



March 2006

Report No. 06-20

Aging and Disability Pilot Sites Are Making Progress; Future of Other Centers Uncertain

at a glance

The three pilot Aging and Disability Resource Centers are making progress and the Department of Elder Affairs plans to conduct follow-up readiness assessment activities to document the extent to which the centers have implemented required functions. The department also has introduced a new web-based information and referral system at the pilot sites.

The department has addressed prior OPPAGA recommendations by

- distributing outsourcing guidelines to help ensure that any outsourcing of center functions would be in the best interest of the elders being served and properly monitored,
- developing a method for assessing each center's timeliness in Medicaid eligibility determination, and
- improving the readiness assessment process.

However, the department halted its readiness activities for Aging Resource Centers and has requested that the Legislature repeal the statute authorizing the initiative.

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 third in a series of reports on area agency readiness. We issued previous reports in February and August 2005.² Florida statutes require subsequent reports every six months until DOEA accomplishes full transition to Aging Resource Centers statewide.

Background

Program organization

Three state agencies and contracted public and private providers operate Florida's elder services system.

The Department of Elder Affairs (DOEA) has the primary state responsibility for services to elders. DOEA operates home and community-based service programs and a managed long-term care program. DOEA also determines medical eligibility for Medicaid nursing home admissions and waiver programs and administers consumer

¹ Section 430.2053, *F.S.*

² DOEA Has Taken Reasonable Steps to Begin the Aging Resource Center Initiative, [OPPAGA Report No. 05-06](#), February 2005, and Aging Resource Center Initiative Is Moving Ahead, But Needs Additional Work, [OPPAGA Report No. 05-45](#), August 2005.

advocacy and volunteer programs. DOEA delivers most of its services to elders through contracts with local agencies.³

- DOEA contracts with 11 area agencies on aging, which operate as public or non-profit organizations. The area agencies on aging plan, fund, and coordinate most programs and services for individuals in their planning and service areas.^{4, 5}
- 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 elder 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-funded nursing home admissions, Medicaid waiver programs, and public assistance programs, such as Medicaid, food stamps, and cash assistance.

Aging Resource Center initiative was authorized in 2004

The 2004 Legislature directed DOEA to establish a process to help area agencies on aging transition to Aging Resource Centers. The Legislature

authorized this initiative to reduce fragmentation in the elder services delivery system. The initiative aims to accomplish this by providing easier access to elder services through a locally focused, coordinated approach that integrates information and referral for all available services. The legislation requires each of the 11 area agencies to transition to an Aging Resource Center by taking on additional responsibilities, while at the same time maintaining an identity as the local area agency on aging.

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

- Increase access to services. Aging Resource Centers are intended to increase the number of access points whereby elders can obtain services that meet their needs. Aging Resource Centers will be located physically at each area agency on aging, but elders and caregivers 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 receive screening to determine if they are eligible for less costly home and community-based services. Aging Resource Centers are intended to increase the number of elders screened for these services to better ensure that each client's needs are appropriately determined and met.

³ 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.

⁴ Programs administered by the area agencies on aging include federal 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.

⁵ 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.

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

- Improve triaging and prioritizing of elders for services. Once clients are 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 their needs. The centers provide counseling on program and provider options to help ensure that the clients receive appropriate and timely services to avoid nursing home placement.⁷ The centers also will prioritize clients’ access to DOEA-funded programs based on their 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.⁸
- 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.
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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 inappropriately make referrals to their own services (also called “self-referrals”).

Funding for the Aging Resource Center Initiative is provided by federal funds and general revenue

In September 2005, the Agency for Health Care Administration, in consultation with DOEA, submitted a proposal requesting the federal Centers for Medicare and Medicaid Services to approve \$1.9 million in Medicaid funding. If approved, this money will be used to reimburse the Aging Resource Centers for conducting administrative activities related to Medicaid, such as outreach, information and referral, enrollment, and continuous improvement projects. This funding requires a 50% match in state dollars.

For Fiscal Year 2005-06, the Legislature appropriated \$330,000 in general revenue to draw down \$330,000 in federal matching funds if the Centers for Medicare and Medicaid Services approves the proposal. However, as of February 2006, the proposal had not been approved. The Centers for Medicare and Medicaid Services does not have a deadline for reviewing and approving the proposal. If the proposal is not approved by June 30, 2006, these appropriated monies will revert to the state.

DOEA has requested in its Fiscal Year 2006-07 Legislative Budget Request that the Legislature appropriate \$3.3 million in general revenue for the initiative. These funds would not be subject to federal matching dollars and, if approved, would be used to support the administrative activities of the centers once operational.⁹

⁷ This includes long-term care options counseling whereby staff answer questions and provide unbiased information on available long-term care service options and explore all available alternatives to nursing home placement. Staff then recommend placement and proper support services in the least restrictive, most appropriate setting possible.

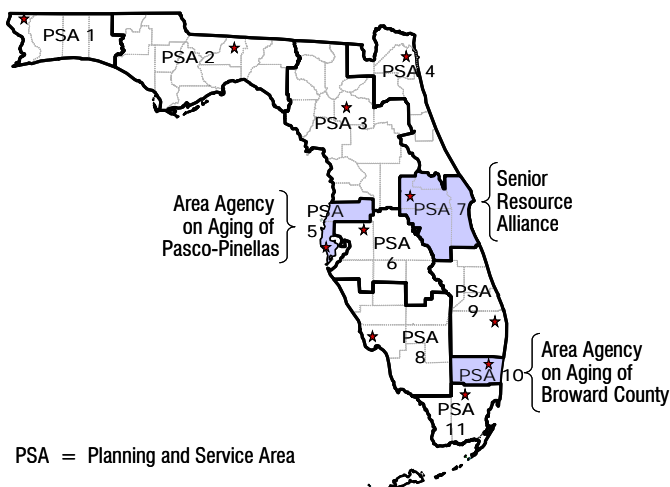
⁸ This integration may occur by co-locating staff of the programs, or by using an integrated information system that can share information between the programs to reduce duplication and increase the speed with which applications can be processed and approved.

⁹ If the Legislature approves the \$3.3 million budget request and repeals the Aging Resource Center initiative as described on page 8 of this report, DOEA plans to use the funds to cover costs associated with implementing the new legislation.

Aging and Disability Resource Centers perform a dual purpose as Aging Resource Centers. Through the receipt of a three-year \$800,000 federal grant, DOEA also has implemented three Aging and Disability Resource Center pilot sites in Florida, as shown in Exhibit 1. To assist with the development and start-up of these centers, DOEA provided the pilot sites with \$300,000 in general revenue, (\$100,000 each) in Fiscal Year 2004-05 and \$60,000 (\$20,000 each) in Fiscal Year 2005-06.¹⁰ The pilot sites also received \$501,000 in federal grant funds (\$167,000 each) to be spent in Fiscal Years 2005-06 and 2006-07.

These pilot sites perform a dual purpose by serving as both Aging Resource Centers and Aging and Disability Resource Centers. As such, the pilot sites provide information and referral services to both elders and adults who are 18 years and older with severe and persistent mental illness.

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.

Findings

The three Aging Resource Center pilot sites have almost fully implemented the seven statutorily required functions. However, the pilot sites will not be fully functional as intended until DOEA completes additional improvements to its web-based information and referral system and implements an automated intake screening tool. The department also has taken steps to implement prior OPPAGA recommendations. However, the future of the Aging Resource Center initiative is uncertain as the department requested that the Legislature repeal the statutory authorization of the initiative.

The three pilot sites are making progress in implementing the new system

DOEA officials approved the three pilot sites to begin operating as Aging and Disability Resource Centers during 2005. DOEA required the three area agencies on aging to show that they could provide information and referral, a key function, in order to officially begin operations. The Senior Resource Alliance in Orlando began operations as an Aging and Disability Resource Center on June 30, 2005. The Area Agency on Aging of Pasco-Pinellas in St. Petersburg and the Area Agency on Aging of Broward County in Fort Lauderdale began operating as Aging and Disability Resource Centers on August 1 and September 15, 2005, respectively.

The centers have almost fully implemented the seven statutorily required functions (see pages 2 and 3 of this report for a list of these functions). DOEA officials report that this has resulted in program improvements. For example, the pilot site in Pasco-Pinellas has reported streamlining the Medicaid eligibility determination process. The center co-located staff from the DOEA CARES program and the Department of Children and Families Economic Self-Sufficiency Program at the center's headquarters office in Pinellas County and satellite office in Pasco County.

DOEA plans to conduct further technical assistance and readiness assessment activities to evaluate the centers' start-up activities. They

¹⁰ DOEA also retained \$5,000 in general revenue to cover travel and other costs associated with conducting follow-up site visits.

initially scheduled follow-up visits at the Orlando center in December and mid-February, but had to reschedule due to other time commitments at the center. DOEA staff have scheduled a follow-up visit to Orlando for early March. They plan to conduct follow-up visits at the other two centers after visiting the Orlando pilot site.

The pilot sites will not be fully functional as intended until DOEA completes two key components

DOEA introduced its new information and referral system, but is making additional improvements to the system. One of the key components of the Aging Resource Center initiative is implementing a statewide web-based information and referral system that is designed to provide wider access to information on service availability. In December 2005, DOEA provided train-the-trainer sessions on this system—HelpWorks™—at each of the three pilot sites.¹¹ DOEA introduced the new system at the pilot sites on January 3, 2006, but is still making system modifications.

HelpWorks™ has a professional edition and a public edition.

- The professional edition allows the centers to research client information, keep notes on clients in the system, and send referrals to service providers. These service providers, such as Community Care for the Elderly lead agencies, can then record the client's outcomes in HelpWorks™ based on the services delivered through the referral.¹² DOEA introduced the professional edition of the system at all three pilot sites on January 3, 2006.
- The public edition allows anyone seeking information on senior services to access HelpWorks™ via the Internet and create an account to save personal information on the system. DOEA plans to release the public edition of HelpWorks™ in March 2006.

DOEA currently is working with the pilot sites to make additional improvements to the HelpWorks™ professional edition. For example, when first introduced, the system did not have the capacity to accept a pseudo-Social Security number as an identifier for a client. This caused confusion because some clients do not have Social Security numbers. The vendor has modified the system to accept a client's initials and date of birth as the pseudo-Social Security number.

Because system modifications are still underway, it is too soon to determine whether HelpWorks™ will meet the centers' information and referral needs when providing information and referral services to elders and caregivers. Also, some providers have been slow to connect to the system because DOEA requires the professional edition users to install a Virtual Private Network connection in order to protect client confidentiality.¹³ In order to gain access to this connection, the providers must work through the Local Area Network administrators at each center to have the connection installed, which adds time to the process.

DOEA completed its revised intake eligibility screening tool, but has delayed automating the tool until it finishes merging two information systems. DOEA contracted with Florida State University Research Foundation, Inc., in July 2004 to evaluate and improve its intake eligibility screening tool (Form 701A).¹⁴ DOEA undertook this project with a goal of improving the staff's ability to screen client needs in a valid and reliable way as well as reducing duplicative paperwork for eligibility screening. DOEA used recommendations from the university to finalize the screening tool in October 2005.

DOEA originally intended to incorporate the new tool into HelpWorks™, and test the tool at the three pilot sites. Upon further review, officials decided it would be more effective to wait and incorporate the new tool in its plans to merge two other information systems. Section 430.205(6)(c)3.,

¹¹ Train-the-trainer is a term to describe training programs for employees who will in turn train others.

¹² The Community Care for the Elderly Program provides community-based services organized in a continuum of care to assist functionally impaired older individuals to live in the least restrictive, cost-effective environment suitable to their needs.

¹³ A Virtual Private Network is a data network that uses the public telecommunications infrastructure, but maintains privacy through the use of a tunneling protocol and security procedures.

¹⁴ Form 701A is DOEA's intake screening tool that is used to prioritize applicants for services who have not begun to receive services.

Florida Statutes, requires DOEA to merge its Client Information and Referral Tracking System (CIRTS) and its Client Management System (CMS) by June 30, 2006.¹⁵ According to DOEA staff, this merger will be completed and operational in at least one planning and service area by June 30, 2006. Due to the nature of the HelpWorks™ system configuration, staff said it will be more efficient to incorporate the screening tool with the two merged systems.

As a result, the Aging and Disability Resource Centers continue to use the original screening tool (701A) to screen clients. The screening tool is not automated and is less inclusive than the planned tool because it lacks the expanded data elements needed to collect additional information for the Medicaid eligibility determination process.

DOEA has addressed some prior OPPAGA recommendations

DOEA has taken steps to address problems identified in prior OPPAGA reports on the initiative by distributing outsourcing guidelines to the centers and by developing a method for assessing each center's timeliness in Medicaid eligibility determination. DOEA also improved its readiness assessment process.

DOEA distributed preliminary outsourcing guidelines. Our prior report recommended that DOEA establish guidelines for how area agencies transitioning to Aging Resource Centers could outsource center functions and ensure appropriate delivery of elder services.

In October 2005, DOEA provided written guidelines to centers and area agencies on how to outsource functions. The guidelines require the centers to submit a written explanation to DOEA of the benefits of outsourcing the function, a monitoring and quality assurance plan for the outsourced functions, and the qualifications and work performance of the entity being considered to provide the outsourced functions. If DOEA approves the request, it must also review and approve any resulting memoranda of agreements

or subcontracts. The guidelines prohibit centers from outsourcing the fiscal control function, which includes wait list management and care plan review.¹⁶ Through the guidelines, DOEA placed the onus on the area agencies to prove that any outsourcing of Aging Resource Center functions is in the best interest of the elders they serve and will not result in a conflict of interest.

DOEA has approved outsourcing for some center functions but not others. As of February 2006, DOEA granted requests from the St. Petersburg and Fort Lauderdale centers to outsource responsibility for handling Older Americans Act intake and referral processes, after-hours information and referral, and high-risk referrals from the Department of Children and Families' Adult Protective Services Program. DOEA also approved the Fort Lauderdale center to outsource part of the screening function to its lead agency, since the lead agency does not provide any direct services and there would be no potential for inappropriate self-referrals. However, DOEA has not approved a proposal by the Orlando center to outsource Older Americans Act intake, information and referral, screening, triage, and options counseling functions. According to DOEA managers, the Orlando center has not adequately documented a monitoring and quality assurance plan to ensure that the proposed outsourcing will be carried out according to the outsourcing guidelines. Also, Orlando center officials are still in the process of determining what functions to outsource.

DOEA and the Department of Children and Families established an alternative method for assessing the timeliness of Medicaid eligibility determination. In our prior report, we recommended that DOEA work with the Department of Children and Families to establish an outcome measure to assess improvements in the timeliness of the Medicaid eligibility determination process. Aging Resource Centers are intended to streamline the eligibility process by integrating staff

¹⁵ Area agencies on aging and elder services providers use CIRTS for reporting and billing purposes. CARES staff use CMS to maintain client information.

¹⁶ Wait list management deals with managing individuals who are waiting for access to all public long-term care programs in accordance with statewide uniform priority criteria set by DOEA. Care plan review is a mechanism for ensuring that quality services are provided in the most cost-effective and efficient manner possible while assisting clients to age in place in their communities.

from DOEA's Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program, and the Department of Children and Families' Economic Self-Sufficiency Program. Faster eligibility determination is critical in ensuring that elders at high risk of nursing home placement do not enter such a setting unnecessarily.

Although DOEA officials expressed willingness to establish an outcome measure assessing whether timeliness improves, the Department of Children and Families is committed to keeping its current outcome measure. The current outcome measure for the Economic Self-Sufficiency Program assesses whether eligibility determinations are completed within 45 days for aged individuals and 90 days for individuals with disabilities. This outcome measure is based on federal requirements that govern the eligibility determination process of the Department of Children and Families.¹⁷

As an alternative response to our recommendation, both departments agreed to track the time it takes co-located CARES staff and Economic Self-Sufficiency Program staff to process Medicaid eligibility determinations. The purpose of co-locating staff at the centers is to shorten the Medicaid eligibility determination process. Aging and Disability Resource Centers will provide, on a semi-annual basis, the names of clients served through HelpWorks™ to the Department of Children and Families. The Department of Children and Families created a code in its FLORIDA system to identify center clients referred to its Economic Self-Sufficiency program to determine the average time it takes the co-located staff to process eligibility determination.¹⁸

DOEA improved its readiness assessment process. In our August 2005 report, we recommended that DOEA implement several improvements to its readiness assessment process. The department took five steps to implement our recommendation. First, in November 2005, DOEA

began facilitating conference calls between staff at the pilot sites and other area agencies. DOEA designed the conference calls to provide a forum for discussing issues related to center implementation and operation. Through these calls, area agencies can build upon knowledge gained to better prepare for their transition to Aging Resource Centers. Thus far, DOEA officials have facilitated one such call and report that they plan to conduct these conference calls periodically, summarize the information discussed, and publish summaries of lessons learned.

Second, DOEA clarified the entities that should be included when the term "Aging Resource Center" is used in the readiness assessment checklist, which will help ensure consistent interpretation and implementation statewide. DOEA has not yet established a definition for "Aging Resource Center" in its rule because rule promulgation has been delayed.

Third, DOEA provided examples of deliverables required on the readiness assessment checklist to the area agencies on aging at a September 2005 Aging Resource Center orientation meeting. These examples included referral agreements, memoranda of understanding, an Aging Resource Center training plan, and a partial list of lessons learned. DOEA could further improve consistency by posting these documents on its intranet website.

Fourth, DOEA scheduled technical assistance site visits at least two months prior to the readiness assessment site visits. It made these adjustments for the four area agencies initially scheduled to transition to Aging Resource Centers in December 2005 and April 2006.¹⁹ However, as discussed below, DOEA decided to delay these Aging Resource Center activities due to proposed changes to Ch. 430, *Florida Statutes*.

Finally, DOEA provided guidelines to the pilot sites for preparing and submitting summaries of reports of lessons learned during their planning

¹⁷ 42 Code of Federal Regulations, Section 435.911.

¹⁸ FLORIDA (Florida On-Line Recipient Integrated Data Access) is a computerized eligibility system used to register persons and determine their eligibility for financial and medical assistance programs such as temporary cash assistance and Medicaid. The system also stores client and case management information data.

¹⁹ DOEA originally scheduled the area agencies in Gainesville and Tallahassee to transition to Aging Resource Centers in December 2005. It also initially scheduled the area agencies in Pensacola and Jacksonville to transition to Aging Resource Centers in April 2006.

and implementation processes. OPPAGA previously recommended that the area agencies submit these reports six months after beginning operations as a center to assist other area agencies in preparing to transition and that the department post the reports on its website. As of February 2006, one pilot site (Orlando) had submitted its report. However, DOEA has not yet evaluated the report, so it has not posted the report on its website.

Future of other Aging Resource Centers is uncertain

DOEA discontinued its Aging Resource Center readiness assessment activities in November 2005.²⁰ In October 2005, DOEA staff conducted technical assistance visits at the area agencies on aging in Gainesville and Tallahassee. The Gainesville area agency subsequently asked DOEA to postpone further action for its readiness assessment until the Aging Resource Center rule had been promulgated. As of November 2005, DOEA officials halted all other readiness assessment activities, including site visits and rule development, because the department planned to propose legislation to repeal the Aging Resource Center statute.

DOEA proposed repealing the Aging Resource Center initiative and making other changes to Ch. 430, *Florida Statutes*. DOEA has proposed that the Legislature make significant revisions to Ch. 430, *Florida Statutes*. The proposed legislation addresses DOEA's oversight authority for aging programs, accountability for area agencies on aging, and DOEA's contracting flexibility. The proposed legislation also repeals the Aging Resource Center initiative (s. 430.2053, *Florida Statutes*).

DOEA officials gave several reasons for proposing repeal of the Aging Resource Center initiative. For example, the department's summary of the bill

states that implementing the Aging and Disability Resource Center pilot sites met the requirements of the Aging Resource Center statute. Also, the federal grant largely supports the pilot sites, so the opinion of DOEA officials is that the pilot sites do not need statutory authority to remain in place.²¹

In its summary of the proposed legislation, DOEA officials also assert that the Aging Resource Center initiative could conflict with statutory requirements for Florida Senior Care.²² The 2005 Legislature amended s. 409.912(5), *Florida Statutes*, to require the Agency for Health Care Administration and DOEA to create an integrated, fixed-payment system for Medicaid recipients who are 60 years of age or older, known as Florida Senior Care. This legislation combines all funding for Medicaid services provided to this group, which would include the two Medicaid waivers that statutes require the Aging Resource Centers to administer. The 2005 legislation requires the Agency for Health Care Administration to competitively procure for entities to operate the Florida Senior Care program in the two pilot areas. According to DOEA officials this would result in different entities (Aging Resource Centers and Florida Senior Care providers) coordinating the waivers in the pilot areas.²³

DOEA halted further Aging Resource Center activities. Due to the proposed changes to Ch. 430, *Florida Statutes*, DOEA delayed the Aging Resource Center activities described below.

- DOEA has delayed promulgating a rule that would provide definitions, outline monitoring and oversight requirements, and discuss operational procedures related to the Aging Resource Centers. The rule is required by s. 430.2053(12), *Florida Statutes*.

²⁰ When transitioning an area agency to function as an Aging Resource Center, DOEA conducts two sites visits. DOEA designed the first visit, called the technical assistance site visit, to help the area agency and other providers identify and resolve problems and issues related to the agency's readiness to transition to a center. At the second visit, referred to as 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.

²¹ Senate Bill 1330 contains the proposed changes to Ch. 430, *F.S.*, for the 2006 legislative session.

²² The Aging Resource Centers were designed to provide a coordinated approach to state and federally funded long-term-care services, including the Aged and Disabled Adult (ADA) Medicaid waiver and the Assisted Living for the Frail Elderly (ALE) Medicaid waiver, s. 430.2053(11)(e) and (f), *F.S.*

²³ The legislative history for the 2005 legislation does not indicate that there could be a potential conflict with the Aging Resource Center initiative and Florida Senior Care.

- DOEA delayed a planned update and re-distribution of the Aging Resource Center guidelines, which it originally published in December 2004. The updated guidelines were to include lessons learned from the implementation and operation of the pilot sites. DOEA initially planned to complete the guidelines by December 2005.
- DOEA delayed addressing an OPPAGA recommendation to compile and publish a list of frequently asked questions on its intranet page, which would help area agency officials better understand the state's expectations as they make their transition to Aging Resource Centers.
- DOEA should reschedule the readiness assessment site visits for area agencies in Gainesville and Tallahassee and the technical assistance and readiness assessment site visits for the six remaining area agencies.
- Prior to the designation of any additional Aging Resource Centers, DOEA should
 - schedule and conduct a hearing to promulgate the rule providing definitions, monitoring and oversight requirements, and operational procedures related to the Aging Resource Centers;
 - update and distribute the Aging Resource Center guidelines to include lessons learned from the implementation and operation of the pilot sites;
 - compile and distribute frequently asked questions to area agency officials to help them understand the state's expectations as they make their transition to Aging Resource Centers; and
 - post examples of readiness assessment deliverables on its intranet website to assist area agencies to plan for future operations as Aging Resource Centers.

Recommendations

We recommend that DOEA continue its efforts to ensure that the CIRT and CMS systems' merger, scheduled to be completed by June 30, 2006, incorporates the new intake screening tool. DOEA also should provide training to Aging and Disability Resource Center staff as soon as possible after the merger so that these centers can become fully operational.

If the Legislature chooses not to approve DOEA's proposal to repeal the Aging Resource Center initiative, DOEA should move forward with activities designed to assist other area agencies in transitioning to Aging Resource Centers. Accordingly, we recommend that DOEA implement and/or complete the planned activities listed below if the 2006 Legislature does not approve its proposal.

Agency Responses

In accordance with the provisions of s. 11.51(5), *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 A, beginning on page 10.

OPPAGA supports the Florida Legislature by providing evaluative research and objective analyses to promote government accountability and the efficient and effective use of public resources. This project was conducted in accordance with applicable evaluation standards. Copies of this report in print or alternate accessible format may be obtained by telephone (850/488-0021 or 800/531-2477), by FAX (850/487-3804), in person, or by mail (OPPAGA Report Production, Claude Pepper Building, Room 312, 111 W. Madison St., Tallahassee, FL 32399-1475). Cover photo by Mark Foley.

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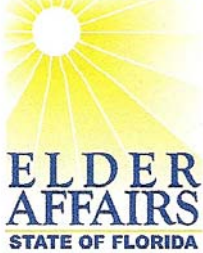
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Appendix A

DEPARTMENT OF



JEB BUSH
GOVERNOR

CAROLE GREEN
SECRETARY

February 28, 2006

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:

The department (DOEA) has received the semi-annual OPPAGA report entitled, "Aging and Disability Pilot Sites Are Making Progress; Future of Other Centers Uncertain." We appreciate the efforts of OPPAGA staff in developing this report.

The department agrees with the majority of the findings and recommendations in the report, but would like to offer clarification on two issues cited. First, though SB1330 would repeal the statute authorizing the aging resource centers (page 1, left column; page 8, left column), it is important to note that the department has proposed alternate language that would restore the aging resource centers as a key component of the aging services system. The department expects this issue to be resolved during the upcoming legislative session.

The second point of clarification involves the timeliness of eligibility determination (page 6, right column). The department never requested that the Department of Children and Families develop an outcome measure that exceeds the federal requirement. In addition, we would like to point out that the alternate method for assessing the timeliness of Medicaid eligibility determination is being handled through the HelpWorks™ system. DOEA has established referral outcomes that allow the system to identify those ADRC applicants that have been referred to ESS and CARES for Medicaid eligibility determination. ADRC staff is required to ensure that the outcome is recorded on the referral follow-up screen for each referral made through the HelpWorks™ system.

The department appreciates the opportunity to provide written feedback on this report. If you have questions, please contact Tom Reimers, Director of the Division of Volunteer and Community Services, at 414-2150.

Sincerely,


Carole Green
Secretary

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

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

Jeb Bush
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Lucy D. Hadi
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March 3, 2006

Mr. Gary R. VanLandingham, Director
Office of Program Policy Analysis
and Government Accountability
Claude Pepper Building
111 West Madison Street, Room 312
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Dear Mr. VanLandingham:

Thank you for your February 17, 2006 letter providing the Department of Children and Families a draft copy of your report, *Aging and Disability Pilot Sites Are Making Progress; Future of Other Centers Uncertain*, and for allowing the department to provide comment before issuing the final report. The department recognizes its vital role in the Aging and Disability Resource Center initiative and continues to work closely with the Department of Elder Affairs (DOEA) to promote and improve access to services for Florida's seniors and their families.

Our comments are focused on Page 6 of the report regarding the subheading "DOEA and DCF established an alternative method for assessing the timeliness of Medicaid eligibility determination" and particularly on the second paragraph. While the department must maintain the established federal time standards (45 days for aged individuals and 90 days for individuals with disabilities) for measuring timely processing of Medicaid applications, the department does not use the time standard as a waiting period for determining eligibility. Our objective and efforts are always to process applications quickly upon receipt of all information needed to determine eligibility. Evidence of this philosophy is demonstrated through data which shows an average application processing timeframe of 18 days for long-term care applications referred through the Aging and Disability Resource Center from October 2005 through mid-February 2006. A preponderance of the applications were actually processed in 10 or fewer days, indicating a clear willingness by the department to reduce the time it takes for elders to access Medicaid services.

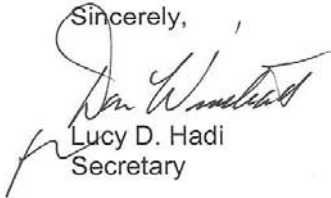
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Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and
Advance Personal and Family Resiliency

Mr Gary VanLandingham
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The department requests incorporation of these comments as part of the OPPAGA final report. Again, thank you for this opportunity. If you or your staff have additional questions, please feel free to call Jennifer Lange, Acting Director, Economic Self-Sufficiency Services Program Office, at (850) 488-3271.

Sincerely,



Lucy D. Hadi
Secretary

cc: Carole Green, Department of Elder Affairs