

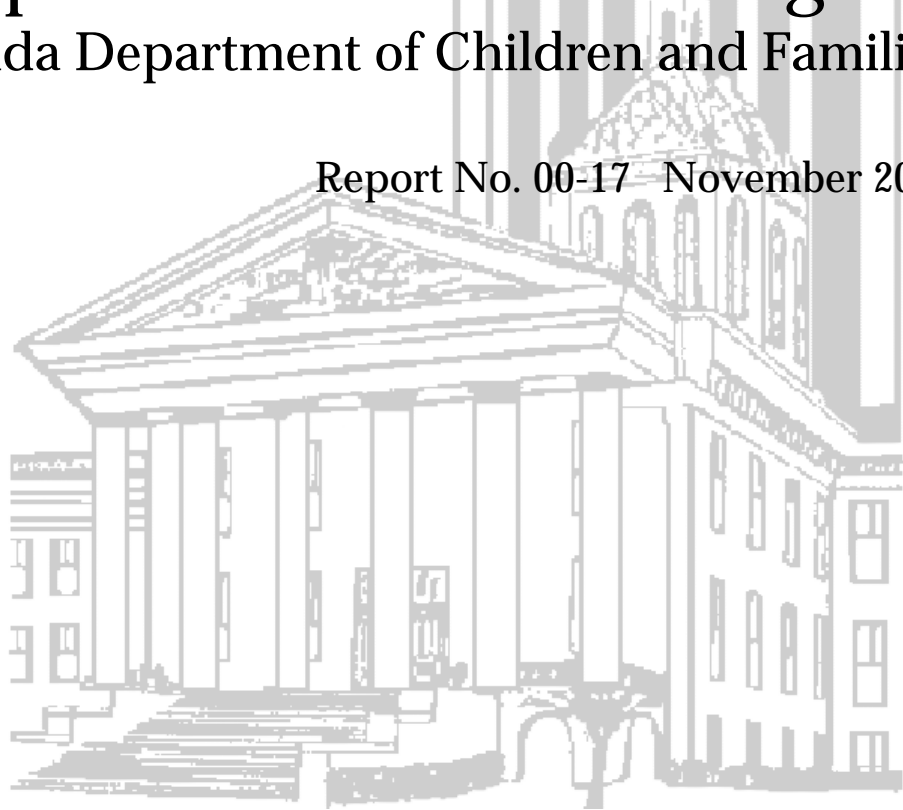
*oppaga*

# Justification Review

---

## Developmental Disabilities Program Florida Department of Children and Families

Report No. 00-17 November 2000



*Office of Program Policy Analysis  
and Government Accountability*

*an office of the Florida Legislature*

*OPPAGA provides objective, independent, professional analyses of state policies and services to assist the Florida Legislature in decision making, to ensure government accountability, and to recommend the best use of public resources. This project was conducted in accordance with applicable evaluation standards. Copies of this report in print or alternate accessible format may be obtained by telephone (850/488-0021 or 800/531-2477), by FAX (850/487-3804), in person (Claude Pepper Building, Room 312, 111 W. Madison St.), or by mail (OPPAGA Report Production, 111 W. Madison St., Tallahassee, FL 32399-1475).*

***The Florida Monitor:*** <http://www.oppaga.state.fl.us/>

*Project supervised by Frank Alvarez (850/487-9274)*

*Project conducted by Curtis Baynes, Mary Alice Nye, and Rebecca Urbanczyk (850/487-9240)*

*John W. Turcotte, OPPAGA Director*



# The Florida Legislature

## OFFICE OF PROGRAM POLICY ANALYSIS AND GOVERNMENT ACCOUNTABILITY



**John W. Turcotte, Director**

November 2000

The President of the Senate,  
the Speaker of the House of Representatives,  
and the Joint Legislative Auditing Committee

I have directed that a program evaluation and justification review be made of the Developmental Disabilities Program administered by the Florida Department of Children and Families. The results of this review are presented to you in this report. This review was made as a part of a series of justification reviews to be conducted by OPPAGA under the Government Performance and Accountability Act of 1994. This review was conducted by Curtis Baynes, Mary Alice Nye, and Rebecca Urbanczyk under the supervision of Frank Alvarez.

We wish to express our appreciation to the staff of the Florida Department of Children and Families for their assistance.

Sincerely,

John W. Turcotte  
Director





# Table of Contents

<b>Executive Summary .....</b>	<b>i</b>
<b>Chapter 1: Introduction.....</b>	<b>1</b>
Purpose .....	1
Background.....	1
<b>Chapter 2: Program Needed, Properly Placed, But Could Be Further Privatized.....</b>	<b>11</b>
Introduction .....	11
Program’s Placement Is Appropriate.....	12
<b>Chapter 3: Program Performance and Accountability Need Improvement.....</b>	<b>15</b>
Introduction .....	15
Inaccuracies in Program Performance Information .....	24
Recommendations.....	24
<b>Chapter 4: Many Institution Clients Could Be Served in Less Costly Settings.....</b>	<b>26</b>
Introduction .....	26
Recommendations.....	37
<b>Chapter 5: Community Support Planning and Monitoring Systems Need Improving</b>	<b>39</b>
Introduction .....	39
Recommendations.....	45
<b>Appendix A: Statutory Requirements for Program Evaluation                     and Justification Review.....</b>	<b>47</b>
<b>Appendix B: Clients’ Levels of Need and Alternative Placements.....</b>	<b>51</b>
<b>Appendix C: Criteria for Closing Developmental Disability Institutions .....</b>	<b>55</b>
<b>Appendix D: Response from the Department of Children and Families .....</b>	<b>60</b>







# Justification Review of the Developmental Disabilities Program

## Purpose

---

This report presents the results of OPPAGA's program evaluation and justification review of the Department of Children and Families' Developmental Disabilities Program. The 1994 Government Performance and Accountability Act directs OPPAGA to conduct justification reviews of each program during its second year of operation under a performance-based budget. OPPAGA is to review agency performance measures, evaluate program performance, and identify policy alternatives for improving services and reducing costs.

## Background

---

The Developmental Disabilities Program provides support services to enable people with developmental disabilities to live productive lives and achieve personal outcomes. Florida law defines developmental disabilities as life-long handicapping disorders or syndromes attributable to mental retardation, autism, cerebral palsy, spina bifida, and Prader-Willi syndrome. The primary purpose of the Developmental Disabilities Program is to ensure the safety and well-being of clients and to provide opportunities for clients to work, socialize, and recreate as active members of their communities. The program comprises two main components: institutions and community-based care. As of June 30, 2000, the program served 32,387 clients; most of whom (89%) were served in community settings. For Fiscal Year 2000-01, the program was appropriated \$808.4 million and was authorized 4,305 FTE positions.

# Program Benefit, Placement, and Performance

---

The Developmental Disabilities Program is beneficial and should be continued. Although most people with developmental disabilities are capable of leading fairly independent lives with some assistance from their parents and families, over 32,000 people in Florida with developmental disabilities need support services to maintain even a modest amount of independence in their daily lives. Many of these clients are easily victimized and are unable to care or provide for themselves, and some could inflict serious harm upon themselves or others. Many of them also have a variety of health issues that require extensive medical treatment. Consequently, discontinuing the program could increase costs of other state social support and health care systems.

The Developmental Disabilities Program should remain within the Department of Children and Families because placement in another agency would not likely offer any significant benefits to clients or to the state. While we considered three alternatives for the organizational placement of the Developmental Disabilities Program, we do not believe that these options would provide real benefits.

*Program generally is not meeting legislative goals, could save \$14.4 million per year if more sheltered workshop clients were employed in their communities*

Data for Fiscal Years 1998-99 and 1999-2000 indicate the program has improved its performance in several areas, but is not meeting many of its legislative performance standards, and its operations could be improved to better meet client needs and reduce costs to the state. For example, while the quality of life of clients living in the community is improving, the program needs to better assess its clients to determine if they would choose community employment and independent living arrangements and the services they would need to do so. We determined that the department could save \$14.4 million annually if one-half of clients employed in sheltered workshops for the developmentally disabled could be employed in the community. We also concluded that the department needs to improve the accuracy, reliability, and general effectiveness of the program's accountability system, including collecting basic demographic information about clients in the community and private facilities and establishing data verification procedures to ensure the accuracy of performance information reported to the Legislature.

# Options for Improvement

---

*Program could save \$39 million per year if more institution clients were served in less costly settings*

The Legislature's intent is to serve developmentally disabled clients in community-based treatment settings to the extent possible. The Legislature also intends that private businesses, not-for-profit corporations, units of local government, and other organizations capable of providing needed services to clients in a cost-efficient manner shall be given preference in lieu of services directly provided by state agencies. We reviewed the program's use of institutional, intermediate care, and community services and determined that while community placements have substantially increased over the past 20 years, many clients who currently live in state institutions and private intermediate care facilities could be appropriately served in less costly settings, saving about \$35 million per year. Closing one or more of the state institutions could save another \$4 million annually, although some investment in community-based services would be needed to expand services for these clients.

*Community support planning and monitoring systems need improvements*

For community placements to be successful, it is important that program clients receive the services and supports they need to live as independently and productively as possible. Although the department is planning to change its processes for identifying and meeting client needs, its current community service system does not ensure that clients receive the services they need to achieve goals at the least cost to the state. Instead, the current system often focuses on providing whatever services are available to clients, regardless of whether these services meet their needs and are cost-effective. While the department plans to develop a new client-centered service delivery system, it will need to overcome several challenges. The department will need to

- collect data on what services are needed by clients;
- recruit new providers or expand the service capacity of existing providers to meet these needs;
- develop an effective system to monitor the performance of waiver support coordinators and other contracted service providers to ensure that providers deliver high quality and economical services to clients; and
- more effectively track individual client expenditures for program services to ensure that clients do not overspend their budgets, which would require the department to either cut off services or provide more money, which could lead to overspending.

# Agency Response

---

The Secretary of the Florida Department of Children and Families provided a written response to our preliminary and tentative findings and recommendations. (See Appendix D, page 60, for her response.)

# Introduction

## Purpose

---

This report presents the results of OPPAGA's program evaluation and justification review of the Department of Children and Families' Developmental Disabilities Program.<sup>1</sup> The 1994 Government Performance and Accountability Act directs OPPAGA to conduct justification reviews of each program during its second year of operation under a performance-based budget. OPPAGA is to review agency performance measures, evaluate program performance, and identify policy alternatives for improving services and reducing costs. Appendix A is a summary of our conclusions regarding the nine issue areas the law requires OPPAGA to consider in a program evaluation and justification review.

## Background

---

The Developmental Disabilities Program provides support services to enable people with developmental disabilities to live productive lives and achieve personal outcomes. Both federal and Florida laws authorize the provision of support services to individuals with developmental disabilities, which can be defined in several ways. Under federal law, a developmental disability is a mental or physical disability that occurs before age 22 and substantially limits an individual's ability in three or more of the following major life areas: self-care; expressive or receptive language; learning; mobility; capacity for independent living; economic self-sufficiency; or self-direction. Florida law defines developmental disabilities more narrowly as life-long handicapping disorders or syndromes attributable to mental retardation, autism, cerebral palsy, spina bifida, and Prader-Willi syndrome.<sup>2</sup> Florida law also authorizes the

---

<sup>1</sup> Prior to July 1, 2000, the program was known as Developmental Services.

<sup>2</sup> Retardation is defined as having significantly sub-average general intellectual functioning with deficits in adaptive behavior. Cerebral palsy is lost or impaired control over voluntary muscles, resulting from damage to the developing brain that might have occurred before, during, or after birth. Autism is a neurologically based disorder that usually develops during infancy or childhood and causes severe learning, communication, or behavior problems. Persons with autism typically have difficulty in verbal and non-verbal communications, social interactions, and leisure or play activities. Spina bifida are disorders that result when the spinal cord does not carry all of the messages from the brain to the other parts of the body. Prader-Willi Syndrome is a complex genetic disorder that

provision of services to children under the age of five who either are at high risk of becoming developmentally disabled or who have developmentally disabled caretakers who need assistance in meeting the child's developmental needs.

Because of the nature of their conditions, individuals with developmental disabilities need long-term support. Historically, the state provided this support in large institutions. However, in 1971, Congress authorized the Medicaid program to help states pay for services for the developmentally disabled in public or private institutions, but not in other community settings.<sup>3</sup> Providing care in these facilities is expensive; as of April 1, 2000, the average reimbursement rates for developmental services ranged from \$203.09 per day (\$74,128 per year) in intermediate care facilities that serve clients with lower levels of care to \$408.48 per day (or \$149,095 per year) in state institutions that serve clients with higher levels of care. (See Exhibit 1.)

### Exhibit 1

#### Providing Care in State and Private Institutions Is Expensive

	Public	Private	Difference
Lower level of care — residential and institutional care	\$100,645	\$74,128	\$26,517
Higher level of care — non-ambulatory and medical care	149,095	91,830	57,265

Source: Department of Children and Families.

In the early 1980s, governments realized that many individuals with developmental disabilities could be served in community settings if they received services such as personal care assistance, transportation, and supported employment. Community-based services offer two advantages over institutional care; most clients and their families prefer this approach, and costs are lower than in institutions.

Consequently, the federal government allowed states to enter into agreements with it to change the service delivery system for individuals with developmental disabilities. Under these agreements, commonly called waivers, the federal government waives certain Medicaid requirements, including the limitation that Medicaid dollars be spent only on institutional services, in exchange for assurances that the services paid for under the agreement will meet certain standards and will not cost more on average than institutional care.

---

typically causes low muscle tone, short stature, incomplete sexual development, cognitive disabilities, problem behaviors, and a chronic feeling of hunger that can lead to excessive eating and life-threatening obesity.

<sup>3</sup> Medicaid pays about 55% of the costs of providing care to eligible individuals with developmental disabilities.

As of July 2000, the department was authorized to serve clients through the use of four waivers.

***Home- and Community-Based Services Waiver:*** The Home- and Community-Based Services Waiver allows the department to receive Medicaid matching payments for services such as personal care, physical therapy, and training. Approved for use through June 2003, the waiver allows a maximum enrollment of 25,945 clients during Fiscal Year 2000-01.

***Supported Living Waiver:*** The Supported Living Waiver, effective October 1995, is used to obtain services for a maximum of 200 clients who are able to live in the community when provided with a supported living coach, a personal care assistant, and/or modifications to the home living environment.

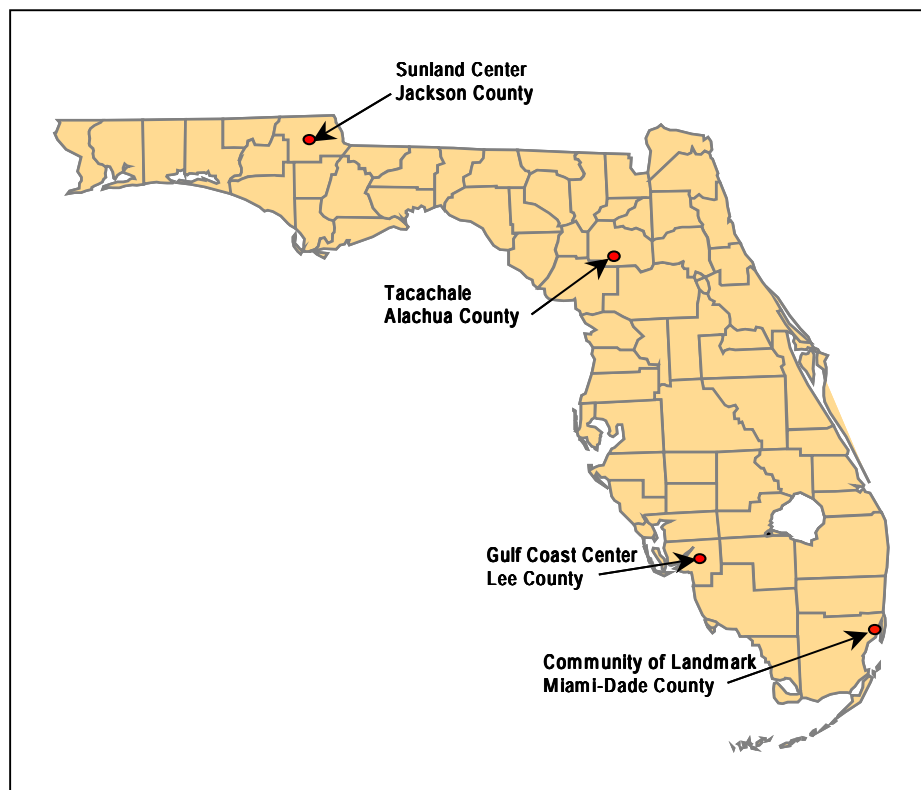
***Consumer-Directed Care Waiver:*** The Consumer-Directed Care Waiver project allows clients to pay family members or other non-Medicaid certified providers for services, establish their own budgets based on funding in the previous year, access a small portion of their monthly allocation in cash, reserve unspent dollars for special purposes, and shift dollars within spending categories. The project, approved for implementation in March 2000, is funded in part by a grant from the Robert Wood Johnson Foundation.

***Specialized ICF/DD Services Waiver:*** The most recent waiver obtained for program services is the 1915(b) Specialized ICF/DD Services Waiver. This waiver will provide limited intermediate care facility services to developmental disability clients with minimal needs who choose not to be served in the community. The waiver was approved in February 2000, and the provider agreements were negotiated in July 2000.

## *Program mission*

The primary purpose of the Developmental Disabilities Program is to ensure the safety and well-being of clients and to provide opportunities for clients to work, socialize, and recreate as active members of their communities. Exhibit 2 shows the location of the four developmental disabilities institutions.

Exhibit 2  
There Are Four Developmental Disabilities Public Institutions



Source: Department of Children and Families.

The Developmental Disabilities Program comprises two main components: developmental disabilities institutions and community-based care.

***Developmental disabilities institutions*** provide 24-hour care for clients who need more intensive medical or behavioral support in a more secure environment. As shown in Exhibit 2, there are four state-run institutions—Sunland Center in Jackson County, Tacachale in Alachua County, Gulf Coast Center in Lee County, and the Community of Landmark in Miami-Dade. These institutions also house clients served in the Mental Retardation Defendants Program, which serves individuals who have been charged with a serious crime and have been found by the court to be incompetent to proceed due to their mental retardation.

***Community-based care*** is provided to clients in a variety of settings, including privately-run intermediate care facilities that are smaller than the state-run institutions.<sup>4</sup> Most clients residing in private intermediate care facilities require more intensive medical support. Clients in the

---

<sup>4</sup> Although funding for private ICFs resides in the community budget of the program, federal law defines intermediate care facility as institutional care.



community, who generally reside in their own homes or live with other developmentally disabled clients in group homes or supported living apartments, run the gamut, ranging from requiring minimal or limited support to those needing more extensive support to remain in the community.

## *Program services*

The Developmental Disabilities Program offers a wide range of services.<sup>5</sup>

**Medical care services** provide routine health maintenance and acute care by physicians, skilled nurses, dentists, nutritionists, and other health care professionals in the areas of neurology, ophthalmology, and podiatry. The program also provides customized equipment, such as eating utensils, positioning equipment, splints, helmets, and wheelchairs, to enable clients to achieve independence and maintain personal safety.

**Therapy services** in the areas of behavioral, occupational, physical, speech and language enable clients to communicate more effectively, to adapt to their physical limitations, and to acquire socially acceptable forms of behavior.

**Vocational training and employment services** provide meaningful daily activities and opportunities for clients to earn wages according to their capabilities and desires. The program helps clients develop skills that are needed to obtain and maintain employment, including assistance in completing paperwork, arranging transportation, and consulting with the clients' supervisors as needed to help the client succeed. Clients within institutions may be employed in jobs such as plastic parts assembly or paper recycling, and clients living in the community may be employed in jobs such as bagging groceries or housekeeping.

**Case management services** help clients access program resources in order to help them meet individual and program goals.

**Residential and basic care services** provide food, shelter, clothing, and other amenities for clients, allowing them to achieve their preferred quality of life.

**Daily living assistance services** help the client in bathing, dressing, preparing meals, housecleaning, laundry, and other domestic chores as is appropriate for the client's level of need.

**Transportation services** are provided to help the client access community activities such as employment and health care.

---

<sup>5</sup> The items listed are presented to describe waiver and institutional services and are not meant to be comprehensive.

## Introduction

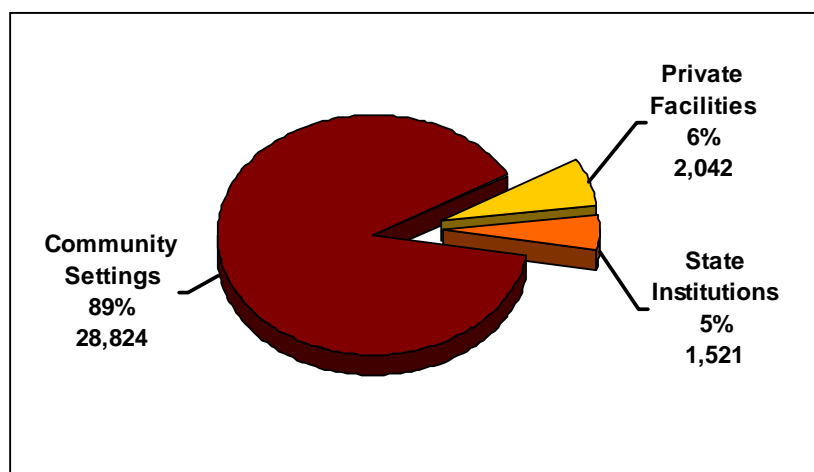
**Recreational services** are coordinated to allow clients to participate in a variety of activities, including swimming, track and field events, organized soccer, softball, basketball leagues, and organized social events, such as dances and dinners. <sup>6</sup>

## Clients served

As of June 30, 2000, the Developmental Disabilities Program served 32,387 clients. <sup>7</sup> As shown in Exhibit 3, the department reports that 1,521 clients (5%) were served in state-run institutions, 2,042 clients (6%) received care in private intermediate care facilities, and the remaining 28,824 clients (89%) were served in other community settings.

### Exhibit 3

#### Most Developmental Disabilities Clients Are Being Served in the Community



Source: Department of Children and Families.

## Program organization

The Department of Children and Families administers the Developmental Disabilities Program through

- a central program office in Tallahassee,
- 4 state developmental disabilities institutions, and
- 15 district developmental disabilities offices.

<sup>6</sup> Recreational services described here reflect those provided at state institutions; recreational services are not provided on the waiver.

<sup>7</sup> As of June 2000, the program had 43 interstate compact clients that had requested placement in a developmental disabilities institutional facility and had not received services.

**Central Program Office.** The central program office in Tallahassee is responsible for administrative and policy development functions, such as planning, budgeting, quality assurance, record-keeping, and maintaining information systems. In addition, the central program office has oversight responsibilities for admitting clients to state or private intermediate care facilities and consults with district offices about community placements. The central program office is also responsible for technical assistance in the areas of medical, nursing, and behavior analysis.

**State Institutions.** Client services are provided at each of the four state institutions either by state employees or through contracts with private provider agencies. Although each institution has the authority to directly negotiate contracts for services with private providers, staff within the respective department district offices must formally review and approve these contracts. As shown in Exhibit 4, Tacachale in Alachua County is the oldest state-run institution and employs the largest number of staff.

#### Exhibit 4

##### The Developmental Disabilities Program Operates Four State Institutions

Institution	Location	Year Opened	Grounds/ Acres	Number of Staff June 2000
Sunland	Jackson County	1963	500	779
Tacachale	Alachua County	1921	500	1,465
Gulf Coast	Lee County	1960	640	755
Landmark	Miami-Dade County	1965	244	637

Source: Department of Children and Families.

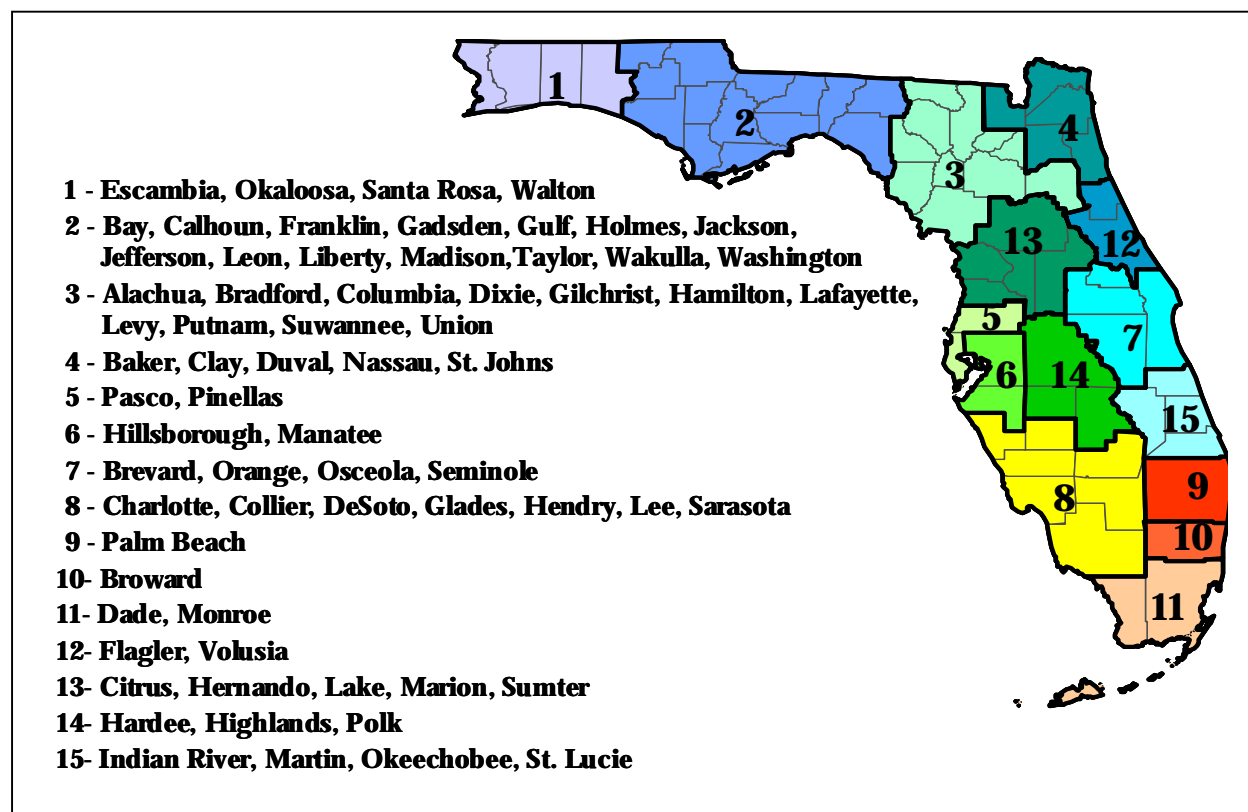
**District Offices.** The department's 15 service district offices contract with private provider agencies to provide program services to community clients. (See Exhibit 5.) As of June 2000, the districts contracted with 519 private support coordinators, who are required by the Home- and Community-Based Services Waiver to determine clients' needs, develop plans of care, coordinate services, and monitor clients' progress. As of June 2000, districts contracted with 2,498 other private providers for additional services offered to community clients, such as day treatment and supported employment. Program officials indicated that the number of providers has increased each fiscal year. In addition to contract management, district offices are responsible for monitoring the performance of private providers.

## *Introduction*

### Exhibit 5

#### Department of Children and Families

#### 15 Service Districts



Source: Department of Children and Families.

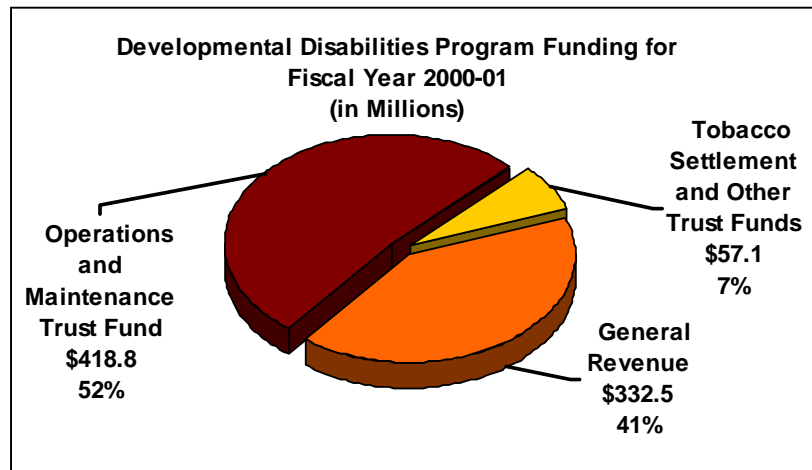
## *Program resources*

For Fiscal Year 2000-01, the program was appropriated \$808.4 million; 41% of program funds come from general revenue, 52% from the Operations and Maintenance Trust Fund, and the remaining 7% from other trust funds, including the Tobacco Settlement Trust Fund. <sup>8</sup> (See Exhibit 6.)

---

<sup>8</sup> The total Fiscal Year 2000-01 appropriation for persons with disabilities is \$825.1 million of which \$808.4 million is for the Developmental Disabilities Program and \$16.7 million is for In-Home Services for Disabled Adults.

**Exhibit 6**  
**General Revenue Funds Account for 41% of the Developmental Disabilities Program Fiscal Year 2000-01 Appropriations**

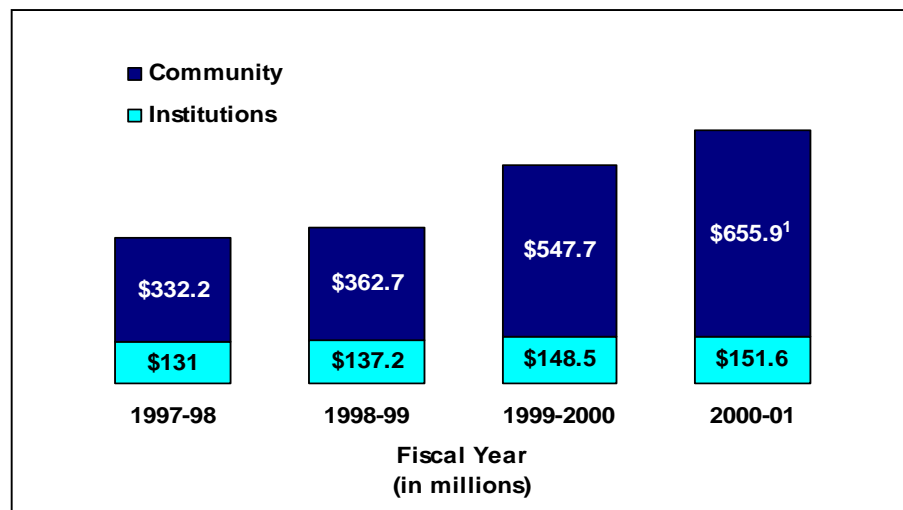


Source: Department of Children and Families.

For Fiscal Year 2000-01, the program's institutions component received \$151.6 million and had 3,772 total authorized FTE positions, and the community-based services component received \$655.9 million and had 524 total authorized FTE positions. The year's appropriation also includes \$0.9 million and 9 FTE positions for program management and compliance.

Exhibit 7 illustrates that appropriations for the institutions component have increased slightly since Fiscal Year 1997-98 while appropriations for community-based care have increased by 97%.

**Exhibit 7**  
**Appropriations for Community Care Have Almost Doubled Since 1997-98**



<sup>1</sup> The community portion of the budget includes \$160 million for private intermediate care facilities.

Source: General Appropriations Acts for Fiscal Years 1997-98 through 2000-01.

# Program Needed, Properly Placed, But Could Be Further Privatized

## Introduction

---

The Developmental Disabilities Program serves some of Florida's most vulnerable citizens. Although many people with developmental disabilities are capable of leading fairly independent lives with assistance from their families, others require more assistance to maintain a minimal level of independence in their daily lives. We concluded that the program is

- needed and should be continued;
- properly placed within the Department of Children and Families; and
- already highly privatized, but opportunities exist to further privatize some institutional services.

### *Program is needed and should be continued*

*The Developmental Disabilities Program is beneficial to the taxpayers of Florida and should be continued*

The Developmental Disabilities Program is beneficial and should be continued. Most people with developmental disabilities are capable of leading fairly independent lives with limited assistance from their parents and families. However, over 32,000 people with developmental disabilities need support services to maintain even a modest amount of independence in their daily lives. Many of these clients are easily victimized and are unable to care or provide for themselves, and some could inflict serious harm upon themselves or others. Many of them also have a variety of health issues that require extensive medical treatment. Also, keeping the program enables the state to leverage its resources by participating in federal Medicaid matching funds to provide developmental services.

*Discontinuing the program would likely result in adverse consequences for clients, families, and the state*

Discontinuing the program could increase costs of other state social support and health care systems. Without support services, some developmentally disabled persons could exhibit public behavior problems that could result in their arrest and incarceration. Some of these persons could subsequently be committed to crisis stabilization units under the Baker Act, although such units are expensive and may not be equipped to

*Program Needed, Properly Placed,  
But Could Be Further Privatized*

treat developmentally disabled people. Alternately, community and private organizations that work with developmentally disabled persons could become overwhelmed, resulting in a reduction of available services. Discontinuing the program could also increase the burden on families for caring for the developmentally disabled family member.

## Program's Placement Is Appropriate —————

The Developmental Disabilities Program should remain within the Department of Children and Families because placement in another agency would not likely offer any significant benefits to clients or to the state. While we considered three alternatives for the organizational placement of the Developmental Disabilities Program, we do not believe that these options would provide real benefits.

***Option 1 - Merger with Department of Elder Affairs.*** Proposals have been circulated over the past few years to combine the Developmental Disabilities Program with other long-term care services, such as those for the elderly, into a single, long-term care agency. The program could also be moved to a new agency for long-term care that would serve clients with early onset needs, such as the developmentally disabled, and late onset long-term care needs, such as the elderly.

Creating a single long-term care agency could enable the state to better coordinate its long-term care services. For example, it could lead to greater service coordination for developmental disabilities clients who qualify for both developmental disability and elder care services. This could allow better coordination of Medicaid and Medicare services for the elderly.

However, merging the Developmental Disabilities and other programs into a single long-term care agency could require a constitutional amendment because the Department of Elder Affairs is established as a separate constitutional agency. It also is not clear that merging programs with very different missions and client groups would produce significant program improvements or cost savings, and it could complicate administration as the programs currently have different service delivery networks. We found no compelling reason to create a separate long-term care agency at this time.

***Option 2 - Transfer to the Agency for Health Care Administration.*** A second option would be transfer the Developmental Disabilities Program to the Agency for Health Care Administration (AHCA). This option could produce advantages, as AHCA is the state's Medicaid agency. Medicaid is a major funding source for the Developmental Disabilities Program and is likely to become more important as the program expands the use of the



*Program Needed, Properly Placed,  
But Could Be Further Privatized*

Home- and Community-Based Services Waiver. However, AHCA does not currently have responsibility for administering major service delivery programs such as the Developmental Disabilities Program. Also, many people with developmental disabilities require non-medical support services that would be outside the expertise of AHCA. It is not clear that this transfer would produce significant program improvements or cost savings. Also, it could complicate administration as the programs currently have different service delivery networks. The Developmental Disabilities Program uses a decentralized district-based system for contracting with private providers, while AHCA does not use service districts and administers most of its programs through its central service office. We found no significant program improvements or cost savings that would justify transfer of the program to AHCA.

***Option 3 - Transfer to Department of Health.*** A third option would be to transfer the program to the Department of Health. This transfer could focus the program's efforts more on the medical issues involved with developmentally disabled. However, the Department of Health is highly decentralized and organized around county health departments, which could complicate program administration as many of the Developmental Disabilities Program's providers serve multi-county areas. Also, while many people with developmental disabilities have serious health issues, many also require other support services such as day care that would be outside of the expertise of the Department of Health. We did not identify any substantial cost savings or programs improvements that would justify transfer of the program to the Department of Health.

## *Program is highly privatized*

***There is potential for  
privatizing more of  
developmental services***

Although the Developmental Disabilities Program is already substantially privatized, some opportunities for further privatization exist. Most service provisions in the community-based portion of the program has already been privatized, including delivery of direct client services. Almost 96% of the program's \$655.9 million community services budget is currently expended with private service providers. The principal community-based services that the department still provides are eligibility determination, case management, and program monitoring. The program is likely to further privatize case management services by June 30, 2001, as the program moves additional community-based clients to one or more Medicaid waivers. Case management is being privatized for clients who are on the state's Home- and Community-Based Services Waiver. As private waiver support coordinators begin managing an increasingly larger volume of the state's developmental cases, the state will reallocate its own workload by reducing the caseload per state case manager and giving some of these staff responsibility for monitoring the private case managers.

*Program Needed, Properly Placed,  
But Could Be Further Privatized*

There is more potential for privatizing some additional functions in the developmental disability institutions. Of the \$151.6 million institutions budget for Fiscal Year 2000-01, about \$123.7 million (82%) is for salaries and benefits for 3,772 full-time equivalent employees.

Each of the four developmental services institutions has privatized some activities. For example, all four of the facilities have arrangements with the Department of Corrections to use state prisoners for grounds maintenance. Under this arrangement, the only program costs are meals for the prisoners and reimbursing the Department of Corrections for the guards that supervise the work crews. However, additional privatization appears to be feasible.

Some functions have been privatized in one or more of the institutions, but have not been privatized in others, especially in the area of health care (e.g., medical, nursing, and pharmacy services). For example, three of the facilities have privatized part or all of their medical care, but two of the facilities still have public physicians on staff. In addition, staff at each of the facilities we visited cited problems with hiring and retaining housekeeping staff. However, none of the facilities had explored contracting this service to outside vendors. Additionally, it appears feasible to close at least one state institution and transfer these clients to community settings or private facilities. (See Chapter 4 for discussion on transferring clients and closing institutions.)

## *Performance improvements*

We identified three primary ways that the Developmental Disabilities Program could improve its performance.

- Improve the accuracy, reliability, and general effectiveness of the program's accountability systems (see Chapter 3).
- Close one or more of the state institutions (see Chapter 4).
- Enhance the community-based services network throughout the state (see Chapter 5).

# Program Performance and Accountability Need Improvement

## Introduction

---

The primary mission of the Developmental Disabilities Program is to enable persons with mental retardation and other developmental disabilities to achieve their greatest potential for independent and productive living. The Legislature's intent is to serve developmental services clients in the least restrictive setting and at the least cost to the state.

To assess the program's performance, we analyzed performance-based program budgeting data for Fiscal Years 1998-99 and 1999-2000 and other relevant performance information. Our assessment was hindered by weaknesses in the department's information systems. Due to these weaknesses, the program lacks basic information about its clients. Despite efforts to improve the quality of data in its information system, as of July 2000, the department was unable to provide accurate demographic information such as the age, gender, and race of clients in the community and in private facilities.

We concluded that although the program has improved its performance in several areas, it is not meeting many of its legislative performance standards, and its operations could be improved to better meet client needs and to reduce costs to the state as discussed below.

- While the injury rate for residents at the developmental services institutions has declined over the past two years, it has continued to exceed legislative performance standards at three of the four institutions.
- The program lacks needed accountability information on private intermediate care facilities.
- Many persons living in the developmental disabilities institutions could more appropriately be served in community settings.
- While the quality of life of clients living in the community is improving, the program has not met its legislative performance standard. The program needs to better assess its clients to identify how many could be better served in community employment and

## *Program Performance and Accountability Need Improvement*

community living arrangements. It also needs to collect data about critical community service outcomes, including how effectively its services help clients achieve individual and program goals.

- Most adult community clients work in sheltered workshops.<sup>9</sup> If one-half of the clients served in sheltered workshops as of June 1999 (5,934 clients) could be employed in the community, the department would save \$14.4 million annually.
- The department needs to establish data verification procedures to ensure the accuracy of performance information that is reported to the Legislature.

## *Developmental services institutions not meeting resident safety standards*

An important goal of the state's four developmental services institutions is to provide a safe and secure environment for clients while they are institutionalized. The program's outcome measures for its state institutions assess its performance in meeting this goal.

### *State-run institutions could be more effective in keeping residents safe*

Many developmentally disabled clients are at risk of physical harm because they are prone to seizures due to medical conditions or from the side effects of medications they are taking and because they may lack the cognitive abilities to avoid potentially harmful situations. Department rules require institutions to maintain records of serious incidents that result in harm to a client and to report them to the central program office. Major reporting categories are deaths, suicide attempts, unauthorized absences, and injuries resulting from accidents, from altercations between residents or between staff and residents, from seizures or other related medical conditions, or from self-abuse.<sup>10</sup> The department tracks and annually reports the number of harmful incidents involving clients.

### *Most harmful incidents involved physical injuries to residents*

For the period of July 1, 1998, through June 30, 2000, there were 872 harmful incidents to residents of the four state-run institutions and the Mentally Retarded Defendants Program at Florida State Hospital in Chattahoochee.<sup>11</sup> Due to limitations in the department's reporting system, we could not determine how many incidents, if any, might be attributed to repeated injuries to the same residents. As shown in

---

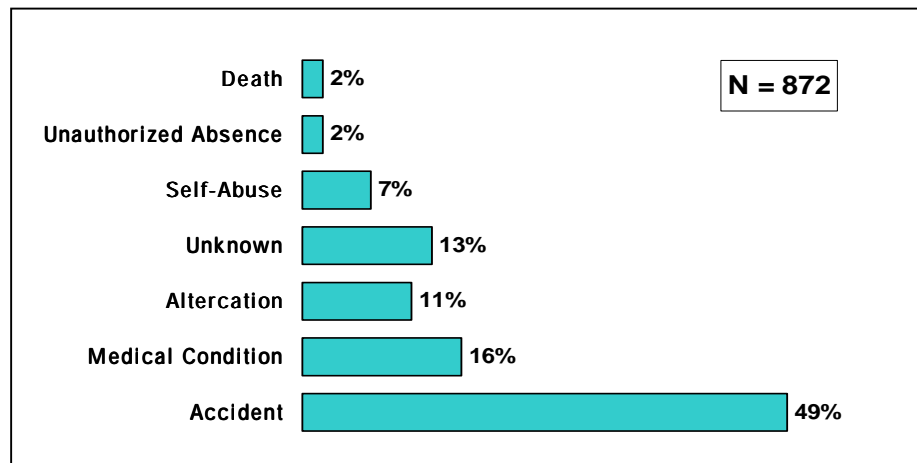
<sup>9</sup> Sheltered workshops provide a protected work environment for developmentally disabled clients.

<sup>10</sup> "Unexpected deaths" category does not include residents' deaths attributed to terminal illness in which the death was expected.

<sup>11</sup> There were 490 harmful incidents in Fiscal Year 1998-99 and 382 incidents in Fiscal Year 1999-00. Clients enrolled in the Mentally Retarded Defendants Program at the Florida State Hospital in Chattahoochee accounted for 21 incidents in Fiscal Year 1998-99 and 5 incidents during Fiscal Year 1999-2000. Two institutions have modified programs that house residents who have been found incompetent by the courts, the Seguin facility at Tacachale and Pathways at Landmark. These programs are included as part of the Developmental Services Institutions Program.

Exhibit 8, 96% of these incidents involved physical injuries to clients. Most injuries resulted from accidents and ranged from clients requiring minor medical attention such as stitches or bandaging to clients requiring hospitalization due to more critical injuries. For the two-year period ending June 30, 2000, 17 clients died unexpectedly while residing in state-run institutions and 2 clients attempted suicide. During this period, 13 clients had unauthorized absences, which occur when a resident leaves the institution grounds and is missing for more than eight hours or when a resident is missing for more than two hours from the Mentally Retarded Defendants Program.

**Exhibit 8**  
**Most Harmful Incidents Involved Physical Injury to  
Institution Residents Resulting from Accidents**



Source: Developed by OPPAGA based on Department of Children and Families data.

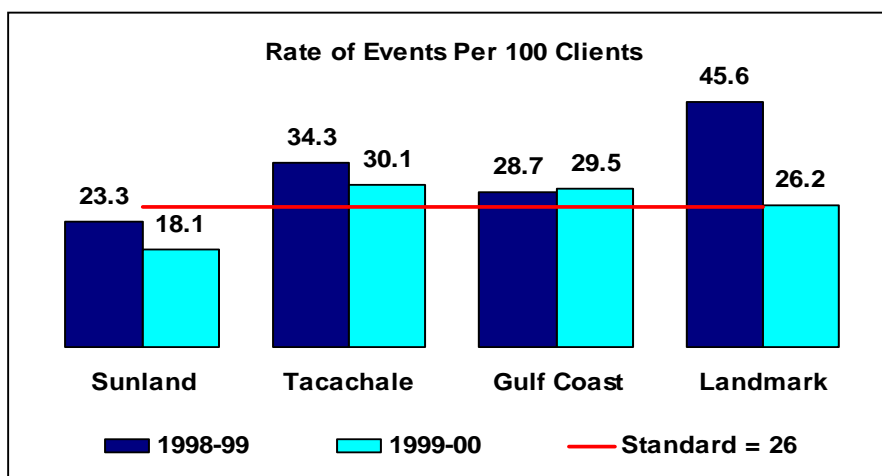
*Only one institution met  
the performance  
standard of no more  
than 26 harmful  
incidents per 100  
clients*

The overall incident rate for Fiscal Year 1998-99 exceeded the program's legislative performance standard.<sup>12</sup> In Fiscal Year 1999-2000, the program met the overall incident rate. For both years, the Legislature established a performance standard that no more than 26 harmful incidents per 100 residents occur at the state institutions. As shown in Exhibit 9, only one of the four institutions, Sunland, met this standard in either year, although Landmark almost met the standard in Fiscal Year 1999-2000.

<sup>12</sup> Although the department reported 26 events per 100 clients for Fiscal Year 1998-1999, we found a rate of 32 events per 100 clients when we analyzed source documents.

**Exhibit 9**

**Only One Institution Met the Legislative Standard of  
No More Than 26 Incidents Per 100 Residents**



Source: Developed by OPPAGA based on Department of Children and Families data.

***Institutions took steps  
to help reduce injuries  
and improve  
performance***

Three of the four institutions did achieve reductions in resident injury rates over the two-year period. The institutions began implementing client safety strategies in Fiscal Year 1998-99. These strategies included tracking injuries weekly by unit, assessing the causes of injuries, and modifying practices in order to eliminate the source of injuries. The institutions also developed quality improvement plans that outlined short-term and long-term plans to reduce resident injuries, provided additional training for staff such as better ways to lift residents who are less mobile, and set more stringent targets for reducing injuries, such as a goal to reduce the number of harmful incidents to residents by 10% each year. These strategies were particularly successful at Landmark, which had the highest incident rate in Fiscal Year 1998-99, but reduced the incident rate per 100 clients from 45.6 to 26.2 over the next year.

Administrators cited the hiring of a large number of inexperienced staff during the year as the reason for the high incident rate in Fiscal Year 1998-99. When South Florida State Hospital, a mental health institution, was privatized in November 1998, Landmark hired 108 former hospital employees in accordance with the state's preferential hiring policies for positions such as direct care, food services, security, and maintenance. Many of these staff had little or no previous experience in dealing with developmentally disabled clients. During Fiscal Year 1998-99, the institution began providing training for new employees, which appears to have been successful in reducing incidents and injuries involving residents.

***Quality of life.*** We were unable to assess the quality of life of clients who live in the state institutions because the information the department

collects on this important performance area is unreliable. The department has used an assessment instrument to measure client quality of life (Personal Life Quality Protocol), but staff administered this instrument in an inconsistent and incomplete manner. The 2000 Legislature required the department to measure improvements in clients' quality of life.<sup>13</sup> The department plans to replace the Personal Life Quality Protocol with the Personal Outcome Measures to assess the program's impact on client outcomes.<sup>14</sup>

## *Program lacks needed accountability data on private institutions*

We could not assess the performance of the 86 private intermediate care facilities compared to the state institutions because the program does not collect comparable performance data from these facilities, although the private facilities served 2,042 clients (57% of institutional clients) as of June 2000 and received \$160 million in public funding during Fiscal Year 1999-2000. The 2000 Legislature has required the private providers to assess client quality of life, which will enable relative comparison with public institutions and clients in the community. However, the private facilities are not required to report comparable information on injury rates to residents. We believe that these data should be reported, which would help the department ensure that residents in these facilities are safe.

## *Institutions could discharge more residents to community programs*

*Many persons living in  
the developmental  
services institutions  
could more  
appropriately be served  
in community settings*

Another primary goal of the four state institutions and 86 private facilities is to identify and discharge residents who would be more appropriately served in the community. Community-based care is considered to be preferable to institutional care because it provides individuals with greater opportunity to achieve optimal outcomes and is less expensive. The program's legislative outcome measure related to this goal is the percentage of clients determined by institution staff to be ready for discharge to the community who were actually discharged. The program discharged 26 residents of the four state institutions in Fiscal Year 1998-99 and 38 residents in Fiscal Year 1999-2000.

---

<sup>13</sup> Originally, the performance measure was the percentage of clients scoring at or above a certain level on the quality of life instrument.

<sup>14</sup> The Personal Outcome Measures is a nationally standardized instrument already in use by the department to assess quality of life for community clients.

## *Program Performance and Accountability Need Improvement*

However, the current performance measure does not assess a more important aspect of discharging clients, which is whether all clients who could function in the community are being discharged from institutional care. During the Fiscal Year 1998-99 and 1999-2000 period, less than 3% of institutional residents were discharged to community programs.

Program officials estimate that as many as one-third of current residents in state institutions could be served in the community. Serving clients in community programs is less expensive to the state and can be more effective in meeting client needs. For example, the average cost of serving clients in institution settings ranges from \$74,128 to \$149,095. The average cost allocated for clients served in community settings is \$18,075, although care for some high cost clients may exceed \$150,000 annually. For further discussion of impediments to the department's ability to discharge institution clients into the community, see Chapter 4 of this report.

## *Quality of life for clients in the community is improving, but has not met standards*

The primary goals of the program's community services are to enable clients to live as independently as possible in their own communities and to achieve and maintain an optimal quality of life. The program's outcome measures for community services include the percentage of clients who meet certain quality of life indicators as measured by a nationally recognized assessment instrument, the percentage of adults who work in the community, and the percentage of clients who live in homes of their own in the community.<sup>15</sup>

**Quality of life.** To assess the quality of life for clients receiving community services, the program uses a nationally recognized assessment instrument, the Personal Outcome Measures, which consists of 25 broad quality of life indicators. These indicators include the extent to which clients exercise their rights, have friends and other intimate relationships, and are treated fairly and generally satisfied with their lives. The survey of Personal Outcome Measures is administered from May to July of each

---

<sup>15</sup> An important factor when assessing long-term trends in the program's long-term quality of life performance is that the program's overall rating on this factor can be greatly affected by changes in its client population. There is a statistically significant relationship between clients' quality of life scores and their levels of disability, in that clients with more severe developmental disabilities tended to score lower on the Personal Outcome Measures than clients with less severe disabilities. For example, 64% of clients classified as mildly disabled met 13 of 25 quality of life outcomes compared to an average 43% of clients determined to have moderate to profound disabilities. The program anticipates that it will enroll a substantial number of less severely disabled clients during Fiscal Year 2000-01 because the new ICF/DD Medicaid waiver will enable the enrollment of less severely disabled clients. Accordingly, the program's overall client quality of life score for clients served in the community will probably increase due to this change in the population served. The department should factor this change in its population when reporting on its performance over the coming years.



*Program Performance and  
Accountability Need Improvement*

year. The goal is to survey a random sample of 350 clients across the 15 service districts.<sup>16</sup>

*Program is doing better  
in meeting quality of life  
standard*

For Fiscal Year 1998-99, the program reported that 15.75% of clients met 19 of 25 indicators, which is substantially lower than the legislative standard that 76% of clients should meet 19 of the indicators.<sup>17</sup> This standard may have been set too high given that the baseline data for Fiscal Year 1997-98 indicated that 13.8% of community clients met 19 of 25 indicators. The 2000 Legislature subsequently adjusted the standard to require that 18% of clients must meet 19 of 25 indicators. For Fiscal Year 1999-2000, the department reports that 24.7% of a random sample of clients met 19 of 25 outcomes.

*Program did not meet  
critical quality of life  
indicators*

While the program office assesses clients across all 25 quality of life indicators, experts agree that 7 indicators must be met in order to achieve all other indicators and to achieve a client's overall sense of well-being.<sup>18</sup> While clients may prioritize specific personal outcomes, our analysis of the Personal Outcome Measures data for Fiscal Year 1999-2000 found that only 15% of clients met all seven key indicators. However, the program's performance improved in Fiscal Year 1999-2000 from the prior fiscal year. For example, 75% of clients met four or more of the seven key indicators in Fiscal Year 1999-2000 compared with 63% in the prior fiscal year.

A weakness in the performance measures is that while the program has information on the extent to which community clients meet broad quality of life indicators, it does not collect information about the extent to which these clients achieve their own personal goals. For example, one broad quality of life indicator assesses whether the client "chooses where or with whom they live." This outcome evaluates a client's options and might be influenced by whether the client has a choice of group home providers or whether a parent or guardian has legal or other authority over where this person lives. In contrast, a personal goal would be the client's desire to find two roommates and get an apartment. Collecting data on whether clients are meeting their individual goals—which drive the decisions on what services clients are provided—would allow the program to better plan what services are needed and ensure that sufficient providers are developed to meet these service needs.

***Community employment.*** The program seeks to provide clients that live in the community with services so that they can obtain and maintain employment. These support services include job training, aid in job searches, and periodically providing them with on-the-job training and

---

<sup>16</sup> For the 1999-2000 survey, our analysis is based on 316 surveys completed by September 2000.

<sup>17</sup> Our analysis of the 1998-99 Personal Outcomes data indicates that there were 14.8% of clients who had 19 or more outcomes present.

<sup>18</sup> These seven indicators are whether a client is free from abuse and neglect, is safe, is connected to natural support networks, is treated fairly, has the best possible health, experiences continuity and security, and exercises rights.

## *Program Performance and Accountability Need Improvement*

coaching. Community employment includes jobs in food services, maintenance and janitorial services, and manufacturing. For example, clients may be employed as busboys, short-order cooks, or grocery store cashiers, or work on assembly lines.

### *Just over one-fourth of community clients are employed in the community*

As of June 30, 2000, 5,167 clients were employed in the community out of 19,006 adult community clients (27%), which fell just short of the legislative performance standard for Fiscal Year 1999-2000 that 27.5% of clients be employed in the community. For the period of July 1, 1999, through June 30, 2000, the program placed 559 clients in community employment, which represents an increase of 12% from the previous fiscal year. Program officials speculate the increase in job placements is due to a strong economy rather than any specific initiative or improvement in program services.

Program officials believe that most clients could work in the community. According to these officials' estimates, as many as 8,308 (70%) of the 11,868 clients in sheltered workshops could be employed in the community.<sup>19</sup> Barriers to increasing the number of clients in community employment include

- disincentives to providers who can make more money by continuing sheltered workshops that include built-in administrative fees in contracts;
- clients who are fearful of losing other benefits if they make too much money;
- poorly trained support coordinators who fail to provide clients with adequate information about choices and who fail to educate clients about changes in the laws that allow them to earn money without losing benefits; and
- historical program emphasis and district contract dollars that continue to go to these sheltered work programs.

### *Placing more clients in community employment would save up to \$14.4 million*

According to program officials, serving clients in sheltered workshops costs the state \$2,424 per client per year more than serving them in community employment. If one-half of clients served in sheltered workshops as of June 1999 (5,934 clients) could be employed in the community, the department would save \$14.4 million annually. However, the net savings may be less because day training programs include transportation while community programs do not; transportation would be covered separately. Two factors may enhance the department's ability to increase community employment opportunities. First, a pending settlement in a lawsuit may require the department to counsel clients in sheltered workshops about their alternatives for community

---

<sup>19</sup> Sheltered workshops provide a protected work environment for only developmentally disabled clients. Clients may perform contracted piece work such as packaging surgical tubing, and are paid for their work.

*Program Performance and  
Accountability Need Improvement*

employment. Second, the department's choice counseling initiative may make clients more aware of their employment alternatives.

To better gauge the program's effectiveness in helping clients obtain employment, the department should measure the extent to which clients who are able to hold jobs actually find employment. The department currently does not have a reliable estimate on the number of developmentally disabled clients whose goal is community employment, nor does it know what steps it would need to take to obtain employment for these clients. This information would enable the department to identify such clients and develop specific and individual plans for services that are needed to achieve this goal.

***Independent Living.*** Another performance measure for the program is the percentage of clients who live independently. Independent living means that clients live on their own, or with one or more roommates, in single-family residences, in supported-living apartments, or in multi-family dwellings serving many persons with developmental disabilities. To attain this goal, the program provides support services including transportation, adult day training, personal care assistance, and hires individuals to help the client take care of their daily living needs, such as preparing meals.

*The program did not meet the legislative standard for helping clients transition to independent living*

The program fell short of meeting its Fiscal Year 1999-2000 performance standard that 18.5% of clients live independently. Although the program placed 331 additional clients in integrated living during the year, which represents an increase of 11.8% since July 1, 1999, only 16.4% of clients were living independently in the community. The program would have had to transition an additional 391 clients to independent living to meet the legislative standard.

*The program could place more community clients in independent living arrangements*

A better gauge of the program's effectiveness would be the extent to which clients who are capable of living independently are actually living in the community. Increasing the number of clients in independent living arrangements would save money and promote better outcomes for clients. The average cost of a supported living arrangement is \$14,867 per year compared to the average annual costs of \$30,667 and \$22,077 for small group homes and residential habilitation centers, respectively. Research also indicates that clients who reside in dwellings with fewer residents are more likely to have better outcomes than clients residing with a larger number of residents.

However, the program has not done a systematic needs assessment to identify the number of clients whose goal it is to live independently in the community. It is likely that additional clients could reach this goal. For example, 29% of adult community clients who were employed as of March 3, 2000, also lived independently in the community. However, there are an additional 644 clients in group homes who are working in the

community and could probably live more independently, which could save the state from \$4.6 million to \$10.2 million. To ensure that the optimal number of community clients who wanted to live independently were placed in such living arrangements, the program should identify which clients wish to and realistically can live independently, develop specific and individual plans for what services would be needed to achieve this goal, and then provide the necessary services to achieve this goal. The program should also continue to collect data on the number and percentage of clients who live in dwellings with four or fewer people.

## Inaccuracies in Program Performance Information

---

*The department needs to improve its controls to ensure the accuracy of information it reports to the Legislature*

Our analysis of Fiscal Years 1998-99 and 1999-2000 performance-based program budgeting data indicates the department reported inaccurate information to the Legislature in its legislative budget request. For example, although the department reported the harmful incident rate for institution residents in 1998-99 as 26 per 100 residents, we reviewed source documents and determined the rate was actually 32 harmful incidents per 100 residents. Similarly, the department reported that 15.75% of community clients met 19 of 25 quality of life indicators, but our review of source documentation found that 14.8% of community clients actually met 19 of 25 quality of life indicators. Program officials acknowledge weaknesses in the data that are collected and reported to the Legislature. For example, department staff did not always check the accuracy of program performance information they reported in the department's legislative budget request. To ensure the accuracy of information reported to the Legislature, the department should establish data verification procedures for program performance information that is reported in legislative budget requests.

## Recommendations

---

To provide the Legislature and program managers with more useful and accurate information, we recommend that the department take the actions discussed below.

- Establish new measures that would provide information on the extent to which both institutional and community clients achieve their personal goals as stated in their Individual Support Plans, the percentage of employed clients who earn at or above the minimum wage, and the percentage of clients who live in homes with four or fewer people. While all of these new measures may not need to be reported to the Legislature in budget documents, they would provide

*Program Performance and  
Accountability Need Improvement*

more information that would help policymakers and program managers assess program performance.

- Collect information on the number of clients who could be and would choose to be working or living on their own. In the absence of information about how many clients could be working and living more independently, the percentage of clients in community employment or community living says very little about program performance. For example, if 75% of clients could be working in community employment, but only 25% are, there is room for substantial improvement. If one-half of clients served in sheltered workshops as of June 1999 (5,934 clients) could be employed in the community, the department would save \$14.4 million annually.
- The department should develop a plan to address the current barriers to community employment and community living and report on the steps necessary to reduce or eliminate these barriers by January 2002.
- The department must continue to seek additional strategies for reducing the number of injuries to residents in the state's institutions. While the overall rate per 100 clients has been reduced, three of four facilities still exceed the performance standard of 26 incidents per 100 clients.
- Establish data verification procedures that would include reviewing the accuracy of performance-based program budgeting and internal data by an independent source, such as the department's inspector general.
- To facilitate a comparison of the relative performance of state and private intermediate care facilities, the Legislature should amend Ch. 393, *Florida Statutes*, to require privately managed facilities to report the same information required of state institutions. This will enable the Legislature and the department to make conclusions about the relative performance of state institutions and private facilities.

# Many Institution Clients Could Be Served in Less Costly Settings

## Introduction

---

*State policy requires that the highest priority be given to community-based residential placement*

Developmentally disabled clients can be served in community settings, such as their own homes, supported living arrangements, or group homes, or in institutions that are operated by either the state or by private providers. Developmentally disabled clients who live in their own homes or in residences located in their own communities have more potential for independent and productive living. Clients in smaller, community-based residential settings have better outcomes than clients in large institutional settings and cost less to serve.

The Legislature intends that the highest priority should be given to developing and implementing community-based residential placements, services, and treatment programs for individuals who are developmentally disabled. The Legislature also intends that private businesses, not-for-profit corporations, units of local government, and other organizations capable of providing needed services to clients in a cost-efficient manner shall be given preference in lieu of services directly provided by state agencies. We reviewed the program's use of institutional, intermediate care, and community services and determined that while community placements have substantially increased over the past 20 years, many clients who currently live in state institutions and private intermediate care facilities could be appropriately served in less costly settings, saving about \$35 million per year.<sup>20</sup> Closing one or more of the state institutions could save another \$4 million annually. The Legislature has appropriated \$229 million to expand community services to the extent necessary to serve some institutional clients who may need more services than the typical community client.

---

<sup>20</sup> These cost savings include federal and state funds.

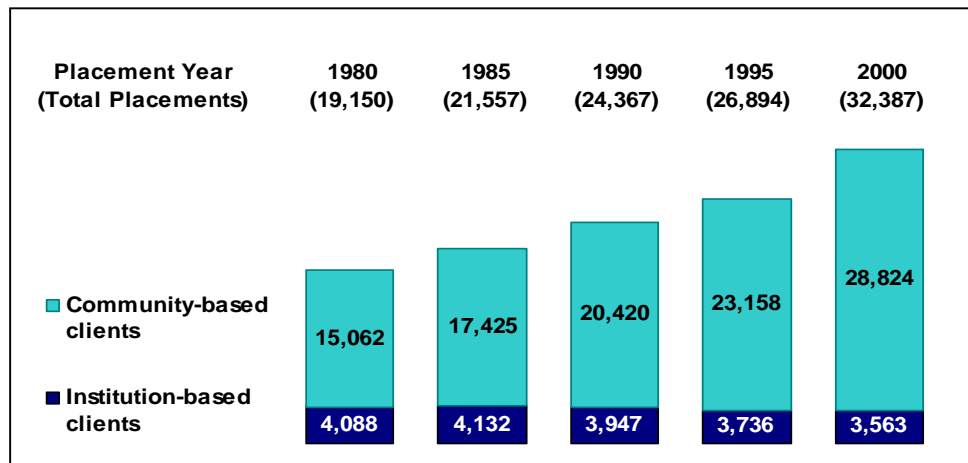
## *Community-based placements have increased*

*The department has done well in expanding community-based services, but less so in getting clients out of intermediate care facilities*

During the past 20 years, the department has substantially served more clients in the community, although the number of clients served in institutions has not significantly declined. Since 1980, enrollment in community-based placements has increased from 15,062 to 28,824, while placements in institutions has declined from 4,088 to 3,563. Thus, as shown Exhibit 10, all of the growth in the program's population has occurred in its community-based settings.

### **Exhibit 10**

#### **Developmental Services Are Increasingly Provided in Community Settings With Very Little Change in Institutional Placements**



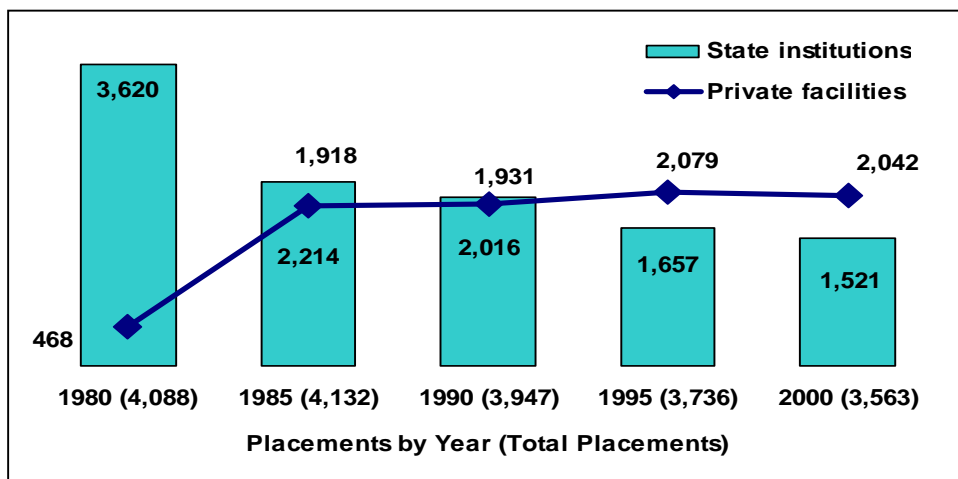
Source: Developed by OPPAGA based on Department of Children and Families data.

*Florida has not reduced the use of intermediate care facilities as fast as the rest of the country*

While the proportion of clients served in institutions has declined, Florida has not reduced institutional placements as fast as the rest of the country. Exhibit 11 shows that from 1980 to 1999, Florida reduced the use of institutional placements by about 13%, while during a similar period—1977 to 1998—the reduction nationwide was over 65%. The most significant reduction in Florida's institutional placements occurred from 1980 to 1985, when two state institutions—one in Orlando and one in Tallahassee—were closed. However, since 1985, there has been little change in census of privately operated intermediate care facilities.

*Many Institution Clients Could Be Served in Less Costly Settings*

**Exhibit 11**  
Public Institutional Residency Is Declining,  
But Private Institutional Residency Is Unchanged



Source: Developed by OPPAGA based on Department of Children and Families data.

*Use of institutions could be reduced further*

*Moving clients from state institutions into community settings or private facilities could save \$27 million annually*

We determined that placements in the state institutions could be further reduced. We estimate that 585 clients in these institutions could be appropriately served in less costly private intermediate care facilities or in community settings, saving an estimated \$27 million per year that could be used to cut state costs and/or expand services. To develop this estimate, we examined the 1999-2000 results of the Florida Status Tracking Survey (FSTS), which classifies the need levels of clients served in the state institutions, private facilities, and in the community (see Appendix B for Florida Status Tracking Survey results).

While not all institutional clients who could be served appropriately in community-based settings will choose to be served there, many will because they wish to live closer to their families and with more personal freedom. It may not be possible to move all clients, because most clients in state and private institutions are Medicaid-eligible and are entitled to care in an institution if they so choose, and it is not possible to move these clients against their will from institutions to community-based settings. While some clients who were classified as having the highest needs may continue to need placement in a state institution, clients with lower need levels could agree to be appropriately served by being transferred to lower cost private facilities or to community-based settings. For example, we estimated that 136 of the 208 clients with limited or minimal needs who were in state institutions could be served in community settings and the remaining 72 clients could be served in less costly private facilities. We also estimated that half of the 278 clients with moderate needs could



## *Many Institution Clients Could Be Served in Less Costly Settings*

be served in the community and half could be served in private facilities. Of the 305 clients in state institutions who had extensive needs, 99 clients could be served in private facilities. We estimate that these steps would save the state approximately \$27 million for the 273 clients who could transfer to community placements and 312 clients who could transfer to less costly private facilities. (See Appendix B for detailed information about our analysis.)

*Serving some clients from private facilities in community settings could save another \$8 million annually*

A substantial number of the 2,042 developmentally disabled clients in private facilities could also be served in less costly community settings. Based on the latest FSTS results we estimated that in total about 255 clients could be appropriately served in the community. We concluded that 1,787 clients (88%) would continue to reside in private intermediate care facilities. We estimate that \$8 million could be saved by moving 255 clients from private facilities to less-costly community-based settings. For more information about our analysis, see Appendix B.

## *Some state institutions could be closed*

*Closing two state institutions would save another \$4 million annually*

Transferring clients with limited, minimal, and moderate needs, and one-third of those with extensive needs, from the state institutions to community settings or private intermediate care facilities would cut the number of beds needed in the state institutions by about 585 (see Appendix B) and would enable the state to close one or more state institutions. Closing one or more institutions would be a better option than reducing the capacity of each institution, which would diminish economies of scale and potential savings. Closing two state institutions would save an additional \$4 million annually because the average cost of serving clients in the community or private facilities is lower than the cost of serving the clients in a state institution.

*Four principal factors to consider in closing facilities are clients, costs, economics, and performance*

To determine which state institutions could be closed, we considered four primary factors—the types of clients currently served in institutions, their client outcomes, the facilities' relative operating costs, and the potential impact that closure would have on the affected local communities—and used 12 specific criteria for analyzing these factors. Exhibit 12 ranks each of the four institutions on the 12 criteria, with lower rankings showing the highest benefit of closure. Based on this analysis, Community of Landmark has the highest priority for closure, followed by Gulf Coast, Tacachale, and Sunland. See Appendix C for a detailed description of our analysis.

*Many Institution Clients Could Be Served in Less Costly Settings*

**Exhibit 12**

**Community of Landmark and Gulf Coast Center Should Be Closed**

Criteria	Landmark	Gulf Coast	Tacachale	Sunland
<b><i>Client Considerations</i></b>				
Higher percentage of higher functioning clients	1	4	3	2
Least Mentally Retarded Defendants Program (MRDP) step-down clients served	2	1	4	3
Highest percentage of clients likely to be served in facility's district	1	3	4	2
Highest percentage of clients likely to be served in a metropolitan area	1	3	2	4
Lowest percentage of clients likely to be served in other districts	1	3	2	4
<b><i>Cost Considerations</i></b>				
Higher cost to serve clients – average cost per client	1	4	2	3
Higher cost to maintain facility	1	3	4	2
Higher capital improvement costs	3	2	1	4
<b><i>Economic Considerations</i></b>				
Least adverse economic affect on the local economy	1	2	3	4
Fewest number of employees affected by closure	1	2	4	3
<b><i>Performance Considerations</i></b>				
Lower performing facilities—significant reportable events rate per 100 clients	3	2	1	4
Least able to meet clients' active treatment needs	1	2	4	3
<b>Total Score</b>	<b>17</b>	<b>31</b>	<b>34</b>	<b>38</b>
<b>Overall Closure Ranking</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

Rating Scale: "1" means that facility best meets the criterion and should be closed first; "4" means that facility least meets the criterion and should be closed last.

Source: Developed by OPPAGA.

We identified two options for reducing the capacity of the state institutions by 585 clients—closing the two smallest state institutions (Landmark and Gulf Coast), or closing the state's largest institution (Tacachale). Of these two options, we believe that closing Landmark and Gulf Coast would be a better option.

*Closing two of the smallest publicly operated intermediate care facilities has the highest potential for success*

***Option 1 – Closing the two smallest state institutions.*** The first option is to close the state's two smallest institutions—Community of Landmark in Dade County and Gulf Coast Center in Lee County. Community of Landmark could be closed within the next three years, and Gulf Coast Center in Lee County could be closed within the next five years. This option will produce additional savings of \$4 million, and we believe it has the greatest potential benefits and possibility of effective implementation.

*There are several advantages to closing Community of Landmark*

Our analysis showed that Landmark had the highest priority for closure. Landmark predominantly serves a single county and has few clients from other areas of the state. With an average daily attendance of about 244 clients, it is the smallest institution and its closure would affect the fewest clients and staff. Dade County also has a wide variety of community service settings that would be available to serve those clients who would

*Many Institution Clients Could Be Served in Less Costly Settings*

be transferred to community placements. Landmark has the weakest client outcomes in terms of client service needs. According to the department's legislative budget request for Fiscal Year 2000-01, Landmark is least able to meet clients' active treatment, meeting only 16% of clients' need for services such as psychology, psychiatry, infection control, nursing, physical therapy, occupational therapy, and speech therapy. At \$14,286, Landmark has next to the lowest projected capital improvements needs per client of any of the facilities (\$3,485,700 for the five-year period 2000-05), but is the most costly per client to operate (\$115,942). Finally, closing Landmark would have the least adverse affect on its local community as the 637 jobs at the facility represent a very small percentage (less than 0.1%) of the annual payroll reported in Dade County in the most recent census data (1997).

*Closing Landmark would involve placing approximately 244 clients*

Closing Landmark would require that approximately 244 clients be moved. Approximately 122 of these clients have intensive or extensive needs and will likely need to be moved to one of the remaining state institutions. We estimate that another 71 clients would obtain services in less costly private facilities, of which 17 (about 356 beds) are located in Dade County. The remaining 51 clients with limited, minimal, or moderate needs could likely be effectively served in a community setting.

*There are also advantages to closing the Gulf Coast Center, which could be done within the next five years*

Gulf Coast Center near Fort Myers has the second highest closure ranking. With an average daily attendance of about 322 for Fiscal Year 1999-2000, it is the state's second smallest institution. Over 78% of its clients would be served either in the district or in another urban district where alternative community and private facilities are readily available. Gulf Coast Center spends 5.8% of its operating budget for maintenance, and it requested another \$26,945 per client in capital improvement needs over the next five years (a five-year total of \$8,676,334). At \$90,045 per client, it is the least costly institution to operate. Closing Gulf Coast would have less of an impact on the local community than closing Tacachale or Sunland, as Fort Myers is a major urban center and the 755 jobs at the facility represent less than 0.8% of the annual payroll reported in Lee County's most recent census data.

*Closing Gulf Coast would require placing approximately 322 clients in alternative settings*

If Gulf Coast were closed approximately 322 clients would need to be moved. About 193 residents with intensive or extensive needs would likely be moved to another state institution, which should have sufficient capacity to accommodate additional clients after those facilities move less needy clients to the private facilities and to the community. Approximately 71 clients with extensive or moderate levels of need could likely be transferred to a less costly private intermediate care facility, while the remaining 58 residents with limited, minimal, or moderate needs could probably be appropriately served in the community.

*Many Institution Clients Could Be Served in Less Costly Settings*

*Another, less preferable alternative is to close the state's largest publicly operated intermediate care facility*

**Option 2 – Closing Tacachale, the largest institution.** The second option for reducing the program's institutional capacity would be to close the largest state facility, Tacachale, which is located in Alachua County. Tacachale is the state's oldest developmental service institution. Tacachale's average daily attendance for Fiscal Year 1999-2000 was 519. At \$52,138 per client, it has the highest capital improvement needs of the state's four facilities (\$27,059,612 for the five-year period 2000-05) and has the second highest average per-client operating costs (\$98,071).

*Closing Tacachale would involve placing about 519 residents in alternative service settings*

If Tacachale were closed, approximately 519 clients would need to be moved into other placements. About 336 of its residents with intensive or extensive needs likely would need to be moved to other state developmental service institutions. This would be possible only if the three remaining institutions were limited to clients with extensive or intensive levels of care. Moving Tacachale's residents to the three remaining state institutions would increase costs slightly because some residents would be moved to Landmark, which is the most costly of the state institutions.<sup>21</sup> Another 92 clients may need placement in private facilities. The remaining 91 clients with limited, minimal, or moderate needs could probably be appropriately served in the community.

*Although a less preferable alternative, there are still advantages to closing Tacachale rather than Landmark and Gulf Coast Centers*

However, closing Tacachale would be problematic for a number of reasons. The facility houses almost half of the program's mentally retarded defendants, and closing the facility would require moving approximately 41 of these clients to state institutions. Also, 70% of its clients come from other service districts, including rural districts that have limited available community placement resources. Spending about 5.5% of its operating budget for maintenance, Tacachale is relatively less costly to maintain than the other three institutions. Closing Tacachale would have a more significant economic affect on its local economy than closing either Gulf Coast or Landmark, as its 1,465 jobs represents 2.8% of the annual payroll reported in Alachua County in the most recent census data. Finally, closing Tacachale could reduce the program's effectiveness, as Tacachale has been one of the more effective institutions in meeting its clients' active treatment needs than the other three facilities. According to the department's 2000-01 legislative budget request, Tacachale is meeting about 90% of its clients' needs for services such as psychology, psychiatry, infection control, nursing, physical therapy, occupational therapy and speech therapy.

---

<sup>21</sup> Sunland and Gulf Coast's average cost per client is lower than Tacachale's cost, but Landmark's cost is higher. We estimate that moving the 336 clients with intensive and extensive needs to the least costly institutions first would result in 151 clients moving to Sunland, 129 moving to Gulf Coast, and 56 moving to Landmark.

## *Mitigating the effects of closing some state institutions*

A primary drawback to closing one or more of the state institutions is the adverse impact the closing would have on the affected state employees and local economies. The state could take several steps to mitigate the effects of closing Gulf Coast Center and Community of Landmark. The state could provide retraining to displaced staff through its new Workforce Florida initiative. Alternately, the state could offer early retirement benefits to affected employees who were nearing their regular retirement age. These benefits typically include paying for health insurance and removing early retirement penalties. Depending on the benefits provided, the cost of these types of packages could range from one-fourth of a year's salary to a compensation package that includes one full year's salary, health insurance, and payment of annual and sick leave. If the state gave early retirement benefits to the 144 Landmark and Gulf Coast employees who are within five years of completing 30 years of service, the first year's package could be as much as \$8 million. If the Legislature granted a recurring package of benefits, the annual cost of this benefit package would range from about \$2.5 million to \$3.5 million.

To further mitigate the effects of facility closure on local economies, it would be preferable to phase out the facilities over a three-to five-year period. This would allow the clients to be transitioned into alternate placements in a well-planned manner and provide time for needed expansion of community based services for the clients.

## *Needed enhancements to community services*

*To overcome obstacles, Florida needs a better-developed community network, better individual service plans, and more family education*

Transitioning clients from the state developmental services institutions will require expanding community placements and services. It will also require improved department planning to identify what services individual clients will need in order to be served in community placements, as well as stronger education of client families to overcome potential resistance to moving the clients. We identified four factors that have tended to constrain growth in the community-based network.

- Some parts of the state lack the capacity to expand community-based services.
- Certifying new providers is a cumbersome process and discourages some from applying.
- Department rules and regulations restrict the growth of community residential homes.
- Limited access to capital restricts providers' ability to meet the financial requirements of starting up a new residential facility.

*Many Institution Clients Could Be Served in Less Costly Settings*

*Community-based services are not readily available throughout the state*

**First, additional community placements are needed, especially in rural areas of the state.** Although the department has significantly expanded its community service network for developmental disability clients over the past 20 years, this network would need to be further strengthened to serve those clients who are currently living in the state institutions. During Fiscal Years 1999-2000 and 2000-01, the Legislature has appropriated over \$229 million to provide additional services to people with developmental disabilities and to expand the community-based services network. Although it has been slow to expand, there are indications that the community-based network is starting to grow. According to a settlement agreement entered into June 29, 2000, in the Prado-Steiman case in U.S. District Court, the department has added 800 new providers to its Home- and Community-Based Services Waiver. Under the terms of that agreement, the Department of Children and Families' districts will prepare a written plan to increase provider capacity in those areas where a need for increase capacity had been identified.

*Rural parts of the state do not have the capacity to expand community-based services*

However, expansion of community-based services in rural areas of the state can be problematic because there are few clients needing services. For example, Glades County, like the Gulf Coast Center, is in District 8 and has eight people with developmental disabilities in community placements. With so few clients, there is not enough demand for services to justify a separate service network that specializes in serving developmental disability clients. This will require the program to seek to develop providers (such as physicians, dentists, and transit operators) who can serve multiple client groups.

*The current certification process is complex, time-consuming, and can discourage potential providers*

**Second, the current process for certifying new providers is complex and time-consuming and can discourage potential providers.** During our fieldwork, we identified factors that constrain the development of a broader, community-based services network. The current process for certifying new providers is perceived to be complex, time-consuming, and tends to discourage some potential providers from joining the community-based services network. For example, District 3 requires applicants to fill out a 56-page application for certification, plus a management plan detailing how the applicant proposes to organize and manage its business entity, and a rate justification plan to substantiate the rates it will be charging. The district program administrators to whom we spoke acknowledged that the certification process was complex, but that the department offered assistance to applicants to complete the application process. However, some providers we interviewed complained that the department neither effectively communicates its expectations nor provides enough technical assistance in how to prepare these or other documents. As a result, it may take anywhere from two to nine months to complete the process.

*Many Institution Clients Could Be Served in Less Costly Settings*

*Department rules and regulations restrict the growth of community residential homes*

**Third, department rules can restrict the growth of community placements.** The department has at least two rules that constrain the expansion of community-based residential services. One rule, 65B-11.005(2)(d), *Florida Administrative Code*, restricts the number of homes providing supported living services to no more than 10% of the housing in an area. Another rule, 65B-38.003, *Florida Administrative Code*, also limits the number of intermediate care facilities to no more than 10% of the residences in a particular complex, but also places separation requirements between the intermediate care facility and any other residential facility. In areas zoned for multi-family dwellings, the rule prohibits an intermediate care facility being established within 1,200 feet of another licensed facility for multi-family housing or within 500 feet of any area zoned for a single-family house. The purpose of these regulations is to ensure that such homes are integrated into the community rather than segregated into specific neighborhoods. When considering applications from providers to establish new residential facilities such as supported living services and intermediate care facilities, the department considers all types of living arrangements for people who are developmentally disabled and will reject the application if the home will exceed the density limit. However, as the state tries to provide more services in the communities, such homes are more likely to be in closer proximity to one another. The department may need to reconsider its present density restrictions in order to establish additional developmental services group homes.

*Access to capital also restricts the establishment of more community-based facilities*

**Finally, lack of capital can also constrain the expansion of community-based residential facilities.** Aside from the density regulations mentioned above, a provider opening a new home must front the money to buy and rehabilitate the property, obtain the necessary permits, and provide the cash flow to operate the facility for about three months until it receives its first reimbursement from the state. For example, according to one provider in Dade County, a new, community-based group home for six people can cost \$165,000 to buy, license, refurbish, and operate for 90 days until the first state payment would be received. Developing enough group homes to support the average daily attendance of 244 at Community of Landmark would cost about \$6.6 million. When a non-profit group takes on responsibility for opening a new facility, it has to obtain grants, contributions, and loans to raise all of this capital up-front because non-profits typically lack the capacity to support borrowing such amounts on the market. Although for-profits have the capacity to borrow much of the capital for buying and rehabilitating a property, they are also hindered by the same need to provide about three months in start-up funds.

## *Developing a more limited role for state institutions*

The department is currently assessing the role of the state institutions, but has not yet developed a long-term plan for what the future role of the state institutions should be or the types of clients they should serve. There will probably always be a need for the state institutions to serve clients who have been charged with criminal offenses but found not competent to proceed (the Mentally Retarded Defendants Program), have severe behavior problems, or have a dual diagnosis such as a developmental disability with mental illness, as these clients are difficult to place in private intermediate care facilities and may not be appropriate to place in the community.

*Some believe that  
Medicaid-eligible  
clients have a choice to  
be served in a state-  
operated intermediate  
care facility*

***Stronger education program needed to address client choice.*** Moving clients out of the state institutions will require outreach and education for their families to explain the reason for this change and placement alternatives. Under Medicaid, developmentally disabled clients are entitled to placement in an intermediate care facility. However, institution administrators and staff are under the mistaken impression that because Medicaid is an entitlement, clients are entitled to demand placement in a state institution, although placement in a less costly privately-operated intermediate care facility would meet this requirement. If such intermediate care can be provided more efficiently in a private rather than state facility, the department should seek to serve the client in the more efficient way. Moreover, some families and guardians of clients may be concerned about the prospect of moving a person now living in a state institution, particularly if the client has lived in the state institution for many years. According to the program office, more than half of the clients in state institutions have been there for more than 20 years and many clients consider these institutions their home.

To address this concern, it will be important for the department to meet with these families and explain both the rationale for the move and the available placements, which may not have existed when the initial decision to place the client in the state institution was made. Program managers told us that some families and guardians have expressed a preference for placement in a state institution due to concerns about the relative safety of privately operated facilities. Available data does not allow direct comparison between the number of incidents between the state institutions and private facilities because the two types of providers are not subject to the same reporting requirements or definitions. However, our review of available data did not produce any conclusive evidence to suggest the state institutions are any more or less safe than the private facilities.

Under the Home- and Community-Based Services Waiver, the department will establish an independently operated counseling program



*Many Institution Clients Could Be  
Served in Less Costly Settings*

for clients receiving care in intermediate care facilities. In its 2000 session, the Legislature appropriated \$600,000 to provide choice counseling for an estimated 4,000 clients, their families or guardians in Fiscal Year 2000-01.

## Recommendations

---

OPPAGA recommends four actions be taken to improve the program and effect significant cost savings of up to \$39 million, the latter of which could be achieved through the closing of two state institutions and moving some clients to community settings or to private facilities.

- We recommend that the Legislature direct the department to develop a plan to close Community of Landmark in Dade County and Gulf Coast Center in Lee County. This plan should set a specific time frame for these closures. For example, Landmark can be closed by June 30, 2004, and Gulf Coast can be closed by June 30, 2006. The department should develop a process to identify the service needs of persons currently living in state facilities to better determine who can be appropriately served in alternative settings, such as private facilities and community settings. The department should also identify the service needs of persons living in private facilities to determine if these persons could also be more appropriately served in community placements. As part of this plan, the department should seek to serve clients in the least restrictive and most economic settings feasible consistent with the client's personal choice. This plan should also include alternative uses of the institutional campuses.
- Because additional community placements are necessary, especially in the rural areas of the state, we recommend that the Legislature direct the department to periodically report its plans to expand provider capacity. The department should report this information to the Legislature every six months, including what services and providers are necessary and the results of the department's efforts to expand provider capacity.
- Because the department's own processes may discourage the expansion of the community-based network, we also recommend that the Legislature direct the department to include in its semi-annual report the efforts the department plans or is taking to streamline its provider approval process. At a minimum, the department should revisit its density restriction in Ch. 65B, *Florida Administrative Code*, to permit wider use of community residential settings. For example, some proposed facilities in more urban areas may be within the distance restriction of the department's rules and subsequently rejected. However, if the proposed facility is in another nearby neighborhood because of the design of the neighborhoods, separate access to which is clearly beyond the distance restrictions, there

*Many Institution Clients Could Be  
Served in Less Costly Settings*

should be little reason to reject such an application. The department's efforts should also include an assessment of the department's technical assistance for new providers.

- Because a lack of capital can constrain the expansion of provider capacity, we recommend that the Legislature direct the department to assess ways of accelerating its initial billing process to reduce the amount of time required to process new providers' initial bills. The department should also study possible strategies for helping prospective providers to obtain the capital they need more quickly. One such strategy could be to permit the state to advance or make an interest-free loan of all or part of the funds necessary to carry new, approved providers through their start-up. Other industries that are capital intensive have developed strategies for financing such costs. For example, in transportation contracts with the Department of Transportation, contractors have a mobilization charge to help offset some of the cash requirements for starting up a new road project. A similar approach could be developed for expanding group homes or other community-based services. Whenever a new provider is approved, the department could advance the provider a portion (e.g., 50% or 75%) of the providers expected charges for the first 60 or 90 days of service. When the provider submits a bill for services, the state could deduct all or part of the advance or loan before remitting the balance to the provider. Such a program could make it easier for new providers to meet the capital thresholds necessary to undertake their venture because they would need less start-up money and enable the department to more quickly expand the provider network. However, such a process requires good internal controls to manage and to prevent fraud and abuse. The department's study should include a plan to prevent potential abuse.

# Community Support Planning and Monitoring Systems Need Improving

## Introduction

---

In accordance with the Legislature's intent to serve Developmental Disabilities Program clients in the least restrictive setting and at the least cost to the state, most (89%) program clients were served in community-based settings in Fiscal Year 1999-2000. As discussed in Chapter 4, we believe that a higher percentage of clients could be served in community settings rather than their current institutional placements. However, for community placements to be successful, it is important that program clients receive the services and supports they need to live as independently and productively as possible.

Although the department is planning to change its processes for identifying and meeting client needs, its current community service system does not ensure that clients receive the services they need to achieve goals at the least cost to the state. Instead, the current system often focuses on providing whatever services are available based on historical patterns and service capacity rather than services that help clients meet their goals and are cost-effective. While the department plans to develop a new client-centered service delivery system, it will need to overcome several challenges.

*The current system has coordinators meet with clients to develop support and cost plans*

In the program's current community service system, private waiver support coordinators are to meet with clients, their families, and service providers to collect information about the client's needs and to develop individualized support and cost plans. These plans are to describe the types of services the client needs to achieve specific, measurable goals and the frequency, intensity, and cost of services that the client will receive. As required by department policy, these plans must be reviewed and approved by program staff in the department's 15 service district offices.

## *Community Support Planning and Monitoring Systems Need Improving*

***Sixty percent of clients and their families are not happy with support plans and support planning services***

However, developmental disabilities experts and clients and their families perceive this planning process to be ineffective. One-half of the clients and their families surveyed in 2000 indicated that they did not believe they had enough input in their support plans.<sup>22</sup> These clients felt that their support plans did not accurately depict their personal goals and 60% felt that the services they received did not help them achieve their personal goals. Clients and their advocates complained that they were not informed about what services would be provided and lacked basic information about service options. Instead, the services that were provided in the support plans were based more on what services were available in the area than on the services that were wanted and needed to meet personal goals.

Support coordinators and program officials we interviewed indicated that these concerns were valid. These coordinators indicated that individual client goals were not always identified, and they did not periodically review the support plans to determine whether the services that were provided actually helped clients meet individual goals. Instead, the coordinators indicated that they make changes to service plans largely when they receive client complaints. Developmental disabilities experts acknowledged that clients whose families frequently complain about their services are more likely to receive the services they want than those clients who lack strong advocates.

***Service provision decisions are not based on client desires and needs***

This situation is exacerbated because the department has not developed provider networks based on information on what services clients desire and need, and instead contracts with providers based on historical service patterns and capacity. As a result, many clients receive whatever services are available, which may not be appropriate to help them achieve their personal goals. For example, program officials indicate that many clients who could and should be employed in the community are instead provided adult day training because day training services are readily available.<sup>23</sup> However, providing adult day training for clients who could be employed in the community is more costly to the state and impedes clients' abilities to live more productively and independently.

***Department collecting better data on what services clients need to achieve personal goals***

The department has lacked information on client goals but is beginning to collect these data. Although support coordinators are required to collect data on individual client goals and the services that would be required to meet these needs, many do not do so consistently. To address this problem, the department in July 2000 conducted a survey to assess the availability and demand for services in the 15 districts. However, we have

---

<sup>22</sup> From May to July of each year the department, in conjunction with the Council on Quality and Leadership in Supports for People with Disabilities, conducts a survey of a random sample of 350 clients. As of September 2000, the 1999-2000 sample contained 316 completed surveys.

<sup>23</sup> Adult day training provides training in the areas of self-help, adaptive and social skills; it is age- and culture-appropriate, but does not provide the skills necessary for competitive employment. The services are generally provided in congregate, facility-based settings.

## *Community Support Planning and Monitoring Systems Need Improving*

concerns that the survey results do not provide the department with the information necessary to quantify the need for services. For example, the survey does not distinguish between high demand in a county such as Dade and high demand for services in one of the state's rural counties. Department officials consider the survey a successful first step to collecting information on demand and availability of services. However, the department should develop the information needed to fully identify client service demand throughout the state, such as quantifying the number of clients who could live and work more independently in order to create a statewide effort to recruit specific providers. Although the districts are proceeding with plans to recruit more providers, these plans are based primarily on the results of the district survey rather than concrete data on clients' needs.

### *Department developing more client-directed service delivery system*

The department is also planning to address these problems by establishing a new service delivery system. In the proposed system, clients and their families, rather than the waiver support coordinators, will have primary responsibility for identifying their needs and the services they require to meet these needs. The department will allocate families a budget for these services with families free to pick among providers and services so long as their budget allocation is not exceeded. The support coordinators will be responsible for helping families in this process.

### *Assessing client goals is crucial as program shifts control to consumers*

As the program moves toward a more consumer-directed system, ensuring that clients' needs and goals are being met becomes a greater challenge. Consumer-driven systems give clients greater autonomy to make decisions about their care and to direct the resources for their care. As a consequence, the state's control over service delivery is diminished and determining whether clients are meeting their individual goals becomes vital to measuring program performance. In addition, consumer-driven systems may increase demand for services as some clients, perhaps those with limited needs who have never sought services, are drawn to the program by the opportunity to have greater control over their service dollars.

We identified four primary challenges the department will need to address in establishing this new system.

- The department will need to collect data on what services are needed by clients.
- It will need to recruit new providers or expand the service capacity of existing providers to meet these needs.
- The department will need to develop an effective system to monitor the performance of waiver support coordinators and other contracted service providers to ensure that providers deliver high quality and economical services to clients.

## *Community Support Planning and Monitoring Systems Need Improving*

- The department will need to more effectively track individual client expenditures for program services to ensure that clients do not overspend their budgets.

***Collecting data on client needs.*** As discussed earlier, the first challenge facing the department is to identify the level and type of services clients actually need and want. The department has begun collecting data on clients' individual goals and service needs. It has also conducted a survey of district office staff about their perceptions of the availability and demand for services in each of the department's 15 service districts. The department has further developed the personal planning guide that incorporates client assessment and support planning instruments into a web-based system that will allow clients to access their files, write their own progress notes, and e-mail their support coordinators. Program officials indicate that this new system will enable the department to obtain needed information about each client's personal goals and the services needed to meet those goals. These officials expect testing of the new system to begin in December 2000.

To ensure that needed services are available to clients, the department should develop a plan of needed services within each district by compiling information from these various sources, including information collected by support coordinators from clients and their families. This plan should identify existing services that could be reduced or need to be expanded and new services that would need to be added.

***Recruiting new providers.*** The second challenge facing the department is the need to recruit new providers that can deliver the services desired by clients. Program staff indicate that it can be difficult to recruit new providers because the provider application process is time-consuming and is burdensome to new providers. As discussed in Chapter 4, district staff said that new providers are required to complete a substantial amount of paperwork to get their applications approved. The department requires providers to submit detailed management plans including provider policies and procedures for records retention, grievances, and annual assessments. Districts hold special classes to help new providers deal with this paperwork. Further, providers assert that reimbursement rates are too low, can vary widely within districts for the same services, and do not keep pace with their rising costs, which gives them little incentive to expand services.

The Legislature required the department to contract for a study of provider rate structures and to develop uniform provider rates across the state. The rate study was not completed by the planned publication date of September 2000 and was not available for our review. The 2000 Legislature has authorized a possible rate increase up to 3% beginning January 1, 2001, depending on the outcome of the study. The department must develop a plan to establish equitable rates for community providers by November 30, 2000.

## *Community Support Planning and Monitoring Systems Need Improving*

In September 2000, at a meeting of existing providers, the department encouraged providers to expand services into other areas where they are needed and to offer new services. Department officials considered the meeting a success and reported that approximately 350 providers attended. In addition, as part of a pending lawsuit settlement, each district is now required to submit a provider recruitment plan for the services identified as needed in their district.<sup>24</sup> The settlement agreement also calls for statewide certification and timelier enrollment of providers.

***Monitoring service provider performance.*** The third challenge facing the department is the need to develop an effective system to monitor the performance of waiver support coordinators and other contracted service providers. Without effective monitoring of service providers' performance, the department cannot ensure that clients receive quality services and that limited state resources are spent to achieve desired outcomes. Monitoring provider performance becomes more critical as the program moves to a more consumer-driven service delivery system, because as clients and their families gain more control over making decisions about the services they receive, the department will have less direct control over providers.

Historically, the department has not effectively monitored provider performance. Department district office staff are required to annually review waiver support coordinators' performance, and waiver support coordinators oversee other service providers. However, in our January 2000 report, we were critical of the poor performance of waiver support coordinators and the limited monitoring of other service providers by the department and by waiver support coordinators.<sup>25</sup> Independent studies have identified problems resulting from a lack of monitoring. These problems included poorly written client care plans and inadequately documented client files. Nearly half of clients surveyed in May 2000 indicated dissatisfaction with the performance of their waiver support coordinators. Clients and advocates complained that they were not informed about what services would be provided and lacked basic information about service options. While the department has taken actions in recent years, such as making improvements to its monitoring instrument, establishing central program office review of district monitoring practices, and improving its enforcement process, as of August 2000, it had not yet implemented an effective monitoring process.

In its legislative budget request for Fiscal Year 2000-01, the department had requested \$2.5 million to fund 42 FTE positions for the purpose of monitoring the performance of private services providers. Rather than

---

<sup>24</sup> The parties signed a settlement agreement in *Wolf Prado-Steiman, et al., vs. Jeb Bush, et al.*, on June 29, 2000. The agreement is not effective until approved by the U.S. District Court for the Southern District of Florida.

<sup>25</sup> *Performance Review, The Home- and Community-Based Services Waiver Systems, Controls Should be Improved*, OPPAGA [Report No. 99-31](#), January 2000.

## *Community Support Planning and Monitoring Systems Need Improving*

fund this request, the 2000 Legislature appropriated \$3.9 million (including a 75% federal match) to establish a peer review-based quality assurance system that will be administered by the Agency for Health Care Administration (AHCA). AHCA will contract with a private peer review organization to monitor the performance of private developmental disabilities providers. The agency's officials expect this new system to be in place by December 2000. AHCA already has experience contracting with such organizations to monitor the performance of private providers. For example, since 1995, AHCA has contracted with KePro and Florida Medical Quality Assurance, Inc., to review the performance of the home health pre-certification program. The Legislature also created an inter-agency quality assurance council to make suggestions for improving the current monitoring system. As of August 2000, the membership of this council consisted of AHCA and Department of Children and Families officials and program clients and their families. District staff and advocates have been invited to apprise the inter-agency council of their opinions about the current monitoring system.

To enhance the effectiveness of the new quality assurance system, the department will need to include a review of the extent to which providers meet clients' personal needs. One of the criticisms of the current monitoring system is that it focuses on whether providers comply with federal and state regulations, rather than providing information that can be useful to program managers in deciding whether to continue contracting with a service provider. A primary weakness of the current monitoring system is that contracts do not contain performance measures and standards for some services that would enable the department to assess the impact of the service in helping clients achieve their personal goals. For example, provider contracts do not include performance measures related to Residential Habilitation Services, which is intended to provide supervision and training activities to help program clients acquire, maintain, or improve daily living skills.

***Tracking individual client expenditures.*** Finally, the department will need to develop a more effective system for tracking individual client expenditures for program services. Under a more consumer-directed system, clients gain more control over service provision decisions and the department will have less control over private service providers. Consequently, it is important for the department to establish a system for tracking individual client spending for program services and a mechanism for identifying clients who have overspent their budget allocations. Clients who overspend their individual budgets will face elimination of their services for the remainder of the budget period, or the state will have to provide them with additional funding to continue services, which may result in overspending the program's budget.

The department has taken steps to establish a tracking system for individual client spending. In a current statewide demonstration project



## *Community Support Planning and Monitoring Systems Need Improving*

(the Consumer-Directed Care Waiver project administered jointly with the Department of Elder Affairs and the Robert Wood Johnson Foundation) that involves 1,500 Developmental Disabilities Program clients, the department has established a mechanism to track individual client spending.<sup>26</sup> The Consumer-Directed Care Waiver project allows clients to pay family members or other non-Medicaid certified providers for services, establish their own budgets based on funding in the previous year, access a small portion of their monthly allocation in cash, and shift dollars within spending categories. As part of this waiver project, the department has contracted for bookkeeping services that would cost clients up to \$25 a month or \$300 per year out of their annual budget allocations. Contracted bookkeepers would review client expenditures on a monthly basis to ensure that they did not overspend their monthly allotments. As discussed in our January 2000 report, some clients may not want to use these bookkeeping services because it would reduce the amount of other program services they could receive.

The U.S. Department of Health and Human Services, in conjunction with the Robert Wood Johnson Foundation, has contracted with a private consulting firm to evaluate the results of the Consumer-Directed Care Waiver Project. The consulting firm will conduct surveys of clients, caregivers, and project consultants to evaluate the effectiveness of the program.<sup>27</sup> As part of this study, the department must notify the consulting firm when clients overspend their budgets and evaluate whether the client should be disenrolled from the program.

## Recommendations

---

To improve its support planning system and provide quality services to community clients, the department needs to act.

- ***Collect information about each client's personal goals.*** The department should compile information on client goals and service needs by district and use this information to determine the types and quantities of services that are needed within each district. The department should use information obtained through district program staff, existing providers, and support coordinators to prioritize service needs by district. For example, the department may determine that more respite care and transportation services are needed.

---

<sup>26</sup> The Health Care Financing Administration approved implementation of this waiver project in March 2000. As of August 2000, 45 clients had applied for the program. The enrollment period has been extended until July 2001.

<sup>27</sup> Mathematica Policy Research of Washington, DC, has also been contracted to evaluate similar programs in Arkansas, New Jersey, and New York.

*Community Support Planning and  
Monitoring Systems Need Improving*

- ***Develop a plan to recruit new providers by September 1, 2001.*** To facilitate the enrollment of new providers, the department should review ways to expedite the application process and to simplify the paperwork new providers must complete.
- ***Expand monitoring of provider performance to include a review of the effects of providers in achieving program and individual client goals as well as ensuring compliance with policies and procedures.*** The department should include outcome measures and standards in each provider contract. Appropriate outcome standards should measure whether specific services enable clients to accomplish their individual goals. For example, where a provider is responsible for teaching certain skills, a performance standard might be the percentage of clients who acquired those skills or made progress toward achieving those skills in a specified time period.
- ***Independently track clients who overspend their budgets and determine whether or not the client is disenrolled from the program.*** In addition to improved satisfaction by consumers, the department should assess whether clients are receiving more services at the same cost to the state and if the program enables them to achieve their personal goals.

# Statutory Requirements for Program Evaluation and Justification Review

Section 11.513, *Florida Statutes*, provides that OPPAGA Program Evaluation and Justification Reviews shall address nine issue areas. Out conclusions on these issues as they relate to the Department of Children and Families' Developmental Disabilities Program are summarized in Table A-1.

**Table A-1**  
**Summary of the Program Evaluation and Justification Review**  
**Of the Developmental Disabilities Program**

Issue	OPPAGA Conclusion
The identifiable costs of the program	For Fiscal Year 2000-01, the program has a total operating budget of \$808.4 million and 4,305 full-time equivalent (FTE) positions. <sup>1</sup> The community-based services component received \$655.9 million and had 524 total authorized FTE positions and the institutions component received \$151.6 million and had 3,772 total authorized FTE positions. The Legislature appropriated \$332.5 million in general revenue, \$57.1 million in Tobacco Settlement and other trust fund moneys, and \$418.8 million in federal Medicaid funding.
The specific purpose of program, as well as the specific public benefit derived therefrom	<p>The program provides support services that enable people with developmental disabilities to live productive lives and achieve personal outcomes. The primary purpose of the program is to ensure the safety and well-being of clients and provide opportunities for clients to work and socialize as active members of their communities.</p> <p>The program has two main components, developmental disabilities institutions and community-based care. State institutions provide 24-hour care for clients who need more intensive medical or behavioral supports in a more secure environment. Community-based care is provided to clients in a variety of settings, including private facilities, group homes, supported living apartments, and other living arrangements.</p>
Progress toward achieving the outputs and outcomes associated with the program	<p>Although the program was successful in achieving some of its goals, its performance and accountability could be improved to better meet client needs and to reduce costs to the state.</p> <ul style="list-style-type: none"><li>• The injury rate for institution residents exceeded the legislative performance standard, and many persons living in the institutions could more appropriately be served in community settings.</li><li>• The program needs to better assess its clients to determine if they are capable and willing to become employed and live independently and the services they would need to do so.</li></ul>

<sup>1</sup> The total Fiscal Year 2000-01 appropriation for persons with disabilities is \$825.1 million, of which \$808.4 million is for the Developmental Disabilities Program and \$16.7 million is for In-Home Services for Disabled Adults.

## Appendix A

Issue	OPPAGA Conclusion
<p>An explanation of circumstances contributing to the department's ability to achieve, not achieve, or exceed its projected outputs and outcomes, as defined in s. 216.011, <i>F.S.</i>, associated with the program</p>	<ul style="list-style-type: none"> <li>• The program lacks data about several critical program outcomes, including how effectively its services help clients achieve individual and program goals and the performance of privately run intermediate care facilities.</li> <li>• The department needs to establish data verification procedures to ensure the accuracy of performance information that is reported to the Legislature</li> </ul> <p>Only one of the state's four institutions met the performance standard for resident safety: 26 events per 100 population. One facility attributed its poor performance to inexperienced staff who were not trained or prepared to deal with developmentally disabled clients. The other two facilities did not have sufficient strategies in place to prevent clients from endangering and hurting themselves.</p> <p>We identified three weaknesses that may contribute to clients living in the community not meeting critical quality of life indicators. The program does not collect sufficient information about client outcomes, is not effective in placing clients in community employment, and does not do enough to help clients who could live more independently in the community find alternative living arrangements.</p> <p>The department reported inaccurate information to the Legislature in its legislative budget request. Department officials acknowledged that staff did not always check the accuracy of program performance information. The department should establish data verification procedures for performance information that it reports in legislative budget requests.</p>
<p>Alternative courses of action that would result in administering the program more efficiently or effectively</p>	<p>To provide the Legislature and program managers with more useful and accurate information, we recommend that the department take the actions described below.</p> <ul style="list-style-type: none"> <li>• Establish new measures that would provide information on the extent to which both institutional and community clients achieve their personal goals as stated in their Individual Support Plans, on the percentage of employed clients who earn at or above the minimum wage, and on the percentage of clients who live in homes with four or fewer people.</li> <li>• Collect information on the number of clients who could be working or living on their own.</li> <li>• Develop a plan to address the current barriers to community employment and community living and report on the steps necessary to reduce or eliminate these barriers by January 2002.</li> <li>• Continue to seek additional strategies for reducing the number of injuries to residents in the state's institutions.</li> <li>• Establish data verification procedures that would include reviewing the accuracy of performance-based program budgeting and internal data by an independent source, such as the department's inspector general.</li> <li>• Facilitate a comparison of the relative performance of state and private facilities, by amending Ch. 393, <i>F.S.</i>, to require private facilities to report the same information required of state institutions.</li> </ul> <p>To improve program efficiency and effectiveness, and ensure that people with developmental disabilities receive services in the least restrictive and least costly setting, the Legislature should take the actions described below.</p> <ul style="list-style-type: none"> <li>• Direct the department to start evaluating service delivery alternatives to</li> </ul>

Issue	OPPAGA Conclusion
	<p>ensure that the department is making the most cost-efficient and cost-effective service decisions.</p> <ul style="list-style-type: none"> <li>• Direct the department to close Community of Landmark in Miami and Gulf Coast Center in Fort Myers. The Legislature's instructions should set a specific time frame for the closure, such as close Community of Landmark before June 30, 2004, and Gulf Coast Center before June 30, 2006. The institutions should develop specific plans for moving clients who could be served in less costly private facilities or in the community.</li> <li>• Require private facilities to develop plans to discharge clients to their own homes or to group homes. The objective of the private facilities' discharge plans should be to ensure that as many clients as possible are served in less restrictive, less costly community-based settings.</li> <li>• Direct the department to develop plans that include an implementation schedule and anticipated cost savings of closing two institutions, expanding needed community services, and alternative uses of the institutional campuses.</li> </ul> <p>To improve its support planning system and to provide quality services to community clients, the department should take the actions described below.</p> <ul style="list-style-type: none"> <li>• Develop a plan to recruit new providers by September 1, 2001. The program's pending survey of provider availability and demand should provide necessary information about the most critical need for additional providers. In the short term, the department may consider ways to expedite and simplify the application process for new providers.</li> <li>• Expand monitoring of provider performance to include a review of the effects of providers in achieving program and individual client goals, as well as ensuring compliance with policies and procedures. The department should include outcome measures and standards in each provider contract.</li> </ul>
The consequences of discontinuing the developmental services program	<p>Discontinuing the program would likely result in adverse consequences for clients, families, and the state, including the loss of over \$74 million in federal Medicaid funding for public facilities and over \$344 million in Medicaid waiver funding for community-based services and private facilities.</p> <p>Discontinuing the program could also increase costs or distress other of the state's social support and health care systems. Law enforcement is likely to use the Baker Act and commit developmentally disabled people to crisis stabilization units. Some overwhelmed crisis stabilization systems and private humanitarian or charitable organizations could close their doors, resulting in even fewer options for serving the developmentally disabled.</p> <p>Without the program, some clients with families will be returned to their homes and the families will be left to shoulder the burden for their care. In extreme cases, some clients who cannot care for themselves or who do not have family or any other source of services could die from neglect.</p>
Determination as to public policy, which may include recommendations as to whether it would be sound public policy to continue or discontinue funding the program, either in whole or in part	<p>The Developmental Disabilities Program is beneficial to the taxpayers of Florida and should be continued because it serves some of Florida's most vulnerable citizens. Most people with developmental disabilities are capable of leading fairly independent lives with limited assistance from their families. However, over 32,000 people with developmental disabilities need state services to maintain a modest amount of independence. Many clients are unable to care for themselves, some would likely neglect themselves, others could harm themselves or others, and most could be easily victimized. Many people with</p>

Issue	OPPAGA Conclusion
	<p>developmental disabilities require extensive medical treatment.</p> <p>Also, keeping the program enables the state to leverage its resources by participating in federal Medicaid matching funds to provide developmental services.</p>
<p>Whether the information reported pursuant to s. 216.031(5), <i>F.S.</i>, has relevance and utility for evaluation of the program</p>	<p>We identified four critical gaps in the program's accountability system that impede legislative and department efforts to assess program effectiveness. First, the department lacks basic information about who is being served in the program. Second, the department has information on the extent to which community clients meet broad quality of life indicators, but does not collect information about the extent to which these clients achieve their own personal goals. Third, the information the department collected on the quality of life for institution clients was unreliable. Fourth, the program does not collect performance data from private intermediate care facilities, although these facilities served 2,042 clients and received \$160 million in public funding.</p>
<p>Whether state agency management has established control systems sufficient to ensure that performance data are maintained and supported by state agency records and accurately presented in state agency performance reports</p>	<p>The department has not established program control systems sufficient to ensure that performance data are maintained and supported by state agency records and accurately presented in state agency performance reports. We identified six critical gaps in the program's accountability system that impede legislative and department efforts to assess program effectiveness.</p> <ul style="list-style-type: none"> <li>• The department lacks basic information about who is being served in the program, such as the age, gender, and race of clients in the community and in private facilities.</li> <li>• The department has information on the extent to which community clients meet broad quality of life indicators, but does not collect information about the extent to which these clients achieve their own personal goals.</li> <li>• The quality of life information the department collected on institution clients was unreliable because the assessment instrument was inappropriately and inconsistently administered. In Fiscal Year 2000-01, the department will replace the Personal Life Quality Protocol with the Personal Outcome Measures to assess the program's impact on client outcomes.</li> <li>• The program does not collect performance data from private facilities, although these facilities served 2,042 clients and received \$160 million in public funding. The 2000 Legislature has required the private providers to assess client quality of life. However, to enable a more complete comparison of state and private institutions, the department should collect information from private facilities about accidents and injuries.</li> <li>• The department's current community service system does not ensure that clients receive the services they need to achieve goals at the least cost to the state. Instead, the system often focuses on providing whatever services are available to clients, regardless of whether these services meet their needs and are cost-effective.</li> </ul> <p>The department has not had an effective system to monitor provider performance. The 2000 Legislature appropriated \$3.9 million (including a 75% federal match) to establish a peer review-based quality assurance system to be administered by the Agency for Health Care Administration (AHCA). AHCA will contract with a private peer review organization to monitor the performance of private providers and expects the new system to be in place by December 2000.</p>

# Clients' Levels of Need and Alternative Placements

We reviewed the program's use of institutional and community placements and determined that a substantial number of clients in the intermediate care system, especially the state institutions, could be appropriately served in less costly settings, including their own homes; supported living facilities; group homes; or in private intermediate care facilities. To estimate the number of clients who could be served in less costly settings, we used the Florida Status Tracking Survey (FSTS) results as of May 2000.<sup>28</sup> The survey classifies client needs on a scale of 1 to 5, with 1 being the least needy and 5 being the most needy. Table B-1 shows the percentage of residents by level of need based on the most recent survey.

**Table B-1**  
**Clients Served at State and Private Facilities**  
**and in the Community by Level of Need**

Level of Need	Community (n = 24,437)	State (n=1,362)	Private (n=1,908)	Total (n=27,724)
Level 1 Limited needs	34%	5%	3%	30%
Level 2 Minimal needs	12%	10%	6%	11%
Level 3 Moderate needs	18%	20%	13%	18%
Level 4 Extensive needs	12%	22%	14%	13%
Level 5 Intensive needs	24%	43%	64%	28%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Developed by OPPAGA based on Department of Children and Families' Florida Status Tracking Survey data.

For our analysis, we applied the FSTS results to the Fiscal Year 1999-2000 average daily population at state institutions (1,427 residents) and the population of private facilities at June 30, 2000 (2,042 residents). (See Table B-2.) The latest population estimates for private facilities indicate there are 2,042 clients, and approximately 2,082 licensed beds in Florida according to the Agency for Health Care Administration.

<sup>28</sup> Program staff administers the Florida Status Tracking Survey periodically.

**Table B-2**  
**Distribution of Institutional Clients by Level of Need**

Level of Need	State <sup>1</sup>	Private <sup>2</sup>	Total
Level 1 Limited needs	69	61	130
Level 2 Minimal needs	139	123	262
Level 3 Moderate needs	278	265	543
Level 4 Extensive needs	305	286	591
Level 5 Intensive needs	636 <sup>3</sup>	1,307	1,943
<b>Total</b>	<b>1,427</b>	<b>2,042</b>	<b>3,469</b>

<sup>1</sup> The total number of residents is the average population of state institutions (1,427) for Fiscal Year 1999-2000.

<sup>2</sup> The total number of residents is the population in private intermediate care facilities on June 30, 2000.

<sup>3</sup> The intensive level of need (level 5) for clients in state institutions includes those residents who were part of the state's Mentally Retarded Defendants Program.

Source: Developed by OPPAGA based on Department of Children and Families data.

Clients with limited, minimal, or moderate needs could most likely be appropriately served in the community. However, since most clients are Medicaid-eligible they are entitled to be served in an institution if they choose. Thus, we assumed that half of the clients with moderate needs (level 3) and two-thirds of those with minimal (level 2) or limited (level 1) needs would choose and could be appropriately served in a community-based setting. We further assumed that one-third of those clients with limited or minimal needs would choose to be served in private facilities. We further assumed that one-third of the clients with extensive needs (level 4) and half the clients with moderate needs would choose and could be appropriately served in private facilities. Finally, we assumed that all residents with intensive needs (level 5) and two-thirds of residents with extensive needs would continue to be served in state facilities. (See Table B-3.)

**Table B-3**  
**Many Clients in State Institutions Could Be Served in Less Costly Private Institutions or in Community-Based Settings**

Level of Service Need	Alternative Placements			Total
	Remain in State Institutions	Move to Private Facilities	Move to Community	
Level 1 Limited needs		24	45	69
Level 2 Minimal needs		48	91	139
Level 3 Moderate needs		141	137	278
Level 4 Extensive needs	206	99		305
Level 5 Intensive needs	636			636
<b>Total</b>	<b>842</b>	<b>312</b>	<b>273</b>	<b>1,427</b>

Source: OPPAGA.



We also estimated the number of residents in private intermediate care facilities who could likely be served in the community. We assumed that two-thirds of clients with minimal or limited needs could be appropriately served in a community-based setting and would choose to be so served. We assumed that about one-third of the clients with minimal or limited needs would choose to stay in private facilities. We also assumed that one-half of those with moderate needs would choose to stay in private intermediate care facilities, but that the other half could appropriately be served in community-based settings. Finally, we assumed that all residents with intensive needs and extensive needs may need to stay in private facilities. (See Table B-4.)

**Table B-4**  
**Many Clients in Private Facilities Could Be Served**  
**in Community-Based Settings**

Level of Service Need	Remain in Private Facilities	Move to Community	Total
Level 1 Limited needs	20	41	61
Level 2 Minimal needs	41	82	123
Level 3 Moderate needs	133	132	265
Level 4 Extensive	286	0	286
Level 5 Intensive needs	1,307	0	1,307
<b>Total</b>	<b>1,787</b>	<b>255</b>	<b>2,042</b>

Source: OPPAGA.

We estimate that the state could save \$35 million annually by moving some clients to less costly private facilities and to community-based services. Table B-5 shows the average cost per resident at state institutions and at private intermediate care facilities and the number of clients that could be moved.

Table B-5

The Average Cost Per Resident for State Institutions and Private Facilities and the Number of Clients That Could Be Moved to Alternative Placements

Institutions (Average Census)	Average Cost		Number of Clients Moved to		
	Level 1, 2, 3	Level 4 and 5	Private Facilities Level 1, 2, 3 Clients	Community Level 4 Clients	Community Level 1, 2, 3 Clients
Gulf Coast (322)	\$ 85,456	\$132,461	45	26	58
Landmark (244)	112,910	164,440	47	24	51
Sunland (342)	81,601	128,045	57	21	73
Tacachale (519)	90,704	135,628	64	28	91
<b>Total Institutions</b>			<b>213</b>	<b>99</b>	<b>273</b>
<b>Private Facilities</b>	<b>\$ 63,062</b>	<b>\$88,253</b>	<b>NA</b>	<b>NA</b>	<b>255</b>

NA = Not Applicable.

Source: Developed by OPPAGA from October 1999 Medicaid reimbursement data provided by the Agency for Health Care Administration.

We estimate that the state could save about \$11 million by moving 312 clients from state institutions to less costly private facilities and another \$16 million by moving 273 clients from state institutions to community-based settings. An additional \$8 million could be saved each year by moving another 255 clients from private facilities to community-based settings. The combined savings of \$35 million per year could be used to reduce the program's budget or to provide additional services to clients who may be underserved. (See Table B-6.)

Table B-6

The State Could Save \$35 Million Annually by Moving Clients to Less Costly Private Facilities and to Community-Based Services

Alternative Placement	Move to		Total Savings
	Private Facilities	Community <sup>1</sup>	
Move from state facilities to private facilities <sup>2</sup>			
213 level 1,2,and 3 clients	\$6 Million		\$6 Million
99 level 4 clients	5 Million		5 Million
Move 273 clients from state facilities to community <sup>3</sup>		\$16 Million	16 Million
Move 255 clients from private facilities to community <sup>4</sup>		8 Million	8 Million
<b>Potential Cost Savings</b>	<b>\$11 Million</b>	<b>\$24 Million</b>	<b>\$35 Million</b>

<sup>1</sup> For community-based services, we used the average cost per resident at a group home \$30,667.

<sup>2</sup> Savings estimate is based on the difference between the total annual cost for 213 residents at state facilities \$19 million and at private facilities \$13 million, plus the total annual cost for 99 residents at state facilities \$13 million and at private facilities \$8 million.

<sup>3</sup> Savings estimate is based on the difference between the total annual cost for 273 residents at state facilities \$24 million and \$8 million for community-based services.

<sup>4</sup> Savings estimate is based on the difference between the total annual cost for 255 residents at a private facility \$16 million and \$8 million for community-based services.

Source: OPPAGA.

# Criteria for Closing Developmental Disability Institutions

## Introduction

---

People with developmental disabilities may be served in one of a number of settings including their own homes, group homes, private intermediate care facilities, or state institutions. There are four state institutions in Florida: Gulf Coast Center in Lee County (Fort Myers), Community of Landmark in Dade County (Opa-Locka), Sunland Center in Jackson County (Marianna), and Tacachale Center in Alachua County (Gainesville).

As discussed in Chapter 4 (see also Appendix B), we believe that the Department of Children and Families could transfer approximately 585 clients from state institutions to private intermediate care facilities and community placements. This would result in a 41% reduction in the number of clients served in the state institutions, and enable the state to close one or more of the facilities. We estimate that closing two state institutions would save \$4 million annually.

To assess which of the four state facilities could be closed, we worked with the department to identify factors and criteria that should be considered when making closure decisions. We identified four primary factors (clients served, cost, impact of closure on the local community, and performance) and 12 criteria used to apply these factors. We ranked the four institutions using these criteria, giving priority to closing institutions whose clients could most readily obtain services from alternative sources, are the most costly to operate, maintain, and improve, have the weakest performance record, and whose closure would have the least adverse consequence on their local communities.

## Clients Served

---

A primary consideration in determining which state developmental services institutions should be closed is to minimize the potential adverse

effects on the clients living in the facility. We considered four criteria when ranking the institutions on this factor.

- The functional level of the institutions' clients, as measured by their score on the Florida Status Tracking Survey.<sup>29</sup> Facilities serving a higher proportion of higher-functioning clients are more likely candidates for closure than those facilities serving less functional clients.
- The percentage of clients in the institution who were placed due to their status in the Mentally Retarded Defendants Program or the Mentally Retarded Defendants Step-Down Program. These clients will likely need to continue to be served in state institutions due to their adjudication from a criminal court. Facilities serving a lower percentage of such clients can be better candidates for closure.
- The percentage of clients who could be served in the same Department of Children and Families' service district if the institution were closed, either through placement in private facilities or in community placements. Service in the same geographical area can facilitate continued family contact with the client and reduce service disruptions. Facilities serving a high percentage of such clients can be better candidates for closure.
- The percentage of clients who are likely to be served in metropolitan districts where alternative services are more likely to be available than for those clients who would likely be served in rural districts that tend to have fewer service providers. We considered Districts 4 (Jacksonville-Duval County area), 5 (Pinellas County area), 6 (Hillsborough County area), 9 (Palm Beach County), 10 (Broward County), and District 11 (Dade County) to be metropolitan areas. Facilities serving a high percentage of clients who could be served in metropolitan districts where community services are more likely available can be better candidates for closure.

## Facility Cost

---

A second primary factor in ranking the state institutions for closure is to minimize operating and capital costs. Facilities that have high per-client operating costs and capital improvement needs can be good candidates for closure. We considered three criteria when ranking the institutions on this factor.

- The average cost to serve clients in each institution.<sup>30</sup> Facilities with the highest per-client operating costs are good candidates for closure.

---

<sup>29</sup> The Florida Status Tracking Survey rates clients' functional level on a range of 1 to 5, with lower numbers indicating lower levels of service needs.

<sup>30</sup> The average cost per client in each institution is computed from the October 1999 Medicaid

- The percentage of each facility's operating budget that is spent for maintenance as of May 31, 2000. Facilities with high maintenance costs can be good candidates for closure.
- The identified capital improvement needs for each facility as specified in the facilities' capital improvement plan for Fiscal Years 1999-2000 through 2004-05.<sup>31</sup> Facilities with high capital improvement needs are good candidates for closure.

## Impact on Local Community

---

The third primary factor we considered was the impact that closing each institution would have on the local communities. State developmental services institutions can be major employers in rural areas, and their closure can have a substantial impact on local economies. We considered two criteria when ranking the institutions on this factor.

- The facility's payroll as a percentage of the total payroll reported in the institution's home county.<sup>32</sup> Facilities whose jobs represent a relatively low percentage of a county's economy can be good candidates for closure.
- The number of persons employed by the institution as of June 30, 2000. Facilities that employ the fewest number of employees can be good candidates for closure.

## Performance Considerations

---

The final primary factor we considered was whether each institution was meeting legislative performance standards. We considered two criteria when ranking the institutions on this factor.

- The number of significant reportable safety events for Fiscal Year 1999-2000 per 100 residents. Institutions that have a high number of incidents of client escapes, injuries, and deaths can be good candidates for closure.
- The institution's ability to meet client's active treatment needs. Active treatment services include: psychology, psychiatry, infection control, nursing, physical therapy, occupational therapy, and speech

---

reimbursement rate multiplied by the approved number of beds for each institution. See Appendix B for an exhibit of cost by institution.

<sup>31</sup> We calculated the average capital improvement needs per client by dividing the amount of requested capital improvement by the Fiscal Year 1999-2000 average number of clients in each facility.

<sup>32</sup> We used the *1997 County Business Patterns* report, published by the U.S. Census Bureau as the source of these data.

therapy.<sup>33</sup> Institutions with a relatively low ability to meet client treatment needs can be good candidates for closure.

## Results

Table C-1 shows the raw scores of each institution on the 12 criteria, while Table C-2 shows the rankings of the facilities on these factors. Based upon these criteria, Landmark and Gulf Coast have the highest rankings for closure, while Sunland has the lowest ranking.

**Table C-1**  
**Landmark Learning Center and Gulf Coast Center Should Be Closed**

Criteria	Landmark	Gulf Coast	Tacachale	Sunland
<b>Client Considerations</b>				
Percentage of higher functioning clients	42%	32%	32%	38%
Number of Mentally Retarded Defendants Program or Mentally Retarded Defendants Step-Down Program clients	14	0	41	34
Percentage of clients likely to be served in facility's district	91%	33%	30%	39%
Percentage of clients likely to be served in a metropolitan area	99%	45%	45%	18%
Percentage of clients likely to be served in other state facilities' districts	1%	5%	5%	8%
<b>Facility Cost</b>				
Average operating cost per client	\$115,942	\$ 90,045	\$98,071	\$92,514
Cost to maintain facility	8.0%	5.8%	5.5%	6.8%
Capital improvement needs	\$14,286	\$ 26,945	\$52,138	\$7,408
<b>Impact on Local Community</b>				
Percentage of total county payroll represented by facility salaries	0.1%	0.8%	2.8%	15.8%
Number of employees affected by closure (number of established positions, June 30, 2000)	637	755	1,465	779
<b>Performance Considerations</b>				
Significant reportable events rate per 100 clients (Fiscal Year 1999-2000)	26.2	29.5	30.1	18.1
Percentage of active treatment needs met according to department's legislative budget request for Fiscal Year 2000-01	16%	22%	90%	30%
<b>Ranking</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

Source: Developed by OPPAGA from various sources.

**Table C-2**  
**Community of Landmark and Gulf Coast Center Should Be Closed**

Criteria	Landmark	Gulf Coast	Tacachale	Sunland
<b>Client Considerations</b>				
Higher percentage of higher functioning clients	1	4	3	2

<sup>33</sup> The data source for this measure is the department's 1999-2000 and 2000-01 legislative budget requests for active treatment.

Criteria	Landmark	Gulf Coast	Tacachale	Sunland
Least Mentally Retarded Defendants Program (MRDP) step-down clients served	2	1	4	3
Highest percentage of clients likely to be served in facility's district	1	3	4	2
Highest percentage of clients likely to be served in a metropolitan area	1	3	2	4
Lowest percentage of clients likely to be served in other districts	1	3	2	4
<b>Cost Considerations</b>				
Higher cost to serve clients – average cost per client	1	4	2	3
Higher cost to maintain facility	1	3	4	2
Higher capital improvement costs	3	2	1	4
<b>Economic Considerations</b>				
Least adverse economic affect on the local economy	1	2	3	4
Fewest number of employees affected by closure	1	2	4	3
<b>Performance Considerations</b>				
Lower performing facilities – significant reportable events rate per 100 clients	3	2	1	4
Least able to meet clients' active treatment needs	1	2	4	3
<b>Total Score</b>	<b>17</b>	<b>31</b>	<b>34</b>	<b>38</b>
<b>Overall Closure Ranking</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

Rating Scale: "1" means that facility best meets the criterion and should be closed first; "4" means that facility least meets the criterion and should be closed last.

Source: Developed by OPPAGA.

# Response from the Department of Children and Families

In accordance with the provisions of s. 11.45(7)(d), *Florida Statutes*, a draft of our report was submitted to the Secretary of the Department of Children and Families to review and respond.

The written response is reprinted herein beginning on page 61.





FLORIDA DEPARTMENT OF  
**CHILDREN  
& FAMILIES**

**Jeb Bush**  
Governor

**Kathleen A. Kearney**  
Secretary

---

November 15, 2000

Mr. John W. Turcotte, Director  
Office of Program Policy Analysis and  
Government Accountability  
111 West Madison Street, Room 312  
Tallahassee, Florida 32399-1475

Dear Mr. Turcotte:

Thank you for your October 16 letter providing the preliminary findings and recommendations of your justification review of the "Department of Children and Families' Developmental Disabilities Program."

Our response to the findings and recommendations found in your review is attached. If I may be of further assistance, please let me know.

Very truly yours,

/s/  
Judge Kathleen A. Kearney  
Secretary

Enclosure

---

**1317 Winewood Boulevard Tallahassee, Florida 32399-0700**

*The Department of Children and Families is committed to working in partnership  
with local communities to ensure safety, well-being and self-sufficiency for the people we serve.*

**RESPONSE TO OPPAGA'S JUSTIFICATION REVIEW OF THE  
DEPARTMENT OF CHILDREN AND FAMILIES'  
DEVELOPMENTAL DISABILITIES PROGRAM**

**Page 11, (last paragraph)** - We would like to mention that discontinuing the program would also reduce the positive impact that people with disabilities have on any community including being productive citizens, being taxpayers, adding value to each community and reducing the costs both financially and emotionally to families.

**Page 13, (last paragraph)** - We strongly disagree with the comment that "some reductions in state program staffing may also be appropriate." Since July 1999, the Developmental Disabilities (DD) Program has added 7,000 people to the waiver program, updated and provided additional services to 16,000 clients, and enrolled over 800 new providers of services. All of these activities have been accomplished without an increase in staff. We anticipate this level of workload to continue into the foreseeable future. We have requested a budget amendment to provide temporary Other Personal Services (OPS) resources to assist district staff. This, coupled with a strategy to re-deploy the existing workload, (referenced in OPPAGA report) will help provide the long-term resources needed to manage the program.

***OPPAGA Comment***

***OPPAGA has addressed the department's concerns in the final report draft.***

**Page 14** - We concur that there may be additional opportunities for privatizing functions in Developmental Services Institutions (DSIs). The Department is currently preparing a Request For Proposal (RFP) to explore the feasibility of privatizing food service operations in all DSIs and Mental Health Treatment Facilities.

**Page 15, Paragraph 2** - We believe that the information in our data systems is substantially accurate and the problems with data regarding age, gender and race are the result of incorrect data entry. However, we are committed to improving our ability to achieve 100 percent accuracy and will continue to emphasize this need.

**Page 19, Paragraph 2** - We concur with the need for more accountability data for the private Institutional Care Facility (ICF) Program. Private ICF accountability was influenced in 1996 when the Legislature voted to discontinue funding these facilities. These facilities were deleted from substantive legislation and licensure was suspended. The current rule making and licensing authority has been moved to the Agency for Health Care Administration (AHCA).

**RESPONSE TO OPPAGA'S JUSTIFICATION REVIEW OF THE  
DEPARTMENT OF CHILDREN AND FAMILIES'  
DEVELOPMENTAL DISABILITIES PROGRAM**

**Page 20, Paragraph 1** - Choice is a significant factor that influences the number of people who will move from an institution to the community. We believe that this important factor should be reiterated since federal law gives Medicaid participants this choice. We have a Legislative Budget Request pending to fund choice counseling in the DSIs.

**Page 21, Paragraph 3** - We disagree that the program does not collect information about the extent to which the clients achieve their own personal goals. The outcome concerning choosing a place to live does determine whether or not a person achieves their own personal goal. This information is contained in the outcome notes worksheet which has specific details on the outcome chosen by a person.

**OPPAGA Comment**

***While the personal outcome measures provide broad information about the clients' choice in housing, it does not measure whether the program helped to provide clients with the living arrangements of their choice.***

**Page 22, Paragraph 3 and 4, and Page 25** - We believe that the proposed savings of \$14.4 million by employing half of the sheltered workshop clients in the community should be put into context. While we agree with the goal of encouraging clients to seek options which allow them more independence and better wages, this option is not always the choice of the client or guardian. In addition, any savings from an increase in supported employment in the community over sheltered workshops will only be realized over a period of years. Moving people with developmental disabilities into community jobs requires tremendous work with local businesses to create job opportunities. This work also involves communicating with the clients and guardians to provide necessary information to make an informed choice between sheltered workshop and community employment. In addition, savings projections must be adjusted to reflect that some people who move to supported employment will need additional supports and/or will not be able to work a full week and still attend the workshop some of the time.

**OPPAGA Comment**

***We believe that the potential cost savings of \$14.4 million represents a conservative estimate because it is based on a fewer number of clients than program staff said could be served in community employment.***

**Page 22, Paragraph 3** - Better training for support coordinators will be provided in accordance with the Prado-Steinman settlement, which requires the

**RESPONSE TO OPPAGA'S JUSTIFICATION REVIEW OF THE  
DEPARTMENT OF CHILDREN AND FAMILIES'  
DEVELOPMENTAL DISABILITIES PROGRAM**

districts to conduct monthly topic-specific training with support coordinators. Agenda items that already have been identified include third party benefits, changes in laws, and options in employment. More resources and planning are necessary to meet the significant training needs of support coordinators and other providers.

**Page 24, Paragraph 2** - Any inaccurate information reported to the Legislature was a result of miscalculations and problems with formulas on electronic worksheets in two areas of performance reporting. To ensure that such errors are not repeated, the Department will establish a system of verification to double check data before it is reported.

**Page 24 and 25, Recommendations:**

**Bullet one:** We do not have the ability to track individual goals from the support plan for 29,000 clients. The Legislature is currently considering the Department's proposal for an automated Personal Planning Guide System, which will provide the ability to track individual goals in a database. We also do not have the ability to track whether a client is making minimum wage since some workshop participants make less than minimum wage. This would require an increase in reporting from providers. Finally, we recommend that we track people in group residential settings with three or fewer people instead of four or fewer, as suggested in this report.

**Bullet two:** Plans are already underway through choice counseling to identify people who desire to work in the community. The identification of people who want to live on their own is also based on choice and personal goals. Currently, we do not have a database to capture the individual personal goals (see bullet one).

**Bullet three:** We concur with this recommendation.

**Bullet four:** We concur with this recommendation and will continue to work to reduce injuries at state institutions.

**Bullet five:** We concur with this recommendation.

**Bullet six:** AHCA has the rule-making authority for this program.

**Page 26** - Choice is an important element of our services system and is required by federal law for the Medicaid program. The report recommendations will be difficult to attain if client choice is not considered as an important

**RESPONSE TO OPPAGA'S JUSTIFICATION REVIEW OF THE  
DEPARTMENT OF CHILDREN AND FAMILIES'  
DEVELOPMENTAL DISABILITIES PROGRAM**

variable that affects the outcome of the recommendations. We agree with the goal of allowing people to live in the place of their choice and in a setting that promotes independence. People who choose or need to live in a specific geographic location often do this to facilitate frequent family involvement or specific service needs. More than one-half of the DSI residents have lived there 20 years and many of them consider it "home."

**Page 26 and 54, Exhibit B-5 (cost savings)** - The report states potential savings of \$35 million resulting from transfers of people out of DSIs and private ICFs to less costly settings. Our recent experience in the development of cost plans for placing 124 people out of ICF/DD Programs as a result of the Cramer v. Bush settlement agreement was that the average cost for a group home or supported living placement for this group is \$65,210. This is substantially higher than the average used in the report.

***OPPAGA Comment***

***As we did in the Home- and Community-Based Waiver Report, we urge the department to make cost-effective decision making part of its institutional culture. Based upon the department's response, we are unable to determine whether the department is making cost effective service decisions in these 124 cases. Our analysis assumed that two-thirds of clients with limited and minimal needs and one-half of those with moderate needs could be served more cost-effectively in either less costly intermediate care facilities or less costly home- and community-based settings. Our estimates are contingent upon three critical assumptions: that the department's choice counseling efforts will be effective, that the department will be able to expand community-based services sufficiently to meet clients' needs, and that many clients who could be served more cost-effectively in private facilities or home- and community-based settings will choose to be served there when they know that the services they need are available.***

**Page 27 and 29** - The Medicaid State Plan ICF/DD Program is an entitlement for individuals who are eligible and choose this service. The Doe vs. Bush court orders require that placement in an ICF/DD Program occur within 90 days of the request. A substantial reduction in the number of ICF beds may jeopardize our ability to comply with this court order. We believe that the report should include this information.

**RESPONSE TO OPPAGA'S JUSTIFICATION REVIEW OF THE  
DEPARTMENT OF CHILDREN AND FAMILIES'  
DEVELOPMENTAL DISABILITIES PROGRAM**

***OPPAGA Comment***

***Our findings and recommendations relative to closure of public institutions are premised on the legislative goal of serving clients in the least restrictive and most cost-effective setting. On page 36 of the report, we discuss both the entitlement of eligible clients to be served in the ICF/DD program as well as the program's choice counseling initiative that is intended to educate clients and their families about less costly, alternative settings.***

**Page 31 and 54** - This recommendation leaves the ICF beds, in the system, short by 57 to carry out the strategy. OPPAGA recommends that upon closing two DSI, 312 persons could be relocated to private ICF/DD Programs. However, in the strategy presented in the OPPAGA report, the private ICF/DD Program discharge creates only 255 vacancies; meaning that we will be 57 vacancies short based on current available capacity.

***OPPAGA Comment***

***We believe our estimates are conservative because they are based on clients with the lowest levels of need that could be served in less restrictive settings. As of November 2000, the department had not identified the precise number of current institution clients that could be served in private intermediate care facilities or current clients served in private intermediate care facilities that could be served in community settings. Until the department develops a detailed plan that specifies the number of clients that could be served in less restrictive settings, any estimates of anticipated capacity shortages would be highly speculative.***

**Page 34, Paragraph 3** - We agree that the current certification process for new providers is complex and time consuming. Effective July 1, 2000, new providers are enrolled, on a statewide basis, eliminating the need to be certified by each district in which they desire to provide services. The program office is developing a policy to further streamline the enrollment process for new providers by reducing duplication of enrollment documents and eliminating documentation that adds to complexity without enhancing our ability to further ensure that providers are qualified. The policy will also streamline the process by which providers are able to enroll to provide new services and expand into other districts and service areas to provide existing service. This policy will be implemented in January 2001.

**RESPONSE TO OPPAGA'S JUSTIFICATION REVIEW OF THE  
DEPARTMENT OF CHILDREN AND FAMILIES'  
DEVELOPMENTAL DISABILITIES PROGRAM**

**Page 36** - The Department must comply with court requirements in Doe vs. Bush, such as the central admissions process. All DSI and private ICF/DD Program vacancies appear on a master list in central admissions. We supply a list of vacant beds from which the person making a request for placement may choose.

**Page 37 and 38 Recommendations:**

**Bullet one:** We do not concur with the recommendation to close Landmark and Gulf Coast Center within the timeframes specified. In our 2001/2002 Legislative Budget Request, the Department proposed closing one cottage at Landmark. The closure of one institution alone creates a tremendous challenge for the community service system to develop plans and providers to serve people leaving that institution. Closing two institutions, with overlapping timeframes, may overwhelm the community service systems' ability to accommodate the people leaving these facilities. Another important factor is that closure of both institutions would leave South Florida without a state-operated institution.

**Bullet two:** This plan is already being developed. We believe that given our current resources, an annual report would be more feasible.

**Bullet three:** Rule 65B, F.A.C. is currently under review by the Department. A policy to improve and streamline provider approval has been drafted and will be disseminated soon.

**Bullet four:** The Department currently has the authority and appropriation (approximately \$72,000 a year) to grant loans to group homes. Most of the Department's providers are under Medicaid waiver agreements and receive payment through AHCA. We will review our capabilities to advance funds for those providers who still have a contract.

**Page 40, first two sentences** - Our interpretation of the indication that people did not have enough input in their case plans is based on the personal outcome measures data that indicates that one-half of the people did not meet the outcome of "People Choose Goals" and means that they had additional goals that they would like to have addressed in their support plan.

**Page 40, Paragraph 1** - To better assist families to make informed choices, the Developmental Disabilities Program has developed and distributed an

**RESPONSE TO OPPAGA'S JUSTIFICATION REVIEW OF THE  
DEPARTMENT OF CHILDREN AND FAMILIES'  
DEVELOPMENTAL DISABILITIES PROGRAM**

information packet that includes videos, workbooks and catalogs that provide information about the array of supports and services the program can provide.

**Page 40, Paragraph 2** - During this fiscal year, the Council on Quality and Leadership in Supports for People with Disabilities will conduct training on the use of outcomes in the planning process. This training will help develop a more people-centered planning process that meets the individual needs of those receiving the support.

**Page 40, Paragraph 3, and Pages 45 and 46 Recommendations** - In July 2000, a survey to determine service needs by county and/or district was completed. This resulted in a comprehensive analysis of the unmet service needs. Last August the program held a statewide provider fair to attract new and existing providers who may wish to expand their services. Also, districts have recently developed plans to identify how they will expand their provider pool.

**Page 44, Paragraph 2** - Steps are underway to include a review of the extent to which providers meet clients' personal needs. The Quality Assurance (QA) Plan developed by the Developmental Disabilities Program and the RFP for implementation of the QA system by a Peer Review Organization (PRO) contains a requirement for a person-centered review. This review will be performed with a statistically valid sample of individuals in each district to determine the extent to which services and supports are sufficient to meet individual personal goals and needs. The review will encompass all paid services received by the individual, including Medicaid waiver and state plan services. It is projected that the contract between AHCA and the successful PRO will be initiated by January 2001.

**Page 44, Paragraph 2** - We agree that contracts do not contain performance measures for some services. The Department plans to revise and implement the Service Specific Assurances for Medicaid waiver providers this fiscal year. Performance measures will be developed for those few services that do not currently contain measures. Performance measures developed for those services will be used in the corresponding General Revenue (GR) contracts. Service standards for the Core and Service Specific Assurances have been developed as a revised monitoring tool for use in waiver provider site reviews. In addition, a draft model contract attachment and exhibits for GR contracts are being piloted this year in two districts. The draft model attachment and exhibits mirror the program requirements found in the waiver Core and Service Specific attachments, allowing providers that receive both waiver and GR funding for the same type of service(s) to operate under, and be



**RESPONSE TO OPPAGA'S JUSTIFICATION REVIEW OF THE  
DEPARTMENT OF CHILDREN AND FAMILIES'  
DEVELOPMENTAL DISABILITIES PROGRAM**

monitored using, the same programmatic requirements.

**Page 45 and 46 Recommendations:**

**Bullet one:** We concur with this recommendation and have proposed an automated Personal Planning Guide System which will provide the Department an ability to track individual goals in a database.

**Bullet two:** We concur with this recommendation.

**Bullet three:** We agree that clients should be enabled to achieve their goals. However, we believe that rather than measuring specific service effectiveness, the emphasis should be placed on overall goal achievement for which multiple services may be needed. The funding and responsibility for quality assurance monitoring for this program was shifted to AHCA by the 2000 Legislature. AHCA is currently seeking to procure a Peer Review Organization for this function.

**Bullet four:** We concur with this recommendation and are currently accomplishing it under pilot projects.