



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

Third Quarter Fiscal Year 2009/2010
(January, February, and March 2010)

Submitted May 2010



Jim DeBeaugrine
Director

Charlie Crist
Governor

Introduction

Each month, the **Agency for Persons with Disabilities (APD)** serves approximately 35,000 people across Florida who have autism, mental retardation, spina bifida, cerebral palsy, or Prader-Willi syndrome, or are children aged 3 to 5 who are at high risk of being diagnosed with a developmental disability. The great majority of APD's services are provided through four Medicaid waivers administered by the agency.

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. Companies under contract with the agency determine the medical need for a service and authorize it prior to delivery.

From January through March 2010, more than 1,100 people on the wait list received General Revenue services through the agency, and more than 9,700 received some state services through the Medicaid State Plan, which leaves about 8,300 people on the wait list who did not receive any services through APD or the Medicaid State Plan. The number 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 new, 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 \$55,000/year
- Tier 3 - Capped at \$35,000/year
- Tier 4 - Capped at \$14,792/year

Most agency clients have not been subject to reductions in service as a result of this new waiver system. But for some, it means that the state will not pay as much for services as in the past. The agency's goal in implementing these changes is 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 new program.

Please share with us any comments or suggestions you have regarding this report. Our Chief of Staff, Tamara Demko, may be reached at 488-4879.

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(5), 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		Both Waivers	
	Enrolled Clients**	Total Waiver Payments	Enrolled Clients**	Total Waiver Payments	Enrolled Clients**	Total Waiver Payments
Jan-10	17,974	\$61,096,960.20	11,929	\$8,756,580.31	29,903	\$69,853,540.51
Feb-10	18,040	\$67,622,543.48	11,886	\$8,899,907.07	29,926	\$76,522,450.55
Mar-10	18,134	\$71,233,864.45	11,797	\$9,084,306.02	29,931	\$80,318,170.47

*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. The implementation caused the shift of several thousand clients between tiers. Since waiver payments are reported in this table by month of payment rather than by month of service these clients likewise may show claims payments simultaneously under both waivers.

**As of the first day of the month.

Source: Allocation, Budget, and Contracts (ABC) Database and Medicaid EDS Data Warehouse as of May 1, 2010.

Table 1b summarizes types of services received by waiver enrollees. In addition to the tier 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 tier 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	IFS	Room\Board	Client Total*
Jan-10	17,677	931	11,889	945	816	29,325
Feb-10	17,702	943	11,778	943	795	29,227
Mar-10	17,683	1002	11,602	918	744	29,106

*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 EDS Data Warehouse as of May 1, 2010.

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	
		#	%
Jan-10	29,903	20,049	67.0%
Feb-10	29,926	19,314	64.5%
Mar-10	29,931	12,112	40.5%

Note: Enrolled as of the first day of the month in which the services were received.

Source: ABC Database and Medicaid EDS Data Warehouse as of May 1, 2010.

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-10	Feb-10	Mar-10	Jan-10	Feb-10	Mar-10	Jan-10	Feb-10	Mar-10
Adult Day Training - Faculty Based	8,276	8,177	7,842				2,840	2,826	2,635
Adult Day Training - Off Site	5	8	8				4	4	4
Adult Dental Services	986	978	1,022						
Behavior Analysis Level 1	2,251	2,074	1,979				353	313	277
Behavior Analysis Level 2	847	822	796				157	148	137
Behavior Analysis Level 3	1,194	1,192	1,141				281	251	246
Behavior Assistant Services	616	630	644				43	31	33
Behavioral Analysis Services Assessment	56	61	70				25	20	16
CDC Consultant Services				609	608	619			
CDC Monthly Allowance				922	937	997			
Companion	4,580	4,476	4,433						
Consumable Medical Supplies	4,471	4,221	4,408				2,716	2,425	2,608
Dietician Services	129	113	116						
Durable Medical Equipment	34	25	30				11	10	16
Environmental Accessibility Adaptations	11	6	8				6	11	7
Environmental Accessibility Assessment	4	13	13				4	8	8
In-Home Support Services (Awake) Qtr. Hour	1,291	1,295	1,281				3,909	3,779	3,685
In-Home Support Services (Live-In) Day	1,657	1,640	1,639				4	4	3

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		
	Jan-10	Feb-10	Mar-10	Jan-10	Feb-10	Mar-10	Jan-10	Feb-10	Mar-10
Medication Review	121	197	432						
Occupational Therapy	476	431	409						
Occupational Therapy Assessment	16	14	6						
Personal Care Assistance	4,227	4,169	4,115						
Personal Emergency Response - Installation	0	0	1						
Personal Emergency Response - Service	80	74	75				19	12	15
Physical Therapy	975	895	863						
Physical Therapy - Assessment	19	18	17						
Private Duty Nursing	110	107	104						
Private Duty Nursing - RN	10	12	13						
Residential Habilitation - Behavior Focused Day	23	38	20						
Residential Habilitation - Behavior Focused Month	1,059	1,049	1,079						
Residential Habilitation - Intensive Behavior Day	541	542	544						
Residential Habilitation - Quarter hour	74	70	71						
Residential Habilitation - Standard Day	322	318	289						
Residential Habilitation - Standard Monthly	5,448	5,340	5,265						
Residential Nursing Services	168	156	153						
Residential Nursing Services - RN	71	48	52						
Respiratory Therapy	26	27	25						
Respiratory Therapy Assessment	0	0	1						
Respite Care - Day	234	204	207				106	108	123
Respite Care - Quarter Hour	1,468	1,392	1,394				1,768	1,704	1,699
Skilled Nursing - LPN	51	50	45						
Skilled Nursing - RN	23	20	15						
Special Medical Home Care	13	13	13						
Specialized Mental Health - Assessment	13	4	10						
Specialized Mental Health - Therapy	450	433	419						
Speech Therapy	883	748	745						
Speech Therapy - Assessment	4	7	8						
Support Coordination	15,861	15,718	15,424				8,052	7,905	7,679
Support Coordination - Transitional	5	10	9						
Support Coordination Limited	345	348	338	260	251	255	3,382	3,305	3,178
Supported Employment	1,244	1,209	1,153				1,261	1,230	1,131
Supported Living Coaching	2,851	2,751	2,695				1,037	1,015	969
Transportation - Mile	72	65	68				49	48	47
Transportation - Month	999	968	937				283	266	238
Transportation - Trip	5,799	5,738	5,586				2,012	1,984	1,932
Unduplicated Client Count	17,677	17,702	17,683	931	943	1,002	11,889	11,778	11,602

Note: Based on historical payment patterns waiver services are incomplete due to anticipated unsubmitted claims.
Source: Medicaid EDS Data Warehouse as of May 1, 2010.

2. Services Received by Persons on the Wait List

Table 2a lists non-Medicaid APD services received in January, February, and March 2010 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, 2010*

	Service Month		
	Jan-10	Feb-10	Mar-10
Total Wait List at Beginning of Month*	18,965	18,813	18,862
Paid Service			
ADULT DAY TRAINING	177	176	182
BEHAVIOR ANALYSIS	29	31	27
COMMUNITY BASED EMPLOYMENT	440	443	411
DENTAL SERVICES	5	7	30
ELIGIBILITY DETERMINATION AND SUPPORT PLANNING	11	7	10
HOME ASSISTANCE	28	31	31
MEDICAL SERVICES	5	7	9
PERSONAL AND FAMILY CARE SERVICES	22	23	23
PRESUPPORTED TRANSITIONAL LIVING	4	2	2
PSYCHOLOGICAL THERAPY	35	67	73
RESIDENTIAL HABILITATION SERVICES	33	31	32
RESPIRE	42	19	23
SUPPLIES AND EQUIPMENT	54	37	77
SUPPORT COORDINATION	327	358	347
SUPPORTED LIVING	46	46	47
TRANSPORTATION	124	124	133
LONG TERM RESIDENTIAL SERVICES	19	14	16
Unduplicated Client Total	1,159	1,189	1,212

*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, 2010.

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.

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, 2010*

	Service Month		
	Jan-10	Feb-10	Mar-10
Total Wait List at Beginning of Month*	18,965	18,813	18,862
Client Count for APD Non-Medicaid Services**	1,159	1,189	1,212
Client Count for Medicaid State Plan Medical, Facility, and Pharmacy Services***	9,773	9,762	8,364
All Wait List Clients Receiving Services**	10,428	10,453	9,153
Count of Wait List Clients Not Receiving Services	8,537	8,360	9,709
Percent of Wait List Not Receiving Services	45.0%	44.4%	51.5%

* 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 EDS Data Warehouse as of May 1, 2010.

3. Waiver Enrollment Offers for Persons on the Wait List as of April 1, 2010

Tables 3a and 3b provide the number of individuals on the wait list as of April 1, 2010, who were offered waiver enrollment in FY 2005/06, FY 2006/07, FY 2007/08, FY 2008/09 and FY 2009/10 to date, with results of those offers indicated. Over 10 percent of the clients on the wait list as of April 1, 2010, have been previously offered waiver enrollment since June 2005. These two tables formerly included those on the FSL waiver. However, as noted in the footnotes, the wait list definition has changed with the implementation of the tier structure.

Table 3a: Waiver Enrollment Offers for Persons on the Wait List as of April 1, 2010

	Number	Percent
Total Wait List Count*	18,915	100.0%
Wait List Clients Offered Waiver**		
FY 2009/10 to date	0	0.0%
FY 2008/09	0	0.0%
FY 2007/08	4	0.0%
FY 2006/07	9	0.0%
FY 2005/06	1,933	10.2%
Total	1,946	10.3%

*With the implementation of tiers in October 15, 2008, the definition of the wait list was revised to exclude those on the FSL waiver (now Tier 4).

Source: Wait List Database and Waiver Enrollment Tracking System as of April 1, 2010.

Table 3b: Outcomes of Waiver Enrollment Offers for Persons on the Wait List as of April 1, 2010

Disposition of Waiver Offers	Offers in FY 2005/06	Offers in FY 2006/07	Offers in FY 2007/08	Offers in FY 2008/09	Offers in FY 2009/10	Total	
						Number	Percent
Waiver Enrolled	101	9	4	0	0	114	5.9%
Remained in FSL Waiver	33	0	0	0	0	33	1.7%
Remained on non-Medicaid Services	8	0	0	0	0	8	0.4%
Ineligible for Waiver	263	0	0	0	0	263	13.5%
Received and Declined Offer	493	0	0	0	0	493	25.3%
Offer Sent--No Response	907	0	0	0	0	907	46.6%
Other	128	0	0	0	0	128	6.6%
Total	1,933	9	4	0	0	1,946	100.0%

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 and Waiver Enrollment Tracking System as of April 1, 2010.

4. Waiver Enrollment in Fiscal Year 2009-10

Table 4 summarizes new waiver enrollment to date in FY 2009-10. 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 4: New Waiver Enrollment by Waiver and Enrollment Type

Month Enrolled	DD/HCBS Waiver/Tier 1, 2 3			FSL Waiver/Tier 4		Total Crisis Cases	Total Foster Kids	Total Enrolled
	Brown v. Bush	Crisis Cases	Foster Kids	Crisis Cases	Foster Kids			
Apr-08	1	16		18		34		35
May-08	4	47		22		69		73
Jun-08	7	32		22		54		61
Jul-08	5	39		27		66		71
Aug-08	2	36		23		59		61
Sep-08	5	51		16		67		72
Oct-08	2	NA		NA		37		39
Nov-08	2	NA		NA		58		60
Dec-08	2	NA		NA		46		48
Jan-09	2	NA		NA		33		35
Feb-09	4	NA		NA		53		57
Mar-09	2	NA		NA		38		40
Apr-09	6	NA		NA		56		62
May-09	4	NA		NA		58		62
Jun-09	6	NA		NA		64		70
Jul-09	3	NA		NA		66		69
Aug-09	2	NA		NA		90		92
Sep-09	9	NA		NA		76		85
Oct-09	1	NA		NA		65		66
Nov-09	1	NA		NA		74		75
Dec-09	7	NA		NA		57		64
Jan-10	2	NA		NA		43		45
Feb-10	7	NA		NA		71		78
Mar-10	3	NA		NA		58		61
Total	89	221	0	128	0	1392	0	1481

Source: ABC Database as of May 1, 2010, 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.

5. 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 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 5: Length of Wait for Any Waiver Services
as of April 1, 2010

Length of Wait	Date Placed on Wait List	Wait List Clients	
		#	%
6 Months or Less	October 1, 2009 or later	1,130	6.0%
6+ to 12 Months	April 1, 2009 - September 30, 2009	1,233	6.5%
12+ to 18 Months	October 1, 2008 - March 31, 2009	1,161	6.1%
18+ to 24 Months	April 1, 2008 - September 30, 2008	1,213	6.4%
24+ to 30 Months	October 1, 2007 - March 31, 2008	1,209	6.4%
30+ to 36 Months	April 1, 2007 - September 30, 2007	1,236	6.5%
36+ to 42 Months	October 1, 2006 - March 31, 2007	1,377	7.3%
42+ to 48 Months	April 1, 2006 - September 30, 2006	1,405	7.4%
4+ to 5 Years	April 1, 2005 - March 31, 2006	2,224	11.8%
More than 5 Years	On or before March 31, 2005	6,727	35.6%
Total Wait List*		18,915	100.0%

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, 2010.

6. Projected Waiver Costs and Appropriations

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

Table 6: Fiscal Year 2009-10 Waiver Budget Forecast

	General Revenue/Other	Federal Match	Total
Appropriation	\$ 274,962,818	\$ 574,736,867	\$ 849,699,685
Deficit Carried Over from FY 08-09	\$ (8,670,493)	\$ (18,123,366)	\$ (26,793,859)
FY 09-10 Expenditures Projected	\$ 316,929,473	\$ 662,457,032	\$ 979,386,505
Adjust for PCA Kids Under 21 (Transferred to AHCA)	\$ 6,419,161	\$ 13,417,554	\$ 19,836,715
Adjust for CDC PCA Kids Under 21 (Transferred to AHCA)	\$ 2,912,400	\$ 6,087,600	\$ 9,000,000
Adjust for PCA Rate Reduction to \$15/hr from the Rate as of Jan. 1, 2008	\$ 2,064,020	\$ 4,314,286	\$ 6,378,306
FY 09-10 Expenditures Prior to Policy Changes	\$ 305,533,892	\$ 638,637,591	\$ 944,171,483
Surplus/Deficit Prior to Policy Changes	\$ (39,241,567)	\$ (82,024,090)	\$ (121,265,657)
Projected Effect of Policy Changes			
Tiers Savings	\$ (26,448,190)	\$ (55,282,930)	\$ (75,192,630)
Cost Plan Re-Basing on Jan. 1, 2010	\$ (3,236,000)	\$ (6,764,000)	\$ (10,000,000)
Total Savings Due to Policy Changes	\$ (27,568,335)	\$ (57,624,295)	\$ (85,192,630)
Projected APD Waiver Surplus/Deficit	\$ (11,673,232)	\$ (24,399,795)	\$ (36,073,027)

*Budget and expenditures for the CDC+ Program are included.

**The GAA has been corrected to reflect the FMAP reduction effective October 1, 2009.

*** The Agency plans to use cash to cover the deficits projected.