



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

Third Quarter Fiscal Year 2010/2011
(January, February, March)

Submitted June 2011



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Interim Director

Rick Scott
Governor

Introduction

Each month, the **Agency for Persons with Disabilities (APD)** serves approximately 30,000 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 2011, an average of about 1,200 people on the wait list received General Revenue services through the agency, and more than 10,100 received some state services through the Medicaid State Plan, which leaves at least about 8,600 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 \$53,625/year
- Tier 3 - Capped at \$34,125/year
- Tier 4 - Capped at \$14,422/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 Interim Director, Bryan Vaughan, may be reached at 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 393.661(8), 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-11	18,855	\$65,179,229.25	11,188	\$6,690,574.55	30,043	\$71,869,803.80
Feb-11	18,883	\$71,814,130.36	11,179	\$6,957,133.22	30,062	\$78,771,263.58
Mar-11	18,898	\$89,596,528.18	11,135	\$8,246,830.56	30,033	\$97,843,358.74

*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, 2011.

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	Client Counts by Service Category for Billed Services						
	Month	Tier 1, 2 & 3	CDC+	Tier 4	IFS	Room\Board	Client Total*
Jan-11		17,519	1667	10,984	725	781	29,283
Feb-11		17,473	1680	10,823	733	754	29,194
Mar-11		17,402	1707	10,685	716	720	29,069

*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, 2011.

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-11	30,043	20,137	67.0%
Feb-11	30,062	19,154	63.7%
Mar-11	30,033	18,425	61.3%

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, 2011.

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-11	Feb-11	Mar-11	Jan-11	Feb-11	Mar-11	Jan-11	Feb-11	Mar-11
Adult Day Training - Faculty Based	8,267	8,204	7,442				2,734	2,699	2,474
Adult Day Training - Off Site	10	10	13				15	17	14
Adult Dental Services	962	936	949						
Behavior Analysis Level 1	2,444	2,360	2,021				278	252	220
Behavior Analysis Level 2	830	844	760				134	132	118
Behavior Analysis Level 3	1,270	1,246	1,038				236	222	180
Behavior Assistant Services	738	736	718				24	24	21
Behavioral Analysis Services Assessment	61	53	39				16	21	13
CDC Consultant Services				1,030	1,036	956			
CDC Monthly Allowance				1,663	1,680	1,706			
Companion	4,699	4,673	4,471						
Consumable Medical Supplies	4,356	4,083	4,170				2,034	1,812	1,966
Dietician Services	146	120	111						
Durable Medical Equipment	30	22	12				9	10	5
Environmental Accessibility Adaptations	9	3	6				4	5	6
Environmental Accessibility Assessment	8	3	5				8	5	3
In-Home Support Services (Awake) Qtr. Hour	1,354	1,352	1,296				3,488	3,405	3,296
In-Home Support Services (Live-In) Day	1,750	1,722	1,646				5	4	4

1. Services Received by Waiver Enrollees (continued)

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

Service Description	Tier 1, 2 and 3			CDC+			Tier 4		
	Jan-11	Feb-11	Mar-11	Jan-11	Feb-11	Mar-11	Jan-11	Feb-11	Mar-11
Occupational Therapy	493	494	450						
Occupational Therapy Assessment	16	14	13						
Personal Care Assistance	3,763	3,743	3,588						
Personal Emergency Response - Installation	2	0	1				0	1	0
Personal Emergency Response - Service	129	128	116				19	19	17
Physical Therapy	1,042	1,061	1,045						
Physical Therapy - Assessment	20	18	15						
Private Duty Nursing	104	103	104						
Private Duty Nursing - RN	20	16	19						
Residential Habilitation - Behavior Focused Day	39	41	25						
Residential Habilitation - Behavior Focused Month	1,223	1,223	1,106						
Residential Habilitation - Intensive Behavior Day	589	593	540						
Residential Habilitation - Quarter hour	39	38	28						
Residential Habilitation - Standard Day	322	320	232						
Residential Habilitation - Standard Monthly	5,510	5,480	5,216						
Residential Nursing Services	160	162	146						
Residential Nursing Services - RN	54	52	51						
Respiratory Therapy	31	33	32						
Respiratory Therapy Assessment	0	1	0						
Respite Care - Day	191	173	180				114	103	109
Respite Care - Quarter Hour	1,477	1,407	1,393				1,649	1,637	1,605
Skilled Nursing - LPN	56	55	55						
Skilled Nursing - RN	18	15	15						
Special Medical Home Care	16	16	17						
Specialized Mental Health - Assessment	11	11	8						
Specialized Mental Health - Therapy	439	420	361						
Speech Therapy	745	723	702						
Speech Therapy - Assessment	14	10	15						
Support Coordination	15,921	15,858	15,086				7,596	7,459	7,151
Support Coordination - Transitional	3	1	0						
Support Coordination Limited	331	338	313	426	438	417	2,814	2,750	2,638
Supported Employment	1,087	1,057	958				1,121	1,085	976
Supported Living Coaching	2,914	2,903	2,728				1,029	1,003	923
Transportation - Mile	54	53	16				47	47	17
Transportation - Month	957	941	842				260	262	262
Transportation - Trip	5,895	5,709	5,063				1,993	1,976	1,762
Unduplicated Client Count	17,519	17,473	17,402	1,667	1,680	1,707	10,984	10,823	10,685

Note: Based on historical payment patterns waiver services are incomplete due to anticipated unsubmitted claims.
Source: Medicaid EDS Data Warehouse as of May 1, 2011.

2. Services Received by Persons on the Wait List

Table 2a lists non-Medicaid APD services received in January, February, and March 2011 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, 2011*

	Service Month		
	Jan-11	Feb-11	Mar-11
Total Wait List at Beginning of Month*	19,460	19,673	19,638
Paid Service			
ADULT DAY TRAINING	199	208	278
BEHAVIOR ANALYSIS	17	31	90
COMMUNITY BASED EMPLOYMENT	414	445	434
DENTAL SERVICES	5	5	19
ELIGIBILITY DETERMINATION AND SUPPORT PLANNING	7	8	2
HOME ASSISTANCE	29	32	77
MEDICAL SERVICES	5	5	5
PERSONAL AND FAMILY CARE SERVICES	19	15	24
PHYSICAL THERAPY	1	1	2
PRESUPPORTED TRANSITIONAL LIVING	39	35	37
PSYCHOLOGICAL THERAPY	71	75	74
RECREATIONAL THERAPY	0	0	8
RESIDENTIAL HABILITATION SERVICES	30	31	34
RESPIRE	36	40	108
SPEECH THERAPY	1	2	3
SUPPLIES AND EQUIPMENT	30	51	170
SUPPORT COORDINATION	353	361	347
SUPPORTED LIVING	17	19	19
TRANSPORTATION	147	105	125
LONG TERM RESIDENTIAL SERVICES	23	16	13
Unduplicated Client Total	1,177	1,231	1,539

*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, 2011.

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, 2011*

	Service Month		
	Jan-11	Feb-11	Mar-11
Total Wait List at Beginning of Month*	19,460	19,673	19,638
Client Count for APD Non-Medicaid Services**	1,177	1,231	1,539
Client Count for Medicaid State Plan Medical, Facility, and Pharmacy Services***	10,272	10,219	10,170
All Wait List Clients Receiving Services**	10,932	10,931	11,048
Count of Wait List Clients Not Receiving Services	8,528	8,742	8,590
Percent of Wait List Not Receiving Services	43.8%	44.4%	43.7%

* 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, 2011.

3. Waiver Enrollment Offers for Persons on the Wait List as of April 1, 2011

Tables 3a and 3b provide the number of individuals on the wait list as of April 1, 2011, who were offered waiver enrollment in FY 2005/06, FY 2006/07, FY 2007/08, FY 2008/09, FY 2009/10 and FY 2010/11, with results of those offers indicated. About 9 percent of the clients

on the wait list as of April 1, 2011, 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, 2011

	Number	Percent
Total Wait List Count*	19,994	100.0%
Wait List Clients Offered Waiver**		
FY 2010/11	0	0.0%
FY 2009/10	0	0.0%
FY 2008/09	0	0.0%
FY 2007/08	5	0.0%
FY 2006/07	10	0.1%
FY 2005/06	1,763	8.8%
Total	1,778	8.9%

*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).

** Offers made to date in the fiscal year.

Source: Wait List Database and Waiver Enrollment Tracking System as of April 1, 2011.

Table 3b: Outcomes of Waiver Enrollment Offers for Persons on the Wait List as of April 1, 2011

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	Offers* in FY 2010/11	Total	
							Number	Percent
Waiver Enrolled	97	10	5	0	0	0	112	6.3%
Remained in FSL Waiver	30	0	0	0	0	0	30	1.7%
Remained on non-Medicaid Services	8	0	0	0	0	0	8	0.4%
Ineligible for Waiver	249	0	0	0	0	0	249	14.0%
Received and Declined Offer	456	0	0	0	0	0	456	25.6%
Offer Sent--No Response	811	0	0	0	0	0	811	45.6%
Other	112	0	0	0	0	0	112	6.3%
Total	1,763	10	5	0	0	0	1,778	100.0%

The implementation of tiers changed the definition of the wait list to exclude those on the FSL waiver (now Tier 4).

* Offers made to date in the fiscal year.

Source: Wait List Database and Waiver Enrollment Tracking System as of April 1, 2011.

4. Waiver Enrollment in Fiscal Year 2010-11

Table 4 summarizes new waiver enrollment to date in FY 2010-11. 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	Total	
	Brown v. Bush	Crisis Cases	Foster Kids	Crisis Cases	Foster Kids	Crisis Cases	Foster Kids	Total Enrolled
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
Apr-10	4	NA		NA		61		65
May-10	3	NA		NA		50		53
Jun-10	3	NA		NA		57		60
Jul-10	NA	NA		NA		41		41
Aug-10	NA	NA		NA		66		66
Sep-10	NA	NA		NA		72		72
Oct-10	NA	NA		NA		70		70
Nov-10	NA	NA		NA		59		59
Dec-10	NA	NA		NA		26		26
Jan-11	NA	NA		NA		43		43
Feb-11	NA	NA		NA		46		46
Mar-11	NA	NA		NA		58		58
Total	61	0	0	0	0	1427	0	1488

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, 2011, and other APD tracking systems.

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, 2011**

Length of Wait	Date Placed on Wait List	Wait List Clients	
		#	%
6 Months or Less	October 1, 2010 or later	941	4.7%
6+ to 12 Months	April 1, 2010 - September 30, 2010	1,035	5.2%
12+ to 18 Months	October 1, 2009 - March 31, 2010	1,159	5.8%
18+ to 24 Months	April 1, 2009 - September 30, 2009	1,202	6.0%
24+ to 30 Months	October 1, 2008 - March 31, 2009	1,114	5.6%
30+ to 36 Months	April 1, 2008 - September 30, 2008	1,149	5.7%
36+ to 42 Months	October 1, 2007 - March 31, 2008	1,166	5.8%
42+ to 48 Months	April 1, 2007 - September 30, 2007	1,189	5.9%
4+ to 5 Years	April 1, 2006 - March 31, 2007	2,644	13.2%
More than 5 Years	On or before March 31, 2006	8,395	42.0%
Total Wait List*		19,994	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, 2011.

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 2010-11 Revised Waiver Budget Forecast

	General Revenue/Other	Federal Match (64.83%)	Total
Total Available Funding¹	\$283,409,222	\$522,417,396	\$805,826,618
Deficit Carried Over from FY 09-10²	(\$17,620,587)	(\$32,480,598)	(\$50,101,185)
FY 10-11 Expenditures Projected³	(\$327,174,000)	(\$602,826,000)	(\$930,000,000)
Funding in FY 11-12 General Appropriations Act for FY 10-11⁴	\$36,549,378	\$129,742,863	\$166,292,241
Budget Amendment #B2011-0600⁵	\$3,000,000	--	\$3,000,000
Savings from projected reduction in expenses due to implementation of April 1, 2011, emergency plan⁶	\$1,934,350	\$3,565,650	\$5,500,000
Projected APD Waiver Surplus/Deficit for FY 10-11	(\$19,901,637)	\$20,419,311	\$517,574

*Budget and expenditures for the CDC+ Program are included. The available funding has been corrected to reflect the FMAP reduction effective October 1, 2010.

¹ General Appropriations Act FY 2010-11.

² Executive Office of the Governor, Office of the Chief Inspector General, *Review of the Home- and Community-Based Waiver Program*, March 31, 2011, p. 7.

³ Executive Office of the Governor, Office of the Chief Inspector General, *Review of the Home- and Community-Based Waiver Program*, March 31, 2011, p. 7. The actual amount of expenditures will not be known until the certified forward period ends on September 30, 2011.

⁴ General Appropriations Act FY 2011-12, Section 25.

⁵ General Appropriations Act FY 2011-12, Section 80.

⁶ APD Staff analysis, May 25, 2011