



March 2009 Report No. 09-15

Transition to Aging Resource Centers Complete; Enhancement of Elder Service System Continues

at a glance

Each of the state's 11 area agencies on aging are now fully functioning as Aging Resource Centers, with the final center completing the transition process in November 2008. The centers are working to enhance the elder service system by

- making their information and referral data system more publically accessible and compatible with the Department of Elder Affairs' data system;
- taking a more active role with the Nursing Home Diversion Program; and
- developing a standard measure to assess the timeliness of the Medicaid eligibility determination process.

The department expects to spend most of its Fiscal Year 2008-09 appropriation for Aging Resource Centers to support center staff who help seniors seeking Medicaid services. To provide more flexibility in how centers use their staff, the department is pursuing federal approval of a method to use federal funding for center staff 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 ninth in a series of reports on Aging Resource Center implementation. We issued previous reports in February and August 2005, and March and September of 2006, 2007, and 2008.¹

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

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; An Aggressive Schedule Set to Complete Implementation of Aging Resource Centers, OPPAGA Report No. 07-38, September 2007; Statewide Implementation of Aging Resource Center Initiative Is Substantially Complete, OPPAGA Report No. 08-14, March 2008; and All But One Aging Resource Center Is Fully Implemented, OPPAGA Report No. 08-51, September 2008.

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The department delivers most of its services to elders through contracts with local agencies.

- 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.
- 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 five Medicaid long-term care waiver 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 Center Resource initiative to reduce fragmentation in the elder services 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 The legislation required each area agency to transition to an Aging Resource Center by taking on additional responsibilities, while at the same time maintaining its identity as a local area agency on aging. department selected 3 area agencies as pilot operating sites, which began

² 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.

The remaining area agencies on aging were then scheduled for transition to Aging Resource Centers.

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.³

Current Status-

All 11 area agencies on aging are now functioning as Aging Resource Centers, with the last center finishing the transition process in November, 2008. The department and the centers are continuing to work on service enhancements. In Fiscal Year 2008-09, the department funded additional positions for center staff that perform Medicaid-related activities. As a result, the department expects to use most of the \$3.27 million appropriated for Aging Resource Centers during Fiscal Year 2008-09.

All 11 area agencies on aging are fully functioning as Aging Resource Centers

The department used a structured process to assist the area agencies on aging transition to Aging Resource Centers. This process began in 2004, and included providing technical assistance to area agencies and conducting readiness assessments and operational reviews to determine their progress toward becoming

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³ For a more detailed discussion on the functions and intended benefits of Aging Resource Centers, see OPPAGA Report Nos. <u>05-06</u>, <u>05-45</u>, and <u>06-20</u>.

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Aging Resource Centers. The department completed all readiness assessments and operational reviews by March 2008, and provided further technical assistance to those area agencies which needed to take additional steps to fully perform all aging resource center functions. Ten of the area agencies had completed all needed steps and received a letter from the department declaring their approval as fully functioning Aging Resource Centers by August 2008.⁴ The final area agency in West Palm Beach received formal departmental approval in November 2008, completing the transition process.

The department and centers are working to improve the delivery of services to elders

The centers continue to work with the department on three enhancements to the elder service system. These are improvements to center information and referral data systems, helping seniors apply for Nursing Home Diversion Program services, and developing a consistent method for measuring the timeliness of Medicaid eligibility determinations.

The Aging Resource Centers are implementing a common system to provide centralized and uniform information and referral. The centers have each purchased the Refer information and referral software system, which was designed to record information about callers and provide information about available services. Currently, eight of the centers are using the system fully and the remaining three centers expect to add information on available services by March 2009.⁵ The centers are currently developing a search engine to enable the public to access information about services in the system via the internet, which center administrators expect to implement by December 2009.⁶ The department also has contracted with two companies to develop an interface to transmit case information from Refer to the department's data system, the Client Information and Registration Tracking System (CIRTS).⁷ The department expects its contractors to complete this interface by September 2009.

The Aging Resource Centers are taking a more active role in helping seniors apply for Nursing Home Diversion program.8 Previously, the Nursing Home Diversion application process differed from the process used for other long-term care Medicaid waiver The Aging Resource Centers coordinated the application process for the Aged and Disabled Adult and the Assisted Living for the Elderly Medicaid waiver programs as well as Medicaid healthcare. However, the centers referred Nursing Home Diversion applicants to the CARES program, which completed required medical and functional eligibility determinations, helped seniors apply for financial eligibility, and coordinated the paperwork and referrals for seniors enrolling in the program.

To reduce fragmentation and make it easier for seniors to navigate the complex aging service network, the department is expanding the centers' role by making them the central point of contact for the Nursing Home Diversion program. In addition to coordinating applications for the other Medicaid long-term care waivers, the centers are starting to coordinate paperwork and referrals for most Nursing Home Diversion waiver applicants.

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⁴ For a more details about the transition schedule and process, see OPPAGA Report No. 08-51.

⁵ By August 2008, 7 of the 11 centers were using the system to record both caller and resource information. The Broward center started using the system in September 2008. The remaining centers in Pensacola, Fort Myers and West Palm Beach are using Refer to record caller information and expect to begin using Refer to record resource information by March 2009.

⁶ The searchable database in Refer will replace the current Elder Services Directory and department administrators expect the database to be more comprehensive, up to date, and uniform statewide. All centers plan to have links to the searchable database on their websites. Before the new system can be used, the centers must finish removing duplicate listings of resources in the database and recording resources using consistent terminology for searches.

⁷ The Aging Resource Centers use the Client Information and Registration Tracking system for billing and recording information about clients and services used.

⁸ The Nursing Home Diversion program operates in 33 counties in all planning and service areas except the Pensacola and Tallahassee planning and service areas.

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CARES will continue to be responsible for providing choice counseling, conducting assessments of medical and functional eligibility, and assisting with enrollment, as specified in the Nursing Home Diversion program's Medicaid waiver.⁹

The Aging Resource Centers are developing a standard method to measure how long the Medicaid waiver eligibility determination process takes. While the department has required each center to measure how long the eligibility determination process takes for Medicaid waiver services, the measures the centers developed are not uniform and thus cannot be used to make comparisons across the The department has established a workgroup to develop a standard measure. As a starting point, the department compiled a list of steps in the eligibility determination process, and the workgroup will develop a uniform way to measure the time required to complete each step, such as having doctors complete medical eligibility forms and the Department of Children and Families completing the financial eligibility determination process.¹⁰

Once the workgroup has completed this effort, the department plans to modify its CIRTS data system to capture the required case data. When completed, this measure will allow the department to evaluate the centers' success in performing one of their primary functions, streamlining the Medicaid eligibility determination process, and help centers identify best practices and ways to improve their

performance.¹¹ The centers and department do not have a timeframe for completing this effort.

The department expects to spend most of the funds appropriated for Fiscal Year 2008-09

The department did not maximize its use of federal funding for the Aging Resource Centers in Fiscal Year 2007-08. The Legislature appropriated \$3.3 million to the centers for the fiscal year. The centers used \$1.3 million of these funds to support 40 staff positions that spend all of their time on Medicaid-related activities, plus approximately \$900,000 on general operations.¹² The centers did not expend the remaining funds due to hiring delays (eight of the centers were still in transition during the year), hiring staff for lower than anticipated salaries, and their inability to claim federal funds to recover costs for positions that spend a portion of their time on Medicaid-related activities.

The department expects to spend most of the funds appropriated for Fiscal Year 2008-09 on Aging Resource Centers. The Legislature appropriated \$3.27 million in annual recurring funding, including \$1.63 million in federal Medicaid funding and \$1.63 million in matching state general revenue. As shown in Exhibit 1, by January 2009, the department allocated \$3.03 million to the centers. The department had not allocated the remaining \$238,056 due to anticipated budget reductions and the centers not requesting all available dollars. However, subsequent to the

⁹ Some applicants who need services immediately and are likely to be Medicaid-eligible can enter the Nursing Home Diversion program while applying for financial eligibility. In these cases, the Nursing Home Diversion provider and CARES coordinate the paperwork and referrals for the applicant. For more information about CARES and its responsibilities, see *Several Factors Can Delay Eligibility Determination for Medicaid Long-term Care*, OPPAGA Report No. 07-12, February 2007.

¹⁰ The centers will focus on the length of time the eligibility determination process takes for Aged and Disabled Adult and the Assisted Living for the Elderly waivers. The centers plan to measure the overall process and each major step. For more information about the state's processes for eligibility determination, see OPPAGA Report No. 07-12.

¹¹ The department plans to provide opportunities for centers to share best practices through quarterly meetings and conference calls.

 $^{^{\}rm 12}$ According to department administrators, \$989,610 in federal funding and \$138,382 in general revenue was not spent.

¹³ To prepare for anticipated budget reductions, the Governor directed the department to hold back 4% of its Fiscal Year 2008-09 appropriation. However, \$130,696 of Aging Resource Center funding was released back to the department in January 2009 when the Governor vetoed budget reductions made during the special session. In addition, the centers' funding requests as of January 2009 were \$107,360 less than the amount of available funding.

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Governor's veto of budget reductions in January 2009, the department gave the centers the option of requesting additional funds and expects to finish its review and approval of these requests in March.¹⁴

The centers will use funds allocated during Fiscal Year 2008-09 to support 55 staff that perform Medicaid-related activities on a fultime basis. This represents an increase from the 40 positions funded in Fiscal Year 2007-08, as workload studies documented increased numbers of seniors calling to seek information and help accessing services as well as seniors needing biannual Medicaid waiver reassessments and/or help in applying for Medicaid health care services while on

The department expects the centers to request funds for one-time expenditures such as purchasing laptops, scanners and printers for centers' Medicaid Benefits Counselors so they can submit on-line Medicaid applications from the homes of frail seniors who have limited access to computers and Medicaid application sites. For more details about challenges some seniors may face with submitting online Medicaid applications, see All But One Aging Resource Center Is Fully Implemented, OPPAGA Report No. 08-51, September 2008 and ACCESS Improved Productivity; Additional Refinements Would Better

Manage Workload OPPAGA Report No. 08-13, March 2008.

Medicaid waiver waitlists.¹⁵ According to department managers, the centers experienced an additional workload increase due to its October 2008 decision to open enrollment in the Aged and Disabled Adult and Assisted Living for the Elderly waivers. The centers help seniors enroll in these waiver programs by assisting them in filling out applications and gathering the paperwork needed for the Medicaid eligibility determination process as well as by coordinating referrals and paperwork between state and local agencies.

The department and centers are seeking federal approval for a methodology to support using Medicaid funds for staff that spend a portion of their time on Medicaid-related activities. If approved, the increased Medicaid funding would provide centers with more staffing flexibility and enable them to organize staff activities based on workload rather than funding sources. Federal approval will be contingent on the department developing a methodology for calculating the federal reimbursement rate.

¹⁵ Due to delays in hiring the 15 new staff and lower than anticipated staff-related expenses, five centers are behind on spending their Fiscal Year 2008-09 funding but anticipate using extra funds to hire additional staff for the remainder of the fiscal year.

Exhibit 1
Aging Resource Centers Plan to Spend their Fiscal Year 2008-09 Appropriation on Staffing

Planning and Service Areas	Number of Positions for Medicaid-Related Activities	General Revenue	Federal Funds	Total
1 Pensacola	4	\$ 92,541	\$ 92,541	\$ 185,082
2 Tallahassee	3	82,584	82,584	165,168
3 Gainesville	5	137,640	137,640	275,280
4 Jacksonville	6	161,825	161,825	323,650
5 St. Petersburg	3	84,977	84,977	169,954
6 Tampa	7	198,281	198,281	396,562
7 Orlando	5	137,640	137,640	275,280
8 Fort Myers	5	137,640	137,640	275,280
9 West Palm Beach	5	141,629	141,629	283,258
10 Fort Lauderdale	4	113,303	113,303	226,606
11 Miami	8	226,607	226,607	453,214
Total	55	\$1,514,667	\$1,514,667	\$3,029,334

Source: Department of Elder Affairs.

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The department has identified specific activities that may be federally reimbursable and is hiring a consultant to develop the methodology and assist with obtaining federal approval. Once developed, the methodology must be approved by the Agency for Health Care Administration, which must submit the proposal to the federal Centers for Medicare and Medicaid Services for approval. The department expects to hire a consultant by May 2009 to develop the proposal by December 30, 2009. The Centers for Medicare and Medicaid Services has no requirement to respond within a specified timeframe.

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.

Appendix A



March 2, 2009

CHARLIE CRIST GOVERNOR

> 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 "Transition to Aging Resource Centers Complete; Enhancement of Elder Service System Continues." The Department appreciates receiving this final report in a series of OPPAGA reviews of the Aging Resource Center implementation process.

Thank you for the opportunity to respond to the draft report. 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, Ph.D.

Secretary

EDB/sls

cc: Inspector General

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The Florida Legislature

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