



The Florida Legislature

OFFICE OF PROGRAM POLICY ANALYSIS AND GOVERNMENT ACCOUNTABILITY



09-S23

RESEARCH MEMORANDUM

The Department of Children and Families Needs to Enhance Its Fiscal Controls for the Aged and Disabled Adult Waiver Program

October 29, 2009

Summary

As requested, OPPAGA reviewed the Aged and Disabled Adult (ADA) Home and Community-Based Services Waiver Program, including its eligibility requirements, services provided, and how the Department of Children and Families and the Department of Elder Affairs administer the program for the eligibility groups under their jurisdictions. The departments differ in how they provide access to the program, manage budgets, and maintain waitlists, but have similar processes for assessing and enrolling beneficiaries. The Department of Children and Families needs to improve its fiscal control mechanisms, and has plans to improve some but not all of these processes. We examined the advantages and disadvantages of four options for the program's organizational placement.

Program Purpose, Organization, and Responsibilities

Florida implemented the Aged and Disabled Adult Waiver Program in 1982 to help aged and/or disabled adults remain in their homes or communities instead of going into nursing homes. Section 2176 of the Omnibus Budget Reconciliation Act of 1981, established the federal Medicaid Home and Community-Based Services Waiver Program, as authorized by Title XIX of the Social Security Act, Section 1915(c). Under this authorization, states can apply to the federal Centers for Medicare and Medicaid Services for a waiver to serve designated target populations by offering a broad array of services that are not otherwise covered under Medicaid but can help prevent clients from entering institutional care. Waiver programs provide home and community-based services intended to help beneficiaries remain in their homes or communities. For further details on all of Florida's Medicaid home and community-based services waivers, including eligibility requirements and services, see *Florida's Medicaid Home and Community-Based Services Waivers*, OPPAGA [Report No. 09-32](#), July 2009.

The ADA program is dually administered by the Department of Children and Families (DCF) and the Department of Elder Affairs (DOEA). DCF administers the program for disabled adults age 18 to 59, while DOEA administers the program for persons age 60 and above.

Gary R. VanLandingham, Ph.D., Director

The Department of Children and Families Needs to Enhance its Fiscal Controls for the Aged and Disabled Adult Waiver Program

Date: October 29, 2009

Page 2

Department of Children and Families. The mission of the Department of Children and Families is to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency. In accordance with its mission, the department's Adult Protective Services Program Office administers the ADA waiver program for disabled adults. In addition to the ADA waiver program, the department administers two home and community-based services programs funded by general revenue, the Community Care for Disabled Adults Program and the Home Care for Disabled Adults Program. The Adult Protective Services Program also is responsible for conducting investigations of alleged abuse or neglect of vulnerable adults and for providing case management to abused or neglected vulnerable adults who need additional services to protect them from further harm.

For Fiscal Year 2009-10, the Legislature appropriated the department \$12.5 million to provide ADA waiver program services (\$4 million in general revenue and \$8.5 million in federal funds). In addition, DCF was appropriated \$31.7 million (\$20.3 in general revenue and \$11.4 million in federal funds) in salaries and benefits to administer its Adult Protective Services Program. Of this amount, DCF expects to use an estimated \$1.84 million to administer the ADA waiver program. As of August 31, 2009, the department was serving 885 beneficiaries, with 3,711 potential beneficiaries on a waitlist.

Department of Elder Affairs. The mission of the Department of Elder Affairs is to foster optimal quality of life for elder Floridians. In accordance with its mission, the department's Division of Statewide Community-Based Services administers the ADA waiver program for persons age 60 and over. The department's central office oversees the waiver program and manages the program's contracts with the 11 Area Agencies on Aging. The area agencies are responsible for assessing and enrolling program beneficiaries and providing services through contracts with local providers.

For Fiscal Year 2009-10, the Legislature appropriated the Department of Elder Affairs \$87.2 million (\$28.2 million in general revenue and \$59 million in federal funding) to provide ADA waiver program services. In addition, the department was appropriated \$2.6 million (\$1.3 million in general revenue and \$1.3 million in federal funds) to administer all of its home and community-based services waiver programs that serve elders.¹ As of August 31, 2009, the department was serving 8,890 beneficiaries in the ADA waiver program, with 6,122 potential beneficiaries on a waitlist.

ADA waiver eligibility requirements vary minimally and services do not vary between the Department of Children and Families and the Department of Elder Affairs

The two departments' components of the waiver program have similar requirements and eligibility evaluation processes. The only difference in eligibility requirements between the two components is that persons age 18 to 59 who are served by DCF must also be determined disabled by the federal Social Security Administration, whereas this requirement only applies to elders age 60 to 64 who are served by DOEA. Program beneficiaries served by both agencies must be evaluated for Medicaid eligibility by DCF as well as the Department of Elder Affairs' Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program.^{2, 3} DCF's eligibility determination assesses whether applicants meet financial and technical requirements for Medicaid, while DOEA determines whether the applicants meet clinical and medical eligibility requirements.

¹ In addition to the ADA waiver program, the Department of Elder Affairs administers the Adult Day Health Care, Alzheimer's Disease, Assisted Living for the Elderly, Channeling for the Frail Elder, and Nursing Home Diversion waiver programs. DOEA also administers the Consumer Directed Care Plus Program for elders and the Program of All-Inclusive Care for the Elderly (PACE).

² For both departments, applicants do not have to go through the DCF eligibility determination if they already receive federal Supplemental Security Income (SSI).

³ DCF conducts the financial and technical eligibility determination process for Medicaid and other assistance programs through its ACCESS (Automated Community Connection to Economic Self-Sufficiency) system.

The types of services provided do not vary between the two departments. Both departments offer the same services, including adult day health care, medical supplies, personal care, home-delivered meals, and certain therapies.

The Department of Children and Families and the Department of Elder Affairs differ in how they provide access, manage budgets, and maintain waitlists for the ADA waiver program

DCF accepts referrals from a variety of sources to provide access to the program, and maintains centralized control over the program's budget and waitlist. In contrast, DOEA provides access to elders only through its Aging Resource Center system and has given the centers responsibility to manage local program budgets and waitlists. However, the two departments' processes for assessing and enrolling individuals into the waiver program are essentially the same.

The **Department of Children and Families** administers the waiver program, as well as its other home and community-based services programs for disabled adults, through its central office, regions, and circuits, with some circuits using contracted case managers. DCF staff estimated that 36.56 FTEs conduct ADA waiver-related activities at the central, regional, and circuit offices, based on the percentage of time spent by 154.5 adult protective services employees. Four employees in the central office spend a portion of their time maintaining the waiver program's budget and waitlist, as well as assisting the regions in managing difficult cases (estimated 1.15 FTEs). In addition, 14 regional Adult Protective Services Program staff spend a portion of their time on duties relating to the waiver program (estimated 4.28 FTEs). Also, an estimated equivalent of 31.13 circuit-level staff administer aspects of the program such as screening, assessing, and enrolling applicants. This includes staff in 10 of the department's 20 circuits that provide case management services to waiver program beneficiaries. The remaining 10 circuits outsource case management using funds appropriated for waiver services. Case managers develop care plans, arrange services, and periodically monitor to ensure that needed services are received.⁴ Many of these staff also perform duties relating to the department's two general revenue-funded home and community-based services programs (Community-Care for Disabled Adults and Home Care for Disabled Adults).

DCF provides access to the ADA waiver program through referrals from multiple sources including the Aging Resource Centers, DOEA staff, provider agencies, and DCF adult protective investigators. The DCF central office manages the program's budget and maintains the waitlist. Regional DCF staff screen applicants and enter data into the program's database, which places applicants on the waitlist with a ranking based on their level of need for services. Local DCF staff conduct annual re-screenings to assess the applicant's current status.

When program funding is available, the DCF central office informs regional staff, who then contact the next applicant on the waitlist to start the enrollment process. Circuit staff complete a face-to-face assessment of each applicant and instruct them on the paperwork needed for the eligibility determination process. DCF's ACCESS system determines whether the applicant is financially eligible and DOEA determines if the applicant meets clinical and medical eligibility requirements. If the applicant is found to be eligible, case managers create a care plan and send it to a provider to begin providing the beneficiary with services.

⁴ A care plan documents the medical necessity of services and specifies the most appropriate setting in which to provide services so as to provide quality care in the most cost-efficient manner.

The **Department of Elder Affairs** administers the ADA waiver program through its central office and contracts with the 11 Area Agencies on Aging. The central office has five full-time employees and one OPS employee who each spend a portion of their time on ADA waiver program-related activities, along with their other duties. The department contracts with the area agencies to administer the waiver program and other services for elders, including general revenue-funded home and community-based services programs (Community Care for the Elderly and Home Care for the Elderly). The department also contracts with the area agencies for 28.5 Medicaid Waiver Specialists, of whom an estimated equivalent of 19.39 staff perform ADA waiver-related activities, such as linking elders with service providers.⁵ The area agencies contract out all case management services for waiver beneficiaries.

Elders gain access to the DOEA component of the ADA waiver program by contacting the area agencies' Aging Resource Centers, which serve as a single point of entry for elders to access services. Each center manages the program budget and maintains a waitlist for its area. Center staff screen individuals and place them on the waitlist with a ranking based on need, and conduct re-screenings to assess the applicants' current status at least annually.

When program funding is available, a center refers the next applicant on the waitlist to a lead agency, which contacts the applicant to complete the enrollment process.⁶ Center employees are available to assist the applicant in obtaining the paperwork required for the eligibility determination process. DCF determines the applicant's financial eligibility for the waiver program, and the DOEA Comprehensive Assessment and Review for Long-Term Care Services Program assesses whether the applicant meets clinical and medical eligibility requirements. If the applicant is determined to be eligible for the waiver program, a contracted case management agency develops a care plan. The case manager then contacts a service provider selected by the applicant and sends the provider a care plan and a service authorization form that allows it to begin providing services.

The Department of Children and Families needs to improve its fiscal control mechanisms for the ADA waiver program and is taking steps to improve some but not all of its processes

The Department of Children and Families has had difficulty managing its ADA waiver program budget, maximizing use of federal funds, and assuring that care plans accurately reflect beneficiaries' medical need for services. The department has developed plans to improve its budgeting and care plan review methods, but is not planning to change its policies to maximize use of federal funds.

For Fiscal Year 2007-08, DCF did not spend a significant portion of its budget for the ADA waiver program because it underestimated the number of individuals it could serve with available funding. Of its \$12.5 million appropriation, the department spent only \$8.4 million, and did not spend \$4.1 million or 33% of the appropriated funds.⁷ Several factors contributed to this surplus. First, the department's methodology for estimated expenditures was based on projected care plan costs per individual being served by the program, which were higher than the actual average cost per beneficiary. The estimated average care plan costs for Fiscal Year 2007-08 were \$15,500, while the actual average cost was \$11,556. Second, the estimates were based on a full year of expenditures even though some beneficiaries were not served for a full year. For example, some beneficiaries enroll in the waiver program in the middle of the fiscal year and

⁵ These Medicaid waiver specialists also perform duties for other Medicaid-funded programs.

⁶ 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 local providers for services; some lead agencies also provide certain services themselves.

⁷ In contrast, DOEA spent \$81.7 million, or 96 % of its \$85.5 million appropriation.

The Department of Children and Families Needs to Enhance its Fiscal Controls for the Aged and Disabled Adult Waiver Program

Date: October 29, 2009

Page 5

some have a break in services because they enter the hospital. For others, enrollment may cease for various reasons, such as the beneficiary dying or entering a nursing home. Finally, the department's methodology did not consider the time it takes to enroll individuals in the waiver program and instead assumed a full year of services for each beneficiary. DCF has calculated that it takes an average of 77 days to go through the eligibility determination process required to enroll applicants into the program. Overall, the unspent funds could have been used to serve approximately 350 more individuals from DCF's waitlist, some of whom were served by programs funded through general revenue.

DCF also has not maximized its use of available federal funding because it makes waiver enrollment optional for waiver-eligible disabled adults who are receiving general revenue-funded home and community-based services. In contrast, DOEA requires waiver-eligible beneficiaries who are receiving general revenue-funded services to enroll in the waiver program when waiver funds become available, which helps to maximize the use of available federal funds. By allowing disabled adults to choose to stay in state-funded programs, DCF is foregoing the opportunity to draw down Medicaid matching funds for those individuals and thus increasing state general revenue expenditures.

Further, DCF has not developed a statewide quality assurance system to review case files to determine whether case managers are authorizing services that accurately meet the beneficiary's needs and that the authorized duration and scope of services are medically necessary. Although some DCF regions and circuits reported that they review case files for these purposes, the DCF central office has not established a system to ensure that all local offices are using such a process and has not identified required corrective action to take when finding inaccuracies in care plans.

DCF is taking steps to improve its processes for estimating the number of individuals it can serve in the waiver program and its quality assurance of care plans, but the department does not plan to change its policy of making waiver enrollment optional for waiver-eligible disabled adults who are receiving general revenue-funded services. In May 2009, DCF implemented a revised predictive model for estimating the number of individuals it can serve that considers factors such as attrition, the length of time it takes to enroll beneficiaries, and actual expenditures. DCF also plans to implement a statewide quality assurance system, but does not have an estimated date for implementation. In the planned process, quality assurance staff at the central office will review a sample of case files to determine if the services meet the needs of the beneficiary and that the duration and scope of authorized services are medically necessary. This should help DCF better control against the possibility that case managers could authorize more or different services than are medically necessary.

However, DCF does not plan to make enrollment into the waiver program mandatory when there are available funds that could be used to move waiver-eligible disabled adults out of general revenue-funded programs. According to department administrators, individuals should be given a choice and it is less intrusive to not require individuals to go through the Medicaid eligibility determination process. However, s. 410.604, *Florida Statutes*, states that the department shall ensure that all available funding sources have been explored prior to using funds of the Community Care for Disabled Adults Program.^{8,9}

⁸ Although the Home Care for Disabled Adults Program does not have a similar statutory requirement, s. 410.033, *F.S.*, states that priority shall be given for provision of care to disabled adults who are not eligible for comparable services and programs of and funded by the department.

⁹ DCF's position is that its policy is in accordance with s. 415.101(2), *F.S.*, which states that "the Legislature intends to place the fewest possible restrictions on personal liberty and the exercise of constitutional rights, consistent with due process and protection from abuse, neglect, and exploitation." This statute refers to actions taken in response to cases of abuse, neglect, and exploitation of disabled adults and elders, however, not all waiver program beneficiaries are receiving these services as a result of a protective investigation. Moreover, DOEA also provides services as a result of protective investigations and has been able to implement a policy requiring waiver-eligible individuals who are receiving general revenue-funded services to enroll in the waiver program when waiver funds become available.

Options for Legislative Consideration

To evaluate the organizational placement of the Aged and Disabled Adult waiver program, we examined the advantages and disadvantages of four options: 1) continue the waiver program's current administrative placement with the two departments; 2) centralize the program by transferring its elder component to DCF; 3) centralize the program by transferring its disabled adult component to DOEA; and 4) transfer all of DCF's home and community-based services programs for disabled adults to DOEA.

Option 1: Continue the ADA waiver program's current placement with both departments. This option has the advantage of fitting well with the missions of the two departments and integrating service delivery for the waiver program's two age components with other programs for which these beneficiaries may be eligible. The program's elder component matches DOEA's mission to foster optimal quality of life for elder Floridians. By contracting with the area agencies to provide services through the Aging Resource Centers, DOEA helps ensure that the state meets the intent of the federal Older Americans Act and the *Florida Statutes* to provide a single point of entry to help elders gain access to an array of services to meet their needs.¹⁰ The centers are integrated into local communities, have control over a wide array of services for elders, and help DOEA and elders by centralizing information and referral services, streamlining eligibility determination, managing local program waitlists, and managing local service budgets.

The waiver program's disabled adult component is consistent with DCF's mission to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency. This placement centralizes access to programs serving disabled adults who may apply for general revenue-funded home and community-based services programs as well the waiver program. Placement with DCF also helps the department integrate service delivery for disabled adults who are the subject of protective investigations and need services to help alleviate abuse or neglect.

The primary disadvantage of the current organizational placement is the potential loss of efficiencies that could be gained by consolidating the program within a single department. Despite providing the same types of services to each of the waiver program's age components, each department has had to separately develop and maintain mechanisms to assess applicants' needs for services, manage waitlists, manage budgets, develop care plans, provide case management, administer client data systems, contract with service providers, and oversee service delivery.

Another disadvantage of the current placement is that DCF is not maximizing its use of federal funding because it makes waiver enrollment optional for waiver-eligible disabled adults who are receiving general revenue-funded home and community-based services. If the Legislature chooses to continue the program's current organizational placement, it may want to consider directing DCF to change this policy.

Option 2: Transfer the program's elder component to DCF. This option assumes that the Legislature would revise appropriations to give sole responsibility for administering the ADA waiver program to DCF. The option has the advantage of consolidating the program within one department and thus gaining efficiencies through the use of one infrastructure for administration and service delivery.

¹⁰ The federal Older Americans Act is a major source of the state's funding for elder services.

The Department of Children and Families Needs to Enhance its Fiscal Controls for the Aged and Disabled Adult Waiver Program

Date: October 29, 2009

Page 7

However, this option has significant disadvantages. Separating the ADA waiver program's elder component from other services for elders goes against the intent of the federal Older Americans Act, which is a major source of funding for services to elders. DOEA has spent several years and millions of dollars in federal and state funding to help implement Aging Resource Centers statewide to give elders one-stop access to services at the local level instead of the former fragmented service delivery system. Consolidating the ADA waiver program within DCF would negate some of this investment of time and resources, as well as some of the gains of the now maturing Aging Resource Center system.¹¹ Another disadvantage is that DCF has had difficulty managing its budget and maximizing use of federal funding, and thus giving it additional responsibilities may not be in the state's financial best interest. If the Legislature decides to consolidate the waiver program, it also would need to consider how to allocate funding between the disabled adult and elder components.

Option 3: Transfer the program's disabled adult component to the Department of Elder Affairs. This option assumes that the Legislature would revise appropriations to give sole responsibility for administering the ADA waiver program to DOEA. As with the prior option, this option has the advantage of consolidating the program within one department and thus gaining efficiencies through the use of one infrastructure for administration and service delivery. Moreover, consolidating the program with DOEA would put Florida closer to the Aging and Disability Resource Center model envisioned by the federal Older Americans Act, as all Aging Resource Centers would serve a disabled population. Currently, only three of the centers provide services to a disabled population. These three centers were pilot sites that provide information and referral for adults with severe and persistent mental illness. Initial funding to establish the Aging Resource Centers/Aging and Disability Resource Centers was provided through a three-year federal grant, which required the inclusion of one disability group.¹² Other states that received federal grants included physically disabled adults in the service populations for their Aging and Disability Resource Centers.

There are several disadvantages to this option. A primary disadvantage is that it separates one program for disabled adults from the other home and community-based services programs DCF administers (the Community Care for Disabled Adults and the Home Care for Disabled Adults Programs). The Community Care for Disabled Adults Program serves disabled adults who meet or exceed the income eligibility criteria for Medicaid long-term care, while the Home Care for Disabled Adults Program only serves disabled adults who meet the income eligibility criteria for Medicaid long-term care.¹³ Both of these programs serve waiver-eligible disabled adults when there are no openings in the waiver program. If the disabled adult component of the ADA waiver program were transferred to DOEA, disabled adults would need to contact two different departments and be placed on different

¹¹ For additional information, see *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; *All But One Aging Resource Center Is Fully Implemented*, OPPAGA [Report No. 08-51](#), September 2008; and *Transition to Aging Resource Centers Complete, Enhancement of Elder Service System Continues*, OPPAGA [Report No. 09-15](#), March 2009.

¹² DOEA received a federal grant that required the state to select at least one disability group for which to provide services along with those services provided to elders. The disability groups that could be selected included individuals with physical disabilities, individuals with severe and persistent mental illness, and individuals with developmental disabilities. To meet the grant requirements, DOEA selected three area agencies to serve in a dual role by implementing Aging Resource Centers and Aging and Disability Resource Centers. The Aging and Disability Resource Centers provide information and referral to adults with severe and persistent mental illness. These centers cover the Broward, Orlando, and Pasco-Pinellas planning and service areas.

¹³ To offset state costs for the Community Care for Disabled Adults Program, DCF charges fees based on a sliding scale for persons with income and/or assets that exceed the Medicaid long-term care limits. According to program administrators, most participants qualify for Medicaid long-term care and thus are not subject to fees.

The Department of Children and Families Needs to Enhance its Fiscal Controls for the Aged and Disabled Adult Waiver Program

Date: October 29, 2009

Page 8

departments' waitlists for services, which could be confusing and create an additional barrier to services.

Another disadvantage is that some of the Area Agencies on Aging may oppose receiving responsibility for an additional service population. In response to our survey of the area agencies, some staff expressed concerns about this option due to the increase in the Aging Resource Centers' workload and the need for staff training. Staff also expressed concerns that the disabled population may have higher care plan costs than elders and that the needs of the disabled adult population might overshadow the needs of the elder population.

Additional factors to consider would be minimizing potential disruption in services while responsibility is being shifted between departments and integrated into DOEA's existing service delivery mechanisms, identifying funding that could be transferred from one department to the other, and deciding how to allocate future funding between the two service populations. The two departments would need to coordinate this transfer and develop plans to minimize service disruption. If the Legislature chooses this option, it may want to consider giving the two departments six months to one year to establish an orderly transfer of responsibilities. Factors that could affect transition time include that DOEA would need to modify its contracts with the 11 Area Agencies on Aging to expand the role of the Aging Resource Centers to include the 18 to 59 year-old disabled population currently served by DCF, and the area agencies may need to make other modifications such as changing their by-laws and contracts with service providers. Center staff also may need training on how to meet the needs of an additional service population. The two departments would also need to work on whether and how to incorporate a different population into DOEA's screening and enrollment processes.

In developing a transition plan, DCF would need to identify funding that the Legislature could transfer to DOEA's appropriations. DOEA estimates that it would cost \$642,109 to fund 2 department FTEs and 12 area agency FTEs to assume the ongoing administration and implementation of the ADA waiver program's disabled adult component. Although DCF estimates that a total of 36.56 FTEs spend time on duties related to the ADA waiver program, it does not have staff dedicated to the program and instead has spread this responsibility among adult protective services staff.¹⁴ Some of these staff are protective investigators and supervisors and others only spend a small portion of their time on this program compared to their other responsibilities. DCF's position is that it cannot withstand the loss of this many FTEs without affecting its ability to provide protective services to vulnerable adults statewide. To identify funding that could be transferred to DOEA, DCF would need to review its staffing needs for remaining protective services duties and also develop plans to redistribute workload.

If the Legislature decides to consolidate the waiver program, it also would need to consider how to allocate funding between the program's disabled adult and elder components. One alternative would be to hold the current funding percentages constant (13% of total funding to disabled adults and 87% to elders) to avoid the potential for shifts in the number of beneficiaries served through each of the program's age components. Another alternative would be to allow area agencies to use the same criteria to assess the need for services for all applicants, which would provide an equal prioritization for use of service dollars. However, the latter alternative has the potential to reduce available funding for one component in favor of the other.

¹⁴ DCF expects to use an estimated \$1.84 million of its Fiscal Year 2009-10 salaries and benefits appropriation for the 36.56 FTEs that administer the ADA waiver program.

The Department of Children and Families Needs to Enhance its Fiscal Controls for the Aged and Disabled Adult Waiver Program

Date: October 29, 2009

Page 9

Option 4: Transfer all of DCF's home and community-based services programs for disabled adults to DOEA. This option assumes that the Legislature would revise statutes and appropriations to give responsibility for administering the ADA waiver, Community Care for Disabled Adults, and the Home Care for Disabled Adults programs to DOEA. DOEA and the area agencies already administer the Community Care for the Elderly Program, which is the equivalent of the Community Care for Disabled Adults Program, and the Home Care for the Elderly Program, which is the equivalent of the Home Care for Disabled Adults Program. As with Option 3, this option has the advantages of gaining efficiencies in the use of one infrastructure for administration and service delivery and moving Florida further toward the Aging and Disability Resource Center model envisioned by the federal Older Americans Act. Unlike Option 3, this option has the advantage of consolidating access to home and community-based services for disabled adults while allowing them to more fully benefit from the assistance provided through the Aging Resource Centers. These benefits include centralized and uniform information and referral services, and streamlined eligibility determination.

Similar to Option 3, a primary disadvantage to this option is possible opposition from the area agencies. The Legislature would also need to consider how to minimize the potential for disruption in services while responsibility is being shifted from one department to another, and thus may want to give the two departments six months to one year to establish an orderly transfer of responsibilities.

In developing a transition plan, DCF would need to identify funding that the Legislature could transfer to DOEA's appropriations. DOEA estimates that it would cost \$1.35 million to fund 6 department FTEs and 22 area agency FTEs to assume the ongoing administration and implementation of home and community-based services programs for disabled adults. Although DCF estimates that that it currently uses 87.34 FTEs to administer these programs, it does not have staff dedicated to the programs and instead has spread these responsibilities among adult protective services staff.¹⁵ Some of these staff are protective investigators and supervisors and others only spend a small portion of their time on these programs compared to their other responsibilities. DCF's position is that it cannot withstand the loss of this many FTEs without affecting its ability to provide protective services to vulnerable adults statewide. To identify funding that could be transferred to DOEA, DCF would need to review its staffing needs for remaining protective services duties and also develop plans to redistribute workload.

The Legislature also would need to consider how to allocate funding for the different age components served by the ADA waiver program and the general revenue-funded home and community-based services programs.

¹⁵ DCF expects to use an estimated \$4.4 million of its Fiscal Year 2009-10 salaries and benefits appropriation for the 87.34 FTEs that administer home and community-based services programs for disabled adults.