



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

Second Quarter Fiscal Year 2010/2011  
(October, November, and December 2010)

Submitted February 2011



Carl Littlefield  
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 October through December 2010, an average of about 1,100 people on the wait list received General Revenue services through the agency, and more than 9,900 received some state services through the Medicaid State Plan, which leaves at least about 8,500 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 Chief of Staff, 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 393.0661(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		All Waivers	
	Enrolled Clients**	Total Waiver Payments	Enrolled Clients**	Total Waiver Payments	Enrolled Clients**	Total Waiver Payments
Oct-10	18,717	\$67,372,996.71	11,355	\$7,489,514.16	30,072	\$74,862,510.87
Nov-10	18,897	\$70,023,849.60	11,197	\$7,218,456.03	30,094	\$77,242,305.63
Dec-10	19,005	\$83,438,852.95	11,089	\$8,356,238.70	30,094	\$91,795,091.65

\*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 February 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 Month	Client Counts by Service Category for Billed Services					
	Tier 1, 2 & 3	CDC+	Tier 4	IFS	Room\Board	Client Total*
Oct-10	17,755	1577	11,157	762	797	29,215
Nov-10	17,687	1609	10,982	748	785	29,164
Dec-10	17,394	1635	10,768	755	747	28,969

\*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 February 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	
		#	%
Oct-10	30,072	18,977	63.1%
Nov-10	30,094	18,558	61.7%
Dec-10	30,094	17,871	59.4%

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 February 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		
	Oct-10	Nov-10	Dec-10	Oct-10	Nov-10	Dec-10	Oct-10	Nov-10	Dec-10
Adult Day Training - Faculty Based	8,284	8,187	7,764				2,777	2,720	2,491
Adult Day Training - Off Site	6	6	6				16	16	15
Adult Dental Services	1,016	983	886						
Behavior Analysis Level 1	2,447	2,326	2,065				309	274	222
Behavior Analysis Level 2	803	795	723				129	134	118
Behavior Analysis Level 3	1,296	1,287	1,106				225	224	177
Behavior Assistant Services	731	734	694				30	24	25
Behavioral Analysis Services Assessment	54	66	52				13	16	12
CDC Consultant Services				850	906	912			
CDC Monthly Allowance				1,573	1,602	1,628			
Companion	4,767	4,696	4,598						
Consumable Medical Supplies	4,076	4,235	3,975				1,996	1,939	1,748
Dietician Services	117	129	127						
Durable Medical Equipment	23	29	24				14	11	8
Environmental Accessibility Adaptations	6	5	5				8	5	2
Environmental Accessibility Assessment	4	9	2				7	5	4
In-Home Support Services (Awake) Qtr. Hour	1,429	1,422	1,275				3,614	3,580	3,435
In-Home Support Services (Live-In) Day	1,720	1,724	1,677				9	6	6

## 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		
	Oct-10	Nov-10	Dec-10	Oct-10	Nov-10	Dec-10	Oct-10	Nov-10	Dec-10
Occupational Therapy	479	482	477						
Occupational Therapy Assessment	8	7	7						
Personal Care Assistance	3,879	3,836	3,716						
Personal Emergency Response - Installation	1	1	1						
Personal Emergency Response - Service	76	78	78				16	14	15
Physical Therapy	1,008	1,021	1,006						
Physical Therapy - Assessment	15	22	9						
Private Duty Nursing	110	115	114						
Private Duty Nursing - RN	19	17	19						
Residential Habilitation - Behavior Focused Day	28	29	37						
Residential Habilitation - Behavior Focused Month	1,193	1,187	1,102						
Residential Habilitation - Intensive Behavior Day	563	577	550						
Residential Habilitation - Quarter hour	38	37	34						
Residential Habilitation - Standard Day	287	300	298						
Residential Habilitation - Standard Monthly	5,449	5,356	5,116						
Residential Nursing Services	168	169	164						
Residential Nursing Services - RN	64	63	56						
Respiratory Therapy	29	30	31						
Respiratory Therapy Assessment	0	0	2						
Respite Care - Day	250	214	197				167	132	128
Respite Care - Quarter Hour	1,554	1,518	1,460				1,743	1,700	1,665
Skilled Nursing - LPN	61	57	55						
Skilled Nursing - RN	18	14	16						
Special Medical Home Care	15	15	15						
Specialized Mental Health - Assessment	7	16	10						
Specialized Mental Health - Therapy	441	424	346						
Speech Therapy	782	746	707						
Speech Therapy - Assessment	7	5	7						
Support Coordination	15,711	15,495	15,230				7,636	7,385	7,282
Support Coordination - Transitional	0	1	0						
Support Coordination Limited	361	325	308	372	381	374	2,892	2,775	2,703
Supported Employment	1,153	1,137	1,014				1,157	1,105	1,092
Supported Living Coaching	2,885	2,872	2,695				1,031	985	953
Transportation - Mile	55	56	55				48	46	46
Transportation - Month	964	957	884				274	263	233
Transportation - Trip	5,936	5,858	5,529				2,007	1,956	1,792
<b>Unduplicated Client Count</b>	<b>17,755</b>	<b>17,687</b>	<b>17,394</b>	<b>1,577</b>	<b>1,609</b>	<b>1,635</b>	<b>11,157</b>	<b>10,982</b>	<b>10,768</b>

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

## 2. Services Received by Persons on the Wait List

Table 2a lists non-Medicaid APD services received in October, November, and December 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 October 1, November 1, and December 1, 2010\*

	Oct-10	Nov-10	Dec-10
<b>Total Wait List at Beginning of Month*</b>	<b>19,354</b>	<b>19,419</b>	<b>19,456</b>
<b>Paid Service</b>			
ADULT DAY TRAINING	176	181	179
BEHAVIOR ANALYSIS	27	17	11
COMMUNITY BASED EMPLOYMENT	402	404	391
DENTAL SERVICES	6	5	11
ELIGIBILITY DETERMINATION AND SUPPORT PLANNING	8	13	8
HOME ASSISTANCE	32	31	29
MEDICAL SERVICES	7	5	8
PERSONAL AND FAMILY CARE SERVICES	22	23	23
PRESUPPORTED TRANSITIONAL LIVING	39	40	40
PSYCHOLOGICAL THERAPY	67	68	67
RESIDENTIAL HABILITATION SERVICES	34	29	29
RESPIRE	27	38	39
SPEECH THERAPY	1	0	1
SUPPLIES AND EQUIPMENT	23	22	30
SUPPORT COORDINATION	299	334	346
SUPPORTED LIVING	14	17	21
TRANSPORTATION	155	151	145
LONG TERM RESIDENTIAL SERVICES	20	15	14
<b>Unduplicated Client Total</b>	<b>1,084</b>	<b>1,122</b>	<b>1,137</b>

\*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 February 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 October 1, November 1, and December 1, 2010\*

	Service Month		
	Oct-10	Nov-10	Dec-10
<b>Total Wait List at Beginning of Month*</b>	<b>19,354</b>	<b>19,419</b>	<b>19,456</b>
<b>Client Count for APD Non-Medicaid Services**</b>	<b>1,084</b>	<b>1,122</b>	<b>1,137</b>
<b>Client Count for Medicaid State Plan Medical, Facility, and Pharmacy Services***</b>	<b>10,037</b>	<b>9,954</b>	<b>9,934</b>
<b>All Wait List Clients Receiving Services**</b>	<b>10,663</b>	<b>10,622</b>	<b>10,595</b>
<b>Count of Wait List Clients Not Receiving Services</b>	<b>8,691</b>	<b>8,797</b>	<b>8,861</b>
<b>Percent of Wait List Not Receiving Services</b>	<b>44.9%</b>	<b>45.3%</b>	<b>45.5%</b>

\* 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 February 1, 2011.

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

Tables 3a and 3b provide the number of individuals on the wait list as of January 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. Over 9 percent of the clients on the wait list as of January 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 January 1, 2011

	Number	Percent
<b>Total Wait List Count*</b>	19,460	100.0%
<b>Wait List Clients Offered Waiver**</b>		
<b>FY 2010/11</b>	0	0.0%
<b>FY 2009/10</b>	0	0.0%
<b>FY 2008/09</b>	0	0.0%
<b>FY 2007/08</b>	4	0.0%
<b>FY 2006/07</b>	10	0.1%
<b>FY 2005/06</b>	1,787	9.2%
<b>Total</b>	1,801	9.3%

\*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 January 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 January 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
<b>Waiver Enrolled</b>	95	10	4	0	0	0	109	6.1%
<b>Remained in FSL Waiver</b>	31	0	0	0	0	0	31	1.7%
<b>Remained on non-Medicaid Services</b>	8	0	0	0	0	0	8	0.4%
<b>Ineligible for Waiver</b>	249	0	0	0	0	0	249	13.8%
<b>Received and Declined Offer</b>	462	0	0	0	0	0	462	25.7%
<b>Offer Sent--No Response</b>	828	0	0	0	0	0	828	46.0%
<b>Other</b>	114	0	0	0	0	0	114	6.3%
<b>Total</b>	1,787	10	4	0	0	0	1,801	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 January 1, 2011.

\* Offers made to date in the fiscal year.

#### 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 Crisis Cases	Total Foster Kids	Total Enrolled
	Brown v. Bush	Crisis Cases	Foster Kids	Crisis Cases	Foster Kids			
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
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
<b>Total</b>	<b>69</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1404</b>	<b>0</b>	<b>1473</b>

Source: ABC Database as of February 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 January 1, 2011

Length of Wait	Date Placed on Wait List	Wait List Clients	
		#	%
6 Months or Less	July 1, 2010 or later	692	3.6%
6+ to 12 Months	January 1, 2010 - June 30, 2010	1,152	5.9%
12+ to 18 Months	July 1, 2009 - December 31, 2009	1,159	6.0%
18+ to 24 Months	January 1, 2009 - June 30, 2009	1,231	6.3%
24+ to 30 Months	July 1, 2008 - December 31, 2008	1,062	5.5%
30+ to 36 Months	January 1, 2008 - June 30, 2008	1,195	6.1%
36+ to 42 Months	July 1, 2007 - December 31, 2007	1,134	5.8%
42+ to 48 Months	January 1, 2007 - June 30, 2007	1,325	6.8%
4+ to 5 Years	January 1, 2006 - December 31, 2006	2,580	13.3%
More than 5 Years	On or before December 31, 2005	7,930	40.8%
<b>Total Wait List</b>		<b>19,460</b>	<b>100.0%</b>

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 January 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

	General Revenue/Other	Federal Match (64.83%)	Total
<b>Total Available Fund</b>	<b>\$ 309,880,161</b>	<b>\$ 571,212,136</b>	<b>\$ 881,092,297</b>
<b>Deficit Carried Over from FY 09-10</b>	<b>\$ (17,352,713)</b>	<b>\$ (27,766,146)</b>	<b>\$ (45,118,859)</b>
<b>FY 10-11 Expenditures Projected</b>	<b>\$ 346,075,203</b>	<b>\$ 637,931,630</b>	<b>\$ 984,006,833</b>
Adjust for PCA Kids Under 21 (Transferred to AHCA)	\$ 6,906,807	\$ 12,731,541	\$ 19,638,348
Adjust for CDC PCA Kids Under 21 (Transferred to AHCA)	\$ 3,260,259	\$ 6,009,741	\$ 9,270,000
Adjust for PCA Rate Reduction to \$15/hr	\$ 2,310,548	\$ 4,259,108	\$ 6,569,655
FY 10-11 Expenditures Prior to Policy Changes	\$ 333,597,589	\$ 614,931,240	\$ 948,528,830
<b>Surplus/Deficit Prior to Policy Changes</b>	<b>\$ (41,070,142)</b>	<b>\$ (71,485,250)</b>	<b>\$ (112,555,391)</b>
<b>Projected Effect of Policy Changes</b>			
Tiers Savings	\$ (24,876,135)	\$ (45,854,985)	\$ (70,731,120)
Cost Plan Rebasing on Jan 1, 2011	\$ (1,758,500)	\$ (3,241,500)	\$ (5,000,000)
Consolidating DME on Jan 1, 2011	\$ (327,817)	\$ (604,276)	\$ (932,093)
<b>Total Savings Due to Policy Changes</b>	<b>\$ (26,962,452)</b>	<b>\$ (49,700,761)</b>	<b>\$ (76,663,213)</b>
<b>Projected APD Waiver Surplus/Deficit for FY 10-11</b>	<b>\$ (14,107,690)</b>	<b>\$ (21,784,489)</b>	<b>\$ (35,892,178)</b>

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

\*\*The GAA has been corrected to reflect the FMAP reduction effective October 1, 2010.