February 2005   **Report No. 05-06**

DOEA Has Taken Reasonable Steps to Begin the Aging Resource Center Initiative

at a glance

The Aging Resource Center initiative is intended to reduce fragmentation in the elder services system and provide easier access to services. Area Agencies on Aging will take on the responsibilities of Aging Resource Centers or Aging and Disability Resource Centers.

The Department of Elder Affairs (DOEA) and Area Agencies on Aging have met the initial legislative deadlines for developing the initiative. DOEA also has established criteria and an instrument that are appropriate for selecting area agencies to transition.

DOEA needs to take several steps to help ensure effective implementation of the new system.

- Include other key stakeholders in additional planning and implementation activities.

- Evaluate and make changes to its intake screening tool as necessary.

- Timely complete the remaining critical components in the system's framework.

Scope ─────────────────

The 2004 Legislature directed OPPAGA and the Auditor General to jointly review and assess the Department of Elder Affairs' (DOEA) process for determining the readiness of area agencies on aging to transition to Aging Resource Centers.[1] This is the first in a series of reports on this initiative and examines activities conducted through February 1, 2005. The report addresses the questions below.

- What are the intended benefits of the Aging Resource Center initiative?

- What is the implementation status of the Aging Resource Center initiative?

- Did DOEA establish appropriate criteria and instruments for selecting area agencies on aging to transition to Aging Resource Centers?

- What issues need to be addressed to help ensure effective implementation of the Aging Resource Center system?

As required by law, future reports will review (1) the readiness instruments DOEA applies to area agencies, (2) the degree to which DOEA accurately determined each area agency's compliance with the readiness criteria, (3) the quality of technical assistance provided by DOEA to an area agency in correcting any weaknesses identified in the readiness assessment, and (4) the degree to which each area agency overcame any identified weaknesses. These reports are due each September and March until full transition to Aging Resource Centers is accomplished statewide.

─────────────────

[1] Chapter 2004-386, *Laws of Florida.*

Background ───────────

Program organization

Florida's current elder services system is operated primarily by three state agencies and contracted public and private providers.

The Department of Elder Affairs (DOEA) operates home and community-based service programs and a managed long-term care program. The department also determines medical eligibility for Medicaid nursing home admissions and waiver programs and administers consumer advocacy and volunteer programs. DOEA delivers most of its services to elders through a privatized system. [2]

- DOEA contracts with 11 area agencies on aging, which are public or non-profit organizations. Area agencies on aging plan, fund, and coordinate most programs and services for individuals in their planning and service areas. [3, 4]

- Area agencies on aging designate and contract with lead agencies in each county to provide case management; in some cases, lead agencies serve multiple counties.

- The lead agencies in turn subcontract with over 1,200 local providers for client services, such as homemaking, home health, respite, and personal care; some lead agencies also provide certain services themselves.

The Agency for Health Care Administration, as the state Medicaid agency, issues certificates of need for nursing homes, regulates nursing homes and hospice care, and operates two managed long-term care programs.

The Department of Children and Families provides adult protective, mental health, and substance abuse services, and determines financial and technical eligibility for Medicaid nursing

───────────

[2] DOEA directly provides information and assistance, advocacy, health promotion, caregiver training and education, and medical eligibility determinations of applicants for Medicaid nursing home admission and certain waiver programs.

[3] Programs administered by the area agencies on aging include Older Americans Act services, Community Care for the Elderly, Home Care for the Elderly, the Alzheimer's Disease Initiative, the Medicaid Aged and Disabled Adult waiver, and the Medicaid Assisted Living for the Frail Elderly waiver.

[4] DOEA directly contracts with some providers, such as memory disorder clinics for Alzheimer's Disease Initiative services and managed care organizations for Long-Term Care Community Diversion Program services.

home admissions, Medicaid waiver programs, and public assistance programs, such as Medicaid, food stamps, and cash assistance.

In addition to federal and state-funded services, elders can receive other public and privately funded short-term and long-term care services from local providers, such as senior centers, health care agencies, faith-based organizations, and county and city governments.

Aging Resource Centers

The 2004 Legislature directed DOEA to establish a process to help area agencies on aging transition to Aging Resource Centers. This initiative is intended to provide easier access to elder services through a locally focused, coordinated approach that integrates information and referral for all available services.

Aging Resource Centers will be located physically at each area agency on aging, but customers (such as elders, family members, and other caregivers) will be able to access the centers' services at other approved access points, such as hospitals, senior centers, and lead agencies. Customers also will be able to access services by telephone or through a web-based information and referral system. Each of the 11 area agencies on aging is to transition to an Aging Resource Center by taking on additional responsibilities, while at the same time keeping its identity as an area agency on aging.

The department is required to select three area agencies on aging to pilot as Aging Resource Centers prior to March 1, 2005. These centers must begin providing services prior to July 1, 2005. Appendix A provides a summary of the planning and implementation due dates for the various steps in the transition process.

The department will provide $300,000 in state general revenue ($100,000 to each of the first three pilots) to assist with the development and start-up of the Aging Resource Centers. The agencies must spend these funds by the end of Fiscal Year 2004-05.

Aging and Disability Resource Centers

Due to receipt of a three-year $800,000 federal grant, DOEA also is currently implementing Aging and Disability Resource Centers in Florida. Aging and Disability Resource Centers

will function similarly to the Aging Resource Centers but also will provide information and referral services for adults aged 18 years and older with severe and persistent mental illness. [5]

To meet the grant requirement, the first three Aging Resource Center pilots also will serve as Aging and Disability Resource Centers. [6] These centers must begin providing information and referral services to elders prior to July 1, 2005, and to adults with severe and persistent mental illness by September 30, 2005. DOEA plans to provide each of the centers $50,000 in grant funds to begin design and implementation activities, such as obtaining and analyzing stakeholder feedback, conducting feasibility studies, purchasing computers, conducting

public awareness and outreach activities, hiring and training staff, and evaluating each center's performance.

Questions and Answers—

## What are the intended benefits of Aging Resource Centers?

The Aging Resource Centers are intended to reduce fragmentation and make it easier for elders to obtain information and access services. Currently, no single entity is responsible for screening and referring elders to the myriad of programs and providers that administer services for elders. As shown in Exhibit 1, customers may seek help from numerous providers, such as hospitals, home health agencies, nursing homes, assisted living facilities, area agencies, and faith-based organizations. These providers may offer customers limited choices based on services they provide or about which they have knowledge. As a result, elders may not receive the services they need or may have to visit other locations to obtain necessary services.

---

[5] The federal grant requires DOEA to select at least one disability group for which to provide information and referral services along with those services provided to elders. The disability groups from which to select were individuals with physical disabilities, individuals with severe and persistent mental illness, and individuals with developmental disabilities.

[6] All area agencies on aging were required to submit one proposal to transition to an Aging Resource Center or Aging and Disability Resource Center prior to December 31, 2004, and DOEA must select three pilot sites prior to March 1, 2005.

Exhibit 1
The Current Elder Services System Does Not Provide Elders All Program Choices and Services in One Place
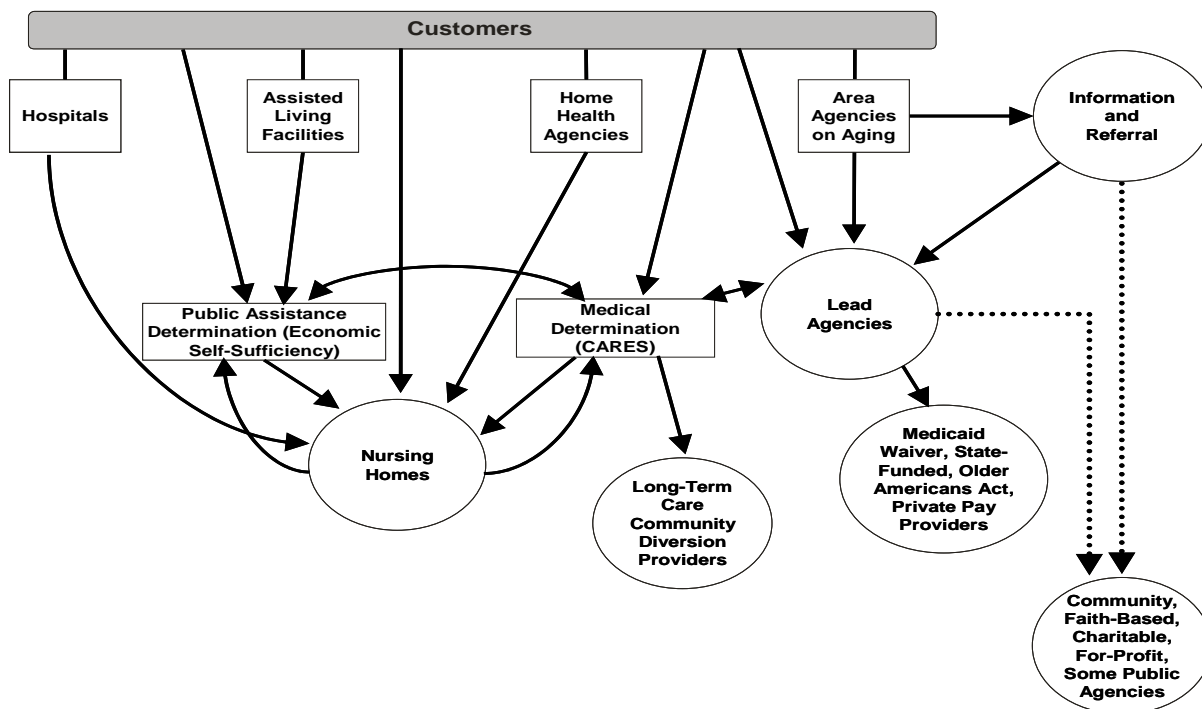
Source: Department of Elder Affairs.

As shown in Exhibit 2, Aging Resource Centers are intended to improve the elder services system in five ways:

- provide more centralized and uniform information and referral,
- increase screening and prioritizing of elders for services,
- improve wait list management,
- streamline Medicaid eligibility determination, and
- provide more uniform care plan management and review.

More centralized and uniform information and referral. The current information and referral system for elder services is neither uniform nor wide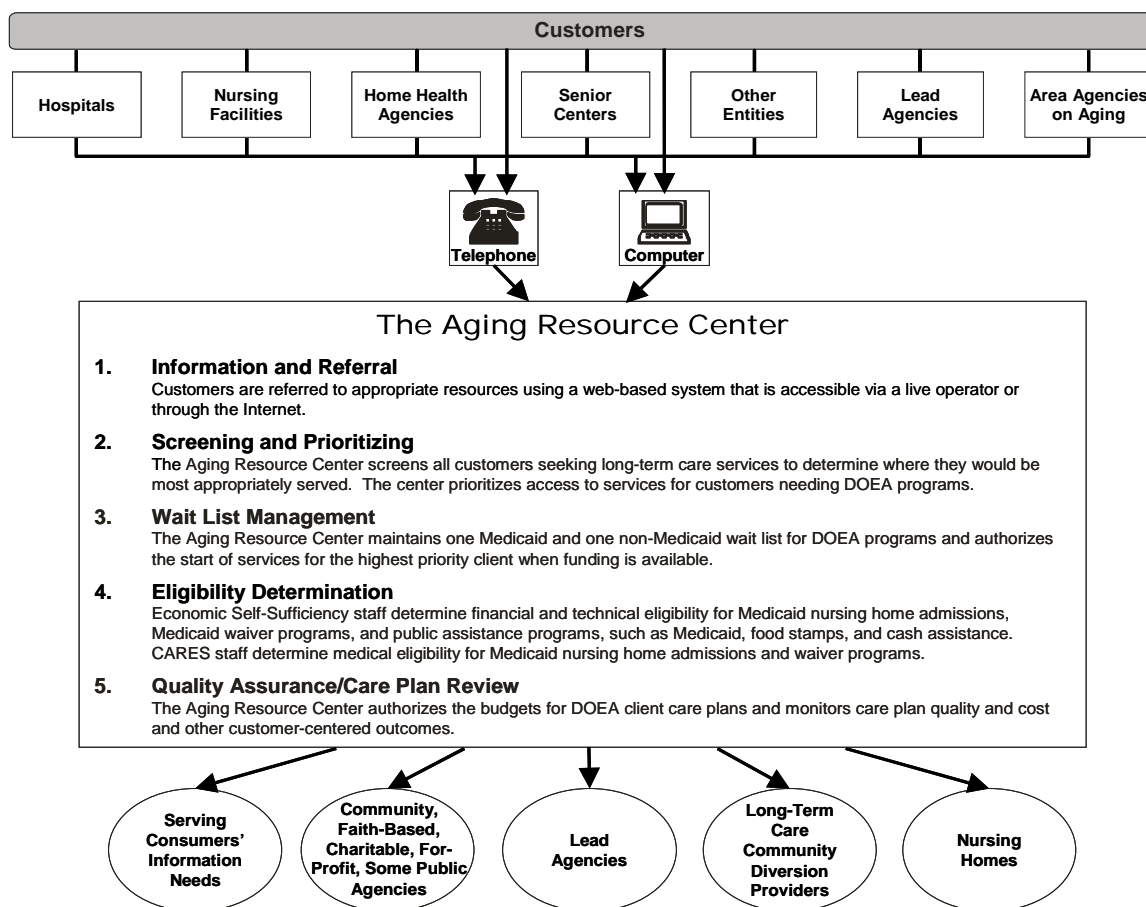ly accessible. The system is made up of a network of designated Elder Help Lines, each administered by area agencies either directly or through contracted providers. [7] These help lines support elders and their caregivers by assessing their needs, identifying the most appropriate short-term and long-term care services to meet those needs, and referring them to agencies providing those services. [8]

---

[7] Elder Help Lines can be accessed through a local phone number or 1-800-96 ELDER (1-800-963-5337). Certain planning and service areas have more than one help line provider.

[8] Short-term care services are temporary and episodic, with a focus on restoration of health, while long-term care services help elders with an irreversible disabling condition complete activities of daily living in the least restrictive setting. Examples of short-term care services are transportation, housing modifications, and counseling. Examples of long-term care services are homemaking, home health, respite, and personal care.

Exhibit 2
Aging Resource Centers Are Intended to Provide Elders with Multiple Access Points Into One System That Provides Uniform, Individualized Services

The Aging Resource Center

1. **Information and Referral**
Customers are referred to appropriate resources using a web-based system that is accessible via a live operator or through the Internet.

2. **Screening and Prioritizing**
The Aging Resource Center screens all customers seeking long-term care services to determine where they would be most appropriately served. The center prioritizes access to services for customers needing DOEA programs.

3. **Wait List Management**
The Aging Resource Center maintains one Medicaid and one non-Medicaid wait list for DOEA programs and authorizes the start of services for the highest priority client when funding is available.

4. **Eligibility Determination**
Economic Self-Sufficiency staff determine financial and technical eligibility for Medicaid nursing home admissions, Medicaid waiver programs, and public assistance programs, such as Medicaid, food stamps, and cash assistance. CARES staff determine medical eligibility for Medicaid nursing home admissions and waiver programs.

5. **Quality Assurance/Care Plan Review**
The Aging Resource Center authorizes the budgets for DOEA client care plans and monitors care plan quality and cost and other customer-centered outcomes.

Note: At any step in this process, a consumer would be able to meet with an Aging Resource Center specialist.
Source: Department of Elder Affairs.

However, stakeholders report that some help lines provide incomplete and inconsistent information, which can result in elders receiving services that do not meet their needs or elders being placed on wait lists. For example, each area agency establishes its own policies regarding which providers can be included in or excluded from the agency's help line information and referral system. Thus, some help lines have a more extensive list of providers than other help lines, and some clients do not receive the full range of provider and service choices available to meet their needs. [9] Also, only area agencies and other help line providers have access to their own systems. Thus, elders who seek help from another local provider, such as a lead agency or senior center, are given a limited list of referrals based on services that the entity provides or about which it has knowledge.

The new system is intended to provide more centralized and uniform information that will be more widely accessible. As shown in Appendix B, one of the primary components of the Aging Resource Center initiative is a statewide, web-based information and referral system that provides wider access to information on service availability. Because the system will have uniform information and referral protocols and include all providers that meet DOEA qualifications, customers can receive consistent information on the full range of services available to them. The new system also will be web-based, which will be more easily accessible than the current help lines. Customers can access the system through the Internet, the telephone, and in person at Aging Resource Centers and other approved provider locations. According to DOEA estimates, most customers (80%) will need basic information and short-term care services. The remainder will need referral to long-term care services.

Increased screening and prioritizing of elders for services. Currently, not all elders seeking long-term care services are screened to determine if they are eligible for less costly home and community-based services. DOEA's contracted providers use an intake screening tool to determine clients' service needs and prioritize them based on risk of nursing home placement. [10] However, other providers, such as health care agencies, senior centers, and nursing homes, use different screening tools or do not screen at all. For example, only elders applying for Medicaid nursing home care are currently screened for home and community-based services. Thus, elders who are not adequately screened may be placed in a more costly nursing home or in another program that does not meet their needs.

The Aging Resource Center system will increase the number of elders screened and prioritized for services using the approved DOEA form. All providers that are a part of the system will refer elders to the Aging Resource Centers, which then will use the screening tool to assess each elder's service needs and assign him/her a priority score based on his/her risk of nursing home placement. Next, the centers will refer elders to locally funded programs or prioritize and place them on a wait list for federal and/or state-funded programs. These changes are intended to improve the state's ability to focus its resources on clients at highest risk of nursing home placement.

Improved wait list management. Although DOEA's current wait list management process aims to target elders most in need, elders are not always served in priority order or referred to the most appropriate services. Elders are prioritized on wait lists based on their risk of nursing home placement; however, most of the state's 57 lead agencies maintain their own wait lists for services. [11] As a result, depending on the local wait lists, elders who are at high risk of nursing home placement in one part of a planning and service area may receive services later than lower-risk elders in another part of the area that has a shorter wait list. [12] In addition, certain lead agencies that maintain wait lists and provide direct services may self-refer clients to their own programs and services because the availability of funding creates a disincentive for some lead

---

[9] For example, some help lines include for-profit organizations and sliding scale fee providers, while others do not.

[10] DOEA uses Form 701A as its current intake screening tool.

[11] Some area agencies manage the wait list for certain programs. In addition, DOEA manages the wait list for the Long-Term Care Community Diversion Program.

[12] Ten of the 11 planning and service areas have more than one lead agency.

agencies to refer elders to other providers. [13] Clients therefore may not be referred to the most appropriate programs and services that best suit their needs.

Aging Resource Centers will centralize wait list management in their planning and service areas by placing elders on one of two wait lists (one for Medicaid waiver programs and one for non-Medicaid programs) for DOEA long-term care programs. [14, 15] This will better ensure that uniform priority criteria are used to assign elders to wait lists and services. In addition, since Aging Resource Centers cannot provide direct services for these programs, they should provide objective choice counseling to clients, allowing them to choose which program and provider best meet their needs.

Streamlined Medicaid eligibility determination process. The current Medicaid eligibility determination process can be confusing and time-consuming for elders. Clients applying for Medicaid waiver programs must meet medical, financial, and technical criteria. DOEA's Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program completes the medical assessment, while the Department of Children and Families' Economic Self-Sufficiency Program completes financial and technical assessments of the elder. [16] This process is often confusing and time-consuming

for elders due to the amount of paperwork necessary to verify income and assets and the fact that they must interact with two agencies often in different locations. Also, clients must complete duplicative forms and many times do not have a case manager or caregiver helping them through the process. These barriers result in some elders who are at imminent risk of nursing home placement not receiving home and community-based services in a timely manner.

To accelerate the Medicaid eligibility process and to avoid duplicative paperwork, each Aging Resource Center will be required to help clients through the application process and to integrate the area agency on aging, CARES, and the Department of Children and Families' Economic Self-Sufficiency Program. [17] This integration is intended to promote more efficient and effective communication between programs and provide elders with a one-stop center to complete all eligibility paperwork. Elders will be able to apply for Medicaid waiver programs, Medicaid nursing home care, and public assistance programs, such as Medicaid, food stamps, and cash assistance, at one location. [18] In addition, DOEA intends that the information provided by elders during the application process will be used to populate common elements on all eligibility forms. To achieve this integration, the Aging Resource Centers will be required to develop memoranda of understanding with the local CARES unit(s) and Economic Self-Sufficiency unit(s). These memoranda must outline which program staff unit is responsible for each Aging Resource Center function and specify the staff levels necessary to carry out these functions.

Uniform care plan management and review. Historically, DOEA has provided only limited guidelines and mechanisms to ensure that lead

---

[13] These referrals are made during choice counseling, which includes such activities as answering questions and providing unbiased information on available long-term care service options and advising on what factors to consider when selecting a program and/or provider.

[14] Very frail elders who are dually eligible for Medicaid and Medicare may choose to be placed on two wait lists—one for the Long-Term Care Community Diversion Program, which is managed at the department, and one for all other Medicaid waiver programs.

[15] The DOEA term for its wait lists is an "assessed prioritized consumer list." Aging Resource Centers will continue to follow DOEA's current wait list protocols, which include assigning clients a priority level of 1 to 5 based on their priority scores on the intake screening tool and reassessing clients every six months to ensure the highest priority clients are served first. Currently, most clients (80%) on wait lists are priority levels 1, 2, and 3 and are at a relatively lower risk of nursing home placement than clients who are priority levels 4 and 5.

[16] The medical eligibility determination examines if an elder's health condition is poor enough to require nursing home care. The financial eligibility determination examines if an elder's income and assets fall within eligibility thresholds. The technical eligibility determination examines if an elder meets other requirements, such as age, U.S. citizenship, and Florida residency.

[17] This integration may occur by co-locating staff of the programs, or by using an integrated information system that can share information between the programs to reduce duplication and increase the speed with which applications can be processed and approved.

[18] Other Medicaid programs include Qualified Medicare Beneficiary, Medically Needy, and Silver Saver Prescription Drug Program. The Optional State Supplementation Program is the state's primary non-Medicaid cash assistance program for elders, which helps a person pay for costs in an assisted living facility or adult family care home.

agencies develop and manage their client care plans appropriately. These written care plans are based upon service needs assessments and outline the services the individual will receive to reach and keep his/her best physical, mental, and social well-being.

Based on analyses of spending levels, care plan costs, and caseloads, DOEA officials concluded that more structured guidelines are needed for developing and managing care plans. Under the current guidance, care plan management has been inconsistent, and some clients at higher frailty levels have not received all of the services necessary for community living, while other clients at lower frailty levels have received more services than are necessary. Inconsistent care plan management also has led to some lead agencies overspending their budgets, resulting in deficits in the Medicaid Aged and Disabled Adult Waiver Program.

To help ensure that quality services are provided to clients in the most cost-effective manner, the Aging Resource Centers are required to authorize budgets for individual clients and establish and maintain at least one Care Plan Review Team. DOEA recently established statewide care plan protocols for lead agencies to use in managing client care plans and for the teams to use when monitoring lead agencies. [19] Teams are to ensure that care plans are developed based upon the assessed needs of the client and that the cost of a client's care plan is appropriate according to the statewide protocols.

What is the implementation status of the Aging Resource Center initiative?

The department and area agencies on aging have met the initial legislative deadlines for the Aging Resource Center initiative. DOEA also is in the process of implementing the framework for the new system.

The department and area agencies have met the initial legislative deadlines for developing the Aging Resource Center initiative. The department issued the Aging Resource Center implementation plan by October 31, 2004, as

required by law. DOEA developed the plan in consultation with the Department of Children and Families and the Agency for Health Care Administration. The plan contains the required elements, including qualifications for designation as an Aging Resource Center, functions to be performed by the center, and the process for determining that an area agency is ready to transition.

The department also completed several deliverables needed to prepare area agencies on aging to submit proposals to transition to Aging Resource Centers or Aging and Disability Resource Centers. On November 1, 2004, DOEA provided area agencies with instructions and a template format for developing their proposals. In addition, DOEA developed and distributed draft implementation guidelines to area agencies and held a meeting with area agency representatives to explain the draft guidelines, answer questions, and get feedback on how to improve the guidelines. The department distributed the final version of the guidelines on December 1, 2004. Most area agency directors told us that they received adequate guidance and technical assistance to develop their proposals.

Area agencies on aging met the December 31, 2004, deadline to submit proposals to the department. Six agencies submitted proposals to transition to Aging and Disability Resource Centers, and five agencies submitted proposals to transition to Aging Resource Centers. The department plans to select three pilot sites to serve as Aging and Disability Resource Centers prior to March 1, 2005.

The department is developing critical system components. The department is currently developing four major components of the new system.

- **Information and referral system.** DOEA formed a work group of representatives of five area agencies to establish statewide policies regarding which entities will be included in and excluded from the information and referral system's list of providers. DOEA officials expect to complete the policies by March 31, 2005. In addition, DOEA is in the process of finalizing a contract with a vendor to develop a web-based information and

---

[19] DOEA established care plan protocols for the Medicaid Aged and Disabled Adult Waiver Program in April 2004 and plans to establish similar protocols for other programs in the future.

referral system that is to be ready for testing by April 2005. The contract also will require the vendor to train Aging Resource Center staff and affiliated organizations on how to use the system prior to the centers becoming operational. Because the Aging Resource Center's purpose is to provide elders with easier access to services that best meet their needs, it will be critical for DOEA to ensure that the vendor meets the contract deadlines.

▪ **Readiness assessment process and tools.** The department has established a readiness assessment team and is developing a standardized readiness assessment checklist. The readiness assessment team will evaluate start-up activities and provide technical assistance to area agencies on aging as they transition to Aging Resource Centers. DOEA officials expect that, prior to the readiness assessment, the team will hold a technical assistance meeting with each area agency on aging and its stakeholders to discuss the readiness assessment process, answer questions, and determine technical assistance needs. The readiness assessment process will include a desk review of supporting documentation and then a site visit to ensure each area agency is ready to initiate the first phase of implementation, the information and referral component. As each Aging Resource Center takes on additional functions, the team will conduct further readiness assessment activities until full implementation has occurred. DOEA also is developing a standardized checklist that the team will use to determine each area agency's readiness and ability to perform the duties of an Aging Resource Center as outlined in law. This checklist is to be completed by March 2005.

▪ **Model agreements.** DOEA is establishing model agreements for Aging Resource Centers to use to improve coordination with other agencies. As required by law, each Aging Resource Center must establish memoranda of understanding with DOEA for collaboration with local CARES units, and with the Department of Children and Families for collaboration with local Economic Self-Sufficiency units. To provide adequate statewide direction to the area

agencies, DOEA needs to develop these model agreements prior to designation of the first three pilot sites. The model agreements need to outline the functions to be performed by each program and, if necessary, specify any differences between physical and virtual integration.

▪ **Standards and measures.** As required by law, DOEA has begun developing operational and quality assurance standards and outcome measures for Aging Resource Centers. In addition to standards currently required of area agencies on aging, the department has established other operational and quality assurance standards through its implementation plan and guidelines. DOEA also has begun developing additional performance measures to evaluate the information and referral component, focusing on performance in targeting high-risk clients for services and customer satisfaction. DOEA officials expect to finish developing a rule that codifies all standards and measures by June 30, 2005. [20]

Did DOEA establish appropriate criteria and instruments for selecting Area Agencies on Aging to transition to Aging Resource Centers?

DOEA's criteria and instrument for selecting the area agencies on aging to transition to Aging Resource Centers are appropriate and meet state and federal requirements. In accordance with state requirements, DOEA established appropriate criteria, such as requiring area agencies to demonstrate in their proposals expertise in the needs of their target populations; strong connections to service providers, volunteer agencies, and community institutions; expertise in information and referral activities; thorough knowledge of long-term care resources; and ability to meet all performance standards established by DOEA. The criteria also meet the requirements of the federal Aging

---

[20] The DOEA general counsel has interpreted s. 430.2053(12), *F.S.*, which states that "the department shall, prior to designation of an aging resource center, develop by rule operational and quality assurance standards and outcome measures," to mean that DOEA must begin developing the rule prior to the designation of an aging resource center.

and Disability Resource Center grant. For example, DOEA will give preference to area agencies proposing physical co-location with CARES staff and/or the Department of Children and Families' Economic Self-Sufficiency staff.

Most area agency on aging directors we interviewed concurred that the criteria are appropriate and reasonable. However, some area agency directors expressed concern that they were required to develop a "plan for sustainability" of the Aging Resource Centers should they not receive additional state funding specifically appropriated for center operations. The directors asserted that some area agencies may need to redirect funds from other activities to sustain the Aging Resource Centers if additional funding is not provided.

The department's Aging Resource Center evaluation instrument for screening and scoring area agencies' transition proposals also appears to be reasonable and objective. This instrument requires DOEA staff to initially screen each agency proposal to determine completeness and compliance with required criteria. A DOEA review team then will evaluate the completed and compliant proposals with a three-section instrument that scores each selection criterion. [21] The instrument will give the greatest weight to the minimum standards required by law, and also will rate proposals based on additional criteria for the transition to Aging Resource Centers, and the transition to Aging and Disability Resource Centers. For the first three pilot sites, DOEA will select the three highest rated proposals from among those area agencies proposing to transition to Aging and Disability Resource Centers.

---

[21] The DOEA review team will consist of five DOEA staff members—two from the Aging Resource Center implementation team and one each from the Aging Resource Center development team, Division of Statewide Community-Based Services, and Division of Administrative Services. In addition, content experts from CARES, Department of Children and Families' Mental Health Program and Economic Self-Sufficiency Program, and DOEA's Division of Management Information Systems will review select sections of the proposals related to their field of expertise.

What issues need to be addressed to help ensure effective implementation of the new system?

Although the department has taken reasonable steps thus far to develop the Aging Resource Center and Aging and Disability Resource Center system, it is still in the early stages of the process. Several steps will be critical to effectively implement the new system:

- including other key stakeholders in additional planning and implementation activities,
- evaluating and making necessary changes to DOEA's intake screening tool, and
- timely completing the remaining critical components in the system's framework.

The department and area agencies should increase the extent to which other key stakeholders are included in the planning and implementation process. Although DOEA has included the Department of Children and Families' Mental Health Program and DOEA's Long-Term Care Community Diversion Program in its initial planning, it should take further steps to increase coordination with these key stakeholders. DOEA has met with both the Mental Health Program and the Diversion Program to discuss the new initiative. In addition, the Mental Health Program established district liaisons throughout the state for area agencies to contact for input when developing their transition proposals.

However, DOEA should include these key stakeholder groups in additional planning and implementation activities.

- DOEA should include a representative from the Mental Health Program on its Aging and Disability Resource Center Statewide Stakeholder Advisory Council. This council is required by the federal grant to advise DOEA on the center's design and operations, stakeholder input, the state's progress toward achieving project goals, and other program and policy issues. DOEA also needs to establish a Memorandum of Agreement with the Department of Children and Families outlining DOEA's partnership with the Mental Health Program regarding

the centers. This agreement should describe how the departments will work together to ensure effective integration of the mental health component and serve as a model for area agencies to use when developing local memoranda of understanding with the district mental health program offices.

- DOEA should include its Long-Term Care Community Diversion Program staff when developing information and referral system protocols for the Diversion Program. DOEA also needs to ensure that local work groups for Aging Resource Centers include at least one Diversion Program representative. [22] Currently, area agencies have minimal contact with the Diversion Program because they do not contract with and rarely refer clients to this program's providers. However, the Diversion Program is a significant part of the state's efforts to increase the cost predictability of long-term care services, as well as the extent to which elders are placed in the least restrictive, most cost-effective settings. Since the Aging Resource Centers are intended to serve as the single point of entry for all elders seeking long-term care, centers need to include the perspective of this program in their work groups.

The department should evaluate and make changes to its intake screening tool as needed. While an initial good start, the current intake screening tool may not be a good predictor of care plan costs and service needs, and different agencies may require different screening tools for access to their programs. In order to achieve the goal of the Aging Resource Centers to have uniform screening for long-term care services, the intake screening tool should predict the cost of care, service needs, and risk of nursing home placement. Although DOEA's current intake screening tool is a relatively good predictor of a client's risk of nursing home placement, some area agency and lead agency directors asserted

that it does not predict with consistency the care plan costs or types of services needed by the client. In addition, the tool does not screen for Alzheimer's or other dementia-related diseases, though these factors can affect risk of nursing home placement.

Since another goal of the Aging Resource Centers is to reduce fragmentation and duplication, the system should strive to require elders to provide information only once for multiple agencies' information needs. The current system requires clients to complete separate forms for intake screening, Medicaid medical eligibility, and Medicaid financial eligibility.

DOEA is taking steps to evaluate and improve its intake screening tool. The department contracted with Florida State University Research Foundation, Inc., in July 2004 to examine the screening tool and make recommended changes to ensure predictability of care plan cost and nursing home placement. The results of this review are due by March 31, 2005. The department also has had preliminary meetings with CARES and Economic Self-Sufficiency Program officials, at which they discussed the possibility of including additional questions on the intake screening tool to capture their information needs. The intent is to have the information collected by DOEA's tool populate other program eligibility forms to reduce duplication. At this point, the Economic Self-Sufficiency Program is testing a web-based application that, if successfully implemented, will enable Aging Resource Center personnel to exchange needed information. DOEA needs to work with both the CARES and Economic Self-Sufficiency programs to develop an action plan and finalize this effort.

The department should timely complete the remaining critical components in the system's framework. The department is in the process of implementing other critical components of the Aging Resource Center system (i.e., information and referral system, readiness assessment process and tools, model agreements, and standards and measures). To meet the remaining legislative deadlines for this initiative, the department must timely complete these critical components.

---

[22] Chapter 2004-386, *Laws of Florida*, requires Aging Resource Center work groups to include representatives of local service providers, Alzheimer's Association chapters, housing authorities, social service organizations, advocacy groups, representatives of potential Aging Resource Center clients, and any other persons or groups as determined by DOEA. These work groups will advise area agencies in the planning, implementation, and evaluation of the centers.

Conclusion and Recommendations ———

The department and area agencies on aging have met the initial legislative deadlines for developing the Aging Resource Center initiative. Also, DOEA's criteria and instrument for selecting area agencies on aging to transition to Aging Resource Centers are appropriate and meet legislative requirements. To further enhance the development of Aging Resource Centers, the department is in the process of implementing other critical components (i.e., information and referral system, readiness assessment process and tools, model agreements, and standards and measures) needed to establish the framework for the new system.

Although the department has taken reasonable steps thus far to develop the Aging Resource Center and Aging and Disability Resource Center system, it should take additional steps to help ensure effective implementation. We recommend that DOEA take the actions discussed below.

Increase the extent to which other key stakeholders are included in the planning and implementation process. To ensure that the perspectives of all participants in the long-term care system are included, we recommend that DOEA:

- request a representative of the Department of Children and Families' Mental Health Program to serve on its Aging and Disability Resource Center Statewide Stakeholder Advisory Council;
- establish a Memorandum of Agreement with the Department of Children and Families' Mental Health Program prior to designation of the three Aging and Disability Resource Centers;
- include its Long-Term Care Community Diversion Program staff when developing information and referral system protocols for the Diversion Program; and
- require Aging Resource Centers to include at least one representative of the Long-Term

Care Community Diversion Program on their local work groups.

Evaluate and make changes to the intake screening tool as necessary. To ensure that the highest priority clients are served first and with the appropriate services, we recommend that DOEA continue its efforts to evaluate and improve the current intake screening tool (Form 701A) to enhance its validity and reliability and to reduce duplicative paperwork for eligibility screenings. By June 30, 2005, in consultation with the CARES and Economic Self-Sufficiency programs, DOEA should develop an action plan to finalize this effort.

Timely complete the remaining critical components in the system's framework. To ensure that the Aging Resource Center initiative is effectively implemented and meets legislative deadlines, we recommend that DOEA take the actions described below.

- DOEA should work with its vendor to establish a web-based system that includes statewide protocols for information and referrals by June 30, 2005, and provide appropriate training to Aging Resource Center staff to ensure uniformity in serving elders.
- To ensure that both DOEA and area agencies on aging understand what is expected and required in implementing Aging Resource Centers and Aging and Disability Resource Centers, DOEA should provide written, detailed instructions of the readiness assessment process at least one week prior to its technical assistance meeting with each area agency on aging. In addition to the readiness assessment checklist, the instructions should include a description of when desk and on-site reviews will take place and what they will cover, what documents will be required of the agency, and how the department will provide technical assistance throughout the process. For each deliverable required of the agency, the department should provide examples of minimum requirements and best practices to clarify department expectations.
- Prior to designation of the first three pilot sites, DOEA should establish statewide model agreements for area agencies to use to

develop their local memoranda of understanding with CARES and Economic Self-Sufficiency units. These agreements should outline expected functions to be performed by each program's staff and, if necessary, specify any differences for physical and virtual integration.

- By June 30, 2005, DOEA should establish outcome measures that assess each Aging Resource Center's effectiveness in targeting high-risk clients, improving the timeliness of Medicaid eligibility determination, increasing nursing home diversions, and increasing customer and provider satisfaction.

Agency Responses─────

In accordance with the provisions of s. 11.51(6), *Florida Statutes,* a draft of our report was submitted to the Department of Elder Affairs and the Department of Children and Families for each to review and respond.

Both agencies provided written responses and those responses have been reproduced here in Appendix C.

Appendix A

Aging Resource Centers/Aging and Disability Resource Centers Planning and Implementation Due Dates by Activity

Chapter 2004-386, *Laws of Florida,* and the Aging and Disability Resource Center Grant Program required the Department of Elder Affairs to complete several planning and implementation activities within certain timeframes. The table below lists the activities and their due dates.

Activities	Dates	Required by
DOEA submits Aging Resource Center Implementation Plan to the Governor, President of the Senate, and Speaker of the House of Representatives	October 31, 2004	Florida Law
DOEA sends Notice of Instructions for Aging Resource Center/Aging and Disability Resource Center designation to Area Agencies on Aging	November 1, 2004	DOEA
Area Agencies on Aging submit proposals to transition to Aging Resource Centers/Aging and Disability Resource Centers by July 1, 2005	December 30, 2004	Florida Law
OPPAGA and Auditor General submit report to the Legislature on the review of DOEA Aging Resource Center implementation	February 1, 2005, and September 1, 2005 March 1 and September 1 yearly until transition is completed	Florida Law
DOEA develops by rule operational and quality assurance standards and outcome measures	Prior to designation of Aging Resource Center	Florida Law
DOEA evaluates Area Agencies on Aging proposals and selects three Aging Resource Center/ Aging and Disability Resource Center pilot sites	February 28, 2005	Florida Law
Area Agencies on Aging not selected as one of the three pilot sites amend proposals and resubmit them to DOEA	June 30, 2005	Florida Law
Aging Resource Center/Aging and Disability Resource Center pilot sites begin operating Information and Referral system	June 30, 2005	Florida Law Federal Grant
DOEA submits report on the progress of Aging Resource Center pilot sites to the Governor, President of the Senate, and Speaker of the House of Representatives	June 30, 2005	Florida Law
Selected Area Agencies on Aging begin transition to additional duties of Aging Resource Centers/Aging and Disability Resource Centers	June 30, 2005	Florida Law
Aging and Disability Resource Center pilot sites must begin serving adults with severe and persistent mental illness	September 30, 2005	Federal Grant
DOEA submits report on feasibility of administering additional Medicaid services through Aging Resource Centers	December 1, 2006	Florida Law
In consultation with the Agency for Health Care Administration, DOEA may develop capitation rates for programs administered through Aging Resource Centers	Once an Aging Resource Center is operational	Florida Law

Source: OPPAGA analysis of Ch. 2004-386, *Laws of Florida,* and the Aging and Disability Resource Center Grant Program Cooperative Agreement.

Appendix B

Aging Resource Center Flow of Services for Elders

As required by Ch. 2004-386, *Laws of Florida*, the Department of Elder Affairs must establish Aging Resource Centers by integrating information and referral for all available services for elders and by creating multiple access points to the long-term care system, so that elders and their families can have easier access to needed services. Below is the intended flow of services for elders accessing the Aging Resource Centers.
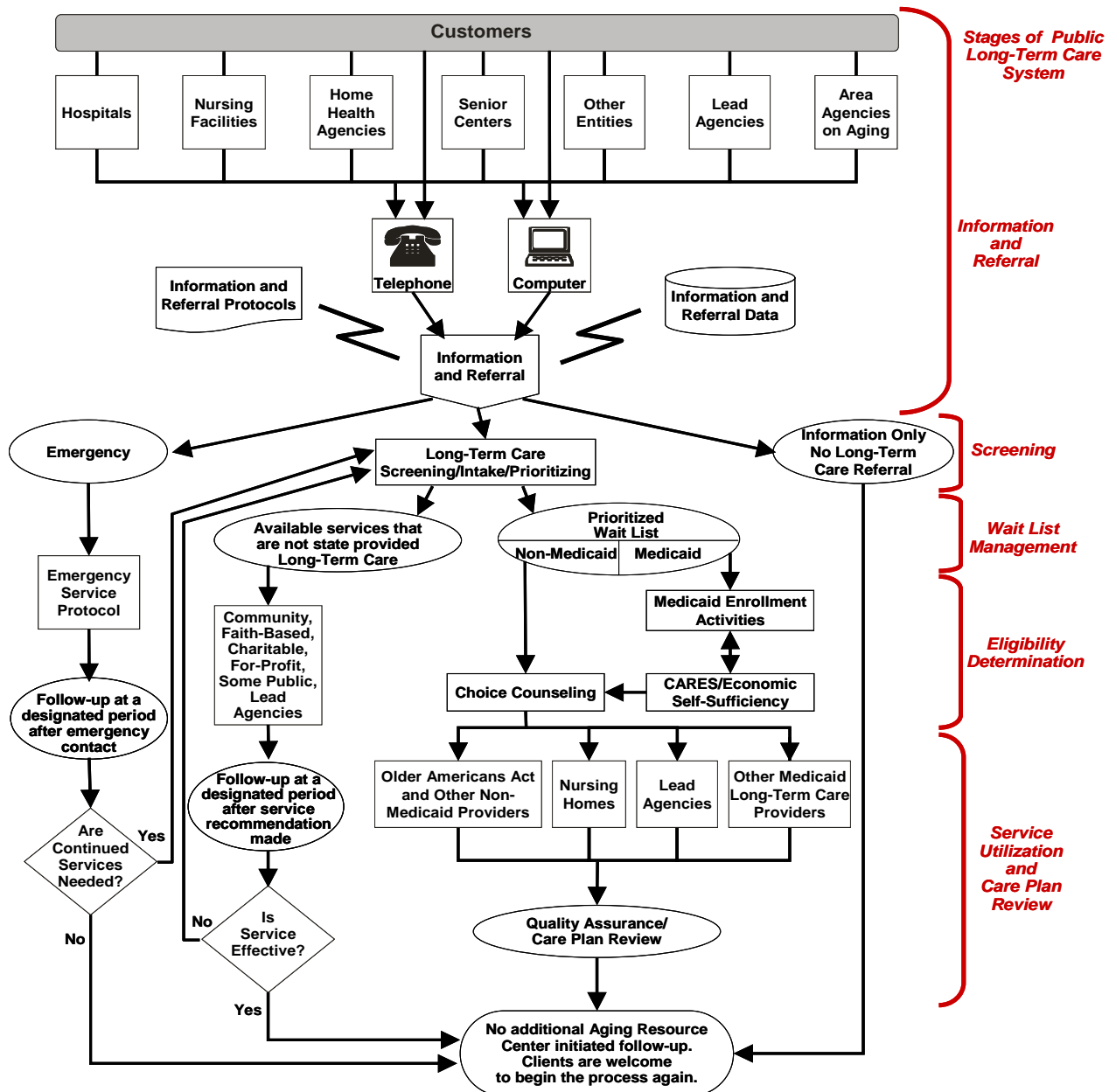
Note: At any step in this process, a consumer would be able to meet with an Aging Resource Center specialist.
Source: Department of Elder Affairs.

Appendix C

DEPARTMENT OF

ELDER AFFAIRS
STATE OF FLORIDA

JEB BUSH
Governor

SUSAN M. TUCKER
Interim Secretary

February 11, 2005

Mr. Gary R. VanLandingham, Interim Director
Office of Program Policy Analysis and Government Accountability
111 West Madison Street, Room 312
Claude Pepper Building
Tallahassee, FL 32399-1475

Dear Mr. VanLandingham:

As requested, the Department of Elder Affairs is submitting a written statement of response to the preliminary findings and conclusions in the OPPAGA report titled "DOEA Has Taken Reasonable Steps to Begin the Aging Resource Center Initiative."

Let me express my appreciation for your staff"s thorough evaluation of the Department's development activities. We are pleased to be recognized for the positive results of the hard work and dedication of Department staff to establish a solid framework for the launch of this new design for the long-term care system.

The Department concurs with the conclusion and recommendations and is actively engaged in activities to complete the remaining critical components within the statutorily mandated time frames to ensure effective implementation of the Aging Resource Center initiative. Our reaction to the specific recommendations is presented in the enclosed response.

Since OPPAGA and the Auditor General's Office will continue the review of our implementation process until all Area Agencies on Aging have completed their transition to Aging Resource Centers, we look forward to the ongoing relationship with your staff. Please contact Sandi Smith at (850) 414-2000 if you have any questions.

Sincerely,

/s/
Susan M. Tucker
Interim Secretary

SMT/sls

cc: Stanley Behmke, Inspector General

Enclosure

4040 ESPLANADE WAY
TALLAHASSEE
FLORIDA, 32399-7000

phone **850.414.2000**
fax **850.414.2004**
TDD **850.414.2001**

http://elderaffairs.state.fl.us

Department of Elder Affairs
Response to OPPAGA Conclusion and Recommendations

Increase the extent to which other key stakeholders are included in the planning and implementation process.

Recommendation 1: Request a representative of the Department of Children and Families' Mental Health Program to serve on its Aging and Disability Statewide Stakeholder Advisory Council.

As recommended, we have sent a letter to DCF with a request that the department's representation on the ADRC Statewide Stakeholder Advisory Council include the Mental Health Program Office.

In the development of Aging (and Disability) Resource Centers, there are a number of programs at the Department of Children and Families with which DOEA will closely coordinate. These include: Economic Self-Sufficiency (ESS), Adult Services and Mental Health. The ADRC Statewide Stakeholder Advisory Council, established at the direction of the federal three-year grant funded by the Administration on Aging and the Centers for Medicare & Medicaid Services, is composed of representatives of partner organizations, including the Department of Children and Families.

The Advisory Council is assisted in its responsibilities for oversight of the planning and development of ADRC pilot sites by a number of work groups that address issues necessary for the successful implementation of the resource center concept. Included in the scope for the work groups are topics such as Information and Referral, Information Technology, Eligibility Determination, Referrals for Adults with Severe and Persistent Mental Illness, Protective Services Referrals, Triaging/Screening for Long-term Care, Public Awareness and Marketing, Training, and Evaluation. Representatives from DCF will be included on all relevant work groups.

Recommendation 2: Establish a Memorandum of Agreement with the Department of Children and Families' Mental Health Program prior to designation of the three Aging and Disability Resource Centers.

To effectively implement the Aging and Disability Resource Centers, DOEA will be executing new agreements with the Department of Children and Families outlining collaboration with the Economic Self-Sufficiency and Mental Health programs and modifying the current agreement related to the appropriate handling of Adult Protective Services referrals. These Memoranda of Agreement (MOA) will be at the state level between the two state agencies. There will be other memoranda, for which DOEA will provide templates, developed between the ADRC pilot sites and these programs at the district and regional level.

DOEA is currently working with DCF Mental Health Program Office staff to identify the elements to be included in the Memorandum of Agreement with a target of completing it for signature as soon as possible. While the state-level agreement will describe how the departments will work together to ensure effective integration of the required components in the ADRC sites, the local-level memorandum of understanding (MOU) will be more detailed and will be crafted to fit the relationship as required by the way the local systems perform in the pilot sites, which is likely to vary depending on location.

On February 8, the Department announced the selection of the three ADRC pilot sites. Since this was three weeks ahead of schedule and prior to establishing this MOA for mental health collaboration, DOEA will continue to make the execution of this agreement a high priority and the completion of the local MOU will be in place prior to the initiation of ADRC operations in the pilot areas.

Recommendation 3: Include its Long-Term Care Community Diversion Program staff when developing information and referral system protocols for the Diversion Program.

The Department is involving content experts throughout the agency in planning for implementation of the Aging Resource Centers. The Long-Term Care Community Diversion Program staff will be included in the development of the protocols for the information and referral system.

Recommendation 4: Require Aging Resource Centers to include at least one representative of the Long-Term Care Community Diversion Program on their local work groups.

In accordance with the provisions of s. 430.2053(5)(f), the Department is authorized to designate entities to be involved in the local work groups, which are required to advise in ARC planning, implementation, and evaluation. DOEA will direct the Aging Resource Centers to include at least one representative of the Long-Term Care Community Diversion Program on their local work groups.

Evaluate and make changes to the intake screening tool as necessary.

Recommendation 5: Continue efforts to evaluate and improve the current intake screening tool to enhance its validity and to reduce duplicative paperwork for eligibility screening. By June 30, 2005, in consultation with CARES and the Economic Self-Sufficiency programs, DOEA should develop an action plan to finalize this effort.

The Department has already organized a work group to evaluate the current screening tool and recommend revisions to produce an instrument that will identify customer needs, assign a priority level for services, make a preliminary assessment of financial and functional eligibility for Medicaid, and determine care plan costs. CARES and DCF Economic Self-Sufficiency will be among the participants on this work group. DOEA plans to complete the screening tool revisions prior to June 30, 2005.

Timely complete the remaining critical components in the system's framework.

Recommendation 6: DOEA should work with its vendor to establish a web-based system that includes statewide protocols for information and referrals by June 30, 2005, and provide appropriate training to Aging Resource Center staff to ensure uniformity in serving elders.

The Department is working out final contractual details with a vendor that has been determined to have the best solution for the new web-based information and referral system. Once the contract is executed, the Department will prioritize tasks to ensure that the system is functional and training has been completed before the ADRC pilot sites begin operation.

Recommendation 7: DOEA should provide written, detailed instructions of the readiness assessment process at least one week prior to its technical assistance meeting with each area agency on aging. In addition to the readiness assessment checklist, the instructions should include a description of when desk and on-site reviews will take place and what they will cover, what documents will be required of the agency, and how the department will provide technical assistance throughout the process. For each deliverable required of the agency, the department should provide examples of minimum requirements and best practices to clarify department expectations.

> For purposes of this response, it is important to note that the Department is utilizing a two-phase strategy to provide technical assistance to the three area agencies on aging: an initial joint meeting with staff from all three area agencies followed by individual site visits, which will include meetings with each area agency and local ADRC stakeholders. These technical assistance activities will be followed by a more formal readiness review process prior to the start of ADRC operations. As recommended, the Department will provide detailed information about the readiness review process at least one week prior to each site visit.

Recommendation 8: Prior to designation of the first three pilot sites, DOEA should establish model agreements for area agencies to use to develop their local memoranda of understanding with CARES and Economic Self-Sufficiency units. These agreements should outline expected functions to be performed by each program's staff and, if necessary, specify any differences for physical and virtual integration.

> As mentioned in the response to Recommendation #2, DOEA designated the first three pilot sites on February 8. As this decision was announced in advance of the statutory deadline of February 28, the Department has not completed the state-level Memorandum of Agreement with the DCF ESS Program or the model agreements for the local ADRC memoranda of understanding with ESS as well as CARES.

> DOEA continues to place a high priority on developing the state-level MOA with DCF to outline the agencies' commitment to effective ESS integration at the local ADRC level. With the pilot sites now identified, the Department will focus on designing a template for the local memoranda of understanding which responds to the characteristics of the local ESS and CARES systems, outlining staff functions to be performed by each agency and addressing the collocation relationship whether physical or virtual. These "model agreements" will provide direction for the negotiation of the local MOUs, which will be in place prior to the initiation of ADRC operations in the pilot areas.

Recommendation 9: By June 30, 2005, DOEA should establish outcome measures that assess each Aging Resource Center's effectiveness in targeting high-risk clients, improving the timeliness of Medicaid eligibility determination, increasing nursing home diversions, and increasing customer and provider satisfaction.

> The Department has an established work group addressing the performance standards for Aging Resource Centers. These measures will represent a sampling of the current performance standards established by the Florida Legislature in the General Appropriations Act. In addition, DOEA is proposing new measures specific to ARC functions. This work is scheduled for completion prior to contracting with the ADRC pilot sites to begin operations.

**FLORIDA DEPARTMENT OF
CHILDREN
& FAMILIES**

Jeb Bush
Governor

Lucy D. Hadi
Secretary

February 15, 2005

Mr. Gary VanLandingham
Interim Director
Office of Program Policy Analysis and
 Government Accountability
111 West Madison Street, Room 312
Tallahassee, Florida 32399-1475

Dear Mr. VanLandingham:

Thank you for your recent letter providing the preliminary findings and recommendations of your report entitled "DOEA Has Taken Reasonable Steps to Begin the Aging Resource Center Initiative."

Enclosed is our response to the findings and recommendations. If your staff has any additional questions, please have them call Ken DeCerchio, Acting Deputy Secretary for Substance Abuse and Mental health, at (850) 414-9063 or Connie Reinhardt, Acting Director for Economic Self-Sufficiency Services, at (850) 488-3271.

Sincerely,

/s/
Lucy D. Hadi
Secretary

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

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
RESPONSE TO OPPAGA REPORT ENTITLED
DOEA HAS TAKEN REASONABLE STEPS TO BEGIN THE
AGING RESOURCE CENTER INITIATIVE

Recommendation: *Increase the extent to which other key stakeholders are included in the planning and implementation process.*

Department's Response:

The Office of Program Policy Analysis and Government Accountability (OPPAGA) has been informed of the representative from the department's Mental Health Program Office that will serve on the Aging and Disability Resource Center Statewide Stakeholder Advisory Council. The department is developing a Memorandum of Agreement between the agencies and will continue to work closely with them as the Aging and Disability Resource Centers are implemented in the three pilot areas.

Recommendation: *Evaluate and make changes to the intake screening tool as necessary.*

Department's Response:

The department will work with the DOEA and CARES programs as necessary to develop a plan to finalize this effort.

The agencies mentioned in this report are encouraged to become partners in the use of our Access FLORIDA WebApplication. They will be invited to an upcoming meeting being scheduled by the department to discuss partnering in our application process.

Recommendation: *Timely complete the remaining critical components in the system's framework.*

Department's Response:

The department will work with area agencies in developing local memoranda of understanding based on the DOEA statewide model agreements.