



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

Fourth Quarter Fiscal Year 2008/2009
(April, May, and June 2009)

Submitted August 2009



Jim DeBeaugrine
Director

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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, and 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 28 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 April through June 2009, more than 1,400 people on the wait list received General Revenue services through the agency, and more than 8,800 received some state services through Medicaid State Plan, which leaves about 9,000 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		All Waivers	
	Enrolled Clients**	Total Waiver Payments	Enrolled Clients**	Total Waiver Payments	Enrolled Clients**	Total Waiver Payments
Apr-09	17,482	\$76,050,512.83	12,442	\$8,586,097.77	29,924	\$84,636,610.60
May-09	17,524	\$61,197,731.76	12,369	\$7,343,721.82	29,893	\$68,541,453.58
Jun-09	17,487	\$66,882,989.28	12,374	\$8,340,065.58	29,861	\$75,223,054.86

*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 August 1, 2009.

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					
	Tiers 1, 2, and 3	CDC+	Tier 4	IFS	Room\Board	Client Total*
Apr-09	17,141	932	10,965	1,108	853	28,087
May-09	17,363	931	11,929	1,083	819	29,073
Jun-09	17,238	931	11,906	1,121	770	29,004

*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, 2009.

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	
		#	%
Apr-09	29,924	25,326	84.6%
May-09	29,893	20,755	69.4%
Jun-09	29,861	18,629	62.4%

*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, 2009.

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	Tiers 1, 2, and 3			CDC+			Tier 4		
	Apr-09	May-09	Jun-09	Apr-09	May-09	Jun-09	Apr-09	May-09	Jun-09
Adult Day Training - Faculty Based	8,173	8,027	7,415				2,818	2,742	2,512
Adult Day Training - Off Site	2	2	2				3	3	2
Adult Dental Services	788	794	968						
Behavior Analysis Level 1	1,974	1,965	1,629				339	336	260
Behavior Analysis Level 2	801	779	680				180	179	142
Behavior Analysis Level 3	1,115	1,113	900				288	284	209
Behavior Assistant Services	520	530	442				40	41	33
Behavioral Analysis Services Assessment	50	54	60				26	26	32
CDC Consultant Services				268	516	487			
CDC Monthly Allowance				931	931	929			
Companion	4,460	4,357	4,067						
Consumable Medical Supplies	4,171	4,180	3,794				2,489	2,583	2,268
Dietician Services	93	88	78						
Durable Medical Equipment	20	21	28				10	7	13
Environmental Accessibility Adaptations	2	3	9				8	8	6
Environmental Accessibility Assessment	6	4	6				8	5	10
In-Home Support Services (Awake) Qtr. Hour	1,047	1,053	1,028				3,655	3,612	3,417
In-Home Support Services (Live-In) Day	1,670	1,669	1,587				7	6	5

1. Services Received by Waiver Enrollees (continued)

Table 1d: Clients Using Individual Waiver Services (continued)

Service Description	Tiers 1, 2, and 3			CDC+ Program			Tier 4		
	Apr-09	May-09	Jun-09	Apr-09	May-09	Jun-09	Apr-09	May-09	Jun-09
Medication Review	210	178	179						
Occupational Therapy	486	502	465						
Occupational Therapy Assessment	6	8	6						
Personal Care Assistance	3,944	3,939	3,787						
Personal Emergency Response - Installation	1								
Personal Emergency Response - Service	126	121	79				14	13	9
Physical Therapy	943	944	910						
Physical Therapy - Assessment	11	9	14						
Private Duty Nursing	95	95	92						
Private Duty Nursing - RN	4	2	2						
Residential Habilitation - Behavior Focused Day	19	19	10						
Residential Habilitation - Behavior Focused Month	970	979	928						
Residential Habilitation - Intensive Behavior Day	479	486	453						
Residential Habilitation - Quarter hour	93	90	87						
Residential Habilitation - Standard Day	338	320	274						
Residential Habilitation - Standard Monthly	5,416	5,342	5,006						
Residential Nursing Services	171	166	154						
Residential Nursing Services - RN	62	32	29						
Respiratory Therapy	19	20	18						
Respite Care - Day	233	287	285				172	184	173
Respite Care - Quarter Hour	1,281	1,302	1,181				1,740	1,736	1,622
Skilled Nursing - LPN	59	52	45						
Skilled Nursing - RN	13	14	14						
Special Medical Home Care	14	13	13						
Specialized Mental Health - Assessment	5	3	7						
Specialized Mental Health - Therapy	507	481	381						
Speech Therapy	913	881	813						
Speech Therapy - Assessment	4	9	11						
Support Coordination	7,432	14,351	14,490				3,909	7,427	7,387
Support Coordination - Transitional	10	5	8						
Support Coordination Limited	193	365	354		1		1,726	3,263	3,285
Supported Employment	1,311	1,264	1,057				1,271	1,232	1,022
Supported Living Coaching	2,825	2,754	2,418				1,024	1,010	902
Transportation - Mile	73	72	64				53	50	39
Transportation - Month	1,002	979	911				266	262	241
Transportation - Trip	5,890	5,758	5,155				1,964	1,911	1,711
Unduplicated Client Count	17,175	16,991	17,678	931	931	931	10,713	10,579	11,744

Note: Based on historical payment patterns waiver services are incomplete due to anticipated unsubmitted claims.
Source: Medicaid EDS Data Warehouse as of August 1, 2009.

2. Services Received by Persons on the Wait List

Table 2a lists non-Medicaid APD services received in April, May, and June 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 April 1, May 1, and June 1, 2009*

	Service Month		
	Apr-09	May-09	Jun-09
Total Wait List at Beginning of Month*	18,793	18,849	18,972
Paid Service			
ADULT DAY TRAINING	188	197	200
BEHAVIOR ANALYSIS	49	40	59
COMMUNITY BASED EMPLOYMENT	401	389	370
DENTAL SERVICES	14	10	33
ELIGIBILITY DETERMINATION AND SUPPORT PLANNING	18	19	14
HOME ASSISTANCE	42	48	49
MEDICAL SERVICES	6	7	5
NON-RESIDENTIAL SUPPORTS AND SERVICES	3	1	0
OCCUPATIONAL THERAPY	3	0	2
PERSONAL AND FAMILY CARE SERVICES	28	31	32
PHYSICAL THERAPY	6	1	2
PSYCHOLOGICAL THERAPY	74	75	84
RECREATIONAL THERAPY	27	10	30
RESIDENTIAL HABILITATION SERVICES	39	39	47
RESPIRE	52	55	101
SPEECH THERAPY	4	2	5
SUPPLIES AND EQUIPMENT	196	153	606
SUPPORT COORDINATION	355	350	361
SUPPORTED LIVING	58	55	67
TRANSPORTATION	129	143	150
TRAVEL REIMBURSEMENT	1	1	0
LONG TERM RESIDENTIAL SERVICES	21	15	13
Unduplicated Client Total	1,416	1,348	1,878

*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 August 1, 2009.

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 April 1, May 1, and June 1, 2009*

	Service Month		
	Apr-09	May-09	Jun-09
Total Wait List at Beginning of Month*	18,793	18,849	18,972
Client Count for APD Non-Medicaid Services**	1,416	1,348	1,878
Client Count for Medicaid State Plan Medical, Facility, and Pharmacy Services***	9,722	9,511	9,246
All Wait List Clients Receiving Services**	10,143	10,017	10,103
Count of Wait List Clients Not Receiving Services	8,650	8,832	8,869
Percent of Wait List Not Receiving Services	46.0%	46.9%	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 EDS Data Warehouse as of August 1, 2009.

3. Waiver Enrollment Offers for Persons on the Wait List as of July 1, 2009

Tables 3a and 3b provide the number of individuals on the wait list as of July 1, 2009, who were offered waiver enrollment in FY 2005/06, FY 2006/07, FY 2007/08 and FY 2008/09, with results of those offers indicated. Over 12 percent of the clients on the wait list as of July 1, 2009, 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 July 1, 2009

	Number	Percent
Total Wait List Count*	18,923	100.0%
Wait List Clients Offered Waiver**		
FY 2008/09	1	0.0%
FY 2007/08	3	0.0%
FY 2006/07	5	0.0%
FY 2005/06	2,286	12.1%
Total	2,295	12.1%

*With the implementation of tiers in October, 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 July 1, 2009.

Table 3b: Outcomes of Waiver Enrollment Offers for Persons on the Wait List as of July 1, 2009

Disposition of Waiver Offers	Offers in FY 2005/06	Offers in FY 2006/07	Offers in FY 2007/08	Offers in FY 2008/09	Total	
					Number	Percent
Waiver Enrolled	66	5	3	1	75	3.3%
Remained in FSL Waiver	25	0	0	0	25	1.1%
Remained on non-Medicaid Services	10	0	0	0	10	0.4%
Ineligible for Waiver	282	0	0	0	282	12.3%
Received and Declined Offer	565	0	0	0	565	24.6%
Offer Sent--No Response	1,189	0	0	0	1,189	51.8%
Other	149	0	0	0	149	6.5%
Total	2,286	5	3	1	2,295	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 July 1, 2009.

4. Waiver Enrollment in Fiscal Year 2008-09

Table 4 summarizes new waiver enrollment to date in FY 2008-09. 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, and 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-07	1	26		19		45		46
Aug-07		25		23		48		48
Sep-07		29		25		54		54
Oct-07	1	42		29		71		72
Nov-07		36		24		60		60
Dec-07	1	27		18		45		46
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
								0
Total	83	510	0	325	0	1278	0	1361

Source: ABC Database as of August 1, 2009, 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 earlier waiver enrollment offers and those who have received other state assistance.

Table 5: Length of Wait for Any Waiver Services
as of July 1, 2009

Length of Wait	Date Placed on Wait List	Wait List Clients	
		#	%
6 Months or Less	January 1, 2009 or later	1,194	6.3%
6+ to 12 Months	July 1, 2008 - December 31, 2008	1,153	6.1%
12+ to 18 Months	January 1, 2008 - June 30, 2008	1,314	6.9%
18+ to 24 Months	July 1, 2007 - December 31, 2007	1,274	6.7%
24+ to 30 Months	January 1, 2007 - June 30, 2007	1,482	7.8%
30+ to 36 Months	July 1, 2006 - December 31, 2006	1,527	8.1%
36+ to 42 Months	January 1, 2006 - June 30, 2006	1,412	7.5%
42+ to 48 Months	July 1, 2005 - December 31, 2005	1,191	6.3%
4+ to 5 Years	July 1, 2004 - June 30, 2005	2,160	11.4%
More than 5 Years	On or before June 30, 2004	6,216	32.8%
Total Wait List*		18,923	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 July 1, 2009.

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 2008-09 Waiver Budget Forecast

	General Revenue/Other	Federal Match	Total
Appropriation	\$ 292,162,005	\$ 541,367,765	\$ 833,529,770
Deficit Carried Over from FY 07-08	\$ (4,325,228)	\$ (8,011,417)	\$ (12,336,645)
FY 08-09 Expenditures Projected	\$ 344,620,698	\$ 638,324,818	\$ 982,945,515
Adjust for PCA Kids Under 21 (Transferred to AHCA)	\$ 7,096,686	\$ 13,144,860	\$ 20,241,546
Adjust for CDC PCA Kids Under 21 (Transferred to AHCA)	\$ 2,804,800	\$ 5,195,200	\$ 8,000,000
Adjust for PCA Rate Reduction to \$15/hr from the Rate as of Jan 1, 08	\$ 2,129,747	\$ 3,944,830	\$ 6,074,577
FY 08-09 Expenditures Prior to Policy Changes	\$ 322,589,465	\$ 616,039,927	\$ 948,629,392
Surplus/Deficit Prior to Policy Changes	\$ (44,752,688)	\$ (82,683,579)	\$ (127,436,267)
Projected Effect of Policy Changes			
Tiers to be Fully Implemented on Apr 1, 2009	\$ (10,518,000)	\$ (19,482,000)	\$ (30,000,000)
Provider Rate Reductions on Jul 1, 2008	\$ (15,075,800)	\$ (27,924,200)	\$ (43,000,000)
Cost Plan Re-Basing on Mar 1, 2009	\$ (5,259,000)	\$ (9,741,000)	\$ (15,000,000)
Reshab Rate Reduction on Jul 1, 2008	\$ (4,720,579)	\$ (8,743,708)	\$ (13,464,287)
Total Savings Due to Policy Changes	\$ (35,573,379)	\$ (65,890,908)	\$ (101,464,287)
Projected APD Waiver Surplus/Deficit	\$ (9,179,308)	\$ (16,792,671)	\$ (25,971,980)

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

**The GAA has been corrected to reflect the FMAP reduction effective October 1, 2008.