



September 2006

Report No. 06-62

## Aging Resource Center Initiative Has Not Moved Beyond the Pilot Sites

### *at a glance*

Two of the three Aging and Disability Resource Center pilot sites have shown progress in meeting requirements, while the Department of Elder Affairs determined that the remaining center did not make sufficient system changes to warrant renewal of its contract. However, the department has begun discussions with this center to work toward resuming its contract.

The department has delayed implementation of the Aging Resource Center initiative beyond the pilot sites. It has not resumed readiness assessment activities, completed the statutorily required Aging Resource Center rule, or updated guidance documents that it reported would be complete by December 2005. It plans to further delay progress while it contracts with an outside evaluator to assess the effectiveness of the pilot sites.

The web-based information and referral system that was intended to help the pilot sites improve access to services has several deficiencies that have limited its usefulness and delayed progress in expanding access to services. The department also needs to automate its revised intake screening tool, which includes data elements not incorporated in the current tool.

### Scope

The 2004 Legislature directed OPPAGA and the Auditor General to jointly review and assess the Department of Elder Affairs' process for determining the readiness of area agencies on aging to transition to Aging Resource Centers. This is the fourth in a series of reports on this transition, with subsequent reports due every six months until full transition to Aging Resource Centers is accomplished statewide.<sup>1</sup>

### Background

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

The Department of Elder Affairs (DOEA) has the primary state responsibility for services to elders and also determines medical eligibility for Medicaid nursing home admissions and waiver programs. DOEA delivers most of its services to elders through contracts with local agencies.<sup>2</sup>

<sup>1</sup> DOEA Has Taken Reasonable Steps to Begin the Aging Resource Center Initiative, [OPPAGA Report No. 05-06](#), February 2005; *Aging Resource Center Initiative Is Moving Ahead, But Needs Additional Work*, [OPPAGA Report No. 05-45](#), August 2005; and *Aging and Disability Pilot Sites Are Making Progress; Future of Other Centers Uncertain*, [OPPAGA Report No. 06-20](#), March 2006.

<sup>2</sup> DOEA directly provides information and assistance, advocacy, health promotion, caregiver training and education, and

- DOEA contracts with 11 area agencies on aging, which operate as public or non-profit organizations. These entities plan, fund, and coordinate most programs and services for individuals in their planning and service areas.<sup>3, 4</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 elder services directly.

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 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.

The 2004 Legislature created the Aging Resource Center initiative in an effort to reduce fragmentation in the elder services delivery system. The Legislature directed DOEA to establish a process to help the 11 area agencies on aging transition to Aging Resource Centers to provide easier access to elder services. The initiative aims to accomplish this through a locally focused, coordinated approach that integrates information and referral for all available services. The legislation requires each of the area agencies to transition to Aging Resource Centers by taking

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medical eligibility determinations of applicants for Medicaid nursing home admission and certain waiver programs.

<sup>3</sup> 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.

<sup>4</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.

on additional responsibilities, while at the same time maintaining an identity as the local area agency on aging. The department selected three area agencies as pilot sites to begin the transition.<sup>5</sup>

Aging Resource Centers are to perform eight primary functions that are intended to improve the elder services system.<sup>6, 7</sup>

- Increase access to elder services.
- Provide more centralized and uniform information and referral.
- Increase screening of elders for services.
- Improve triaging and prioritizing of elders for services.
- Streamline Medicaid eligibility determination.
- Improve long-term care options counseling.
- Enhance fiscal control and management of programs.
- Increase quality assurance.

Funding for the Aging Resource Center initiative is provided by federal funds and general revenue. For Fiscal Year 2006-07, the Legislature appropriated \$3.3 million in non-recurring general revenue funds for statewide implementation of the Aging Resource Center initiative. The department provided \$300,000 to the Pasco-Pinellas pilot site and \$150,000 to the Broward site from this appropriation, but has not yet distributed the remainder because the department has put the initiative on hold, as discussed later in this report.<sup>8</sup> DOEA

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<sup>5</sup> The department selected the area agencies in Orlando, Broward County, and Pasco-Pinellas as the pilot sites.

<sup>6</sup> Over time, DOEA refined its original list of primary functions by separating some of the functions into additional components, which expanded the number of functions from five to eight. DOEA created separate categories for three functions that were initially subsumed in the original five categories. The three additional functions are fiscal control, triaging, and long-term care options counseling.

<sup>7</sup> For a more detailed discussion on the functions and intended benefits of Aging Resource Centers, see [OPPAGA Report No. 05-06](#), [OPPAGA Report No. 05-45](#), and [OPPAGA Report No. 06-20](#).

<sup>8</sup> The department plans to give the Broward County pilot site an additional \$150,000 when department staff is satisfied that the center has sufficiently addressed changes requested by the department. The department did not distribute funds to the Orlando pilot site because it did not renew the center's

administrators have proposed to use a portion of this appropriation to fund an evaluation of the pilot sites' effectiveness in improving the elder service system.<sup>9</sup> Previously, the three pilot sites each received state general revenue funding of \$100,000 in Fiscal Year 2004-05 and \$20,000 in Fiscal Year 2005-06.

Prior to Fiscal Year 2006-07, a federal grant for Aging and Disability Resource Centers was the primary source of funding for the initiative. DOEA used the three-year \$800,000 federal grant to implement three Aging and Disability Resource Center pilot sites in Florida. Aging and Disability Resource Centers perform a dual role as Aging Resource Centers. In addition to the eight primary Aging Resource Center functions, the pilot sites also provide information and referral services to elders and adults who are 18 years and older with severe and persistent mental illness.

As shown in Exhibit 1, DOEA used the federal grant to assist the pilot sites with start-up expenses, purchase an information and referral system, and cover administrative costs. DOEA also applied in July 2006 for an additional \$85,000 available in federal grant funds for Aging and Disability Resource Centers. If approved, the department plans to split the money between the pilot sites in Pasco-Pinellas and Broward counties.

The state has not yet been successful in receiving approval from the federal Centers for Medicare and Medicaid Services to use Medicaid funding for Aging Resource Center administrative activities related to Medicaid, such as outreach, information and referral, enrollment, and continuous improvement projects. The Agency for Health Care Administration, in consultation with DOEA, requested federal approval for \$1.9 million in Medicaid funding in September 2005. However, even if the proposal receives federal approval, DOEA will not be able to use this funding opportunity during Fiscal Year

2006-07. The Medicaid dollars require a 50% match in state dollars, and the department currently lacks legislative budget authority to use some of its funding for this purpose.<sup>10</sup>

## Findings

The three Aging and Disability Resource Center (ADRC) pilot sites have shown varying degrees of success. Two of the pilot sites have demonstrated progress in addressing the required primary functions, while DOEA has determined that the remaining center did not make sufficient progress to warrant renewal of its contract. The department has paused program implementation and plans to contract with an outside evaluator to assess the effectiveness of the pilot sites.

### ***Two pilot sites have made progress implementing the initiative, but one pilot site's contract was not renewed***

Over the past several months, DOEA has evaluated the three pilot sites' success in addressing the eight primary functions intended to improve the elder services system. The department's assessment process included several site visits and evaluations of the deliverables received from each center, which include referral agreements with local providers, quality assurance plans for monitoring subcontractors, and memoranda of agreement with other state agency offices in the area.

Based on these assessments, DOEA officials concluded that the Pasco-Pinellas center is the most successful in addressing the primary functions; the Broward County center is making progress; and the Orlando center is not functioning as intended.

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contract. The department began discussions with this center in July 2006 to work toward renewing its contract.

<sup>9</sup> Department administrators do not have an estimate of the cost of the evaluation because they have not yet requested and received proposals from potential vendors.

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<sup>10</sup> The \$330,000 appropriated as matching money by the 2005 Legislature reverted to the state because the Centers for Medicare and Medicaid Services did not approve the proposal by June 30, 2006.

**Exhibit 1****The Department Allocated the \$800,000 Aging and Disability Resource Center Federal Grant to Three Activities <sup>1</sup>**

Expenditures	Year 1 2004-05	Year 2 2005-06	Year 3 2006-07	Total
Aging and Disability Resource Centers contracts <sup>2</sup>	\$ 0	\$345,000 (\$115,000 each)	\$156,000 (\$52,000 each) <sup>3</sup>	\$501,000
Information and Referral System—HelpWorks™ <sup>4</sup>	67,699	158,301	0	226,000
Retained by DOEA for personnel, travel, equipment and other costs associated with the grant	16,690	36,310	19,945	72,945
Total budgeted each year	\$84,389	\$539,611	\$175,945	\$799,945

<sup>1</sup> This chart includes both budgeted funds and actual expenditures. Year 1 and the second through fourth footnotes provide information on actual expenditures, while the figures under Years 2 and 3 in the chart show budgeted amounts.

<sup>2</sup> The three pilot sites each received state general revenue funding of \$100,000 in Fiscal Year 2004-05 and \$20,000 in Fiscal Year 2005-06. DOEA also gave \$300,000 of the \$3.3 million general revenue appropriation for Fiscal Year 2006-07 to the Pasco-Pinellas pilot site and \$150,000 to the Broward County pilot site.

<sup>3</sup> While the department budgeted to provide each site \$52,000 in Fiscal Year 2006-07, it later decided not to renew one site's contract. The two remaining sites received \$52,000 each.

<sup>4</sup> The department spent an additional \$74,050 of state general revenue during Fiscal Year 2004-05 on the HelpWorks™ system. The department also spent \$195,874 in state and federal funds during Fiscal Year 2005-06 for the system.

Source: Department of Elder Affairs.

DOEA managers concluded that the Pasco-Pinellas Aging and Disability Resource Center is the most successful in addressing the primary functions. In April 2006, the department conducted an on-site operational review of the center and concluded that it is addressing all eight functions to the extent possible. <sup>11</sup> The center has taken several steps to improve its elder services system.

- The center's community and board have demonstrated a shared vision for improving services to elders.
- The center has opened a satellite office in Pasco County to expand the availability of its intake services. This site is located at a senior center that is accessible to public transportation and provides congregate meals.
- The department co-located staff from its Comprehensive Assessment and Review for Long-Term Care Services (CARES) unit at both of the center's locations, which has

improved the client referral process between center and CARES staff.

- The Department of Children and Families has co-located Economic Self-Sufficiency staff at both of the center's locations to process financial eligibility for Medicaid services. Center managers report that this co-location has improved communication and staffs' understanding of the documentation needed for eligibility applications, which has reduced the time needed to process this paperwork. <sup>12</sup>
- In January 2006, the center assumed the intake function for Older Americans Act registered services, which includes home-delivered meals, adult daycare, etc. This

<sup>11</sup> As discussed later in this report, DOEA's web-based information and referral system and the revised intake eligibility screening tool are not yet fully operational as intended. Department managers took this into account when evaluating the pilot sites.

<sup>12</sup> The Pasco-Pinellas center has provided preliminary results that show a decreasing trend in the amount of time required for determining financial eligibility for the Aged and Disabled Adult Medicaid waiver between August 2005 and June 2006, while the number of applications processed for this waiver increased. This data only captures the amount of time it takes the Department of Children and Families' Economic Self-Sufficiency staff to process applications and determine financial eligibility for the Aged and Disabled Adults Medicaid waiver. The center measures the time from when the co-located Economic Self-Sufficiency workers receive the application to the time the workers make an eligibility determination. When measuring timeliness, the center excludes non-work days such as weekends and holidays.

has made it easier for clients to access these services by making a single phone call rather than by calling numerous providers.

- Center staff has successfully used the department's new web-based information and referral system to log calls and refer clients to service providers.

DOEA determined that the Broward County Aging and Disability Resource Center has made progress, but needs additional improvements. In June 2006, the department conducted an on-site operational review of this center and concluded that it is addressing seven of the eight functions to the extent possible. The center made several changes to implement the Aging Resource Center initiative, and is making progress in addressing the eighth function, eligibility determination. These improvements include those described below.

- The center hired seven staff and assumed additional responsibilities for screening and waitlist management. Five of the seven staff are multilingual and can communicate in Spanish or Haitian Creole in addition to English. Center staff reports that this has enhanced the center's ability to provide services to diverse populations.
- The center added a bilingual benefits counselor who helps clients apply for public and private benefits for which they are eligible.
- The center enhanced its screening process by adding a triage specialist.<sup>13</sup> The center separated this position from all client contact in order to maintain objectivity in placement decisions and promote a more equitable process for distributing services to clients.
- Center managers report increasing the number of entities with which they coordinate services for the elderly, including for-profit and not-for-profit organizations. Managers also report

developing more effective relationships with other governmental entities such as the Department of Children and Families and the county health department.

The department concluded that although the Broward center is planning changes to improve timeliness of the Medicaid eligibility determination process, it needs to make more progress in this area. Center managers plan to co-locate with Department of Children and Families' Economic Self-Sufficiency staff in a new building scheduled for occupancy by January 2007. Center managers also plan to implement a virtual co-location structure, as authorized by statute, with the local DOEA CARES unit.<sup>14</sup> Although CARES staff will be located in a separate building, center staff plans to work closely with CARES and Economic Self-Sufficiency staff to improve the timeliness of the Medicaid eligibility determination process. However, DOEA officials concluded that the center needs to more clearly specify how this process will streamline Medicaid eligibility determination. The department has asked the center to begin tracking this data and measure whether changes result in improving timeliness in eligibility determination.

DOEA did not renew the Aging and Disability Resource Center contract with the Orlando Senior Resource Alliance for Fiscal Year 2006-07. In March 2006, DOEA conducted an on-site operational review of the center and issued an unfavorable report that concluded the center had not made sufficient progress transitioning to an Aging and Disability Resource Center. Major deficiencies identified by DOEA included

- not centralizing options counseling in its service area, which can unnecessarily limit

<sup>13</sup> Triage involves determining which long-term care service programs (both publicly and privately funded) best meet the client's needs.

<sup>14</sup> Virtual co-location means the performance of center functions by the area agency, CARES, and Economic Self-Sufficiency staff operating from more than one location in the planning and service area. The performance of center functions in this organizational structure is facilitated through the use of technology, such as shared computer access, facsimile machines and teleconferencing, as well as frequent face-to-face contact.

client choice through inappropriate self-referral,<sup>15</sup>

- failing to establish a system for flagging clients referred to Economic Self-Sufficiency,
- lacking a quality assurance plan that sufficiently describes how it would monitor its subcontractors, and
- lacking an outsourcing plan that adequately describes how the outsourced functions would operate and how its aging network changed since the Aging and Disability Resource Center designation.

Department officials were not satisfied with the center's response to the report and informed the Senior Resource Alliance that its contract as an Aging and Disability Resource Center would not be renewed. However, the department recently has given the Senior Resource Alliance another opportunity to implement corrective actions. In August 2006, DOEA provided the Senior Resource Alliance a list of issues and directed it to submit an implementation plan outlining how it will address these concerns. The department will provide written feedback on the plan, after which the Senior Resource Alliance is to submit a comprehensive work plan to detail how it will accomplish the conceptual model described in the plan. Department officials plan to visit the center to observe the operations in a mock exercise before making a final decision about renewing the contract.

## DOEA has delayed Aging Resource Center implementation beyond the pilot sites

Although over two years have passed since the Legislature enacted the Aging Resource Center statute, the department has not made progress on implementing Aging Resource Centers

beyond the pilot sites. This delay is contrary to legislative intent to implement the initiative statewide in Fiscal Year 2006-07. The department also has not completed enhancements to its web-based information and referral system, nor has it established a strategy or due date for automating the revised intake screening tool as originally planned.

### ***DOEA has not taken action to transition the eight remaining area agencies and plans to postpone implementation while it awaits an evaluation***

The 2006 Legislature appropriated \$3.3 million to continue statewide implementation of Aging Resource Centers in Fiscal Year 2006-07. The \$3.3 million appropriation was intended to allow the department to allocate \$300,000 to each of the 11 area agencies to support the changes needed to transition to Aging Resource Centers.

However, the department has continued to delay statewide implementation of the Aging Resource Center initiative. The department has not resumed readiness assessment activities that it halted nine months ago, and it has not established the rule required by statute or made planned revisions to its guidance documents. Although department officials recently announced that they plan to begin work on the guidance documents and rule, they plan to postpone transition activities until a contracted evaluation of the pilot sites is completed. Unless DOEA develops and implements a transition schedule, the legislative intent that a statewide system be implemented will not be fulfilled.

The department has not resumed readiness assessment activities. DOEA completed several key activities from the time the Legislature authorized the initiative in 2004 through December 2005, including establishing guidance documents, evaluating proposals from all of the area agencies, selecting the pilot sites, and conducting technical assistance and readiness assessment visits with the sites.

<sup>15</sup> Self-referral occurs when a lead agency that directly provides services refers clients to its own program and services. The availability of funding can create a disincentive for some lead agencies to refer elders to other programs and providers.



During September 2005, DOEA released a schedule for conducting readiness assessment reviews in order to transition the eight remaining area agencies to Aging Resource Centers. In October 2005, the department submitted a legislative budget request for \$3.3 million to complete statewide implementation by December 2006. Department officials report that they provided technical assistance to one area agency that planned to transition to function as an Aging Resource Center through December 2005.

However, the department subsequently discontinued all readiness assessment activities as of January 2006 and proposed legislation to repeal the Aging Resource Center statute. The Legislature did not accept this proposal during the 2006 session but instead provided funding to continue statewide implementation. Nonetheless, the department has not established a new readiness assessment schedule or otherwise taken action to begin implementation of the remaining eight service areas.

The department has not yet promulgated the Aging Resource Center rule, as required by statute. The 2004 law that created the Aging Resource Center legislation directed the department to promulgate a rule to guide the implementation of the initiative. The law required the rule to cover several areas of the Aging Resource Centers' operations:

- minimum standards for financial operation, including audit procedures;
- procedures for monitoring and sanctioning of service providers;
- minimum standards for technology utilized by the Aging Resource Center;
- minimum staff requirements;
- minimum accessibility standards, including hours of operation;
- minimum oversight standards for the governing body of the center; and
- minimum education and experience requirements for executive directors and other executive staff positions.

The department developed a draft rule and held several rule workshops between February and June 2005, and scheduled a rule workshop for August 30, 2005, but cancelled it due to Hurricane Wilma. However, DOEA has not held any workshops on the rule since June 2005, and in May 2006, it withdrew the rule. In August 2006, department officials reported that they have re-written the rule and scheduled a workshop for September 2006, but have not established a time frame for finalizing the rule.

The department has not completed updating Aging Resource Center guidance documents. In July 2005, the department indicated that it was planning to update the guidelines provided to the area agencies to help them transition to Aging Resource Centers. The purpose of the update was to incorporate knowledge gained through the transition of the pilot sites. Also, in response to our August 2005 report, the department stated that it would engage a consultant to develop a quality assurance manual which would include guidance to centers on outsourcing, and this manual was to be published by December 2005. However, DOEA has neither published the manual nor updated the Aging Resource Center guidelines.

The lack of comprehensive guidelines can hinder area agencies in understanding and meeting the department's performance expectations for the eight primary program functions. For example, our review noted several areas where the department's guidance to the pilot sites needed clarification.

- The pilot sites needed better guidance on long-term care options counseling so that seniors could make their own choices among service providers without being unduly influenced by the provider offering the counseling services.
- Pilot site administrators did not understand reporting requirements, such as the need to track the timeliness of the Medicaid eligibility determination process. The centers also needed better definitions and guidance on data collection requirements

and the need to maintain baseline data so performance trends can be tracked.

- The pilot sites needed more guidance on the capabilities of the program's information and referral system (HelpWorks™), including how DOEA expects the centers and their partners to use the system.

Department officials also have noted that the current readiness assessment tool is not sufficiently linked to the primary functions that the centers are required to perform. The department used this tool to evaluate whether area agencies were sufficiently prepared to function as Aging and Disability Resource Centers. Department officials report that they plan to revise this tool for use with the eight remaining area agencies. When revising the tool, the department should consider including criteria that help evaluate the extent to which the area agencies' current operations meet the primary functions and identify where changes are needed to fully comply with these requirements.

DOEA plans to postpone further Aging Resource Center transition while it contracts for an evaluation of the three pilot sites. DOEA officials announced in June 2006 that the department will not resume readiness assessment activities, finish rule promulgation, or complete updates to guidance documents until it receives the results of a contracted evaluation of the pilot sites. Department officials indicated that the evaluation by an outside firm will provide more credibility for changes needed to the transition process, as department staff can be seen as too invested in the pilot sites to be objective. The department has not yet contracted for the study, and lacks a timeline for its completion.

While the evaluation may provide additional information about the activities of the pilot sites, the department already has substantial insight about the transition process and the operation of the centers. DOEA has conducted technical assistance, readiness assessment, and monitoring visits of the sites and has issued

reports describing how each pilot performs the primary functions and identifying problem areas each center needs to address. The department also has provided two annual reports on the initiative to the Legislature describing the activities taken to transition the centers and each pilot's progress in implementing the initiative. The department also has met federal evaluation and reporting requirements through its own customer satisfaction surveys, center surveys and center annual improvement plans.

Accordingly, the department has a substantial amount of information needed to revise the Aging Resource Center guidance documents and continue the transition processes. While the evaluation will provide additional information that could be used to fine tune these documents and processes, waiting for the evaluation results before moving forward with any transition activities will further delay progress and limit the department's ability to meet legislative intent to proceed with statewide implementation.

### ***Several deficiencies continue to limit the information and referral system's usefulness***

Aging Resource Centers are intended to provide more centralized and uniform access to information on service availability. To implement the information and referral system in a timely manner, the department purchased an off-the-shelf software package to provide a statewide, web-based system. This software package, HelpWorks™, has a professional edition and a public edition. The professional edition is intended to allow pilot sites to research client information, keep notes on clients in the system, and send referrals to service providers. The public edition is designed to allow anyone seeking information on senior services to access it via the Internet and create an account to save personal information on the system. DOEA introduced the system's professional edition at the three pilot sites in January 2006, but has delayed



release of the public edition while it works with the vendor to correct several deficiencies.

Department officials indicate that a primary benefit of HelpWorks™ is that it enables the three pilot sites to use a single information and referral system. This allows DOEA and other area agencies using the system to share information on clients during emergencies, which would be highly beneficial in situations such as hurricane evacuations. Also, as the system produces uniform reports for each pilot site, the department can track client referrals and determine whether clients received needed services. The system can also help centers communicate with providers. For example, the Pasco-Pinellas center uses the system's referral function to log information on each call received and to refer clients to service providers. In the system's notes section, staff describes the nature of each call and the information provided the client, which enables the center to examine the client's service history.

However, the system has several weaknesses that are being addressed. DOEA and center officials identified four weaknesses with the HelpWorks™ system. First, the center officials assert that the system's guided interview tool is cumbersome because it presents one question on the screen at a time and does not allow the user to go backwards if the client changes his or her answers or provides information in a different order than the questions. This can make client interviews slow and awkward. Also, the tool does not screen for client needs, so it fails to supply information the centers can use to provide effective information and referral services.

Second, the centers assert that the system's resource database does not provide information in a useful manner and is slow and cumbersome when looking up providers. The system also does not allow the centers to update the database at the local level, which can be important as provider information frequently changes. These problems hinder

the centers' ability to have a useful and accurate database on local service resources.

Third, the centers are not satisfied with the system's reporting capabilities. For example, the system was not designed properly to produce an accurate list of clients needing a 14-day follow-up call, which federal requirements mandate for all clients referred for services. Also, the centers cannot generate reports locally but must request them through DOEA, which can slow the receipt of needed information.

Finally, the system requires users to maintain the DOEA Virtual Private Network connection, which is expensive for many social service agencies. In order to maintain the connection, agencies must pay \$20 per month per user or \$100 per month per agency.

Department managers are aware of these problems and are working with the vendor to enhance the system. A new company acquired the system in May 2006, and DOEA officials have met with the new company several times to discuss modifications to the system. The company has suggested replacing HelpWorks™ with another software package to address these issues. DOEA officials are awaiting information on system costs and capabilities before deciding whether to accept this proposal. Until the system is modified or replaced, DOEA plans to postpone release of the public edition, which was originally expected to be available in March 2006.

### ***DOEA has not automated its revised intake eligibility screening tool***

As discussed in our previous reports, the department's current intake screening tool may not be a good predictor of care plan costs and service needs. The department contracted for a revised screening tool, which it finalized in October 2005. The department initially planned to incorporate the screening tool into HelpWorks™, but later decided to incorporate the new screening tool into its planned merger of the Client Information and Referral Tracking System and Client Management System

information systems.<sup>16</sup> DOEA pilot-tested the new merged system in one planning and service area in June 2006.

However, the department has not incorporated the new screening tool into the merged data system and does not have a timeframe on when this change will begin. Without the new screening tool, Aging and Disability Resource Centers and area agencies continue to use the original screening tool to screen clients. The original screening tool is not automated and lacks data elements needed for the Medicaid eligibility determination process.

## Recommendations ———

In order to meet legislative intent, DOEA should proceed with statewide implementation of the Aging Resource Center initiative. While it can use the results of its planned evaluation of the pilot sites to fine tune its processes, it should take several steps to proceed with the transition effort. Specifically, the department should

- establish a schedule by September 30, 2006, for transitioning the remaining eight area agencies to Aging Resource Centers;
- complete revisions to its readiness review criteria and Aging Resource Center guidelines by October 31, 2006;

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<sup>16</sup> Area agencies on aging and elder services providers use the Client Information and Referral Tracking System (CIRTS) for reporting and billing purposes. CARES staff use the Client Management System (CMS) to maintain client information. Section 430.205(6)(c), *F.S.*, required DOEA to merge the two systems by June 30, 2006.

- continue to hold workshops and promulgate the Aging Resource Center rule;
- ensure that all remaining area agencies on aging are undergoing or have completed readiness assessment for transition to Aging Resource Centers by June 30, 2007; and
- establish a schedule for addressing weaknesses in the current information and referral system, releasing the public edition of the system, and automating its revised screening tool.

If the department does not achieve significant progress before the 2007 legislative session, the Legislature should consider amending Ch. 430, *Florida Statutes*, to establish a completion date for the department to complete the statewide implementation of the Aging Resource Center initiative.

## Agency Response ———

In accordance with the provisions of s. 11.51(6), *Florida Statutes*, a draft of our report was submitted to the secretary of the Department of Elder Affairs to review and respond. The secretary's written response has been reproduced here in Appendix A. Where necessary and appropriate, OPPAGA comments have been incorporated into the response.

## Appendix A

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**JEB BUSH**  
Governor

**CAROLE GREEN**  
Secretary

August 29, 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:

This letter is in response to the semi-annual OPPAGA report entitled "Aging Resource Center Initiative Has Not Moved Beyond Pilot Sites." This letter and the attached table comprise the department's response to this document.

I would like to address some inaccuracies related to this report. First, throughout the course of the Aging and Disability Resource Center project, the department has been unaware of OPPAGA's utilization of a standardized model of methodology for its reports. Unlike the Auditor General, which is required to be a partner in this engagement under Section 430.2053 (3)(a), Florida Statutes, OPPAGA does not appear to utilize accepted standards for the profession when conducting reviews. OPPAGA is aware that the department utilized a standardized readiness review process for the three area agencies on aging involved in this project. In fact, much of the input provided by OPPAGA staff during the first year of the project was directed at ensuring that the department was applying these standards consistently. Though we are by no means claiming that our readiness process was perfect, we question why OPPAGA has not employed a standardized approach for its own review. Obtaining a standardized form of methodology for measuring OPPAGA's scope of work for its reports would benefit the department in utilizing the report recommendations.

### OPPAGA Comment:

As directed by the Legislature, OPPAGA's reviews of the Aging and Disability Resource Center project have assessed the department's evolving implementation of the initiative. Accordingly, our scope of work and methodology for each report has included research methods appropriate to assess the department's activities at that point in time. All research conducted by OPPAGA is conducted in accordance with the *Program Evaluation Standards*, which are nationally recognized standards for evaluations. These standards are intended to ensure the quality, usefulness, and timeliness of all published products. A Peer Review sponsored by the National Conference of State Legislatures in June 2006 concluded that OPPAGA meets or exceeds all the standards. We will provide the department with a copy of the *Program Evaluation Standards*.

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My second concern is the OPPAGA statement on page six of the report, that the department's progress on the project "is contrary to legislative intent to implement the initiative statewide in Fiscal Year 2006-07." Section 430.2053 (2), F.S. gives the department the authority to "transition additional area agencies on aging to aging resource centers as it determines that area agencies are in compliance with the requirements of this section." There is no statutory requirement for the department to transition all area agencies to aging resource centers by June 30, 2007; in fact, there is no implementation deadline listed anywhere in statute. In addition, the department is not in a position to transition non-profit entities such as the AAA, if the AAA chooses not to transition its business model. The aging and disability resource center project is a systems change initiative. It takes time to implement, since it requires a total change in operational structure and the buy-in of all key stakeholders. Based on the knowledge and experience that our staff has acquired working on this project for the last two years, and the results that have been obtained in the three pilot sites to date, it would be irresponsible to commit to a deadline that would require all area agencies to transition to aging resource centers by June 30, 2007.

**OPPAGA Comment:**

The department's response fails to acknowledge that the legislative intent to implement the Aging Resource Center initiative statewide is stated in proviso language contained in the Fiscal Year 2006-07 General Appropriations Act. (See page 2 of the report.) The department submitted a Fiscal Year 2006-07 legislative budget request requesting funds to complete statewide implementation by December 2006. While the department may currently believe that a June 2007 deadline for statewide transition would be irresponsible, our recommendation on page 10 is that the department ensure that all area agencies are undergoing or have completed readiness assessment to transition to an aging resource center by June 30, 2007, which would provide a roadmap for statewide implementation, although each area agency would likely not complete the entire transition process by this deadline.

In addition, in making some of its recommendations on page 10, OPPAGA appears to have omitted critical feedback from department staff and stakeholders regarding the challenges and issues that have been encountered in the pilot projects to date.

In Section 430.2053, F.S., the Auditor General and OPPAGA are directed to "jointly review and assess the department's process for determining an area agency's readiness to transition to an aging resource center." OPPAGA has accompanied department staff on every technical assistance and readiness visit to the AAAs, and they have also attended state aging conferences and national Aging and Disability Resource Center grantee meetings. Department staff have spent hundreds of additional hours answering questions and providing documentation to OPPAGA. Adding this feedback in the report would be advantageous in explaining the transition process.

**OPPAGA Comment:**

As noted by the department, OPPAGA staff have gone to great lengths to identify implementation issues and obtain stakeholder feedback. We provide detailed information about the challenges and other issues encountered at the pilot sites on pages 3 through 9 of this report and in our prior reports on the Aging Resource Center initiative.

Finally, your statement on page one of the report that the department "plans to further delay progress while it contracts with an outside evaluator to assess the effectiveness of the pilot sites," does not effectively address the circumstances surrounding the necessity of a formal evaluation of the pilot sites. Under Section 430.2053 (1), F.S., the department is charged with developing "pilot projects for aging resource centers." In any pilot study, it is critical to perform a thorough assessment of the pilots before making decisions regarding expansion, so as not to replicate or magnify mistakes. The department is trying to be a good steward of the federal and state funds that have been allocated to this project. As you are aware, though the department used the same readiness process for all three pilot projects, results in the three areas have been mixed. Through the evaluation, we will learn more about why some areas were successful, while others were not. In addition, except for information and referral contacts, we have not had the opportunity to measure consumer satisfaction under this model, and we would like to verify that the pilot projects are meeting the true intent of the aging resource center legislation.

The department is attempting to act in a responsible and prudent fashion by contracting for an independent, unbiased evaluation. This should remove even the appearance of a potential conflict of interest. The evaluation is being developed and performed in consultation with the federal Administration on Aging (AoA), which has funded Florida's Aging and Disability Resource Center (ADRC) grant and 42 other ADRC projects across the nation. Results gleaned from the evaluation will put us in a much better position to guarantee success as we expand the aging resource center model to the other planning and service areas. AoA has indicated that it hopes to use the results of our study as the basis for developing standards for the ADRC grantees.

**OPPAGA Comment:**

**While the planned evaluation may provide additional information that may help the department fine-tune its implementation plans, the department could proceed with preliminary steps such as beginning the readiness assessment process with other agencies on aging, which would continue progress towards achieving the legislative intent to create a statewide system.**

The department acknowledges that there are some outstanding issues that need to be resolved on this project, including: enhancements to the new information and referral system, implementation of the new screening tool, and rule development. The first two items were not required by either the federal grant or the ARC statute; they were enhancements that the department identified as useful support for this initiative. Nevertheless, we are working very hard with the vendors to resolve the problems encountered with the information and referral system, and we plan to revisit the screening tool once the department has completed the statutorily-mandated implementation of our new client tracking system (CIRTS/CMS). Over the last month, the department has rewritten the draft ARC rule, and there is a workshop scheduled for September 20, 2006. Considering stakeholder input is critical for us to move forward with the rule development process.

I am very proud of the work that the department has done on the aging and disability resource center project. Our staff has worked diligently to carry out the requirements of both the federal ADRC grant and the statute. This project has been one of our highest priorities over the past two years. We reorganized our staff in 2004 to dedicate sufficient personnel to this endeavor, and we have invested thousands of hours trying to create a model that can be considered a national best practice. As mentioned previously, systems change takes time to implement. The department is prepared to invest whatever time is necessary to ensure the success of this project.

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

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

**Attachment**  
**Department of Elder Affairs**  
**Response to OPPAGA Report “Aging Resource Center Initiative at a Standstill”**

<b>Page Reference</b>	<b>OPPAGA Statement</b>	<b>Response</b>	<b>OPPAGA Comments</b>
Page 3, Column 2, Paragraph 1	“The department has paused program implementation...”	This statement is inaccurate. The department continues to work with the pilot sites in PSAs 5 & 10 on implementation activities. Both of these pilots are executing additional referral agreements with access points to assist individuals “who do not need or do not wish to enroll in programs funded by the department or the agency,” as required in statute, and streamlining the eligibility determination process. In addition, the department has been holding discussions with the board chair in PSA 7 regarding actions that the AAA must take in order to be considered for a return as an ADRC pilot site.	<b>Our report acknowledges on pages 3-6 that the department has continued to work with the pilot sites. However, the primary message of our report is that the department has delayed the initiative’s implementation beyond the pilot sites.</b>
Page 3, Column 2, Paragraph 2	“The department’s assessment process included several site visits and evaluations of the deliverables received for each center, which include referral agreements with local providers, quality assurance plans for monitoring subcontractors, and memoranda of agreement with other state agency offices in their area.”	This statement is incomplete. The reviews by the department’s monitoring team are not mentioned. The \$100,000 purchase order deliverables included memoranda of understanding between AAA and partners, and public education and training plans. The \$20,000 purchase order deliverables include reports of ADRC/CARES MOU and ADRC/ESS MOU activities and reporting of ADRC monitoring activities. Both purchase orders required the ADRCs to use the budget for both start-up costs and service-related costs for information and technology expenses that: <ol style="list-style-type: none"> <li>1. facilitate the effective implementation of the ADRC and assist in the creation of multiple access points to the network and single point of entry services for elders and adults with severe and persistent mental illness; and</li> <li>2. facilitate the AAA’s coordinated approach to integrating information and referral with eligibility determination.</li> </ol> This additional information is critical, as it underscores the department’s efforts to be accountable for the resources made available to the pilot sites and ties to the purpose of the ARCs as defined in statute.	<b>As noted on page 8 of the report, the department’s assessment of the pilot sites included contract monitoring. The department conducted a contract monitoring visit at one of the three pilot sites (Pasco-Pinellas) in May 2006.</b>



Page Reference	OPPAGA Statement	Response	OPPAGA Comments
Page 6, Column 1, Bullet 1	“failing to establish a system for flagging clients referred to Economic Self-Sufficiency.”	This is not one of the issues that the department cited in its letter to the PSA 7 board chair. The directive in the department’s follow-up report was: “Develop a system to identify ADRC referrals to ESS so that these referrals can be “flagged” in the FLORIDA system for tracking timeliness of Medicaid eligibility determination.”	
Page 6, Column 1, Paragraph 2	“This delay is contrary to legislative intent to implement the initiative statewide in Fiscal Year 2006/07.”	There is no such deadline or mandate in Section 430.2053, Florida Statutes.	<b>The department’s response does not acknowledge that the legislative intent to implement the Aging Resource Center initiative statewide is stated in proviso language contained in the Fiscal Year 2006-07 General Appropriations Act. (See page 2 of the report.)</b>
Page 6, Column 2, Paragraph 2	“Department officials recently announced that they plan to postpone these activities until a contracted evaluation of the pilot sites is completed. Unless DOEA develops and implements a transition schedule, the legislative intent that a statewide system be implemented will not be fulfilled.”	<p>This statement fails to recognize that the evaluation will enable the department to facilitate a more successful fulfillment of the statutory requirements (which, as stated above, do not include a deadline for statewide implementation). It is the department’s responsibility to make the determination of readiness, and the decision to contract for an unbiased, independent evaluation of the pilots’ ability to conform to sound business practice.</p> <p>To ensure the validity and success of the evaluation, the department is working with the federal Administration on Aging and its subcontractor, The Lewin Group, on the evaluation tool.</p>	<b>While the department’s planned evaluation may provide information that would help the department fine-tune its implementation plans, it can take steps in the interim, such as directing the remaining area agencies on aging to undergo readiness assessments, which would allow it to meet legislative intent to continue progress towards statewide implementation.</b>

Page Reference	OPPAGA Statement	Response	OPPAGA Comments
Page 7, Column 2, Bullet 2	“Pilot site administrators did not understand reporting requirements, such as the need to track the timeliness of the Medicaid eligibility determination process. The centers also needed better definitions and guidance on data collection requirements and the need to maintain baseline data so performance trends can be tracked.”	It is clear that some pilot site administrators <b>did</b> understand the requirements, as evidenced by the tracking mechanism put in place by PSA5. DOEA staff led discussions and engaged the pilot sites in flowcharting exercises during the technical assistance visits to all three PSAs, and a significant amount of time was spent discussing the need to streamline the eligibility determination timeline. In addition, the ADRC Eligibility Determination Work Group, which includes staff from all ADRC pilot sites, began addressing the measurement of the eligibility determination processing time as early as August 2005. In November 2005, there were additional work group discussions about methods for tracking ADRC referrals. The ability to track timeliness of Medicaid eligibility was discussed again in March 2006. Copies of notes and attendance logs from these meetings are available upon request.	<b>The department has not yet specified a methodology for tracking the timeliness of the Medicaid eligibility determination process. Since only one of the three pilot sites tracked this information, it is clear that the pilot sites would have benefited from more direction.</b>
Page 8, Column 2, Paragraph 2	“DOEA introduced the system’s professional edition at the three pilot sites in January 2006, but has delayed release of the public edition while it works with the vendor to correct several deficiencies.”	This statement fails to recognize that the initial reason for the delay in introducing the public access edition is that the department did not receive all of the resource data needed for the resource database from the AAAs. DOEA did not want to open up the public portal, knowing that some of the resource information was inaccurate or incomplete.	<b>While inaccurate or incomplete data received by the department may have initially delayed its release of the public edition, the deficiencies encountered with the system (listed on page 9 of this report) have compounded this problem and continued to delay full implementation of the information and referral system.</b>

Page Reference	OPPAGA Statement	Response	OPPAGA Comments
Page 9, Column 1, Paragraph 2	“Second, the centers assert that the system’s resource database does not provide information in a useful manner and is slow and cumbersome when looking up information on providers. The system also does not allow the centers to update the database at the local level, which can be important as provider information frequently changes. These problems hinder the centers’ ability to have a useful and accurate database on local service resources.”	<p>As stated above, part of the problem with the database is that it includes inaccurate or incomplete information on many providers. The only reason a resource database search would be slow is if the database does not include accurate or complete information.</p> <p>The decision to centralize data input functions was a matter of security. HelpWorks™ does not allow the department to assign security rights for the resource database to a AAA without giving that AAA rights to the entire resource database. This means that if DOEA had not centralized the data input function, one disgruntled employee could wipe out the entire database. OPPAGA is aware of these security issues.</p>	<b>We are aware of the security issues with the system. However, the department’s response articulates the overarching problems with the HelpWorks™ system by identifying one of the system’s design flaws, insufficient security levels.</b>
Page 9, Column 1, Paragraph 3	“The system was not designed properly to produce an accurate list of clients needing a 14-day follow-up call, which federal requirements mandate for all clients referred for services.... Finally, the system requires users to maintain the DOEA Virtual Private Network connection, which is expensive for many social service agencies.”	This is an inaccurate statement. In fact, during a reporting demonstration, DOEA showed OPPAGA staff that it has been extracting this data from HelpWorks™ and providing it in a report format on a weekly basis to one of the pilot sites as requested. The statement about the Virtual Private Network (VPN) fails to recognize that the department implemented this requirement for security reasons, as the VPN offers the highest level of security. The department does not want users to be able to transmit personally identifying information over less secure connections.	<b>We are aware that the system can be used to provide a list, but system users informed us that the list fails to provide accurate information. Also, the point of our discussion about the VPN requirement was to describe the barrier this cost places on implementation, not to discount the need for security.</b>



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