



## Aging Resource Center Initiative Is Moving Ahead, But Needs Additional Work

### *at a glance*

The Department of Elder Affairs has selected three area agencies on aging as the pilot sites for Aging Resource Centers, provided technical assistance, performed readiness assessments, and approved two centers to begin operations. During its implementation and evaluation of the pilot sites, the department also addressed several OPPAGA recommendations and took other actions to better implement the Aging Resource Center system.

However, the department has not completed certain critical system components. To help ensure successful implementation of the Aging Resource Center system statewide, the department needs to

- complete its web-based information and referral system and provide accompanying training;
- address how to outsource the functions of a center within the new system;
- establish an outcome measure to assess the timeliness of Medicaid eligibility determination; and
- give agencies not selected as pilot sites additional guidance and time to meet Aging Resource Center requirements.

### 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.<sup>1</sup> We issued our initial report in February 2005, and subsequent reports are due each September and March until all area agencies have transitioned to Aging Resource Centers.<sup>2</sup> This report examines DOEA's readiness activities from February 1 through August 15, 2005. During our fieldwork, OPPAGA staff attended technical assistance and readiness assessment site visits for each pilot site and provided DOEA ongoing consultation and feedback to help the department continually improve the readiness assessment process.

## 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) has primary state responsibility for services to elders. The department 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

<sup>1</sup> Chapter 2004-386, *Laws of Florida*.

<sup>2</sup> *DOEA Has Taken Reasonable Steps to Begin the Aging Resource Center Initiative*, [OPPAGA Report No. 05-06](#), February 2005.

services to elders through contracts with local agencies.<sup>3</sup>

- 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.<sup>4, 5</sup>
- 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 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.

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<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> 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.

## ***Aging Resource Centers***

The 2004 Legislature directed area agencies on aging to transition to Aging Resource Centers and DOEA to establish a process to assist them. This initiative is intended to reduce the fragmentation of the current system by providing easier access to elder services through a locally focused, coordinated approach that integrates information and referral for all available services. Each of the 11 area agencies 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. (See Appendix A for an illustration of the differences between the current elder services system and the intended Aging Resource Center system.)

Aging Resource Centers will perform seven primary functions that are intended to improve the elder services system.<sup>6</sup>

- Increase access to services. Aging Resource Centers are intended to increase the number of access points whereby elders can enter the system to obtain services that meet their needs. Aging Resource Centers will be located physically at each area agency on aging, but customers will be able to access the centers' services at other approved points, such as hospitals, senior centers, home health agencies, and lead agencies, and by telephone or through a web-based information and referral system.
- Provide more centralized and uniform information and referral. The current information and referral system for elder services is neither uniform nor widely accessible. Aging Resource Centers are intended to provide more centralized and uniform information through a statewide, web-based system that offers wider access to information on service availability.
- Increase screening 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. Aging Resource Centers are intended to increase the number

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<sup>6</sup> For a more detailed discussion on the intended benefits of Aging Resource Centers, see [OPPAGA Report No. 05-06](#).

of elders screened for these services to better ensure that each client's needs are appropriately determined and met.

- Improve triaging and prioritizing of elders for services. Once a client is screened, an Aging Resource Center will use a "triage" approach to determine which long-term care service programs (both public and privately funded) best meet the client's needs and provide counseling on program and provider options to help ensure that the client chooses and receives appropriate and timely services to avoid nursing home placement. For clients who appear eligible, the center also will prioritize the client's access to DOEA-funded programs based on his/her risk of nursing home placement.
- Streamline eligibility determination. Currently, clients applying for Medicaid waiver programs must meet eligibility determination criteria assessed by DOEA's Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program and the Department of Children and Families' Economic Self-Sufficiency Program. To streamline the eligibility determination process, Aging Resource Centers are intended to help clients through the application process and to integrate the staff and services of the area agency on aging with staff from the local CARES and economic self-sufficiency units.<sup>7</sup>
- Provide better fiscal control and management of programs. Historically, DOEA has provided limited guidelines to lead agencies to ensure that their wait lists and client care plans are adequately managed. Aging Resource Centers are intended to centralize wait list management in their planning and service areas for DOEA long-term care programs, approve budgets for individual clients, and establish and maintain at least one care plan review team.
- Increase quality assurance. Aging Resource Centers are intended to enhance quality assurance by providing more uniform

counseling on long-term care options, tracking performance standards and outcomes, and monitoring sub-contractors to ensure that they do not make inappropriate self-referrals.

### ***Staffing and funding for the Aging Resource Center Initiative***

DOEA assigned 10 employees to work either full- or part-time to develop and implement the Aging Resource Center initiative, at an estimated cost of \$450,181 in salaries and benefits during Fiscal Year 2004-05.<sup>8,9</sup> Of this funding, approximately 75% (\$337,636) was from the federal Older Americans Act and 25% (\$112,545) was from general revenue.

In March 2005, DOEA contracted for an information and referral system. The total amount of the contract is \$803,900 (\$206,101 in general revenue and \$597,799 in federal funds), with about half of the funds being spent in Fiscal Year 2004-05 and the remaining funds being spent in Fiscal Years 2005-06 through 2007-08.

For Fiscal Year 2005-06, the Legislature appropriated \$725,000 (\$395,000 in general revenue and \$330,000 in federal matching funds) to help area agencies transition to Aging Resource Centers. DOEA is working with the Agency for Health Care Administration to submit a proposal seeking federal approval for certain services provided by the centers to be partially funded by Medicaid.

### ***Aging and Disability Resource Centers***

Due to receipt of a three-year \$800,000 federal grant, DOEA is implementing three Aging and Disability Resource Centers in Florida. These centers will perform a dual purpose as both Aging Resource Centers and Aging and Disability Resource Centers. The centers will thereby function similarly to the other Aging Resource Centers, but also will provide information and referral services to adults who are 18 years and older with severe and persistent mental illness.

<sup>7</sup> 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.

<sup>8</sup> Each employee spent 25% to 100% of his or her time on the project over a period ranging from 7 to 12 months.

<sup>9</sup> Based on a review of the department's organizational structure and interviews with DOEA staff, most staff members continue to perform their former duties, as well as work on the initiative.

## Current Status of Initiative –

DOEA officials decided that the first three Aging Resource Center pilot sites will function as the three Aging and Disability Resource Centers. The department has selected three area agencies as pilot sites and assessed their readiness to begin functioning as Aging Resource Centers/Aging and Disability Resource Centers.

**Selection of Pilot Sites.** On November 1, 2004, DOEA provided area agencies on aging with instructions and a template format for developing proposals to transition to Aging Resource Centers or Aging and Disability Resource Centers. Each of the 11 area agencies submitted a proposal prior to December 31, 2004.

On February 8, 2005, after evaluating the area agencies' proposals, DOEA selected three area agencies on aging to become the pilot sites for Aging and Disability Resource Centers: the Senior Resource Alliance in Orlando, the Area Agency on

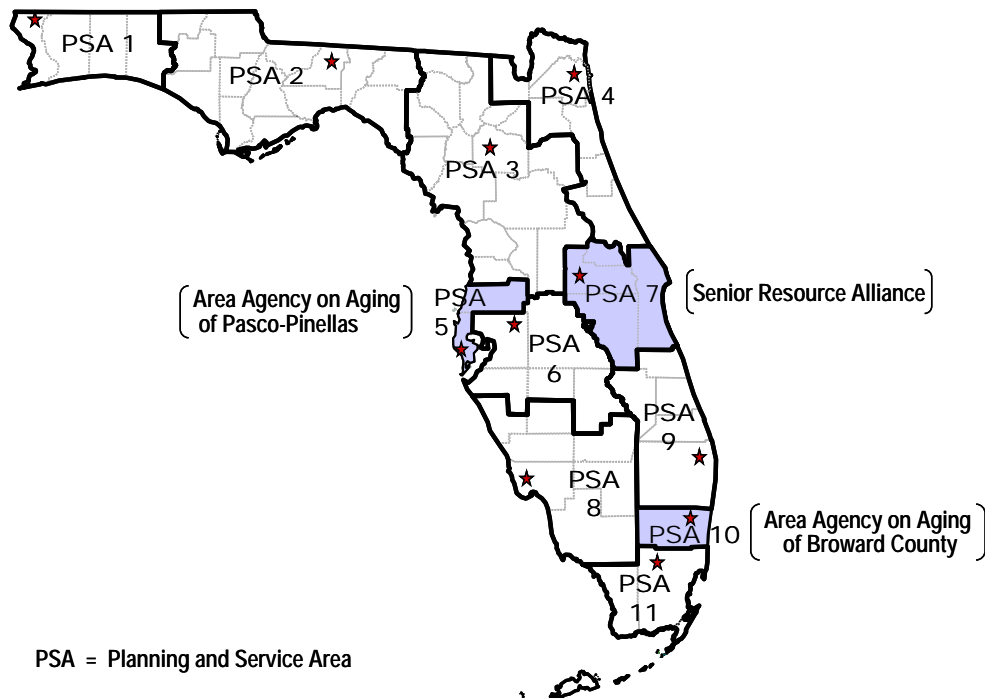
Aging of Pasco-Pinellas in St. Petersburg, and the Area Agency on Aging of Broward County in Fort Lauderdale.<sup>10</sup> As shown in Exhibit 1, these agencies will provide the functions of a center for their entire planning and service areas, which in most cases cover multiple counties.

To assist with the development and start-up of the Aging and Disability Resource Centers, the department provided the pilot sites with \$300,000 in general revenue (\$100,000 each) in Fiscal Year 2004-05 and \$345,000 in federal grant funds (\$115,000 each) in July 2005. These funds are designated for design and implementation activities, such as conducting public awareness and outreach activities, hiring and training staff, purchasing computers and upgrading phone systems, and renovating and renting additional office space.

<sup>10</sup> Six area agencies proposed transition to Aging and Disability Resource Centers, and five proposed transition to Aging Resource Centers. DOEA only evaluated the six Aging and Disability Resource Center proposals in order to select the pilot sites.

### Exhibit 1

#### DOEA Selected Area Agencies in Orlando, St. Petersburg, and Fort Lauderdale to Become Aging and Disability Resource Centers



Source: Department of Elder Affairs.

Readiness Assessment. DOEA conducted technical assistance and readiness assessment site visits to the three pilot sites beginning in April 2005 and ending in August 2005. These visits each lasted for three days and were intended to give guidance to the pilot sites and ensure that they were ready to transition to Aging and Disability Resource Centers on their scheduled dates. During the months of June and July 2005, DOEA approved the first two area agencies on aging to begin partial operations as Aging and Disability Resource Centers by providing at least one of the seven primary functions.

DOEA authorized the Senior Resource Alliance to begin providing information and referral services to elders as an Aging and Disability Resource Center on June 30, 2005. The department authorized the Area Agency on Aging of Pasco-Pinellas to begin operations as a center on August 1, 2005, by providing all functions except for eligibility determination. DOEA officials expect to authorize the Area Agency on Aging of Broward County to begin operating as a center by September 1, 2005.

DOEA plans for each center to begin providing information and referral services to persons with severe and persistent mental illness by September 30, 2005. DOEA will conduct further technical assistance and readiness assessment activities as agencies plan to take on additional functions until full transition to Aging and Disability Resource Centers is complete.

As required by law, the remaining eight area agencies not chosen as pilot sites consulted with the department and their lead agencies, and revised and re-submitted their proposals. DOEA then established criteria to determine which area agencies will next undertake the readiness assessment process to become Aging Resource Centers and currently is reviewing the agencies according to the criteria. These criteria include the agency's readiness to transition, operational soundness as determined by previous monitoring reports, co-location strategies, plans to provide center functions, involvement of board members and providers, capacity to transition within existing resources, service to rural areas, and any legislative priorities for the particular geographic region. Appendix B

provides a summary of implementation dates for the Aging Resource Center/Aging and Disability Resource Center initiative.

## Evaluation of Readiness Activities

Our prior report was issued in February 2005, when the department was still in the planning stages for some components of the Aging Resource Center/Aging and Disability Resource Center system and had just begun the readiness assessment process. Since our prior report, DOEA has addressed several of our recommendations and effectively fulfilled some of its other statutory responsibilities to implement the system. However, the department needs to complete certain critical system components and provide additional guidance and time to remaining agencies to help ensure successful implementation of the system.

### ***DOEA has addressed several OPPAGA recommendations***

OPPAGA consulted with DOEA officials to address our prior report's findings and recommendations and other weaknesses we observed during our fieldwork. As a result, DOEA took several steps to address our concerns and strengthen its planning and oversight processes. Specifically, it has implemented the recommendations described below.

- DOEA has included a representative of the Department of Children and Families' Mental Health Program on the Aging and Disability Resource Center Statewide Stakeholder Advisory Council. This council is required by the federal grant to advise DOEA in the planning, implementation, and oversight of the centers' activities.
- DOEA has completed two state-level Memoranda of Agreement with the Department of Children and Families—one for the Economic Self-Sufficiency Program and one for the Mental Health Program. These memoranda set forth the roles and responsibilities of each department to ensure effective implementation, operation, monitoring, and evaluation of the Aging

Resource Centers and Aging and Disability Resource Centers.

- DOEA has included its Long-Term Care Community Diversion Program staff in developing the information and referral system protocols for the Diversion Program. DOEA also has ensured that all centers thus far have included at least one representative of the Diversion Program in their local workgroups to advise in the planning, implementation, and evaluation of the centers.
- DOEA has established outcome measures to assess each Aging Resource Center's effectiveness in targeting high-risk clients, increasing nursing home diversions, and increasing customer and provider satisfaction.
- DOEA has continued its effort to evaluate and improve the current intake screening tool. DOEA intends for the new intake screening tool to have increased validity and reliability for screening clients and to reduce duplicative paperwork for eligibility screenings. When the information and referral system becomes operational, DOEA intends to test the new tool at the three pilot sites.
- As required by law, DOEA has begun promulgating a rule that establishes definitions, governing body oversight standards, operational procedures, quality assurance standards, and outcome measures for Aging Resource Centers.
- DOEA has included additional elements in its readiness assessment process to provide better technical assistance and help ensure consistent implementation. These activities include conducting a conference call with the pilot sites prior to the technical assistance site visit to discuss departmental and area agency expectations and providing written information on the Aging Resource Center/Aging and Disability Resource Center concept to participants at the site visit. DOEA also has developed templates of questions for interviews with representatives of the area agency board, DOEA's CARES Program, Department of Children and Families' Economic Self-Sufficiency and Mental Health programs, lead agencies, and other local providers to ensure that each interview collects the appropriate

information and that each area agency's readiness is assessed in a uniform manner.

- DOEA has revised its criteria for determining the order of the remaining eight area agencies to become Aging Resource Centers. For example, the department added to the criteria the area agency's operational soundness in providing any center functions and its capacity to transition to a center within existing resources.
- DOEA recently has begun providing site visit agendas with sufficient detail. The department's site visit agendas lacked important details for each agenda item, such as an explanation of the item, the intended participants, and the intended length of discussion. As a result, area agencies and local providers were not adequately prepared to discuss certain agenda items and some providers did not know their presence was needed to discuss certain agenda items and therefore were not able to participate. We discussed this issue with DOEA officials on several occasions. In its most recent site visit to the Area Agency on Aging of Broward County, DOEA addressed our recommendation. The area agency's staff members stated that they and other providers were much better prepared for the site visit.

### ***DOEA has fulfilled additional statutory responsibilities***

In addition to addressing OPPAGA's recommendations, DOEA has effectively fulfilled some of its other statutory responsibilities to implement the system.<sup>11</sup>

DOEA has used appropriate criteria and an instrument to select the three pilot sites and the order in which they would proceed. DOEA staff initially screened each agency's proposal to determine completeness and compliance with required criteria. A DOEA review team then used an evaluation instrument to objectively score each area agency's plan to transition to an Aging and Disability Resource Center and selected area agencies with the three highest-

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<sup>11</sup> Section 430.2053, F.S.

rated proposals.<sup>12</sup> DOEA provided feedback to the three agencies on their proposals and asked for additional information related to each agency's proposed transition.

Because DOEA concluded that a phase-in schedule for the three pilot sites was most appropriate, DOEA staff then considered several factors to determine the order of phase-in, including the agencies' responses to feedback on their plans, co-location strategies, leadership capabilities of the area agencies and their partners, and stakeholders' feedback. After considering these factors, DOEA determined that the order of phase-in would be the Senior Resource Alliance, then the Area Agency on Aging of Pasco-Pinellas, and then the Area Agency on Aging of Broward County.

DOEA has provided a reasonable technical assistance mechanism for the three pilot sites. The department established a readiness assessment team to evaluate start-up activities and provide technical assistance to agencies as they begin to phase in additional responsibilities. This team has provided ongoing technical assistance to the three pilot sites in several ways, including visits with each agency and its local providers, conference calls, and emails and memos to establish and clarify policy decisions. Area agency and other local provider staff we interviewed stated that the department has encouraged open discussion and sought provider input in order to identify issues and provide relevant technical assistance. Because the system is still being developed, DOEA staff sometimes did not know the answers to questions immediately. However, in most cases, DOEA staff researched the questions and provided answers in a timely manner.

DOEA has developed and applied a standardized checklist to determine each area agency's operational readiness. The department's readiness assessment checklist evaluates each agency's ability to meet all state and federal requirements and is divided into eight sections, each with several checklist items: organization and governance; service delivery capacity; personnel and staffing; information management;

recordkeeping/ confidentiality of information; training; utilization management/grievance procedures; and emergency management. DOEA has refined the checklist to clarify certain checklist items and required documentation, as recommended by the area agencies and OPPAGA.

DOEA also has consistently applied the checklist to determine each agency's readiness. For each checklist item, DOEA conducted appropriate fieldwork, including document reviews, interviews, and inspections of the physical location, to determine whether the requirements were achieved, partially achieved, or not achieved. For each requirement partially or not achieved, DOEA then provided the area agency with required actions to complete the readiness assessment process. To ensure the agency's timely and complete response, this communication was given both verbally at the readiness assessment site visit and in writing as part of the readiness assessment report.

DOEA has provided appropriate and timely feedback to the area agencies not selected as the pilot sites. As required by law, agencies not selected had to consult with DOEA and their lead agencies, and then amend and re-submit their proposals to the department prior to July 1, 2005. According to area agency directors, DOEA provided appropriate and timely feedback to each agency on its proposal. Each of the eight area agencies re-submitted its proposal in a timely manner, and DOEA determined that each proposal was complete and compliant.

### ***DOEA has not completed some critical system components in a timely manner***

Although the department has fulfilled several of its responsibilities in implementing the initiative and generally has been responsive to our recommendations, it has not completed other critical components of the system in a timely manner. Specifically, the department did not

- complete its web-based information and referral system and provide accompanying training;
- address how to outsource the functions of a center within the new system;
- establish an outcome measure to assess each center's effectiveness in improving the

<sup>12</sup> In our prior report, we concluded that DOEA's criteria and instrument for selecting area agencies to transition to Aging and Disability Resource Centers were appropriate and met state and federal requirements.

timeliness of Medicaid eligibility determination; and

- provide templates for memoranda of understanding prior to starting pilot site readiness assessments.

DOEA has not completed its web-based information and referral system and provided accompanying training. In our previous report, we recommended that the department establish its information and referral system prior to the Aging and Disability Resource Centers becoming operational. This system is crucial to the success of the Aging Resource Center/Aging and Disability Resource Center initiative in achieving its purpose of providing elders with easier access to services that best meet their needs.

In June 2004, DOEA submitted an invitation to negotiate to develop and implement an off-the-shelf web-based system that would be fully operational (including system testing and user training) by June 15, 2005. The department entered into contract negotiations with a vendor in November 2004 to implement HelpWorks™, but did not execute a contract until March 23, 2005. According to DOEA officials, the delay was due to staff assisting with hurricane recovery efforts and needing to negotiate the contract penalties for non-performance. DOEA and the vendor have allocated additional resources to implement the system, and expect the system and accompanying training to be completed by mid-September 2005. However, in the absence of Helpworks™, the Aging and Disability Resource Centers continue to use local information systems and manually collect and compile information for certain data elements recommended by the federal grant.

DOEA has not addressed how to outsource the functions of a center within the new system. Florida law and department procedures allow Aging Resource Centers to outsource their functions.<sup>13</sup> However, the department has not

provided direction to area agencies transitioning to Aging Resource Centers on how to outsource functions while still achieving the intent of the initiative to coordinate and integrate information and referral for all available services and provide easier access to those services.

Historically, many area agencies have outsourced certain functions, such as information and referral, screening for services, long-term care options counseling, and wait list management.<sup>14</sup> Under the current elder services system, no single entity is responsible for screening and referring elders to the myriad of programs and providers that administer services, as well as managing program wait lists. This causes confusion and inequity in access to services. For example, most of the state's 58 lead agencies screen elders and maintain their own wait lists for services based on risk of nursing home placement.<sup>15</sup> 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 agencies to refer elders to other programs and providers. Clients therefore may not receive the full range of long-term care options available to them and may not be referred to the most appropriate programs and services that best suit their needs. In addition, 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.<sup>16</sup>

Aging Resource Centers are intended to address this problem by centralizing information and referral, screening, options counseling, and wait list management in their planning and service areas. This will require greater coordination and integration of program activities, as well as statewide performance standards and protocols.

<sup>13</sup> Chapter 2004-386, *Laws of Florida*, permits Aging Resource Centers to outsource their functions, so long as the contractor or sub-contractor executes the provisions of the memoranda of understanding between the centers and the Economic Self-Sufficiency and CARES programs. In addition, DOEA's Aging Resource Center implementation guidelines issued in December 2004 state that centers shall have the capacity to contract with various entities to provide some or all of the centers' functions, so long as the centers have prior approval from DOEA.

<sup>14</sup> Options counseling 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.

<sup>15</sup> 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.

<sup>16</sup> Ten of the 11 planning and service areas have more than one lead agency.

Unless it is carefully managed, outsourcing can complicate this process as the new protocols and performance expectations will need to be amended into existing contracts that govern sub-contractor activities.

DOEA has not addressed how area agencies transitioning to Aging Resource Centers should modify outsourcing arrangements to resolve any problems with coordination and integration of services. DOEA also has not established criteria for approving the outsourcing of functions, or standards for how Aging Resource Centers are to monitor these services. One pilot site's plan for transitioning to an Aging Resource Center proposed little change in these arrangements and still is being reviewed by the department. The department also recently authorized another pilot site to outsource certain Aging Resource Center functions despite not yet having approved the agency's quality assurance and monitoring plan.

To address these issues and ensure that the Legislature's intent for Aging Resource Centers is achieved, DOEA needs to develop criteria and standards for outsourcing center functions to help ensure that these activities are administered in a way that reduces the current fragmentation in the elder services system and assists elders in receiving the most appropriate services available.

DOEA has not established an outcome measure to assess each center's timeliness in Medicaid eligibility determination. Although DOEA established most of the outcome measures we recommended, it has not yet established a measure to assess each center's effectiveness in improving the timeliness of the Medicaid eligibility determination process. Aging Resource Centers are intended to streamline the eligibility process by helping clients through the application process and by integrating the area agency, DOEA's Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program, and the Department of Children and Families' Economic Self-Sufficiency Program. Without an outcome measure, DOEA cannot assess whether each center is effectively achieving one of the primary purposes of the Aging Resource Center initiative. Because two area agencies have already begun operations as Aging and Disability Resource Centers and a third agency will begin operations

on or before September 1, 2005, DOEA must work with the Department of Children and Families to establish this measure and collect baseline data as soon as possible.

DOEA did not provide templates for memoranda of understanding prior to starting pilot site readiness assessments. DOEA did not meet the intended deadline for establishing templates for area agencies to use to develop their local memoranda of understanding with the CARES, Economic Self-Sufficiency, and Mental Health programs. We previously recommended that DOEA establish these templates prior to designation of the pilot sites in February 2005 to ensure that each center had adequate time to develop their local memoranda of understanding. However, DOEA did not provide the pilot sites with the CARES template until June 29, 2005, the Economic Self-Sufficiency template until July 26, 2005, and the Mental Health template until June 7, 2005.<sup>17</sup> Consequently, the first three pilot sites did not complete their legislatively mandated memoranda of understanding by the time of their readiness assessments, and DOEA has delayed its approval of the sites to perform certain functions of the Aging and Disability Resource Center.

### ***DOEA needs to provide additional guidance and time to the remaining area agencies***

Florida law requires the remaining eight area agencies that were not chosen as pilot sites to transition to Aging Resource Centers over time. The department must continue conducting technical assistance and readiness assessment activities until full transition is accomplished statewide. To better prepare area agencies to take over their new responsibilities, the department should

- compile information on lessons learned and provide requirements for deliverables;
- specify which entities should be included when using the term "Aging Resource Center" in its readiness assessment checklist; and
- give agencies more time to meet Aging Resource Center requirements.

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<sup>17</sup> Chapter 2004-386, *Laws of Florida*, requires Aging Resource Centers to enter into memoranda of understanding with the CARES and Economic Self-Sufficiency programs.

DOEA needs to compile information on lessons learned and provide requirements for deliverables. During our fieldwork for this review, we recommended that the department provide agencies with answers to frequently asked questions, information on lessons learned from each pilot site, and requirements for deliverables required by the readiness assessment checklist. Upon request from area agencies, department officials have shared information verbally on lessons learned during meetings and provided examples of some deliverables from other agencies. However, the department has not yet compiled this information in a manner that is readily accessible to all agencies. As DOEA moves forward with the initiative, it should compile information from earlier readiness assessments and ensure that this information is shared with area agencies.

DOEA needs to specify which entities should be included when using the term “Aging Resource Center” in its readiness assessment checklist. The department uses the readiness assessment checklist to determine each area agency’s readiness to take on the responsibilities of an Aging Resource Center or Aging and Disability Resource Center. Each item on the checklist needs to be clearly understood by both DOEA and the area agency to ensure proper implementation and assessment of the required readiness elements. Although DOEA responded to area agency and OPPAGA requests to clarify several checklist items, it did not specify which entities should be included when using the term “Aging and Disability Resource Center” for each checklist item. Depending upon the item, the term meant the area agency only, the area agency and the CARES and Economic Self-Sufficiency programs, or the area agency and sub-contracted providers that perform the center’s outsourced functions.

Without clear definitions, area agency officials had some difficulty understanding and meeting certain readiness assessment requirements. For example, one checklist item required the Aging and Disability Resource Center organization chart to be current and define all levels of authority, but it did not specify whether the chart should include just the area agency, or the agency and other programs and/or providers. Before future area agencies transition to Aging Resource Centers, DOEA must

clearly define “Aging Resource Center” in its readiness assessment checklist.<sup>18</sup>

DOEA needs to give area agencies more time to meet Aging Resource Center requirements. Due to tight timeframes for establishing the pilot sites, DOEA was unable to give the three pilot sites adequate time to properly develop and implement certain aspects of the Aging and Disability Resource Centers before their readiness assessment site visits. Florida law required DOEA to select three pilot sites prior to March 1, 2005, and to establish a readiness assessment process to help them transition to Aging Resource Centers. In addition, the federal grant required that Florida have at least one Aging and Disability Resource Center begin providing information and referral services to elders by June 30, 2005, and to persons with severe and persistent mental illness by September 30, 2005. DOEA officials decided that all three pilot sites should transition to Aging and Disability Resource Centers and meet the September 30 deadline.

The design of DOEA’s readiness assessment process includes two site visits to each agency—one for technical assistance and one for readiness assessment. The purpose of the technical assistance site visit is to help the area agency and other providers identify and resolve problems and issues related to the agency’s readiness to transition to an Aging and Disability Resource Center. At the readiness assessment site visit, DOEA staff members determine the site’s readiness to take on the responsibilities of a center and identify any outstanding issues that must be resolved.

For each pilot site, the length of time between the technical assistance site visit and readiness assessment site visit was approximately one month. Staff members from each area agency told us that they had great difficulty completing both their normal duties and properly meeting the requirements enabling their agency to become an Aging and Disability Resource Center within this short period of time.

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<sup>18</sup> DOEA will use a different checklist for Aging Resource Centers, which will not include items pertaining to the severe and persistent mentally ill population served by the Aging and Disability Resource Centers.

As DOEA moves forward with helping other area agencies transition, it is not facing similar federal and state timeframes and thus should have the flexibility to allow more time between site visits. To ensure that other area agencies have adequate time to fulfill the requirements to become Aging Resource Centers, DOEA should conduct the technical assistance site visit at least two months prior to the readiness assessment site visit.

## Recommendations —————

To ensure that the Aging Resource Center/Aging and Disability Resource Center initiative is effectively implemented, we recommend that the Department of Elder Affairs take the actions described below.

- Continue to work with its vendor to complete the web-based information and referral system and provide appropriate training to the various entities that will use the system.
- Address how to outsource Aging Resource Center functions within the new system by December 1, 2005. The department should establish guidelines that explain how area agencies transitioning to Aging Resource Centers can continue with outsourcing arrangements and work with their sub-contractors to resolve any problems with information and referral, screening, long-term care options counseling, and wait list management; the criteria the department will use to decide whether an outsourcing arrangement meets the intent of the initiative; and requirements the centers must meet when monitoring the providers that perform outsourced functions. While outsourcing may produce benefits, it is essential that such arrangements be designed to achieve the Aging Resource Center initiative's goal of improving coordination and integration. DOEA should therefore not approve any outsourcing arrangements until it addresses these issues.
- To ensure that the eight area agencies on aging that have not undergone readiness assessment understand what is expected and required for them to become Aging Resource Centers, provide each agency with the

following documents prior to its technical assistance site visit:

- a list of answers to frequently asked questions related to the Aging Resource Center initiative;
- summaries of lessons learned during the planning and implementation process, which should be submitted by each Aging and Disability Resource Center and Aging Resource Center to the department after six months of operation as a center; and
- requirements for each deliverable required on the readiness assessment checklist, as well as best practices, once they become available.

The department also should make these documents accessible on its intranet website to ensure that all area agencies receive adequate technical assistance to help them plan for future operations as Aging Resource Centers.

- Specify which entities should be included when using the term "Aging Resource Center" for each item in the readiness assessment checklist to ensure consistent interpretation and implementation.
- Schedule technical assistance site visits at least two months prior to the readiness assessment site visits so that each area agency has sufficient time to adequately prepare for becoming an Aging Resource Center.

In addition, the Department of Elder Affairs and the Department of Children and Families should work together to establish an outcome measure by December 1, 2005, that assesses each center's effectiveness in improving the timeliness of Medicaid eligibility determination.

## Agency Responses —————

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

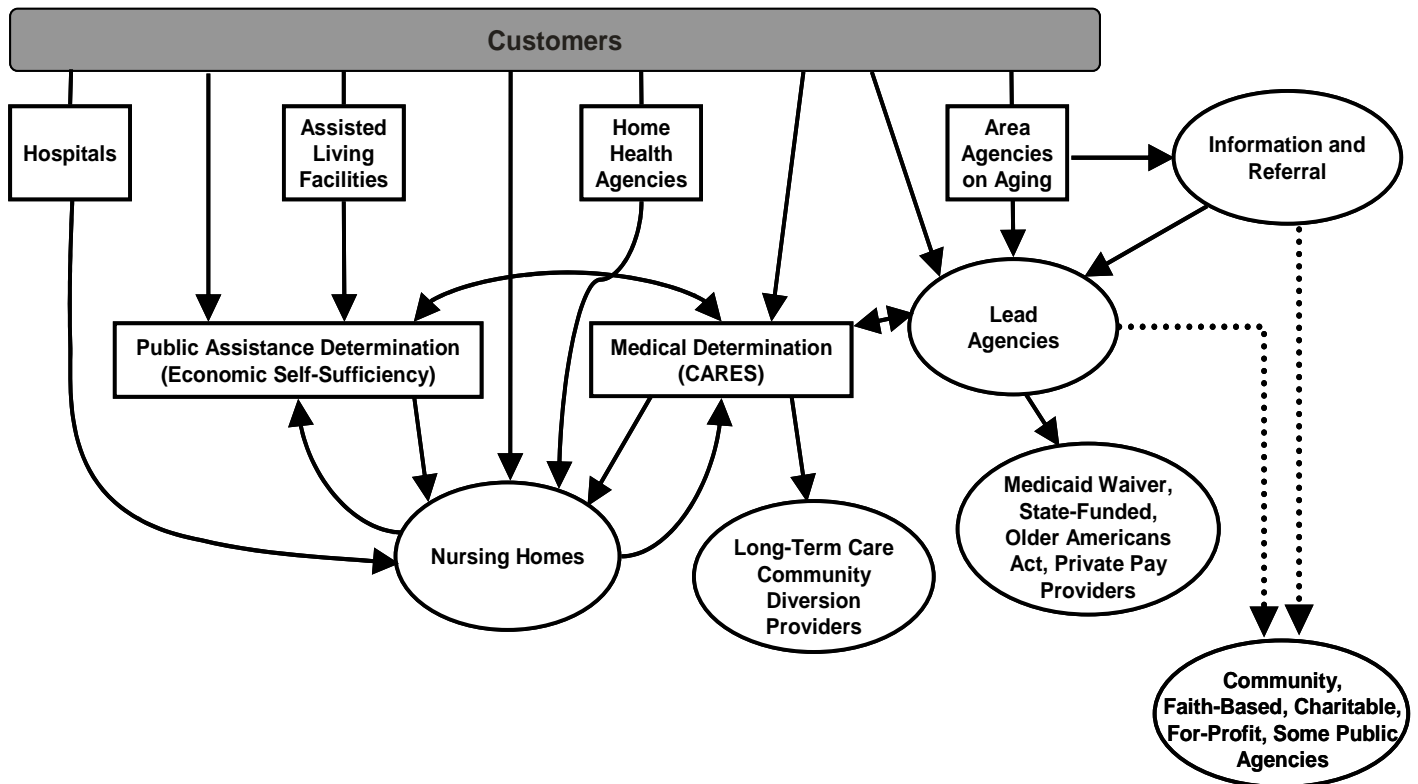
Both department responses are included in Appendix C, beginning on page 15.

## Appendix A

# Comparison of the Current Elder Services System and the Intended Aging Resource Center System

In the current elder services system, no single entity is responsible for screening and referring elders to the myriad of programs and providers that administer services for elders. As shown below, customers may seek help from numerous providers, which may offer customers limited choices based on services they provide or about which they have knowledge.

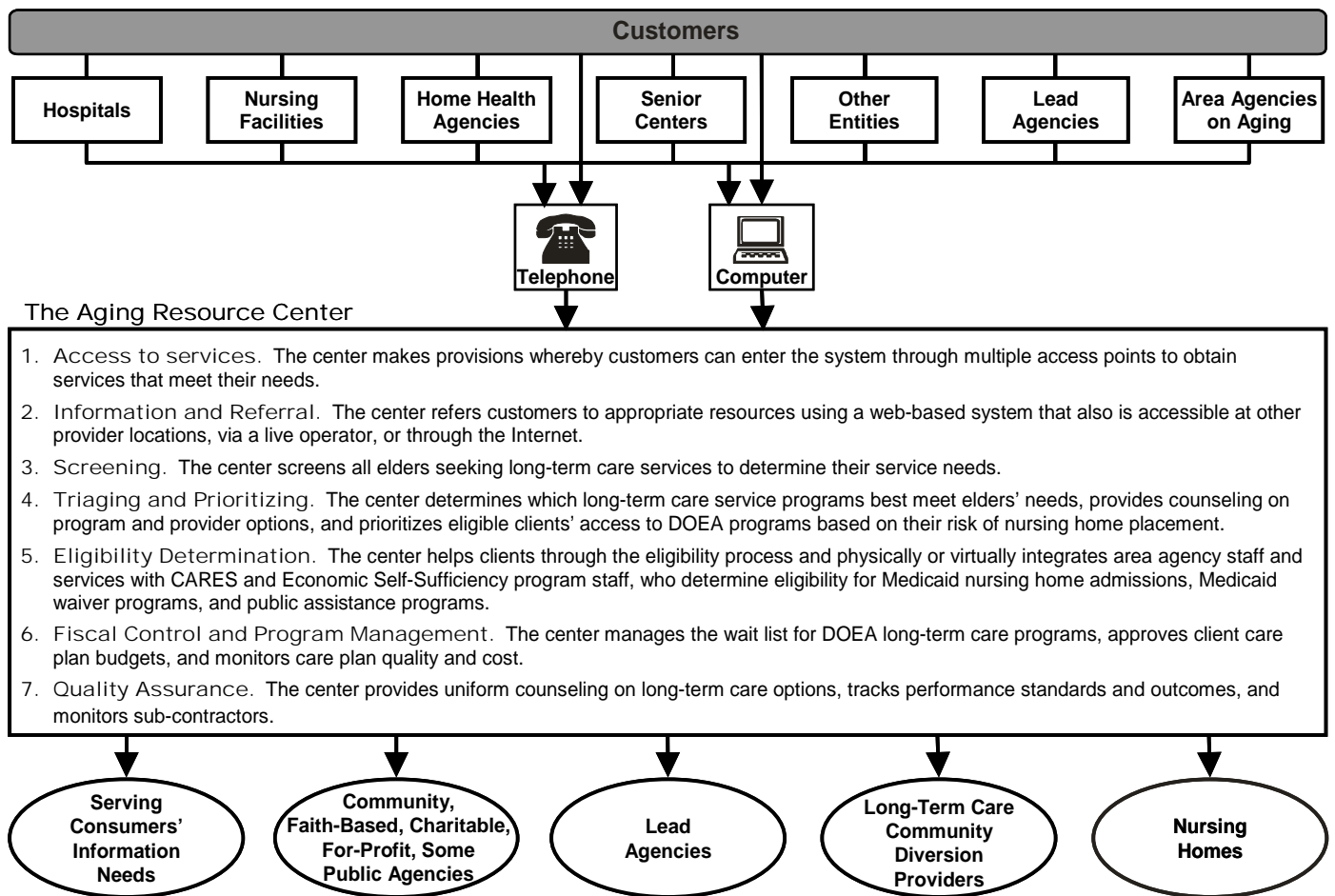
### The Current Elder Services System



Source: Department of Elder Affairs.

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. Aging Resource Centers will be responsible for administering seven primary functions, so that elders and their families can have easier access to services that best meet their needs. Below is the intended flow of services for elders accessing the Aging Resource Center System.

### The Aging Resource Center System



Source: Department of Elder Affairs.

## Appendix B

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

Chapter 2004-386, *Laws of Florida*, and the Aging and Disability Resource Center Grant Program required the Department of Elder Affairs (DOEA) to complete several planning and implementation activities within certain timeframes. The table below lists the activities and the dates they were completed or the dates they are due to be completed.

Activities	Required by	Actual or Planned Dates
DOEA submitted Aging Resource Center Implementation Plan to the Governor, President of the Senate, and Speaker of the House of Representatives	Florida Law	October 31, 2004
DOEA sent Notice of Instructions for Aging Resource Center/Aging and Disability Resource Center designation to Area Agencies on Aging	DOEA	November 1, 2004
Area Agencies on Aging submitted proposals to become Aging Resource Centers/Aging and Disability Resource Centers by July 1, 2005	Florida Law	December 30, 2004
DOEA evaluated Area Agencies on Aging proposals and selected three Aging Resource Center/ Aging and Disability Resource Center pilot sites	Florida Law	February 8, 2005
DOEA established the phase-in order of the three pilot sites	DOEA	March 23, 2005
Senior Resource Alliance began operating as an Aging and Disability Resource Center by providing information and referral services to elders	Federal Grant	June 30, 2005
Area Agencies on Aging not selected as one of the three pilot sites amended proposals and re-submitted them to DOEA	Florida Law	June 30, 2005
DOEA submitted report on the progress of the pilot sites to the Governor, President of the Senate, and Speaker of the House of Representatives	Florida Law	June 30, 2005
Area Agency on Aging of Pasco-Pinellas began operating as an Aging and Disability Resource Center	DOEA	August 1, 2005
Area Agency on Aging of Broward County is to begin operating as an Aging and Disability Resource Center	DOEA	September 1, 2005
Aging and Disability Resource Center pilot sites must begin providing information and referral services to adults with severe and persistent mental illness	Federal Grant	September 30, 2005
DOEA must submit report on the progress of the pilot sites to the Governor, President of the Senate, and Speaker of the House of Representatives	Florida Law	June 30, 2006
DOEA must submit report on feasibility of administering additional Medicaid services through Aging Resource Centers	Florida Law	December 1, 2006
In consultation with the Agency for Health Care Administration, DOEA may develop capitation rates for programs administered through Aging Resource Centers	Florida Law	Once an Aging Resource Center is operational

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

## Appendix C



**JEB BUSH**  
GOVERNOR

**CAROLE GREEN**  
SECRETARY

August 29, 2005

Mr. Gary R. VanLandingham  
Director  
Office of Program Policy Analysis &  
Government Accountability  
111 West Madison Street, Room 312

Tallahassee, FL 32399-1475

Dear Mr. VanLandingham:

Attached is the Department of Elder Affairs' response to your revised draft preliminary and tentative report on the Aging Resource Centers, issued August 18, 2005.

The department appreciates the thorough review of this project by the OPPAGA staff members assigned to this engagement. The department's development and implementation teams have spent hundreds of hours working with staff from both OPPAGA and the Auditor General on this project, and feels that the staff has developed a very collaborative approach that has encouraged open and honest discussion about key issues and activities.

As stated in the report, DOEA has already implemented a number of suggestions from OPPAGA, and has taken other actions to ensure the success of this project. The department has completed seven of the nine recommendations included in OPPAGA's previous report entitled "DOEA Has Taken Reasonable Steps to Begin the Aging Resource Center Initiative," and has made substantial progress in completing the final two recommendations. In addition, the department has developed close working relationships with project partners and stakeholders, including staff from the Department of Children and Families' Economic Self-Sufficiency and Mental Health and Substance Abuse programs, area agencies on aging, lead agencies and service providers in the three pilot areas. Collectively, DOEA has begun a process of change management that will benefit elders, caregivers and adults with severe and persistent mental illness for years to come.

The department appreciates the opportunity to provide feedback on this revised draft preliminary and tentative report, and hopes you will incorporate DOEA's comments and recommendations into the final report. If you have questions, please contact Tom Reimers, Director of the Division of Volunteer and Community Services, at 414-2150.

Sincerely,

/s/

Carole Green  
Secretary

4040 ESPLANADE WAY  
TALLAHASSEE,  
FLORIDA 32399-7000

phone 850.414.2000  
fax 850.414.2004  
TDD 850.414.2001

CC: Lucy Hadi, Secretary, Department of Children and Families  
Stanley Behmke, Inspector General

<http://elderaffairs.state.fl.us>

Department of Elder Affairs

Response to OPPAGA's revised draft preliminary and tentative report, "Aging Resource Center Initiative is Moving Ahead, But Needs Additional Work"

**Recommendation 1:** Continue to work with the vendor to complete the web-based information and referral system and provide appropriate training to the various entities that will use the system.

Response: Though the development of this system is not required by any Florida law, the Department of Elder Affairs (DOEA) felt that a statewide, web-based information, referral and screening system was critical to the success of the Aging and Disability Resource Center (ADRC)/Aging Resource Center (ARC) initiative. The department and the vendor tried to compress an eight-month project plan into a five-month period, but both parties agreed that additional time was needed to ensure a successful implementation. The vendor has installed the software environment, conducted town hall meetings with stakeholders, defined the functional requirements for the system, provided training to DOEA's system administrators, developed the test plan and completed the majority of work on system configuration. Remaining project activities include: final system configuration; testing; maintenance and operations procedures documentation; local user and administrator training; rollout support; and managed services. Though the department regrets that the ADRC pilot sites began operating as Aging and Disability Resource Centers before the HelpWorks go-live date, we do not want to rush the system into production before it is fully tested and de-bugged. All three pilot sites have received demonstrations of the HelpWorks system; they are providing feedback on the program and service definitions and eligibility rules as they are configured. This project has been a top priority for the department since the ITN was issued in June 2004, and we look forward to a successful implementation in all eleven planning and service areas.

**Recommendation 2:** Address how to outsource Aging Resource Center functions within the new system by December 1, 2005. The department should establish guidelines that explain how area agencies transitioning to Aging Resource Centers can continue with outsourcing arrangements and work with their subcontractors to resolve any problems with information and referral, screening, long-term care options counseling, and wait list management; the criteria the department will use to decide whether an outsourcing arrangement meets the intent of the initiative; and requirements the centers must meet when monitoring the providers that perform outsourced functions. While outsourcing may produce benefits, it is essential that such arrangements be designed to achieve the Aging Resource Center initiative's goal of improving coordination and integration. DOEA should therefore not approve any outsourcing arrangements until it addresses these issues.

Response: The department's proposed ARC Guidelines include the following criteria for outsourcing of ARC functions.

"Under limited and exceptional circumstances, Aging Resource Centers, through the Area Agency on Aging, may request approval from the department to outsource a staff function that is required by §430.2053 F.S. If the request is approved, any resulting agreement or subcontract must also be reviewed and approved by the department prior to execution.

"Assignees or subcontractors must abide by the terms of the Aging Resource Center's contract with the department and are obligated to follow all applicable federal and state rules and regulations. The contract for any subcontracted or assigned function must ensure that all Aging Resource Center guidelines, standards and protocols including general operating requirements, coordination, record keeping and reporting protocols are followed. The Aging Resource Center shall be responsible for assignee or subcontractor performance.

Page 2

Department of Elder Affairs

Response to OPPAGA

“The decision to assign or subcontract a function of the Aging Resource Center, with an individual or entity, must be justified and based on measurable factors that enhance service delivery. Any request to outsource an essential Aging Resource Center function must meet the following specific requirements established by the department.

- A. The Area Agency on Aging must submit a letter to the department regarding its request to subcontract or assign a function outside of the ARC.
- B. The request must include a list of the functions that the ARC is proposing to subcontract and the entities with which the ARC is planning to subcontract.
- C. The request must include reasons why the ARC wants to subcontract these functions. Reasons must be based on measurable factors that enable the ARC to better serve individuals.
- D. The request must include a monitoring and quality assurance plan that ensures the assignee or subcontractor will carry out the functions in compliance with §430.2053 F.S. Specific standards must be in place to ensure compliance.
- E. The request must address the Area Agency on Aging’s working history and relationship with the proposed subcontractor or assignee and the performance history and main functions of the proposed subcontractor or assignee.
- F. The request must address the issue and standards for assuring against inappropriate self referrals.”

The department plans to engage the services of a consultant to convert the preliminary outsourcing guidelines into a manual that addresses all of the issues cited by OPPAGA. The department will make every effort to have this manual completed by December 1, 2005. The department does not feel the need to hold up the implementation process for all ADRC/ARC functions while the quality assurance manual is being developed, but understands OPPAGA’s concern about outsourcing. Therefore, during the interim period, DOEA will not approve the outsourcing of functions that involve fiscal control or potential conflicts of interest. The department will continue to apply the current guidelines in considering whether or not to approve the outsourcing of other ADRC/ARC functions.

**Recommendation 3:** To ensure that the eight area agencies on aging that have not undergone readiness assessment understand what is expected and required for them to become Aging Resource Centers, provide each agency with the following documents prior to its technical assistance site visit:

- a list of answers to frequently asked questions related to the Aging Resource Center initiative;
- summaries of lessons learned during the planning and implementation process, which should be submitted by each Aging and Disability Resource Center and Aging Resource Center to the department after six months of operations as a center, and
- requirements for each deliverable required on the readiness review checklist, as well as best practices, once they become available.

Page 3

Department of Elder Affairs

Response to OPPAGA

The department also should make these documents accessible on its Intranet Web site to ensure that all area agencies receive adequate technical assistance to help them plan for future operations as Aging Resource Centers.

Response: The department concurs with OPPAGA's recommendations and plans to provide all of the documents cited above. We feel that additional guidance and technical assistance, combined with lessons learned and best practices, will serve the AAAs well in preparing them for the readiness review process.

**Recommendation 4:** Specify which entities should be included when using the term "Aging Resource Center" for each item in the readiness assessment checklist to ensure consistent interpretation and implementation.

Response: The department will work with OPPAGA to address this issue before the readiness review process for the next Aging Resource Center begins.

**Recommendation 5:** Schedule technical assistance site visits at least two months prior to the readiness assessment site visits so that each area agency has sufficient time to adequately prepare for becoming an Aging Resource Center.

Response: The department concurs with this recommendation. Because of the aggressive implementation schedule for the three ADRC pilot sites, the department was unable to give the AAAs more than one month between the technical assistance and readiness review visits. Federal grant due dates contributed to this tight schedule; however, these restrictions will not apply to the eight remaining ARCs. The implementation schedule will allow the scheduling of visits two months apart.

**Recommendation 6:** In addition, the Department of Elder Affairs and the Department of Children and Families should work together to establish an outcome measure by December 1, 2005, that assesses each center's effectiveness in improving the timeliness of Medicaid eligibility determination.

Response: DOEA is working with the Department of Children and Families (DCF) on this issue. On August 11, 2005, DCF issued a letter to DOEA confirming that they have established time standards for eligibility determination in accordance with 42 Code of Federal Regulations, Section 435.911. DCF is proposing the same standards (forty-five days for aged individuals, and ninety days for disabled individuals) for measuring the timely processing of eligibility determination through the ADRCs/ARCs. The two agencies are continuing to work together on this issue, and are also exploring other ways to measure the improvement in the timeliness of the eligibility determination process in each Planning and Service Area as the AAAs transition to the ADRC/ARC model.



**State of Florida  
Department of Children and Families**

**Jeb Bush**  
Governor

**Lucy D. Hadi**  
Secretary

---

August 15, 2005

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

Dear Mr. VanLandingham:

Thank you for providing me a copy of your report detailing preliminary findings and recommendations of the Aging Resource Centers (ARC) initiative. The Department of Children and Families (DCF) recognizes its vital role in implementing ARCs throughout the state. To that end, we continue to work closely with the Department of Elder Affairs (DOEA) to promote access to services for Florida's seniors and their families.

We have been involved in discussions with DOEA regarding performance and outcome measures and look to finalize this critical component by August 16, the date of a scheduled conference call with DOEA. As you may be aware, DCF has established time standards for Medicaid eligibility determination pursuant to 42 Code of Federal Regulations, Section 435.911. Eligibility determinations must be completed within forty-five days for aged individuals and within ninety days for individuals who apply for Medicaid on the basis of disability. We will propose to apply the same standards as the basis for measuring timely processing of Medicaid applications received through the ARCs.

If I may assist you further, please let me know.

Sincerely,

/s/  
Lucy D. Hadi  
Secretary

cc: Carole Green, DOEA

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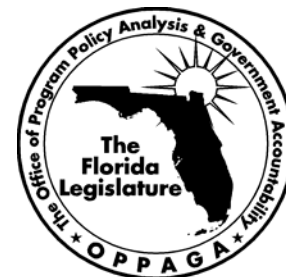
1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

The mission of the department is to protect the vulnerable, strengthen families and promote individual and family economic self-sufficiency.

# *The Florida Legislature*

## *Office of Program Policy Analysis and Government Accountability*

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

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*Florida Monitor:* [www.oppaga.state.fl.us](http://www.oppaga.state.fl.us)

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