



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

Second Quarter Fiscal Year 2009/2010
(October, November, and December 2009)

Submitted February 2010



Jim DeBeaugrine
Director

Charlie Crist
Governor

Introduction

Each month, the **Agency for Persons with Disabilities (APD)** serves approximately 35,000 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 2009, more than 1,000 people on the wait list received General Revenue services through the agency, and more than 9,600 received some state services through the Medicaid State Plan, which leaves about 8,700 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 \$55,000/year
- Tier 3 - Capped at \$35,000/year
- Tier 4 - Capped at \$14,792/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, Tamara Demko, may be reached at 488-4879.

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		Both Waivers	
	Enrolled Clients**	Total Waiver Payments	Enrolled Clients**	Total Waiver Payments	Enrolled Clients**	Total Waiver Payments
Oct-09	17,882	\$59,439,974.30	12,088	\$8,200,749.36	29,970	\$67,640,723.66
Nov-09	17,925	\$66,717,139.69	12,031	\$8,376,577.51	29,956	\$75,093,717.20
Dec-09	17,955	\$79,044,248.96	11,974	\$9,336,385.74	29,929	\$88,380,634.70

*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, 2010.

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-09	17,348	921	12,035	975	801	29,265
Nov-09	17,399	919	11,940	891	766	29,188
Dec-09	17,465	917	11,819	897	634	29,108

*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, 2010.

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-09	29,970	19,580	65.3%
Nov-09	29,956	18,927	63.2%
Dec-09	29,929	18,335	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 February 1, 2010.

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-09	Nov-09	Dec-09	Oct-09	Nov-09	Dec-09	Oct-09	Nov-09	Dec-09
Adult Day Training - Faculty Based	8,312	8,241	8,316				2,883	2,843	2,846
Adult Day Training - Off Site	5	6	6				3	2	2
Adult Dental Services	1,112	989	995						
Behavior Analysis Level 1	2,255	2,138	2,179				361	337	355
Behavior Analysis Level 2	832	831	836				171	168	173
Behavior Analysis Level 3	1,172	1,139	1,149				296	268	276
Behavior Assistant Services	609	607	611				40	39	41
Behavioral Analysis Services Assessment	72	91	92				28	23	24
CDC Consultant Services				590	585	587			
CDC Monthly Allowance				918	916	916			
Companion	4,603	4,532	4,550						
Consumable Medical Supplies	4,218	4,358	4,372				2,582	2,648	2,657
Dietician Services	114	117	118						
Durable Medical Equipment	29	27	29				19	21	21
Environmental Accessibility Adaptations	15	7	7				14	12	12
Environmental Accessibility Assessment	4	8	8				3	7	7
In-Home Support Services (Awake) Qtr. Hour	1,231	1,238	1,238				4,053	3,997	4,018
In-Home Support Services (Live-In) Day	1,645	1,642	1,643				4	3	3

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-09	Nov-09	Dec-09	Oct-09	Nov-09	Dec-09	Oct-09	Nov-09	Dec-09
Medication Review	105	154	154						
Occupational Therapy	490	478	478						
Occupational Therapy Assessment	14	8	8						
Personal Care Assistance	4,204	4,181	4,192						
Personal Emergency Response - Installation	1								
Personal Emergency Response - Service	131	83	83				14	14	14
Physical Therapy	948	963	965						
Physical Therapy - Assessment	24	31	31						
Private Duty Nursing	104	104	104						
Private Duty Nursing - RN	9	9	9						
Residential Habilitation - Behavior Focused Day	39	36	37						
Residential Habilitation - Behavior Focused Month	1,037	1,022	1,026						
Residential Habilitation - Intensive Behavior Day	526	527	527						
Residential Habilitation - Quarter hour	79	74	75						
Residential Habilitation - Standard Day	333	371	376						
Residential Habilitation - Standard Monthly	5,445	5,344	5,361						
Residential Nursing Services	178	175	178						
Residential Nursing Services - RN	70	44	46						
Respiratory Therapy	24	25	25						
Respiratory Therapy Assessment	2	1	1						
Respite Care - Day	268	267	269				157	140	143
Respite Care - Quarter Hour	1,453	1,425	1,431				1,850	1,837	1,850
Skilled Nursing - LPN	55	55	55						
Skilled Nursing - RN	21	20	20						
Special Medical Home Care	13	13	13						
Specialized Mental Health - Assessment	14	14	14						
Specialized Mental Health - Therapy	450	442	443						
Speech Therapy	868	862	863						
Speech Therapy - Assessment	22	14	14						
Support Coordination	15,633	15,506	15,526				8,077	7,964	7,992
Support Coordination - Transitional	6	4	4						
Support Coordination Limited	328	324	327	255	258	258	3,463	3,386	3,392
Supported Employment	1,267	1,224	1,225				1,291	1,273	1,280
Supported Living Coaching	2,859	2,833	2,844				1,080	1,031	1,039
Transportation - Mile	70	71	71				55	50	50
Transportation - Month	998	1,004	1,006				278	280	280
Transportation - Trip	5,836	5,829	5,838				2,079	2,027	2,029
Unduplicated Client Count	17,348	17,399	17,465	921	919	917	12,035	11,940	11,819

Note: Based on historical payment patterns waiver services are incomplete due to anticipated unsubmitted claims.
Source: Medicaid EDS Data Warehouse as of February 1, 2010.

2. Services Received by Persons on the Wait List

Table 2a lists non-Medicaid APD services received in October, November, and December 2009 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, 2009*

	Service Month		
	Oct-09	Nov-09	Dec-09
Total Wait List at Beginning of Month*	19,012	18,966	18,996
Paid Service			
ADULT DAY TRAINING	162	162	154
BEHAVIOR ANALYSIS	24	20	16
COMMUNITY BASED EMPLOYMENT	388	394	377
DENTAL SERVICES	9	4	4
ELIGIBILITY DETERMINATION AND SUPPORT PLANNING	11	12	6
HOME ASSISTANCE	36	34	32
MEDICAL SERVICES	3	4	4
PERSONAL AND FAMILY CARE SERVICES	22	20	16
PHYSICAL THERAPY	0	1	1
PRESUPPORTED TRANSITIONAL LIVING	3	3	4
PSYCHOLOGICAL THERAPY	79	79	69
RESIDENTIAL HABILITATION SERVICES	31	32	32
RESPIRE	17	30	28
SUPPLIES AND EQUIPMENT	37	35	51
SUPPORT COORDINATION	336	355	354
SUPPORTED LIVING	47	46	41
TRANSPORTATION	124	124	115
LONG TERM RESIDENTIAL SERVICES	20	17	13
Unduplicated Client Total	1,112	1,142	1,099

*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, 2010.

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, 2009*

	Service Month		
	Oct-09	Nov-09	Dec-09
Total Wait List at Beginning of Month*	19,012	18,966	18,996
Client Count for APD Non-Medicaid Services**	1,112	1,142	1,099
Client Count for Medicaid State Plan Medical, Facility, and Pharmacy Services***	9,672	9,699	9,678
All Wait List Clients Receiving Services**	10,301	10,332	10,307
Count of Wait List Clients Not Receiving Services	8,711	8,634	8,689
Percent of Wait List Not Receiving Services	45.8%	45.5%	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 February 1, 2010.

3. Waiver Enrollment Offers for Persons on the Wait List as of January 1, 2010

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

	Number	Percent
Total Wait List Count*	18,886	100.0%
Wait List Clients Offered Waiver**		
FY 2009/10 to date	0	0.0%
FY 2008/09	0	0.0%
FY 2007/08	3	0.0%
FY 2006/07	9	0.0%
FY 2005/06	2,103	11.1%
Total	2,115	11.2%

*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, 2010.

Table 3b: Outcomes of Waiver Enrollment Offers for Persons on the Wait List as of January 1, 2010

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	Total	
						Number	Percent
Waiver Enrolled	114	9	3	0	0	126	6.0%
Remained in FSL Waiver	37	0	0	0	0	37	1.7%
Remained on non-Medicaid Services	10	0	0	0	0	10	0.5%
Ineligible for Waiver	269	0	0	0	0	269	12.7%
Received and Declined Offer	521	0	0	0	0	521	24.6%
Offer Sent--No Response	1,020	0	0	0	0	1,020	48.2%
Other	132	0	0	0	0	132	6.2%
Total	2,103	9	3	0	0	2,115	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, 2010.

4. Waiver Enrollment in Fiscal Year 2009-10

Table 4 summarizes new waiver enrollment to date in FY 2009-10. 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-08	3	48		21		69		72
Feb-08	21	22		12		34		55
Mar-08	2	34		26		60		62
Apr-08	1	16		18		34		35
May-08	4	47		22		69		73
Jun-08	7	32		22		54		61
Jul-08	5	39		27		66		71
Aug-08	2	36		23		59		61
Sep-08	5	51		16		67		72
Oct-08	2	NA		NA		37		39
Nov-08	2	NA		NA		58		60
Dec-08	2	NA		NA		46		48
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-10	1	NA		NA		65		66
Nov-10	1	NA		NA		74		75
Dec-10	7	NA		NA		57		64
								0
Total	103	325	0	187	0	1383	0	1486

Source: ABC Database as of February 1, 2010, 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.

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, 2010

Length of Wait	Date Placed on Wait List	Wait List Clients	
		#	%
6 Months or Less	July 1, 2009 or later	921	4.9%
6+ to 12 Months	January 1, 2009 - June 30, 2009	1,301	6.9%
12+ to 18 Months	July 1, 2008 - December 31, 2008	1,127	6.0%
18+ to 24 Months	January 1, 2008 - June 30, 2008	1,274	6.7%
24+ to 30 Months	July 1, 2007 - December 31, 2007	1,213	6.4%
30+ to 36 Months	January 1, 2007 - June 30, 2007	1,408	7.5%
36+ to 42 Months	July 1, 2006 - December 31, 2006	1,453	7.7%
42+ to 48 Months	January 1, 2006 - June 30, 2006	1,338	7.1%
4+ to 5 Years	January 1, 2005 - December 31, 2005	2,171	11.5%
More than 5 Years	On or before December 31, 2004	6,677	35.4%
Total Wait List		18,883	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 January 1, 2010.

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 2009-10 Waiver Budget Forecast

	General Revenue/Other	Federal Match	Total
Appropriation	\$ 274,962,818	\$ 574,736,867	\$ 849,699,685
Deficit Carried Over from FY 08-09	\$ (8,670,493)	\$ (18,123,366)	\$ (26,793,859)
FY 09-10 Expenditures Projected	\$ 316,929,473	\$ 662,457,032	\$ 979,386,505
Adjust for PCA Kids Under 21 (Transferred to AHCA)	\$ 6,419,161	\$ 13,417,554	\$ 19,836,715
Adjust for CDC PCA Kids Under 21 (Transferred to AHCA)	\$ 2,912,400	\$ 6,087,600	\$ 9,000,000
Adjust for PCA Rate Reduction to \$15/hr from the Rate as of Jan. 1, 2008	\$ 2,064,020	\$ 4,314,286	\$ 6,378,306
FY 09-10 Expenditures Prior to Policy Changes	\$ 305,533,892	\$ 638,637,591	\$ 944,171,483
Surplus/Deficit Prior to Policy Changes	\$ (39,241,567)	\$ (82,024,090)	\$ (121,265,657)
Projected Effect of Policy Changes			
Tiers Savings	\$ (26,448,190)	\$ (55,282,930)	\$ (75,192,630)
Cost Plan Re-Basing on Jan. 1, 2010	\$ (3,236,000)	\$ (6,764,000)	\$ (10,000,000)
Total Savings Due to Policy Changes	\$ (27,568,335)	\$ (57,624,295)	\$ (85,192,630)
Projected APD Waiver Surplus/Deficit	\$ (11,673,232)	\$ (24,399,795)	\$ (36,073,027)

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

**The GAA has been corrected to reflect the FMAP reduction effective October 1, 2009.

*** The Agency plans to use cash to cover the deficits projected.