



All But One Aging Resource Center Is Fully Implemented

at a glance

As of August 2008, the department completed Aging Resource Center implementation at 10 of the 11 area agencies on aging, and is in the final stages of approving the last center. The Department of Elder Affairs continues to provide technical assistance to the centers, primarily through conference calls, quarterly meetings, and its contract management staff.

The department and centers are working on three enhancements to the elder services system. These are making their information and referral data system more publically accessible and compatible with the department's data systems; taking a more active role with the Nursing Home Diversion Program; and working with the Department of Children and Families to develop a method for obtaining signatures from clients who provide Medicaid application information to the centers over the phone.

The centers spent \$2.2 million of the \$3.3 million available during Fiscal Year 2007-08. The department continues to pursue federal approval for a method to maximize available funding.

The department and the Aging Resource Centers need to give priority to developing a standard measure for evaluating the centers' performance in streamlining Medicaid eligibility determination for seniors.

Scope

The 2004 Legislature directed OPPAGA and the Auditor General to jointly review and assess the Department of Elder Affairs' process for determining the readiness of area agencies on aging to become Aging Resource Centers. This is the eighth in a series of reports on Aging Resource Center implementation. We issued previous reports in February and August 2005, March and September 2006, March and September 2007, and March 2008.¹

Background

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

The Department of Elder Affairs has the primary state responsibility for services to elders. The department also determines functional eligibility for Medicaid nursing home admissions and waiver programs through its Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program.

¹ *DOEA Has Taken Reasonable Steps to Begin the Aging Resource Center Initiative*, [OPPAGA Report No. 05-06](#), February 2005; *Aging Resource Center Initiative Is Moving Ahead, But Needs Additional Work*, [OPPAGA Report No. 05-45](#), August 2005; *Aging and Disability Pilot Sites Are Making Progress; Future of Other Centers Uncertain*, [OPPAGA Report No. 06-20](#), March 2006; *Aging Resource Center Initiative Has Not Moved Beyond the Pilot Sites*, [OPPAGA Report No. 06-62](#), September 2006; *Department of Elder Affairs Resumes Transition Activities for Aging Resource Center Initiative*, [OPPAGA Report No. 07-20](#), March 2007; *An Aggressive Schedule Set to Complete Implementation of Aging Resource Centers*, [OPPAGA Report No. 07-38](#), September 2007; and *Statewide Implementation of Aging Resource Center Initiative Is Substantially Complete*, [OPPAGA Report No. 08-14](#), March 2008.

The department delivers most of its services to elders through contracts with local agencies.²

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

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

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

The 2004 Legislature created the Aging Resource Center initiative to reduce fragmentation in the elder services delivery system. To provide easier access to elder services, the Legislature directed the Department of Elder Affairs to establish a process to help the 11 area agencies on aging transition to Aging Resource Centers. The initiative aims to provide locally focused, coordinated information and referral for all

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

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

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

available services, including private-pay services. The legislation requires each of the area agencies to transition to Aging Resource Centers by taking on additional responsibilities, while at the same time maintaining an identity as the local area agency on aging. The department selected 3 of the 11 area agencies as pilot sites, which began operating in 2005.⁵ The remaining area agencies on aging were then scheduled for transition to Aging Resource Centers.

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

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

Current Status

The department has completed Aging Resource Center implementation at 10 of the 11 area agencies on aging, and is in the final stages of approving the last center. The department and the centers are working on enhancements to improve the delivery of services to elders. The centers spent \$2.2 million of the \$3.3 million available during Fiscal Year 2007-08, and the department continues to pursue federal approval for a method to better maximize available funding. The department and the

⁵ The department selected the area agencies in Orlando, Pasco-Pinellas counties, and Broward County as the pilot sites, which began operating as Aging Resource Centers in June, August, and September of 2005, respectively.

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

Aging Resource Centers need to give more priority to developing a standard measure for evaluating the centers' performance in streamlining Medicaid eligibility determination for seniors.

The department has given final approval to 10 of the 11 Aging Resource Centers

The department completed all site visits and is in the final stages of approving the last center.

As discussed in our prior reports, the department initially selected three area agencies on aging to operate as Aging Resource Center/Aging and Disability Resource Center pilot sites in 2005. In December 2006, the department began a process for helping the remaining eight area agencies become Aging Resource Centers.⁷ Using this process, the department designated the eight remaining area agencies as Aging Resource Centers between July and September 2007 (see Exhibit 1).⁸ Once designated, each area agency gradually began taking on the Aging Resource Center functions.

The department conducted a series of technical assistance site visits to the centers between July and December 2007 to assess their progress in beginning to operate as Aging Resource Centers. During these visits, the department used a readiness assessment checklist to evaluate each area agency's readiness to fully function as an Aging Resource Center.

To finish the transition process, the department conducted operational reviews, including site visits, to determine whether each area agency had fully implemented all Aging Resource Center functions. During these reviews, the department used its readiness assessment checklist to evaluate progress in meeting the department's expectations for the Aging Resource Centers. The reviews typically involved interviewing key staff, observing Aging Resource Center activities, and reviewing documentation. In March 2008, the department completed its last operational review site visits.

At the conclusion of each site visit, department staff held a meeting with the area agency to review their progress. During this meeting, department staff listed the remaining checklist items needed for completing the Aging Resource Center transition process. After the visit, the department sent each agency a report summarizing the visit and setting deadlines for completing the final transition requirements.

As the last step in the transition process, the department provided each area agency a letter declaring its approval as a fully transitioned Aging Resource Center. This occurred once the center submitted documentation for any remaining checklist items, and the department determined that the information met its requirements.

As of August 2008, the department had provided its final approval to 10 of the 11 Aging Resource Centers. The department is working with the remaining center in West Palm Beach to obtain documentation of its referral agreements with local community service organizations and policies and procedures, as required in the readiness assessment checklist. Department administrators do not yet have an estimated timeframe for the final approval of this center because the center has not finished these documents. As shown in Exhibit 1, the department has sent final approval letters to the other Aging Resource Centers.

The department continues to provide technical assistance to the Aging Resource Centers.

Each month, the department hosts conference calls with the centers to answer questions, inform the centers about any new department initiatives or other changes that may affect them, and discuss any other relevant issues. Department contract managers also provide informal technical assistance by phone and email. On a quarterly basis, the department hosts meetings around the state with Aging Resource Center administrators to discuss best practices and provide guidance.

⁷ For information on the former and revised approaches the department used to implement Aging Resource Centers, see OPPAGA Report Nos. [05-06](#), [05-45](#), [06-20](#), [06-62](#), and [07-20](#).

⁸ For more information, see OPPAGA Report Nos. [07-38](#) and [08-14](#).

Exhibit 1

All But One Aging Resource Center Has Received Final Department Approval for Full Implementation

Planning and Service Areas ¹	Designation	Technical Assistance Site Visit	Operational Review Site Visit	Department of Elder Affairs' Final Approval
1 Pensacola	July 2007	August 2007	December 2007	March 2008
2 Tallahassee	September 2007	October 2007	February 2008	August 2008
3 Gainesville	July 2007	July 2007	January 2008	July 2008
4 Jacksonville	September 2007	November 2007	March 2008	April 2008
6 Tampa	July 2007	August 2007	January 2008	March 2008
8 Fort Myers	September 2007	November 2007	March 2008	August 2008
9 West Palm Beach	September 2007	December 2007	February 2008	To be determined
11 Miami	September 2007	December 2007	March 2008	July 2008

¹ The department selected the remaining area agencies in Orlando, Pasco-Pinellas counties, and Broward County as the pilot sites, which began operating as Aging Resource Centers in June, August, and September of 2005, respectively.
 Source: OPPAGA analysis of Department of Elder Affairs' documents.

Center managers continue to express satisfaction with the department's technical assistance. During the monthly conference calls, center managers have the opportunity to discuss issues currently affecting their operations. At the quarterly meetings, the managers learn best practices from one another.

The department and Aging Resource Centers are planning to further enhance the elder services system

The department and the Aging Resource Centers are working on three changes to strengthen the elder services system:

- making the information and referral data system publically accessible and compatible with the department's data system,
- taking a more active role with the Nursing Home Diversion Program, and
- working with the Department of Children and Families to develop a method for obtaining signatures from clients who provide Medicaid application information to the centers over the phone.

First, the Aging Resource Centers continue to expand their use of the information and referral data system and are working on making the information in the system publically accessible and compatible with the department's data system. As discussed in our March 2008 report,

all of the Aging Resource Centers agreed to purchase the same information and referral software, called Refer.⁹ Nine of the 11 centers now use the system to record both caller and resource information.¹⁰ The centers also have begun to develop a search engine to make elder services information available to the public, which center administrators expect to implement in Fiscal Year 2009-10. Also, the department contracted with the company that owns the Refer software to develop an interface between Refer and the department's Client Information and Registration Tracking System.¹¹

Second, department administrators are considering giving the Aging Resource Centers a more active role in helping seniors access the Nursing Home Diversion program.¹²

⁹ West Palm Beach uses the local 211 information and referral service as the elder helpline, which did not agree to adopt the Refer system. However, the West Palm Beach Aging Resource Center will take over this responsibility effective January 1, 2009. The Aging Resource Center intake specialists currently use Refer for their database of service providers and to track caller information. The center plans to use Refer for information and referral once it takes over these responsibilities from 211.

¹⁰ The Pensacola area agency currently uses the system to record caller information, but uses another data system for the resource information. The Fort Lauderdale area agency has experienced implementation delays because it formerly used a paper system, but expects to begin using Refer on September 15, 2008.

¹¹ The Aging Resource Centers use the Client Information and Registration Tracking system for recording and billing purposes.

¹² The Legislature created the Long-Term Care Community Diversion Pilot Program, commonly known as the Nursing Home Diversion Program, in 1998. Nursing Home Diversion services are provided through managed care entities under contract with

Historically, the Nursing Home Diversion program's application process differed from other long-term care Medicaid waiver programs, with the area agencies and lead agencies referring people interested in the program to the local Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program.¹³ CARES completes the medical eligibility determination and refers applicants to the Department of Children and Families for financial eligibility determination.¹⁴ When the eligibility determination processes are complete, CARES assists eligible seniors with enrolling in the Nursing Home Diversion program. The department and Aging Resource Centers are discussing how to give the centers more involvement in helping seniors navigate the eligibility determination and enrollment processes, such as helping them gather the paperwork necessary for medical and financial eligibility determination and serving as a central point of contact for questions.¹⁵ This will provide seniors with a more uniform process for accessing all waiver programs.

Finally, the department is working with the Department of Children and Families to develop a method for obtaining the signatures of clients who want to apply for Medicaid over the phone. As part of their role to increase access to services, the centers are community partners with the Economic Self-Sufficiency program to help clients obtain Medicaid benefits.¹⁶ The centers regularly receive phone calls from frail elders who are unable to travel to the center and do not have access to a computer to apply for Medicaid on-line. In a recent OPPAGA report on the Economic Self-Sufficiency program, we noted that the application process can be particularly difficult for elders who do not know how to use computers and do not have family or advocates to help them.¹⁷ When receiving a call from an elder in this situation, some of the centers take the application information over the phone. However, federal regulations do not allow someone other than the individual applying for benefits to sign the application. Further, the Department of Children and Families cannot process the application until it has obtained a signature from the applicant or his or her designated representative.¹⁸

To address this problem, the Department of Children and Families is considering developing alternative methods to obtain an applicant's signature. One potential approach would be to have the online Medicaid application system generate a letter to the client to obtain the client's signature in order to finalize the application. A second approach would be for the centers to refer clients to Department of Children and Families community partners to complete the application. Community partners help clients submit applications for Medicaid at approved locations, such as senior centers, libraries, and selected health care providers.

the department that provide and coordinate virtually all services that an individual may need.

¹³ The state's Medicaid waiver for the program designated the CARES Program as the entity responsible for providing applicants with choice counseling, medical eligibility determination, and assistance with enrollment. During choice counseling, CARES staff explain the different waiver programs and providers, help applicants understand the concept of managed care, and discuss the enrollment process. For more information about CARES and its responsibilities, see *Several Factors Can Delay Eligibility Determination for Medicaid Long-term Care*, [OPPAGA Report No 07-12](#), February 2007.

¹⁴ For more information about the financial eligibility determination process, see *ACCESS Improved Productivity; Additional Refinements Would Better Manage Workload*, [OPPAGA Report No. 08-13](#), March 2008.

¹⁵ CARES would remain responsible for determining medical eligibility and the Department of Children and Families would remain responsible for determining financial eligibility. The Department of Elder Affairs would maintain administrative control of the program.

¹⁶ The Economic Self-Sufficiency program recruited approximately 3,500 community partners around the state to ensure that clients could submit an application from a number of different community locations.

¹⁷ For more information, see [OPPAGA Report No. 08-13](#).

¹⁸ A designated representative is either someone who is self-designated or has been designated by the individual applying for or receiving assistance to act on the individual's behalf in the application/eligibility review process.

The department and Aging Resource Centers continue to develop a method to claim all available Medicaid funding

The department and the Aging Resource Centers were not able to use all appropriated funds during Fiscal Year 2007-08. The \$3.3 million in annual recurring funding for Aging Resource Centers comprises \$1.65 million in federal Medicaid funding and \$1.65 million in state general revenue to be used as matching funds for Medicaid. During Fiscal Year 2007-08, the centers used \$1.3 of the \$3.3 million to support 40 staff positions that spend all of their time on Medicaid-related activities, and \$881,228 to support general Aging Resource Center operations.¹⁹ As shown in Exhibit 2, the department left \$1.1 million unspent during Fiscal Year 2007-08.²⁰ According to department administrators, the remaining funds were not expended due to hiring delays, hiring staff below the anticipated salary, and the lack of a method to claim federal funds to cover costs for

positions that spend a portion of their time on Medicaid activities.²¹

To prepare for Fiscal Year 2008-09, the department allowed the centers to request funding for additional positions that spend all of their time on Medicaid-related activities. To justify these positions, the centers conducted time and workload studies. As a result, the department increased the number of Medicaid-funded Aging Resource Center positions from 40 to 55 positions in Fiscal Year 2008-09.

The department and centers continue to work on obtaining federal funding for positions that spend a portion of their time on Medicaid activities (termed “proportional” Medicaid positions). In order to claim Medicaid funds, the department and centers must develop a method for calculating the federal reimbursement rate. The Agency for Health Care Administration must agree to the method and then submit the method to the federal Centers for Medicare and Medicaid Services for approval. The department plans to hire a consultant to assist with this process, but it does not have an estimated timeframe for submitting this proposal to the federal Centers for Medicare and Medicaid Services.

¹⁹ The centers use these positions to conduct Medicaid-related activities to screen elders for services and assist with eligibility determination. When they became Aging Resource Centers, the area agencies took over these responsibilities from the lead agencies.

²⁰ Of the \$1.1 million left unspent during Fiscal Year 2007-08, \$108,483 consisted of general revenue funds.

²¹ For more information on department efforts to use all available recurring funding for Aging Resource Centers, see OPPAGA Report No. [08-14](#).

**Exhibit 2
The Aging Resource Centers Spent \$2.2 Million of the \$3.3 Million Available for Fiscal Year 2007-08**

Planning and Service Areas	Number of Positions	Aging Resource Center Medicaid Expenditures	Additional General Revenue Expenditures	Total
1 Pensacola	3	\$ 74,803	\$ 81,057	\$ 155,859
2 Tallahassee	3	98,681	9,907	108,587
3 Gainesville	4	111,610	60,000	171,610
4 Jacksonville	4	142,017	29,071	171,088
5 St. Petersburg	3	127,466	229,581	357,047
6 Tampa	4	128,408	60,000	188,408
7 Orlando	3	106,712	164,464	271,176
8 Fort Myers	3	108,223	42,300	150,523
9 West Palm Beach	4	150,429	25,000	175,429
10 Fort Lauderdale	4	140,605	157,630	298,235
11 Miami	5	131,623	22,219	153,842
Total	40	\$1,320,577	\$881,228	\$2,201,805
Unspent Aging Resource Center funds				1,098,195
Total				\$3,300,000

Note: Columns may not add due to rounding.
Source: Department of Elder Affairs.

The Aging Resource Centers need a standard measure of performance in streamlining eligibility determination

To evaluate their success in reducing the time taken for Medicaid eligibility determination, the Aging Resource Centers need to develop a standard method for measuring how long the process takes, as recommended by OPPAGA since February 2005. One of the primary functions of the Aging Resource Centers is to help seniors through the state's processes for determining whether they are eligible for Medicaid health or long-term care benefits. To achieve this end, s. 430.2053, *Florida Statutes*, requires the Aging Resource Centers to collocate, either physically or virtually, with the Department of Elder Affairs Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program and the Department of Children and Families (DCF) Economic Self-Sufficiency Program. The CARES Program conducts functional eligibility determination for Medicaid nursing home admissions and long-term care waiver programs. The DCF Economic Self-Sufficiency Program conducts financial and technical eligibility determination for Medicaid and other public assistance.

Aging Resource Center managers established a workgroup that began meeting in May 2007 to develop quality assurance standards, including a measure of the time taken for eligibility

determination. However, the workgroup has not developed a measure and does not have a timeframe for completing this effort. Factors to consider in such a calculation would include the starting point for the time calculation, which Medicaid programs to include or exclude, whether to include the time taken for eligibility determination by both CARES and the DCF Economic Self-Sufficiency programs, and at what point to consider the eligibility determination process completed.

In the absence of a uniform methodology, the department and centers will be limited in their ability to identify best practices and determine whether different areas of the state are encountering delays and need further attention. The department and the workgroup need to give more priority to developing this measure. Accordingly, we recommend that the department work with the centers to develop a measure and begin tracking eligibility determination timeliness in a consistent manner statewide by December 2008.

Agency Response _____

In accordance with the provisions of s. 11.51(5), *Florida Statutes*, a draft of our report was submitted to the Secretary of the Department of Elder Affairs to review and respond. The Secretary's written response has been reproduced in Appendix A.

OPPAGA supports the Florida Legislature by providing evaluative research and objective analyses to promote government accountability and the efficient and effective use of public resources. This project was conducted in accordance with applicable evaluation standards. Copies of this report in print or alternate accessible format may be obtained by telephone (850/488-0021), by FAX (850/487-3804), in person, or by mail (OPPAGA Report Production, Claude Pepper Building, Room 312, 111 W. Madison St., Tallahassee, FL 32399-1475). Cover photo by Mark Foley.

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Appendix A



September 2, 2008

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

Dear Mr. VanLandingham:

This letter is in response to the preliminary report of the Office of Program Policy Analysis and Government Accountability (OPPAGA), entitled, "All But One Aging Resource Center Is Fully Implemented." The department appreciates OPPAGA's continual review of the Aging Resource Center (ARC) implementation process.

E. DOUGLAS BEACH, PH.D.
 SECRETARY

The department concurs with the report as provided, including the recommendation that the "department work with the centers to develop a measure and begin tracking eligibility determination timelines in a consistent manner statewide by December 2008." The ARC staff will schedule a meeting with other key department staff to resume discussions on this issue.

Thank you very much for the opportunity to provide feedback on this draft report. If you have questions, please contact Marcy Hajdukiewicz, Director of the Division of Statewide Community Based Services at 414-2308.

Sincerely,

E. Douglas Beach
 Secretary

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