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Program Review

January 2001 **Report No. 01-04**

High-Risk Elder Victims of Abuse, Neglect, or Exploitation Quickly Served; Data Problems Remain

at a glance

- Although the number of elder victims of abuse, neglect, or exploitation referred from the Department of Children and Families (DCF) to the Department of Elder Affairs (DOEA) has increased in most areas of the state, these caseload increases have not impeded DOEA's ability to serve high-priority clients. However, the caseload increases have resulted in more lower-priority clients being placed on DOEA waiting lists.
- Despite improvements, DCF and DOEA data do not provide a complete and accurate assessment of the number of elder victims of abuse, neglect, or exploitation referred to DOEA or the timeliness of services provided to them. Problems include discrepancies in the number of referrals reported, lack of capacity to report why some high-risk referrals are not served in a timely manner, and aggregate reporting of services for lower-risk referrals.
- Cooperation between DCF and DOEA in serving elder victims of abuse, neglect, or exploitation generally has increased or been maintained as a result of the 1998 law changes. But there are problems in some areas of the state that should be addressed.

Purpose

The 1998 Legislature directed OPPAGA to review the process by which the Department of Children and Families (DCF) refers elder victims of abuse, neglect, or exploitation to the Department of Elder Affairs (DOEA), and the process DOEA uses to establish service priorities and provide services to these individuals. We published a preliminary report on these processes in December 1998.[1] The Legislature also required OPPAGA to issue a subsequent report, due in December 2000, of the effects of the 1998 statutory changes on the referral and service provision process for elder victims of abuse, neglect, or exploitation.

Background

Chapter 415, *Florida Statutes*, establishes a program designed to protect vulnerable adults over age 60 who are unable to protect themselves from being abused, neglected, or exploited. Elder persons may be abused, neglected, or exploited by another person, such as a caregiver, or they may be victims of self-neglect, which is neglect that is not caused by a second party.[2] Most abuse and neglect in Florida

[1] *Preliminary Report: Referrals and Service Provision for Elder Victims of Abuse, Neglect, or Exploitation*, OPPAGA Report No. 98-29, December 1998.

[2] Chapter 2000-349, *Laws of Florida*, amended state law to refer to these victims as "vulnerable adults in need of services." These individuals are not able to provide for their own needs.

occurs in the victims' homes. To prevent further harm from occurring, elder victims are either removed from their homes or provided in-home services.

Two state agencies are charged with providing program services. DCF investigates reports of alleged abuse, neglect, or exploitation and makes an initial assessment of the situation. State law requires any individual who suspects that an elderly person is being abused, neglected, or exploited to immediately report this information to the central abuse hotline. DCF central abuse hotline staff refer calls to district service offices for investigation of the allegations. Allegations may include physical abuse, environmental neglect, insufficient food, mental injury, or lack of adequate health care and supervision, as well as other maltreatments.

If DCF staff determine that an emergency situation exists and the elder person is at risk of death or serious physical injury, the victim may be removed from the home. DCF will place the victim in a safer environment, such as in the home of a relative or friend or in an alternative setting, such as an assisted living facility. The department may also provide or arrange for temporary emergency services, such as medical examinations and treatment, 24-hour sitter services, or transportation.

If DCF staff determine that the elder person needs ongoing in-home services, the investigator refers the victim to DOEA. For example, elders may need ongoing services which provide help with activities such as meal preparation and personal care services for persons who need assistance with eating, bathing, dressing, or other necessary daily activities. Another in-home service is respite care, which provides relief to caregivers of frail elders.

To provide in-home services, DOEA contracts with area agencies on aging which then contract with local service providers. There is an area agency on aging in each of DOEA's 11 service areas that contracts with primarily non-profit agencies and local government agencies to deliver in-home services. Case managers in these agencies further assess elder referrals to determine what services they need.

Elder victims of abuse, neglect, or exploitation receive in-home services primarily through the Community Care for the Elderly (CCE) Program or, if they meet medical and financial eligibility requirements, the Medicaid Aged and Disabled Waiver Program.[3] Elder victims also receive services from other programs, such as the Older Americans Act Programs and the Alzheimer's Disease Initiative.

According to DOEA officials, the department spent about $98.9 million for the CCE and the Medicaid Aged and Disabled Waiver Programs in Fiscal Year 1999-2000.[4] During that same year, DOEA served an estimated 53,300 clients in those two programs. (See Exhibit 1.)

Exhibit 1
Expenditures for Two In-Home Services Programs Were About $98.9 Million in Fiscal Year 1999-2000

	Fiscal Year	
	Expenditures	**Clients Served**
Community Care for the Elderly	$44,846,814	40,338
Medicaid Aged and Disabled Waiver	54,147,561	12,962 (estimate)
Total	**$98,994,375**	**53,300**

Source: Department of Elder Affairs.

The Department of Elder Affairs reported that in 1999, the average annual cost to serve a CCE client was $2,746, and the average annual cost to serve a Medicaid Aged and Disabled Waiver

[3] CCE is a state-funded program serving functionally impaired persons over age 60 who need assistance to stay in their homes. The Medicaid Aged and Disabled Waiver is a federal/state program serving functionally impaired persons over age 60 and provides essentially the same services as CCE.

[4] In Florida, the federal government contributes about 57% of the Medicaid Aged and Disabled Waiver Program costs, while state general revenue pays about 43%.

client was $5,945. In contrast, the average annual cost to serve a Medicaid eligible elder person in a nursing home was $37,454 in 1999.

There are substantial waiting lists for CCE and Medicaid Aged and Disabled Waiver Services. As of December 1, 2000, DOEA staff reported that 8,361 persons were on the CCE waiting list, while 1,116 persons were waiting for Medicaid Aged and Disabled Waiver services. In Fiscal Year 1999-2000, DOEA received $9.9 million in tobacco settlement funds, which enabled it to reduce or eliminate waiting lists in most areas of the state. However, the waiting lists are now growing again due to further caseload increases.

Due to concerns about certain elder victims of abuse, neglect, or exploitation not being served in a timely manner, the 1998 Legislature amended state law to require DCF to refer to DOEA all elder victims of neglect not caused by a second party who need services.[5] The 1998 Legislature also amended the law to require that DOEA serve referrals from DCF who need immediate services to prevent further harm within 72 hours (three days) or according to local protocols developed between DCF and DOEA.[6]

Procedures agreed to by DCF and DOEA, effective October 1, 1998, specify that DCF referrals assessed as being at high-risk of further harm are required to be served within 72 hours. However, these procedures do not allow the option for local protocols to specify time frames for serving high-risk elder referrals. The departmental procedures further specify that referrals that are at intermediate and low risk of further harm will receive services according to their degree of need and risk of being institutionalized in a facility such as a nursing home.

[5] Section 415.105, *F.S.*

[6] Section 430.205(5), *F.S.* The 72-hour requirement generally is interpreted as services must be provided by the end of the third day after referral.

Findings

In our preliminary report, we noted that problems with agency data hindered assessment of the referral and service provision process; that expected increases in referrals could result in more lower-priority clients being placed on waiting lists; and that joint procedures would enhance the cooperation between DCF and DOEA.

In this report, we assessed three questions.

- Do agency information systems contain reliable information on the number of clients referred to DOEA for services?
- Is DOEA serving high-risk referrals within three days as required by law?
- Do DCF and DOEA staff work cooperatively in serving elder victims of abuse, neglect, or exploitation?

Despite information systems improvements, DCF and DOEA do not provide complete and accurate data on number of clients referred to DOEA

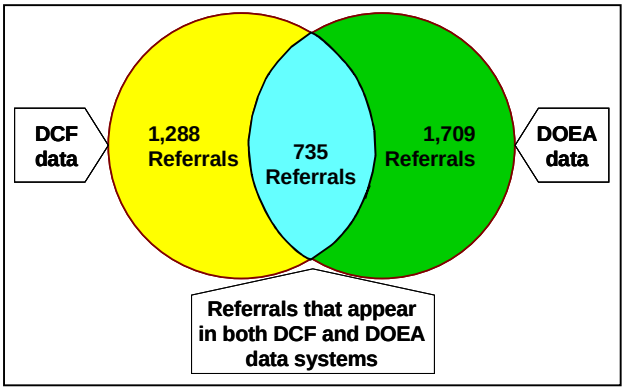
Although DCF and DOEA have made improvements to their information systems, there are substantial discrepancies in the two agencies' data on elder abuse service referrals. As a result, it is not possible to fully identify the number of referrals to DOEA during Fiscal Year 1999-2000.

Since our prior report, DCF and DOEA have made some improvements to their information systems to better track elder referrals. For example, DCF has added the capacity to identify by risk level the elders that it refers to DOEA, while DOEA has added the capacity to its information system to track these referrals by risk category and the date of referral.

However, in spite of these improvements, serious problems remain in reporting the number of referrals. As illustrated in Exhibit 2, while DCF data indicated that it made 1,288 referrals to DOEA during Fiscal Year 1999-2000, DOEA data showed that it received 1,709 referrals from DCF. Only 735 referrals were common to both departments' information systems.

In an attempt to resolve discrepancies in the number of referrals, DOEA conducted an analysis of DCF referrals for which it had no record.[7] DOEA found the discrepancies to be primarily the result of data entry errors made by both departments. For example, both agency databases contained errors such as incorrect Social Security numbers and incorrect information indicating that clients were referred to DOEA when in fact no referrals had been made.

Exhibit 2
Data Does Not Provide Reliable Number of Referrals to DOEA in Fiscal Year 1999-2000



Source: OPPAGA analysis of Departments of Children and Families and Elder Affairs data.

Characteristics of elders referred from DCF to DOEA. Due to these data problems the actual number of elder victims of abuse, neglect, or exploitation referred from DCF to DOEA for services during Fiscal Year 1999-2000 is not available. Exhibit 3 shows the characteristics of the 735 referrals that appeared in both DCF and DOEA data. Most referrals tended to be for elders who were white, female, and over age 75.

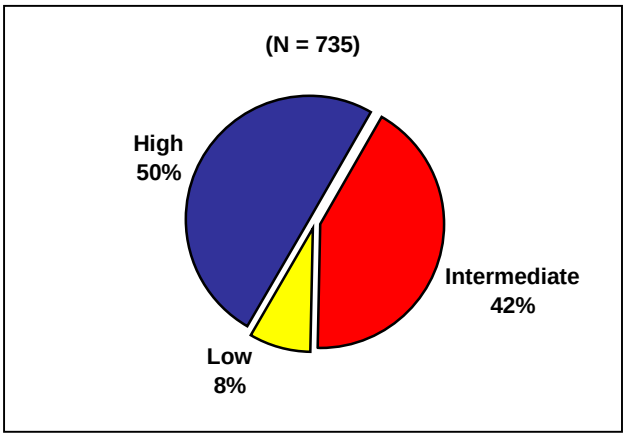
Exhibit 3
Most Elder Referrals Are Over Age 75

Age		Gender		Race	
60-74	31%	Female	64%	White	83%
75-84	43%	Male	36%	Black	12%
85+	26%			Other	5%

Source: OPPAGA analysis of data provided by the Department of Elder Affairs.

About half of the referrals were for elders assessed as being at high risk of further harm, and slightly fewer than half were assessed as being at intermediate risk of further harm. (See Exhibit 4.)

Exhibit 4
Nearly Half of Elder Referrals Are High Risk

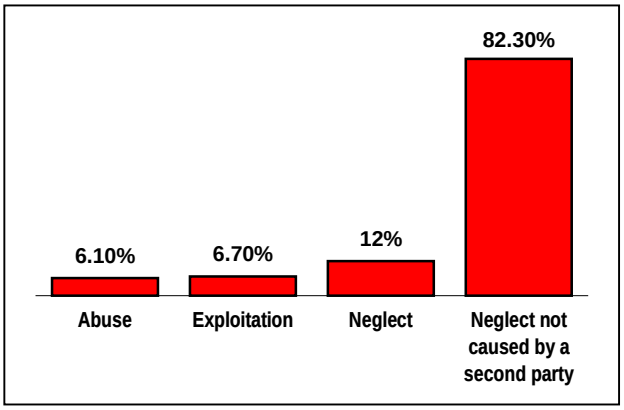


Source: OPPAGA analysis of data provided by the Department of Elder Affairs.

Exhibit 5 shows that individuals referred to DOEA for services were overwhelmingly victims of neglect that was not caused by a second party.

[7] The analysis was done on 724 referrals from DCF to DOEA during a five-month period from July 1, 1999, to November 30, 1999. DOEA had no records for 315 of those referrals in its information system.

Exhibit 5
Over 80% of Elder Referrals Were Victims of Neglect Not Caused by a Second Party



Note: The categories are not mutually exclusive.
Source: OPPAGA analysis of Department of Children and Families data.

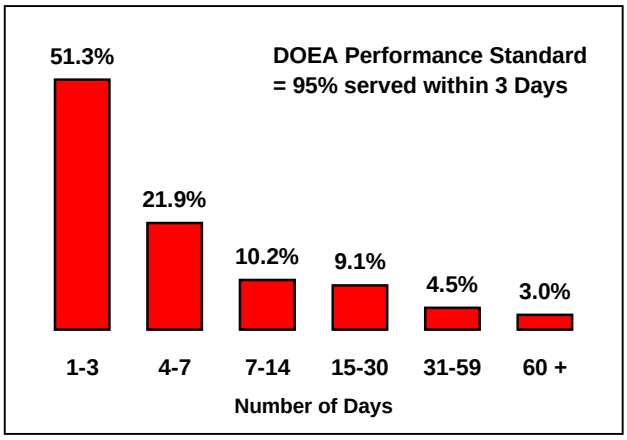
Information on timeliness of services is hindered by data limitations. However, both departments report that high-risk referrals are served in a timely manner

Data limitations also make assessing the timeliness of services provided to referrals problematic. Although our analysis of DOEA's referral information indicates only about half of high-risk referrals receive services within three days, staff from both departments report that high-risk referrals are being served in a timely manner. Referrals have increased in most areas of the state, but these caseload increases have not impeded DOEA's ability to serve high-risk referrals. However, the increases have resulted in more lower-priority clients being placed on DOEA waiting lists.

Timeliness of Service Provision. Our analysis of DOEA's referral information indicates that the department is not meeting its performance standard of serving 95% of high-risk DCF referrals within three days. As illustrated in Exhibit 6, half of high-risk referrals received services within three days of referral, and about three-fourths of high-risk referrals received services within a week.

However, DOEA's data may not accurately reflect the timeliness of services provided. For example, the majority of DCF and DOEA staff with whom we spoke reported that high-risk referrals are receiving services within three days. Staff from 13 of 15 DCF districts, the 11 area agencies on aging, and 10 of 11 DOEA service provider agencies we interviewed reported that high-risk clients receive services within three days. While one DCF district reported that high-risk referrals are not always served within three days, all high-risk referrals are assessed to determine their service needs within that time frame.

Exhibit 6
Half of High-Risk Referrals Received Services Within Three Days



Source: OPPAGA analysis of data provided by the Department of Elder Affairs.

Data System Limitations. The DOEA information system does not have the capacity to capture reasons why high-risk referrals are not served within three days, making it difficult to assess performance. Consequently, information about why clients are not served in a timely manner must be obtained from local service provider agencies and often includes factors beyond DOEA's control.

DOEA conducts a quarterly analysis of local service providers' records to determine reasons for delays in the provision of services. For Fiscal Year 1999-2000, local service providers'

records indicated that many of the delays in service provision included reasons beyond DOEA's control, such as clients being placed in assisted living facilities or nursing homes, clients refusing services, or clients moving. The DOEA analysis also indicated data entry errors, such as entering incorrect referral or service provision dates or not entering service provision information at all. Our interviews with local DCF and DOEA staff provided other reasons for service delays. For example, one service area initially was not aware of the three-day requirement. In another area, a client needed extensive home repairs.

DOEA staff reported that the department plans to add to its information system the capacity to capture reasons why elder abuse referrals do not receive services in a timely manner. This capacity should provide a more accurate assessment of the timeliness of services provided.

Referrals have increased since the 1998 law changes, but this has not impeded DOEA's ability to serve high-priority clients. However, lower-priority clients are being placed on waiting lists.

Staff in most areas report an increase in number of referrals. Because of data limitations, we could not determine the percentage or number of increased case referrals since the 1998 law changes were implemented. However, staff from more than half of the local service areas reported that referrals have increased during the last two years.

Staff in 8 of DCF's 15 service districts reported that they referred more elder victims of abuse, neglect, or exploitation to DOEA during the past two years, estimating these increases to be from 10% to 50% more referrals. Staff from 8 of DOEA's 11 area agencies on aging also reported increased referrals; these increases ranged from just a few additional cases to an increase of 15 times more referrals.

While elder referrals increased for all levels of risk, local staff reported that the proportion of high-risk referrals increased in about half of the DOEA service areas. Five area agencies on aging reported an increase in high-risk referrals compared to the intermediate- and low-risk categories.

Increased referrals have not impeded DOEA's ability to serve high-priority clients. Although more than half of the local service areas reported experiencing increases in the number of referrals, the increases do not appear to have adversely affected DOEA's ability to serve high-priority clients. As previously discussed, the majority of local DCF and DOEA staff we interviewed reported that high-risk referrals are receiving services within three days of referral from DCF. In addition, DOEA state-level officials report that other high-priority clients generally receive needed services and are not placed on waiting lists. [8]

Assessing timeliness of intermediate- and low-risk referrals is problematic. DOEA's data do not provide actual service provision dates for intermediate- and low-risk referrals, making it difficult to assess timeliness of services provided to lower-risk referrals. DOEA reports actual service provision dates for high-risk referrals during at least the first month after referral. However, the department generally reports and records service provision for intermediate- and low-risk referrals aggregately once a month, assigning the same service date to all referrals regardless of the date that the services were actually provided. The department maintains that to report actual service provision dates for all referrals would require more time and resources than are available.

[8] These other high-priority clients are referred to DOEA by other sources including medical professionals. Such clients also are at high risk of being placed in a nursing home if they cannot obtain needed in-home services.

Lower risk referrals are being placed on waiting lists. However, local department staff report that intermediate- and low-risk referrals are being placed on waiting lists. Staff from more than half of the area agencies on aging (6 of 11) indicated that lower-risk referrals are being placed on waiting lists. Staff from one area agency on aging reported that only low-risk referrals are placed on waiting lists, while in other areas both intermediate- and low-risk referrals are placed on waiting lists. According to DCF state level officials, while most of the state's intermediate-risk referrals are receiving needed services, low-risk referrals are being placed on waiting lists contributing to the growth in the number of clients on waiting lists. However, increases on waiting lists are also due to other factors, such as growth in the elder population and more public education about DOEA's programs and services.

Local staff informed us that some intermediate- and low-risk elders who are placed on waiting lists return as higher-risk referrals and some are subsequently admitted to a nursing home because their conditions have deteriorated. Had these clients received Medicaid waiver in-home services, the state potentially could have saved on average about $31,000 annually per client. [9]

Cooperation between DCF and DOEA generally has increased or been maintained since the 1998 law changes, but there are some problems that should be addressed

Coordination efforts required by the 1998 law changes generally appear to have helped the departments maintain or increase their level of cooperation in serving elder DCF referrals in most areas of the state. Local DCF and DOEA staff (34 of 37 agencies we interviewed) report the relationship between the two departments has always been good or has improved. However, the area agency on aging in Dade County reported some ongoing problems, and several service areas have experienced occasional problems that should be addressed.

The 1998 law changes provided increased opportunities for local DCF and DOEA service staff to work together. For example, local staff in most service areas participate in joint training, regular meetings, and workshops. In addition, staff of both departments work together informally in many parts of the state to determine the services needed by elder victims of abuse, neglect, or exploitation.

About half of the local service areas have developed joint procedures prescribing ways for the two departments to work together to serve elder DCF referrals. With one exception, DCF and DOEA staff in service areas that have not developed joint procedures also work cooperatively. According to area agency on aging staff in Dade County, ongoing problems exist between DCF and DOEA, and staff communicate only when attempting to resolve a conflict.

While DCF and DOEA local staff generally work well together, some concerns still need to be addressed

Responsibility for referrals. Many local area staff we interviewed believe DCF's responsibility ends and DOEA's begins at the time of referral. However, staff in some service areas have developed specific practices, such as DCF covering the first three days and DOEA taking responsibility after that. In other areas, DCF provides certain services within the first three days, usually emergency services, and DOEA provides other non-emergency services.

However, DCF and DOEA local staff sometimes disagree about certain issues, such as which department is responsible for providing services on weekends or whether DOEA should provide services earlier than by the third day.

[9] The average annual cost to serve a Medicaid waiver client is $5,945 a year, while the average annual Medicaid funded nursing home cost is $37,454.

Capacity to consent to services. According to state law, when a victim of abuse, neglect, or exploitation appears to have lost the capacity to consent to services, DCF is responsible for petitioning the court for a court order authorizing the provision of services. Although the two departments usually work well together with capacity cases, occasionally problems arise. For example, sometimes they disagree about whether a current DOEA client has lost capacity and should be reported to DCF to obtain a court order. DCF staff believe that in some instances DOEA case managers could work with the client or, if available, the caregiver or guardian to obtain consent so that services can be provided to these clients.

Large proportion of referrals classified as high risk. According to DOEA local staff, DCF is classifying a disproportionately large percentage of referrals as high-risk individuals in some service areas. For example, in one DOEA service area, DCF assessed as high risk over 90% of the referrals for Fiscal Year 1999-2000. DOEA staff argue that because state law requires DOEA to give these high-risk referrals priority over other DOEA clients, current law in effect allows DCF to set DOEA service priorities. DOEA staff sometimes disagree with DCF's assessment and believe they should have the authority to prioritize their clients' needs regardless of whether clients are DCF referrals or referrals from other sources.

Differing risk assessment forms used. Currently, DCF and DOEA use different assessment forms to determine risk and service needs. DCF assesses an elder's risk of further harm from abuse, neglect, or exploitation while DOEA assesses for the risk of institutionalization and need for services. Yet much of the information contained in DOEA's form is identical or similar to that already collected by DCF. DOEA state-level officials and some local staff from both departments recommended using a common instrument that serves the needs of both agencies.

DCF and DOEA plan to implement a pilot project in the near future in Pinellas County that will address the issue of dual assessments. The pilot will test the feasibility of both departments' using the same assessment form for elder victims of abuse, neglect, or exploitation. Local DCF and DOEA staff will collect information from a sample of clients for a one-month to six-week period using a new assessment form that DOEA began using in September 2000. The form is designed to serve the information needs of both departments.

Conclusions and Recommendations

Although DCF and DOEA have made improvements to their information systems, data provided by the departments did not allow us to accurately determine the number of referrals to DOEA or the timeliness of services provided during Fiscal Year 1999-2000. Problems included discrepancies in the number of referrals reported; the inability to capture reasons why some high-risk clients are not served in a timely manner; and reporting service provision only once a month for intermediate- and low-risk referrals.

However, DCF and DOEA local agency staff report that high-risk referrals are receiving services in a timely manner, even though the number of referrals has increased in more than half of the DOEA service areas since the 1998 law changes. According to staff from both departments, these increases have not impeded DOEA's ability to serve high-risk referrals or other DOEA high-priority clients. While more lower-priority clients may have been added to waiting lists throughout the state as a result of the increased referrals, increases on waiting lists are also due to other factors, such as growth in the elder population

and more public education about DOEA services.

Coordination efforts required by the 1998 law changes have generally helped DCF and DOEA to improve or maintain their level of cooperation in serving elder victims of abuse, neglect, or exploitation in most areas of the state. However, there are problems in some service areas that should be addressed.

We therefore recommend that DCF and DOEA take the actions discussed below.

- ***Continue to improve information systems.*** Both departments should continue to improve their information systems to more accurately track the number of referrals and the timeliness of services provided to referred clients. The information systems should be compatible and allow DCF staff to enter assessment data about elder abuse victims on the front end, making needed referral information immediately available to DOEA. Eliminating the need to enter duplicate data also should improve the accuracy of the data.

  DOEA should enter actual service dates for all elder abuse referrals during at least the first month after referral from DCF. In addition, the DOEA information system should be given the capacity to capture reasons why referrals are not served in a timely manner. Such information would allow staff and policymakers to assess the timeliness of services provided to all elder victims who are referred from DCF to DOEA.

  For management and accountability purposes, until the information systems can accurately report on referrals and services provided, DCF and DOEA should reconcile information about elder abuse referrals on a monthly basis.

- ***Encourage local service area staff to develop procedures for serving referrals.*** DCF and DOEA should encourage staff in all service areas to develop joint local written procedures for serving elder DCF referrals. Local staff should also have the option to specify in those procedures how elder abuse referrals will be prioritized for services, including high-risk referrals. At the same time, both departments must closely monitor referrals to ensure services are provided in a timely manner.
- ***Eliminate dual assessments.*** DCF and DOEA should use the results of the pilot project to assess the feasibility of using a single risk assessment instrument to assess elder victims of abuse, neglect, or exploitation for risk of further harm and to assess their service needs. If a single risk assessment is not feasible, at a minimum, the departments should work together to eliminate duplicate data collection.
- ***Establish an interagency committee.*** DCF and DOEA should establish a state level interagency committee comprising DCF and DOEA staff. This committee would meet regularly to develop policy and procedures and to resolve problems related to serving elder victims of abuse, neglect, or exploitation who are referred from DCF to DOEA. This interagency committee should monitor the timeliness of services provided to referred elders and oversee the development of local protocols for serving these clients. It should also monitor improvements to the information systems that would lead to more accurate and complete information about elder abuse referrals.

Agency Responses

Response from the Department of Children and Families

The Department of Children and Families provided a response to the findings and recommendations in our report. The department concurs with OPPAGA's recommendations and has already taken corrective actions to

- continue to improve the information systems;
- encourage local service area staff to develop procedures for serving referrals;
- eliminate dual assessments; and
- establish an interagency committee.

Response from the Department of Elder Affairs

The Department of Elder Affairs (DOEA) also provided a response to the findings and recommendations in our report. The department generally agreed with the report recommendations and provided clarification for some of the information in the report. DOEA included detailed information about how clients are targeted for service provision. The department also pointed out that individuals on its waiting list or Assessed Priority Consumer list have been assessed for their level of care needs and screened for eligibility by program and that the term "waiting list" does not adequately describe the eligibility or frailty of persons requesting services. DOEA also provided service and expenditure information for Fiscal Year 1999-2000 for all its programs that provided services to elder victims of abuse, neglect, or exploitation.

DOEA reported that it is making improvements in its data collection that will help identify the reasons for delays in providing services to high-risk referrals. Monitoring also will be increased so that data integrity problems can be resolved quickly. In addition, the Department of Children and Families (DCF) and DOEA have reached an agreement that will allow the production of a monthly report that will enable an accurate assessment of the number of abuse, neglect, or exploitation victims referred from DCF to DOEA. Finally, DOEA concurred with the importance of developing a consistent evaluation instrument that meets the needs of both departments. DOEA believes that the priority should be given to addressing the needs of the frailest individuals rather than the referral source.

The full text of both departments' responses are available upon request or may be found at OPPAGA's website:

www.oppaga.state.fl.us/government

FLORIDA DEPARTMENT OF
CHILDREN & FAMILIES

Jeb Bush
Governor

Kathleen A. Kearney
Secretary

January 19, 2001

Mr. John W. Turcotte, Director
Office of Program Policy Analysis and
Government Accountability
Post Office Box 1735
Tallahassee, Florida 32302

Dear Mr. Turcotte:

Thank you for your December 22, 2000, letter providing the preliminary findings and recommendations of your review entitled "High-Risk Elder Victims of Abuse, Neglect, or Exploitation Quickly Served; Data Problems Remain."

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

Very truly yours,

/s/
Judge Kathleen A. Kearney
Secretary

Enclosure

RESPONSE TO OPPAGA'S REVIEW ENTITLED "HIGH-RISK ELDER VICTIMS OF ABUSE, NEGLECT, OR EXPLOITATION QUICKLY SERVED; DATA PROBLEMS REMAIN"

We concur with the recommendations and have already taken corrective action as follows:

- **Continue to improve information systems.**
  The Department has produced an extract of DCF data and the file transfer process has been tested. The format and the test extract have been provided to DOEA for loading into an ORACLE database. Once completed, a formal process will be implemented on a monthly basis to reconcile any discrepancies. DOEA has indicated that data to do the referral matching will be available by 7/1/01. Until that time, we will perform the manual reconciliations.

- **Encourage local service area staff to develop procedures for serving referrals.**
  DOEA has requested the areas' agency on aging and DCF has requested Adult Services Program Administrators to meet to develop joint written procedures for serving elders referred to DCF. This will clarify each Department's responsibilities for elder victims.

- **Eliminate dual assessments.**
  DCF staff have met with DOEA staff on this issue. The results of the pilot project will be used to determine the feasibility of a single risk assessment. If a single risk assessment is not feasible, we will continue to explore other ways to eliminate duplicate data collection.

- **Establish an interagency committee.**
  Although DCF and DOEA staff have met informally on numerous occasions to discuss the implementation of the changes to Chapter 430 F.S., an interagency committee will be established to develop policies and procedures, resolve problems, and monitor the timeliness of the provision of services to elder victims referred from DCF to DOEA. The committee will also oversee the development of local protocols and monitor information systems improvements.

JEB BUSH
GOVERNOR

GEMA G. HERNANDEZ, D.P.A.
SECRETARY

January 12, 2001

Mr. John W. Turcotte, Director
The Florida Legislature
Office of Program Policy Analysis and Government Accountability
111 West Madison Street, Room 312
Claude Pepper Building
Tallahassee, Florida 32399-3804

Dear Mr. Turcotte:

Enclosed with this correspondence is the Department Elder Affairs' response to the preliminary findings and recommendations of OPPAGA' s justification review entitled, "High-Risk Elder Victims of Abuse, Neglect, or Exploitation; Data Problems Remain." The Department appreciates the opportunity to submit comments and respond to the recommendations.

We believe that this information will provide clarification of some of the information in the report.

My staff are available to assist you with any other informational needs to finalize the review.

Committed to working together for older Floridians, I am . . .

Sincerely,

/s/
Gema G. Hernandez, D.P.A.

GGH/svd

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OPPAGA's program review entitled "High-Risk Elder Victims of Abuse, Neglect or Exploitation Quickly Served; Data Problems Remain," reflects a cooperative effort involving the Department of Children and Families, the Department of Elder Affairs, Area Agencies on Aging, and service providers which has proven to be highly successful in achieving the intent of the legislation. The Department continues to work with all parties to improve the system and enhance reporting abilities. Several of the recommendations contained in the report have already been implemented.

The Department would like to offer some information for the purposes of clarification:

- Throughout the report the terminology high-priority and lower-priority are used in reference to targeting service provision. More meaningful terminology that reflects the Department's efforts to serve the frailest individuals first would be most frail and least frail. The Department has assessed all individuals requesting services to determine their frailty level and most appropriate level of care needed. This process has aided case managers to target the most appropriate limited resources to the frailest individuals. The referrals from Adult Protective Services are classified as high, intermediate and low risk.

- The list of individuals assessed for frailty and level of care needed is the assessed priority consumer list. The term waiting list does not adequately describe the eligibility or frailty of persons requesting service and can easily inflate the true assessed need in the community.

- Although Community Care for the Elderly funds are the primary resource to address the immediate needs of persons identified as high risk by APS workers, the Department does encourage service providers to access the most appropriate program to meet the needs of each individual. The report contains a brief statement which addresses Older American's Act and the Alzheimer's Disease Initiative program as resources. However, a more comprehensive picture would help demonstrate the service options available. The chart below represents estimates of clients served in the 1999-2000 fiscal year and the 1999 calendar year for Older American's Act. Including services not registered by the Older American's Act elevates the numbers served to 302,879.

Program	Expenditures	Clients
Community Care for the Elderly (CCE)	$44,846,814	40,338
Home Care for the Elderly (HCE)	$13,457,958	9,020
Alzheimer's Disease Initiative (Respite) (ADI)	$ 7,772,436	3,468
Aged and Disabled Adult Medicaid Waiver (HCBS)	$54,147,561	12,962
Assisted Living Waiver (ALW)	$13,828,215	2,050
Managed Long Term Care (MLTC)	$10,371,000	814
Older American's Act (OAA)	$52,104,092	91,468

- It should be noted that the ADA Waiver serves the needs of functionally impaired persons, 18 and over. The data reflected in this report represents only the budget authority of the Department of Elder Affairs, serving the individuals age 60 and over.

- The Assessed Priority Consumer list is the only list maintained by the Department for individuals waiting for services. Elders on that list have been assessed for their level of care needs and screened for eligibility by program. The table below reflects the frailty level of each individual by program. Frailty levels are ranked from 5-1 with level 5 being the frailest individuals and level 1 the least frail individuals. Customer profiles for each frailty level are contained in Table 1 attached to this report. Selected assessment characteristics by frailty level are reflected in Table 2 attached to this report. The table below is a more accurate reflection of the assessed needs in the community than the reference to a substantial waiting list contained in the report. The assessed frailty level of individuals waiting by program will better demonstrate the Department's focus on serving the most frail rather than compiling a list of persons wishing for services who may not be eligible. Individuals may be waiting in more than one program area, therefore, an unduplicated number is also provided.

Program	Level 5	Level 4	Level 3	Level 2	Level 1
CCE	937	717	1,978	3,118	1,487
HCE	204	147	225	118	290
ADI	60	30	60	37	108
HCBS	113	98	228	335	205
ALW	18	12	49	189	48
OAA	133	141	380	1,044	449
Unduplicated	1,296	980	2,445	4,029	2,279

- Accurately reflecting the timeliness of APS referrals receiving service has been difficult. As stated in the report, there are many valid reasons beyond the control of DOEA for delays in provision of service. The scheduled improvements in data collection will help identify the reason for those delays. Codes have been added that will enable providers to input the reason a high-risk referral was not served within three days. AAA' s are being asked to increase monitoring to monthly for all consumers listed on the APS exception report, so that data integrity problems can be resolved in a timely manner. The Department will also be running those reports monthly from Headquarters to ensure follow-up is occurring. The Department is confident in the information provided through OPPAGA ' s interviews of DCF, AAA and provider staff that high-risk referrals are being served in a timely manner and the data will also reflect this in the near future.

- The comparison of referrals contained in the Department of Children and Families' (DCF) database and CIRTS has been a very labor intensive, manual task. Discussions have already begun between management information units at both departments that will enable management systems to run a comparison and

produce an exception report. An agreement has been reached in principal that will allow for the downloading of DCF information on a monthly basis into DOEA's system. It is anticipated that by the beginning of the next fiscal year a monthly exception report could be run for analysis, enabling an accurate assessment of the number of referrals of high-risk victims of abuse neglect or exploitation from DCF to DOEA.

- The Department concurs with the importance of developing a consistent evaluation instrument that meets the needs of both departments. Very frail applicants, those already assessed as level 5, may continue to wait for services, as those assessed by APS as high risk receive services quickly. Without a consistent methodology, individuals already assessed among the most frail and waiting for services will be the next telephone calls to the Abuse Hotline as self neglect. Addressing the needs of the frailest individuals should be the priority and not the referral source.

TABLE 1.
Customer Profiles by Assessment Level

Level 1 Customer Profile	**Level 2 Customer Profile**	**Level 3 Customer Profile**	**Level 4 Customer Profile**	**Level 5 Customer Profile**
Disabilities: Number of ADL that require total help = 0 Number of ADL that require some help = 0 Number of IADL that require total help = 2-3 Number of IADL that require some help = 2	**Disabilities:** Number of ADL that require total help = 0 Number of ADL that require some help = 0 Number of IADL that require total help = 3-4 Number of IADL that require some help = 2	**Disabilities:** Number of ADL that require total help = 0 Number of ADL that require some help = 1 Number of IADL that require total help =4-5 Number of IADL that require some help = 1	**Disabilities:** Number of ADL that require total help = 0 Number of ADL that require some help = 1 Number of IADL that require total help =5-6 Number of IADL that require some help = 1	**Disabilities:** Number of ADL that require total help = 3 Number of ADL that require some help = 1 Number of IADL that require total help =6-7 Number of IADL that require some help = 0
Self Assessed Health: Not Poor, same as year ago.	**Self Assessed Health:** Not Poor, same as year ago.	**Self Assessed Health:** Fair to Poor. Worse than year ago.	**Self Assessed Health:** Poor. Worse than year ago.	**Self Assessed Health:** Poor. Worse than year ago.
Caregiver Situation: There is a primary caregiver (58%) in good or excellent health median age is 61, not in crisis.	**Caregiver Situation:** No primary caregiver. If caregiver is present (24%), median age is 64, health is good or excellent, not in crisis.	**Caregiver Situation:** No primary caregiver. If caregiver is present (32%), median age is 66, health is good or excellent, not in crisis.	**Caregiver Situation:** No primary caregiver. If caregiver is present (48%), median age is 68, health is poor to fair, almost 50% in crisis.	**Caregiver Situation:** There is a primary caregiver present (66%), median age is 67, health is poor, 73% in crisis.
Average Risk Score of nursing home placement=l4	**Average Risk Score of nursing home placement=16**	**Average Risk Score of nursing home placement=30.**	**Average Risk Score of nursing home placement=37.**	**Average Risk Score of nursing home placement=47.**

TABLE 2.
SELECTED ASSESSMENT LEVEL CHARACTERISTICS

Level	Average Risk Score	% With incontinence	% Dementia	% Has Caregiver	% Caregiver health excellent or good	% Caregiver in Crisis	% Customer lives alone	% with at least a level 4 ADL	% with more than four or more level 4 IADL
1	14	22	18	58	76	0	20	12	30
2	16	30	12	24	75	1	57	12	31
3	30	37	22	32	71	15	56	33	58
4	37	40	29	48	56	49	42	45	80
5	47	54	40	66	38	73	28	73	95
Overall	25	34	19	35	69	24	49	26	49

Notes:
A level 4 ADL or IADL is a disability that requires the customer to receive total help to complete an activity of daily living.
The Risk Score represents the percent or share of a large group of persons with similar characteristics that, without intervention, will be placed in a nursing home.
Caregiver health is self-assessed.

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