

Community Issue Performance Evaluation

1. State Agency: Agency for Persons with Disabilities

2. State Program (or Type of Program): Individual Family Supports (IFS)

3. Project Title: Achievement and Rehabilitation Centers, Inc.

4. Recipient name and address: Achievement and Rehabilitation Centers, Inc. , 10250 NW 53rd Street, Sunrise, FL 33351

Location county/counties: Broward County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$	\$180,000.00	\$180,000.00	

7. FY 2012-13 GAA proviso specifically associated with the project (if any):

NA, project had proviso starting in FY 04/05 and then it was placed in base and proviso no longer existed in FY 09/10

8. Project Purpose/Description: Provides Adult Day Training, Supported Employment and Transportation Services to developmentally disabled clients on the Medicaid Waiver Waitlist.

9. Number of years this project has received state funding: 10 plus years

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain): Yes, provides health service screenings to clients and encourages participation in the Special Olympics for clients who are developmentally disabled.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
Yes/No, Yes it meets the needs of clients, but there are several providers for this service in the community. There are multiple providers to meet the needs for this service.

12. What are the intended outcomes/impacts and benefits of the project? The purpose of this contract is to assist clients in achieving their individual support plan outcome. Services are community-based to support the client in living, learning and working, or achieving a greater independence in their daily lives.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced);

Enumerate: Number of clients served, units of service, achievement of support plan goal.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: percentage of clients completing support plan goals.

Unit cost data (e.g., cost per unit produced); Enumerate:

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

The provider submits data through monthly invoices, quarterly and annual program reports. It is validated by the Contract Manager, and is monitored by Department of Children and Families (DCF) Contract Oversight Unit.

15. Is there an executed contract between the agency and the recipient? Yes

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Yes

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The Agency pays current established Medicaid rates for these services.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Yes, clients are meeting their support plan goals.

19. Describe how the information upon which the answer above is based was obtained and validated: The monthly and annual project progress report.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources? Unknown

21. List any audits or evaluative reports that have been published for this project (including website links, if available): They are monitored annually by Delmarva under contract with AHCA for Medicaid Services. DCF also conducts on-site monitoring at least once every three years.

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Mitch Fenton

Title: Support Services Director

Phone number and email address: (850) 410-1309, mitch_fenton@apd.state.fl.us

Date: 01/11/13

Community Issue Performance Evaluation

1. State Agency: Agency for Persons with Disabilities

2. State Program (or Type of Program): Individual Family Supports (IFS)

3. Project Title: Association for Development of the Exceptional

4. Recipient name and address: Association for Development of the Exceptional, 24 E. 4th Street, Hialeah, FL 33010

Location county/counties: Miami-Dade and Monroe

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
	\$440,000.00	\$440,000.00	NA

7. FY 2012-13 GAA proviso specifically associated with the project (if any):

N/A, it was originally in the GAA proviso prior to 2008, when APD was under DCF. The GAA contained \$90,000.00 for Adult Day Training (ADT) services. Agency continues to fund \$90,000.00 towards ADT for very difficult clients, and remaining funds are for Supported Employment, ADT and Transportation.

8. Project Purpose/Description: To provide Adult Day Training, Supported Employment and Transportation to Waitlist Clients.

9. Number of years this project has received state funding: Over 10 years

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain): Yes, provides direct services to clients on the Medicaid Waiver Waitlist. Provider is also a Medicaid Waiver provider for the same services.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
Yes/No – ‘Yes’ in that it meets the needs of clients, but ‘no’ in that there are several providers that meet the need for this service in the community. It should be noted that this provider is the largest provider of these services in the geographical area.

12. What are the intended outcomes/impacts and benefits of the project? The purpose of this contract is to assist clients in achieving their individual support plan outcome. Services are community-based to support the client in living, learning and working, or achieving a greater independence in their daily lives.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced);

Enumerate: Number of clients served, units of service, achievement of support plan goal.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: percentage of clients completing support plan goals.

Unit cost data (e.g., cost per unit produced); Enumerate: Services are billed on a unit cost basis

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness? The provider submits data through monthly invoices, quarterly program reports. It is validated by the Contract Manager and is monitored by Department of Children and Families (DCF) Contract Oversight Unit.

15. Is there an executed contract between the agency and the recipient? Yes

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Yes

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The Agency pays current established Medicaid rates for these services.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Yes, clients are meeting their support plan goals.

19. Describe how the information upon which the answer above is based was obtained and validated: The monthly project progress report.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources? Unknown. It should be noted that the Provider is also a Medicaid Waiver Provider, and receives a small amount of funds from the City of Miami.

21. List any audits or evaluative reports that have been published for this project (including website links, if

available): They are monitored annually by Delmarva under contract with AHCA for Medicaid Services. DCF conducts on-site monitoring at least once every three years. The Provider obtains an independent external audit annually from a CPA firm.

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

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Date: 01/11/13

Community Issue Performance Evaluation

1. State Agency: Agency for Persons with Disabilities

2. State Program (or Type of Program): Supported Living

3. Project Title: Independent Living for Retarded Adults

4. Recipient name and address: Independent Living for Retarded Adults, Inc., 8660 SW 27th Avenue, Ocala, FL 34476
Location county/counties: Serves Citrus, Hernando, Lake, Marion and Sumter Counties

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$	\$50,000.00	\$50,000.00	

7. FY 2012-13 GAA proviso specifically associated with the project (if any):
 NA, FY 06/07 GAA contained proviso and then it was placed in base proviso no longer existed in FY 09/10

8. Project Purpose/Description: To enhance the lives and independence of the clients by giving them the opportunity to live independently, learning and improving their daily living skills to include cleaning, cooking and managing on their own with the aid of a 24-hour on-site manager. They will also be taken to social and recreational activities to encourage social skills and social interaction with their community.

9. Number of years this project has received state funding: Approximately 9 years

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes, it provides direct services to developmentally disabled adults on the Agency Medicaid Waiver Waitlist.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? Yes/No, 'Yes' in that it meets the needs of the clients, but 'no' in that there are other providers in the community meeting these needs. Due to the number of clients being served, multiple providers are needed.

12. What are the intended outcomes/impacts and benefits of the project? The purpose of this contract is to assist clients in achieving their individual support plan outcome. Services are community-based to support the client in living, learning and working, or achieving a greater independence in their daily lives.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced);

Enumerate: Number of clients served, units of service, achievement of support plan goal.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: % of clients completing support plan goals.

Unit cost data (e.g., cost per unit produced); Enumerate:

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

The provider submits data through monthly invoices, quarterly program reports. It is validated by the Contract Manager and through quarterly on-site reviews conducted by the residential community team. DCF Contract Oversight Unit performs on-site reviews at least once every three years.

15. Is there an executed contract between the agency and the recipient? Yes

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Yes

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The combined services provided makes up a hybrid of several Medicaid Waiver services. If the services were provided individually, the costs would be greatly increased. A detailed cost analysis was conducted to determine current costs vs. individualized Medicaid services.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Yes, clients are meeting their support plan goal.

19. Describe how the information upon which the answer above is based was obtained and validated: The monthly project progress reports and a review of support plan goals.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources? Unknown

21. List any audits or evaluative reports that have been published for this project (including website links, if available): They are monitored annually by Delmarva under contract with AHCA for Medicaid Services.

DCF also conducts on-site monitoring at least once every three years.

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

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Title: Support Services Director

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Date: 01/11/13

Community Issue Performance Evaluation

1. State Agency: Agency for Persons with Disabilities

2. State Program (or Type of Program): Child Care

3. Project Title: Before and After School Child Care

4. Recipient name and address: R'Club Child Care, 4140 49th Street North, St. Petersburg, FL 33709

Location county/counties: Hillsborough

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$	\$122,400.00	\$122,400.00	NA

7. FY 2012-13 GAA proviso specifically associated with the project (if any):
NA, There was proviso During FY 2004-2005 and the Agency has continued to fund

8. Project Purpose/Description: Operates a before and after school day care and full days when school is closed to APD Clients on the Waitlist.

9. Number of years this project has received state funding: Approximately 7 years

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes, provides before and after school care to school aged clients while their parents or guardians work. This allows the school aged clients to be involved in learning activities before and after school.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? Yes, the clients will be able to attend a before and after care program while their parents or guardians work. Without this type of program, clients will have no one supervising them before and after school.

12. What are the intended outcomes/impacts and benefits of the project? Provide learning activities for the school aged clients before and after school.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced);

Enumerate: Number of clients served and units of service,

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: percentage of parents/guardians satisfied.

Unit cost data (e.g., cost per unit produced); Enumerate:

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

The provider sends the required reports to the contract manager on a monthly and quarterly basis. The provider sends the incident reports to the contract manager within 24 hours of the incident. The contract manager will visit the provider twice a year to review the incident reports and conduct satisfaction surveys.

15. Is there an executed contract between the agency and the recipient? Yes

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Yes

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The unit costs for the before and after school care are below the comparable or alternative projects or services.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Unable to determine with current data. The satisfaction surveys are due in March 2013. The Incident Reports and monthly and quarterly reports performance are being met at this time.

19. Describe how the information upon which the answer above is based was obtained and validated: The provider has no incident reports at this time. All required reports are being submitted on time.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources? The additional amounts are unknown, but the Provider receives local funding, private funding and some parents pay a fee for services.

21. List any audits or evaluative reports that have been published for this project (including website links, if

available): The Provider is monitored annually by the Juvenile Welfare Board and twice a year by the Pinellas County License Board. Copies of the reports are available upon request. DCF conducts on-site visits every three years.

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Mitch Fenton

Title: Support Services Director

Phone number and email address: (850) 410-1309, mitch_fenton@apd.state.fl.us

Date: 01/11/13

Community Issue Performance Evaluation

1. State Agency: Agency for Persons with Disabilities

2. State Program (or Type of Program): Workshops/Life Skills

3. Project Title: Applied Behavior Analysis/ Individual Education for clients diagnosed with Autism Spectrum Disorder (ASD)

4. Recipient name and address: South Florida Autism Charter School, 13835 NW 97th Avenue, Hialeah, FL 33018

Location county/counties: Miami-Dade, Monroe and Broward

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$	\$50,000.00	\$50,000.00	NA

7. FY 2012-13 GAA proviso specifically associated with the project (if any): No, Specific proviso was in FY 09/10 in the amount of \$200,000.00

8. Project Purpose/Description: To provide life skills training to parents and/or caregivers who have school age children that have been diagnosed with ASD (kindergarten – 8th grade).

9. Number of years this project has received state funding: 4 years

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes, provides supports to clients with ASD.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? Meets a need and were the first provider to render these services in Miami-Dade. There are other providers, however, who provide similar types of services at a reduced level.

12. What are the intended outcomes/impacts and benefits of the project? Clients receive the necessary support for positive behavior modification.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced);

Enumerate: Number of clients served, units of service and percentage of clients who improve communication and behavior skills.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: Percentage of clients who show improvement.

Unit cost data (e.g., cost per unit produced); Enumerate: A unit rate was negotiated based on the provider line item budget.

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

The provider submits data through monthly invoices, quarterly program reports. It is validated by the Contract Manager and is monitored by DCF Contract Oversight Unit.

15. Is there an executed contract between the agency and the recipient? Yes

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Yes

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): Cost analysis was completed based on the provider budget and compared favorably to other provider in the area.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Yes, clients have shown improvement in communication and behavior.

19. Describe how the information upon which the answer above is based was obtained and validated: The quarterly project report.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources? Unknown

21. List any audits or evaluative reports that have been published for this project (including website links, if available): DCF conducts on-site monitoring at least once every three years.

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Mitch Fenton

Title: Support Services Director

Phone number and email address: (850) 410-1309, mitch_fenton@apd.state.fl.us

Date: 01/11/13

Community Issue Performance Evaluation

1. State Agency: Agency for Persons with Disabilities

2. State Program (or Type of Program): Health Screenings

3. Project Title: Special Olympics Florida, Inc.

4. Recipient name and address: Special Olympics Florida, Inc.
1915 Don Wickman Drive
Clermont, Florida 34711

Location county/counties: Housed in Lake County, but provides services statewide

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$500,000.00	\$	\$500,000.00	Line 250

7. FY 2012-13 GAA proviso specifically associated with the project (if any):

"From the funds in specific appropriation 250, \$500,000.00 in recurring funds from the general revenue fund is provided for the Special Olympics Healthy Athletes Program".

8. Project Purpose/Description: To improve the health and wellness of persons with developmental disabilities by providing health screenings and referral services that may not otherwise be available to this population. The project will also conduct outreach to health care professionals to increase the availability of volunteer hours and the overall pool of health care professionals who are willing to treat individuals with developmental disabilities in the community.

9. Number of years this project has received state funding: FY12/13 is the first year this specific project received funding, but the Agency had contracts in place with this recipient during FY 06/07 and 07/08.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes, it provides health service screenings to clients and encourages participation in the Special Olympics for clients who are developmentally disabled.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? Yes, this is a unique service and encourages participation in Olympic events in addition to providing basic dental services and referrals for people with developmental disabilities.

12. What are the intended outcomes/impacts and benefits of the project? Provides a minimum of 5,500 screenings to individuals and outreach to health care professionals who are willing to treat individuals with a developmental disability in the community.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced);

Enumerate:

5,500 health screenings shall be provided during the contract term.

A baseline percentage of individuals screened shall receive referrals as needed for services.

Engage volunteers from at least three (3) universities or medical schools to conduct or assist with health screenings.

75% of individuals screened for hearing and eyes and designated as needing services shall be provided follow up services on site (hearing aids, glasses, etc.)

If the provider fails to meet the minimum number of individuals to be served a financial penalty of \$100.00 per individual under the minimum number served shall be assessed.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Unit cost data (e.g., cost per unit produced); Enumerate:

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness? Program data is submitted monthly through a program progress report. Since this will be a recurring project, the contract will receive on-site monitoring to validate the data through sampling.

15. Is there an executed contract between the agency and the recipient? Yes

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Yes

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): A cost analysis was conducted on the line item budget and budget detail and costs were determined to be allowable, reasonable and necessary. A flat monthly rate per screening is provided based on the total number of health screenings provided during the contract term. The provider will submit a detailed expenditure report in accordance with the line item budget. Any funds unearned will be returned to the Agency. This is unique and there are no other comparable services or projects.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Unable to determine with current data. There was start up involved and the provider is just beginning to serve clients. Will be able to determine during this quarter of the FY.

19. Describe how the information upon which the answer above is based was obtained and validated: The monthly project progress report.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources? Unknown

21. List any audits or evaluative reports that have been published for this project (including website links, if available): None

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Mitch Fenton

Title: Support Services Director

Phone number and email address: (850) 410-1309, mitch_fenton@apd.state.fl.us

Date: 01/11/13