



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

Fourth Quarter Fiscal Year 2012/13
(April, May, June)

Submitted August 2013



Barbara Palmer
Director

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Governor

Introduction

Each month, the **Agency for Persons with Disabilities (APD)** serves approximately 29,000 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 April through June 2013, an average of about 1,200 people on the Wait List for waiver services received General Revenue and Social Services Block Grant (SSBG) services through the agency, and more than 11,450 received some state services through the Medicaid State Plan, which leaves less than 10,500 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 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 were not subject to reductions in service as a result of the tier waiver system. But for some, it meant that the state will not pay as much for services as in the past. The agency's goal in implementing these changes was 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 tier 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. As of July 1, 2013 APD has moved 100% of waiver clients to the iBudget Florida waiver statewide.

Please share with us any comments or suggestions you have regarding this report. APD's Chief of Staff, Michael Ayers, may be reached at 850-414-8916.

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
Apr-13	4,440	\$14,315,124.69	1,323	\$897,901.11	23,202	\$52,528,695.43	28,965	\$67,741,721.23
May-13	4,432	\$17,209,935.23	1,314	\$1,068,664.21	23,183	\$64,261,788.42	28,929	\$82,540,387.86
Jun-13	4,422	\$12,435,612.53	1,285	\$928,894.73	23,173	\$47,971,815.72	28,880	\$61,336,322.98

*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. Since waiver payments are reported in this table by month of payment rather than by month of service, clients may show claims payments simultaneously under multiple waivers.

**As of the first day of the month.

Source: Allocation, Budget, and Contracts (ABC) Database and Medicaid HP Data Warehouse as of August 1, 2013.

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							Client Total*
	Tier 1, 2 & 3	CDC+	Tier 4	iBudget	IFS	Room\Board		
Apr-13	2,609	1,777	1,295	22,562	412	567	28,261	
May-13	2,609	1,766	1,266	22,471	429	650	28,133	
Jun-13	2,521	1,750	1,227	22,399	399	612	27,932	

*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 HP Data Warehouse as of August 1, 2013.

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-13	28,965	17,385	60.0%
May-13	28,929	17,112	59.2%
Jun-13	28,849	16,496	57.2%

Note: Enrolled as of the first day of the month in which the services were received.
Source: ABC Database and Medicaid HP Data Warehouse as of August 1, 2013.

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		
	Apr-13	May-13	Jun-13	Apr-13	May-13	Jun-13	Apr-13	May-13	Jun-13
Adult Day Training - Faculty Based	9,713	9,560	8,746				724	699	649
Adult Day Training - Off Site	53	49	52						
Adult Dental Services	454	417	595						
Behavior Analysis Level 1	2,094	2,003	1,674				69	64	54
Behavior Analysis Level 2	713	667	521				17	15	11
Behavior Analysis Level 3	1,238	1,216	1,052				56	49	32
Behavior Assistant Services	495	475	425				11	10	10
Behavioral Analysis Services Assessment	23	23	20				0	0	1
CDC Consultant Services				1,350	1,284	1,198			
CDC Monthly Allowance				1,927	1,926	1,928			
Companion	3,202	3,137	2,944				7	10	11
Consumable Medical Supplies	5,482	5,284	4,972				463	421	382
Dietician Services	69	66	62						
Durable Medical Equipment	21	21	35				3	0	0
Environmental Accessibility Adaptations	3	0	8						
Environmental Accessibility Assessment	0	2	2						
In-Home Support Services (Awake) Qtr. Hour	156	151	144				611	595	560
In-Home Support Services (Live-In) Day	78	76	79				2	0	0

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		
	Apr-13	May-13	Jun-13	Apr-13	May-13	Jun-13	Apr-13	May-13	Jun-13
Occupational Therapy	373	344	328						
Occupational Therapy Assessment	0	2	1						
Personal Care Assistance	814	812	798						
Personal Emergency Response - Installation	1	0	1						
Personal Emergency Response - Service	136	135	129				1	1	1
Personal Supports	7,845	7,811	7,391				216	195	176
Physical Therapy	843	820	738						
Physical Therapy - Assessment	2	1	0						
Private Duty Nursing	161	163	158				1	1	1
Private Duty Nursing - RN	2	2	2						
Residential Habilitation - Behavior Focused Day	31	25	17						
Residential Habilitation - Behavior Focused Month	451	455	451						
Residential Habilitation - Intensive Behavior Day	492	491	457				24	23	23
Residential Habilitation - Quarter hour	239	251	241						
Residential Habilitation - Standard Day	30	28	13						
Residential Habilitation - Standard Monthly	6,531	6,431	6,171				12	12	12
Residential Nursing Services	114	105	80						
Residential Nursing Services - RN	55	53	29						
Respiratory Therapy	30	30	30						
Respite Care - Day	10	15	18				7	13	13
Respite Care - Quarter Hour	1,198	1,195	1,180				234	216	200
Skilled Nursing - LPN	3	2	2						
Special Medical Home Care	18	18	18						
Specialized Mental Health - Assessment	0	2	3						
Specialized Mental Health - Therapy	241	236	158						
Speech Therapy	461	418	401						
Speech Therapy - Assessment	2	1	1						
Support Coordination	21,405	20,992	20,400				1,224	1,130	1,070
Support Coordination - Transitional	10	7	5						
Support Coordination Limited	2,100	2,058	1,977	477	443	401	720	672	659
Supported Employment	1,455	1,422	1,266				154	146	117
Supported Living Coaching	3,508	3,356	3,008				119	114	99
Transportation - Mile	87	80	72						
Transportation - Month	866	844	802				243	238	235
Transportation - Trip	5,767	5,588	4,935				184	171	132
Unduplicated Client Count	24,797	24,695	24,442	1,931	1,930	1,930	2,970	2,856	2,735

Note: Based on historical payment patterns waiver services are incomplete due to anticipated unsubmitted claims.

Source: Medicaid HP Data Warehouse as of August 1, 2013.

There is no separate waiver fund code for iBudget in the Medicaid data warehouse.

2. Services Received by Persons on the Wait List

Table 2a lists non-Medicaid APD services received in April, May and June 2013 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, 2013*

	Service Month		
	Apr-13	May-13	Jun-13
Total Wait List at Beginning of Month*	22,319	22,375	22,402
Paid Service			
ADULT DAY TRAINING	254	283	317
BEHAVIOR ANALYSIS	29	26	29
COMMUNITY BASED EMPLOYMENT	268	264	241
DENTAL SERVICES		4	13
ELIGIBILITY AND PLANNING	8	8	7
HOME ASSISTANCE	36	37	37
LONG-TERM RESIDENTIAL SVS	12	10	10
MEDICAL SERVICES	4	6	6
PERSONAL/FAMILY CARE SVS	12	20	25
OCCUPATIONAL THERAPY	1	4	4
PHYSICAL THERAPY	1	3	2
PSYCHOLOGICAL THERAPY	80	86	89
RECREATIONAL THERAPY	2	1	38
RESIDENTIAL HABILITATION SVS	32	34	31
RESPIRE CARE	92	109	150
SPEECH THERAPY	3	6	7
SUPPLIES/EQUIPMENT	52	161	165
SUPPORT COORDINATION	253	231	264
SUPPORTED LIVING	61	65	72
TRANSPORTATION	126	134	147
TRAVEL		1	
Unduplicated Client Total	1,084	1,236	1,361

*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, 2013.

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 April 1, May 1, and June 1, 2013*

	Service Month		
	Apr-13	May-13	Jun-13
Total Wait List at Beginning of Month*	22,319	22,375	22,402
Client Count for APD Non-Medicaid Services	1,084	1,236	1,361
Client Count for Medicaid State Plan Medical, Facility, and Pharmacy Services***	11,517	11,465	11,373
All Wait List Clients Receiving Services**	12,167	12,198	12,151
Count of Wait List Clients Not Receiving Services	10,152	10,177	10,251
Percent of Wait List Not Receiving Services	45.5%	45.5%	45.8%

* 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 HP Data Warehouse as of August 1, 2013.

3. Waiver Enrollment in Fiscal Year 2012-13

Table 4 summarizes new waiver enrollment to date in FY 2012-13. 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

Month Enrolled	Total Enrolled
Apr-11	43
May-11	23
Jun-11	21
Jul-11	29
Aug-11	32
Sep-11	16
Oct-11	27
Nov-11	20
Dec-11	20
Jan-12	11
Feb-12	33
Mar-12	36
Apr-12	15
May-12	28
Jun-12	30
Jul-12	21
Aug-12	24
Sep-12	27
Oct-12	38
Nov-12	22
Dec-12	16
Jan-13	23
Feb-13	19
Mar-13	10
Apr-13	27
May-13	33
Jun-13	18
Total	662

Source: ABC Database as of August 1, 2013, and other APD tracking systems.

4. 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 currently do not need services or do not qualify for Medicaid yet. These counts include those who may not have needed services at the time of waiver enrollment offers and those who have received other state assistance.

**Table 5: Length of Wait for Any Waiver Services
as of July 1, 2013**

Length of Wait	Date Placed on Wait List	Wait List Clients	
		#	%
1 Year or Less	July 1, 2012 or later	1,593	7.1%
1+ to 2 Years	July 1, 2011 - June 30, 2012	1,713	7.6%
2+ to 3 Years	July 1, 2010 - June 30, 2011	1,854	8.3%
3+ to 4 Years	July 1, 2009 - June 30, 2010	2,125	9.5%
4+ to 5 Years	July 1, 2008 - June 30, 2009	2,150	9.6%
5+ to 6 Years	July 1, 2007 - June 30, 2008	2,194	9.8%
6+ to 7 Years	July 1, 2006 - June 30, 2007	2,446	10.9%
7+ to 8 Years	July 1, 2005 - June 30, 2006	2,087	9.3%
8+ to 9 Years	July 1, 2004 - June 30, 2005	1,685	7.5%
9+ to 10 Years	July 1, 2003 - June 30, 2004	1,974	8.8%
More than 10 Years	On or before June 30, 2003	2,611	11.6%
Total Wait List*		22,432	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, 2013.

5. 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 2012-13 Waiver Budget Forecast

	General Revenue	Trust Funds	Total
Blended rate adopted by the SSEC for FY 2012-13	0.4227	0.5773	
Appropriation	\$ 343,208,923	\$ 468,735,534	\$ 811,944,457
Corrected FMAP Adjustment			\$ 0
Appropriation Qualified Expenditure Category (QEC)*	\$ 27,524,911	\$ 37,591,983	\$ 65,116,894
Other Adjustments SB 1500 (GAA) Section 26BOB	\$ 17,020,370	\$ 23,245,468	\$ 40,265,838
New Appropriation	\$ 387,754,204	\$ 529,572,985	\$ 917,327,189
Less FY 2011-12 Projected Deficit	\$ (17,020,370)	\$ (23,245,468)	\$ (40,265,839)
Less FY 2012-13 Projected Expenditures	\$ (370,733,834)	\$ (506,327,517)	\$ (877,061,351)
Total Projected APD Waiver Balance FY 2012-13	\$ 0	\$ 0	\$ 0

*This appropriation is in Reserve in a Qualified Expenditure Category (QEC) which will only be accessed at the time when additional funding in the Waiver category is needed. Funding is accessed via a budget amendment approved by the Joint Legislative Budget Commission. For FY 2012-13, the agency projects to remain within budget of \$370.7 million GR which includes the QEC category funding.