March 2007   **Report No. 07-20**

Department of Elder Affairs Resumes Transition Activities for Aging Resource Center Initiative

at a glance

After a year delay, the department resumed Aging Resource Center transition activities in December 2006. The department has developed a framework for a revised transition process, and in February 2007 it contracted with the eight area agencies that were not pilot sites. The department contracted with each area agency for approximately $200,000 to begin transition activities.

The department is still developing details for how it will monitor and evaluate the transition, and it needs to release guidance documents that will be essential to the area agencies. In February 2007, the department decided not to conduct its planned evaluation of the three pilot sites.

The department made significant progress in promulgating the Aging Resource Center rule since our last report. Due to deficiencies in the current Aging Resource Center information and referral system, the department has decided to replace the system. To successfully move forward and implement Aging Resource Centers statewide, the department has several challenges to address.

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 fifth 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. [1]

Background ————————————

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

The Department of Elder Affairs has the primary state responsibility for services to elders and also determines medical eligibility for Medicaid nursing home admissions and waiver programs. The department delivers most of its services to elders through contracts with local agencies. [2]

- The department contracts with 11 area agencies on aging, which operate as public or non-profit organizations. These entities plan, fund, and

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[1] *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; *Aging and Disability Pilot Sites Are Making Progress; Future of Other Centers Uncertain,* OPPAGA Report No. 06-20, March 2006; and *Aging Resource Center Initiative Has Not Moved Beyond the Pilot Sites,* OPPAGA Report No. 06-62, September 2006.

[2] The department 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.

coordinate most programs and services for individuals in their planning and service areas. [3, 4]

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

- The lead agencies in turn subcontract with over 1,200 local providers for client services, such as homemaking, home health, respite, and personal care; some lead agencies also provide certain 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 to reduce fragmentation in the elder services delivery system. The Legislature directed the Department of Elder Affairs 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 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. [5]

Aging Resource Centers are to perform eight primary functions that are intended to improve the elder services system:

- 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; and
- increase quality assurance. [6, 7]

Funding for the Aging Resource Center initiative is provided by state and federal funds. For Fiscal Year 2006-07, the Legislature appropriated $3.3 million in general revenue funds ($3 million in non-recurring funds and $300,000 in recurring funds) for statewide implementation of the Aging Resource Center initiative. As shown in Exhibit 1, the department plans to provide most of the $3.3 million to the area agencies. On February 23, 2007, the department submitted a supplemental Legislative Budget Request for Fiscal Year 2007-08. The department is requesting $3.3 million in recurring general revenue funds to support the state's Aging Resource Centers. In addition, the department is requesting an increase in funding for the Medicaid Waiver programs.

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[3] 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.

[4] The department directly contracts with some providers, such as memory disorder clinics for Alzheimer's Disease Initiative services and managed care organizations for Nursing Home Diversion Program services.

[5] The department selected the area agencies in Orlando, Broward

County, and Pasco-Pinellas counties as the pilot sites.

[6] Over time, the department 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. The three additional functions are fiscal control, triage, and long-term care options counseling.

[7] 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.

Exhibit 1
The Department Plans to Award Most of the $3.3 Million General Revenue Appropriation
to the Area Agencies[1]

Expenditure	Amount Allocated
The eight Area Agencies on Aging that were not pilot sites will receive approximately $200,000 each to implement the initial processes for becoming Aging Resource Centers. The amount allocated to each center will depend on its expenses for transition activities. Area agencies can receive funds in excess of the $200,000 if they incur additional expenses approved by the department.	$1,600,000
The department provided $300,000 to each of the three Aging and Disability Resource Center pilot sites.	900,000
Each of the area agencies may request an additional allocation of up to $60,000 for communications or information technology enhancements, such as hardware, software, and training. The department may use any remaining funds for other related information and communications technology enhancements.	600,000
The department plans to use the remainder of the general revenue appropriation for training and technical assistance.	200,000
Total	**$3,300,000**

[1] The information in the table is current as of February 28, 2007.
Source: Department of Elder Affairs.

The three pilot sites also function as Aging and Disability Resource Centers to fulfill the requirements of a federal grant. Prior to Fiscal Year 2006-07, a federal grant for Aging and Disability Resource Centers served as the primary source of funding for the initiative. The department used this three-year $800,000 grant to implement three Aging and Disability Resource Center pilot sites. These pilot sites perform a dual role; in addition to providing 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. The three pilot sites each received state general revenue funding of $100,000 in Fiscal Year 2004-05, $20,000 in Fiscal Year 2005-06, and $300,000 in Fiscal Year 2006-07, in addition to these federal funds.

As shown in Exhibit 2, the department used the federal grant to assist the three pilot sites with start-up expenses, purchase an information and referral system, and pay administrative costs. The department also received a two-year $85,000 supplemental grant in September 2006 for Aging and Disability Resource Centers, and awarded these funds to the pilot sites in Pasco-Pinellas and Broward counties.

Exhibit 2
The Department Allocated the $800,000 Aging and Disability Resource Center Federal Grant to Three Activities [1]

Expenditures	Year 1 2004-05	Year 2 2005-06	Year 3 2006-07	Total
Aging and Disability Resource Centers contracts [2]	$ 0	$345,000 ($115,000 each)	$156,000 ($52,000 each)	$501,000
Information and Referral System—HelpWorks[TM] [3]	67,700	74,499	83,801	226,000
Retained by the department for personnel, travel, equipment, and other costs associated with the grant	16,689	16,772	39,484	72,945
Total budgeted each year	**$84,389**	**$436,271**	**$279,285**	**$799,945**

[1] This chart includes both budgeted funds and actual expenditures. Data shown in Year 1 and Year 2 are actual expenditures, while the data shown for Year 3 are budgeted amounts.
[2] The department received a two-year supplemental grant award in September 2006 of $85,000 for streamlining activities. The Broward County and Pasco-Pinellas centers will each receive $21,250 in Fiscal Years 2006-07 and 2007-08.
[3] The department spent an additional $74,050 of state general revenue during Fiscal Year 2004-05 on the HelpWorks[TM] 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.

The department continues to work with the Agency for Healthcare Administration to use Medicaid funding for the Aging Resource Centers. These funds would pay for administrative activities related to outreach, information and referral, enrollment, and continuous improvement projects. The Agency for Health Care Administration, in consultation with the department, requested federal approval for $1.9 million in Medicaid funding in September 2005.

In March 2006, staff from the U.S. Centers for Medicare and Medicaid Services determined that the state did not need federal approval to use Medicaid funding for this purpose. The department managers report they will work with the Agency for Health Care Administration to amend an interagency agreement that funds Medicaid Waiver Specialist positions. Once amended, this agreement will allow the department to obtain Medicaid match dollars for staff performing administrative activities. The Medicaid dollars require a 50% match in state dollars. The Department of Elder Affairs must obtain legislative budget authority to use funding for this purpose.

The pilot sites have continued operating and making improvements since our last report. The Pasco-Pinellas center began operations on August 1, 2005. In our most recent report on the Aging Resource Center initiative, we noted that the department concluded that this center was the most successful in addressing the required primary functions. [8] The center also has recently hired a resource eligibility specialist to assist clients in applying for Medicaid services.

The Broward center began operations in September 2005. Our prior report noted that the center had made progress, but had been directed by the department to make improvements. To address these concerns, the Broward center has developed a method to track the timeliness of the Medicaid eligibility determination process. This system will assess the time from a client's first contact with the center through enrollment for Medicaid services.

The Orlando center began operations in June 2005. Although the department did not initially renew the center's contract for Fiscal Year 2006-07 because it determined that the center had not made sufficient progress, the department reinstated the contract in December 2006. The Orlando center had made several changes to address the department's concerns, including submitting a revised implementation plan and a detailed work plan. The department conducted an on-site visit to the center in November 2006 to review the implementation plan and assess the center's daily operations.

Findings

Our September 2006 report concluded that the department had delayed implementation of the Aging Resource Center initiative beyond the pilot sites. It had halted readiness assessment activities, not completed the statutorily required Aging Resource Center rule, and failed to update guidance documents that it reported would be complete by December 2005.

After a year delay, the department has now resumed Aging Resource Center activities and has introduced the framework for a revised transition process. The department is still developing details for how it will monitor and evaluate the transition and has not yet released many of the guidance documents that will be needed by the area agencies. In February 2007, the department decided not to conduct its planned evaluation of the three pilot sites.

The department made significant progress in promulgating the Aging Resource Center rule since our last report. Due to deficiencies in the current Aging Resource Center information and referral system, the department has decided to replace the system. To successfully implement Aging Resource Centers statewide, the department must address several challenges.

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[8] OPPAGA Report No. 06-62.

The department has resumed Aging Resource Center transition activities, but is still developing details for transition processes and guidance documents

In December 2006, the department resumed implementing the initiative by introducing plans for a revised transition process. The legislation that created the Aging Resource Centers required all area agencies not selected as pilot centers to submit transition plans by July 1, 2005. The department evaluated these plans and set a schedule for transitioning all area agencies to Aging Resource Centers between December 2005 and December 2006. As each area agency transitioned, the department planned to conduct two site visits and evaluate each area agency's ability to meet all state and federal requirements using a standardized readiness review checklist. [9, 10]

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 did not establish a new readiness assessment schedule or otherwise take action to begin implementation of the remaining eight service areas until December 2006.

After a one-year delay, the department convened a statewide meeting in December 2006 with all area agency directors and announced that it would substantially revise its approach to implementing Aging Resource Centers based on experience gained at the pilot sites. At this meeting, pilot site administrators shared their experiences with the initiative, which provided other area agency administrators the opportunity to discuss potential challenges that they will encounter when implementing the initiative.

During the meeting, the department introduced a conceptual framework for changing how it will implement Aging Resource Centers at the eight area agencies that were not pilot sites, although the department has not finalized details for how it will monitor and evaluate the transition at each area agency. The department's revised approach consists of three phases. (See Appendix A for a detailed description of the phases).

- In Phase 1, the preparation phase, the area agency will conduct planning activities to determine how the center will function and interact with key partners, including evaluating the need for outsourcing Aging Resource Center functions. Area agencies also must provide the department with reports including a local coalition workgroup work plan and a revised transition plan.

- In Phase 2, the transition phase, the area agency will execute Memoranda of Understanding with state agencies, develop policies and procedures and a detailed staff organizational chart, and further revise the transition plan.

- In Phase 3, the implementation phase, area agencies will develop and implement a training plan, outreach and marketing strategies, and quality assurance standards.

Citing lessons learned from the implementation of the pilot centers, the department changed the timeframe for rolling out the remaining eight centers. Under the new plan, an area agency will have more flexibility to proceed at its own pace and will set its own timeline for how quickly it will move through the transition phases. The previous approach required the area agencies to implement the initiative according to a set schedule. Department administrators said that this flexibility reflects the variation in geographic size and population characteristics among the planning and service areas served by the area agencies.

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[9] Prior OPPAGA reports on the Aging Resource Center initiative describe the former approach the department used for implementation. See OPPAGA Report No. 05-06, OPPAGA Report No. 05-45, OPPAGA Report No. 06-20, and OPPAGA Report No. 06-62.

[10] The department 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, the department staff members determine the site's readiness to take on the responsibilities of a center and identify any outstanding issues that must be resolved.

After each area agency completes the three phases, the department plans to conduct a mock exercise. The department designed this exercise to determine whether the area agency implemented all required systems changes and that all agency partners follow approved protocols. If the area agencies take the necessary actions to implement the initiative, the department expects to transition the remaining areas by July 2008.

To begin implementation of Phase 1, the department executed contracts with the eight area agencies. Before executing the contracts, the department issued budget instructions requiring the agencies to describe how they plan to spend an allocation of $200,000 during the remainder of Fiscal Year 2006-07. All eight area agencies submitted their budget plans by the end of January 2007. After working with the area agencies to refine their budget narratives to more specifically describe how they plan to spend the allocation, the department executed contracts with the eight area agencies in February 2007. On February 27, 2007, the department announced the area agencies may request an additional allocation of up to $60,000 for communications or information technology enhancements, such as hardware, software, and training.

The directors of the eight area agencies told us that they expect to spend their allocations for purposes such as updating phone systems, renovating office space to allow for collocation with state partners, and hiring consultants to facilitate work group planning meetings. Some area agencies also plan to use the funds for travel expenses to obtain technical assistance from the pilot sites.

The department recently decided to not contract for its planned evaluation of the three pilot sites. In our September 2006 report, we noted that the department planned to contract for an evaluation of the pilot sites. In January 2007, it selected a vendor and planned to pay $231,071 in Fiscal Year 2006-07 and possibly additional funds in Fiscal Year 2007-08 for this study. In February 2007, the department decided not to proceed with the evaluation. However, the department plans to re-examine the need for an evaluation in the future.

Department managers developed several Phase 1 guidance documents, but have not released others. As a result of redesigning the transition process, the department also needs to create new guidance documents. On January 19, 2007, the department issued budget instructions requiring the area agencies to describe how they plan to spend their allocation of $200,000 during the remainder of Fiscal Year 2006-07. In February 2007, the department provided contracts to the area agencies that included instructions for two of the Phase 1 requirements: the local coalition workgroup work plan and the status report. The contract also included a detailed description of the department's definition of each Aging Resource Center function.

Department managers are working on transition plan instructions and checklists, and plan to release these documents by early March 2007. According to managers, the checklists will address the required activities in Phase 1, as well as some activities in Phases 2 and 3. Managers also said that these instructions will provide clarification on some subjective activities, such as valuing "active involvement and oversight of volunteer leadership of board and advisory council" and establishing "linkages and agreements with major pathways to long term care."

Department managers also plan to develop a readiness assessment instrument as part of the new transition process. Previously, the department applied a readiness assessment checklist to determine whether the three pilot sites were able to meet all state and federal requirements. Department managers are using insights gained from the pilot sites to develop a new instrument, but have not set a timeframe for its completion.

The department needs to complete these guidance documents in a timely manner and ensure that it provides clarification of its expectations for the transition process. When developing these guidelines, the department should specify the required transition activity and/or Aging Resource Center function to which each item applies.

The department is making progress promulgating the Aging Resource Center rule

The 2004 legislation required the department to promulgate a rule for the Aging Resource Centers. We have previously reported that the department did not hold any workshops on the rule after June 2005, and later withdrew the rule in May 2006. [11] The department has resumed its efforts in this area and has made significant progress towards completing the rule. The department conducted a rule development workshop in September 2006 and a rule hearing in January 2007.

The department posted a notice of rule change in the *Florida Administrative Weekly* on February 23, 2007. This step requires a 21-day period to allow the public to request a hearing. If no one requests a hearing, the department will then submit the proposed rule to the Joint Administrative Procedures Committee for comment. If the committee provides no comments, the department will then file the rule for adoption at the Department of State Administrative Code, Weekly and Laws Section. The rule becomes effective 20 days after filing, provided that no one challenges its adoption.

Due to several deficiencies, the department plans to replace its current information and referral system

The Aging Resource Center information and referral system currently used by the department has several weaknesses that have limited its usefulness. As noted in our prior report, area agencies reported that the HelpWorks™ system

- included a cumbersome guided interview tool that does not allow users to go backwards;
- used a slow resource database that cannot be updated at the local level;
- had insufficient reporting capacity, such as an inaccurate 14-day follow-up report and the inability to produce reports locally; and
- required providers to incur the expense of maintaining the department's virtual private network connection.

The department contracted with two different vendors for this system, but because of these deficiencies is discontinuing the system and will not make final payments to these vendors. The department originally contracted with ACS (a $200,000 contract) for the HelpWorks™ software and with Bearing Point (a $587,700 contract) to customize the application. However, in the fall of 2006, the department notified ACS that it would not accept the system and would withhold $100,000 in payment. In January 2007, the department altered the terms of the contract with Bearing Point to reduce the department's payment obligation by $169,900.

The department decided not to contract with the vendor that purchased HelpWorks™. The software vendor that originally contracted with the department sold HelpWorks™ to another company, which proposed replacing the application with another system. However, department managers did not accept this proposal because they did not believe that the system would meet user needs and determined it would be too expensive.

In December 2006, the department announced it plans to replace HelpWorks™. Since making this decision the department began planning activities that include establishing a workgroup to help verify user needs, reviewing other systems in the aging network to identify best practices, and determining federal reporting requirements. The department is also considering whether the new system should be integrated into the department's Client Information Registration and Tracking System (CIRTS). [12] The pilot sites will continue to use HelpWorks™ until the new system is operational. The department expects to complete the planning phase for the new system by fall 2007.

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[12] Area agencies on aging and elder services providers use CIRTS for reporting and billing purposes.

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[11] OPPAGA Report No. 06-62.

To successfully implement Aging Resource Centers, the department has several challenges to address

The Aging Resource Center initiative lost momentum during the 12-month delay in transition activities. Consequently, the department now has a compressed timeframe for expanding the initiative statewide. Successful implementation will hinge on supportive state level leadership, and addressing the challenges posed by multi-county rural service areas and the proposed Florida Senior Care pilot project.

State level leadership will play a significant role in continuation of Aging Resource Center implementation. When the initiative began in 2004, the department made significant progress implementing the pilot sites and planning for the statewide rollout. However, department leadership changed and subsequent to the change, the department halted implementation of the Aging Resource Center initiative for one year. During this time, the initiative lost momentum at some area agencies. The department has recently taken steps to resume the transition process. In order for the initiative to achieve the Legislature's intent to become operational statewide, it will be important for the department's new leadership to make the initiative an ongoing priority.

The Aging Resource Center model could face challenges in large planning and service areas that include multiple rural counties. To date, the Aging Resource Center initiative has been piloted in relatively compact, largely urban areas. In contrast, several of the remaining service areas include large multi-county regions. For example, one of the remaining area agencies serves 14 counties and another serves 16 largely rural counties.

Implementing the initiative in large multi-county rural areas will pose new challenges. A key focus of the initiative is to strengthen coordination among service providers, and this can be more difficult to accomplish in service areas that cover large geographic distances. For example, it may be difficult for area agency staff to meet on a regular basis with providers and state agency staff. To address these challenges, directors of some of the larger planning and service areas are considering phasing in the initiative in parts of their service areas and then later expanding to the remaining counties. The department may need to provide more intensive technical assistance and support to address these issues.

The department will need to address how the Aging Resource Center model will fit within the Florida Senior Care pilot project should the Legislature approve this new pilot to begin implementation. Florida Senior Care is a proposed Medicaid reform initiative to coordinate services for seniors age 60 and older. If approved by the Legislature, Florida Senior Care will function as a capitated payment program that provides care coordination and both acute care and long-term care services.

Some planning has been done regarding the potential role of the Aging Resource Center initiative in Senior Care. The Florida Senior Care Steering Committee has agreed to have the centers conduct choice counseling for the program with a separate entity enrolling clients, provided that the department addresses its concerns over giving the Aging Resource Centers this responsibility. [13] The centers' choice counseling role would involve providing mailings, outreach, face-to-face counseling, and telephone counseling. To address the committee's concern with establishing non-competitive contracts with the area agencies, which are not state agencies, the department has suggested amending s. 430.2053, *Florida Statutes,* to mandate that the Aging Resource Centers conduct the choice counseling for Florida Senior Care and any other Medicaid pilot program.

The law that authorized the Agency for Health Care Administration to seek federal approval for Florida Senior Care required the agency, in coordination with the Department of Elder Affairs, to select two areas of the state for implementation, with enrollment being on a voluntary basis in one area. The state selected the Pensacola area as a mandatory pilot area. Enrollment in that area will be mandatory for Medicaid enrollees age 60 and older unless they are in an exempt group. Eligible clients in this

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[13] The department also began discussions on whether it should manage the Medicaid Waiver slots at headquarters. This would be done in order to address the committee's concerns over the perception of bias in the Aging Resource Centers providing choice counseling while simultaneously managing the Medicaid Waiver slots.

area will require choice counseling to choose among different Florida Senior Care providers. [14] The state selected the Orlando area for optional enrollment, and these enrollees must also receive choice counseling for all relevant Medicaid services. As currently designed, if elders do not specify that they do not want to enroll in Florida Senior Care during the open enrollment period, they will be automatically enrolled after 30 days. [15]

While the Orlando Aging Resource Center is operational and can provide services to support the Florida Senior Care pilot in that area, the Pensacola area does not currently have a functioning Aging Resource Center. The department may need to further modify its checklists and guidance documents to support the Senior Care initiative and must move quickly to transition the Pensacola area agency to function as an Aging Resource Center.

Recommendations ————

In order to effectively and timely implement the statewide transition to Aging Resource Centers, we recommend that the department incorporate definitions and guidelines of expectations and evaluation criteria in its transition checklists, and specify the required activity and/or Aging Resource Center function to which each item applies. Clear guidelines will be critical so that area agencies can understand the department's expectations and successfully implement the new transition process.

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[14] As currently designed, selected groups, such as persons with developmental disabilities, are exempt from enrollment into Florida Senior Care.

[15] Enrollees will have 90 days to change their enrollment. If they do not exercise this option during the 90 days, they will not be able to change plans for the next nine months unless they have an approved reason to change.

During the one year delay in the department's implementation of Aging Resource Centers, the initiative lost momentum at some area agencies. The department resumed transition activities in December 2006 and established it as a priority. We recommend that the department's new leadership give priority to supporting the statutorily required initiative and its expansion to the remaining eight area agencies.

Implementing the initiative in planning and service areas with multiple rural counties will pose new challenges. To address these challenges, we recommend the department provide more intensive technical assistance and support through activities such as site visits and conference calls to ensure that it meets the July 2008 timeframe for implementing the initiative statewide.

If the Legislature approves the implementation of Florida Senior Care, we recommend that the department transition the Pensacola area agency to function as an Aging Resource Center by September 2007. The department also should modify its checklists and guidance documents to reflect the additional choice counseling role, if the Legislature approves changes to s. 430.2053, *Florida Statutes*.

Agency Response ————

In accordance with the provisions of s. 11.51(5), *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 B.

Appendix A

The Department Developed a Three-Phase Transition Plan for Aging Resource Centers

In December 2006, the department unveiled a conceptual framework for changing how it will implement Aging Resource Centers at the eight area agencies that were not pilot sites. The department's revised approach consists of three phases. Under the new plan, area agencies will have flexibility to proceed at their own pace through the phases. After each agency completes the three phases, the department plans to conduct a mock exercise. The department designed this exercise to determine whether the area agency implemented all required systems changes and that all its partners follow approved protocols.

Phase	Activities
1. Preparation	▪ Understanding the systems change requirements of the Aging Resource Center concept ▪ Identifying the area agency's role in the Aging Resource Center concept ▪ Identifying and describing the need for an Aging Resource Center within the planning and service area ▪ Understanding the functions of an Aging Resource Center ▪ Understanding the value of the active involvement and oversight of board and advisory council volunteer leadership ▪ Exploring the capacity for provision of information and referral, which includes information on private pay services ▪ Exploring the capacity for physical or virtual collocation of eligibility determination functions ▪ Negotiating with the Department of Elder Affairs Comprehensive Assessment and Review for Long-Term Care Services (CARES) unit and the Department of Children and Families office of Economic Self-Sufficiency related to eligibility determination functions ▪ Evaluating the capacity or need to subcontract Aging Resource Center functions ▪ Re-establishing the local coalition workgroup ▪ Developing a work plan for the local coalition workgroup ▪ Developing a budget plan for the use of Aging Resource Center funding ▪ Reviewing and revising the Aging Resource Center transition plan
2. Transition [1]	▪ Determining how the Aging Resource Center will sustain itself ▪ Determining how utilization of public funds will impact the Aging Resource Center ▪ Collaborating with health and human service agencies ▪ Establishing linkages and agreements with major pathways to long-term care ▪ Executing memoranda of understanding (agreements) with CARES, and the Department of Children and Families units of Economic Self-Sufficiency and Adult Services ▪ Developing Aging Resource Center operational policies and procedures ▪ Tracking progress of Aging Resource Center transition plan activities ▪ Developing an Aging Resource Center staff organizational chart with clear delineation of roles and responsibilities, including staffing patterns, qualifications, and position descriptions, and defining levels of authority for performance of all functions ▪ Compliance with the department's readiness assessment process ▪ Revising the transition plan based on feedback from the formal evaluation and direction from the department
3. Implementation [2]	▪ Developing and implementing a training plan for staff, partners, and stakeholders ▪ Enhancing data management capability ▪ Developing and implementing outreach and marketing strategies, which demonstrate increased targeting effectiveness ▪ Demonstrating methods for assuring cultural competency ▪ Developing and implementing a plan for streamlined access to long-term supports ▪ Developing and implementing performance and quality assurance standards ▪ Demonstrating compliance with performance standards established by the department ▪ Reviewing and adjusting procedures related to disaster response and continuing operations ▪ Reviewing and adjusting grievance procedures for consumers and Aging Resource Center staff ▪ Preparing for a mock exercise to demonstrate Aging Resource Center operations

[1] The department will provide ongoing technical assistance, as needed for these activities.
[2] The department will evaluate progress regarding these activities.
Source: Department of Elder Affairs.

Appendix B

March 9, 2007

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

Dear Mr. VanLandingham:

This letter is in response to the preliminary findings and recommendations of the Office of Program Policy Analysis and Government Accountability (OPPAGA) report entitled, "Department of Elder Affairs Resumes Transition Activities for Aging Resource Center Initiative." The department appreciates OPPAGA's thorough review.

The department concurs with the findings and recommendations noted in the report. The recommendations and the department's responses are noted below:

Recommendation #1 – The department should incorporate definitions and guidelines of expectations and evaluation criteria in its transition checklists, and specify the required activity and/or Aging Resource Center function to which each item applies.

Response – The department is in the process of developing transition checklists for each phase of the implementation process as noted in the Three-Phase Transition Plan for Aging Resource Centers. Our goal is to make these documents available to the area agencies no later than May 15, 2007.

Recommendation #2 – The department's new leadership should give priority to supporting the statutorily required initiative and its expansion to the remaining eight area agencies.

Response – The department's leadership is aware of the one-year delay in the Aging Resource Centers implementation and is committed to regaining momentum in this initiative. All area agencies are currently under contract with the department to facilitate moving forward with development and implementation activities. The department recognizes the need also for continued Aging Resource Center funding to support successful implementation.

Recommendation #3 – The department should provide more intensive technical assistance and support through activities such as site visits and conference calls.

Response – The department has established a schedule of monthly technical assistance conference calls for the area agencies. The conference calls provide a

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Office of Program Policy Analysis and
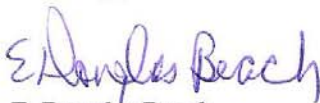Government Accountability

forum for discussing topics suggested by the area agencies and sharing of ongoing lessons
learned from the three aging and disability resource center pilot sites. The department held the
first conference call on Friday, March 2 and obtained requests from the area agencies for agenda
items for the scheduled April 6 conference call. In addition to the scheduled conference calls,
the department is in the process of completing a schedule of on-site technical assistance visits to
the area agencies to address transition activities. The first of these visits took place at Ft. Myers
area agency, soon after the department's Statewide Aging Resource Center Implementation
meeting in December 2006. The next visit is tentatively scheduled for March 21, 2007 at the
Jacksonville area agency. The department plans to complete a draft technical assistance visit
schedule for all areas by April 13, 2007. The visits will provide the area agencies, board of
director representatives, stakeholders and partners an opportunity for face to face technical
assistance sessions with staff to discuss issues specific to implementation in their planning and
service areas.

Recommendation #4 – The department should, if the Legislature approves Florida Senior Care,
transition the Pensacola area agency to function as an Aging Resource Center by September
2007. The department should also modify its checklists and guidance documents to reflect the
additional choice counseling role if the Legislature approves changes to s. 430.2053, F.S.

Response – The department is involved in regular communication with the area agency regarding
operational adjustments in preparation for Aging Resource Center transition activities and the
possibility of Florida Senior Care implementation. The area agency has participated in public
workshops held by the Agency for Health Care Administration and the department regarding
Florida Senior Care and maintains open communication with the department regarding
administration of the choice counseling. The department's development of transition checklists
for the Aging Resource Centers includes the role of choice counseling in planning and service
areas 1 and 7. The department recognizes that continued Legislative support for funding of
Aging Resource Centers, as well as approval of Florida Senior Care is a significant component in
successful transition of the Pensacola area agency.

Thank you very much for the opportunity to provide feedback on this draft report. If you have
questions, please contact Mary Hodges, Acting Director of the Division of Volunteer and
Community Services at 414-2184.

Sincerely,

E. Douglas Beach
Secretary