



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

First Quarter Fiscal Year 2011/12
(July, August, September)

Submitted November 2011



Michael Hansen
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 July through September 2011, an average of about 1,050 people on the wait list for waiver services received General Revenue services through the agency, and more than 10,500 received some state services through the Medicaid State Plan, which leaves at least about 9,300 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 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.

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.

Please share with us any comments or suggestions you have regarding this report. Our Chief of Staff, Barbara Palmer, may be reached at 850-922-4487.

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 393.0661(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 Clients**	Total Waiver Payments	Enrolled Clients**	Total Waiver Payments	Enrolled Clients**	Total Waiver Payments	Enrolled Clients**	Total Waiver Payments
Jul-11	18,926	\$63,637,808.88	11,028	\$6,640,353.20	4	\$9,025.42	29,958	\$70,287,187.50
Aug-11	18,816	\$86,174,388.54	10,917	\$8,007,338.94	4	\$13,275.47	29,737	\$94,195,002.95
Sep-11	18,789	\$56,956,408.91	10,876	\$6,505,361.61	4	\$5,417.42	29,669	\$63,467,187.94

*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 November 1, 2011.

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*
Jul-11	17,191	1,762	10,510	4	490	687	28,919
Aug-11	17,001	1,782	10,631	4	627	670	29,093
Sep-11	16,830	1,805	10,290	4	619	619	28,685

*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 November 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	
		#	%
Jul-11	29,958	19,167	64.0%
Aug-11	29,737	18,391	61.8%
Sep-11	29,669	17,446	58.8%

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 November 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		
	Jul-11	Aug-11	Sep-11	Jul-11	Aug-11	Sep-11	Jul-11	Aug-11	Sep-11
Adult Day Training - Faculty Based	8,062	8,073	7,297				2,640	2,610	2,338
Adult Day Training - Off Site	13	20	19				15	17	15
Adult Dental Services	681	823	671						
Behavior Analysis Level 1	2,170	2,138	1,776				218	216	168
Behavior Analysis Level 2	651	675	571				90	103	86
Behavior Analysis Level 3	1,176	1,175	944				167	158	109
Behavior Assistant Services	692	699	664				24	26	24
Behavioral Analysis Services Assessment	11	19	4				7	7	9
CDC Consultant Services				1,186	1,146	1,091			
CDC Monthly Allowance				1,760	1,775	1,793			
Companion	4,549	4,256	3,951						
Consumable Medical Supplies	4,448	4,258	4,243				2,083	1,873	1,963
Dietician Services	112	113	105						
Durable Medical Equipment	12	14	8				1	5	5
Environmental Accessibility Adaptations	1	3	1				2	2	
Environmental Accessibility Assessment		1	1					1	1
In-Home Support Services (Awake) Qtr. Hour	1,302	1,326	1,274				3,245	3,278	3,103
In-Home Support Services (Live-In) Day	1,695	1,708	1,545				2	2	2

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		
	Jul-11	Aug-11	Sep-11	Jul-11	Aug-11	Sep-11	Jul-11	Aug-11	Sep-11
Occupational Therapy	445	460	442						
Occupational Therapy Assessment		3	1						
Personal Care Assistance	3,240	3,233	3,129						
Personal Emergency Response - Installation	2								
Personal Emergency Response - Service	126	111	66				17	15	16
Personal Supports	1	1	1						
Physical Therapy	991	998	922						
Physical Therapy - Assessment	3	3	1						
Private Duty Nursing	113	118	107						
Private Duty Nursing - RN	14	18	15						
Residential Habilitation - Behavior Focused Day	29	27	19						
Residential Habilitation - Behavior Focused Month	1,271	1,267	1,185						
Residential Habilitation - Intensive Behavior Day	581	577	508						
Residential Habilitation - Quarter hour	22	21	22						
Residential Habilitation - Standard Day	313	270	192						
Residential Habilitation - Standard Monthly	5,507	5,584	5,266						
Residential Nursing Services	133	130	105						
Residential Nursing Services - RN	75	65	57						
Respiratory Therapy	32	31	30						
Respite Care - Day	227	235	165				156	139	93
Respite Care - Quarter Hour	1,526	1,527	1,363				1,770	1,776	1,551
Skilled Nursing - LPN	56	53	48						
Skilled Nursing - RN	13	15	14						
Special Medical Home Care	18	19	18						
Specialized Mental Health - Assessment	2	3							
Specialized Mental Health - Therapy	358	359	239						
Speech Therapy	682	673	618						
Speech Therapy - Assessment		1	1						
Support Coordination	16,025	15,784	14,763				7,495	7,333	6,913
Support Coordination - Transitional	2	1	2						
Support Coordination Limited	349	336	315	487	462	418	2,750	2,662	2,487
Supported Employment	929	950	791				1,003	1,024	885
Supported Living Coaching	2,839	2,793	2,390				982	965	843
Transportation - Mile	52	49	34				45	36	40
Transportation - Month	903	890	841				264	259	237
Transportation - Trip	5,398	5,396	4,747				1,895	1,908	1,590
Unduplicated Client Count	16,966	16,891	16,759	1,764	1,780	1,799	10,667	10,531	10,331

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

Due to the 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 Wait List

Table 2a lists non-Medicaid APD services received in July, August and September 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 July 1, August 1, and September 1, 2011 *

	Service Month		
	Jul-11	Aug-11	Sep-11
Total Wait List at Beginning of Month*	20,376	20,492	20,644
Paid Service			
ADULT DAY TRAINING	189	197	193
BEHAVIOR ANALYSIS	11	14	18
COMMUNITY BASED EMPLOYMENT	326	337	330
DENTAL SERVICES	0	0	1
ELIGIBILITY DETERMINATION AND SUPPORT PLANNING	6	6	4
HOME ASSISTANCE	36	32	31
MEDICAL SERVICES	6	7	8
PERSONAL AND FAMILY CARE SERVICES	17	17	21
PRESUPPORTED TRANSITIONAL LIVING	34	38	41
PSYCHOLOGICAL THERAPY	58	56	55
RESIDENTIAL HABILITATION SERVICES	31	31	27
RESPIRE	54	62	67
SUPPLIES AND EQUIPMENT	18	21	12
SUPPORT COORDINATION	339	300	366
SUPPORTED LIVING	19	20	20
TRANSPORTATION	140	133	133
LONG TERM RESIDENTIAL SERVICES	17	16	15
Unduplicated Client Total	1,048	1,048	1,109

*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 November 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. 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 July 1, August 1, and September 1, 2011*

	Service Month		
	Jul-11	Aug-11	Sep-11
Total Wait List at Beginning of Month*	20,376	20,492	20,644
Client Count for APD Non-Medicaid Services**	1,048	1,048	1,109
Client Count for Medicaid State Plan Medical, Facility, and Pharmacy Services***	10,564	10,577	10,572
All Wait List Clients Receiving Services**	11,184	11,194	11,219
Count of Wait List Clients Not Receiving Services	9,192	9,298	9,425
Percent of Wait List Not Receiving Services	45.1%	45.4%	45.7%

* 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 November 1, 2011.

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

Tables 3a and 3b provide the number of individuals on the wait list as of October 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 8.5 percent of the clients on the wait list as of October 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 October 1, 2011

	Number	Percent
Total Wait List Count*	20,736	100.0%
Wait List Clients Offered Waiver**		
FY 2010/11	1	0.0%
FY 2009/10	3	0.0%
FY 2008/09	1	0.0%
FY 2007/08	7	0.0%
FY 2006/07	10	0.0%
FY 2005/06	1,745	8.4%
Total	1,767	8.5%

*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 November 1, 2011.

** Offers made to date in the fiscal year.

Table 3b: Outcomes of Waiver Enrollment Offers for Persons on the Wait List as of October 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	104	10	7	1	3	1	126	7.1%
Remained in FSL Waiver	31	0	0	0	0	0	31	1.8%
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	448	0	0	0	0	0	448	25.4%
Offer Sent--No Response	795	0	0	0	0	0	795	45.0%
Other	111	0	0	0	0	0	111	6.3%
Total	1,745	10	7	1	3	0	1,767	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 November 1, 2011.

* Offers made to date in the fiscal year.

4. Waiver Enrollment in Fiscal Year 2011-12

Table 4 summarizes new waiver enrollment to date in FY 2011-12. 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			
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	54
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
Jul-11	NA	NA		NA		29	0	29
Aug-11	NA	NA		NA		32	0	32
Sep-11	NA	NA		NA		16	0	16
Total	45	0	0	0	0	1328	85	1452

Source: ABC Database as of November 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 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 October 1, 2011**

Length of Wait	Date Placed on Wait List	Wait List Clients	
		#	%
1 Year or Less	October 1, 2010 or later	1,948	9.4%
1+ to 2 Years	October 1, 2009 - September 30, 2010	2,151	10.4%
2+ to 3 Years	October 1, 2008 - September 30, 2009	2,307	11.1%
3+ to 4 Years	October 1, 2007 - September 30, 2008	2,292	11.1%
4+ to 5 Years	October 1, 2006 - September 30, 2007	2,458	11.9%
5+ to 6 Years	October 1, 2005 - September 30, 2006	2,442	11.8%
6+ to 7 Years	October 1, 2004 - September 30, 2005	1,805	8.7%
7+ to 8 Years	October 1, 2003 - September 30, 2004	1,987	9.6%
8+ to 9 Years	October 1, 2002 - September 30, 2003	1,614	7.8%
9+ to 10 Years	October 1, 2001 - September 30, 2002	657	3.2%
More than 10 Years	On or before September 30, 2001	1,075	5.2%
Total Wait List*		20,736	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 October 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 2011-12
Waiver Budget Forecast

FY 2011-12 APD Waiver Projections as of October 31	General Revenue	Trust Funds	Total
Blended rate adopted by the Social Services Estimating Conference for FY 11-12	0.4406	0.5594	
Appropriation for FY 11-12	\$ 357,690,175	\$ 452,747,197	\$ 810,437,372
FMAP Adjustment Correction		\$ 1,387,810	\$ 1,387,810
Adjusted Appropriation for FY 11-12	\$ 357,690,175	\$ 454,135,007	\$ 811,825,182
FY 2010-11 Carry-forward Deficit	\$ (10,515,592)	\$ (13,088,430)	\$ (23,604,022)
FY 2011-12 Estimated Expenditures	\$ (390,703,851)	\$ (496,050,237)	\$ (886,754,088)
Estimated Savings from Cost Containment Initiatives*	\$ 2,577,161	\$ 3,272,047	\$ 5,849,208
Total Projected APD Waiver Balance FY 2011-12	\$ (40,952,107)	\$ (51,731,613)	\$ (92,683,721)
*Savings of \$5,849,208 from Cost Containment Initiatives include the following:			
Standardize Residential Habilitation Intensive Behavior rates	\$ 774,882		
Collect fees for Residential Habilitation settings	\$ 4,000,000		
Reduce rates for therapy assessment and nursing services to the Medicaid State Plan rates	\$ 317,044		
Set agency rate premium to a maximum of 20% above solo rate	\$ 757,282		