



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

Third Quarter Fiscal Year 2012/13
(January, February, March)

Submitted May 2013



Barbara Palmer
Director

Rick Scott
Governor

Introduction

Each month, the **Agency for Persons with Disabilities (APD)** serves approximately 30,000 people across Florida through five Medicaid waivers administered by the agency. These individuals have autism, intellectual 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 supported employment, supported living, occupational therapy, behavior analysis, adaptive and medical equipment, physical therapy, and adult day training.

From January through March 2013, an average of about 1,100 people on the Wait List for waiver services received General Revenue and Social Services Block Grant (SSBG) services through the agency, and more than 11,200 received some state services through the Medicaid State Plan, which leaves less than 11,000 people on the Wait List for waiver services who did not receive any services through APD or the Medicaid State Plan. The number of Wait List consumers without services is something this agency hopes to address even as it works to hold spending within the budget appropriated by the legislature. APD's strategies to limit spending in response to declining state revenues have concentrated on greater system efficiencies that will minimize any adverse impact on those we serve.

On October 15, 2008, the agency implemented a four-tiered waiver system as mandated by the Florida Legislature, after working with stakeholders to develop the implementation plan. The waiver tiers are actually four separate waivers, with three of them having financial caps. Tier 1 was formerly known as the Developmental Disabilities Waiver, and Tier 4 was formerly the Family and Supported Living Waiver.

- Tier 1 - No cap
- Tier 2 - Capped at \$53,625/year
- Tier 3 - Capped at \$34,125/year
- Tier 4 - Capped at \$14,422/year

Most agency clients were not subject to reductions in service as a result of the tier waiver system. But for some, it meant that the state will not pay as much for services as in the past. The agency's goal in implementing these changes was to ensure the health and safety of the people served by APD while making adjustments to control and reduce costs. APD worked with the Agency for Health Care Administration to obtain the federal approval for this tier program.

On May 1, 2011, the agency began a "proof of concept" implementation of the new iBudget Florida waiver. This waiver uses an individual budgeting approach and is intended to enhance the simplicity, sustainability, and equity of the system while also increasing individuals' opportunities for self-direction. As of January 1, 2013 APD has moved approximately 67% of waiver clients to the iBudget Florida waiver, and will be expanding this

waiver across the state with final implementation effective on July 1, 2013. The tier waivers will no longer be available as of July 1, 2013.

Please share with us any comments or suggestions you have regarding this report. APD's Chief of Staff, Michael Ayers, may be reached at 850-413-8369.

Glossary of Terms Used in Report

APD-Agency for Persons with Disabilities

CDC+ Program-Consumer-Directed Care Plus Program

FSL Waiver-Family and Supported Living Waiver

DD/HCBS Waiver- Developmental Disabilities Home and Community-Based Services Waiver

IFS-Individual and Family Supports

This report is prepared and distributed pursuant to section 393.0661(9), Florida Statutes.

“The Agency for Persons with Disabilities shall submit quarterly status reports to the Executive Office of the Governor, the chair of the Senate Ways and Means Committee or its successor, and the chair of the House Fiscal Council or its successor regarding the financial status of home and community-based services, including the number of enrolled individuals who are receiving services through one or more programs; the number of individuals who have requested services who are not enrolled but who are receiving services through one or more programs, with a description indicating the programs from which the individual is receiving services; the number of individuals who have refused an offer of services but who choose to remain on the list of individuals waiting for services; the number of individuals who have requested services but who are receiving no services; a frequency distribution indicating the length of time individuals have been waiting for services; and information concerning the actual and projected costs compared to the amount of the appropriation available to the program and any projected surpluses or deficits...”

1. Services Received by Waiver Enrollees

Tables 1a, 1b, 1c and 1d provide information on services received by persons enrolled in APD waivers.

Table 1a: Waiver Enrollment and Payments

Month	Tiers 1, 2, and 3 *		Tier 4		iBudget		All Waivers	
	Enrolled	Total Waiver	Enrolled	Total Waiver	Enrolled	Total Waiver	Enrolled	Total Waiver
	Clients**	Payments	Clients**	Payments	Clients**	Payments	Clients**	Payments
Jan-13	6,790	\$27,407,316.61	2,842	\$1,977,596.37	19,436	\$52,105,428.89	29,068	\$81,490,341.87
Feb-13	6,780	\$19,421,450.79	2,825	\$1,864,515.26	19,437	\$40,038,279.39	29,042	\$61,324,245.44
Mar-13	6,767	\$22,405,768.83	2,809	\$1,868,592.25	19,414	\$43,504,007.13	28,990	\$67,778,368.21

*CDC + enrollment is included. Effective October 15, 2008, a tier structure was established which changed the basis for defining enrollment in the waivers. Beginning with the third quarter of FY 08-09, FSL enrollment is reported as enrollment in tier 4, and DD/HCBS comprises all other waiver enrollment, including new enrollees for whom a tier has not yet been assigned. Since waiver payments are reported in this table by month of payment rather than by month of service, clients may show claims payments simultaneously under multiple waivers.

**As of the first day of the month.

Source: Allocation, Budget, and Contracts (ABC) Database and Medicaid HP Data Warehouse as of May 1, 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						
	Tier 1, 2 & 3	CDC+	Tier 4	iBudget	IFS	Room\Board	Client Total*
Jan-13	4,889	1,810	2,751	18,973	633	457	28,448
Feb-13	4,877	1,801	2,721	18,911	639	457	28,333
Mar-13	4,872	1,789	2,685	18,779	644	459	28,155

*Clients are counted only once regardless of the number of different services they received. Based on historical payment patterns, waiver and General Revenue services are undercounted due to the anticipated unsubmitted claims for the reported service months as of the database effective date. Effective October 15, 2008, a tier structure was established which changed the basis for defining enrollment in the waivers.

Source: ABC Database and Medicaid HP Data Warehouse as of May 1, 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	
		#	%
Jan-13	29,068	18,442	63.4%
Feb-13	29,042	17,299	59.6%
Mar-13	28,990	16,380	56.5%

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 May 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	Tier 1, 2 and 3			CDC+			Tier 4		
	Jan-13	Feb-13	Mar-13	Jan-13	Feb-13	Mar-13	Jan-13	Feb-13	Mar-13
Adult Day Training - Faculty Based	9,236	9,159	9,027				1,266	1,197	1,121
Adult Day Training - Off Site	54	55	51				2	2	2
Adult Dental Services	471	395	480						
Behavior Analysis Level 1	661	632	591				84	75	71
Behavior Analysis Level 2	719	695	636				26	22	19
Behavior Analysis Level 3	2,672	2,637	2,361				81	81	73
Behavior Assistant Services	538	501	483				18	17	14
Behavioral Analysis Services Assessment	21	24	19				0	6	1
CDC Consultant Services				1,319	1,267	1,192			
CDC Monthly Allowance				1,921	1,929	1,925			
Companion	3,282	3,237	3,084				7	6	6
Consumable Medical Supplies	5,664	5,084	5,188				691	622	630
Dietician Services	57	68	62						
Durable Medical Equipment	19	26	14				1	0	0
Environmental Accessibility Adaptations	5	1	0				0	0	2
Environmental Accessibility Assessment	3	2	0				1	0	0
In-Home Support Services (Awake) Qtr. Hour	314	314	314				869	852	840
In-Home Support Services (Live-In) Day	188	189	183				2	3	0

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-13	Feb-13	Mar-13	Jan-13	Feb-13	Mar-13	Jan-13	Feb-13	Mar-13
Occupational Therapy	377	364	335						
Occupational Therapy Assessment	0	3	0						
Personal Care Assistance	1,227	1,218	1,213						
Personal Emergency Response - Installation	0	1	0						
Personal Emergency Response - Service	123	123	125				7	7	7
Personal Supports	6,749	6,753	6,537				234	215	204
Physical Therapy	854	830	757						
Physical Therapy - Assessment	2	3	3						
Private Duty Nursing	158	154	149						
Private Duty Nursing - RN	12	11	12						
Residential Habilitation - Behavior Focused Day	30	23	22						
Residential Habilitation - Behavior Focused Mor	579	572	573						
Residential Habilitation - Intensive Behavior Day	498	502	500				194	183	172
Residential Habilitation - Quarter hour	239	250	216						
Residential Habilitation - Standard Day	42	45	41						
Residential Habilitation - Standard Monthly	6,387	6,328	6,272				11	10	10
Residential Nursing Services	109	104	85						
Residential Nursing Services - RN	53	55	38						
Respiratory Therapy	31	31	29						
Respite Care - Day	33	22	31				14	11	11
Respite Care - Quarter Hour	1,198	1,173	1,145				580	544	521
Skilled Nursing - LPN	6	5	5						
Skilled Nursing - RN	1	2	2						
Special Medical Home Care	18	18	18						
Specialized Mental Health - Therapy	254	253	226						
Speech Therapy	490	486	462						
Speech Therapy - Assessment	1	2	0						
Support Coordination	20,584	20,326	19,710				2,270	2,146	2,089
Support Coordination - Transitional	11	13	8				1	1	0
Support Coordination Limited	1,708	1,712	1,658	477	442	413	1,178	1,090	1,005
Supported Employment	1,276	1,199	1,147				363	358	350
Supported Living Coaching	3,343	3,300	3,016				313	301	278
Transportation - Mile	83	83	74						
Transportation - Month	903	875	855				241	244	240
Transportation - Trip	5,700	5,625	5,353				215	211	205
Unduplicated Client Count	23,563	23,348	23,465	1,924	1,926	1,931	4,628	4,257	4,433

Note: Based on historical payment patterns waiver services are incomplete due to anticipated unsubmitted claims.
Source: Medicaid HP Data Warehouse as of May 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 January, February and March 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 January 1, February 1, and March 1, 2013*

	Service Month		
	Jan-13	Feb-13	Mar-13
Total Wait List at Beginning of Month*			
Paid Service			
ADULT DAY TRAINING	250	249	240
BEHAVIOR ANALYSIS	30	31	29
COMMUNITY BASED EMPLOYMENT	278	266	245
DENTAL SERVICES	0	1	0
ELIGIBILITY AND PLANNING	4	6	10
HOME ASSISTANCE	37	37	38
LONG-TERM RESIDENTIAL SVS	14	13	14
MEDICAL SERVICES	1	2	2
PERSONAL/FAMILY CARE SVS	21	14	12
PSYCHOLOGICAL THERAPY	73	75	81
RECREATIONAL THERAPY	0	0	2
RESIDENTIAL HABILITATION SVS	36	33	28
RESPIRE CARE	96	68	80
SPEECH THERAPY	2	0	2
SUPPLIES/EQUIPMENT	22	35	60
SUPPORT COORDINATION	254	292	323
SUPPORTED LIVING	61	58	58
TRANSPORTATION	116	120	116
Unduplicated Client Total	1,066	1,075	1,129

*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, 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 January 1, February 1, and March 1, 2013*

	Service Month		
	Jan-13	Feb-13	Mar-13
Total Wait List at Beginning of Month*	22,115	22,200	22,261
Client Count for APD Non-Medicaid Services	1,066	1,075	1,129
Client Count for Medicaid State Plan Medical, Facility, and Pharmacy Services***	11,443	11,203	11,221
All Wait List Clients Receiving Services**	12,441	11,831	11,873
Count of Wait List Clients Not Receiving Services	9,674	10,997	10,388
Percent of Wait List Not Receiving Services	43.7%	49.5%	46.7%

* 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 HP Data Warehouse as of May 1, 2013.

3. Waiver Enrollment in Fiscal Year 2012-13

Table 4 summarizes new waiver enrollment to date in FY 2012-13. 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	Total
Jan-11	43
Feb-11	46
Mar-11	58
Apr-11	43
May-11	23
Jun-11	21
Jul-11	29
Aug-11	32
Sep-11	16
Oct-11	27
Nov-11	20
Dec-11	20
Jan-12	11
Feb-12	33
Mar-12	36
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
Total	731

Source: ABC Database as of May1, 2013, 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.

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 April 1, 2013**

Length of Wait	Date Placed on Wait List	Wait List Clients	
		#	%
1 Year or Less	April 1, 2012 or later	1,644	7.37%
1+ to 2 Years	April 1, 2011 - March 31, 2012	1,722	7.72%
2+ to 3 Years	April 1, 2010 - March 31, 2011	1,955	8.76%
3+ to 4 Years	April 1, 2009 - March 31, 2010	2,229	9.99%
4+ to 5 Years	April 1, 2008 - March 31, 2009	2,161	9.68%
5+ to 6 Years	April 1, 2007 - March 31, 2008	2,235	10.01%
6+ to 7 Years	April 1, 2006 - March 31, 2007	2,488	11.15%
7+ to 8 Years	April 1, 2005 - March 31, 2006	1,986	8.90%
8+ to 9 Years	April 1, 2004 - March 31, 2005	1,696	7.60%
9+ to 10 Years	April 1, 2003 - March 31, 2004	2,072	9.28%
More than 10 Years	On or before March 31, 2003	2,130	9.54%
Total Wait List*		22,318	100.00%

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, 2013.

5. 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 2012-13 Waiver Budget Forecast

	General Revenue	Trust Funds	Total
Blended rate adopted by the SSEC for FY 2012-13	0.4227	0.5773	
Appropriation	\$ 343,208,923	\$ 468,735,534	\$ 811,944,457
Appropriation Qualified Expenditure Category (QEC)*	\$ 27,524,911	\$ 37,591,983	\$ 65,116,894
Other Adjustments	\$ -	\$ -	
New Appropriation	\$ 370,733,834	\$ 506,327,517	\$ 877,061,351
Less FY 2011-12 Projected Deficit	\$ (17,020,370)	\$ (22,934,002)	\$ (39,954,372)
Less FY 2012-13 Projected Expenditures	\$ (370,733,834)	\$ (506,327,517)	\$ (877,061,351)
Total Projected APD Waiver Balance FY 2012-13	\$ (17,020,370)	\$ (22,934,002)	\$ (39,954,372)

*This appropriation is in Reserve in a Qualified Expenditure Category (QEC) which will only be accessed at the time when additional funding in the Waiver category is needed. Funding is accessed via a budget amendment approved by the Joint Legislative Budget Commission. For FY 2012-13, the agency projects to remain within budget of \$370.7 million GR which includes the QEC category funding.