



Committee on Healthy Seniors

**Tuesday, December 11, 2007
8:30 AM - 10:00 AM
24 HOB**

**Marco Rubio
Speaker**

**Hugh Gibson
Chair**



House of Representatives

Committee on Healthy Seniors

AGENDA

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- I. Opening Remarks by Chair Gibson
- II. Introduction of Committee Members and Staff
- III. Introduction of E. Douglas Beach, Ph.D., Secretary, Department of Elder Affairs
- IV. Overview of Aging Resource Center Implementation, Sandi Smith, Department of Elder Affairs
- V. Readiness review of Aging Resource Center Implementation, Deanna Hamilton, Office of Program Policy Analysis & Government Accountability (OPPAGA)
- VI. Overview of Senior Center Capital Grant Improvement, Chuck T. Corley, Department of Elder Affairs
- VII. Closing Remarks by Chair Gibson
- VIII. Adjournment

E. Douglas Beach, Ph.D., Secretary Florida Department of Elder Affairs

On February 13, 2007, Governor Charlie Crist appointed Dr. E. Douglas Beach as the Secretary of the Florida Department of Elder Affairs. Secretary Beach has worked in the aging network for more than 12 years most recently serving as the Chief Executive Officer of the Senior Resource Alliance (Area Agency on Aging of Central Florida, Inc.) a planning, policy and resource agency serving Florida's seniors 60 years of age and older in Brevard, Orange, Osceola, and Seminole Counties.

Secretary Beach was named CEO of the Senior Resource Alliance in September of 1999 and under his leadership, the organization's annual budget rose from \$16 to \$25 million. The Senior Resource Alliance became the first Aging and Disability Resource Center in Florida and has been recognized as one of the Top 10 Information and Referral systems in the nation.

Previously, Secretary Beach also served as the Staff Economist for Congressman David L. Hobson (R-OH). He was responsible for developing, coordinating and implementing the Congressman's activities on the House of Representatives' Budget Committee. Secretary Beach worked with the Congressman to write and introduce major legislation promoting insurance coverage for long-term care. Prior to his work in Washington, D.C., Secretary Beach served as the Deputy Director of Programs at the Ohio Department of Aging (ODA). He was responsible for managing a program budget of more than \$250 million, serving 1.9 million seniors in Ohio.

Secretary Beach is a founding member of the Orange County Commission on Aging and the Brevard County Commission on Aging. He has also served on several other Boards and Commissions, including the Florida Council on Aging; Florida Association of Area Agencies on Aging; Heart of Florida United Way; Mayor of Orlando's Senior Citizen Advisory Council; Orlando Regional Chamber of Commerce; Orange County Parks and Recreation Advisory Board; and the Southern Gerontological Society.

Secretary Beach received a B.A. degree in Biology from Kenyon College, a Master's degree in Agricultural Economics from The Ohio State University and a Doctorate in Economics from North Carolina State University.

Aging Resource Centers: An Overview



Committee on Healthy Seniors
Florida House of Representatives
December 11, 2007



E. Douglas Beach, Ph.D.
Secretary

Charlie Crist
Governor

ARC: What is it?



- A single, coordinated system of information and access for all persons seeking long-term support.
- A locally focused, uniform approach to long-term care information and referral.
- A variety of entry points offering "no wrong door" access to public and private-pay long-term care services.

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History in Florida: 2004



- Three-year grant from Administration on Aging/Centers for Medicare & Medicaid Services to implement three aging and disability resource centers (ADRCs).
- State mandate to transition all area agencies on aging (AAAs) to aging resource centers (ARCs).

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History in Florida: 2005



- Three AAAs selected as ADRC pilot sites
 - Orlando, St. Petersburg, Ft. Lauderdale
 - Implementation from June - September
- Selection met the legislative mandate to designate three ARC pilot sites

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History in Florida



- **2006:** \$3.3M in state funding for statewide implementation of ARCs
- **2007:** \$3M in combined state and Medicaid funding for ARCs
 - September 30: Implementation in Pensacola, Gainesville, Tampa
 - December 31: Implementation in Tallahassee, Jacksonville, Ft. Myers, Palm Beach and Miami

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State Collaboration



- Department of Elder Affairs (DOEA)
- Department of Children and Families (DCF)
 - Economic Self-Sufficiency Services
 - Substance Abuse and Mental Health
 - Adult Services
- Agency for Health Care Administration (AHCA)

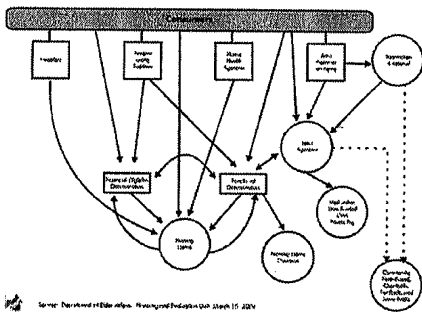
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Statewide Activities

- Negotiated state-level Memoranda of Agreement with DCF
- Developed templates for local Memoranda of Understanding for ARC
- Collaborated with AHCA to use Medicaid match for certain ARC functions



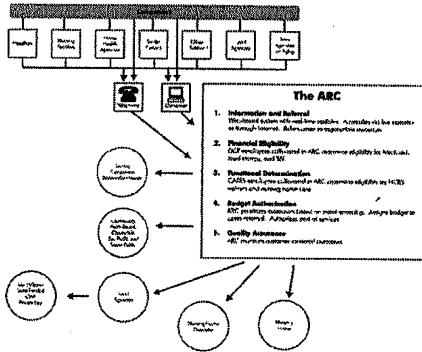
The Current System



Source: National HIE Alliance, "Integrated Health Data: March 15, 2014"



The ARC System



The ARC



- A single unified system entered through multiple access points - "no wrong door"
- Customer-focused, seamless, efficient access for elders and caregivers to:
 - Comprehensive and standardized information and referral for aging and long-term care resources.
 - Streamlined entry to long-term care programs that are appropriate, adequate and cost effective.

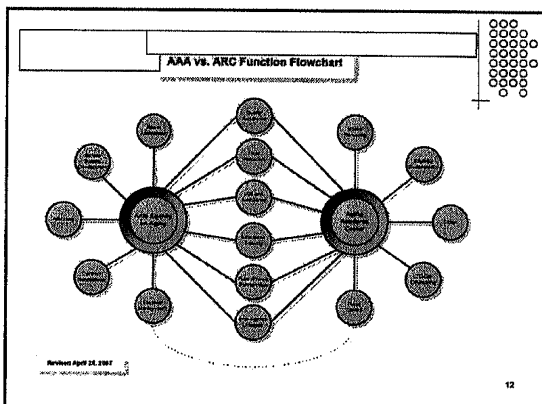
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Key ARC Functions



- Information and Referral
- Screening and Triaging
- Eligibility Determination - collocation of Medicaid eligibility determination staff
- Long-Term Care Options and Choice Counseling
- Fiscal Control
- Quality Assurance

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AAA Observations

- In the past, as direct service providers of the majority of in-home services, lead agencies viewed other service providers as competitors.
- Some lead agencies tended to deliver to consumers only those services they provided.
- Consumers who did not qualify for federal/state programs were only nominally served if at all.

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ARC Model: Benefits

- Minimizes consumer confusion about long-term care options
- Enhances individual choice
- Supports informed decision making

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ARC Model: Benefits

- Reduces service fragmentation.
- Improves fiscal control over public long-term care resources.
- Streamlines eligibility for services
 - Collocation of Medicaid eligibility staff

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Access to ARC

Information & Referral (I&R)
At the ARC or at an Access Point
For: Medicaid

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Eligibility Determination

- Medicaid eligibility determination staff collocated at the ARC.
- Collaboration of two state agencies
 - DCF Economic Self-Sufficiency Services – financial/technical eligibility
 - DOEA CARES – medical/functional eligibility

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Streamlined Access

- Broward County: average processing time for completed Medicaid applications reduced from 60 days to less than two weeks.
- Pasco-Pinellas counties: average Medicaid application processing time reduced from 28 days to six days.

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Operational Time Line



- June 2005 - present: Three ADRCs became fully operational
- September 2007: First Three ARCs began operation
- December 2007: Next Five ARCs begin operation
- April 2008: Eight ARCs to be fully operational

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House Committee on Healthy Seniors

Implementation of the Aging Resource Center Initiative

December 11, 2007

Deanna Hamilton, Senior Legislative Analyst, OPPAGA

Florida Legislature Office of Program Policy Analysis & Government Accountability

Overview

- Statutory Charge
- OPPAGA/Auditor General Role
- Summary of Previous Reports
- Assessment of Current Status
 - Collaborative Implementation Process
 - Benefits Reported to Date
 - Issues to be Resolved

Florida Legislature Office of Program Policy Analysis & Government Accountability

Statutory Charge

- 2004 legislation that created Aging Resource Centers
 - OPPAGA and Auditor General must jointly assess the department's transition process
 - Issued six reports in last three years
 - Working on seventh report

Florida Legislature Office of Program Policy Analysis & Government Accountability

OPPAGA/Auditor General Role

- Review and assess department readiness assessment process and documents
- Attend technical assistance site visits
- Provide department with continuous feedback

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Summary of Previous Reports

- Successful launch in 2004
- Delays occurred mid-way through
- Initiative revived in December 2006

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September 2007 Report

- Department leadership demonstrated a commitment to the initiative
- Improved implementation process
- Aggressively pursuing statewide implementation

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Collaborative Implementation Process

- Department responsive to feedback
- Area agencies visited so far report satisfaction with the transition process
 - Results have been positive
 - Appreciate the detailed, specific feedback
 - Excited about improvements to their local areas

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Benefits Reported to Date

- Improved coordination with
 - DCF and CARES through collocation
 - local providers through the local coalition
- More equitable access to services
- Adopted a statewide Information and Referral system
- Improved waitlist management

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Issues to be Resolved

- Helping area agencies claim more Medicaid dollars
- Completing the statewide Information & Referral system
- Memorandums of Understanding with the Department of Children and Families

Florida Legislature Office of Program Policy Analysis & Government Accountability

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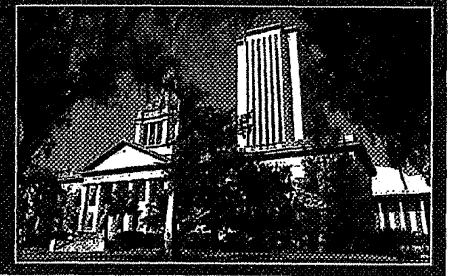
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Office of Program Policy Analysis & Government Accountability
OPPAGA supports the Florida Legislature by providing objective research and objective analyses to promote government accountability and the efficient and effective use of public resources.



An Aggressive Schedule Set to Complete Implementation of Aging Resource Centers

at a glance

The Department of Elder Affairs has established a reasonable readiness assessment process to help the eight remaining area agencies transition to Aging Resource Centers. The department has provided instructions to the area agencies for revising their transition plans, promulgated an administrative rule, and issued a readiness assessment checklist. The department has set an aggressive schedule to accomplish the bulk of the initiative between July and December 2007, and to complete implementation by April 2008. To assist agencies throughout this process, the department and area agencies established several forms of technical assistance.

To successfully implement the initiative, the department needs to establish a framework to enable the area agencies to obtain Medicaid reimbursement for their administrative activities. The department plans to initially pursue reimbursement for area agency employees who spend all of their time on Medicaid-related activities, and then for employees who spend a portion of their time on Medicaid-related activities.

The department and area agencies continue to work on creating a common information and referral data system for the initiative.

Scope

The 2004 Legislature directed OPPAGA and the Auditor General to jointly review and assess the Department of Elder Affairs' process for determining the readiness of area agencies on aging to take on additional responsibilities and become Aging Resource Centers. This is the sixth in a series of reports on implementation of Aging Resource Centers. We issued previous reports in February and August 2005, March and September 2006, and March 2007.¹ Section 430.2053(3), *Florida Statutes*, requires subsequent reports every six months until Aging Resource Centers are implemented statewide.

Background

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

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

¹ *DOEA Has Taken Reasonable Steps to Begin the Aging Resource Center Initiative*, OPPAGA Report No. 05-06, February 2005; *Aging Resource Center Initiative Is Moving Ahead, But Needs Additional Work*, OPPAGA Report No. 05-45, August 2005; *Aging and Disability Pilot Sites Are Making Progress; Future of Other Centers Uncertain*, OPPAGA Report No. 06-20, March 2006; *Aging Resource Center Initiative Has Not Moved Beyond the Pilot Sites*, OPPAGA Report No. 06-62, September 2006; and *Department of Elder Affairs Resumes Transition Activities for Aging Resource Center Initiative*, OPPAGA Report No. 07-20, March 2007.

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

- The department contracts with 11 area agencies on aging, which operate as public or non-profit organizations. These entities plan, fund, and coordinate most programs and services for individuals in their planning and service areas.^{3,4}
- Area agencies on aging designate and contract with lead agencies in each county to provide case management. In some cases, lead agencies serve multiple counties.
- The lead agencies in turn subcontract with over 1,200 local providers for client services, such as homemaking, home health, respite, and personal care; some lead agencies also provide certain elder services directly.

The Agency for Health Care Administration, as the state Medicaid agency, issues certificates of need for nursing homes, regulates nursing homes and hospice care, and operates two managed long-term care programs.

The Department of Children and Families determines financial and technical eligibility for Medicaid-funded nursing home admissions, Medicaid waiver programs, and public assistance programs, such as Medicaid, food stamps, and cash assistance.

The 2004 Legislature created the Aging Resource Center initiative to reduce fragmentation in the elder services delivery system. To provide easier access to elder services, the Legislature directed the Department of Elder Affairs to establish a process to help the 11 area agencies on aging transition to Aging Resource Centers. The initiative aims to accomplish this through a locally focused, coordinated approach that integrates information and referral for all available services, including private-pay services. The legislation requires each of the area agencies to transition to Aging Resource Centers by taking on additional responsibilities, while at the same time maintaining an identity as the local area agency on aging. The department

³ Programs administered by the area agencies on aging include federal Older Americans Act services, Community Care for the Elderly, Home Care for the Elderly, the Alzheimer's Disease Initiative, the Medicaid Aged and Disabled Adult waiver, and the Medicaid Assisted Living for the Frail Elderly waiver.

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

selected three of the 11 area agencies as pilot sites, which began operating in 2005.⁵

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

- increase access to elder services;
- provide more centralized and uniform information and referral;
- increase screening of elders for services;
- improve triaging and prioritizing of elders for services;
- streamline Medicaid eligibility determination;
- improve long-term care options counseling;
- enhance fiscal control and management of programs; and
- increase quality assurance.^{6,7}

Funding for the Aging Resource Center initiative is provided by state and federal funds. For Fiscal Year 2006-07, the Legislature appropriated \$3.3 million in general revenue funds (\$3 million in non-recurring funds and \$300,000 in recurring funds) for statewide implementation of the Aging Resource Center initiative. As shown in Exhibit 1, the department provided most of the \$3.3 million to the area agencies.

For Fiscal Year 2007-08, the Legislature appropriated an additional \$3 million in recurring funding to support the Aging Resource Centers. Approximately half of the appropriation (\$1.65 million) is federal Medicaid funding from the Operations and Maintenance trust fund, while the remaining \$1.35 million is general revenue. To obtain Medicaid funding for this purpose, the state must provide a match in state funds. Therefore, in order to receive the full appropriation, the area agencies must use all state recurring funds appropriated for Aging Resource Centers on Medicaid-related activities.

⁵ The department selected the area agencies in Orlando, Broward County, and Pasco-Pinellas counties as the pilot sites.

⁶ Over time, the department refined its original list of primary functions by separating some of the functions into additional components, which expanded the number of functions from five to eight. The three additional functions are fiscal control, triage, and long-term care options counseling.

⁷ For a more detailed discussion on the functions and intended benefits of Aging Resource Centers, see OPPAGA Report Nos. 05-06, 05-45, and 06-20.

Exhibit 1

The Department Distributed Most Aging Resource Center Funding to the Area Agencies on Aging in Fiscal Year 2006-07

Entity	Amount Distributed
PSA 1 (Pensacola)	\$ 260,000
PSA 2 (Tallahassee)	254,000
PSA 3 (Gainesville)	260,000
PSA 4 (Jacksonville)	260,000
PSA 5 (St. Petersburg)	300,000
PSA 6 (Tampa)	260,000
PSA 7 (Orlando)	356,400
PSA 8 (Fort Myers)	300,000
PSA 9 (West Palm Beach)	305,374
PSA 10 (Fort Lauderdale)	377,782
PSA 11 (Miami)	295,000
Total Distributed to the Area Agencies	\$ 3,228,556
Retained by the Department of Elder Affairs ¹	71,444
Total Funding	\$ 3,300,000

¹The department used these funds for technical assistance (site visits and a statewide meeting) and media activities (newspaper and radio ads, a brochure, and a presentation explaining the Aging Resource Center initiative).

Source: Department of Elder Affairs.

In June 2007, the department applied for a \$200,000 federal grant to fund improvements to information technology systems used to support Aging Resource Center functions.

The three pilot sites also function as Aging and Disability Resource Centers to fulfill the requirements of a federal grant. Prior to Fiscal Year 2006-07, the department used a federal grant for Aging and Disability Resource Centers, which served as the primary source of funding for the initiative. The department used this three-year \$800,000 grant to implement three Aging and Disability Resource Center pilot sites. These pilot sites perform a dual role; in addition to providing the eight primary Aging Resource Center functions, the pilot sites also provide information and referral services to adults who are 18 years and older with severe and persistent mental illness.^{8, 9}

⁸ The three pilot sites each received state general revenue funding in addition to these federal funds. The pilot sites each received \$100,000 in Fiscal Year 2004-05 and \$20,000 in Fiscal Year 2005-06. In Fiscal Year 2006-07, the St. Petersburg pilot received \$300,000, the Orlando pilot received \$356,400, and the Fort Lauderdale pilot received \$377,782 in state general revenue.

⁹ The department also received a two-year \$85,000 supplemental grant in September 2006, and awarded these funds to the pilot sites in Pasco-Pinellas and Broward counties.

Current Status

The three pilot sites have continued to expand their services, and the department has established a reasonable readiness assessment process to help the remaining eight area agencies become Aging Resource Centers. Although the department plans to implement the initiative by April 2008, full implementation may hinge on the department's ability to establish a framework to obtain Medicaid reimbursement for Aging Resource Center administrative activities. The department and area agencies continue to work on creating a common information and referral data system.

The three pilot centers continue to improve their operations as Aging and Disability Resource Centers

The Pasco-Pinellas center began operations on August 1, 2005. The center is expanding the number of sites at which seniors can access the elder service network. In January 2007, the Sunshine Center in St. Petersburg began providing information and referral services for the Aging and Disability Resource Center. Administrators plan to implement a second access point at the Gulfport Senior Center.

The Broward center began operations in September 2005. Center managers report making changes in client screening techniques that have enabled them to decrease the waitlist for Community Care for the Elderly services from 641 persons in February 2007 to 325 persons in June 2007. Staff who screen elders and assign priority scores now explain to clients with low priority scores that they are unlikely to obtain state-funded services unless their situation worsens. As a result, clients with low priority scores generally re-evaluate their needs and pursue private-pay or other local services. The center's wait list now consists of a greater proportion of high priority score clients, which gives staff a better idea of which persons are in the greatest need when services become available.

The Orlando center began operations in June 2005 and is currently operating under a transition plan and work plan it submitted to the department in November 2006 and February 2007, respectively.

In accordance with these plans, the Orlando center has implemented several changes such as centralizing its screening and intake functions. In January 2007, the area agency opened a satellite office in Brevard County, with three area agency staff to provide information and referral, intake, screening, triage, eligibility determination, and options counseling. This satellite office is virtually co-located with the department's Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program and the Department of Children and Families Economic Self Sufficiency program.¹⁰

The department has established a reasonable readiness assessment process and plans to fully implement the initiative by April 2008

As noted in our March 2007 report, the department resumed the Aging Resource Center initiative in December 2006 after a one-year hiatus. At that time, the department introduced a three-phase framework for transitioning the remaining area agencies to Aging Resource Centers. In February 2007, the department executed contracts with the area agencies for Fiscal Year 2006-07 funding. The agencies used these funds on transition-related expenses such as phone systems, office space renovations to prepare for collocation, and consultants to facilitate workgroup meetings.

As we recommended, the department has prioritized the Aging Resource Center initiative and provided the support needed to move it forward. The department has accomplished this through issuing three types of guidance documents, establishing a transition schedule, and providing technical assistance to the area agencies.

The department issued guidance documents to help area agencies transition to Aging Resource Centers. Between March and May 2007, the department provided instructions for the area agencies' transition plans, promulgated an Aging Resource Center rule, and issued a readiness assessment checklist.

¹⁰ Virtually co-located means that the area agency, CARES, and Economic Self-Sufficiency staff perform center functions while operating from more than one location in the planning and service area. The performance of center functions in this organizational structure is facilitated through the use of technology, such as shared computer access, facsimile machines and teleconferencing, as well as frequent face-to-face contact.

The department provided transition plan instructions to the area agencies in March 2007. The instructions include a list of issues area agencies must address when developing their proposals for transitioning to Aging Resource Centers. For example, the instructions require area agencies to describe the roles of staff and key partners in performing Aging Resource Center functions, plans for outsourcing services, and training plans for area agency staff and local partners. The area agencies submitted revised transition plans to the department in May and June 2007.¹¹ Department staff reviewed the plans in July and August to ensure that the proposals meet the standards established in the rule and the agencies' contracts with the department.

The department promulgated an administrative rule governing Aging Resource Centers in April 2007. The rule addresses the following topics:

- definitions,
- operating procedures,
- monitoring and sanctioning standards for access points,
- oversight standards for the Aging Resource Center governing body, and
- outcome measures and quality assurance standards.

Area agency managers told us that they are satisfied that the rule provides sufficient guidance to implement the initiative. For example, two agencies reported that the position descriptions provided in the operating procedures section were helpful in drafting documents required for the transition process.

The department also issued a readiness assessment checklist in May 2007 that contains benchmarks to guide the transition and evaluate agency progress toward functioning as an Aging Resource Center. As we had recommended, the checklist contains elements for evaluating whether the area agencies are ready to implement the eight Aging Resource Center functions. Checklist benchmarks include

¹¹ The 11 area agencies first submitted proposals to become Aging Resource Centers/Aging and Disability Resource Centers to the department in December 2004. Those not selected as Aging and Disability Resource Centers resubmitted their plans to the department in June 2005. The department revised the transition plan requirements in March 2007 and asked the eight area agencies that were not selected as pilot sites to resubmit their plans.

updating personnel policies and procedures, forming new partnerships with public and private support systems for elders, and taking steps to prevent conflicts of interest and inappropriate self-referrals by entities to which agencies have outsourced Aging Resource Center functions.¹²

The three guidance documents provide a standardized approach to the department's oversight of the transition process. Using the checklist benchmarks and definitions of Aging Resource Center functions in the rule, the department will evaluate whether each area agency's implementation of the Aging Resource Center model is consistent with its approved transition plan.

The department has established a transition schedule in which the eight area agencies will accomplish the bulk of the initiative between July and December 2007, with full implementation expected by April 2008. The department's transition schedule establishes timeframes for the various area agencies to be designated as Aging Resource Centers and begin taking on the

associated responsibilities. The schedule also sets timeframes for site visits to those agencies, and when these agencies need to finish making changes needed to fully achieve the readiness assessment benchmarks. The steps in the department's readiness assessment and transition schedule are summarized in Exhibit 2.

The department designated the Gainesville, Tampa, and Pensacola area agencies as Aging Resource Centers in July 2007. The department selected these area agencies based on the completeness of their transition plans and their willingness to be in the first transition group. During July and August, the department conducted site visits at Gainesville, Tampa, and Pensacola to assess progress in achieving benchmarks. The department has set a goal of September 30, 2007, for these three area agencies to have fully or partially achieved the benchmarks.¹³

¹² Self-referral occurs when a lead agency that directly provides services refers clients to its own program and services. The availability of funding can create a disincentive for some lead agencies to refer elders to other programs and providers.

¹³ An area agency may request an exception from the department if the agency can justify why it is unable to fully meet a benchmark. For example, the department may permit an area agency to not have finished establishing a memorandum of understanding with the Department of Children and Families (DCF) Office of Economic Self-Sufficiency if the DCF statewide reorganization delays this from being accomplished.

Exhibit 2

The Department Plans to Complete the Aging Resource Center Transition Process by April 2008

Activity	Actual or Planned Date	Status
Issue transition plan instructions to the area agencies.	March 5, 2007	Completed
Promulgate Aging Resource Center rule.	April 16, 2007	Completed
Issue readiness assessment checklist.	May 18, 2007	Completed
Area agencies submit revised transition plans.	May and June 2007	Completed
Initial group of agencies (Gainesville, Tampa, and Pensacola area agencies) designated as Aging Resource Centers and begin taking on functions.	July 2007	Completed
Conduct site visits at the Gainesville, Tampa, and Pensacola area agencies.	July and August 2007	Completed
Gainesville, Tampa, and Pensacola area agencies fully or partially meet the benchmarks.	September 30, 2007	Pending
Remaining area agencies, Miami, Palm Beach, Fort Myers, Jacksonville, and Tallahassee, designated as Aging Resource Centers and begin taking on functions.	October 2007	Pending
Conduct site visits at the Miami, Palm Beach, Fort Myers, Jacksonville, and Tallahassee area agencies.	October through December 2007	Pending
Miami, Palm Beach, Fort Myers, Jacksonville, and Tallahassee area agencies fully or partially meet the benchmarks.	December 31, 2007	Pending
Conduct additional technical assistance and readiness assessment activities to evaluate the agencies' progress toward implementing the Aging Resource Center functions and help them address any benchmarks they have not yet fully achieved.	January to April 2008	Pending
Area agencies to have fully achieved all of the benchmarks in the readiness assessment checklist, and thus Aging Resource Centers are fully implemented statewide.	April 2008	Pending

Source: Department of Elder Affairs.

The department plans to designate the five remaining areas—Miami, Palm Beach, Fort Myers, Jacksonville, and Tallahassee—as Aging Resource Centers in October 2007. The department will conduct site visits to these area agencies during October through December, with a December 31, 2007, goal for them to have fully or partially achieved the benchmarks.

The department's goal is that the Aging Resource Centers will meet all of the benchmarks by April 2008. To accomplish this, the department plans to conduct further technical assistance and readiness assessment activities, including additional site visits, to evaluate the centers' progress toward implementing the eight functions and other transition activities. The department also will provide assistance as needed on any benchmark items the area agencies have not yet fully achieved.

The department has adequately addressed the area agencies' needs for technical assistance. In addition to site visits, the department and area agencies have established several forms of technical assistance to help area agencies successfully undergo the transition process. Department technical assistance included conference calls on the first Friday of each month, a statewide meeting in June, and individual communication between area agency administrators and the department's contract management staff who oversee each area's transition process. The department also plans to host quarterly meetings with the area agencies to discuss issues related to Aging Resource Center operations. Although the department did not implement our recommendation to provide a list of frequently asked questions and answers on its intranet website, the department has met the intent of our recommendation by providing frequent opportunities for statewide discussion through its conference calls and meetings.¹⁴

The area agencies have also provided technical assistance to one another through meetings, conference calls, a blog, and site visits to the three original pilot centers. The area agencies also formed workgroups to collaborate on developing statewide measures to track the timeliness of eligibility determination, standardizing statewide data collection for information and referral systems, and establishing statewide marketing tools.

Area agency officials reported that they are pleased with the department technical assistance and indicate that it has met their needs. The area agencies also noted a marked improvement in communication with the department in recent months. For example, when the department has noted deficiencies in an area's revised transition plan, it has also provided guidance on how to correct the sections of concern. Area agency managers also report that the department has been responsive to individual requests for assistance.

To successfully implement Aging Resource Centers, the department must establish a framework for obtaining Medicaid reimbursement for administrative activities

The Fiscal Year 2007-08 appropriation for Aging Resource Centers consisted of \$1.65 million in federal Medicaid dollars from the Operations and Maintenance Trust Fund and \$1.35 million in state general revenue. The department's base budget already included \$300,000 in recurring general revenue for Aging Resource Center implementation, which the department distributed to six area agencies at the beginning of Fiscal Year 2007-08.

In order to receive all of the funds appropriated by the Legislature, the department must establish a framework to help area agencies obtain Medicaid funding for Aging Resource Center activities. The department contracted with a consultant to assist in obtaining Medicaid funds and plans to pursue reimbursement for these funds in stages. However, the department may not be able to obtain Medicaid reimbursement to match the \$300,000 in general revenue it distributed to area agencies at the beginning of the fiscal year.

In June 2007, the department contracted with a consultant to assist in obtaining Medicaid funding. The consultant will help the department determine what administrative activities are reimbursable, establish a method for tracking these activities, and develop reporting forms the area agencies will use to submit bills for Medicaid reimbursement.

¹⁴ OPPAGA Report No. 05-45, August 2005.

The department plans to pursue Medicaid reimbursement for administrative services in stages. In the first stage, the department will seek Medicaid reimbursement for area agency employees that spend all of their time on Medicaid-related activities. Although the department currently has an interagency agreement for Medicaid funding with the Agency for Health Care Administration, this agreement covers only Medicaid Waiver specialists who spend 100% of their time on Medicaid-related activities. The department has identified other area agency employees who also spend all of their time on Medicaid-related activities, such as screeners and benefits counselors. To gain approval to bill Medicaid for these employees, the department plans to either amend the current interagency agreement for Medicaid Waiver specialists or create a new interagency agreement to cover these employees by September 30, 2007. Because this interagency agreement will not provide Medicaid reimbursement for functions outsourced to area agency subcontractors, two area agencies decided to revise their transition plans to eliminate outsourcing of screening activities.

In the second stage, the department will seek Medicaid reimbursement for area agency employees who spend a portion, but not all, of their time on Medicaid-related activities. The department's consultant will help choose a method for calculating a reimbursement rate for these employees. Department managers are considering methods such as calculating the percentage of a planning and service area's population that is Medicaid-eligible and then applying this percentage to an employee's time, time studies, or recording calls to the elder helpline to determine the number that are Medicaid-related. Once selected, the department will seek approval for the methodology from the regional office for the federal Centers for Medicare and Medicaid Services. The department will then enter into another interagency agreement with the Agency for Health Care Administration.¹⁵

¹⁵ Department administrators are discussing plans for pursuing additional Medicaid funding in the future, such as reimbursement for area agency administrative staff and staff who work for area agency subcontractors.

The department may not be able to use all of the Medicaid funds the Legislature appropriated for Fiscal Year 2007-08. In order to obtain all of the \$1.65 million in federal Medicaid funds, the department needs to spend an equal amount of state funds on Medicaid-related activities.¹⁶ Because the department used the \$300,000 in recurring funds it had available in its base budget to continue implementation of Aging Resource Centers during the first quarter of Fiscal Year 2007-08, it will not be able to use these funds as state match to justify Medicaid reimbursement.^{17,18} Department managers reported that they needed to distribute these funds in July 2007 to avoid delays in implementation while they develop a framework to obtain Medicaid reimbursement. Unless the department can identify \$300,000 from another state source, the amount of federal funding Aging Resource Centers can pursue for Medicaid-related activities will be reduced from \$1.65 million to \$1.35 million. Thus, the total appropriations available for Aging Resource Centers in Fiscal Year 2007-08 would be \$3 million (\$2.7 million for Medicaid-related activities and \$300,000 in general revenue used for other implementation activities).

The department and area agencies are making changes to implement a common information and referral data system

As discussed in our prior reports, the department purchased a data system in 2005 for the pilot centers to use for their information and referral activities. The department planned for all the area agencies across the state to eventually use this system. However, the system had several weaknesses and the department discontinued its use in March 2007. Since this time, the pilot centers and the other area agencies have used their previous information and referral data systems,

¹⁶ In order to receive reimbursement for administrative services, Medicaid rules require an equal match in state funds.

¹⁷ The department distributed the \$300,000 in recurring general revenue provided by the 2006 Legislature, plus an additional \$30,000 from reserve funds, to the pilot centers and the Gainesville, Pensacola, and Tampa area agencies. The pilot centers received \$75,000 each and the Gainesville, Pensacola, and Tampa area agencies received \$35,000 each.

¹⁸ The 2006 Legislature appropriated \$3 million in non-recurring general revenue and \$300,000 in recurring general revenue for Aging Resource Centers.

many of which are unique to the various area agencies and cannot readily share information.

In June 2007, area agency administrators agreed to adopt a common information and referral software program to promote a more consistent approach to information and referral services and data collection, as well as enable them to share client and services information in the event of a natural disaster. The department has applied for a federal grant to provide additional enhancements to the information and referral system.

Area agencies are at various stages of changing over to the use of a common information and referral data system. The area agencies agreed to all adopt the same web-based version of Refer, an information and referral software program. The Miami and Orlando area agencies currently use Refer. These agencies used a portion of their Fiscal Year 2006-07 general revenue funding to upgrade the Refer software to the same version the other area agencies purchased.

The other nine area agencies purchased the software with their Fiscal Year 2006-07 general revenue appropriation and are in the process of installing the software. These agencies will need to transfer data in their current information and referral systems into Refer and perform checks to ensure data accuracy. Before these agencies can use Refer, they will need to agree to a uniform method of collecting the data and then train their staff and providers on the new system.

In June 2007, the department applied for a federal grant to enhance the information and referral data system. The department plans to use this grant to develop an interface between local areas' information and referral systems and the department's Client Information Registration and Tracking System (CIRTS) data system during federal Fiscal Year 2007-08.¹⁹ The interface would allow area agencies to directly enter data on referrals into CIRTS, and thus reduce the need for area agencies to make duplicative data entry between the two systems.

If awarded the grant, the department also plans to use some of this funding to automate the revised 701A screening tool in CIRTS. This screening tool includes psychosocial, medical, and financial questions used to determine a client's eligibility for services.²⁰ By automating this tool, the department will help providers and state agency partners better share information on client need and eligibility for services.

The department expects to learn whether it received the grant in September 2007. If it does not receive the grant, the department still plans to develop the systems interface and automate the revised screening tool, but it may need to extend the timeframe for accomplishing these tasks.

Agency Response

In accordance with the provisions of s. 11.51(5), *Florida Statutes*, a draft of our report was submitted to the Secretary of the Department of Elder Affairs to review and respond. The Secretary expressed appreciation for the chance to review the draft report and did not make further comment.

The Secretary's written response has not been reproduced herein, but can be viewed in its entirety on OPPAGA's website.

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¹⁹ Area agencies on aging and elder services providers use CIRTS for reporting and billing purposes.

²⁰ The department revised the screening tool in October 2005, but has not yet required the area agencies to use the revised tool.