



MAXIMUS's Prior Service Authorization Process Meets Contract Requirements, But Improvements Are Needed

at a glance

The Agency for Persons with Disabilities has contracted with MAXIMUS, Inc., to perform prior service authorization reviews for Home and Community-Based Services Waiver clients. These reviews are intended to ensure that requested services are medically necessary and that their duration and scope are within established service limitations.

MAXIMUS has met contractual requirements for employing qualified staff and has implemented procedures to help assure that its staff are making consistent determinations. However, there is insufficient communication between MAXIMUS reviewers and waiver support coordinators regarding the reviewers' concerns with client support and cost plans. The agency's notices regarding the fair hearing process do not inform clients and their guardians regarding the quasi-judicial nature of the fair hearing process for appealing MAXIMUS's determinations. Stakeholders expressed concern that the fair hearings process is unnecessarily adversarial and intimidating.

Scope

The Legislature directed OPPAGA to examine the prior service authorization process administered by MAXIMUS, Inc., under its contract with the Agency for Persons with Disabilities. Our report addresses six questions.

- How does the prior service authorization process administered by MAXIMUS operate and what are the outcomes of its determinations?
- What is the process for appealing MAXIMUS's determinations, and what are the results of the appeals?
- What information and criteria are MAXIMUS using to make prior service authorization determinations?
- Are MAXIMUS reviews being conducted by qualified individuals?
- What internal processes have been established by MAXIMUS to ensure that prior service authorization determinations are being conducted consistently?
- How is the Agency for Persons with Disabilities monitoring MAXIMUS's performance?

Background

The primary purpose of the Agency for Persons with Disabilities is to support persons with developmental disabilities in living, learning, and working in all aspects of community life, and to ensure their safety, well-being, and self-sufficiency. Persons with developmental disabilities have or are at risk of having mental retardation, autism, cerebral palsy, spina bifida, or Prader-Willi syndrome. To be eligible for program services, an individual must be three years of age or older and have a confirmed diagnosis of a developmental disability.

Due to the nature of their physical, behavioral, and functional challenges, individuals with developmental disabilities need long-term support. Historically, the state provided this support in large institutions. However, the state currently serves most developmentally disabled individuals in community settings. Community settings include the person's home, a family home, a supported living arrangement, or a group home setting.

Florida has a Developmental Disabilities Home and Community-Based Services Medicaid Waiver that allows the state to receive federal Medicaid matching payments for community-based services, such as personal care, physical therapy, residential habilitation, and training. As of January 1, 2006, 24,984 individuals were enrolled in this waiver.

The services received by waiver clients vary based on their specific needs. Waiver support coordinators, who are chosen by clients when they enroll in the waiver, act as advocates for the clients and develop support and cost plans that describe clients' needs and the frequency, intensity, duration, and cost of services for addressing these needs. The support plans may request a continuance of existing services, a change in services, or an increase in the amount of services.

The Agency for Persons with Disabilities (APD) administers the Developmental Disabilities Home and Community-Based Services Medicaid Waiver. The agency has 14 area offices throughout the state that are responsible for the day-to-day operation of the agency's programs in each service area and report to its central office in Tallahassee.

In Fiscal Year 2005-06, the Legislature appropriated \$1.02 billion to the Agency for Persons with Disabilities, of which \$748 million was for the Developmental Disabilities Home and Community-Based Services Waiver. The Legislature also authorized 3,703 FTE positions for the agency.

Questions and Answers

Question 1: How does the prior service authorization process administered by MAXIMUS operate and what are the outcomes of its determinations?

Before clients can receive services under the Developmental Disabilities Home and Community-Based Services Waiver, their support and cost plans must undergo a prior service authorization review. These reviews are intended to ensure that the services are medically necessary and that their duration and scope are within established waiver service limitations.¹

The agency contracts with MAXIMUS, Inc., to conduct prior service authorization reviews for all support and cost plans for the Developmental Disabilities Home and Community-Based Services Waiver and Consumer-Directed Care Plus Waiver that meet certain criteria.^{2,3} These criteria include requests for residential habilitation services in settings such as group homes, and cost plans that equal or exceed \$77,975.⁴

Prior service authorization process. As shown in Exhibit 1, there are several steps in the prior service authorization process administered by MAXIMUS.

¹ A proviso in the Fiscal Year 2001-02 Appropriations Act directed the Department of Children and Families, which administered the Developmental Disabilities Program prior to the creation of the Agency for Persons with Disabilities, to assess the actual cost of each person's support plan before serving the needs of participants in the Home and Community-Based Services Waiver.

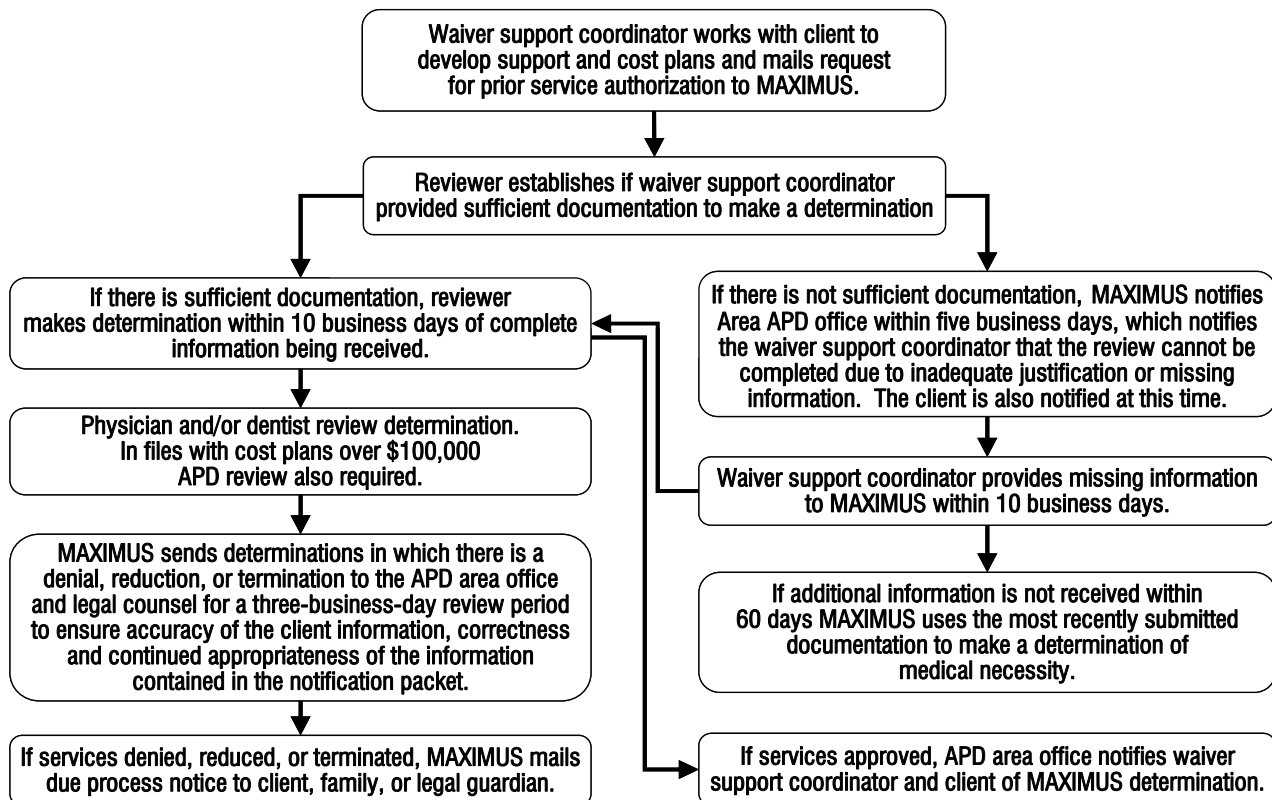
² MAXIMUS has been awarded several contracts and contract extensions for conducting these prior service authorization reviews. It was awarded an initial one-year \$2.8 million contract in June 2001. This contract consisted of two phases: a development phase in which MAXIMUS developed procedures, selection criteria, and training, and an implementation phase. MAXIMUS was awarded a six-month, \$1.3 million extension of this contract in July 2002. MAXIMUS was subsequently awarded a three-year \$6.3 million contract in January 2003. MAXIMUS was awarded a three-year, \$6.7 million extension of this contract in January 2006.

³ The Consumer-Directed Care Plus Waiver allows clients to direct their own care and develop a purchasing plan to manage their allocated monthly budgets in order to meet their long-term care needs.

⁴ Clients whose cost plans do not meet these criteria receive prior service authorization reviews from either local area APD offices or by another contracted entity, APS Healthcare, Inc.

Exhibit 1

The Prior Service Authorization Process Has Several Steps



Source: MAXIMUS.

The process begins when waiver support coordinators submit client support and cost plans, and other documents to MAXIMUS. If the information is incomplete or does not document the need for services, MAXIMUS will request further information from the support coordinator. MAXIMUS reviewers then review the support and cost plans to determine whether the proposed services are medically necessary and allowable under the waiver. Reviewers may approve, deny, reduce, or terminate services requested in the plans.

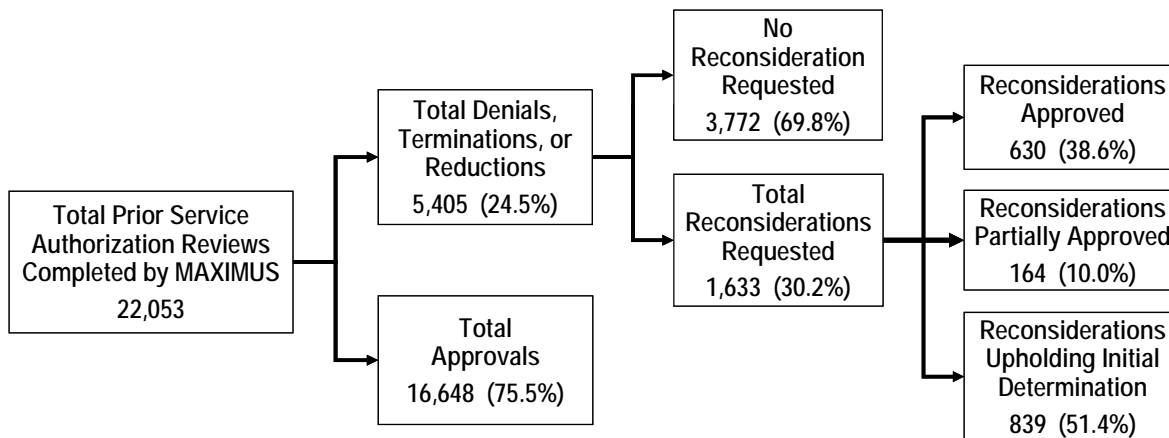
MAXIMUS reviewers notify the appropriate agency area office by e-mail of their determinations. Agency local area office employees notify waiver support coordinators of MAXIMUS's determinations. MAXIMUS also notifies clients about adverse determinations.

Review outcomes. Exhibit 2 shows that over the period from January 2003 to December 2005, MAXIMUS completed 22,053 prior service authorization reviews of which 75.5% approved all requested services and 24.5% included a reduction, denial, or termination of at least one service out of the total requested.

If an adverse determination is made, a client or waiver support coordinator can request that the determination be reconsidered. During the reconsideration process, the support and cost plans will be reviewed by a different MAXIMUS reviewer. Nearly one-third (30.2%) of the 5,405 clients who received adverse determinations from MAXIMUS during the period from January 2003 to December 2005 requested reconsideration. (See Exhibit 2.) Of these reconsideration requests, 51.4% resulted in MAXIMUS's initial determination being upheld, while 48.6% resulted in the request for services being approved in full or in part.

Exhibit 2

Three-Quarters of Prior Service Authorization Requests Were Approved From January 2003 to December 2005



Source: MAXIMUS.

Question 2: What is the process for appealing MAXIMUS's determinations, and what are the results of these appeals?

In addition to the reconsideration process, clients whose requested services are reduced, denied, or terminated as a result of a prior authorization review have the right to appeal the decision through a Medicaid fair hearing. The fair hearing process is a quasi-judicial process in which both the client and the agency bring evidence and witnesses before a hearing officer. These hearing officers are employees of the Department of Children and Families' Office of Appeals Hearings who review the facts in the case and decide if MAXIMUS made an appropriate determination.⁵ The agency is represented at the hearing by an attorney from the Attorney General's Office while clients may represent themselves or be represented by a layperson or an attorney.⁶

Clients must request a fair hearing within 90 days of MAXIMUS's determination. However, to maintain their current level of services, they must make the request within 10 days of the determination.⁷ The Office of Appeal Hearings then has 90 days from the date of the request to conduct the hearing and issue a final order.

A total of 464 fair hearings of MAXIMUS's determinations were conducted during the period from January 2003 to December 2005, of which 73 were pending receipt of a final order as of December 31, 2005. As shown in Exhibit 3, MAXIMUS's determinations were upheld in 367 (93.9%) of the 391 hearings with final orders, partially overturned in 5 cases (1.2%), and overturned in 19 cases (4.9%).⁸

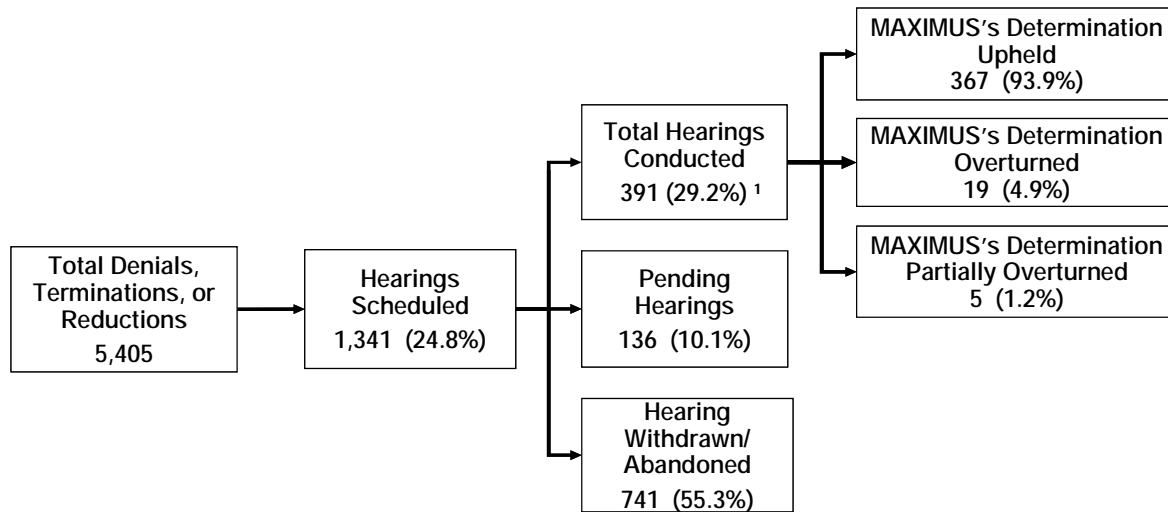
⁵ Department of Children and Families employees who conduct fair hearings are not attorneys.

⁶ The Agency for Persons with Disabilities has an interagency agreement with the Department of Children and Families for the department's attorneys to represent the agency at fair hearings in districts 1 and 3, and in part of district 7.

⁷ Any increase in services will not be provided unless the hearing officer overturns or partially overturns MAXIMUS's determination.

⁸ Partially overturned refers to cases in which the fair hearing officer determines that a client can receive some services that were initially denied by MAXIMUS.

Exhibit 3 Medicaid Fair Hearings Uphold 94% of MAXIMUS's Determinations



¹ To date, 464 hearings have been conducted, but 73 are pending final orders.
Source: MAXIMUS.

Stakeholders have raised two primary concerns regarding the fair hearing process. First, stakeholders asserted that the agency's use of attorneys results in the fair hearings of MAXIMUS's determinations being adversarial and intimidating to clients or their guardians. These stakeholders contend that the presence of the attorneys "legalizes" the process and makes it difficult for clients or their guardians to understand the proceedings. Currently, the Independent Living Program, which is administered by the Department of Children and Families, is the only other program that uses Attorney General's Office attorneys to represent it at fair hearings. Stakeholders contend that clients are at a disadvantage in the hearings since they are often indigent and unable to pay for legal representation.⁹

Second, the agency's notices regarding the fair hearing process do not inform clients and their guardians that the agency will be represented by an attorney. Currently, if an adverse determination is made, MAXIMUS sends the client a letter and an agency brochure that describes the Medicaid fair hearing process and the client's due process rights. However, the

letter and brochure do not specify that the agency will be represented by an attorney at the hearing, and it does not provide clients with information on how they can obtain legal representation. To address these concerns, the agency should take steps to better inform clients about the fair hearing process and how to obtain legal representation.

Question 3: What information and criteria are MAXIMUS using to make prior service authorization determinations?

MAXIMUS reviewers use information submitted by waiver support coordinators, standardized criteria, and professional judgment in making determinations regarding whether requested services are medically necessary. MAXIMUS contends that its reviewers are often not provided adequate information for making determinations about service and cost plans and must request more information from waiver support coordinators. However, some stakeholders contend that MAXIMUS's reviewers do not effectively communicate with waiver support coordinators regarding concerns with client support plans. More steps should be taken to improve communication between waiver support coordinators and MAXIMUS

⁹ During Fiscal Year 2004-05, there were 920 total fair hearings conducted for APD clients. Clients had legal representation at 13.6% of these hearings.

staff and to provide waiver support coordinators and service providers with training on the review process.

As required by MAXIMUS's contract with the Agency for Persons with Disabilities, reviewers examine client information provided by waiver support coordinators in support and cost plans, and related documents. In examining this information, the reviewers are to apply criteria specified in the Agency for Health Care Administration's *Florida Medicaid Developmental Disabilities Waiver Services Coverage and Limitations Handbook* to determine if requested services are covered by the waiver. Reviewers also use the Agency for Health Care Administration's definition of medical necessity and a set of conditions for determining the need for Medicaid-funded services.¹⁰ Reviewers are to use their professional judgment and discretion in determining if the requested service is the most appropriate for addressing a client's needs.

MAXIMUS staff report that waiver support coordinators often submit information that is incomplete, unclear, or outdated, making it difficult to evaluate requests for services. As a result, MAXIMUS staff often request additional information from the waiver support coordinators before they can make a determination. MAXIMUS requested additional information in 18.6% (2,297) of the 12,371 requests for prior service authorization reviews received in calendar year 2005.

On the other hand, some stakeholders expressed concern that MAXIMUS reviewers do not effectively communicate with waiver support coordinators to obtain more information on a

client's condition. For example, MAXIMUS reviewers do not directly contact waiver support coordinators during the determination process to discuss concerns regarding the information provided in a support plan or to obtain more information. Agency for Persons with Disabilities area office employees are responsible for communicating with waiver support coordinators on MAXIMUS's requests for additional information and determination decisions.

MAXIMUS staff asserted that they do not directly contact support coordinators in order to maintain the impartiality of the determination process. They also asserted that informal communication with waiver support coordinators could be time-consuming and could create confusion about the information used in making determinations.

However, other entities that conduct prior service authorization reviews on behalf of the agency allow for direct communication. For example, APS Healthcare staff directly contact waiver support coordinators by phone and e-mail to request additional information when necessary and to notify them of adverse determinations.¹¹ They also will discuss with waiver support coordinators alternative sources of services that may be more appropriate to serve a client's needs. Accordingly, more direct communication between MAXIMUS and the waiver support coordinators appears to be feasible and could help avoid or more quickly resolve problems regarding information submitted for prior service authorization reviews.

MAXIMUS is planning to increase communication on the status of the reviews by implementing a web-based system that waiver support coordinators could use to submit support plans and related documentation. Under this system, waiver support coordinators would be able to view the status of reviews online and be notified of determinations. MAXIMUS is not contractually

¹⁰ Rule 59C-1.010(166), *F.A.C.*, defines "medically necessary" or "medical necessity" as meaning that the medical or allied care, goods, or services furnished or ordered must be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain; be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs; be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational; be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide; and be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

¹¹ APS Healthcare conducts prior service authorization reviews for clients in the Family and Support Living Waiver, and those in the Developmental Disabilities Home and Community-Based Services (HCBS) Waiver with cost plans and amendments with costs under \$77,975, and that do not include residential habilitation services in a residential setting.

required to implement this system, but expects it to be in operation by the beginning of Fiscal Year 2006-07.

In our opinion, MAXIMUS could have obtained better information for making determinations if it provided more frequent and interactive training to waiver support coordinators and service providers. In the past, MAXIMUS provided limited training. MAXIMUS's 2003 contract with the Agency for Persons with Disabilities required it to conduct a minimum of two training sessions for agency staff and waiver support coordinators by video teleconference. MAXIMUS met its contractual requirements by providing training for agency area office staff during 2003 on prior service authorization procedures through a video teleconference and made presentations on the procedures to stakeholder groups. However, MAXIMUS did not provide any formal training in 2004. In January 2005, MAXIMUS conducted a video teleconference for agency staff responsible for coordinating waiver services. In addition, in the spring of 2005, MAXIMUS conducted four statewide video teleconference training sessions on prior service authorization procedures and guidelines for waiver support coordinators. Videotape copies of these training sessions are available in the agency's area offices.

We believe additional training is required due to a high turnover rate among waiver support coordinators. The Florida Association of Support Coordinators estimates that the annual turnover rate for waiver support coordinators ranges from 30-50%. Accordingly, many waiver support coordinators likely have not received adequate training on the prior authorization process. In addition, since the training was conducted by video-teleconference, waiver support coordinators had only limited opportunity to question MAXIMUS staff regarding procedural and documentation issues. Also, MAXIMUS was not required to provide the training to service providers, although these vendors often must provide documentation, such as behavior plans, used by waiver support coordinators in developing client support plans.

The agency's January 2006 contract with MAXIMUS increases the amount of training to be provided. The contract requires MAXIMUS to conduct face-to-face training for agency staff, waiver support coordinators, providers, and stakeholders once a year in each of the agency's 14 local areas. MAXIMUS also is required to provide additional training if procedural changes are made to the prior service authorization process.

Question 4: Are MAXIMUS reviews being conducted by qualified individuals?

MAXIMUS's contract requires that it employ staff with certain professional qualifications to conduct reviews of clients' support and cost plans. For example, the contract requires MAXIMUS to employ a licensed physician, a licensed dentist, and professional staff, including two qualified mental retardation professionals, two registered nurses, and a certified behavior analyst, to conduct prior service authorization determinations. The contract also specifies that to maintain minimum staffing levels, MAXIMUS must employ six professional staff members and a licensed physician and a dentist.

MAXIMUS is meeting these contractual requirements for employing professionally qualified staff and is maintaining required staffing levels. As of January 2006, MAXIMUS employed two licensed consultant physicians, two licensed consultant dentists, seven qualified mental retardation professionals, four registered nurse reviewers, and two certified behavior analysts. Also, MAXIMUS reports that all of its professional staff have prior experience in working with developmentally disabled individuals.

Question 5: What internal processes have been established by MAXIMUS to ensure that prior service authorization determinations are being conducted consistently?

MAXIMUS has implemented several processes to help assure consistency among its staff in making prior service authorization determinations.

- MAXIMUS has a physician or dentist, as well as a program or clinical manager, review all high-cost plans and adverse determinations and accompanying documentation. These reviews are conducted to ensure MAXIMUS staff are making appropriate and consistent determinations.
- MAXIMUS's program managers review a sample of approved determinations made by each reviewer on at least a weekly basis to verify that the determination was made correctly.
- MAXIMUS recently began to assess the reliability of its reviewers' determinations on a monthly basis. In this assessment, a random sample of files was reviewed by MAXIMUS's clinical manager or medical director to create a standard for other reviewers. Reviewers from each disciplinary group, such as nursing or behavior specialists, then reviewed one of the sampled files and their conclusions were compared to those reached by the clinical manager or medical director. The most recent reliability tests conducted in December 2005 indicated that reviewer and clinical manager or medical director reached similar conclusions in 97% of the comparisons.

Question 6: How is the Agency for Persons with Disabilities monitoring MAXIMUS's performance?

The Agency for Persons with Disabilities uses several approaches to monitor MAXIMUS's performance. The agency primarily monitors MAXIMUS's performance by reviewing contractually required monthly and annual reports. These reports provide various data, such as the number of prior service authorization determinations made, the number of Medicaid

fair hearings conducted and their outcomes, and the date and description of any training events.

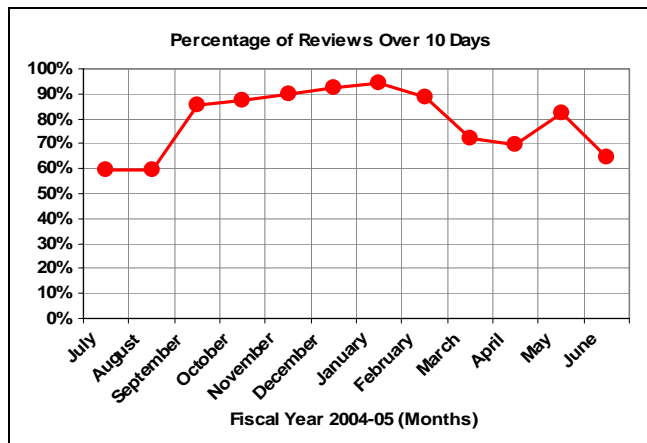
The agency also has the opportunity to review and comment on MAXIMUS's determinations before they are finalized. For example, agency staff review all high-cost (\$100,000 or more) prior service authorization reviews prior to MAXIMUS making a final determination. Also, MAXIMUS sends adverse determinations to the agency's local area offices and its General Counsel's Office. Agency employees then have three business days to review the determinations and provide any comments, corrections, or concerns to MAXIMUS. If MAXIMUS and an area office cannot reach consensus regarding a determination, the agency's central office will assist in resolving any disagreements.

Finally, the agency conducts specific monitoring activities to address concerns with MAXIMUS's performance raised by local area office employees. For example, in response to concerns expressed about MAXIMUS's timeliness in completing determinations, the agency in April 2005 directed its employees to identify and document MAXIMUS reviews that took longer than 10 days to complete. Prior service authorization procedures required MAXIMUS reviewers to complete determinations within 10 days of receiving complete information from waiver support coordinators. Local office staff subsequently identified many reviews that exceeded this time period, and in August 2005 the agency directed MAXIMUS to take corrective action to improve its timeliness in completing reviews. MAXIMUS reported that it took steps to improve its performance by assigning a team of reviewers to work only on backlogged reviews, having reviewers work longer hours, and hiring additional staff. In September 2005, the agency concluded that MAXIMUS had taken steps to address this problem.

However, the agency could have identified this problem much earlier if it had required MAXIMUS to include timeliness data in its monthly reports or had analyzed available data to quantitatively assess MAXIMUS's performance in meeting established deadlines. It is important to monitor timeliness because untimely reviews can result in service delays. Our analysis of

MAXIMUS data for Fiscal Year 2004-05 showed that its reviewers were consistently not meeting established timeframes for completing their reviews during the year. During this year, MAXIMUS reviewers took more than 10 days to complete their reviews in 78.2% of the reviews conducted, with an average of 19.9 days. As shown in Exhibit 4, MAXIMUS exceeded the 10-day deadline for completing reviews in over half of the cases in each month during the fiscal year; with 59.3% of the cases exceeding the standard in July 2004 and 94.3% exceeding the standard in January 2005.

Exhibit 4
Over Half of MAXIMUS's Prior Service Authorization Reviews Took More Than 10 Days to Complete in Fiscal Year 2004-05



Source: OPPAGA staff analysis of MAXIMUS data.

MAXIMUS reviewers were also exceeding a five-day procedural deadline for requesting additional information from support coordinators. During Fiscal Year 2004-05, MAXIMUS reviewers exceeded this deadline in 95.7% of the reviews in which they sought such information, taking an average of 16 days.

The agency is currently receiving monthly status reports from MAXIMUS that includes information on reviewer timeliness in meeting established deadlines and requires MAXIMUS to notify them in writing about untimely reviews.

The agency needs to review this data and ensure that MAXIMUS is meeting established deadlines for completing determinations as this can affect how quickly clients can begin to receive services.

Recommendations

We recommend that the Agency for Persons with Disabilities take the actions discussed below.

- Revise the brochures and information it provides to clients on the prior service authorization process to clearly inform clients that the agency will have legal representation at the hearings. The agency also should provide clients with information on how they can obtain legal representation in each local area.
- Amend MAXIMUS's contract to require it to directly communicate with waiver support coordinators to obtain information for use in making determinations. This practice should expedite the completion of reviews and can help avoid or quickly resolve problems regarding prior service authorization reviews.
- Amend MAXIMUS's contract to require it to implement the web-based system for waiver support coordinators to use in submitting support plans and related documentation. This system should provide waiver support coordinators with more timely feedback on the status of their prior authorization requests.

Agency Response

In accordance with the provisions of s. 11.51(5), *Florida Statutes*, a draft of our report was submitted to the director of the Agency for Persons with Disabilities for her review and response.

The director's written response is reproduced in its entirety in Appendix A.

Appendix A



February 20, 2006

Jeb Bush,
Governor

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Shelly Brantley,
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Dear Mr. VanLandingham:

In response to your office's February 3, 2006 draft report titled "MAXIMUS's Prior Service Authorization Process Meets Contract Requirements, But Improvements Are Needed," I would like to thank your staff for their professionalism and effort to improve the MAXIMUS prior service authorization process. The agency's responses to the specific recommendations listed on page 10 of the draft report are as follows:

Recommendation: Revise the brochures and information it provides to clients on the prior service authorization process to clearly inform clients that the agency will have legal representation at the hearings. The agency also should provide clients with information on how they can obtain legal representation in each local area.

Agency Response: The agency concurs and has identified resources where clients may seek legal representation. This information has been made available on the Internet at <http://apd.myflorida.com/clients/legal>. In addition, the Medicaid fair hearing process brochure has been revised to provide the website for this information and to advise clients that the agency will have legal representation at the hearings. The Medicaid fair hearing process brochure has also been made available on the Internet at <http://apd.myflorida.com/clients/legal>.

Recommendation: Amend MAXIMUS's contract to require it to directly communicate with waiver support coordinators to obtain information for use in making determinations. This practice should expedite the completion of reviews and can help avoid or quickly resolve problems regarding prior service authorization reviews.

Agency Response: The agency concurs with the recommendation of requiring direct communication between MAXIMUS and waiver support coordinators. APD is in the process of working with MAXIMUS to identify specific methods that MAXIMUS will use to directly communicate with waiver support coordinators. The process will be

Agency for Persons with Disabilities
Response to Recommendations in the Office of Program Policy Analysis and
Government Accountability Report
MAXIMUS's Prior Service Authorization Process Meets Contract Requirements,
But Improvements Are Needed
February 20, 2006

specified in the *Prior Service Authorization Review Operational Guidelines*, which the contract requires MAXIMUS to follow.

Recommendation: Amend MAXIMUS's contract to require it to implement the web-based system for waiver support coordinators to use in submitting support plans and related documentation. This system should provide waiver support coordinators with more timely feedback on the status of their prior authorization requests.

Agency Response: The agency concurs and has already begun meeting with MAXIMUS to consult on their implementation of a web-based system. The *Prior Service Authorization Review Operational Guidelines* will be amended to specify information regarding the web-based system. The contract requires that MAXIMUS follows these guidelines.

If further information concerning our response is needed, please contact Chuck Faircloth, Inspector General or Karen Glymph, Director of Auditing.

Sincerely,



Shelly Brantley
Director

Cc: Chuck Faircloth, Inspector General

The Florida Legislature

Office of Program Policy Analysis and Government Accountability



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- [Florida Government Accountability Report \(FGAR\)](#) is an Internet encyclopedia of Florida state government. FGAR offers concise information about state programs, policy issues, and performance.
- [Best Financial Management Practices Reviews of Florida school districts](#). In accordance with the *Sharpening the Pencil Act*, OPPAGA and the Auditor General jointly conduct reviews to determine if a school district is using best financial management practices to help school districts meet the challenge of educating their students in a cost-efficient manner.

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