642,042	1,642,042	1,642,042	1,646,998	1,674,173	1,708,204
Residential Habilitation - Intensive Behavioral - Level 3	10,420,131	10,420,131	10,420,131	10,420,131	10,451,579	10,624,029	10,839,985
Residential Habilitation - Intensive Behavioral - Level 4	25,163,931	25,163,931	25,163,931	25,163,931	25,239,875	25,656,330	26,177,850
Residential Habilitation - Intensive Behavioral - Level 5	28,366,092	28,366,092	28,366,092	28,366,092	28,451,700	28,921,150	29,509,035
Residential Habilitation - Intensive Behavioral - Level 6	22,354,977	22,354,977	22,354,977	22,354,977	22,422,444	22,792,412	23,255,717
Residential Habilitation - Live-In	3,131,851	3,452,955	3,776,877	4,066,060	4,381,069	4,719,395	5,062,624
Residential Habilitation - Minimal	48,963,749	48,963,749	48,963,749	51,382,469	55,434,605	59,773,843	64,119,936
Residential Habilitation - Moderate	156,599,345	156,599,345	156,599,345	163,832,661	176,616,620	190,459,478	204,309,861
Respite	23,621,747	23,621,764	25,213,732	27,480,076	29,810,529	32,146,383	34,483,388
Grand Total	1,144,933,705	1,162,852,031	1,204,685,256	1,270,422,031	1,351,930,933	1,438,806,877	1,526,467,420

Exhibit 1B
 Florida Agency for Persons with Disabilities
 Estimated Impact of Minimum Wage Increases by Service Category - Year over Year Change
 State Fiscal Year Summary

Service Description	SFY 20/21 Total Estimated Expenditures	SFY 21/22 Total Estimated Expenditures	SFY 22/23 Total Estimated Expenditures	SFY 23/24 Total Estimated Expenditures	SFY 24/25 Total Estimated Expenditures	SFY 25/26 Total Estimated Expenditures	SFY 26/27 Total Estimated Expenditures
Behavior Analysis - Level 3	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Behavior Assistant Services	0	0	13,066	186,291	301,115	320,626	320,626
Enhanced Intensive Behavioral Residential Habilitation	0	0	0	0	125	687	860
Enhanced Intensive Behavioral Residential Habilitation - Medical	0	0	0	0	221	1,213	1,519
Life Skills Development - Level 1 (Companion)	0	14,196,547	10,119,052	7,516,057	7,656,776	7,702,006	7,787,907
Life Skills Development - Level 2 (Supported Employment - Group)	0	3,351	7,647	8,706	8,706	9,991	10,941
Life Skills Development - Level 2 (Supported Employment - Individual)	0	0	0	0	0	0	0
Life Skills Development - Level 3 (ADT) - Facility Based	0	15,187	621,076	825,838	827,333	827,333	827,333
Life Skills Development - Level 3 (ADT) - Off Site	0	370	10,518	13,875	13,880	13,880	13,880
Personal Supports	0	2,451,890	27,896,771	36,132,366	36,142,934	36,143,524	36,143,524
Residential Habilitation - Assisted Living Facility / Assistive Care Services	0	929,861	731,849	562,528	562,528	562,528	562,528
Residential Habilitation - Basic	0	0	0	103,193	158,454	166,691	167,483
Residential Habilitation - Behavioral Focus - Extensive 1	0	0	0	2,651,458	5,719,138	6,937,450	7,100,903
Residential Habilitation - Behavioral Focus - Extensive 2	0	0	0	0	2,381	13,058	16,353
Residential Habilitation - Behavioral Focus - Minimal	0	0	0	4,296	29,514	49,261	53,200
Residential Habilitation - Behavioral Focus - Moderate	0	0	0	418,674	1,611,026	2,336,264	2,461,032
Residential Habilitation - Extensive 1	0	0	0	3,270,810	6,286,454	6,955,432	6,966,123
Residential Habilitation - Extensive 2	0	0	517,355	1,835,120	2,440,418	2,519,198	2,520,621
Residential Habilitation - Intensive Behavioral - Behavioral/Medical - Comprehensive Transitional Education Program - Adu	0	0	0	0	0	0	0
Residential Habilitation - Intensive Behavioral - Comprehensive Transitional Education Program - Level 3	0	0	0	0	0	0	0
Residential Habilitation - Intensive Behavioral - Comprehensive Transitional Education Program - Level 4	0	0	0	0	0	0	0
Residential Habilitation - Intensive Behavioral - Comprehensive Transitional Education Program - Level 5	0	0	0	0	0	0	0
Residential Habilitation - Intensive Behavioral - Level 1	0	0	0	0	917	5,031	6,300
Residential Habilitation - Intensive Behavioral - Level 2	0	0	0	0	4,956	27,175	34,031
Residential Habilitation - Intensive Behavioral - Level 3	0	0	0	0	31,448	172,450	215,956
Residential Habilitation - Intensive Behavioral - Level 4	0	0	0	0	75,944	416,455	521,520
Residential Habilitation - Intensive Behavioral - Level 5	0	0	0	0	85,608	469,450	587,885
Residential Habilitation - Intensive Behavioral - Level 6	0	0	0	0	67,467	369,968	463,305
Residential Habilitation - Live-In	0	321,104	323,922	289,183	315,009	338,326	343,229
Residential Habilitation - Minimal	0	0	0	2,418,720	4,052,136	4,339,238	4,346,093
Residential Habilitation - Moderate	0	0	0	7,233,315	12,783,959	13,842,858	13,850,384
Respite	0	16	1,591,968	2,266,344	2,330,453	2,335,854	2,337,005
Grand Total	0	17,918,327	41,833,225	65,736,775	81,508,902	86,875,944	87,660,543