



The Florida Senate

Issue Brief 2011-207

December 2010

Committee on Children, Families, and Elder Affairs

HEALTH CARE REFORM AND THE DEVELOPMENTALLY DISABLED

Statement of the Issue

On March 23, 2010, comprehensive health reform, the Patient Protection and Affordable Care Act (PPACA) (H.R. 3590), was signed into law. On March 30, H.R. 4872, the Health Care and Education Reconciliation Act of 2010, which amends the PPACA, was enacted. Public Laws 111-148 and 111-152 are referred to as the Affordable Care Act. The Affordable Care Act will be implemented over a multi-year period and affect insurance, Medicare, Medicaid, prescription drugs, quality improvement, health workforce, long-term care, medical malpractice, prevention/wellness, individuals and employers, and taxes.

These reforms will require states to reassess the delivery of health care to their Medicaid populations, particularly those groups receiving long-term care services like the developmentally disabled. This Issue Brief provides programmatic, demographic, utilization, and expenditure data relating to Florida's provision of health care services to the developmentally disabled.

Discussion

Florida Medicaid Program

Florida's Medicaid Program is jointly funded by the federal, state, and county governments to provide medical care to eligible individuals. Florida implemented its Medicaid program on January 1, 1970, to provide medical services to indigent people. The Agency for Health Care Administration (AHCA) is the single state agency responsible for the Florida Medicaid Program.¹

Some Medicaid services are mandatory and must be covered by any state participating in the Medicaid program pursuant to federal law², and include³

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services	Hospital inpatient services	Physician services
Family planning services	Hospital outpatient services	Advanced Registered Nurse Practitioner (ARNP) services
Home health care services	Nursing facility services	
Transportation services	Rural health clinic services	
Independent laboratory services		
Portable x-ray services		

¹ The statutory provisions for the Medicaid program appear in ss. 409.901-409.9205, F.S.

² Title XIX of the Social Security Act, 42 U.S.C. 1396 *et seq.*

³ See s. 409.905, F.S.

Others are optional:⁴

Adult dental services	Adult health screening services	Birth center services	Assistive-care services	State hospital services for age 65 and older
Children's dental services	Healthy Start services	Child Welfare Targeted Case Management services		
Ambulatory surgical center services	Case management services	Chiropractic services	Community mental health services	Dialysis facility services
Durable medical equipment	Hearing services	Home and community-based services (HCBS) ⁵	Hospice care services	Intermediate Care Facility/ Developmentally Disabled
Intermediate care services	Optometric services	Physician Assistant services	Podiatric services	Prescribed drugs
RN First Assistant services	Visual services	HCBS for Autism Spectrum Disorder and other developmental disabilities ⁶	Anesthesiologist Assistant services	

A state may choose to include optional services in its Medicaid plan, but if included, such services must be offered to all individuals statewide who meet Medicaid eligibility criteria as though they are mandatory benefits.⁷ Collectively, these primary, acute and institutional offerings comprise the State Plan services.

Similarly, some eligibility categories are mandatory⁸ and some are optional.⁹ Payments for services to individuals in the optional eligibility categories are subject to the availability of monies and any limitations established by the General Appropriations Act or ch. 216, F.S. For fiscal year 2010-2011, the Florida Medicaid Program is projected to cover 2,968,000 people¹⁰ at an estimated cost of \$20.2 billion.¹¹

The Agency for Persons with Disabilities

The Agency for Persons with Disabilities (APD or the agency) has the responsibility to provide optional Medicaid services to persons with developmental disabilities. A developmental disability is a disorder or syndrome attributable to retardation, cerebral palsy, autism, spina bifida, or Prader-Willi syndrome, which is diagnosed before age 18 and constitutes a substantial handicap expected to continue indefinitely.¹²

⁴ See s. 409.906, F.S.

⁵ These services are only available to waiver participants.

⁶ These services are only available to waiver participants.

⁷ See 42 U.S.C. 1396a.(a)

⁸ Section 409.903, F.S.

⁹ Section 409.904, F.S.

¹⁰ Social Services Estimating Conference - July 2010 Forecast Medicaid Caseloads, results of July 12, 2010 Estimating Conference. Available at <http://edr.state.fl.us/Content/conferences/medicaid/medcases.pdf> (Last visited November 5, 2010).

¹¹ Social Services Estimating Conference, Medicaid Services Expenditures, August 17, 2010. Available at <http://edr.state.fl.us/Content/conferences/medicaid/medhistory.pdf> (Last visited November 5, 2010).

¹² Section 393.063(9), F.S.

An individual is eligible for services if he or she has a developmental disability and is three years of age or older. Children who are between three and five years of age and are at high risk of having a developmental disability are also eligible for services. Services provided by the agency include community services and supports as well as a limited institutional program. The agency determines eligibility, assesses service needs, and provides funding for purchasing the supports and services identified in assessments.

The range of services and supports available to an individual include employment and training services, environmental adaptive equipment, personal or family supports, residential habilitation, support coordination, and therapeutic supports.

The Agency provides services to eligible individuals in state-run Developmental Disability Centers, private Intermediate Care Facilities, or in home and community-based settings.

Developmental Disability Centers. Some adults with developmental disabilities cannot be well served in home or community settings and therefore reside in state-run institutional settings. These individuals require constant supervision and a highly structured environment to cope with severely aggressive behavior and profound mental retardation. There are two state-run Developmental Disability Centers in Florida, located in Jackson and Alachua counties, that operate 24 hours per day, 365 days per year.¹³

Intermediate Care Facilities. Individuals residing in private Intermediate Care Facilities usually require more medically complex support. Their disabilities may vary from autism or profound mental retardation to requiring 24-hour nursing care.

Home and Community-Based Settings. Individuals in the community may live in their own homes, in family homes, or in group homes. The needs of people in the community range from requiring minimal or limited support to needing more extensive support to remain safely in the community.

Florida's HCBS Programs for the Developmentally-Disabled

Agency clients are served through several Medicaid HCBS programs: the Developmental Disabilities Tier 1, 2, 3, and 4 Waivers; the Consumer Directed Care Plus (CDC+) Program; and the iBudget System.¹⁴

The Tier Waivers: In 2007, the legislature directed APD to redesign its Home and Community-Based Services waiver.¹⁵ Section 393.0661, F.S., was modified to require a four tier delivery system for waiver services.

- Tier one serves only the most complex clients. Annual expenditures are capped at \$150,000 per client per year, with certain exceptions.¹⁶
- Tier two is limited to clients who are authorized for five or more hours of residential habilitation or require more than six hours of in-home support services per day. Tier two annual expenditures are capped at \$53,625.¹⁷

¹³ Developmental Disability Centers also provide secure residential services for individuals who have been charged with a serious crime and who have been found by the court to be incompetent to proceed through the court process due to mental retardation. For Fiscal Year 2008-09, 346 adults were found to be incompetent to proceed and were provided competency training and custodial care in the Mentally Retarded Defendant Program located within the Florida State Hospital in Gadsden County.

¹⁴ The iBudget System will begin on a limited geographical basis upon receipt of federal approval, expected by Spring 2011. Source: Telephone conversation with Logan McFaddin, Legislative Affairs Director for APD, November 5, 2010.

¹⁵ Chapter 2007-64, L.O.F.

¹⁶ Section 393.0661(3)(a), F.S. (2010). Clients in tier one with a documented medical necessity requiring intensive behavioral residential habilitation services, intensive behavioral residential habilitation services with medical needs, or special medical home care, are not subject to the cap.

¹⁷ Section 393.0661(3)(b), F.S.

- Tier three includes clients requiring residential placements, clients in independent or supported living situations, and clients who live in their family homes. Annual expenditures for clients in tier three are capped at \$34,125.¹⁸
- Tier four serves those individuals who were enrolled in the family and supported living waiver, and clients in independent or supported living situations or those living in their family homes, and is capped at \$14,422 per client per year.¹⁹

CDC+ Program:²⁰ CDC+ is a long-term care program alternative to the HCBS Medicaid Waiver, and is authorized by a 1915(j) Self-Directed Personal Assistance Services State Plan Option amendment to the Medicaid State Plan. A program participant, or a representative acting on the participant's behalf, directs his or her own care and manages the Medicaid funds deposited into the account that the state maintains for each participant. That Monthly Budget is used to meet the needs and goals identified in the participant's HCBS Support Plan. The program allows clients to choose who they want to hire to provide needed services, such as personal care, companion, and in-home supports. Importantly, those persons do not have to be enrolled as Medicaid Waiver providers; participants can hire friends or family members to work for them in accordance with their individualized Purchasing Plans. In addition, CDC+ allows for the purchase of supports and services that are unavailable under the HCBS waiver. Clients submit their employees' or providers' timesheets or invoice information to APD, which pays them using the funds in the participants' CDC+ accounts.

Individual Budget or "iBudget" System: In an effort to control funding deficits and reduce the growing waitlist, in 2010 the Legislature created²¹ s. 393.0662, F.S., to require that APD, in consultation with AHCA, develop a plan to establish individual budgets for persons enrolled in the HCBS waivers and the CDC+ program. The iBudget system allocates the agency's appropriated funds for waiver services among eligible, enrolled clients according to a methodology which considers individual characteristics, including a client's age and living setting, and information derived from a formal assessment instrument and other assessment processes. The agency may adjust an individual allocation based on extraordinary needs or circumstance. Client annual expenditures for waiver services may not exceed the limits of his or her iBudget, and the total of all clients' projected annual iBudget expenditures may not exceed the agency's appropriation for waiver services. In addition, clients must use all available State Plan Medicaid services, school-based services, private insurance and other benefits, and any other resources that may be available to the client before using funds from their iBudget to pay for supports and services. The Agency for Health Care Administration, in consultation with APD, has requested federal approval to implement the iBudget system for waiver services, including amending current waivers and requesting a new waiver, and amending contracts as necessary. The Agency will eventually transition all its HCBS clients to the iBudget System.²²

Florida Medicaid Reform and the Developmentally-Disabled

During the 2005 legislative session, AHCA was authorized to apply for a Section 1115 waiver to implement a Medicaid managed care pilot program.²³ The agency began implementing the pilot program in Broward and Duval Counties, and expanded to Baker, Clay and Nassau Counties in year 2 of the program.²⁴

Florida's Medicaid Reform waiver is a five-year demonstration, which began July 1, 2006, and runs through June 30, 2011.^{25, 26} Long-term care services, including nursing home, institutional and community-based waiver

¹⁸ Section 393.0661(3)(c), F.S.

¹⁹ Section 393.0661(3)(d), F.S.

²⁰ This discussion draws generally from *CDC+ Participant Notebook Version 3.0*, Agency for Persons with Disabilities, February 2009. Available at <http://apd.myflorida.com/cdcplus/docs/cdc-plus-consumer-notebook.pdf>

²¹ Laws of Florida, Ch. 2010-157, Section 2.

²² See fn. 14.

²³ Laws of Florida, Ch. 2005-133.

²⁴ Section 409.91211, F.S.

services, were expected to be included in the program by year 3 or 4;²⁷ however, to date they are not offered under Medicaid Reform.

Demographics

The Agency served 53,731 clients with developmental disabilities statewide as of August 12, 2010.²⁸

- Of those, approximately 30,000 are receiving services through the APD waivers, and almost 20,000 persons are on the waiting list for services.
- The majority of clients are adults, and the most frequent primary disability is mental retardation.
- Some clients live independently in the community, while others are served in more restrictive settings dependent upon their individual circumstances. Notably, more than 36,000 clients live in their family homes, and over 7,000 reside in group homes.

Attachment 1, *Demographic Information on Clients of the Agency for Persons with Disabilities (as of August 12, 2010)*, and Attachment 2, *County of Residence for Clients of the Agency for Persons with Disabilities (as of August 12, 2010)*, prepared by OPPAGA, provide additional detailed demographic information.

Expenditures

As noted above, the majority of APD's clients are enrolled in the agency's HCBS Medicaid waiver programs.

- The average monthly enrollment in Fiscal Year 2009-2010 was 29,920 clients, with average total monthly waiver expenditures of \$77,350,131.²⁹
- Most of the clients receive services through the Medicaid Tier Waivers, averaging in excess of 29,000 enrollees per month, with the bulk of those persons receiving Tier 4 services.³⁰
- A small number of clients receive necessary services through funding sources other than Medicaid when their needs require.³¹
- In addition to receiving services through the HCBS waiver, a client may receive services through the Medicaid State Plan. An average of 60 percent of APD's waiver enrollees received State Plan services each month in Fiscal Year 2009-2010.³²
- More than half the clients on the Agency's Waiting List for waiver services received services from Medicaid or other sources³³ during each month of the 2009-2010 Fiscal Year.³⁴

²⁵ Agency for Health Care Administration, *Centers for Medicare and Medicaid Services Special Terms and Conditions, Medicaid Reform 1115 Demonstration*. Available at http://ahca.myflorida.com/Medicaid/medicaid_reform/waiver/pdfs/cms_special_terms_and_conditions.pdf (Last visited October 23, 2010).

²⁶ The 2010 Legislature required that AHCA request an extension of the waiver from the Centers for Medicare and Medicaid Services (CMS) to ensure that the Medicaid Reform Pilot remains active. Laws of Florida, ch. 2010-144, Section 1.

²⁷ *Florida Medicaid Reform Questions & Answers*, Question 19. Available at http://ahca.myflorida.com/medicaid/medicaid_reform/waiver/pdfs/florida_medicaid_reform_question_answers.pdf (last visited November 1, 2010).

²⁸ Because the number of clients fluctuates as persons enter or exit the wait list or a specific program, a "snapshot" count of the client base on a given day was determined to be most useful for these purposes.

²⁹ See Exhibit 1, *Florida's Developmental Disabilities Home and Community-Based Services Waiver Enrollment and Expenditures, Fiscal Year 2009-10*, prepared by OPPAGA, attached.

³⁰ See Exhibit 2, *Waiver Tiers and Other Services Provided to Developmental Disabilities Home and Community-Based Services Waiver Clients, Fiscal Year 2009-10*, prepared by OPPAGA, attached.

³¹ *Id.*

³² See Exhibit 3, *Number and Percentage of Developmental Disabilities Home and Community-Based Services Waiver Clients Medicaid State Plan Services Fiscal Year 2009-10*, prepared by OPPAGA, attached.

³³ See Exhibit 5, *Type of Non-Medicaid Waiver Services Received by Clients on the Waiting List for Waiver Services, Fiscal Year 2009*, prepared by OPPAGA, attached.

³⁴ See Exhibit 4, *Number of Clients on the Waiting List for Waiver Services Who Received Non-Medicaid and Medicaid State Plan Services, Fiscal Year 2009-10*, prepared by OPPAGA, attached.

Managed Care for the Developmentally-Disabled in Other States

Four states employ managed care programs to provide long-term care services to some or all of their developmentally-disabled clients --- Arizona, Michigan, North Carolina, and Wisconsin. The programs vary in enrollment from 500 in Wisconsin to 39,000 in Michigan. Attachment 3, *Summary of Other States' Core Components for Medicaid Managed Long-Term Care Programs That Serve Person with Developmental Disabilities*, prepared by OPPAGA, provides additional details.

Of note, none of the states using managed care models to serve the developmentally-disabled have utilized commercial policies.

States have chosen to use state or community providers rather than commercial HMOs for a variety of reasons. These include that state or community providers were more familiar with the population and their service needs, the states could not find commercial plans to serve this population, and/or that this arrangement gave administrators and stakeholders more assurance that expenditures would be transparent.³⁵

Further, rate setting and risk assumption have been challenging for the four states because there is little history on how to successfully capitate these types of programs.³⁶

³⁵ *Overview of Program Features and Other State Administrators' Observations on Using managed Long-Term Care to Serve the Developmentally Disabled Population*, prepared by OPPAGA. On file with the Committee on Children, Families, and Elder Affairs.

³⁶ *Id.*

Attachment 1

Demographic Information on Clients of the Agency for Persons with Disabilities (as of August 12, 2010)

Demographics		Waiver Clients	Clients on Waiting List	Other Active Clients ¹	Total
Age	<3	0	3	0	3
	3-18	4,894	8,632	640	14,166
	19-34	11,503	7,795	936	20,234
	35-64	12,733	2,689	2,554	17,976
	65+	844	160	348	1,352
Gender	Male	17,375	12,005	2,745	32,125
	Female	12,593	7,230	1,731	21,554
	Unknown	6	44	2	52
Primary Disability	Mental Retardation	23,582	12,915	3,855	40,352
	Cerebral Palsy	3,113	2,693	207	6,013
	Autism	2,507	3,232	150	5,889
	High Risk ²	0	4	215	219
	Spina Bifida	702	378	48	1,128
	Prader Willi	70	57	1	128
Residential Placement ³	Independent Living	920	393	77	1,390
	Family Home	17,166	17,759	1,330	36,255
	Supported Living	3,863	76	71	4,010
	Foster Home	596	186	22	804
	Group Home	7,132	182	75	7,389
	Residential Habilitation	96	11	7	114
	Comprehensive Transitional Education Program (CTEP)	137	0	0	137
	Intermediate Care Facility for the Developmentally Disabled (ICF/DD)	0	0	2,000	2,000
	Developmental Disability Centers	0	0	714	714
	Corrections ⁴	12	258	144	414
	Mental Health Facility	6	29	19	54
	Nursing Home	18	114	175	307
	Hospital	1	1	2	4
	Interstate Compact	0	0	18	18
Competency	Legally competent/guardian advocate appointed	1,188	1,092	425	2,705
	Legally competent/able to give consent	15,222	6,056	1,089	22,367
	Legally competent/cannot give consent	3,410	1,255	790	5,455
	Incompetent/guardian appointed	2,150	383	566	3,099
	Incompetent/guardian available	1,791	796	593	3,180
	Incompetent/guardian not available	82	23	60	165
	Minor – not adjudicated dependent	5,687	9,235	856	15,778
	Minor – not adjudicated dependent, parents unknown	43	25	10	78
	Minor – adjudicated dependent (DCF)	348	245	59	652
	Information not available	53	169	30	252
Total Number of Clients		29,974	19,279	4,478	53,731

¹ Other active clients include active agency clients who are not enrolled in the waiver or not on the waiting list for waiver services. These clients may be receiving general revenue-funded services or have chosen institutional placement in an intermediate care facility for the developmentally disabled (ICF/DD), which is not funded by the waiver.

² Chapter 393.063, *F.S.*, defines high risk as a child from 3 to 5 years of age with one or more of the following characteristics: a developmental delay in cognition, language, or physical development; a child surviving a catastrophic infectious or traumatic illness known to be associated with developmental delay; a child with a parent or guardian with developmental disabilities who requires assistance in meeting the child's developmental needs; and a child who has a physical or genetic anomaly associated with developmental disability.

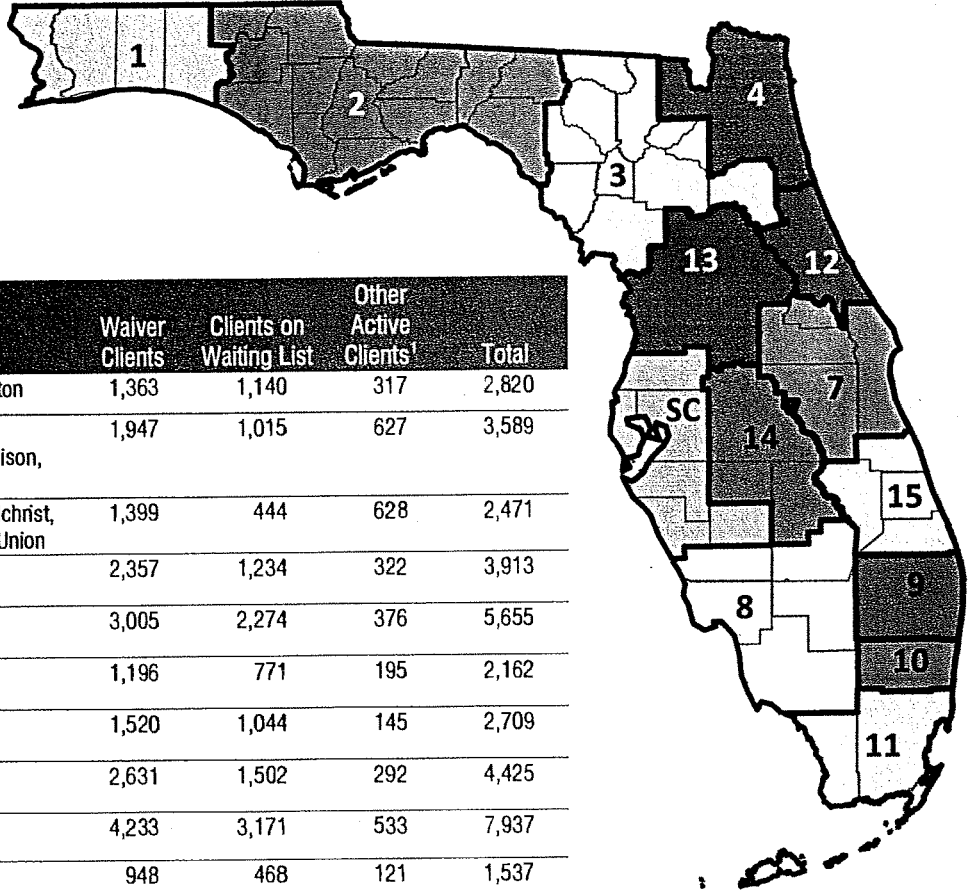
³ Due to data entry issues, the number of clients in the Residential Placement Category does not equal the total of 53,731.

⁴ The corrections residential placement category includes clients in the mentally retarded defendant program and those residing in jail or prison.

Source: Agency for Persons with Disabilities.

Attachment 2

County of Residence for Clients of the Agency for Persons with Disabilities (as of August 12, 2010)



County	Waiver Clients	Clients on Waiting List	Other Active Clients ¹	Total
Area 1 – Escambia, Okaloosa, Santa Rosa, Walton	1,363	1,140	317	2,820
Area 2 – Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Liberty, Leon, Madison, Taylor, Wakulla, Washington	1,947	1,015	627	3,589
Area 3 – Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, Union	1,399	444	628	2,471
Area 4 – Baker, Clay, Duval, Nassau, St Johns	2,357	1,234	322	3,913
Area 7 – Brevard, Orange, Osceola, Seminole	3,005	2,274	376	5,655
Area 8 – Charlotte, Collier, Glades, Hendry, Lee	1,196	771	195	2,162
Area 9 – Palm Beach	1,520	1,044	145	2,709
Area 10 – Broward	2,631	1,502	292	4,425
Area 11 – Miami -Dade, Monroe	4,233	3,171	533	7,937
Area 12 – Flagler, Volusia	948	468	121	1,537
Area 13 – Citrus, Hernando, Lake, Marion, Sumter	1,812	1,100	251	3,631
Area 14 – Hardee, Highlands, Polk	990	730	104	1,824
Area 15 – Indian River, Martin, Okeechobee, St. Lucie	1,014	569	54	1,637
Suncoast (SC) – De Soto, Hillsborough, Manatee, Pasco, Pinellas, Sarasota	5,559	3,817	513	9,889
Statewide Total	29,974	19,279	4,478	53,731

¹ Other active clients include active agency clients who are not enrolled in the waiver or not on the waiting list for services. These clients may be receiving general revenue-funded services or have chosen institutional placement in an intermediate care facility for the developmentally disabled (ICF/DD), which is not funded by the waiver.

Source: Agency for Persons with Disabilities.

Attachment 3

Summary of Other States' Core Components for Medicaid Managed Long-Term Care Programs That Serve Persons with Developmental Disabilities

State/Program Name	Eligibility	Geographic Area Covered	Approximate Number Served	Voluntary/Mandatory	Scope of Services	Managed Care Organization	Federal Authority
<u>Arizona</u> <u>Arizona Long-Term Care System (ALTCSS)</u>	Medicaid eligible elders (65+) and physically or developmentally disabled adults who meet nursing home level of care requirements ¹	Statewide	23,000 ²	Mandatory except for Native Americans	Primary/Acute, Behavioral Case Management, Home and Community-Based Services, and Institutional Care	Arizona Department of Economic Security's Division of Developmental Disabilities	1115 Medicaid waiver
<u>Michigan</u> <u>Managed Specialty Services and Support Program (MSSSP)</u>	Medicaid eligible persons with developmental disabilities, as well as persons needing mental health and/or substance abuse services, regardless of level of care needs	Statewide	39,000	Mandatory	Home and Community-Based Services only for developmentally disabled	Michigan Community Mental Health Services Programs	1915(b)(c) Medicaid waiver
<u>North Carolina</u> <u>North Carolina Innovations</u>	Medicaid eligible persons with developmental disabilities or who need mental health or substance abuse services, regardless of level of care needs	Five counties, with plans to expand statewide	600	Mandatory	Home and Community-Based Services; Institutional Care only for persons who meet level of care requirements	A local management entity that formed a managed care organization	1915(b)(c) Medicaid waiver
<u>Wisconsin</u> <u>Family Care Partnership Program</u>	Both programs serve Medicaid and Medicare eligible elders (65+) and adults (18+) with physical and developmental disabilities who meet nursing home level of care requirements	Expanding statewide; some areas have one or the other program or both	500	Voluntary	Primary/Acute, Home and Community-Based Services, Institutional Care, Integrated with Medicare Special Needs Plan	Regional managed care organizations, including locally-administrated HMOs and care management organizations	1915(b)(c) Medicaid waiver
<u>Family Care</u>			11,000	Voluntary	Certain Medicaid state plan services such as home health and personal care, Home and Community-Based Services, and Institutional Care		

¹ Although Arizona's program serves more than one population, the state has a separate plan within this program that only serves developmentally disabled adults.

² The program serves an additional 8,000 individuals who have developmental disabilities but do not receive home and community-based waiver or long-term care services.

Source: Research and analysis of other states' managed long-term care programs for persons with developmental disabilities.

Exhibit 1
Florida's Developmental Disabilities Home and Community-Based Services Waiver
Enrollment and Expenditures, Fiscal Year 2009-10

Month	Enrolled Clients	Total Waiver Expenditures
July	29,763	\$84,681,792.45
August	29,758	70,484,122.73
September	29,786	74,234,880.16
October	29,970	67,640,723.66
November	29,956	75,093,717.20
December	29,929	88,380,634.70
January	29,903	69,853,540.51
February	29,926	76,522,450.55
March	29,931	80,318,170.47
April	30,034	66,679,998.19
May	30,048	77,282,400.94
June	30,038	97,029,143.43
Average	29,920	\$77,350,131.25

Source: Agency for Persons with Disabilities, *Quarterly Reports on Agency Services to Floridians with Developmental Disabilities and Their Costs*; and OPPAGA analysis.

Exhibit 2

Waiver Tiers and Other Services Provided to Developmental Disabilities Home and Community-Based Services Waiver Clients, Fiscal Year 2009-10

Month	Waiver Tier 1, 2, 3	Waiver Tier 4	Consumer Directed Care +	Individual and Family Support¹	Room/Board²	Total
July	17,072	12,073	928	749	801	29,112
August	17,054	11,923	928	907	768	28,953
September	17,121	11,902	924	868	709	28,967
October	17,348	12,035	921	975	801	29,265
November	17,399	11,940	919	891	766	29,188
December	17,465	11,819	917	897	634	29,108
January	17,677	11,889	931	945	816	29,325
February	17,702	11,778	943	943	795	29,227
March	17,683	11,602	1,002	918	744	29,106
April	17,869	11,609	1,091	926	799	29,293
May	17,849	11,408	1,191	925	807	29,198
June	17,534	10,884	1,317	917	776	28,659
Average	17,481	11,739	1,001	905	768	29,117

¹ Individual and Family Supports are funded through General Revenue and Social Services Block Grant funds and used to provide non-waiver services to waiver clients.

² Room and board is funded entirely from General Revenue and used to pay residential providers for clients with identified support and income needs.

Source: Agency for Persons with Disabilities, *Quarterly Reports on Agency Services to Floridians with Developmental Disabilities and their Costs*, and OPPAGA analysis.

Exhibit 3
Number and Percentage of Developmental Disabilities Home and
Community-Based Services Waiver Clients Medicaid State Plan Services
Fiscal Year 2009-10

Month	Total Waiver Enrollment	Number Receiving State Plan Services	Percentage Receiving State Plan Services
July	29,763	19,304	64.9%
August	29,758	12,512	42.0%
September	29,786	19,084	64.1%
October	29,970	19,580	65.3%
November	29,956	18,927	63.2%
December	29,929	18,335	61.3%
January	29,903	20,049	67.0%
February	29,926	19,314	64.5%
March	29,931	12,112	40.5%
April	30,034	19,350	64.4%
May	30,048	18,848	62.7%
June	30,038	18,327	61.0%
Average	29,920	17,979	60.1%

Source: Agency for Persons with Disabilities, *Quarterly Reports on Agency Services to Floridians with Developmental Disabilities and their Costs*, and OPPAGA analysis.

Exhibit 4

Number of Clients on the Waiting List for Waiver Services Who Received Non-Medicaid and Medicaid State Plan Services, Fiscal Year 2009-10

Service	July	August	September	October	November	December	January	February	March	April	May	June
Number Who Received Non-Medicaid Services from APD ¹	1,067	1,063	1,079	1,112	1,142	1,099	1,159	1,189	1,212	1,350	1,349	1,430
Number Who Received Medicaid State Plan Medical, Facility, and Pharmacy Services	9,459	7,993	9,645	9,672	9,699	9,678	9,773	9,762	8,364	9,889	9,811	9,822
Total Number of Clients on the Waiting List Who Received Services	10,051	8,691	10,233	10,301	10,332	10,307	10,428	10,453	9,153	10,645	10,621	10,629
Number of Clients on the Waiting List Who Did Not Receive Services	8,874	10,221	8,728	8,711	8,634	8,689	8,537	8,360	9,709	8,270	8,411	8,527
Percentage of Clients on the Waiting List Who Did Not Receive Services	46.9%	54.0%	46.0%	45.8%	45.5%	45.7%	45.0%	44.4%	51.5%	43.7%	44.2%	44.5%
Total Number of Clients on the Waiting List	18,925	18,912	18,961	19,012	18,966	18,996	18,965	18,813	18,862	18,915	19,032	19,156

¹ These services include adult day training, behavior analysis, community-based employment, dental services, eligibility determination and support planning, home assistance, medical services, occupational therapy, personal and family care services, pre-supported transitional living, psychological therapy, recreational therapy, residential habilitation services, respite, supplies and equipment, support coordination, transportation, and long-term residential services. These services are funded by General Revenue and Social Services Block Grant funds.

Source: Agency for Persons with Disabilities, *Quarterly Reports on Agency Services to Floridians with Developmental Disabilities and their Costs*.

Exhibit 5

Type of Non-Medicaid Waiver Services Received by Clients on the Waiting List for Waiver Services, Fiscal Year 2009

Service	July	August	September	October	November	December	January	February	March	April	May	June
Total Number of Clients on the Waiting List	18,925	18,912	18,961	19,012	18,966	18,996	18,965	18,813	18,862	18,915	19,032	19,156
Adult Day Training	162	162	155	162	162	154	177	176	182	197	208	209
Behavior Analysis	16	20	23	24	20	16	29	31	27	33	39	35
Community-Based Employment	370	354	341	388	394	377	440	443	411	409	415	375
Dental Services	1	2	5	9	4	4	5	7	30	33	19	19
Eligibility Determination and Support Planning	14	6	8	11	12	6	11	7	10	4	5	10
Home Assistance	34	34	32	36	34	32	28	31	31	36	39	35
Medical Services	5	4	4	3	4	4	5	7	9	6	11	11
Occupational Therapy	2	0	0	0	0	0	0	0	0	0	1	1
Personal and Family Care Services	24	21	21	22	20	16	22	23	23	23	29	29
Physical Therapy	0	0	0	0	1	1	0	0	0	2	3	3
Pre-supported Transitional Living	2	2	2	3	3	4	4	2	2	3	3	1
Psychological Therapy	82	81	77	79	79	69	35	67	73	73	68	68
Recreational Therapy	1	0	0	0	0	0	0	0	0	0	25	15
Residential Habilitation Services	31	29	26	31	32	32	33	31	32	37	34	32
Respite	13	12	19	17	30	28	42	19	23	45	73	108
Supplies and Equipment	32	29	41	37	35	51	54	37	77	198	134	231
Support Coordination	330	342	350	336	355	354	327	358	347	349	298	314
Supported Living	50	48	50	47	46	41	46	46	47	52	56	62
Transportation	136	124	118	124	124	115	124	124	133	136	149	150
Long-Term Residential Services	18	14	16	20	17	13	19	14	16	19	22	19
Unduplicated Client Total	1,067	1,063	1,079	1,112	1,142	1,099	1,159	1,189	1,212	1,350	1,349	1,430

Source: Agency for Persons with Disabilities, *Quarterly Reports on Agency Services to Floridians with Developmental Disabilities and their Costs*.