



The Florida Legislature

OFFICE OF PROGRAM POLICY ANALYSIS AND GOVERNMENT ACCOUNTABILITY



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RESEARCH MEMORANDUM

The Department of Children and Families and the Florida Healthy Kids Corporation Use Similar Eligibility Determination Processes, But Coordinate to Minimize Duplication

January 4, 2010

Summary

As requested, OPPAGA reviewed whether the financial eligibility determinations made by state agencies for various health and human services programs are duplicative of those made by the Department of Children and Families' Economic Self-Sufficiency Program, and whether any of these functions could be consolidated with the department. There is little overlap among the eligibility determination processes used for many state health and human service programs. However, the department and the Florida Healthy Kids Corporation perform similar processes to determine eligibility and respond to customer inquiries; the two entities do coordinate their efforts to minimize this duplication. We evaluated three options for consolidating the corporation's eligibility determination function within the Department of Children and Families.

Program Purpose, Organization, Responsibilities

In addition to the Department of Children and Families' Economic Self-Sufficiency Program, several state agencies conduct financial eligibility determinations for health and human services programs. These include

- the Agency for Workforce Innovation, which determines eligibility for the Cash Assistance Severance Benefit Program, Relocation Assistance Program, School Readiness Program, and the Up-Front Diversion Program;
- the Department of Children and Families Office of Homelessness, which determines eligibility for the Emergency Financial Assistance for Housing Program;
- the Department of Community Affairs, which determines eligibility for the Community Services Block Grant Program, Low-Income Home Energy Assistance Program, and the Weatherization Assistance Program;
- the Department of Elder Affairs, which determines eligibility for the Emergency Home Energy Assistance for the Elderly Program; and
- the Florida Healthy Kids Corporation, which determines eligibility for the components of the Florida KidCare Program funded through Title XXI of the Social Security Act.

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Most of these programs use fundamentally different eligibility determination business models than the Department of Children and Families' Economic Self-Sufficiency Program, as described in Appendix A. However, the Florida Healthy Kids Corporation determines financial eligibility for similar purposes and in a manner that could be reasonably assumed within the Department of Children and Families' Economic Self-Sufficiency Program.

The Florida KidCare Program. The Florida KidCare Program is a partnership among three state agencies and the non-profit Florida Healthy Kids Corporation to provide health care services to children.¹ The program has four components: Medicaid, MediKids, Healthy Kids, and Children's Medical Services Network. Children's eligibility for the various program components depends on a child's age, family income, and in some cases their medical needs.

Medicaid covers eligible children ages 0-19; financial eligibility requirements vary based on the child's age and family income.² Medicaid is an entitlement program created by Title XIX of the federal Social Security Act.³ The Agency for Health Care Administration (AHCA) is the primary state agency responsible for administering the Medicaid Program. As required by s. 409.902, *Florida Statutes*, the Department of Children and Families conducts the program's financial eligibility determination.

MediKids covers children ages one to five whose family income is between 133% and 200% of the federal poverty level, and is administered by AHCA. MediKids is authorized by the federal Children's Health Insurance Program (Title XXI of the Social Security Act), and requires enrollees to pay a \$15-20 monthly premium.⁴ The Florida Healthy Kids Corporation conducts the program's financial eligibility determination.

Healthy Kids covers children between the ages of 5 and 19 whose family income is above the Medicaid limits, but equal to or below 200% of the federal poverty level. Like MediKids, Healthy Kids is a non-entitlement program authorized by Title XXI of the Social Security Act and participants must pay a \$15-20 monthly premium per family. The Florida Healthy Kids Corporation administers the program, including conducting financial eligibility determination.

Children's Medical Services Network within the Department of Health serves children from birth through age 18 who have special health care needs and meet the program's clinical eligibility guidelines. The program serves qualifying children whose family income is at or below 200% of the federal poverty level, and services may be funded under Title XIX (Medicaid) or Title XXI of the Social Security Act. The Department of Children and Families conducts financial eligibility determination for the children covered through Medicaid and the corporation conducts financial eligibility determination for the children whose family income is above the Medicaid thresholds but at or below 200% of the federal poverty level. The Department of Health

¹ The three state agencies are the Agency for Health Care Administration, the Department of Children and Families, and the Department of Health.

² The Medicaid program serves children from birth to age 1 whose family income is at or below 200% of the federal poverty level, children ages 1 to 6 whose family income is at or below 133% of the federal poverty level, and children ages 6 to 19 whose family income is at or below 100% of the federal poverty level.

³ However, children from birth to age 1 whose family income is above 185% but at or below 200% of the poverty level are covered by Medicaid as an optional group. Funding to serve children in this group is authorized under Title XXI of the Social Security Act.

⁴ The monthly premium for children enrolled in the Title XXI components of Florida KidCare is \$15 for families at or below 150% of the federal poverty level and \$20 for families with incomes from 151% to 200% of the federal poverty level. These are per-family premiums, regardless of the number of children in the family enrolled. In addition, families whose incomes exceed 200% of the federal poverty level are offered a full-pay premium option, which is \$159 per child per month for MediKids and \$133 per child per month for Healthy Kids.

conducts an additional eligibility determination by assessing whether applicants meet this program's clinical requirements (such as whether a child is diagnosed with cystic fibrosis).

The Department of Children and Families. The Department of Children and Families' mission is to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency. In accordance with this mission, the department's Economic Self Sufficiency program determines eligibility for several assistance programs that receive federal funding, including Medicaid, Supplemental Nutrition Assistance Program (formerly called Food Stamps), Temporary Assistance for Needy Families, and some state programs.⁵

The program relies heavily on technology to conduct eligibility determination, as a result of changes made to streamline operations, increase efficiency, and reduce reliance on staffing.⁶ The program uses an on-line application, a network of community partners to help clients submit applications, and four call centers to manage client inquiries. From Fiscal Years 2003-04 to 2006-07, the Legislature decreased program funding by \$85 million (a 29% reduction) and eliminated 3,099 program FTEs (a 43% reduction). The program is also responsible for developing, maintaining, and upgrading the on-line application system; ensuring compliance with federal and state laws; and recovering overpaid funds from clients.

For Fiscal Year 2009-10, the Legislature appropriated 4,598.5 FTES and \$523.1 million to the Economic Self Sufficiency program, of which \$235.4 million is for financial eligibility determination activities related to the supplemental nutrition assistance, cash assistance, and Medicaid programs. The remainder is for administering the program (\$43.8 million), direct payments to low income individuals (\$231.1 million), and benefits recovery (\$12.8 million). The program's funding is derived from federal (45%) and state sources (55%), with less than 1% from other sources. The Department of Children and Families plans, administers and delivers most program services through 20 circuits with oversight from six regions. The circuit and regional offices are responsible for ensuring that the department delivers services in accordance with state and federal laws and for coordinating services with other public or private agencies that serve clients.

The Florida Healthy Kids Corporation. The Florida Healthy Kids Corporation's mission is to provide affordable access to health insurance coverage for children of working families.⁷ The Legislature established the not-for-profit corporation in 1990.⁸ The Agency for Health Care Administration negotiates and monitors the state's contract with the corporation.

In addition to conducting financial eligibility determination for the Florida KidCare Program components funded through Title XXI of the Social Security Act, the corporation is responsible

⁵ Medicaid provides health and long-term care services to certain individuals who meet established income and assets criteria, including children and families, pregnant women, and aged and disabled individuals. The Supplemental Nutrition Assistance program provides funds to qualifying low-income individuals for essential food items. Temporary Assistance for Needy Families provides cash benefits to certain low-income individuals including adults with dependent children and children residing in foster care. Some other state programs for which the Economic Self Sufficiency program determines eligibility include Optional State Supplementation, a cash assistance program designed to support community-based living arrangements and prevent placement in an institution, and the Community Care for Disabled Adults and Home Care for Disabled Adults programs, which provide home and community-based services to eligible disabled adults less than 65 years of age.

⁶ For more information, see *ACCESS Improved Productivity; Additional Refinements Would Better Manage Workload*, OPPAGA Report No. 08-13, March 2008.

⁷ The Legislature established the not-for-profit corporation in 1990 to administer a state program that provided comprehensive health insurance coverage to uninsured children in low-income families. After the federal government passed Title XXI of the Social Security Act, the corporation began administering this new program for the state, which replaced the state's earlier program.

⁸ Section 624.91, F. S.

for contracting with managed care plans to deliver health care services, assigning children to plans, collecting monthly premiums from families, and overseeing the quality of services provided by the managed care plans for children enrolled in the Healthy Kids portion of the Florida KidCare Program. The corporation contracts with a third-party administrator (vendor) to perform some of these duties.

The corporation uses on-line and paper applications, a network of community partners to help clients submit applications, and a call center to manage client inquiries. The vendor performs initial eligibility screening and final eligibility determination for children who are not Medicaid eligible.⁹ The vendor also collects the premiums from families. Once families pay their first premiums, the vendor automatically enrolls eligible children in Healthy Kids managed care plans to begin receiving services. To continue services each month, parents submit premiums by mail, over the phone, or through the Internet.

The corporation's funding is derived from a combination of federal and state appropriations, premiums, and other sources. In Fiscal Year 2009-10, the corporation's budget was \$348.9 million, of which 58% (\$202 million) was from federal funds, 26% (\$91.4 million) from state funds, and 16% (\$55.1 million) from other funding sources, including premiums. The corporation uses the majority of its funding (an estimated \$320 million or 92%) to make capitated payments to health and dental plans. The corporation estimates that it will spend \$19.2 million to pay the vendor to conduct eligibility determination (e.g., processing new applications, renewing beneficiaries' coverage, and recording interim changes in beneficiaries' information), collect premiums from families, and assign enrollees to plans. The corporation will use the remainder of its budget to cover its expenses, conduct outreach, and monitor plans.¹⁰

The department and the corporation use similar business processes to determine eligibility and respond to customer inquiries; however, their customer service outcomes differ substantially and each program has unique responsibilities

Both the department and the corporation conduct eligibility determination using on-line applications, external databases to verify financial information, and call centers to respond to applicant inquiries. Due to the design of the Florida KidCare program which provides services through components administered by different entities, a family may need to interact with both the department and the corporation to receive benefits, such as when they have one child eligible for the Medicaid program and another the Healthy Kids program, or when they apply to one program but their child is actually eligible for another program. The two entities coordinate efforts to minimize duplication and reduce the burden on applicants. The corporation's call center performance in meeting customer demand is substantially higher than that of the department. In addition to eligibility determination, each program performs certain unique functions.

The department and the corporation use similar processes to collect and verify applicant information and respond to customer inquiries. Both entities have on-line applications that are available 24 hours a day, seven days a week. While the department and the corporation receive the majority of the applications on-line, they also accept paper applications. Both require

⁹ Pursuant to federal law, the corporation screens each application to determine whether the applicant appears to be eligible for Title XIX Medicaid; if so, the vendor electronically sends the application to the department.

¹⁰ The corporation's expenses include staffing and related expenditures.

applicants to provide demographic information, disclose income sources, and prove citizenship. Once applicants submit this information, the department and the corporation use external databases to verify most of the financial information provided. For example, to verify income information, the department matches child support payments with Department of Revenue data and earned income and unemployment compensation with Agency for Workforce Innovation data. The corporation currently contracts with a company to obtain this information, but has recently signed an agreement with the Department of Revenue and Agency for Workforce Innovation that will allow it to directly access this information. In addition, because not all required information can be verified through external databases, both entities accept mailed, faxed, and scanned documents and store this information electronically in the application file.

The department and the corporation use call centers to answer inquiries about applications and process changes.¹¹ These call centers allow applicants to either use an automated voice response system for quick automated information or to speak with a staff person to ask more detailed questions, process application changes, and update case information. The department operates five call centers in Jacksonville, Miami, Ocala, Tallahassee, and Tampa. Three of these call centers answer applicants' questions and process changes for all programs for which the department conducts eligibility determination. The Ocala call center only conducts interviews for the Supplemental Nutrition Assistance Program. The Tallahassee call center, known as the KidCare Medicaid hotline, answers general questions about Florida KidCare, particularly the Medicaid component. This call center's role in financial eligibility determination is limited; e.g., it does not typically process application changes or update case information.¹² The corporation operates one call center in Tallahassee to answer applicants' questions about new and renewal applications for Title XXI programs, premium payments, and health plan assignment.

The two entities also send letters to inform applicants about the status of their applications, such as whether they need to submit additional information and whether or not they qualify for services. Both also use letters to notify beneficiaries when they need to submit information to renew coverage.

The department and the corporation coordinate efforts to minimize duplication. While the department and the corporation administer separate eligibility determination processes, they exchange applicant information electronically to streamline their processes and reduce the burden on applicants. The entities exchange this information because of the design of the Florida KidCare program, which provides services through components administered by different entities. For example, a family may need to apply to both entities for eligibility determination if they have children of different ages; one child may be eligible for the Medicaid program administered by the department while the other may be eligible for the Healthy Kids or MediKids program administered by the corporation. A family may also apply to one entity when their children are eligible for the programs administered by the other, or need to switch their children's enrollment to programs administered by the other entity as the children age or the family's financial status changes.

¹¹ The department call centers in Jacksonville, Miami, and Tampa also scan and index documents that applicants mail or fax, and answers providers' questions about an individual's eligibility status.

¹² Department administrators do not consider the hotline as being one of the department's financial eligibility determination call centers. Families typically only receive the hotline's telephone number if they call the department's main eligibility determination number and ask questions about enrolling a child in Medicaid, or if they call the corporation's call center and either ask or select an option to find out about Medicaid for children.

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Each night, the entities exchange data on children whose applications have been denied, are no longer eligible for services, or who have been screened as potentially ineligible for the program to which they applied. The department and the corporation use these data to complete the eligibility determination process. The department uses the information from the corporation to determine eligibility for Medicaid, and beginning in November 2009, the corporation accepts the department's information to determine eligibility for Title XXI services. Previously, the corporation used the information from the department to partially fill out its application and sent the partial application to the family to complete. Exchanging information prevents families from having to resubmit the same information when children need to enroll in a different program component.

The department and corporation share information stored in each other's document imaging systems, which enables them to access supporting information, such as birth certificates, and reduce the amount of information applicants must submit to both entities. This is especially useful when enrollees transfer between Medicaid and Title XXI services, or when a person applies for one program but is most likely eligible for another.

The department and the corporation are working to further streamline their processes, including reducing, combining, and simplifying the wording of letters sent to applicants. In 2009, the department increased the number of characters that its eligibility data system (the FLORIDA System) can generate to make letters easier to read and understand.

The corporation's call center performance substantially exceeds that of the department. Both the department and the corporation operate call centers. However, differences in the call centers' capacities result in the corporation being able to provide significantly better customer service. (See Exhibit 1.)

Exhibit 1

The Corporation's Call Center Customer Service Performance Substantially Exceeds That of the Department

Performance Measure	Department ¹		Corporation ²	
	Fiscal Year 2008-09	July-November 2009	Fiscal Year 2008-09	July-November 2009
Average Calls Received Per Month ³	1,569,853	1,842,396	170,410	92,725
Average Percentage of Calls Answered	21%	20%	59.0%	98.8%
Average Percentage of Blocked Calls ⁴	74%	75%	32.2%	0.2%
Average Percentage of Abandoned Calls	5%	6%	7.2%	1.2%
Average Time to Abandon Call	338 seconds	447 seconds	185 seconds	110 seconds
Average Wait Time	658 seconds	847 seconds	207 seconds	23 seconds

¹ Department call center performance statistics exclude the KidCare Medicaid hotline.

² The corporation changed vendors for its call center in May 2008. Due to poor performance, the corporation initiated a corrective action plan for November 2008 through February 2009. Subsequent to the corrective action plan, the vendor's call center performance improved.

³ These figures exclude calls to the call centers' interactive voice response system.

⁴ Blocked calls include calls that exceed the phone system's capacity, which result in a directive to call back later. The caller is not allowed to leave a message or wait for the next available representative.

Source: OPPAGA analysis of department and corporation data.

The department's call centers are receiving significantly more calls than their design capacity, a problem that has been exacerbated by worsened economic conditions. Families often overwhelm the department's call centers and have difficulty getting their calls answered. The call centers received an average of 1.8 million calls per month from July through November 2009, which was a significant increase from the average of 882,690 calls per month received from July through December 2007. The call centers were designed to handle 450,000 calls per month. As a result, the department call centers' level of customer service is poor. From July to November 2009, the call centers were able to answer only 20% of calls, with the remaining calls either blocked (not answered) or abandoned. Most calls (6.9 million or 75%) were blocked and the callers received a busy signal and had to call back later, while 524,982 calls (6%) were placed on automatic hold and the callers eventually hung up without reaching a staff person; these callers were on hold an average of 447 seconds (7 minutes, 27 seconds) before abandoning their calls.

In contrast, the corporation's call center has sufficient capacity to handle the number of calls it currently receives. The call center received an average of 92,725 calls per month from July through November 2009. This was significantly fewer than the average of 170,410 calls per month received from July 2008 through June 2009 following to a transition to a new vendor, which initially caused service disruptions. Although the call center was only answering an average of 59% of calls and blocking 32% during July 2008 to June 2009, the corporation issued a corrective action plan and the vendor's performance subsequently improved. The call center is designed to handle 80,000 to 100,000 calls per month, and thus it was able to answer 99% of calls and had average wait times of only 23 seconds for the time period July to November 2009.

The department and the corporation have several unique responsibilities that do not overlap. While the department and the corporation have similar eligibility determination processes, it should be noted that there are important differences between them. The department's role in the Economic Self-Sufficiency Program is generally limited to eligibility determination. In contrast, the corporation performs other primary functions, including collecting premiums from families to begin and maintain enrollment, recruiting health and dental plans, and overseeing the quality of care the plans provide.

One of the corporation's major functions is to collect premiums from families to enroll their children and to maintain enrollment. Once the corporation receives the initial premium, it enrolls children into managed care plans. It also contacts families who are late in making payments to remind them to submit the payments to maintain enrollment. The corporation uses these premiums to pay commercial health plans that assume the insurance risk. Because the department determines eligibility for entitlement programs that do not require clients to pay premiums, it does not collect payments or contact families to remind them to submit payments. The department also does not enroll children into health plans. It partners with the Agency for Health Care Administration, which helps Medicaid-eligible families choose among health plans and assigns beneficiaries to available health plans.^{13, 14} The Agency for Health Care

¹³ Because most areas of the state have only one available health plan for children served under Title XXI, no choice counseling is needed or required. The corporation directly assigns children to plans in the five counties that have more than one health plan available but families can call and change plans up to 90 days after this auto-assignment, preserving their opportunity to choose.

¹⁴ If Medicaid-eligible children need health care services before plan assignment is complete, they can receive them through Medicaid's fee-for-service payment system. Florida's Title XXI program does not offer a fee-for-service option and therefore children cannot receive services prior to plan assignment.

Administration has this responsibility because it is the primary agency responsible for the Medicaid State Plan and thus must ensure that enrollment in each plan does not exceed the plan's capacity and that the state complies with the Medicaid requirement that newly eligible individuals have the opportunity to choose from at least two managed care plans.

In addition, the corporation recruits health and dental plans and oversees the quality of care provided through these plans. The department does not have similar responsibilities, as the Agency for Health Care Administration recruits and monitors Medicaid's health plans.

Options for Legislative Consideration

We assessed the advantages and disadvantages of three options to consolidate the Florida KidCare Program's financial eligibility determination process with that of the Department of Children and Families' Economic Self-Sufficiency Program: 1) continuing the current divided system; 2) centralizing financial eligibility determination within the department; and 3) transferring all of the corporation's responsibilities to the department.

Option 1: Continue placement of financial eligibility determination with both the department and the corporation. In this option, the Legislature would continue to assign responsibility for determining financial eligibility for the Title XXI programs to the Florida Healthy Kids Corporation and responsibility for determining Medicaid financial eligibility to the department. This option has the advantage of avoiding potential disruptions in service that could occur during an organizational transition. In the past, program beneficiaries have been adversely affected by large-scale administrative changes, such as when the corporation selected a new vendor and when the Agency for Health Care Administration began using a new Medicaid fiscal agent. During these transitions, some beneficiaries temporarily lost health care coverage, experienced long processing times for applications, and/or had difficulty getting answers to questions. This option also has the advantage of not requiring the department to reprogram and upgrade the FLORIDA system to handle Title XXI program applications, train its eligibility workers and call center staff to handle Title XXI program-related issues, and increase its call center capacity to incorporate the Healthy Kids and MediKids programs.

In addition, this option would preserve the corporation's advantage of being able to concentrate its focus on the Title XXI programs, which are its sole responsibility. As a result, the corporation can quickly dedicate resources to address problems or legislatively-mandated changes. In contrast, the department has numerous responsibilities that compete for its attention. If the department assumed responsibility for the corporation's eligibility determination functions, it would need to balance its response to Title XXI-related problems and any new mandates with those of its other programs and needed changes may not receive the same priority.

However, the current system has disadvantages. Continuing the current divided responsibility for financial eligibility determination precludes potential economies of scale that may be achieved through a consolidated system. The current process requires the two entities to develop and maintain separate policies, procedures, and resources to verify eligibility, including multiple databases, links with external electronic data used to verify eligibility, call centers, document imaging equipment and protocols, staffing, and other infrastructure.

The current process also requires some families to interact with two entities when undergoing financial eligibility determination to obtain health care coverage for their children, which can cause frustration and confusion. For example, families with children enrolled in different Florida KidCare program components must complete separate renewal processes with both the department and the corporation. This problem is compounded when children must change from one program component to another due to age or fluctuations in family income; such problems can impede accessibility for potentially eligible children.¹⁵

Option 2: Centralize financial eligibility determination by transferring this function from the corporation to the department. In this option, the Legislature would revise statutes and appropriations to transfer the corporation's eligibility determination responsibilities and associated funding to the department. The corporation would retain responsibility for collecting premium payments, enrolling children into health plans, recruiting health plans, and monitoring the plans' quality of care.

A primary advantage of centralizing financial eligibility determination is the potential to improve accessibility by streamlining the process and reducing confusion for applicants. This would be particularly important for families whose children are enrolled across program components. Families would only need to interact with one entity when applying for and renewing financial eligibility to obtain coverage under any Florida KidCare program component.¹⁶

Consolidating financial eligibility determination within one department would also gain efficiencies through the use of one infrastructure for administering this aspect of the Florida KidCare Program. For example, eligibility data would be stored in one data system instead of two. Efficiencies might also be gained by consolidating processes used to gather and verify information, although the extent of gain may be limited because the two programs have already adopted a single application and share data through daily transfers.

Whether or not the option would result in cost savings is unknown because neither the corporation nor its vendor were able to identify the proportion of the vendor's \$19.2 million budget for Fiscal Year 2009-10 that is used for eligibility determination versus collecting premiums and enrolling children in health plans. While some of this funding should be available to transfer to DCF if eligibility determination were transferred, the corporation would likely need to renegotiate or rebid its vendor contract if this option were implemented.

Approximately \$3.8 million of the vendor's annual budget is allocated for processing new applications (\$1.50 per application or an estimated \$556,000) and renewing coverage (estimated \$3.2 million). The remaining \$15.4 million is budgeted for account maintenance, which includes both eligibility determination activities such as processing changes in beneficiary status and activities involved in collecting premiums and enrolling children. In the absence of information about the allocation of resources for the vendor's different account maintenance activities, the actual amount available from these funds to transfer to DCF is unknown.

¹⁵ The board of the Florida Healthy Kids corporation has created a committee (the Administrative Simplification, Quality, and Service Committee) to address ways to minimize these problems.

¹⁶ Families would continue to need to contact other entities for non-financial eligibility activities including clinical eligibility screening for enrollment in the Children's Medical Services Network, health plan selection for Medicaid and MediKids, and premium payments for Title XXI programs.

The department estimates that it would need an additional 202 FTEs and \$8.7 million in annual recurring funds to cover the costs of the staff, expenses, and technology needed to manage the increased workload in applications and calls it would incur under this option, assuming that the department would provide the same level of customer service it currently provides for other programs. This would require transferring the equivalent of approximately 32% (\$4.9 million) of the corporation vendor's account maintenance fees, along with the fees for processing initial applications and renewals.¹⁷ However, the department also estimates that it would need an additional \$3.8 million in non-recurring funds during the first year of implementation. Most of this funding (approximately \$3 million) would support efforts to reprogram and upgrade the FLORIDA System, such as adding eligibility algorithms to the system and an interface with the premium collection component. The remaining funds would support the department's estimated non-recurring expenses associated with adding additional staff.

A primary disadvantage of this option is that it has the potential to reduce enrollment and retention in the Florida KidCare Program, particularly if the change is implemented in a manner that impairs responsiveness to applicants. The department is currently struggling with a significant workload increase in its current eligibility determination operations due to recent economic trends. The corporation's eligibility determination responsibilities would add approximately 16,000 new applications, 10,000 applications for renewal, and 113,000 calls each month to the department's workload.¹⁸ Past experience has shown that poor customer service can contribute to declines in Florida KidCare program enrollment. For example, beginning in 2004, the Legislature amended statutes to increase income documentation requirements for applicants, and it eliminated and then reinstated year-round open enrollment. When the corporation implemented these changes, families experienced lengthy call wait times and had confusion about the new requirements, resulting in incomplete applications that lacked required documentation. As a result, processing delays occurred and program enrollment fell.

To minimize such adverse effects, the department and the corporation would need time to develop and implement transition plans if this option were implemented. Accordingly, if the Legislature chooses to implement this option, it could consider giving the department and corporation two years to complete the transition.

It should be noted that this option would not preclude families from needing to interact with different entities to access health care services because the corporation would continue to be responsible for collecting premium payments and enrolling children in health plans. For example, although the department would determine financial eligibility, children in Healthy Kids and MediKids cannot receive health coverage until their families pay premiums.^{19, 20} This option also would not fully consolidate call centers. The department's call centers would handle calls related to financial eligibility determination, while the corporation would need to maintain its own call center to assist families with questions related to premiums and health plans, which can

¹⁷ Transferring 32% of the account maintenance fees would provide approximately \$4.9 million to DCF, while adding \$556,000 in vendor funding for new applications and \$3.2 million for renewals would total \$8.7 million.

¹⁸ These estimates are based on workload data from Fiscal Year 2008-09.

¹⁹ Healthy Kids, MediKids, and some portions of the Children's Medical Services Network are funded through Title XXI, and families must pay premiums to enroll their children and maintain enrollment.

²⁰ Requiring families to contact a different entity for plan enrollment is similar to the process in place for Medicaid-eligible children, whose families are expected to contact AHCA for plan enrollment.

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be confusing and frustrating to families who contact the department's call center but must be transferred to the corporation for answers to questions.

Option 3: Transferring all of the corporation's responsibilities to the department. In this option, the Legislature would revise statutes and appropriations to dissolve the corporation and give the department responsibility for all of the corporation's activities, including conducting financial eligibility determination, collecting premium payments, enrolling children into health plans, recruiting health plans, and monitoring the quality of care the plans provide.

This option would have similar advantages and disadvantages to Option 2. It would consolidate financial eligibility determination for Florida KidCare applicants within one entity, resulting in potential efficiencies and possible improvements in accessibility for families. Unlike Option 2, it would also consolidate responsibility for premium collection, enrollment, and Healthy Kids plan management with the same entity that conducts financial eligibility determination, thus further centralizing accountability and access. However, as with Option 2, this option has the disadvantages of requiring a significant investment to reprogram the department's legacy data system, increasing the department's workload at a time when it is struggling to meet demand, and potentially disrupting services during transition.

The feasibility of this option is questionable. The department does not currently perform functions such as collecting premiums, recruiting plans, and monitoring quality of care, nor does it have the infrastructure to do so. Department administrators assert that, as a result, the department would likely have to contract these services out, which would not differ from current corporation operations. As a result, there would likely be little practical impact. The state would likely end up with the equivalent of the corporation's vendor to handle these additional tasks, negating some of the potential benefits of consolidation. Thus, Options 1 and 2 are likely the most prudent for Legislative consideration.

Appendix A

Several Agencies Administer Eligibility Determination for Health and Human Services Programs That Are Not Compatible with the Department of Children and Families' Model

We examined the business models used by state agencies that perform eligibility determination for health and human services programs to determine whether these agencies' financial eligibility determination processes could be consolidated within the Economic Self-Sufficiency Program. With the exception of the eligibility determination conducted by the Florida Healthy Kids Corporation, we concluded that other assistance programs do not fit with the department's business model. The programs we considered were

- the Agency for Workforce Innovations' Cash Assistance Severance Benefit Program, Relocation Assistance Program, School Readiness Program, and Up-Front Diversion Program;
- the Department of Children and Families' Emergency Financial Assistance for Housing Program;
- the Department of Community Affairs' Community Services Block Grant Program, Low-Income Home Energy Assistance Program, and Weatherization Assistance Program; and
- the Department of Elder Affairs' Emergency Home Energy Assistance for the Elderly Program

This appendix describes the business models used by each entity to conduct eligibility determination, and presents our conclusions the other programs are not compatible with the department's business model.

Over the last several years, the department has modernized the Economic Self-Sufficiency business model through technology, which changed how it works with clients. The 2003 Legislature directed the Department of Children and Families to significantly redesign the state's public assistance program and reduce staffing and funding. Between Fiscal Years 2003-04 to 2006-07, the Legislature decreased program funding by \$85 million (a 29% reduction) and eliminated 3,099 program FTEs (a 43% reduction).

In response to this mandate, the department developed the ACCESS system (Automated Community Connection to Economic Self-Sufficiency) to modernize its eligibility determination process and increase staff productivity. The new system increased the program's reliance on technology, including a secure on-line application, a data system to maintain these applications, and a website that allows clients to view basic information about their cases on-line. Because most clients can submit an application 24 hours a day, seven days a week, the on-line application is more convenient for applicants who can use a computer or have a caregiver or other support to help them submit an application. The department also developed a computer program to electronically transfer this application information into the program's eligibility determination data system. The department also expanded its automated access to state and federal databases

used to update case information and implemented systems to support call center operations to answer applicant questions.

The department also changed how it interacts with clients. By automating and centralizing processes, the department eliminated most face-to-face interactions with applicants. Formerly, clients visited a customer assistance center to fill out a request for assistance and made an appointment to complete an application and be interviewed by an eligibility worker. During this interview, the eligibility worker would make sure the application was complete and explained the additional documentation the client needed to bring to the service center. In contrast, department staff now conduct most client interviews over the telephone if needed to complete the eligibility determination process.²¹ Clients also fax or mail additional required documents to the department. The program closed many customer service centers and recruited community partners to provide locations and personal assistance to help applicants apply for benefits.

Unlike other programs, the department's automated eligibility determination processes are not designed to provide individualized unique assessments, coordinate with multiple local entities, or respond to urgent or emergency situations. The Economic Self-Sufficiency Program's primary role is to verify financial and other information to determine eligibility for a large number of applicants. To efficiently perform this function, the department's business model relies on standardized algorithms and limited interaction with clients. Its system is not designed to evaluate unique client circumstances or needs or to coordinate these needs with local services or providers. The department also is not equipped to respond to emergency needs; due to the high volume of applicants, the department reports that it typically uses 15 to 16 days to determine eligibility (federal requirements allow up to 30 to 45 days).²² In addition, while the department provides ongoing monthly payments to certain eligible clients, its automated systems are not connected to local providers or designed to make one-time payments to these providers on a client's behalf.

In contrast, most of the other assistance programs we reviewed do not fit with the department's business model. Most of these programs provide small, one time payments to clients and often do not independently verify financial and other information. Most also serve relatively small numbers of applicants and provide individualized client interaction. This allows them to assess each client's circumstances and coordinate these needs with local programs or vendors. As a result, some of the programs, such as the Low Income Home Energy Assistance Program, can respond to a client's emergency needs in 48 hours or less. In addition, these programs often do not pay the client but instead, like the Weatherization Assistance Program, make payments directly to vendors or other third parties on behalf of the client. For some of these programs, federal requirements mandate that local-level entities distribute funds.

Three of these programs do not perform a separate financial eligibility determination because they serve individuals who were already deemed eligible for one of the Department of Children and Families' major assistance programs. These are the Cash Severance Benefit Assistance Program, Relocation Assistance Program, and the Up Front Diversion Program. These programs

²¹ Only the Supplemental Nutrition Assistance Program requires applicant interviews.

²² Federal requirements direct the department to process Medicaid applications in 45 days, and Temporary Assistance for Needy Families applications and most applications for the Supplemental Nutrition Assistance Program in 30 days. Certain applications for Supplemental Nutrition Assistance Program must be processed in seven days, though the department has not met this standard since at least January 2007.

redirect individuals away from ongoing cash assistance for which they are financially eligible, based on the department’s determination efforts. However, these programs perform an additional assessment to ensure that the participants meet non-financial criteria.

Table A-1 describes the nine health and human service programs we examined and our conclusions as to the reasons why these program’s eligibility determination processes are not compatible with the department’s Economic Self-Sufficiency program’s business model.

Table A-1

Financial Eligibility Determination for Several State Assistance Programs Is Not Compatible with the Processes Used by the Department’s Economic Self-Sufficiency Program (ESS)

Agency for Workforce Innovation, Cash Assistance Severance Benefit Program (Temporary Cash Assistance Diversion)	
Purpose	This program uses federal Temporary Assistance for Needy Families (TANF) funding to provide a one-time payment as an alternative to continued cash assistance to beneficiaries who become employed.
Description	The Cash Assistance Severance Benefit program diverts individuals from needing Temporary Cash Assistance by providing a \$1,000 lifetime benefit to beneficiaries who are employed and can benefit from a one-time payment rather than continue receiving cash assistance. The payment generally is used to offset employment income that may be lower than the cash assistance income applicants had once received.
Non-financial Eligibility Qualification Requirements	An applicant must: <ul style="list-style-type: none"> ▪ be currently receiving cash assistance ▪ have received cash assistance for six consecutive months, ▪ be employed and receiving earnings, and ▪ be able to eliminate the need for ongoing cash assistance with the available funds.
Financial Data Verification Method(s)	The applicant must apply for and be eligible to receive temporary cash assistance, with income verified by the ESS program. However, ESS does not complete the remainder of the eligibility determination process if a diversion payment can meet the family’s needs.
Time Standards	This program does not have a time standard.
Expenditures for Fiscal Year 2008-09 ¹	\$497,244
Number Served in Fiscal Year 2008-09	440 applicants
Other Information	Staff at each regional workforce board assess non-financial eligibility, and then ESS issues the payment upon request of the regional workforce board. If a beneficiary subsequently needs cash assistance, he or she must wait six months, or meet emergency criteria to collect cash assistance and then repay diversion benefits. If the beneficiary cannot wait six months, the cash assistance severance benefit repayment is withheld, in equal amounts, from the family’s cash benefit for eight months.
Reasons Program Does Not Fit With ESS Business Model	ESS already conducts the financial eligibility determination aspect of the program. In addition, the program <ul style="list-style-type: none"> ▪ does not provide monthly, recurring payments, and ▪ relies on regional workforce board staff to evaluate whether an applicant meets the non-financial eligibility criteria and is a good candidate for these funds.
Agency for Workforce Innovation, Relocation Assistance Program (Temporary Cash Assistance Diversion)	
Purpose	This program uses federal Temporary Assistance for Needy Families funding to provide moving expenses to families who could achieve employment or safety in another community.
Description	Relocation Assistance diverts individuals from needing Temporary Cash Assistance by providing funds to individuals who are eligible for cash assistance, have an employment opportunity or are a current victim of domestic violence, and can achieve self-sufficiency by moving to another community. The payment can be used to pay for moving expenses, such as a moving truck, lodging, fuel, an airplane or bus ticket, or housing.

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Non-Financial Eligibility Qualification Requirements	<p>The applicant must</p> <ul style="list-style-type: none"> ▪ be eligible for temporary cash assistance, ▪ have obtained employment or need education or training that provides an increased salary or improved benefits that requires relocation to another community, ▪ have a family network to support continued employment, or ▪ be a victim of domestic violence who would become safe by relocating.
Financial Data Verification Method(s)	The applicant must apply for and be eligible to receive temporary cash assistance. However, ESS does not authorize ongoing cash assistance if a diversion payment can meet the family's needs.
Time Standards	The program does not have a time standard.
Expenditures for Fiscal Year 2008-09 ¹	\$1,216,624
Number Served in Fiscal Year 2008-09	562 applicants
Other Information	<p>Staff at each regional workforce board assess non-financial eligibility, and then ESS issues the payment upon request of the regional workforce board.</p> <p>Applicants who</p> <ul style="list-style-type: none"> ▪ are victims of domestic violence are eligible for temporary cash assistance immediately after relocating, ▪ are searching for employment after relocating and report to a one stop career center can receive childcare assistance for 30 days, and ▪ request relocation assistance more than once per lifetime must demonstrate why the initial assistance was not successful. <p>If a beneficiary subsequently needs cash assistance, he or she must wait six months, or meet emergency criteria to collect cash assistance and then repay diversion benefits. If the beneficiary cannot wait six months, a prorated portion of the cash assistance severance benefit repayment is withheld, in equal amounts, from the family's cash benefit for the remainder of their eligibility period.</p>
Reasons Program Does Not Fit With ESS Business Model	<p>ESS already conducts the financial eligibility determination aspect of the program. In addition, the program</p> <ul style="list-style-type: none"> ▪ does not provide monthly, recurring payments, ▪ provides funding for unique situations that require a rapid response time, and ▪ relies on regional workforce board staff to evaluate whether an applicant meets the non-financial eligibility criteria and is a good candidate for these funds.
Agency for Workforce Innovation, School Readiness Program (Office of Early Learning)	
Purpose	This program uses state and federal TANF and Child Care and Development Fund Subsidies (CCDF) funding to provide financial assistance for childcare services to help parents begin or continue employment so that they can become financially self-sufficient.
Description	The program provides low-income households with extended-day, extended-year, and school-age care to help parents begin or continue employment.
Non-Financial Eligibility Qualification Requirements	<p>Parents seeking services must have a child who is</p> <ul style="list-style-type: none"> ▪ at risk for abuse, ▪ at risk of welfare dependency, ▪ receiving the state's relative caregiver payment, ▪ under age 13, ▪ under age 19 with a disability, or ▪ eligible for the migrant preschool program. <p>Applicants must document</p> <ul style="list-style-type: none"> ▪ each child's date of birth, ▪ Florida residency, and ▪ that immunizations are up to date.

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Financial Data Verification Method(s)	Applicants document their income by providing check stubs, a signed statement by an employer, a signed contract for employment; or self-employment documentation such as business account ledgers, written documentation from customers or contractors, or federal tax returns. However, applicants who completed the ESS eligibility determination process for TANF within the prior six weeks only need to submit documentation of the amount of TANF funds and any changes in the other income they receive. If the eligibility determination is more than six weeks old or a family needs child care for an additional child not covered by TANF, the applicant must document income as described above.
Time Standards	According to program administrators, they ask the early learning coalitions to process applications within 10 days.
Budget Fiscal Year 2009-10	\$724,025,504
Number Served in Fiscal Year 2008-09	247,336 children
Other Information	<ul style="list-style-type: none"> ▪ Families can continue receiving child care assistance after their time limit for temporary cash assistance ends. ▪ Local early learning coalitions assess additional family social and health care needs and facilitate access to services. ▪ The program has received approximately \$6 million in federal and state funds to begin designing and developing a data system by September 2012 that will interface with the Department of Children and Families' ACCESS system and other state data bases to verify reported income.
Reasons Program Does Not Fit With ESS Business Model	<p>The program</p> <ul style="list-style-type: none"> ▪ does not always verify reported income, ▪ coordinates requests for child care with available placement openings and parent preferences, ▪ pays the local child care provider directly (rather than paying the family approved for services), ▪ provides additional assessment and coordination for needed social and health care services, and ▪ responds quickly to expedite receipt of child care so that the applicant will comply with TANF work requirements.
Agency for Workforce Innovation, Up-Front Diversion Program (Temporary Cash Assistance Diversion)	
Purpose	This program uses federal TANF funds to provide a one-time payment as an alternative to long-term cash assistance by eliminating a short-term barrier to self sufficiency.
Description	The Up-Front Diversion Program diverts individuals from needing Temporary Cash Assistance by providing a one-time benefit of \$1,000 to individuals who are eligible for cash assistance but can benefit from a one-time rather than ongoing payment. The payment can generally be used to pay for automobile repair, utilities, medical services, and other unexpected circumstances or emergency situations.
Non-Financial Eligibility Qualification Requirements	<p>The applicant must</p> <ul style="list-style-type: none"> ▪ document his or her identity, ▪ be eligible for, but not currently receiving, temporary cash assistance, ▪ have dependents under age 19 or a pregnant woman residing in the home, ▪ have an unexpected circumstance or emergency situation, ▪ appear to have a short-term barrier to obtain and maintain employment or obtain child support payments, and ▪ be able to meet day-to-day recurring expenses.
Financial Data Verification Method(s)	The applicant must apply for and be eligible to receive temporary cash assistance. However, ESS authorizes the diversion payment in lieu of ongoing cash assistance if a diversion payment can meet the family's needs.
Time Standards	Florida Administrative Code directs the agency to process each diversion application within five working days following receipt of all necessary information.
Expenditures for Fiscal Year 2008-09 ¹	\$540,589.64
Number Served in Fiscal Year 2008-09	568 applicants

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Other Information	<p>Staff at each regional workforce board assess non-financial eligibility, and then ESS issues the payment upon request of the regional workforce board.</p> <p>If a beneficiary subsequently needs cash assistance, he or she must wait three months, or meet emergency criteria to collect cash assistance and then repay diversion benefits. If the beneficiary cannot wait three months, the cash assistance severance benefit repayment is withheld, in equal amounts, from the family's cash benefit for eight months.</p>
Reasons Program Does Not Fit With ESS Business Model	<p>ESS already conducts the financial eligibility determination aspect of the program. In addition, the program</p> <ul style="list-style-type: none"> ▪ does not provide monthly, recurring payments, ▪ provides funding for unique situations that require a rapid response to ensure on-going employment, and ▪ relies on regional workforce board staff to evaluate whether an applicant meets the non-financial eligibility criteria and is a good candidate for these funds.
<p>Department of Children and Families, Emergency Financial Assistance for Housing Program (Office on Homelessness)</p>	
Purpose	<p>This program uses federal Temporary Assistance for Needy Families (TANF) and state maintenance of effort funds to provide payments to landlords or other third parties to prevent homelessness.</p>
Description	<p>The Office on Homelessness conducts the financial and programmatic eligibility determination for the Emergency Financial Assistance for Housing Program. The program only serves households with minor children. A family may receive a one-time payment per year of up to \$400 every 12 months. The household either must be homeless and able to rent an apartment with this payment or behind on paying rent and facing eviction. The landlord must agree to accept this payment and not evict the family for at least 30 days, unless there is a legal cause to do so. (The money may also be applied to a mortgage payment; however, mortgage providers are often not willing to accept these funds as adequate payment to stop foreclosure if the amount owed is significantly higher than \$400.)</p>
Non-Financial Eligibility Qualification Requirements	<p>The applicant must</p> <ul style="list-style-type: none"> ▪ be a Florida resident and U.S. citizen or legal alien, ▪ intend to remain in the residence, ▪ experience non-voluntary, unavoidable unemployment, ▪ have a dependent, and ▪ be facing homelessness.
Financial Data Verification Method(s)	<ul style="list-style-type: none"> ▪ The applicant self-reports income. ▪ An employer can provide a written statement documenting that the housing emergency is caused by loss or decrease of income.
Time Standards	<p>Florida Administrative Code directs the department to act on each completed application within three working days; however, the department typically takes approximately a week to ten days to review each application. Department administrators attribute the longer processing time to only having seven staff, three of whom work year-round to review approximately 400 to 2,800 applications each week, most of which arrive during the first four months of the fiscal year. The department uses temporary workers for this duty.</p>
Budget Fiscal Year 2009-10	<p>Approximately \$1.8 million.</p>
Number Served in Fiscal Year 2008-09	<p>4,103 applicants</p>
Other Information	<p>The program has seven temporary (OPS) staff, three of whom work year-round. The three staff continue processing applications even after all funds have been dispensed so that they can send letters notifying applicants that no more grant funds are available.</p> <p>The department recommends moving the program to local agencies, such as homeless coalitions so that funds can be combined with other local resources.</p>
Reasons Program Does Not Fit With ESS Business Model	<p>This program</p> <ul style="list-style-type: none"> ▪ does not verify self-reported income, ▪ provides a one-time payment per year, ▪ pays a landlord or mortgage company rather than the applicant, ▪ must respond quickly to avoid eviction, ▪ must verify tenancy with individual landlords and mortgage companies, and ▪ typically exhausts its annual funding within four months -- additional funds are not available until the following fiscal year.

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Department of Community Affairs, Community Services Block Grant	
Purpose	This program uses U.S Department of Health and Human Services grant funds to provide funding for anti-poverty services including emergency health care, food, housing, and daycare.
Description	Local governments and organizations conduct the financial and programmatic eligibility determination for this program that helps persons with low-incomes attain the skills, knowledge and motivation to achieve financial stability, such as job counseling and placement and training services. The program also provides immediate life necessities, such as food, shelter, and medicine.
Non-financial Eligibility Qualification Requirements	Applicants must provide information applicable to the specific assistance requested. For example, if the applicant requests assistance to complete education, the applicant must submit prior transcripts and a tentative class schedule.
Financial Data Verification Method(s)	Applicants <ul style="list-style-type: none"> ▪ report household income and qualify if income is at or below 200% of the federal poverty level, or ▪ document that they receive Supplemental Security Income.
Time Standards	This program does not have a time standard.
Budget Fiscal Year 2009-10	\$46,976,599 (of which \$29,100,000 is additional one-year funding provided by the American Recovery and Reinvestment Act of 2009)
Number Served Fiscal Year 2008-09	207,986 applicants
Other Information	Local communities conduct needs assessments and use block grant funds to support services that are otherwise unavailable or underfunded. Thus, services provided vary by county.
Reasons Program Does Not Fit With ESS Business Model	Federal guidelines mandate that the state provide funds as grants to local governments and organizations for distribution to applicants. In addition, the program <ul style="list-style-type: none"> ▪ does not verify self-reported income, ▪ does not provide monthly payments, ▪ offers different services in different communities based on local needs assessments, and ▪ coordinates with local service providers to approve applicant requests and provide services.
Department of Community Affairs, Low Income Home Energy Assistance Program	
Purpose	This program uses U.S. Department of Health and Human Services grant funds to pay utility service providers to prevent the applicant's utility services from being disconnected or to re-connect these services.
Description	The Department of Community Affairs provides federal funds to local community service provider agencies. The local agencies determine whether low income households experiencing a home energy emergency are eligible for assistance. Households can qualify for crisis payment assistance once during the winter and once during the summer, and for one non-crisis payment during any month of the year.
Non-financial Eligibility Qualification Requirements	<ul style="list-style-type: none"> ▪ The applicant must document that heating or cooling will be disconnected or has been disconnected due to non-payment of past bills. ▪ The utility service provider must agree to accept the assistance payment as sufficient for past due bills and to cancel plans to disconnect services. ▪ With available funds, the program prioritizes services to persons age 60 or older, persons with disabilities, and families with children.
Financial Data Verification Method(s)	The applicant <ul style="list-style-type: none"> ▪ reports household income that is at or below 150% of the federal poverty level, or ▪ documents receipt of Supplemental Nutrition Assistance Program assistance (formerly called Food Stamps) or Supplemental Security Income.
Time Standards	Federal guidelines require local provider agencies to process completed applications within 18 to 48 hours. The 18-hour time standard applies when a service disconnection would result in life-threatening situation, such as when a household member depends on life-sustaining medical equipment or has been diagnosed with other temperature-sensitive health conditions.
Budget Fiscal Year 2009-10	\$90,864,000

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Number Served Fiscal Year 2008-09	132,179 households, including dwellings weatherized
Other Information	Local community organizations <ul style="list-style-type: none"> ▪ accept applications and coordinate with local utility service providers to sustain or reconnect utility services for eligible applicants, and ▪ may refer repeat applicants to the Weatherization Assistance Program for items to be repaired or replaced.
Reasons Program Does Not Fit With ESS Business Model	Federal guidelines encourage the state to use local service agencies to distribute funding. In addition, the program <ul style="list-style-type: none"> ▪ does not verify self-reported income, ▪ limits benefits to certain months or times per year, ▪ coordinates with large and small utility service providers, ▪ pays utility service providers directly, and ▪ responds quickly to ensure utility services remain connected.
Department of Community Affairs, Weatherization Assistance Program	
Purpose	This program uses U.S Department of Energy Weatherization Assistance Program grant funds to pay weatherization service providers to repair applicants' homes in order to improve the homes' energy efficiency for at least 10 years.
Description	The program helps low-income households reduce monthly energy costs by replacing windows, ventilation and water heaters and making other infrastructure improvements to reduce home energy consumption. The program offers federal grant funds to community action agencies, local governments, Indian tribes and non-profit agencies, which then conduct eligibility determination.
Non-Financial Eligibility Qualification Requirements	The applicant must <ul style="list-style-type: none"> ▪ provide a recent utility bill that demonstrates this expense is 14% or more of the family's monthly income, ▪ provide proof of state residency, ▪ provide proof of property ownership or required landlord forms if the applicant is a renter, ▪ allow a home inspection that determines whether improvements can be made that would reduce the home's energy consumption, and ▪ meet the U.S. Department of Energy's priority service groups, in the order listed, including households with persons age 60 or older, persons with disabilities, families with children under 12 years old, native Americans, households with recurring high energy costs, and repeat recipients of Low Income Home Energy Assistance Program benefits.
Financial Data Verification Method(s)	The applicant must <ul style="list-style-type: none"> ▪ provide proof of income for the past 12 months for each household member, ,and ▪ report household income that is equal to or below 200% of the federal poverty level, or ▪ provide proof of receipt of Temporary Assistance for Needy Families or Supplemental Security Income.
Time Standards	This program does not have a time standard.
Budget Fiscal Year 2009-10	Annual federal award of \$11,700,000. The program received an additional \$175,978,209 in April 2009 from the American Recovery and Reinvestment Act of 2009 as a three-year award that can be used through April 2012.
Number Served in Fiscal Year 2008-09	444 homes weatherized
Other Information	<ul style="list-style-type: none"> ▪ Applicants must resubmit income information for re-verification if services are not delivered within 180 days. ▪ This program may use up to 15% of the Low Income Home Energy Assistance Program's funding, if needed. ▪ Due to federal stimulus dollars from the American Recovery and Reinvestment Act of 2009, the program's most recent budget is significantly higher than in prior years.
Reasons Program Does Not Fit With ESS Business Model	The program <ul style="list-style-type: none"> ▪ does not verify self-reported income, ▪ does not provide monthly payments, ▪ coordinates with local home inspectors to approve a home for services, and ▪ pays weatherization service providers directly, rather than paying the applicant.

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Department of Elder Affairs, Emergency Home Energy Assistance for the Elderly Program	
Purpose	This program uses funds from the Department of Community Affairs' Low Income Home Energy Assistance Program, which are provided by grant funds from the U.S. Department of Health and Human Services, to pay utility service providers to prevent disconnection of utility services; purchase items such as blankets, portable heaters and fans; repair existing heating or cooling equipment; or pay utility services re-connection fees for elders.
Description	Local Area Agencies on Aging annually receive these federal funds from the Department of Elder Affairs through the Department of Community Affairs. The local agencies determine whether low-income households, with at least one member age sixty or older, are experiencing a home energy crisis and are eligible for assistance. Households can qualify for assistance once from October through March (Fall/Winter) and once from April through September (Spring/Summer).
Non-financial Eligibility Qualification Requirements	<ul style="list-style-type: none"> ▪ At least one individual living in the household is age sixty or older. ▪ The applicant must document that heating or cooling will be disconnected or has been disconnected due to non-payment of past bills. ▪ The utility service provider must agree to accept the assistance payment as sufficient for past due bills and to cancel plans to disconnect services.
Financial Data Verification Method(s)	<p>The applicant</p> <ul style="list-style-type: none"> ▪ documents income through check stubs, bank statements, or a letter from Social Security, ▪ reports income without providing additional documentation, or ▪ documents receipt of Supplemental Nutrition Assistance Program benefits or Supplemental Security Income.
Time Standards	Federal guidelines require local Area Agencies on Aging to process completed applications within 18 to 48 hours. The 18-hour time standard applies when a service disconnection would result in a life-threatening situation, such as when a household member depends on life-sustaining medical equipment or has been diagnosed with other temperature-sensitive health conditions.
Budget Fiscal Year 2009-10	\$6,609,824
Number Served Fiscal Year 2008-09	3,854 households during the Fall/Winter season and 3,696 households during the Spring/Summer season
Other Information	<p>The Local Area Agencies on Aging</p> <ul style="list-style-type: none"> ▪ accept applications and coordinate with local utility service providers to sustain or reconnect utility services for eligible applicants, ▪ can identify needed repairs to windows, doors, heating or cooling systems, or other energy-related items that could help lower long-term energy costs and refer the applicant to the Weatherization Assistance Program for items to be repaired or replaced, and ▪ ensure a single point of contact for all elder-related programs and services.
Reasons Program Does Not Fit With ESS Business Model	<p>The program</p> <ul style="list-style-type: none"> ▪ does not verify self-reported income, ▪ does not provide monthly payments, ▪ coordinates with large and small utility service providers, ▪ pays utility service providers directly, ▪ needs to respond quickly to ensure that utility services remain connected, and ▪ contributes to state efforts to meet the intent of the federal Older Americans Act by providing a single point of contact for all elder-related programs and services.

¹ TANF funds for this program are included in the Department of Children and Families' larger TANF budget. For comparison purposes, we have provided Fiscal Year 2008-09 expenditures for these programs.

Source: OPPAGA analysis of federal requirements, the *Florida Statutes*, *Florida Administrative Code*, and information provided by the Agency for Workforce Innovation, Department of Children and Families, Department of Community Affairs, and Department of Elder Affairs.