



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

First Quarter Fiscal Year 2010/2011
(July, August, and September 2010)

Submitted November 2010



Jim DeBeaugrine
Director

Charlie Crist
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 July through September 2010, more than 1,000 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 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, 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
Jul-10	18,694	\$61,396,129.20	11,304	\$7,587,741.79	29,998	\$68,983,870.99
Aug-10	18,711	\$67,790,347.53	11,260	\$7,478,400.95	29,971	\$75,268,748.48
Sep-10	18,671	\$68,761,561.01	11,317	\$7,251,821.60	29,988	\$76,013,382.61

*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, 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*
Jul-10	17,746	1420	11,185	543	793	29,119
Aug-10	17,584	1475	10,895	754	782	28,777
Sep-10	17,652	1531	11,036	750	753	29,044

*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, 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	
		#	%
Jul-10	29,998	18,439	61.5%
Aug-10	29,971	17,731	59.2%
Sep-10	29,988	18,472	61.6%

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, 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		
	Jul-10	Aug-10	Sep-10	Jul-10	Aug-10	Sep-10	Jul-10	Aug-10	Sep-10
Adult Day Training - Faculty Based	8,071	6,328	7,871				2,620	2,055	2,521
Adult Day Training - Off Site	4	3	5				5	5	9
Adult Dental Services	1,124	1,150	1,171						
Behavior Analysis Level 1	2,210	1,620	2,002				275	194	238
Behavior Analysis Level 2	699	571	702				120	91	100
Behavior Analysis Level 3	1,182	661	1,080				223	140	176
Behavior Assistant Services	690	564	682				33	27	29
Behavioral Analysis Services Assessment	32	37	50				8	11	15
CDC Consultant Services				803	709	782			
CDC Monthly Allowance				1,411	1,469	1,526			
Companion	4,618	4,298	4,552						
Consumable Medical Supplies	4,436	3,899	4,294				2,517	2,177	2,205
Dietician Services	132	116	132						
Durable Medical Equipment	18	27	34				4	11	9
Environmental Accessibility Adaptations	3	8	9				4	3	3
Environmental Accessibility Assessment	6	5	5				1	2	4
In-Home Support Services (Awake) Qtr. Hour	1,348	1,265	1,358				3,579	3,276	3,492
In-Home Support Services (Live-In) Day	1,675	1,491	1,641				1	2	5

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-10	Aug-10	Sep-10	Jul-10	Aug-10	Sep-10	Jul-10	Aug-10	Sep-10
Occupational Therapy	448	451	472						
Occupational Therapy Assessment	7	2	7						
Personal Care Assistance	3,993	3,753	3,819						
Personal Emergency Response - Installation	0	0	1				0	0	1
Personal Emergency Response - Service	86	72	74				20	13	17
Physical Therapy	930	926	974						
Physical Therapy - Assessment	18	21	22						
Private Duty Nursing	102	100	105						
Private Duty Nursing - RN	16	13	14						
Residential Habilitation - Behavior Focused Day	42	23	24						
Residential Habilitation - Behavior Focused Month	1,122	975	1,127						
Residential Habilitation - Intensive Behavior Day	527	431	531						
Residential Habilitation - Quarter hour	49	44	41						
Residential Habilitation - Standard Day	330	201	251						
Residential Habilitation - Standard Monthly	5,319	4,869	5,301						
Residential Nursing Services	156	105	146						
Residential Nursing Services - RN	63	35	56						
Respiratory Therapy	27	21	27						
Respite Care - Day	290	222	196				167	133	133
Respite Care - Quarter Hour	1,511	1,450	1,467				1,724	1,602	1,648
Skilled Nursing - LPN	53	44	54						
Skilled Nursing - RN	20	19	21						
Special Medical Home Care	13	14	13						
Specialized Mental Health - Assessment	3	4	9						
Specialized Mental Health - Therapy	415	303	381						
Speech Therapy	739	723	737						
Speech Therapy - Assessment	9	3	7						
Support Coordination	15,535	14,589	15,034				7,526	7,116	7,393
Support Coordination - Transitional	7	2	1						
Support Coordination Limited	358	315	347	347	315	347	2,976	2,717	2,744
Supported Employment	1,146	954	1,127				1,073	838	1,078
Supported Living Coaching	2,825	2,366	2,705				987	831	966
Transportation - Mile	51	45	33				48	40	28
Transportation - Month	952	872	921				237	225	257
Transportation - Trip	5,777	4,944	5,584				1,871	1,573	1,804
Unduplicated Client Count	17,746	17,584	17,652	1,420	1,475	1,531	11,185	10,895	11,036

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

2. Services Received by Persons on the Wait List

Table 2a lists non-Medicaid APD services received in July, August, and September 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 July 1, August 1, and September 1, 2010*

	Service Month		
	Jul-10	Aug-10	Sep-10
Total Wait List at Beginning of Month*	19,174	19,252	19,261
Paid Service			
ADULT DAY TRAINING	177	176	175
BEHAVIOR ANALYSIS	17	22	30
COMMUNITY BASED EMPLOYMENT	388	398	397
DENTAL SERVICES	2	3	1
ELIGIBILITY DETERMINATION AND SUPPORT PLANNING	8	10	7
HOME ASSISTANCE	31	32	33
MEDICAL SERVICES	6	7	6
NON-RESIDENTIAL SUPPORTS AND SERVICES	2	0	0
PERSONAL AND FAMILY CARE SERVICES	19	20	21
PRESUPPORTED TRANSITIONAL LIVING	35	32	38
PSYCHOLOGICAL THERAPY	65	67	59
RESIDENTIAL HABILITATION SERVICES	32	34	31
RESPIRE	17	27	28
SUPPLIES AND EQUIPMENT	26	23	27
SUPPORT COORDINATION	294	306	314
SUPPORTED LIVING	23	21	13
TRANSPORTATION	149	148	143
LONG TERM RESIDENTIAL SERVICES	19	18	13
Unduplicated Client Total	1,031	1,078	1,081

*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, 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 July 1, August 1, and September 1, 2010*

	Service Month		
	Jul-10	Aug-10	Sep-10
Total Wait List at Beginning of Month*	19,174	19,252	19,261
Client Count for APD Non-Medicaid Services**	1,031	1,078	1,081
Client Count for Medicaid State Plan Medical, Facility, and Pharmacy Services***	9,887	9,788	9,918
All Wait List Clients Receiving Services**	10,503	10,436	10,561
Count of Wait List Clients Not Receiving Services	8,671	8,816	8,700
Percent of Wait List Not Receiving Services	45.2%	45.8%	45.2%

* 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, 2010.

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

Tables 3a and 3b provide the number of individuals on the wait list as of November 1, 2010, 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 October 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 October 1, 2010

	Number	Percent
Total Wait List Count*	19,354	100.0%
Wait List Clients Offered Waiver**		
FY 2010/11	0	0.0%
FY 2009/10	10	0.1%
FY 2008/09	1	0.0%
FY 2007/08	4	0.0%
FY 2006/07	10	0.1%
FY 2005/06	1,815	9.4%
Total	1,840	9.5%

*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 October 1, 2010.

Table 3b: Outcomes of Waiver Enrollment Offers for Persons on the Wait List as of October 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	Offers in FY 2010/11	Total	
							Number	Percent
Waiver Enrolled	96	10	4	1	10	0	121	6.6%
Remained in FSL Waiver	32	0	0	0	0	0	32	1.7%
Remained on non-Medicaid Services	8	0	0	0	0	0	8	0.4%
Ineligible for Waiver	255	0	0	0	0	0	255	13.9%
Received and Declined Offer	465	0	0	0	0	0	465	25.3%
Offer Sent--No Response	844	0	0	0	0	0	844	45.9%
Other	115	0	0	0	0	0	115	6.3%
Total	1,815	10	4	1	10	0	1,840	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 October 1, 2010.

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			
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-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
Total	75	0	0	0	0	1390	0	1465

Source: ABC Database as of November 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. 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, 2010

Length of Wait	Date Placed on Wait List	Wait List Clients	
		#	%
6 Months or Less	April 1, 2010 or later	963	5.0%
6+ to 12 Months	October 1, 2009 - March 31, 2010	1,181	6.1%
12+ to 18 Months	April 1, 2009 - September 30, 2009	1,198	6.2%
18+ to 24 Months	October 1, 2008 - March 31, 2009	1,132	5.8%
24+ to 30 Months	April 1, 2008 - September 30, 2008	1,173	6.1%
30+ to 36 Months	October 1, 2007 - March 31, 2008	1,178	6.1%
36+ to 42 Months	April 1, 2007 - September 30, 2007	1,207	6.2%
42+ to 48 Months	October 1, 2006 - March 31, 2007	1,344	6.9%
4+ to 5 Years	October 1, 2005 - September 30, 2006	2,538	13.1%
More than 5 Years	On or before September 30, 2005	7,440	38.4%
Total Wait List*		19,354	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, 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 2010-11 Waiver Budget Forecast

	General Revenue/Other	Federal Match (64.83%)	Total
Total Available Fund	\$ 309,880,161	\$ 571,212,136	\$ 881,092,297
Deficit Carried Over from FY 09-10	\$ (17,352,713)	\$ (27,766,146)	\$ (45,118,859)
FY 10-11 Expenditures Projected	\$ 346,075,203	\$ 637,931,630	\$ 984,006,833
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
Surplus/Deficit Prior to Policy Changes	\$ (41,070,142)	\$ (71,485,250)	\$ (112,555,391)
Projected Effect of Policy Changes			
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)
Total Savings Due to Policy Changes	\$ (26,962,452)	\$ (49,700,761)	\$ (76,663,213)
Projected APD Waiver Surplus/Deficit for FY 10-11	\$ (14,107,690)	\$ (21,784,489)	\$ (35,892,178)

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

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