



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

Fourth Quarter Fiscal Year 2010-2011
(April, May, June)

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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, mental retardation, 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 April through June 2011, an average of about 1,600 people on the waiting list for waiver services received General Revenue services through APD, and more than 10,100 received some state services through the Medicaid State Plan, which leaves about 8,900 people on the waiting list for waiver services 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. The waiver tiers are actually four separate waivers with 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 – Capped at \$150,000 per year, with exceptions

Tier 2 – Capped at \$53,625 per year

Tier 3 – Capped at \$34,125 per year

Tier 4 – Capped at \$14,422 per 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 (AHCA) to obtain federal approval for this new 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. APD will be expanding this waiver across the state during the 2011-2012 fiscal year. iBudget Florida will eventually replace the tier waivers.

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

Please share with us any comments or suggestions you have regarding this report.

This report is prepared and distributed pursuant to section 393.661(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 Florida		All Waivers	
	Enrolled Clients**	Total Waiver Payments	Enrolled Clients**	Total Waiver Payments	Enrolled Clients**	Total Waiver Payments	Enrolled Clients**	Total Waiver Payments
Apr-11	18,947	\$56,873,550.32	11,066	\$6,071,551.88	0	\$0.00	30,013	\$62,945,102.20
May-11	18,974	\$68,993,385.75	11,009	\$6,643,002.69	4	\$8,362.88	29,983	\$75,644,751.32
Jun-11	18,944	\$88,504,581.53	11,009	\$8,223,380.72	4	\$7,565.15	29,953	\$96,735,527.40

*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 2008-09, 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 August 1, 2011.

Table 1b summarizes the 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 nonwaiver 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*
Apr-11	17,399	1,712	10,746	0	745	785	29,205
May-11	17,280	1,755	10,640	3	769	756	29,081
Jun-11	16,895	1,763	10,030	4	801	728	28,274

*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 August 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 percentages 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	
		#	%
Apr-11	30,013	18,834	62.8%
May-11	29,983	18,159	60.6%
Jun-11	29,953	16,785	56.0%

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 August 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		
	Apr-11	May-11	Jun-11	Apr-11	May-11	Jun-11	Apr-11	May-11	Jun-11
Adult Day Training - Facility Based	8,102	7,917	4,848				2,590	2,606	1,496
Adult Day Training - Off Site	14	12	9				17	16	5
Adult Dental Services	660	511	659						
Behavior Analysis Level 1	2,332	2,111	1,412				247	218	162
Behavior Analysis Level 2	781	685	490				112	95	67
Behavior Analysis Level 3	1,251	1,149	670				200	161	102
Behavior Assistant Services	711	696	577				24	28	23
Behavioral Analysis Svcs. Assessment	29	18	20				11	5	8
CDC Consultant Services				1,086	1,077	909			
CDC Monthly Allowance				1,706	1,753	1,761			
Companion	4,519	4,434	3,914						
Consumable Medical Supplies	4,132	4,135	3,784				1,815	1,895	1,666
Dietician Services	106	119	98						
Durable Medical Equipment	8	7	21				2	4	9
Environmental Accessibility Adaptations	2	5	8				3	1	3
Environmental Accessibility Assessment		2					1	2	2
In-Home Support Svcs. (Awake) Qtr. Hr.	1,301	1,264	1,166				3,333	3,262	2,971
In-Home Support Services (Live-In) Day	1,745	1,719	1,457				4	3	1

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		
	Apr-11	May-11	Jun-11	Apr-11	May-11	Jun-11	Apr-11	May-11	Jun-11
Occupational Therapy	452	456	408						
Occupational Therapy Assessment	1	6	3						
Personal Care Assistance	3,614	3,526	3,271						
Personal Emergency Response - Installation	1						1		
Personal Emergency Response - Service	128	118	44				20	16	8
Personal Supports		1	1						
Physical Therapy	1,011	1,017	962						
Physical Therapy – Assessment	8	9	11						
Private Duty Nursing	101	97	94						
Private Duty Nursing – RN	18	16	12						
Residential Habilitation - Behavior Focused Day	30	20	11						
Residential Habilitation - Behavior Focused Month	1,242	1,244	972						
Residential Habilitation - Intensive Behavior Day	586	578	440						
Residential Habilitation - Quarter hour	31	26	20						
Residential Habilitation - Standard Day	277	259	168						
Residential Habilitation - Standard Monthly	5,505	5,401	4,590						
Residential Nursing Services	138	132	76						
Residential Nursing Services – RN	63	56	29						
Respiratory Therapy	31	31	25						
Respiratory Therapy Assessment		1							
Respite Care – Day	191	209	199				96	128	126
Respite Care – Quarter Hour	1,400	1,369	1,242				1,581	1,584	1,445
Skilled Nursing – LPN	56	58	46						
Skilled Nursing – RN	14	17	12						
Special Medical Home Care	18	17	17						
Specialized Mental Health – Assessment	3	6	2						
Specialized Mental Health – Therapy	395	375	271						
Speech Therapy	724	680	637						
Speech Therapy – Assessment		2	6						
Support Coordination	15,853	15,636	13,655				7,433	7,294	6,276
Support Coordination – Transitional		1	1						
Support Coordination Limited	344	339	292	452	450	379	2,750	2,639	2,296
Supported Employment	1,001	972	629				1,066	1,037	631
Supported Living Coaching	2,906	2,816	2,090				981	959	717
Transportation – Mile	42	46					33	35	
Transportation – Month	923	887	577				266	257	208
Transportation – Trip	5,515	5,230	3,464				1,889	1,780	1,208
Unduplicated Client Count	17,399	17,283	16,899	1,712	1,755	1,763	10,746	10,640	10,030

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

Source: Medicaid EDS Data Warehouse as of August 1, 2011.

Due to the very small number of individuals enrolled in the iBudget Florida waiver, to protect client confidentiality, the services received by individuals enrolled in that waiver are not displayed.

2. Services Received by Persons on the Waiting List

Table 2a lists non-Medicaid APD services received in April, May, and June 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 waiting 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 April 1, May 1, and June 1, 2011

	Service Month		
	Apr-11	May-11	Jun-11
Total Waiting List at Beginning of Month*	19,994	20,154	20,258
Paid Service			
Adult Day Training	312	325	315
Behavior Analysis	85	111	106
Community-Based Employment	411	381	385
Dental Services	13	11	19
Eligibility Determination And Support Planning	6	6	1
Home Assistance	94	112	97
Medical Services	6	12	8
Occupational Therapy	2	4	6
Personal And Family Care Services	58	35	29
Physical Therapy	1	3	4
Presupported Transitional Living	39	39	40
Psychological Therapy	70	73	68
Recreational Therapy	12	0	30
Residential Habilitation Services	34	35	33
Respite	178	204	209
Speech Therapy	3	2	6
Supplies And Equipment	156	254	194
Support Coordination	302	347	212
Supported Living	25	27	23
Transportation	173	179	181
Long-Term Residential Services	14	16	15
Unduplicated Client Total	1,632	1,784	1,597

*The implementation of tiers changed the definition of the waiting 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: Waiting List and ABC Databases as of August 1, 2011.

Table 2b provides client counts of persons on the waiting 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 waiting list clients who received neither non-Medicaid nor Medicaid State Plan services. Note that some waiting 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 April 1, May 1, and June 1, 2011

	Service Month		
	Apr-11	May-11	Jun-11
Total Waiting List at Beginning of Month*	19,994	20,154	20,258
Client Count for APD Non-Medicaid Services**	1,632	1,784	1,597
Client Count for Medicaid State Plan Medical, Facility, and Pharmacy Services***	10,294	10,299	10,133
All Waiting List Clients Receiving APD Non-Medicaid or Medicaid State Plan Services**	11,240	11,319	11,094
Count of Waiting List Clients Not Receiving APD Non-Medicaid or Medicaid State Plan Services	8,754	8,835	9,164
Percentage of Waiting List Not Receiving APD Non-Medicaid or Medicaid State Plan Services	43.8%	43.8%	45.2%

* The implementation of tiers changed the definition of the waiting 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: Waiting List and ABC Databases and Medicaid EDS Data Warehouse as of August 1, 2011.

2. Waiver Enrollment Offers for Persons on the Waiting List as of July 1, 2011

Tables 3a and 3b provide the number of individuals on the waiting 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 waiting list as of July 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 waiting list definition has changed with the implementation of the tier structure.

Table 3a – Waiver Enrollment Offers for Persons on the Waiting List as of July 1, 2011

	Number	Percentage
Total Waiting List Count*	20,376	100.0%
Waiting 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	6	0.0%
FY 2006-07	9	0.0%
FY 2005-06	1,751	8.6%
Total	1,766	8.7%

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

Source: Waiting List Database and Waiver Enrollment Tracking System as of July 1, 2011.

** Offers made to date in the fiscal year.

Table 3b – Outcomes of Waiver Enrollment Offers for Persons on the Waiting List as of July 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	Percentage
Waiver Enrolled	102	9	6	0	0	0	117	6.6%
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	0.5%
Ineligible for Waiver	248	0	0	0	0	0	248	14.0%
Received and Declined Offer	452	0	0	0	0	0	452	25.6%
Offer Sent, No Response	800	0	0	0	0	0	800	45.3%
Other	111	0	0	0	0	0	111	6.3%
Total	1,751	9	6	0	0	0	1,766	100.0%

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

Source: Waiting List Database and Waiver Enrollment Tracking System as of July 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 waiting 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 waiting 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/Tiers 1, 2, 3			FSL Waiver/Tier 4		Total	Total	Total Enrolled
	Brown v. Bush	Crisis Cases	Foster Kids	Crisis Cases	Foster Kids	Crisis Cases	Foster Kids	
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		51	6	60
Jul-10	NA	NA		NA		31	10	41
Aug-10	NA	NA		NA		63	3	66
Sep-10	NA	NA		NA		55	17	72
Oct-10	NA	NA		NA		51	19	70
Nov-10	NA	NA		NA		54	5	59
Dec-10	NA	NA		NA		21	5	26
Jan-11	NA	NA		NA		37	6	43
Feb-11	NA	NA		NA		42	4	46
Mar-11	NA	NA		NA		56	2	58
Apr-11	NA	NA		NA		41	2	43
May-11	NA	NA		NA		20	3	23
Jun-11	NA	NA		NA		18	3	21
Total	45	0	0	0	0	1251	85	1381

Source: ABC Database as of August 1, 2011, 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 waiting 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 July 1, 2011

Length of Wait	Date Placed on Waiting List	Waiting List Clients	
		Number	Percentage
6 Months or Less	January 1, 2011 or later	952	4.7%
6+ to 12 Months	July 1, 2010 - December 31, 2010	983	4.8%
12+ to 18 Months	January 1, 2010 - June 30, 2010	1,125	5.5%
18+ to 24 Months	July 1, 2009 - December 31, 2009	1,151	5.6%
24+ to 30 Months	January 1, 2009 - June 30, 2009	1,231	6.0%
30+ to 36 Months	July 1, 2008 - December 31, 2008	1,045	5.1%
36+ to 42 Months	January 1, 2008 - June 30, 2008	1,186	5.8%
42+ to 48 Months	July 1, 2007 - December 31, 2007	1,132	5.6%
4+ to 5 Years	July 1, 2006 - June 30, 2007	2,616	12.8%
More than 5 Years	On or before June 30, 2006	8,955	43.9%
Total Waiting List*		20,376	100.0%

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

Source: Waiting List Database as of August 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 Waiver Budget Forecast

	State Funds	Social Services Block Grant	Operations & Maintenance Trust Fund	Total
Appropriation	\$309,880,161		\$495,946,457	\$805,826,618
FMAP Adjustment	(\$26,390,357)		\$26,390,357	\$0
Other Adjustments—FY 2011-12 General Appropriations Act, Section 25	\$29,704,026	\$6,845,352	\$129,742,863	\$166,292,241
Other Adjustments—FY 2011-12 General Appropriations Act, Section 80	\$3,000,000			\$3,000,000
Subtotal--Adjusted Appropriation	\$316,193,830	\$6,845,352	\$652,079,677	\$975,118,859
Total Expenditures	(\$343,046,815)		(\$632,072,044)	(\$975,118,859)
Adjust state match for cash in Operations & Maintenance Trust Fund	\$20,007,633		(\$20,007,633)	\$0
Adjust state match for cash in Social Services Block Grant	\$6,845,352	(\$6,845,352)		\$0
Total Projected APD Waiver Balance for FY 2010-11	\$0	\$0	\$0	\$0

Note: Budget and expenditures for the CDC+ program are included.
Appropriations include all adjustments from the FY 2011-12 General Appropriations Act.