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Statewide Implementation of Aging Resource Center Initiative Is Substantially Complete

at a glance

The department and the area agencies on aging continue to make progress implementing the Aging Resource Center initiative. In September 2007, the Department of Elder Affairs designated the five remaining area agencies as Aging Resource Centers. The department has provided adequate support and technical assistance to the area agencies through site visits, conference calls, quarterly meetings, and help in coordinating with the Department of Children and Families.

The area agencies report positive results from becoming Aging Resource Centers. These results include wider recognition as seniors' gateway to services, more control over access to services, improved communication among agencies responsible for Medicaid eligibility determination, and more statewide uniformity in the information collected about information and referral services.

In October 2007, the department began to use federal Medicaid funds for Aging Resource Center staff positions that spend all of their time on Medicaid-related activities. The department has not finished developing a process for using federal funds to partially fund staff positions that spend a portion of their time on Medicaid-related activities.

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 become Aging Resource Centers. This is the seventh in a series of reports on Aging Resource Center implementation. We issued previous reports in February and August 2005, March and September 2006, and March and September 2007.¹

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. The department also determines functional eligibility for Medicaid nursing home admissions and waiver programs through its Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program.

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; *Aging Resource Center Initiative Has Not Moved Beyond the Pilot Sites*, [OPPAGA Report No. 06-62](#), September 2006; *Department of Elder Affairs Resumes Transition Activities for Aging Resource Center Initiative*, [OPPAGA Report No. 07-20](#), March 2007; and *An Aggressive Schedule Set to Complete Implementation of Aging Resource Centers*, [OPPAGA Report No. 07-38](#), September 2007.

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 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 four managed long-term care programs for seniors.

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. To provide easier access to elder services, 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. The initiative aims to provide locally focused, coordinated information

and referral for all available services, including private-pay 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 3 of the 11 area agencies as pilot sites, which began operating in 2005.⁵

The 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

Through Fiscal Year 2007-08, the Aging Resource Center initiative used approximately \$5 million in state funds and \$2 million in federal funds. In 2004, the department received a three-year \$800,000 federal grant to implement three Aging and Disability Resource Center pilot sites.^{7, 8} The pilot sites also received \$100,000 each in state general revenue during Fiscal Year 2004-05, and \$20,000 each in state general revenue during Fiscal Year 2005-06.

² The department directly provides information and assistance, advocacy, health promotion, caregiver training and education, and functional eligibility determinations of applicants for Medicaid nursing home admission and certain waiver programs.

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, Pasco-Pinellas counties, and Broward County as the pilot sites, which began operating as Aging Resource Centers in June, August, and September of 2005, respectively.

⁶ For a more detailed discussion on the functions and intended benefits of Aging Resource Centers, see OPPAGA Report Nos. [05-06](#), [05-45](#), and [06-20](#).

⁷ To fulfill the requirements of the federal grant, the three Aging Resources Center pilot sites also operate as Aging and Disability Resource Centers. In addition to providing the eight primary Aging Resource Center functions, the pilot sites provide information and referral services to adults who are 18 years and older with severe and persistent mental illness.

⁸ The department and three pilot sites used the federal grant funding during Fiscal Years 2004-05 through 2007-08 due to a no-cost grant extension. The department also received a two-year \$85,000 supplemental federal grant, which it provided to the Pasco-Pinellas and Broward County pilot sites in Fiscal Years 2006-07 and 2007-08.

For Fiscal Year 2006-07, the Legislature appropriated \$3.3 million in general revenue (\$3 million in non-recurring funds and \$300,000 in recurring funds) to implement Aging Resource Centers statewide. The department used this funding to support center functions at the three pilot sites and implementation activities at the eight remaining area agencies.⁹

For Fiscal Year 2007-08, the Legislature appropriated \$3.3 million in recurring funding to implement and operate the centers. Federal Medicaid funding comprises half of the appropriation (\$1.65 million), while the remaining \$1.65 million is state general revenue to be used as matching funds for Medicaid.¹⁰ By October 2007, the department provided \$1.9 million of this funding to the area agencies (\$1.1 million in general revenue and \$800,000 in federal Medicaid funds).¹¹ Because it has not finished establishing a methodology to obtain Medicaid funding for center staff that spend a portion of their time on Medicaid-related activities, the department will not use all of the federal funds this year. However, the department plans to provide most of the remaining general revenue to the centers by the end of the fiscal year.

In August 2007, the department received a \$200,000 federal grant to fund improvements to information technology systems used by the centers. Through this grant, the department is developing an interface between its data system, the Client Information and Registration Tracking System which the Aging Resource Centers use for reporting and billing, and the system the centers use to maintain client information and referral data, Refer. The interface will enable the two systems to share information and avoid duplicate data entry. The department also will use the grant to add a revised screening tool and a

messaging system in the Client Information and Registration Tracking System to identify cases requiring attention.¹²

Exhibit 1 summarizes total funding for the initiative through Fiscal Year 2007-08.

The three pilot sites continue to enhance their operations as Aging and Disability Resource Centers. The department selected three area agencies on aging—those serving the Orlando area, Pasco-Pinellas counties, and Broward County—as the pilot sites, which began operating as Aging Resource Centers in June, August, and September of 2005, respectively. The Pasco-Pinellas center employs a benefits counselor who visits seniors in their residences to help them apply for Medicaid. This has increased the number of referrals to the center from various organizations that serve seniors, including CARES, and the Serving the Health Insurance Needs of Elders (SHINE) program. Over the past six months, the benefits counselor has evaluated 212 clients interested in obtaining Medicaid benefits.

Administrators at the Broward center report that its relocation has resulted in providing more face-to-face assistance to elders and their caregivers. In April 2007, the center moved to another building that provides more space and is located on a bus route and thus better situated for seniors to visit. According to center managers, at least 10 people visit the center each week to speak directly with its staff about services and obtain assistance in completing the application for Medicaid and/or food stamps.

The Orlando center is now physically collocated with CARES staff at both its Orlando and Brevard County offices. In February 2008 the center moved its Brevard County satellite office into the same office complex as the local CARES office. Center managers expect this change to expedite the eligibility determination process for its Brevard County clients. The satellite office is virtually collocated with the DCF Economic Self-Sufficiency program.

⁹ The department retained \$71,000 of this funding to support the initiative through technical assistance (site visits and a statewide meeting) and media activities (newspaper and radio ads, a brochure, and a presentation explaining the Aging Resource Center initiative).

¹⁰ To obtain federal Medicaid funds for this purpose, the state must provide a match in state funds. Therefore, in order to receive the full appropriation, the area agencies must use all funds appropriated for Aging Resource Centers on federally approved Medicaid-related activities.

¹¹ As discussed later in this report, the department amended some of these contracts in February 2008 because some of the area agencies were not going to be able to use all of the federal funds.

¹² The department revised its 701A screening tool in October 2005, but has not yet required the area agencies to use the revised screening tool. Staff use the 701A screening tool to determine clients' service needs and prioritize them based on risk of nursing home placement.

Exhibit 1**Since Inception, the Department and Area Agencies Have Received \$6.8 Million in State and Federal Funds for Aging Resource Centers**

Planning and Service Area	Designated as an Aging Resource Center	Funding for Fiscal Years 2004-05 through 2006-07			Fiscal Year 2007-08 Funds Contracted as of January 2008 ¹			Total Funding		
		State	Federal	Total	State	Federal ²	Total	State	Federal	Total
1 (Pensacola)	July 2007	\$260,000	\$0	\$260,000	\$88,699	\$53,699	\$142,398	\$348,699	\$53,699	\$402,398
2 (Tallahassee)	September 2007	254,000	0	254,000	60,682	60,682	121,364	314,682	60,682	375,364
3 (Gainesville)	July 2007	260,000	0	260,000	117,584	82,584	200,168	377,584	82,584	460,168
4 (Jacksonville)	September 2007	260,000	0	260,000	77,545	77,545	155,090	337,545	77,545	415,090
5 (St. Petersburg)	August 2005	420,000	188,250	608,250	138,733	100,248	238,981	558,733	288,498	847,231
6 (Tampa)	July 2007	260,000	0	260,000	119,977	84,977	204,954	379,977	84,977	464,954
7 (Orlando)	June 2005	476,400	167,000	643,400	129,019	69,284	198,303	605,419	236,284	841,703
8 (Fort Myers)	September 2007	300,000	0	300,000	61,938	61,938	123,876	361,938	61,938	423,876
9 (W. Palm Beach)	September 2007	305,374	0	305,374	84,977	84,977	169,954	390,351	84,977	475,328
10 (Fort Lauderdale)	September 2005	497,782	188,250	686,032	159,977	121,492	281,469	657,759	309,742	967,501
11 (Miami)	September 2007	295,000	0	295,000	106,181	106,181	212,362	401,181	106,181	507,362
Total for Area Agencies		\$3,588,556	\$543,500	\$4,132,056	\$1,145,312	\$903,607	\$2,048,919	\$4,733,868	\$1,447,107	\$6,180,975
Department ³		76,444	261,150	337,594	0	240,000	240,000	76,444	501,150	577,594
Total		\$3,665,000	\$804,650	\$4,469,650	\$1,145,312	\$1,143,607	\$2,288,919	\$4,810,312	\$1,948,257	\$6,758,569

¹ The figures for Fiscal Year 2007-08 reflect the amounts for which the department contracted with area agencies as of January 2008. As discussed later in this report, the Aging Resource Centers will not be able to use all of the federal funds appropriated for Fiscal Year 2007-08. In order to use the appropriated general revenue, the department expects to provide each of the 11 centers with supplemental funding in March 2008. The department does not have final figures on the amount of general revenue and Medicaid funds that it will provide to the Aging Resource Centers for Fiscal Year 2007-08.

² The federal funds provided to the Aging Resource Centers for Fiscal Year 2007-08 consisted of \$815,312 in Medicaid funds and \$88,295 in grant funds.

³ The department used Aging Resource Center funding to cover some of its costs for travel and other costs associated with site visits, as well as a data system for the centers that it later decided to discontinue due to deficiencies. This exhibit does not include state and federal funds that were not specifically appropriated for Aging Resource Center implementation but were used by the department for implementation activities.

Source: Department of Elder Affairs.

Current Status

The department and area agencies have substantially completed statewide transition to Aging Resource Centers, and remain on schedule to fully implement the initiative by April 2008. The centers report that the initiative has produced several improvements in the state's elder service system. The department has begun using federal Medicaid funds to cover staff positions that spend all of their time on Medicaid-related activities. However, the department will not use all federal funds allocated for this fiscal year because it has not finished developing a process to support using federal funds to partially fund positions that spend a portion of their time on Medicaid activities.

The department and the area agencies remain on schedule to fully implement the initiative by April 1, 2008

As discussed in our September 2007 report, the department designated 6 of the 11 area agencies on aging as Aging Resource Centers by the end of July 2007.¹³ The department designated the five remaining area agencies (Tallahassee, Fort Myers, Jacksonville, West Palm Beach, and Miami) as Aging Resource Centers in late September 2007. Once designated, each area agency has gradually begun taking on the Aging Resource Center functions. The department and area agencies expect to complete full implementation by April 2008.

¹³ As discussed in OPPAGA Report [No. 07-38](#), in addition to the three pilot sites, the department had designated the Pensacola, Gainesville, and Tampa area agencies as Aging Resource Centers.

The department continues to provide adequate support and technical assistance. The department has used several mechanisms to provide technical assistance to the area agencies on aging to assist in their transition to Aging Resource Centers. This assistance has included site visits, conference calls, quarterly meetings, and assistance in coordinating with the Department of Children and Families (DCF).

As planned in its transition schedule, the department conducted a series of technical assistance site visits between July and December 2007. During these visits, the department used a readiness assessment checklist to evaluate each area agency's readiness to transition.

From December 2007 through March 2008, the department is conducting a second round of site visits, called operational reviews, at the eight area agencies that were not pilot sites. During these visits, the department evaluates each area's progress toward fully implementing all Aging Resource Center functions. The department has completed operational reviews of Pensacola, Gainesville, Tampa, Tallahassee, and West Palm Beach and has scheduled reviews for the remaining area agencies in March 2008.

The department also provides several forums for area agency administrators to discuss Aging Resource Center issues. Each month, the department hosts conference calls with the area agencies. Department contract managers also provide informal technical assistance by phone and email. On a quarterly basis, the department hosts meetings with Aging Resource Center administrators to discuss best practices and provide guidance.

In addition, the department has worked with DCF to address barriers to improving the financial eligibility determination process for Aging Resource Center clients. Department administrators contacted administrators from the DCF central office because some area agencies were having difficulty getting DCF's circuit offices to sign memoranda of understanding outlining staff responsibilities for helping Aging Resource Center clients with Medicaid eligibility determination.^{14, 15} The department also worked

with DCF administrators to establish a signature by proxy policy for the online Medicaid application. This policy will enable the centers to complete the online Medicaid application with clients over the phone without assuming legal liability for the information's accuracy.

Area agency administrators report that they are satisfied with the department's technical assistance, which helps them decide how to change their local systems to implement the initiative. For example, during the site visits, area agency staff gained a better understanding of the department's expectations and received detailed feedback about their progress. During quarterly meetings and conference calls, the local administrators learned about best practices and statewide implementation issues.

Area agency administrators identified several improvements to the elder services system due to becoming Aging Resource Centers

The area agencies report that becoming Aging Resource Centers has resulted in four primary enhancements to the state's elder services system: wider recognition as a gateway to services, more control over ensuring equitable access to services, improved communication among agencies responsible for Medicaid eligibility determination, and more statewide uniformity in the data collected about information and referral services.

Local coalition workgroups helped make the Aging Resource Centers a more widely recognized gateway to services. Section 430.2053, *Florida Statutes*, requires the Aging Resource Centers to convene local coalition workgroups and establish referral agreements with service providers. The Legislature mandated that the workgroups include representatives from specific organizations, including local service providers, Alzheimer's Association chapters, and advocacy groups.

of Children and Families for collaboration with the Economic Self-Sufficiency Program.

¹⁵ Area agency administrators report that they had difficulty establishing the memoranda due to delays caused by the Department of Children and Families being in the midst of reorganization, having a limited number of staff who could collocate with the Aging Resource Centers, and the area agencies needing to develop new relationships with local Department of Children and Families administrators.

¹⁴ Section 430.2053(15), *F.S.*, required each Aging Resource Center to enter into a memorandum of understanding with the Department

As a result of these workgroups, area agency administrators report that the Aging Resource Centers are better known throughout the community, which helps the centers serve more seniors. The centers also have established working relationships with other entities that are not part of the traditional senior service network, such as sheriffs' departments, homeless coalitions, and libraries. These relationships also have enabled the centers to develop more comprehensive information about local resources, including more private pay services.

Area agencies have more control to ensure clients have equitable access to services. Prior to the Aging Resource Center initiative, lead agencies screened clients and assigned the clients to waitlists for services when funding was not available. This created the potential for inappropriate self-referral because many lead agencies are also direct service providers, and thus the lead agency conducting the screening may have a disincentive to refer clients to another provider's services. Also, according to area agency managers, lead agencies may not have consistently served the clients most in need when funding became available because of staff familiarity with certain clients. With the implementation of Aging Resource Centers, the area agencies now have centralized control over screening and wait lists.

Aging Resource Center administrators see several benefits to assuming responsibility for screening clients and assigning them to wait lists. The centers screen clients and assign them to wait lists in a consistent manner within planning and service areas because they manage these functions from one central location. Because the centers do not provide direct services, they have more incentive to give unbiased information to clients about local service providers.¹⁶ By controlling which clients are served from the wait lists, the centers can better ensure that the clients most in need are the first to receive services. Also, because the centers assumed responsibility for the screening functions without reducing lead agency funding, lead agencies can instead use these resources to provide more case management services.

Collocating services has improved communication among agencies responsible for eligibility determination, although area agencies are in varying stages of finalizing agreements with the Economic Self-Sufficiency Program. Section 430.2053, *Florida Statutes*, requires the Aging Resource Centers to collocate with the Department of Elder Affairs Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program and the Department of Children and Families (DCF) Economic Self-Sufficiency Program. The CARES Program conducts functional eligibility determination for Medicaid nursing home admissions and long-term care waiver programs. The DCF Economic Self-Sufficiency Program conducts financial and technical eligibility determination for Medicaid and other public assistance.

Center administrators report that they typically do not have to wait long for the CARES program to determine functional eligibility for their clients. All of the Aging Resource Centers have executed memoranda of understanding with their local CARES offices that outline staff responsibilities for each agency (see Exhibit 2).

However, several center administrators reported that the DCF Economic Self-Sufficiency Program's portion of the eligibility determination process can be lengthy. In April 2005, the Economic Self-Sufficiency Program converted the application for Medicaid and other benefits from paper to an online application. It has also experienced reductions in its staffing levels, and no longer provides clients an assigned case worker to help them submit all of the necessary documentation to process their applications. These changes have been problematic for some senior clients who need help completing applications, understanding the documentation required to prove eligibility, interpreting written notices, and checking the status of their cases.¹⁷

¹⁶ Information and referral and screening activities are not considered direct services.

¹⁷ In March 2008, OPPAGA published Report No. 08-13, which reviews the DCF Economic Self-Sufficiency Program modernization effort.

Exhibit 2**Agreements with the Department of Children and Families Are in Varying Stages of Being Finalized;
Area Agencies Plan a Mix of Physical and Virtual Collocation Strategies**

Planning and Service Area	Department of Children and Families Economic Self-Sufficiency (ESS)			Department of Elder Affairs- Comprehensive Assessment and Review for Long Term Care Services (CARES)		
	Circuit	Collocation	MOU Status	Area	Collocation	MOU Status
1 (Pensacola)	1 - Escambia, Okaloosa, Santa Rosa, Walton	Virtual	Signed	1 - Escambia, Okaloosa, Santa Rosa, Walton	Physical (1 day/week)	Signed
2 (Tallahassee)	2 - Franklin, Gadsden, Jefferson, Leon, Liberty, Wakulla	Virtual	Sent to department for signature	2A - Bay, Calhoun, Gulf, Holmes, Jackson, Washington	Virtual	Signed
	3 - Madison, Taylor	Virtual	Sent to department for signature	2B - Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla	Virtual	Signed
	14 - Bay, Calhoun, Gulf, Holmes, Jackson, Washington	Virtual	Sent to department for signature			
3 (Gainesville)	3 - Columbia, Dixie, Hamilton, Lafayette, Suwannee	Virtual	Signed	3A - Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, Union	Virtual	Signed
	5 - Citrus, Hernando, Lake, Marion, Sumter	Virtual	Signed	3B - Citrus, Hernando, Lake, Marion, Sumter	Virtual	Signed
	7 - Putnam	Virtual	Signed			
	8 - Alachua, Bradford, Gilchrist, Levy, Union	Virtual	Signed			
4 (Jacksonville)	4 - Clay, Duval, Nassau	Physical (2 days/week)	Sent to department for signature	4A - Baker, Clay, Duval, Nassau, St. Johns	Physical (3 days/week)	Signed
	7 - Flagler, St. Johns, Volusia	Physical (5 days/week)	Signed	4B - Flagler, Volusia	Physical (5 days/week)	Signed
	8 - Baker	Virtual	Sent to department for signature			
5 (St. Petersburg)	6 - Pasco, Pinellas	Physical (5 days/week)	Signed	5A - Pinellas	Physical (1 day/week)	Signed
				5B - Pasco	Physical (1 day/week)	Signed
6 (Tampa)	10 - Hardee, Highland, Polk	Physical (5 Days/week)	Signed	6A - Hillsborough, Manatee	Physical (2 days/week)	Signed
	12 - Manatee	Physical As needed	Signed	6B - Hardee, Highland, Polk	Physical (5 Days/week)	Signed
	13 - Hillsborough	Physical (5 Days/Week)	Signed			
7 (Orlando)	9 - Orange, Osceola	Physical (5 days/week)	Signed	7A - Orange, Osceola, Seminole	Physical (5 days/week)	Signed
	18 - Brevard, Seminole	Virtual	Signed	7B - Brevard	Physical (5 days/week)	Signed
8 (Fort Myers)	12 - DeSoto, Sarasota	Virtual	Sent to department for signature	8 - Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota	To be determined	Signed
	20 - Charlotte, Collier, Glades, Hendry, Lee	Virtual	Sent to department for signature			
9 (West Palm Beach)	15 - Palm Beach	Physical Frequency to be determined	Signed	9A - Palm Beach	Negotiating physical collocation	Signed
	19 - Indian River, Martin, Okeechobee, St. Lucie	Virtual	Sent to department for signature	9B - Indian River, Martin, Okeechobee, St. Lucie	Virtual	Signed
10 (Fort Lauderdale)	17 - Broward	Virtual	Signed	10 - Broward	Virtual	Signed
11 (Miami)	11 - Miami-Dade	Physical Frequency to be determined	Signed	11A - Miami-Dade	Physical Frequency to be determined	Signed
	16 - Monroe	Virtual	Signed	11B - Monroe	Physical Frequency to be determined	Signed

Source: Aging Resource Center administrators.

According to area agency administrators, collocation has helped them address these challenges because it improves their communication with the DCF Economic Self-Sufficiency Program. While clients no longer have an assigned Economic Self-Sufficiency case worker, through collocation DCF assigns specific employees for center staff to contact to check the status of a client's application for benefits. Center staff can then help the client gather documentation needed to process the client's application for services. These points of contact may work in the same location as center staff through physical collocation, or may be available over the telephone through virtual collocation. The Aging Resource Centers and DCF also have conducted cross training on services, procedures, and data systems, which gives both center and DCF staff more information to answer client questions and help them obtain access to services and benefits.

The centers are in varying stages of finalizing memoranda of understanding with local DCF offices (see Exhibit 2). As discussed earlier, the Department of Elder Affairs intervened with DCF central office because area agencies were having difficulty getting DCF circuit offices to sign memoranda of understanding, primarily due to a recent DCF reorganization. Center administrators report that getting the DCF central office involved has helped expedite finalizing the memoranda of understanding. The Aging Resource Centers will employ a mix of physical and virtual collection with CARES and the Economic Self-Sufficiency Program.

Although center administrators report that the transition to Aging Resource Centers has been successful in helping seniors more easily navigate the process for obtaining Medicaid and other benefits, it is currently unknown whether collocation has improved the timeliness of the Medicaid eligibility determination process for seniors.¹⁸ The Department of Elder Affairs and the centers have not developed a standardized method to track the time it takes clients to complete the Medicaid eligibility determination process.

Center managers anticipate that collocation will shorten the time taken for eligibility determination and convened a workgroup to address this issue. However, the workgroup has not yet agreed to a uniform measure for tracking timeliness. The workgroup does not have a due date for establishing a measure.

Adopting a common information and referral data system has led to more uniform data collection statewide. Previously, each of the 11 area agencies on aging had different information and referral systems. Some used a paper system to record information about clients or community resources, while others used various electronic systems. In May 2007, all of the Aging Resource Centers agreed to purchase the same information and referral software, called Refer.¹⁹ Using the same software will help the department and area agencies collect more uniform data on which clients are being served throughout the state and what services they are receiving, and may also help the state better identify met and unmet client needs for services. The system will also improve emergency response since all area agencies will be using the same system. If one area agency experiences a natural disaster, it can transfer its phone lines and access to its client database to another area to ensure continued service to clients. As shown in Exhibit 3, although area agencies are in various stages of implementation, most are currently using Refer to record call data.

To help support uniform reporting on information and referral services, the centers established a workgroup to standardize how area agencies record data in Refer. The workgroup also has begun to standardize the way each area agency will identify and categorize clients' unmet needs for services. Unmet need will be categorized as not available in the desired area of the state, not available during a particular time period, or not available at all.

¹⁸ The Pasco-Pinellas and Broward pilot centers report that collocation has shortened the length of the local eligibility determination process, but measure processing times in different ways.

¹⁹ West Palm Beach uses the local 211 information and referral service as the elder helpline. The West Palm Beach Aging Resource Center will use Refer, but its 211 has not agreed to adopt the system.

Exhibit 3**Area Agencies Are in Various Stages of Implementing Refer for Information and Referral**

Planning and Service Area	Refer Implementation Stage	
	Using to Record Call Data	Using to Maintain Resource Data
Pensacola	Yes	Not yet - Verifying data accuracy
Tallahassee	Yes	Yes
Gainesville	Yes	Yes
Jacksonville	Yes	Not yet - Entering resource data
St. Petersburg	Yes	Not yet - Verifying data accuracy
Tampa	Not yet- Verifying data accuracy	Not yet - Verifying data accuracy
Orlando	Yes	Yes
Fort Myers	Not yet - Waiting for data transfer	Not yet - Waiting for data transfer
West Palm Beach	Not yet - Waiting for data transfer	Not yet - Working on an interface with its elder helpline
Fort Lauderdale	Not yet - Waiting until resource data entered	Not yet - Entering resource data
Miami	Yes	Yes

Source: Aging Resource Center administrators.

The centers are also developing a website to give the general public on-line access to information about services. In December 2007, the workgroup adopted a common set of terms used to classify providers in the service resource database. This will enable the public to search the database for resources throughout the state and obtain information on similar types of providers. The workgroup met in January 2008 to discuss how the website will look and how to structure the search function.

The department and Aging Resource Centers continue to work on a methodology to claim Medicaid funding

In October 2007, the department began using federal Medicaid matching funds to cover Aging Resource Center staff positions that spend all of their time on Medicaid-related activities. The department has not finished developing a process for claiming federal funds to cover costs for positions that spend a portion of their time on these activities. As a result, it will not use all of the federal funds appropriated for Aging Resource Centers in Fiscal Year 2007-08.

In late September 2007, the department established an agreement with the Agency for Health Care Administration that allows the centers to use federal matching funds for 50% of the costs for positions dedicated completely to specific Medicaid-related activities. The department executed contracts with the centers to fund these positions from October 2007 through June 2008. Originally, these nine-month contracts totaled \$1.6 million in state and federal funds and covered 40 staff positions.²⁰ However, the area agencies will not spend all of this money due to delays in hiring staff to fill these positions and not necessarily hiring staff at the maximum salary rate allowable. In February 2008, the department amended these contracts to reflect the amount the centers expect to spend during Fiscal Year 2007-08. The department estimates that these positions will account for a larger share of the state and federal funding in Fiscal Year 2008-09 since the contracts will cover the entire fiscal year.

The department and centers are now focused on obtaining federal funding for positions that spend a portion of their time on Medicaid activities (termed “proportional” Medicaid positions).

²⁰ The centers use these positions to conduct Medicaid-related activities involved in screening elders for services and assisting with eligibility determination. When they became Aging Resource Centers, the area agencies took over these responsibilities from the lead agencies.

In order to claim Medicaid funds, the department and centers must develop a method for calculating the federal reimbursement rate. To assist in this effort, the department contracted with a consultant, Health Management Associates. In February 2008, the department requested the centers to provide data on how much time these staff members spend on Medicaid-related activities. This information will help the department estimate how much federal funding the centers can receive for these staff. Due to federal rules, only a portion of the time these positions spend on Medicaid activities will be federally reimbursable.²¹

Due to a lengthy approval process, federal reimbursement for proportional Medicaid positions will not be available during Fiscal Year 2007-08. The Agency for Health Care Administration must agree to the method the department and centers develop and then submit the method to the federal Centers for Medicare and Medicaid Services for approval. The Centers for Medicare and Medicaid Services has no specified timeframe for responding to the state's proposal. The centers will not be able to use the federal funding for proportional Medicaid positions until the department obtains federal approval for this reimbursement process.

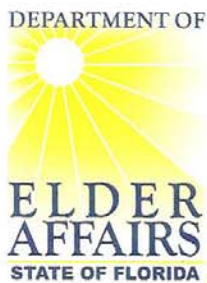
Because of only receiving partial-year funding for positions that spend all of their time on Medicaid-related activities and not yet receiving approval to fund proportional positions, the Aging Resource Centers will not be able to use all of the federal funds appropriated for Fiscal Year 2007-08. In order to use the appropriated general revenue, the department expects to provide each of the 11 centers with supplemental funding in March 2008 and is currently confirming budgets with each area agency for this purpose. The department may also allow the agencies to request funding to add positions that will spend all of their time on Medicaid-related activities and thus be eligible for additional Medicaid matching funds. At this point, the department does not have final figures on the amount of general revenue and Medicaid funds that it will provide to the Aging Resource Centers for Fiscal Year 2007-08.

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 in Appendix A.

²¹ This portion is determined by the percentage of the area's population that is Medicaid-eligible.

Appendix A



CHARLIE CRIST
GOVERNOR

March 11, 2008

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



Dear Mr. VanLandingham:

E. DOUGLAS BEACH, PH.D.
SECRETARY

This letter is in response to the preliminary report of the Office of Program Policy Analysis and Government Accountability (OPPAGA), entitled "Statewide Implementation of Aging Resource Center Initiative Is Substantially Complete." The department appreciates the continuing review by OPPAGA staff of the Aging Resource Center implementation process.

The department concurs with the report as provided. If you have questions, please contact Marcy Hajdukiewicz, Director of the Division of Statewide Community-Based Services, at (850) 414-2308.

Sincerely,


 E. Douglas Beach
Secretary

EDB/sls

cc: Inspector General

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The Florida Legislature

Office of Program Policy Analysis and Government Accountability



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- [Florida Government Accountability Report \(FGAR\)](#), an Internet encyclopedia, www.oppaga.state.fl.us/government, provides descriptive, evaluative, and performance information on more than 200 Florida state government programs.
- [Florida Monitor Weekly](#), an electronic newsletter, delivers brief announcements of research reports, conferences, and other resources of interest for Florida's policy research and program evaluation community.
- Visit OPPAGA's website, the Florida Monitor, at www.oppaga.state.fl.us

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