

Aging Resource Centers Implementation Plan

(Adopted in 2004, continues to guide current ARC/ADRC operations)

Mission Statement

To create an environment that provides choices, promotes independence and enables older Floridians to remain in their communities for a lifetime.

Section 430.2053, Florida Statutes, is created to read:

430.2053 Aging resource centers.—

(1)The department, in consultation with the Agency for Health Care Administration and the Department of Children and Family Services, shall develop pilot projects for aging resource centers. By October 31, 2004, the department, in consultation with the agency and the Department of Children and Family Services, shall develop an implementation plan for aging resource centers and submit the plan to the Governor, the President of the Senate, and the Speaker of the House of Representatives. The plan must include qualifications for designation as a center, the functions to be performed by each center, and a process for determining that a current area agency on aging is ready to assume the functions of an aging resource center.

Ch. 2004-386, Laws of Florida

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EXECUTIVE SUMMARY

Background

During the 2004 Legislative Session, the Florida Legislature passed a landmark piece of legislation relating to reform of Florida's long-term care system. This legislation, Senate Bill 1226, was approved by Governor Jeb Bush on June 30, 2004 and was enacted as Chapter 2004-386, Laws of Florida. One of the key components to this new law was the creation of Section 430.2053, Florida Statutes, which provides for the establishment of a network of Aging Resource Centers (ARCs) throughout Florida. This report will serve as the Department of Elder Affairs' preliminary implementation plan for this ARC project. This report provides detailed information on the following five key topics related to implementation of ARCs:

- A. A description of the impetus behind and the purposes of the ARC, the blueprint for the ARC network flow, and how its different functional components fit together;
- B. Financing for start up and infrastructure, addressing the use of federal grant monies;
- C. Qualifications for designation of an Area Agency on Aging as an ARC;
- D. Functions to be performed by an ARC; and
- E. Processes for determining that an Area Agency on Aging is ready to become an ARC.

The Current Long-Term Care System in Florida

The current long-term care network in Florida is the product of multiple federal and state initiatives to provide assistance and care to elderly persons in need. These programs include federal initiatives such as the Older Americans Act (OAA) and the Medicaid program, and state initiatives such as the Community-Care-for-the-Elderly Program (CCE) and the Alzheimer's Disease Initiative (ADI). Some of the agencies that make up the long-term care network in its current form include the Department of Elder Affairs (the state unit on aging), 11 Area Agencies on Aging (AAAs), more than 50 CCE lead agencies, and several hundred local service providers. Additionally, long-term care services are also provided by other state agencies such as the Agency for Health Care Administration (AHCA) which oversees the Medicaid program and the Department of Children and Families (DCF) which determines technical and financial eligibility for Medicaid services.

While the system generally provides high quality services to its clients, the network can be a complicated maze for elderly persons and their families. The development of ARCs will make the system easier to navigate and provide a realignment of long-term care responsibilities to focus agencies on performing core functions in their area of expertise and eliminate duplication of effort within the system. ARCs will build on the strengths of the current long-term care

network and enhance the opportunities for Florida's citizens to receive services in an efficient, seamless and highly responsive manner.

Purposes of an ARC

The creation of ARCs in Florida will achieve several goals. Implementation of a long-term care network utilizing ARCs as the entry point will:

- A. Clearly delineate the functions of each agency in the elder services network, allowing them to concentrate on their core competencies, thus providing for a more efficient and frictionless network of providers.
- B. Provide Florida's elders and their families with a locally focused, coordinated approach to integrating information and referral for all available services for elders with eligibility determination for state and federally funded long-term care services.
- C. Provide for easier access to long-term care services by Florida's elders and their families by creating multiple access points to the long-term care network that flow through one established entity with wide community recognition.
- D. Optimize information and referral, by providing consistent information regardless of geographical location or access point and by providing referrals to the most appropriate and cost effective service alternative, including private pay and community organizations.
- E. Improve program targeting by triaging access based on need, thereby maximizing the use of fiscal resources and nursing home diversions.
- F. Control costs by approving care plan costs based on individual risk profiles.
- G. Expedite eligibility processes to maximize nursing home diversion and reduce consumer burden.
- H. Provide a true "one-stop shop" for all elders for state public assistance services that require eligibility determination. These include, in addition to long-term care programs, Medicaid, Food Stamps, Optional State Supplementation, and Temporary Cash Assistance.

The sum total of achieving these goals will provide Florida's citizens with a better, more consumer-friendly long-term care network, while targeting the use of state and federal dollars to achieve the highest level of institutional care diversion possible.

Functions of an ARC

The primary functions of an ARC are to:

- A. Provide information and referral services;
- B. Ensure eligibility determination is done properly and efficiently;
- C. Triage clients who require assistance; and
- D. Manage the availability of financial resources for certain key long-term care programs targeted for elders to ensure financial viability and stability.

At the heart of the ARC is an administratively centralized, computer-based protocol which will serve to:

- A. Screen applicants before entering the system and provide information about services;
- B. Determine eligibility in accordance with clear and consistent client prioritization; and
- C. Allocate funding using criteria that accurately reflect public policy established by the Department.

To improve entry into the system, the ARC will be accessible through a number of local providers, including senior centers, lead agencies, health care providers, and other community agencies. Additionally, citizens will be able to access ARC services by telephone or through the Internet. ARC affiliated agencies and organizations that are normally an elder's first point of contact will be trained in a unified, computer-based, web-accessible protocol for initial screening and information and referral. It is anticipated that approximately 80 percent of questions and service needs will be handled through individualized, self-directed or personally assisted information and referral to the community, faith-based, charitable, for profit and public non-long-term care programs.

ARCs will also be collocated, either physically or virtually, with the entities that provide eligibility determination for services. The most stringent eligibility determination is performed for Medicaid services. Medicaid Institutional Care Program applicants are required to be screened for physical impairments—this is performed by DOEA's Comprehensive Assessment and Review for Long-Term Care Services (CARES) program—and for technical and financial requirements—this is performed by DCF's Economic Self Sufficiency (ESS) unit. Eligibility determination will continue to be performed by the state programs that currently perform the screenings, yet as a client advocate, the ARC will ensure that the function occurs as efficiently and expeditiously as possible. Specifics of the relationship between the ARC and the CARES and ESS programs will be outlined in a memorandum of understanding developed pursuant to Subsections (14) through (16) of Section 430.2053, F.S.

Start-Up Funding for ARCs and Potential Long-Term Financial Benefits

In April 2004, DOEA received a grant from the federal Administration on Aging and the Centers for Medicare and Medicaid Services to implement Aging and Disability Resource Centers (ADRCs) in Florida. ADRCs are a federal initiative closely aligned with the Florida initiative to implement ARCs. The most striking difference between the two projects is that ADRCs must also provide information and referral services for adults (age 18+) with severe and persistent mental illness. This additional responsibility was a condition of receiving federal grant funding. However, upon the passage of state legislation creating ARCs, the Department requested and received permission to amend its grant proposal to more closely align it with the newly created requirements of Section 430.2053, F.S. Therefore, DOEA anticipates that the beginning three pilot ARC sites designated under Section 430.2053, F.S., will all serve as ADRCs and perform the additional task of providing information and referral services to adults with severe and persistent mental illness. Providing this additional service as ADRCs will ensure that the state is able to take advantage of the \$800,000 in federal grant funds in undertaking its new initiative. Approximately 65 percent of the federal grant funds have been earmarked by DOEA to fund the development of the web-based program that will serve as the information and referral database for all ARCs statewide. Remaining funds have been allocated to assist in direct start-up costs for the initial three pilot ARC/ADRC sites.

DOEA is also undertaking an initiative to ensure that federal matching funds are maximized in the implementation and operation of ARCs. Medicaid rules provide that certain funds, such as those used for information technology development, can be matched at a rate of up to nine times the amount of state funds invested.

One of the main benefits of ARCs from a state government perspective is the savings that the centers can generate, particularly in the area of diversion from institutional care within the Medicaid program. ARCs will also provide better targeting of public resources, more efficient eligibility processing, and a more streamlined mechanism for information dissemination, which can also provide substantial savings within the current system. Preliminary savings projections based on certain assumptions are provided in Chart B of this report. Any investment the state makes in optimizing the use of ARCs has the potential to create even greater savings in future cost avoidance. As a result, DOEA has made a request within its Legislative Budget Request for SFY 2005-2006 for limited start-up funds for the centers that will become operational next fiscal year.

A final area of savings that may be achieved through ARCs is the capitation of certain long-term care programs following the operation of a center [see Section 430.2053(19), F.S.]. Capitation of programs that currently are reimbursed on a fee-for-service basis will provide much needed cost-predictability for long-term care services, while sharing certain elements of risk of more costly care with private sector vendors.

AAAs Transitioning to ARCs and ADRCs

Prior to December 31, 2004, each AAA must submit to DOEA a proposal that describes the process the agency intends to undertake to transition to an ARC by July 1, 2005. DOEA will carefully review each proposal and, prior to March 1, 2005, select three AAAs to transition to ARCs/ADRCs. Selection of the three initial sites will be chosen on several factors, including:

- A. Evidence that the AAA possesses or has a highly plausible plan to acquire the qualifications necessary to serve as an ARC.
- B. Evidence of consultation with existing CCE lead agencies and other service providers within the Planning & Service Area.
- C. Expertise in the needs of each target population the center proposes to serve and a thorough knowledge of the providers that serve these populations.
- D. Strong connections to service providers, volunteer agencies, and community institutions.
- E. Expertise in information and referral activities.
- F. Knowledge of long-term care resources, including resources designed to provide services in the least restrictive setting.
- G. Financial solvency and stability.
- H. Ability to collect, monitor, and analyze data in a timely and accurate manner using systems that meet the Department's standards.
- I. Commitment to adequate staffing by qualified personnel to effectively perform all ARC functions.
- J. Ability to meet all performance standards established by the Department.
- K. Assurance from the AAA board that the agency which it oversees meets all of the minimum requirements set by law and in rule.

The initial three ARCs will begin operation by July 1, 2005.

1.0 INTRODUCTION

In keeping with the provisions of §430.2053 F.S., this document presents a plan for implementing a statewide system of Aging Resource Centers. This plan addresses the following elements:

- A. Description of the impetus behind and the purposes of the Aging Resource Centers; the blueprint for the Aging Resource Center network flow, and how its different functional components fit together.
- B. Financing for start up and infrastructure, addressing the use of federal grant monies.
- C. Qualifications for designation of an Area Agency on Aging to become an Aging Resource Center.
- D. Functions to be performed by an Aging Resource Center.
- E. Process for determining that an Area Agency on Aging is ready to become an Aging Resource Center.
- F. Major implementing steps and timeline.

The first two elements listed above will be covered in this introduction. Each of the other four elements will be covered in separate chapters.

According to §430.2053(4), F.S., the purposes of an aging resource center are:

- A. To provide Florida's elders and their families with a locally focused, coordinated approach to integrating information and referral for all available services for elders with the eligibility determination entities for state and federally funded long-term care services.
- B. To provide for easier access to long-term care services by Florida's elders and their families by creating multiple access points to the long-term care network that flow through one established entity with wide community recognition.

1.1 *Impetus to Develop a Statewide System of Aging Resource Centers*

Acting on a recommendation from the Office of Long-Term Care Policy and its Advisory Council, in July of 2003 DOEA applied for a grant from the Administration on Aging and the Centers for Medicare and Medicaid Services—granted in April of 2004, to set up at least two

pilot projects to work as Aging and Disability Resource Centers¹. These pilots are to serve as demonstration projects to test the feasibility of the concept in Florida. The Aging and Disability Resource Center (ADRC) concept differs from the Aging Resource Center in that the ADRC project will serve elders, 60 years and older, beginning in the first grant year, and adults suffering from mental illness in subsequent grant years.

During the 2004 session the Florida Legislature made changes to §430 F.S. (through passage of SB 1226) mandating DOEA to implement a statewide system of Aging Resource Centers (ARC) by transitioning the existing 11 Area Agencies on Aging into ARCs. As the grant application preceded the changes to §430 F.S., some of the design features and timeframes for the ARC under the grant are different from those under the statute. To synchronize these two initiatives, DOEA requested and received modifications to the grant.

1.2 The Current System

In Florida, three state social service agencies provide the vast majority of publicly funded long-term care services for elders:

- A. The Agency for Health Care Administration (AHCA), the designated single-state Medicaid agency, issues certificates of need for nursing homes and operates two managed long-term care programs for elders – Frail Elder Option and Channeling. AHCA also provides regulation for Nursing Homes and Hospice.
- B. The Department of Children and Families (DCF) provides protective services, mental health and substance abuse services, community services for disabled adults and determines eligibility for public assistance programs, specifically Medicaid, food stamps and cash assistance programs including Temporary Cash Assistance and Optional State Supplementation.
- C. The Department of Elder Affairs (DOEA), the designated state unit on aging, is responsible for the planning, review, evaluation, and coordination of aging programs. It administers Comprehensive Assessment and Review for Long-Term Care Services (CARES), which completes the medical need evaluation process for Medicaid, provides home and community-based services through contractors, and it administers the Long-Term Care Ombudsman and Public Guardianship programs and operates the Managed Long-Term Care Nursing Home Diversion Program. As the designated state unit on aging, the Department is responsible for the statewide administration of all Older Americans Act programs under titles III, V, and VII. The Older Americans Act requires that the state unit designate Area Agencies on Aging for each distinct Planning and Service Area as the planning and coordinating body for the area. See further discussion at Section 1.21.

¹ An Aging and Disability Resource Center is an Aging Resource Center that, in addition to serving elders, also provides a one-stop link to long-term care for disability populations. Through this grant, Florida's Aging and Disability Resource Centers will target adults with severe mental health problems as well as elders.

Other state agencies also have roles in providing long-term care services to Floridians. For example, the Department of Health (DOH) administers the Traumatic Brain and Spinal Cord Injury Program and Children's Medical Services; The Department of Veterans' Affairs (DVA) oversees nursing home and domiciliary care for veterans. Yet other agencies provide ancillary services, for example, the Department of Financial Services licenses Continuing Care Retirement Communities and regulates long-term care insurance in Florida. The Commission for the Transportation Disadvantaged, administratively housed within the Department of Transportation, oversees transportation services to elderly and disabled people. Additional state agencies with linkages to long-term care in Florida include the Department of Revenue and the Department of Corrections.

Funding for public long-term care services comes mostly from three sources: Federal Older Americans Act funds, Medicaid (federal and state) funds, and state general revenue programs. Each of these funding sources has its own set of rules and makes coordination of funding a challenge that involves issues with eligibility and gate keeping.

The State of Florida Department of Elder Affairs (DOEA) delivers services to elders mainly through private contractor networks and, with few exceptions, does not deliver services to consumers directly². The contractor networks often share the same base of local service providers. DOEA does not contract with every provider in these networks; instead it contracts with the Area Agencies on Aging. The Area Agencies on Aging directly provide planning, funding, and coordination for service delivery at the regional level. Area Agencies on Aging in turn contract with Community Care System Lead Agencies and other providers for direct service delivery.

1.21 Area Agencies on Aging

The Area Agencies on Aging (AAA) are generally multi-county regional planning and service administration agencies designated as such according to The Older Americans Act of 1965, as amended in 2000, (OAA) Sec. 305(a)(1)(E) and Sec. 305(a)(2)(A). Florida has 11 AAAs corresponding each to a Planning and Service Area (the geographical area served by an AAA). Area Agencies on Aging are funded through DOEA with federal and state matching funds provided under the OAA. Area Agencies on Aging are, in accordance with Sec. 306(a)(1) of OAA, responsible for the planning, coordination, and oversight of a "comprehensive and coordinated system" for the delivery of each of the following categories of services:

- A. Services associated with access to services (transportation, outreach, information and assistance, and case management services);

² DOEA and the Area Agencies on Aging directly provide information and assistance, advocacy, health promotion, and services supportive of caregivers, such as training and education. Another direct service delivered by DOEA is the pre-admission screening for Medicaid-subsidized long-term care applicants performed by CARES staff.

- B. Supportive services such as nutrition, homemaker, personal care aide, visiting and telephone reassurance, chore maintenance, and supportive services for families of older individuals who are victims of Alzheimer's and related neurological disorders; and
- C. Legal assistance.

The preeminence of the AAAs for the coordination and administration of services at the local level is further established by §430.203(1) F.S. which states that the role of the AAAs is “to coordinate and administer the Department's programs and to provide, through contracting agencies, services within a Planning and Service Area.” And “serves . . . to foster the development of comprehensive and coordinated service systems to serve older individuals.”

With few exceptions, most notably information and referral services, AAAs in Florida do not provide services directly and as directed by §430.203(1) F.S. AAAs contract with their local networks of providers to deliver the services to their customers.

1.22 Community Care System Lead Agencies

The Community Care System Lead Agencies (Lead Agencies) are defined in §430.203(9) F.S. as an agency designated by an Area Agency on Aging by means of a bidding process or, according to §430.203(9)(b) F.S., without bidding, if the AAA determines that the agency meets established minimum standards as established by DOEA. AAAs are required by §430.205 to designate at least one lead agency per PSA. However, most AAAs have opted for designating a lead agency in every county within the PSA.

According to §430.203(3) F.S., the “Community care system” is a service network comprising a variety of home delivered services . . . which are provided by several agencies under the direction of a single lead agency.” Further, as per §430.203(9)(c) F.S. lead agencies have the “authority and responsibility to coordinate some or all of the services, either directly or through subcontracts, for functionally impaired elderly persons. These services must include case management, homemaker and chore services, respite care, adult day care, personal care services, home-delivered meals, counseling, information and referral, and emergency home repair services. The lead agency must also compile community care statistics and monitor, when applicable, subcontracts with agencies providing core services.

1.3 A System Based on Aging Resource Centers

As an alternative to the current system, in 2004, the Florida Legislature amended §430 F.S. requiring that the current system of public provision of home and community-based services for older persons or persons with Alzheimer's Disease or related dementias, be replaced with one that is based on the concept of Aging Resource Centers. Such a system will:

- A. Clearly delineate the functions of each agency in the elder services network, allowing them to concentrate on their core competencies, thus providing for a more efficient and frictionless network of providers.

- B. Provide Florida's elders and their families with a locally focused, coordinated approach to integrating information and referral for all available services for elders with eligibility determination for state and federally funded long-term care services.
- C. Provide for easier access to long-term care services by Florida's elders and their families by creating multiple access points to the long-term care network that flow through one established entity with wide community recognition.
- D. Optimize information and referral, by providing consistent information regardless of geographical location or access point and by providing referrals to the most appropriate and cost efficient service alternative, including private pay and community organizations.
- E. Improve program targeting by triaging access based on need, thereby maximizing the use of fiscal resources and nursing home diversions.
- F. Control costs by approving care plan costs based on individual risk profiles.
- G. Expedite eligibility processes to maximize nursing home diversion and reduce consumer burden.
- H. Provide a true “one-stop shop” for all elders for state public assistance services that require eligibility determination. These include, in addition to long-term care programs, Medicaid, Food Stamps, Optional State Supplementation, and Temporary Cash Assistance.

To improve entry into the system, the Aging Resource Center will be accessible through a number of local providers, including senior centers, lead agencies, health care providers, and other community agencies. Additionally, citizens will be able to access ARC services by telephone or through the Internet. ARC affiliated agencies and organizations that are normally an elder’s first point of contact will be trained in a unified, computer-based, web-accessible protocol for initial screening and information and referral. It is anticipated that approximately 80 percent of questions and service needs will be handled through individualized, self-directed or personally assisted information and referral to the community, faith-based, charitable, for profit and public non-long-term care programs.

1.3.1 Functions of an Aging Resource Center

An Aging Resource Center offers access through multiple entry points, provides information and referral services, and determines eligibility for publicly funded long-term care services for all elders and their families, regardless of ability to pay. The goal of the Aging Resource Center is to provide elders and their families with customer-friendly access to services, seamlessly and efficiently, by minimizing service fragmentation, reducing duplication of administrative paperwork and procedures, enhancing individual choice, supporting informed decision-making, and increasing the cost effectiveness of long-term care support and delivery systems. When operating as an Aging and Disability Resource Center, the ADRC will also serve younger individuals with serious mental health problems.

The primary functions of an Aging Resource Center are:

- A. Information and Referral;
- B. Eligibility determination;
- C. Triaging, and
- D. Managing availability of financial resources for programs listed in Section 4.2.E.

At the heart of the Aging Resource Center is an administratively centralized, computer-based protocol to:

- A. Screen applicants before entering the system and provide information about services,
- B. Determine eligibility in accordance with clear and consistent client prioritization,
- C. Allocate funding using criteria that accurately reflect public policy established by the Department.

1.3.1.1 Information and Referral

To assist consumers with the challenge of fragmentation, the Aging Resource Center will be a seamless one-stop shop, using statewide uniform information and referral protocols. Elders will be able to receive consistent and uniform information and referral and service access regardless of where they first enter the system. They will receive follow up to ensure that the information and service met their needs. They will have more options and choices from self-directed information and referral searches to face-to-face assessments and from private pay and faith-based service providers to Medicaid and state-funded programs.

1.3.1.2 Screening and Triaging

The Aging Resource Center will use a triaging model of access by screening all individuals seeking long-term care services, whether, through the Aging Resource Center directly, a community agency, a health care provider, or a nursing home for eligibility and appropriateness of home and community-based services. Currently, only customers entering through some community agencies are screened. Increased screening and triaging will ensure optimal targeting, because referrals will be matched to need. Higher need customers will receive priority

in access and funding therefore reducing more costly long-term care nursing home placement. Accessing services through this system will provide a means to receive services for those who choose to and can afford to pay for services. Since all customers access the service network through the same referral system, there is not a “wrong door”.

1.3.1.3 Eligibility Determination

In this system, duplication of application and eligibility processes will be reduced. DCF is currently undergoing an ESS modernization effort. That effort includes proposed expansion of client intake at non-traditional DCF service centers to make it more convenient and faster for elders to initiate eligibility determination. Aging Resource Centers will provide excellent outlets for the continuation of the modernization efforts currently under way at DCF.

Coordination of Medicaid level of care determination and other long-term support and the Medicaid eligibility process will be achieved through physical or virtual collocation and technical enhancement. Simply stated, CARES/DOEA staff, that performs level of care determination, will be collocated with DCF public assistance eligibility personnel, thereby facilitating greater interaction. Technical enhancements could include the sharing of electronic data between state agencies in a Health Insurance Portability and Accountability Act (HIPAA) compliant fashion. For example, with programmatic and interface enhancements, it could be possible for Aging Resource Center systems to transfer the information collected during the screening process to the needed forms for the different kinds of eligibility determination.

Currently, DCF is in the process of testing for a Web application that, if successfully implemented, will allow Aging Resource Center personnel to enter the needed information via Internet Web connection to the DCF public assistance eligibility supervisor for approval. In addition, under Medicaid waiver rules, the DCF supervisor could accept an electronic form from the Aging Resource Center and would not require a face-to-face visit with the applicant prior to approval. Based on the experience of districts where these functions are already collocated to some extent, it is expected that these processes may reduce the time to complete an eligibility determination.

1.4 Aging Resource Center/Aging and Disability Resource Center Grant Issues

As stated in Section 1.1, the Department responded to a recommendation from the Office of Long-Term Care Policy and its Advisory Council by applying, in July of 2003, for a grant jointly funded by the Administration on Aging and the Centers for Medicare and Medicaid Services. The grant was awarded in April of 2004 for the purpose of establishing at least two pilot projects as Aging and Disability Resource Centers, with the target populations of elders and adults with severe and persistent mental health problems.

The differences in ARC design features and timeframes between the grant and the statute have been resolved by approved modifications to the grant, which more closely align the grant efforts with the statutory requirements.

Nothing contained in §430 F.S. constitutes an impediment for a designated ARC to serve the adult population with severe mental health problems. Therefore agencies can be ADRC/ARC simultaneously, and by serving this population, Area Agencies on Aging would benefit from enhanced funding for start-up and operations.

1.4.1 Additional Services to be Provided by ADRC

Under the terms of the grant, the ADRC must serve adults with severe and persistent mental illness with information and referral services by the first quarter of year two. It is contemplated that between April and June of 2005, designated ADRCs and DCF will draw a memorandum of understanding outlining how the ADRC will provide screening, eligibility and other access services to the mental health population.

1.5 Financing of a Statewide System of Aging and Disability Resource Centers

Due to the limitations imposed by different funding sources, financing for start-up costs will be different for agencies that become Aging and Disability Resource Centers than for agencies that become Aging Resource Centers (see the previous paragraph for details). The ongoing operation for both types of resource centers will be financed mostly by maximizing the use of existing federal and state general revenue funds.

1.5.1 Start-up Financing of Aging and Disability Resource Centers

The grant received from the Administration on Aging and the Centers for Medicare and Medicaid Services provides \$800,000 over three years to assist DOEA with the development and start up of the Aging and Disability Resource Centers. This plan contemplates that the three agencies that will be selected to become ADRC will also be designated as ARC under the terms of §430 F.S.

From the \$800,000 provided by the grant, DOEA plans to spend \$527,243 for systems development and other start-up costs at the state level according to Chart A. The remaining \$317,000 will be used to support the start-up of operations at the ADRC level for the three agencies selected. The Department plans to request a modification to the grant budget to allow for more of the funding to be directed to the ADRC.

1.5.2 Start-up Financing of Aging Resource Centers

The remaining agencies that may choose not to be ADRC will not receive money from the ADRC grant to assist with start-up costs. At this time, DOEA contemplates that funding for start up of these ARC will have to be secured from sources that may exist at such time – such as specific general revenue allocations or funding procured through solicitation of grants or donations – or from funding secured directly by the agency seeking designation as an ARC.

The Department's Legislative Budget Request includes an issue requesting funding in 2005-06 for development and implementation of ARCs. Additionally, the ARC concept with the realignment of functions may necessitate the review by the AAAs of the allocation of existing resources.

It should be noted that some start-up expenses, such as Information Technology development could be reimbursable by the federal government under Medicaid rules at a rate of up to 90 percent. DOEA will work with the agencies to try to secure as much funding from federal sources as possible.

The inherent merits of Aging Resource Centers, such as better targeting of public resources, more efficient eligibility processing and a more streamlined mechanism for information dissemination has the potential for substantial savings to the state. See preliminary projections of savings based on certain assumptions on Chart B.

The savings from Aging Resource Centers are realized because:

- A. Mandatory screening by the Aging Resource Centers diverts persons seeking nursing home care to the community. Long-term care services in the community are anywhere from 50 to 75 percent less expensive than in the nursing home, depending on the type and intensity of the services required.
- B. The triaging process will improve the targeting efficiency of the system. Currently, many low risk customers are being served with programs that are designed for higher risk customers. This happens because customers access the system through the providers rather than from a common referral entity. This is wasteful but also inefficient because many high-risk persons that request home and community-based services end up in nursing homes when there are no available program resources to serve them. Triaging will help ensure that only high-risk customers are prioritized to Medicaid waiver services and that the program intensity is in keeping with customer need.
- C. Aging Resource Centers will control budgets by controlling care plan costs at the customer level, rather than at an aggregate level and will have no conflict of interest in the administration of care plan protocols.

1.6 Technical Assistance and Training

The Department shall provide technical assistance and training to assist Area Agencies on Aging with the implementation of Aging Resource Centers.

Chart A. Expenses for Implementation of Aging and Disability Resource Centers
 (Does not include on-going operational costs)

AoA Grant Total Cost of Aging Resource Center Implementation—3 ADRC

Estimated Costs of Resource Center Implementation	Notes	Expenses			
	1	Year 1	Year 2	Year 3	Total
I&R and Triaging Systems Development	2	\$ 143,750	\$ 41,250	\$ -	\$ 185,000
Resource Center Project Manager .75FTE	3	\$ 52,718	\$ 54,299	\$ 55,928	\$ 162,945
Administrative Assistant .33FTE	3	\$ 12,767	\$ 13,118	\$ 13,479	\$ 39,365
Travel	3	\$ 3,036	\$ 2,000	\$ 2,750	\$ 7,786
Allocated @ 13% of salary and fringe	4	\$ 8,513	\$ 8,764	\$ 9,023	\$ 26,300
Resource Center Hardware	5	\$ 21,000	\$ 10,000	\$ 10,000	\$ 41,000
AAA Contracts	6	\$ 150,000	\$ 130,000	\$ 37,000	\$ 317,000
Total Direct		\$ 391,784	\$ 259,432	\$ 128,180	\$ 779,395
Indirect @ 32% of salary and fringe	7	\$ 20,955	\$ 21,574	\$ 22,134	\$ 64,663
Total Cost		\$ 412,739	\$ 281,005	\$ 150,314	\$ 844,058

This chart represents the cost of implementing only the first three centers in keeping with the Federal ADRC grant.

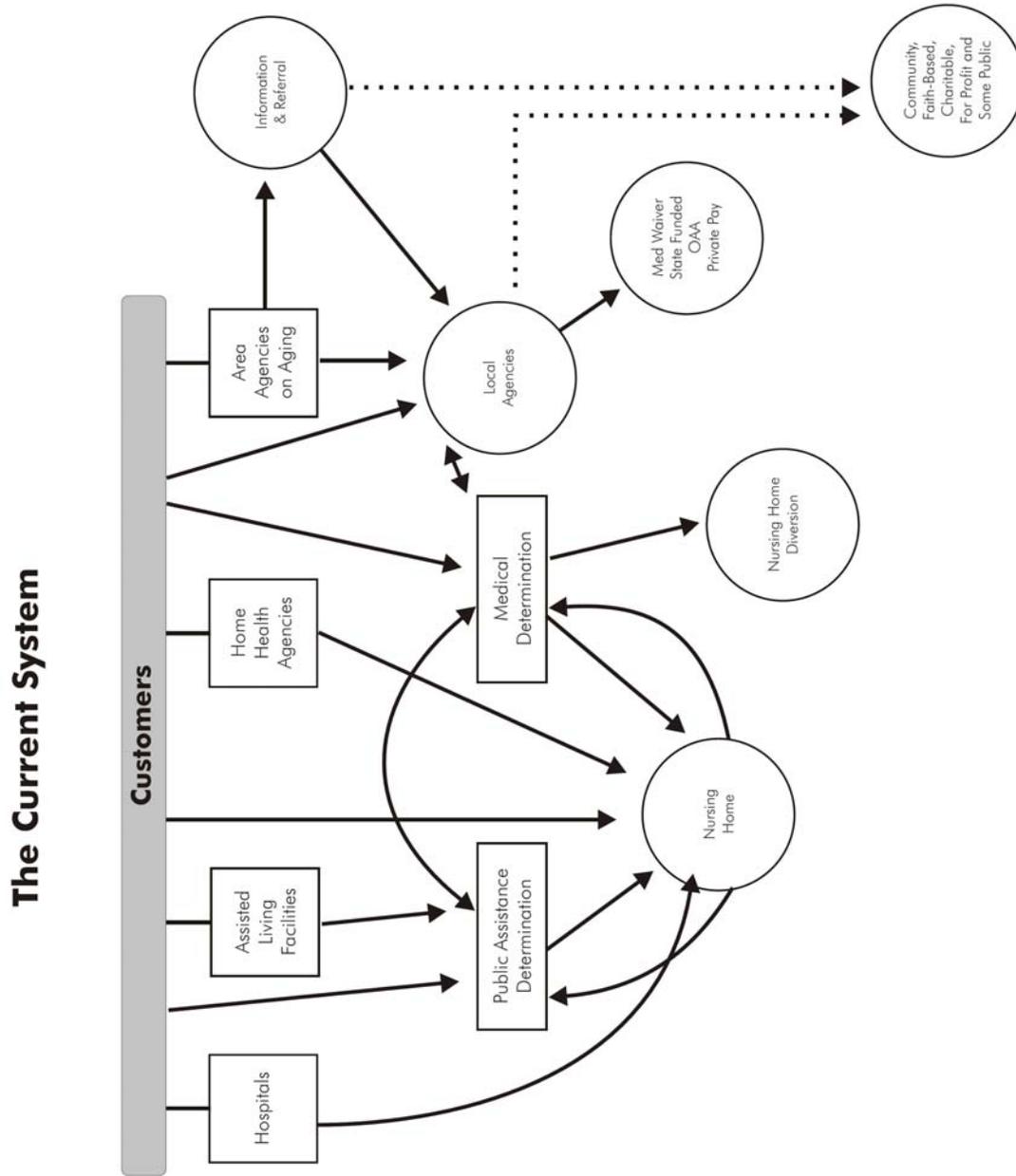
- ¹ This budget includes only implementation costs, not continuing operation of ARCs. Operation could be covered through a screening and referral fees, or using OAA I&R and other sundry funds.
- ² To be contracted. Cost could be lower depending on vendor selected. This cost represents a reasonable upper limit, based on other states' experience.
- ³ Salary @ \$55,000 yearly plus 27.8% fringe. Trended with a 3% yearly increase
- ⁴ DOEA customary rate
- ⁵ Estimated costs of server and connectivity
- ⁶ Two AAA start participation first year, funded @ \$75,000 each; these are funded the second year @ \$27,500 each. A third AAA starts during 2nd year funded @ \$75,000 and then funded @ \$37,000 the third year.
- ⁷ Indirect @ DOEA federally approved rate.

Chart B. AGING RESOURCE CENTER STATE G/R FISCAL IMPACT DETAILED

		2004 Baseline	2005	2006	2007	2008
Estimated Florida Benefits and Summary of Costs						
HCBS Waivers Impact without Resource Center						
1	Number of State-wide level of care determinations	7	80,000	82,400	84,872	87,418
2	Percent of individuals screened referred to HCBS	8	27%	27%	27%	27%
3	Number of HCBS recipients		21,600	22,248	22,915	23,603
4	Percent of HCBS recipients that are NF diversions	11	36%	36%	36%	36%
5	Number of NF diversions		7,776	8,009	8,250	8,497
6	Average cost per NF resident	3,4	\$ 39,780	\$ 42,167	\$ 44,697	\$ 47,379
7	Cost for HCBS recipients	3,4	\$ 8,624	\$ 8,882	\$ 10,215	\$ 11,747
8	Savings from NF diversion	4	\$ 309,329,280	\$ 337,725,708	\$ 368,728,928	\$ 402,578,243
9	Cost of HCBS recipients	5	\$ (186,269,976)	\$ (197,613,818)	\$ (234,073,567)	\$ (277,260,140)
10	Total savings (cost) of HCBS waivers		\$ 123,059,304	\$ 140,111,890	\$ 134,655,361	\$ 125,318,104
11	Florida savings (cost) of HCBS waivers	6	\$ 50,577,374	\$ 57,585,987	\$ 55,343,353	\$ 51,505,741
HCBS Waivers Impact with Resource Center						
14	Number of State-wide level of care determinations	7	80,000	82,400	84,872	87,418
15	Percentage of level of care determinations flowing through Resource Center	8	0%	15%	40%	75%
16	Percentage of level of care determinations not flowing through Resource Center		100%	85%	60%	25%
17	Number of individuals screened by the Resource Center		-	12,360	33,949	65,564
18	Number of individuals not screened by the Resource Center		80,000	70,040	50,923	21,855
19	Percent of individuals screened referred to HCBS	8	27%	28%	29%	29%
20	Number of HCBS recipients		21,600	22,372	23,594	24,914
21	Percent of HCBS recipients that are NF diversions	11	36%	36%	37%	37%
22	Number of NF diversions		7,776	8,054	8,730	9,218
23	Average cost per NF resident	3,4	\$ 39,780	\$ 42,167	\$ 44,697	\$ 47,379
24	Cost for HCBS recipients	3,4	\$ 8,624	\$ 8,882	\$ 9,771	\$ 10,748
25	Savings from NF diversion	4	\$ 309,329,280	\$ 339,601,962	\$ 390,200,180	\$ 436,747,693
26	Cost of HCBS recipients		\$ (186,269,976)	\$ (198,711,672)	\$ (230,530,424)	\$ (267,767,722)
27	Total savings (cost) of HCBS waivers		\$ 123,059,304	\$ 140,890,290	\$ 159,669,756	\$ 168,979,971
28	Florida savings (cost) of HCBS waivers	6	\$ 50,577,374	\$ 57,905,909	\$ 65,624,270	\$ 69,450,768
Florida Savings (costs) attributable to the Resource Center						
31	Florida savings (cost) without Resource Center		\$ 50,577,373.94	\$ 57,585,986.94	\$ 55,343,353.38	\$ 51,505,740.54
32	Florida savings (cost) with Resource Center		\$ 50,577,373.94	\$ 57,905,909.09	\$ 65,624,269.70	\$ 69,450,768.22
33	State share of cost of Resource Center operation		\$ -	\$ (162,000.00)	\$ (504,000.00)	\$ (702,000.00)
34	Net fiscal impact of Aging Resource Center		\$ -	\$ 157,922.15	\$ 9,776,916.32	\$ 17,243,027.68

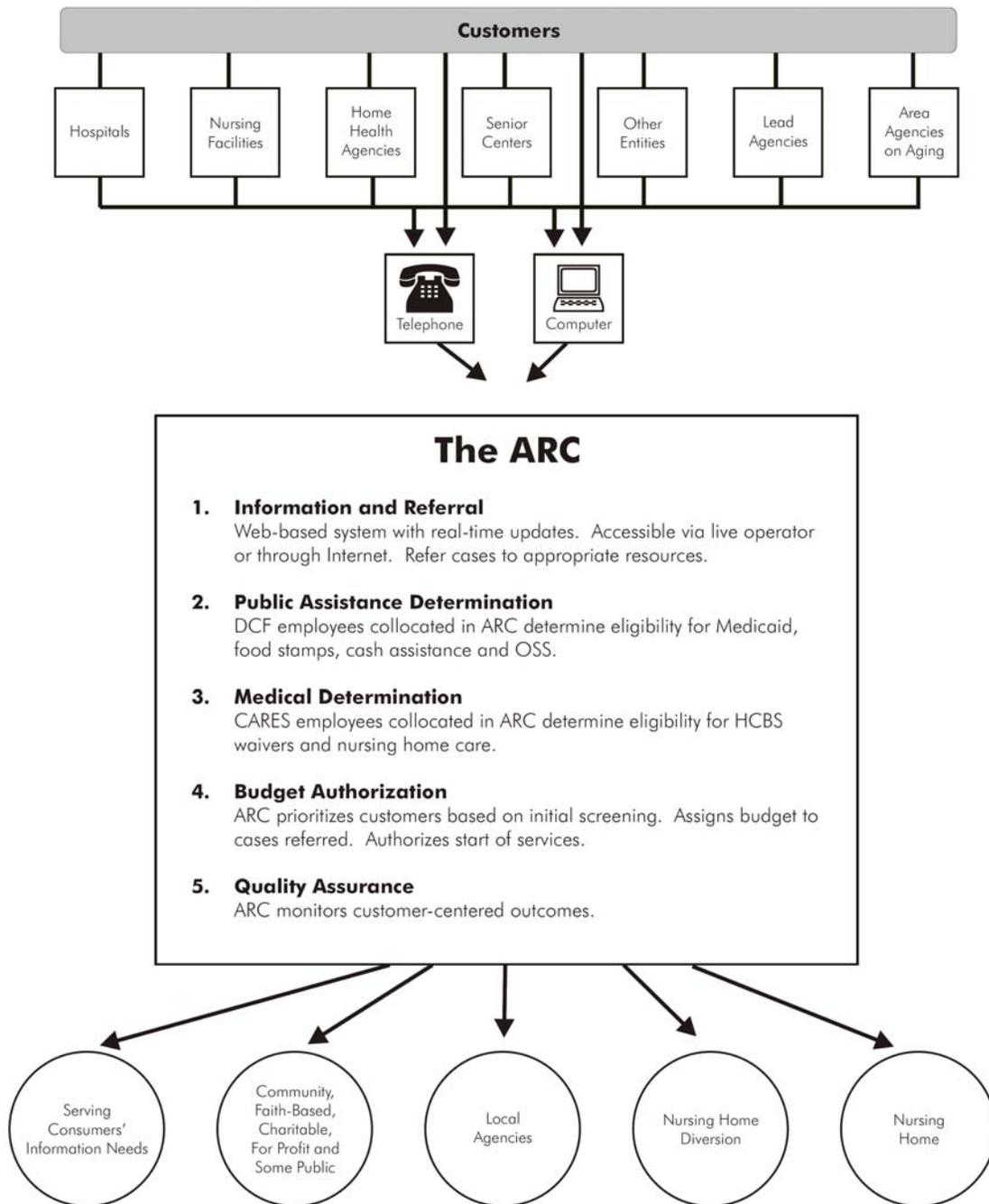
1 The fiscal year ends at the end of June.
 2 "Summary of Assumptions" contains all of the assumptions presented throughout the Cost/Benefit Analysis.
 3 Weighted annualized cost per customer for all waiver programs operated by DOEA. Source 2004 Summary of Programs and Services.
 4 For HCBS 2004-05 costs trended by 3% for first year and 10% thereafter with ARC and 15% w/o ARC. For N.H. costs trended at 6% per year.
 5 Florida share of Medicaid costs/saving is 41.1%
 6 Based on 2003 CARES data
 7 Estimates based on actual 2003 CARES experience trended to reflect increased diversion due to ARC
 8 Diversion effectiveness based on weighted average for all waivers. Trended to increase due to ARC

This chart represents projected savings based on estimates. Actual results may vary.



Source: Department of Elder Affairs, Planning and Evaluation Unit October 22, 2004

The ARC System

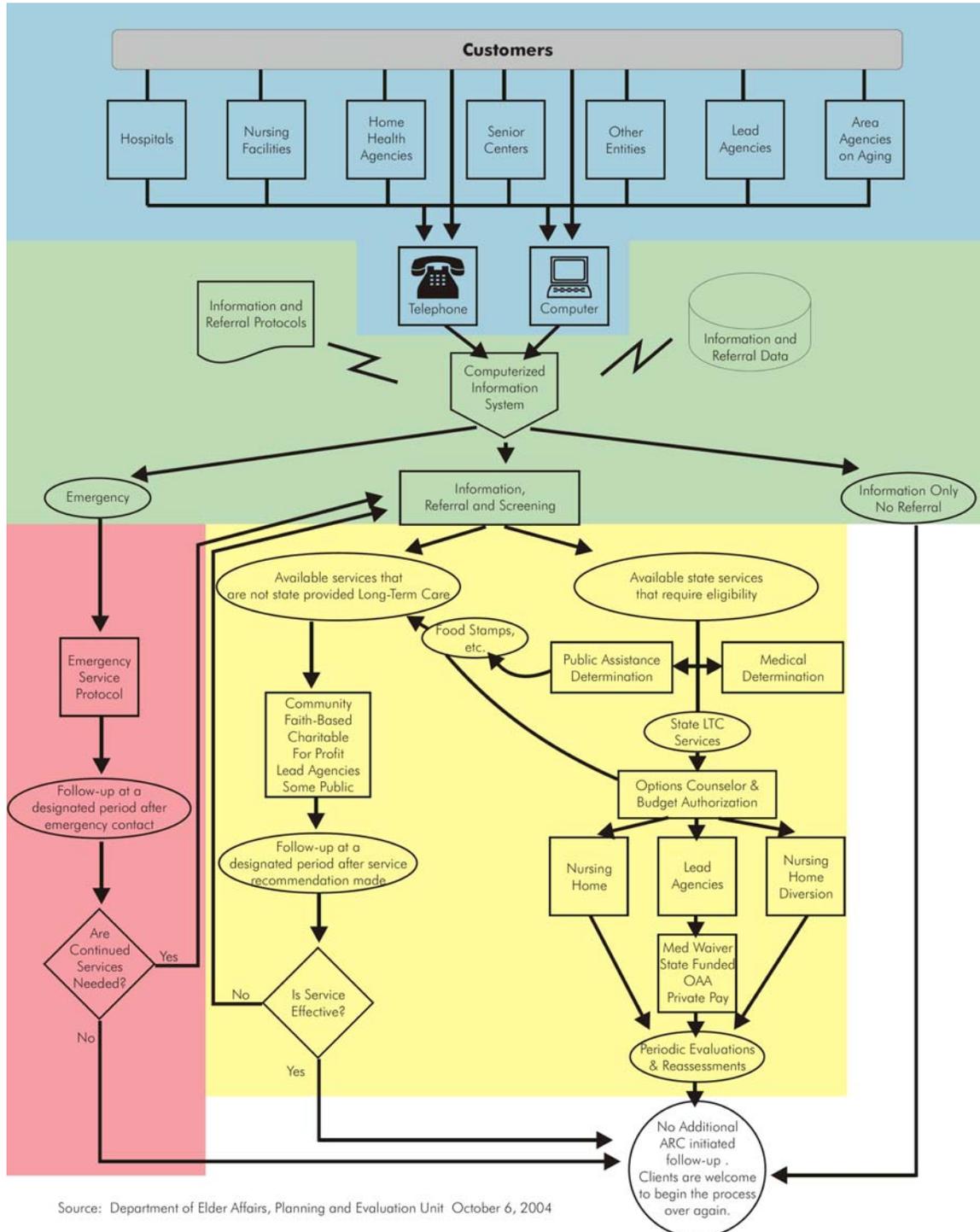


Note: At any step in this process, a consumer would be able to meet with an ARC specialist.

Source: Department of Elder Affairs, Planning and Evaluation Unit October 22, 2004

The ARC Flow

Note: At any step in this process, a consumer would be able to meet with an ARC specialist.



2.0 LEGAL AUTHORITY AND MONITORING OF IMPLEMENTATION PROCESS

Pursuant to §430.2053, F.S., the Florida Department of Elder Affairs is authorized to provide for a statewide Aging Resource Center System, and the Office of Program Policy Analysis and Government Accountability (OPPAGA) and the Auditor General's Office shall jointly review and assess the Department's process for determining an Area Agency on Aging's readiness to transition to an Aging Resource Center.

3.0 DEFINITIONS

- A. Adults with severe mental illness are persons 18 years of age and older who have a diagnosis of a major mental disorder³ and meet the following criteria: documented evidence of long-term psychiatric disability; income due to psychiatric disability (SSI, SSDI, Veterans or other); inability to perform independently in day-to-day living if over age of 59.
- B. Agency Applicant means an Area Agency on Aging seeking designation as the provider of Aging Resource Center functions within a Planning and Service Area.
- C. Aging Resource Center (ARC) is an Area Agency on Aging that performs functions in accordance with §430.2053(5), F.S.
- D. Aging and Disability Resource Center (ADRC) is an Aging Resource Center that also provides a one-stop link to adults with severe and persistent mental health problems.
- E. Area Agency on Aging (AAA), as defined in §430.203(1) F.S., means a public or nonprofit private agency or office designated by the Department of Elder Affairs to coordinate and administer the Department's program and to provide, through contracting agencies, services within a Planning and Service Area. An Area Agency on Aging serves as both the advocate and the visible focal point in its Planning and Service Area to foster the development of comprehensive and coordinated service systems to serve older individuals. Section 1.21 defines the Area Agency on Aging vis-à-vis the federal Older Americans Act designation.
- F. Assessment means a comprehensive evaluation with the client and appropriate collaterals (such as family members, advocates, friends and/or caregivers) and an evaluation by the case manager, or another screening and triaging professional, with supporting diagnostic information from the client's medical provider, as necessary,

³ Defined as a diagnosis or diagnostic impression of Axis I or Axis II mental disorder according to the Diagnostic and Statistical Manual IV.

to determine the client's level of functioning, service needs, available resources, and potential funding resources.

- G. Care Planning means the process of identifying with the client and appropriate collaterals, goals and client choices for the care needed, services needed, appropriate service providers, and client ability to pay, based on the client assessment and knowledge of the client and of community resources.
- H. Care Plan Protocol means a mechanism for ensuring that quality services are provided in the most cost effective and efficient manner possible while assisting clients to age in place in their communities for a lifetime. By establishing statewide guidelines for care plan expenditures, the predictability of programmatic expenditures will improve.
- I. CARES means the State of Florida Comprehensive Assessment and Review for Long-Term Care Services federally mandated pre-admission screening program for Medicaid-subsidized long-term care applicants. CARES is part of the Florida Department of Elder Affairs.
- J. Case Management means the assessment of a long-term care client's needs, the development and implementation of a care plan for such client, the coordination and monitoring of long-term care service delivery, the evaluation of service effectiveness, and the periodic reassessment of such client's needs.
- K. Choice counseling means activities such as answering questions and providing information (in an unbiased manner) on available long-term care delivery system options, and advising on what factors to consider when choosing among them and in selecting a program or provider. Choice counseling is an essential part of the gate keeping function.
- L. Corrective Action Plan means a written plan, which includes the specific actions, that the Aging Resource Center shall take to correct non-compliance with standards, and which stipulates the date by which each action shall be completed.
- M. Department shall mean the Florida Department of Elder Affairs.
- N. Eligible persons means persons eligible to receive Aging Resource Center Information and Referral Services. This term should not be confused with persons eligible to receive other services under specific programs administered through the center. (See definition for Target Population.)
- O. Failure to Satisfy the Scope of Work means incorrect or improper activities or inactions by the Aging Resource Center in terms of its contract with the Department. This would be determined through DOEA review of agency performance.

- P. Functional Needs Assessment means an evaluation with the client and appropriate collaterals (such as family members, friends and/or caregivers) and a written evaluation on a state prescribed form by a CARES worker or another screening and triaging professional, with supporting diagnostic information from the client's medical provider, to determine the client's level of functioning and medical necessity for admission or continued stay in certain long-term care programs. A Functional Needs Assessment is synonymous with a "CARES Assessment."
- Q. Gate keeping means activities that include screening, referral, triaging, choice counseling, and enrollment authorization that have as its primary purpose to give or deny consumers access to specific public long-term care services. Gate keeping shall be made in adherence to standard protocols approved by DOEA. A primary objective of gate keeping is to ensure that resources are allocated, with due fiscal discipline, in the most efficient manner.
- R. Intake/Screening/Referral means the initial contact with individuals by the Aging Resource Center and shall include, but not be limited to, a preliminary screening in the following areas: an individual's need for long-term care services; an individual's need for referral to other programs or services; an individual's eligibility for financial and program assistance; a statistical determination of the potential cost of the care plan and the need for a comprehensive long-term care client assessment.
- S. Lead Agency means an agency designated at least once every three (3) years by an Area Agency on Aging as the result of a request for proposal process to be in place no later than the state fiscal year 1996-1997.
- T. Long-Term Care is the spectrum of services provided to support individuals who, by reason of extended illness, mental, physical or developmental disability, need assistance to maximize independent and efficient performance of those activities necessary for daily life and well being in all care settings. While acute care is temporary and episodic, with a focus on restoration of health, long-term care has a focus on trying to help a person manage an irreversible disabling condition.
- U. Local Coalition Workgroup means a local work group consisting of representatives of agencies and organizations serving elders and individuals with severe mental illness, stakeholders, consumers, Alzheimer's Association, housing authorities, Serving Health Insurance Needs of Elders (SHINE) volunteers, local government, selected community-based organizations, including social services organizations and advocacy groups, and any other persons or groups as determined by the Department. The purpose of the group is to provide advise in the planning, implementation and development of Aging Resource Center activities and a coordinated long-term care service delivery system (pertaining to §430.2053(5)(f) F.S.)

- V. On-Going Case Management means the evaluation of the effectiveness and appropriateness of services, on an on-going basis, through contacts with the client, appropriate collaterals, and service providers.
- W. Planning and Service Area means a geographic service area established by the Department, in which the programs of the Department are administered and services are delivered and where one agency serves as the Aging Resource Center for persons in need of publicly or privately financed long-term care services.
- X. Private Pay Client means an individual for whom reimbursement for long-term care services is received from sources other than a state administered program, including the individual's own financial resources.
- Y. Program means a publicly funded service delivery resource including, but not limited to, Community Care for the Elderly, Home Care for the Elderly, Contracted Services, Alzheimer's Disease Initiative, Aged and Disabled Adult Medicaid Waiver, Assisted Living for the Elderly Medicaid Waiver, and Older Americans Act Programs.
- Z. Public assistance eligibility means an individual who meets the technical and financial eligibility criteria for a public assistance program authorized by DCF.
- AA. Quality assurance means a set of activities to ensure that standards, procedures, and protocols are adhered to and that delivered services meet performance requirements. Quality assurance policies, procedures, and systematic actions must be established in an Aging Resource Center for the purpose of providing and maintaining a high degree of public confidence in the performance of the public long-term care system in the Planning and Service Area.
- BB. Reassessment means a comprehensive evaluation with the client and appropriate collaterals and an evaluation by the case manager, with supporting diagnostic information from the client's medical provider, to determine the client's level of functioning, service needs, available resources, and potential funding resources. A reassessment is an update that reflects changes from the initial assessment.
- CC. Resource Development means the study, establishment, and implementation of additional resources or services, which will extend the capabilities of community long-term care systems to better serve long-term care clients and clients likely to need long-term care in the future.
- DD. Target Population means persons eligible for services through programs administered by the Florida Department of Elder Affairs—including programs, such as CARES, operated under memorandums of understanding with other agencies; persons age 60 or older that are served by the Department of Children and Families

through their eligibility services; and persons age 60 or older who need long-term care services, regardless of ability to pay. In the case of Aging and Disability Resource Centers, the target population also includes persons age 18 or older with severe and persistent mental health problems.

- EE. Triaging means sorting applicants for long-term care services and prioritizing access on the basis of need for or likely benefit from public long-term care services. Triage is an essential function in Aging Resource Centers, where many customers may present simultaneously. Triage aims to ensure that applicants for public long-term care services are provided services in the order of their urgency to avoid an acute episode or avoid nursing home placement. It also allows for referral of the customer to the most appropriate service provider. Urgency refers to the need for time-critical intervention—it is not synonymous with severity. The features used to assess urgency are generally a combination of customer frailty, the availability of family or friends willing to provide care, and the psychological status of the applicant. The triage assessment is not necessarily intended to make a diagnosis or to be the basis for a care plan.

4.0 QUALIFICATIONS FOR DESIGNATION AS AN AGING RESOURCE CENTER (ARC)

4.1 Purpose

Aging Resource Centers shall be established for the purpose of providing public awareness; information; referral and assistance; eligibility screening and determination; choice counseling; and triaging services.

4.2 Organization and Governance

Aging Resource Centers shall meet the following requirements:

- A. Only designated Area Agencies on Aging, as per the Older Americans Act (1965), as amended in 2000, can be designated to perform as Aging Resource Centers.
- B. Designated Aging Resource Centers, prior to start of operations, must establish a Local Coalition Work Group to advise in the planning, implementation and development of project activities and a coordinated long-term care service delivery system. The local work group will consist of representatives of agencies and organizations serving elders and individuals with severe mental illness, stakeholders, consumers, Alzheimer's Association, housing authorities, Serving Health Insurance Needs of Elders (SHINE) volunteers, local government, selected community-based organizations, including social services organizations and advocacy groups, and any other persons or groups as determined by the Department.
 1. The Local Coalition Work Group, as defined above, shall function as the community advisory committee and shall provide public input and guidance to the Aging Resource Center in the review of service delivery policies and procedures, marketing strategies, resource development, overall Aging Resource Center operations, service quality, client satisfaction, and other related professional problems or issues.
 2. The community advisory committee shall be consulted in the development of the Aging Resource Center annual improvement plan.
- C. Have a governing body which shall be the same entity described in s. 20.41(7)⁴. The governing body shall annually evaluate the performance of the executive director.

⁴ The Department shall contract with the governing body, hereafter referred to as the "board," of an Area Agency on Aging to fulfill programmatic and funding requirements. The board shall be responsible for the overall direction of the agency's programs and services and shall ensure that the agency is administered in accordance with the terms of its contract with the department, legal requirements, established agency policy, and effective management principles. The board shall also ensure the accountability of the agency to the local communities included in the Planning and Service Area of the agency.

- D. Hire an executive director who may be the same person as described in s. 20.41⁵.
- E. The Aging Resource Center shall not provide direct consumer services other than information and referral services, which includes choice counseling and screening. Aging Resource Center activities such as public awareness campaigns that are intended to enhance the visibility of the center are not considered consumer services. This provision applies to the following programs:
 - 1. Community Care for the Elderly
 - 2. Home Care for the Elderly
 - 3. Contracted Services
 - 4. Alzheimer's Disease Initiative
 - 5. Aged and Disabled Adult Medicaid Waiver
 - 6. Assisted Living for the Frail Elderly Medicaid Waiver
 - 7. Older Americans Act
- F. Allow the Department to review any financial information necessary for monitoring or reporting purposes, including financial relationships.

4.3 Capacity Standards

The Aging Resource Center shall be required by federal and state statute, or by mission statement, by-laws, articles of incorporation, contracts, or rules and regulations that govern the Department, to comply with the following standards:

- A. The Aging Resource Center shall have the capacity to serve clients in all counties in the Planning and Service Area.
- B. The Aging Resource Center shall have the capacity to accept multiple funding source public dollars and payment from private sources.
- C. With prior approval from DOEA, the Aging Resource Center shall have the capacity to contract with individuals, with for-profit entities, and with not-for-profit entities to provide some or all Aging Resource Center functions. All contractors must adhere to the same standards and policies, including the use of the common information and referral system and maintaining and updating data in accordance to the Department's contract with the Aging Resource Center.

⁵ The Area Agency on Aging board shall, in consultation with the Secretary of the Department of Elder Affairs, appoint a chief executive officer, hereafter referred to as the "executive director," to whom shall be delegated responsibility for agency management and for implementation of board policy, and who shall be accountable for the agency's performance.

- D. The Aging Resource Center shall have the capacity to receive funds from public or private foundations and corporations.
- E. The Aging Resource Center shall comply with performance standards established by DOEA.
- F. The Aging Resource Center shall have the capability to protect the confidentiality of its applicant and recipient records in accordance with state and federal laws.
- G. The Aging Resource Center shall have the capability to establish quality assurance policies, procedures, and systematic actions for the purpose of providing and maintaining a high degree of public confidence in the performance of the public long-term care system in the Planning and Service Area. Specifically, these policies, procedures and systematic actions shall address the following items from a system-wide perspective:
 - 1. Service standards;
 - 2. Performance management;
 - 3. Client satisfaction.
- H. The operation of an Aging Resource Center shall not be construed to restrict, manage or impede the local fund-raising activities of service providers.

4.3.1 Personnel System

The Aging Resource Center shall have a system for recruiting, hiring, evaluating, and terminating employees.

- A. Aging Resource Center employment policies and practices shall comply with all federal and state affirmative action and civil rights requirements.
- B. The Aging Resource Center shall maintain written job descriptions for all positions.
- C. The Aging Resource Center shall perform annual reviews of employees.

4.3.2 Accounting System

The Aging Resource Center shall follow generally accepted accounting practices and comply with all rules and regulations for accounting practices set forth by the state.

In addition, the Aging Resource Center shall assure the following:

- A. Funds are used solely for authorized purposes;
- B. All financial documents are filed in a systematic manner to facilitate audits;

- C. All prior years' expenditure documents are maintained for use in the budgeting process and for audits;
- D. Records and source documents are made available to the Department, its representative, or an independent auditor for inspection, audit, or reproduction during normal business hours.
- E. The Aging Resource Center shall be audited annually and shall submit the final report of the audit to the Department within six months after the end of the state's fiscal year. The Aging Resource Center shall assure timely and appropriate resolution of audit findings and recommendations.

4.3.4 Information Management

The Aging Resource Center shall, in a format specified by the state, be responsible for the collection and reporting of summary and client-specific data including but not limited to information and referral services provided by the agency, program eligibility determination, public assistance eligibility determination, care planning, service authorization, resource development, fiscal accountability, and, if applicable, utilization management.

- A. The Aging Resource Center shall have computer hardware and software, compatible with the Department's computer systems, and with such capacity and capabilities as prescribed by the Department.
- B. The Aging Resource Center shall have adequate staff support to maintain a computerized information system in accordance with the Department's requirements.
- C. The Aging Resource Agency shall utilize the DOEA standard information and referral system.

4.3.5 Recordkeeping

The Aging Resource Center shall maintain sufficient documentation in accordance with program requirements and federal and state laws, rules and regulations.

4.3.6 Confidentiality of Information

The Aging Resource Center shall protect the confidentiality of all applicant and recipient records in accordance with state statute and HIPAA rules. Release of information forms obtained from the client must be signed and dated, and shall be renewed at least annually, or sooner if providers change. Fiscal data, budgets, financial statements and reports, which do not identify clients by name or number, are open records.

4.4 Staffing Standards

4.4.1 Staffing Patterns

The Aging Resource Center shall provide staff for the following functions: receptionist/clerical; administrative/supervisory; public awareness; information; referral and assistance; choice counseling, eligibility screening and determination; and triaging.

- A. The receptionist/clerical function shall include, but not be limited to, answering incoming telephone calls, providing information and referral, assisting Aging Resource Center staff with clerical duties, and entering data into an information management system.
- B. The administrative/supervisory function of the Aging Resource Center shall include, but not be limited to, supervision of staff, training and development of agency staff, fiscal management, operational management, quality assurance, case record reviews on at least a sample basis, ensuring that eligibility processes are as expeditious as possible, resource development, marketing, liaison with the Department.
- C. The public awareness; information; referral and assistance; choice counseling, eligibility screening and determination; and triaging function shall include, but not be limited to, the functions as defined for Aging Resource Center public awareness; information; referral and assistance; choice counseling, eligibility screening and determination; and triaging services, in Sections 3.0 and 5.1 through 5.4 of this document, as well as resource development, and attendance at staff development and training sessions,.
- D. The contracted medical consultant services functions shall include, but not be limited to, an employed or contracted physician and/or registered nurse who shall provide consultation to CARES staff collocated within the Aging Resource Center regarding medical and diagnostic concerns and long-term home health prior authorizations.

4.4.2 Qualifications of Staff

The Aging Resource Center's supervisor(s) and Intake, Screening, and Triaging Professional(s) shall meet minimum standards for education and/or experience and shall be able to demonstrate competency in pertinent public awareness; information; referral and assistance; choice counseling, eligibility screening and determination; and triaging knowledge and skills.

- A. Intake, Screening, and Triaging Professionals shall have at least a bachelor's degree in one of the human behavioral science fields (such as human services, nursing, social work, psychology, etc.).

- B. An individual who does not meet the minimum educational requirement may qualify as an Aging Resource Center Intake, Screening, and Triaging Professional under the following conditions:
1. The determination as to the qualification as a Intake, Screening, and Triaging Professional shall be made jointly by the Aging Resource Center and the Department;
 2. Experience as a caseworker or case manager with the long-term care client population, in a private or public social services agency may substitute for the required education on a year-for-year basis; and
 3. When using a combination of experience and education to qualify, the education must have a strong emphasis in a human behavioral science field.
- C. The Intake, Screening, and Triaging Professional shall be required to demonstrate competency in all of the following areas:
1. Knowledge of and ability to relate to populations served by the Aging Resource Center;
 2. Client interviewing and assessment skills;
 3. Knowledge of the policies and procedures regarding public assistance programs;
 4. Ability to develop care plans and service agreements;
 5. Knowledge of long-term care community resources; and
 6. Negotiation, intervention, and interpersonal communication skills.
- D. The Aging Resource Center supervisor(s) shall meet all qualifications for Intake, Screening, and Triaging Professionals and have a minimum of two years of experience in the field of long-term care.

4.4.3 Liability Insurance Coverage

The Aging Resource Center shall maintain adequate liability insurance (including automobile insurance, professional liability insurance and general liability insurance) to meet the Department's minimum requirements for contract agencies.

5.0 FUNCTIONS TO BE PERFORMED BY AN AGING RESOURCE CENTER

5.1 Information

To assist consumers with the challenge of fragmentation, the Aging Resource Center shall provide consumers with information about resources, whether public or private, available to serve the target populations; such information shall be provided to all persons accessing the Aging Resource Center by telephone, the Internet, or in person. Aging Resource Center customers shall be able to receive consistent and uniform information and when necessary they will receive follow up to ensure that the information has met their needs.

The Aging Resource Center will operate the information services in accordance with DOEA guidelines and standards. These guidelines will include, but not be limited to:

- A. Hours of operation
- B. Information databases, including guidelines about resource inclusion/exclusion
- C. Information technology standards
- D. Specialized information personnel qualifications
- E. Use of automated voice response systems
- F. Quality assurance standards, including consumer satisfaction

5.2 Intake/Screening/Triaging/Referral

The Aging Resource Center shall provide initial screenings of all customers who request long-term care services to determine whether the person would be most appropriately served through any combination of federally funded programs, state-funded programs, locally funded or community volunteer programs, or private funding for services. Persons in need shall be served, regardless of impairment or disability, in accordance with program criteria. For persons needing publicly funded services, the Aging Resource Center shall triage access based on uniform criteria set by DOEA in consultation with AHCA.

In an area in which DOEA has designated an Aging Resource Center, DOEA and AHCA shall not make payments for the services listed in Section 4.2.E. and the Long-Term Care Community Diversion Project for such persons who were not screened and enrolled through the ARC.

5.2.1 Referral Agreements

The Aging Resource Center shall develop referral agreements with local community service organizations, such as senior centers, existing elder service providers, volunteer associations, and other similar organizations, to better assist individuals seeking information on long-term care services, but do not need or desire to enroll in a state or federally funded program. The agreements must contain, as appropriate, the standards for access, information management,

recordkeeping, and others, as DOEA may deem necessary, that the Aging Resource Center maintains in its contract with DOEA.

5.2.2 Referral Protocols

The Aging Resource Center shall utilize the uniform statewide information and referral protocol approved by DOEA.

5.2.3 Wait List Management

- A. The Aging Resource Center will make referrals of individuals waiting for access to all public long-term care programs in accordance with statewide uniform priority criteria set by DOEA.

- B. When financial resources become available for programs listed in Section 4.2.E, the Aging Resource Center shall refer an eligible client to the most appropriate entity to begin receiving services. The Aging Resource Center shall make referrals to lead agencies for assessment, case management and development of a service plan that ensures that individuals who are vulnerable adults in need of services pursuant to §415.104(3)(b)⁶, or who are victims of abuse, neglect, or exploitation in need of immediate services to prevent further harm and are referred by the adult protective services program, are given primary consideration for receiving community-care-for-the-elderly services in compliance with the requirements of §430.205(5)(a)⁷ and that other referrals for services are in compliance with §430.205(5)(b)⁸.

5.2.4 Activities

The intake/screening/triaging/referral function of an Aging Resource Center shall include, but not be limited to, the following activities:

- A. The completion of the Department prescribed Long-Term Care Aging Resource Center Intake Form;
- B. The provision of information and referral to other agencies as needed;
- C. The determination of the appropriateness of a referral for a comprehensive long-term care client assessment;

⁶ "Vulnerable adult" means a person 18 years of age or older whose ability to perform the normal activities of daily living or to provide for his or her own care or protection is impaired due to a mental, emotional, long-term physical, or developmental disability or dysfunction, or brain damage, or the infirmities of aging.

⁷ The Department, through the Area Agency on Aging, shall fund in each Planning and Service Area at least one community care service system that provides case management and other in-home and community services as needed to help the older person maintain independence and prevent or delay more costly institutional care.

⁸ The Department shall fund through the Area Agency on Aging in each county as defined in s.125.011(1) -- "County" means any county operating under a home rule charter adopted pursuant to ss. 10, 11, and 24, Art. VIII of the Constitution of 1885, as preserved by Art. VIII, s. 6(e) of the Constitution of 1968, which county, by resolution of its board of county commissioners, elects to exercise the powers herein conferred. Use of the word "county" within the above provisions shall include "board of county commissioners" of such county.

- D. The identification of potential payment source(s), including the availability of private funding resources; and
- E. The implementation of an Aging Resource Center procedure for prioritizing urgent inquiries.

5.3 Eligibility Determination

The Aging Resource Center shall determine eligibility for publicly funded long-term care programs and services⁹ for the target population¹⁰ residing within the geographic area served by the Aging Resource Center and determine a priority ranking (triage) for services which is based upon the potential recipient's frailty level and likelihood of institutional placement without such services.

5.3.1 Accelerated Eligibility Determination

In order to accelerate the eligibility process and to avoid duplicative paper work and administrative overhead, the Aging Resource Center shall integrate, either physically or virtually, the staff and services of the Area Agency on Aging with the staff of the Department's local CARES Medicaid nursing home preadmission screening unit and a sufficient number of staff from the Department of Children and Family Services' Economic Self Sufficiency Unit necessary to determine the eligibility for public services for the target population¹¹ residing within the area served by the Aging Resource Center . To achieve this collocation the Aging Resource Center shall establish the following Memorandums of Understanding:

- A. A memorandum of understanding with the Department for collaboration with the CARES unit staff, outlining the staff person responsible for each function and providing the staffing levels necessary to carry out the functions of the Aging Resource Center.
- B. A memorandum of understanding with the Department of Children and Family Services for collaboration with the appropriate units within DCF, outlining which staff persons are responsible for which functions and providing the staffing levels necessary to carry out the functions of the Aging Resource Center.
- C. If any of the state activities described in this section are outsourced, either in part or in whole, the contract executing the outsourcing shall mandate that the contractor or its subcontractors shall, either physically or virtually, execute the provisions of the memorandum of understanding instead of the state entity whose function the contractor or subcontractor now performs

⁹ Community Care for the Elderly, Home Care for the Elderly, Contracted Services, Alzheimer's Disease Initiative, Aged and Disabled Medicaid Waiver, Assisted Living for the Frail Elderly Medicaid Waiver, and the Older Americans Act

¹⁰ The target population for the ARC is defined in Section 3.

¹¹ Ibid.

5.4 Marketing and Public Outreach

In order to maximize the efficiency of public resources, the Aging Resource Center shall conduct marketing and outreach activities to enhance its reach of persons at high risk for Medicaid nursing home placement. To this end the Aging Resource Center shall develop linkages with major pathways to long-term care, including hospital discharge planning and geriatric medical professionals.

5.5 Care Plan Protocol

To ensure that quality services are provided in the most cost effective and efficient manner possible while assisting clients to age in place in their communities for a lifetime, the Aging Resource Center will:

- A. Establish and maintain at least one Care Plan Review Team in the Planning and Service Area (PSA). The team will be comprised of at least an Area Agency on Aging Medicaid Waiver Specialist and a lead agency case management staff person who complies with applicable requirements and qualification established for the Aged or Disabled Adult Services Waiver. If the team determines a need for further deliberation or technical assistance, the area CARES office may be consulted.
- B. Ensure that care plans are developed based upon the assessed needs of the client and that the cost of a client's care plan is determined based upon the statewide guidelines.
- C. Ensure that care plans initially developed and updated are within the statewide guidelines in Aged and Disabled Adult Medicaid Waiver-funded services for the client's risk level. Care plans that exceed the statewide target values for the clients' risk levels are to be reviewed based on client's identified needs and, if appropriate, approved.
- D. Conduct client file reviews on a monthly basis. Client files will be reviewed to ensure utilization of non-DOEA funded community resources, the State Medicaid Plan and other programs, including OAA and Local Service Programs.
- E. On a monthly basis, send the Department the surplus/deficit report.
- F. Authorize all client enrollments into the programs as listed in Section 4.2.E.
- G. Authorize monthly expenditures for care plans that each Lead Agency cannot exceed without approval from the AAA or the Care Plan Review Team.

Once an Aging Resource Center is operational, the Department, in consultation with the Agency for Health Care Administration (AHCA) may develop capitation rates for any of the programs administered through the ARC. Capitation rates for programs shall be based on the historical

cost experience of the state in providing those same services to the population age 60 or older residing within each area served by an aging resource center. Each capitated rate may vary by geographic area as determined by the department.

DOEA and AHCA may determine for each area served by an ARC whether it is appropriate, consistent with federal and state laws and regulations, to develop and pay separate capitated rates for each program administered through the ARC or to develop and pay capitated rates for service packages which include more than one program or service administered through the ARC.

Once capitation rates have been developed and certified as actuarially sound, DOEA and AHCA may pay service providers the capitated rates for services when appropriate. DOEA, in consultation with AHCA, shall annually reevaluate and recertify the capitation rates, adjusting forward to account for inflation, programmatic changes.

5.6 Quality Assurance

The Aging Resource Center shall establish quality assurance policies, procedures, and systematic actions for the purpose of providing and maintaining a high degree of public confidence in the performance of the public long-term care system in the Planning and Service Area. Specifically, these policies, procedures and systematic actions shall address the following items from a system-wide perspective:

- A. Service standards;
- B. Performance management;
- C. Client satisfaction.

Quality assurance policies shall reflect a concern for ensuring that long-term care services are both cost-effective and responsive to assessed needs.

5.7 Quality Assurance Standards

Quality assurance and performance standards shall reflect the standards set by law, rule, or policy by the Florida Department of Elder Affairs, and include at a minimum the set of performance measures and standards contained in the Area Agency on Aging Master Agreement with DOEA.

6.0 PROCESS FOR DETERMINING THAT AN AAA IS READY TO ASSUME THE FUNCTIONS OF AN AGING RESOURCE CENTER

6.1 DOEA Review of the AAA Transition Plan

In keeping with §430.2053(2) F.S. each Area Agency on Aging shall develop, in consultation with the existing Community Care for the Elderly lead agencies within their Planning and Service Areas, a plan to transition to an Aging Resource Center prior to July 1, 2005. The Area Agency on Aging plans must be submitted to the Department prior to December 31, 2004.

The Department shall evaluate all proposals for readiness and, prior to March 1, 2005, shall select three Area Agencies on Aging which meet the requirements of this section to begin the transition to Aging Resource Centers. Those Area Agencies on Aging which are not selected to begin the transition to Aging Resource Centers shall, in consultation with the Department and the existing Community Care for the Elderly lead agencies within their Planning and Service Areas, amend their proposals as necessary and resubmit them to the Department prior to July 1, 2005. The Department may transition additional area agencies to Aging Resource Centers as it determines that area agencies are in compliance with the requirements of this section.

6.1.1 Minimum Review Standards

To be selected as an ARC, an AAA must submit to DOEA, by December 31, 2004, a plan to transition to an Aging Resource Center by July 1, 2005. This plan must include at a minimum:

- A. Evidence that the AAA possesses or has a highly plausible plan to acquire the qualifications listed in Sections 4.0 through 4.4.3.
- B. Evidence of consultation with existing Community Care for the Elderly lead agencies and other service providers within the Planning & Service Area.
- C. Expertise in the needs of each target population the center proposes to serve and a thorough knowledge of the providers that serve these populations.
- D. Strong connections to service providers, volunteer agencies, and community institutions.
- E. Expertise in information and referral activities.
- F. Knowledge of public and privately funded long-term care resources, including resources designed to provide services in the least restrictive setting.
- G. Financial solvency and stability.

- H. Ability to collect, monitor, and analyze data in a timely and accurate manner, along with systems that meet the Department's standards.
- I. Commitment to adequate staffing by qualified personnel to effectively perform all functions.
- J. Ability to meet all performance standards established by the Department.
- K. Assurance by the Area Agency on Aging board that the Area Agency on Aging, which it oversees, meets all of the minimum requirements set by law and in rule.

6.1.2 Additional Review Items

Further an AAA must demonstrate the following capabilities:

- A. Capacity to collocate, physically or virtually, staff from DOEA CARES and DCF Economic-Self-Sufficiency performing medical, functional and public assistance eligibility determination; unless technical proficiency of virtual collocation is established, preference will be given to AAAs proposing physical collocation of eligibility staff.
- B. Effective utilization of public funds to maximize existing resources.
- C. Capacity to contract with individuals, with for-profit entities, and with not-for-profit entities to provide some or all Aging Resource Center functions.
- D. Compliance with state and federal complaint/grievance procedures.
- E. Plan for streamlined access to long-term supports so that intake, screening, and financial, technical and functional eligibility determination are closely coordinated in a seamless process for the consumer.
- F. Linkages with major pathways to long-term care, including hospital discharge planning.
- G. Involvement of key stakeholders including letters of commitment from key participating organizations and agencies.
- H. Collaboration between health support and human service agencies, including housing and employment programs.
- I. Strategies for outreach and marketing, which demonstrate, increased targeting effectiveness.

- J. Clear delineation of roles and responsibilities of staff, consultants, subcontractors and other partner organizations.
- K. Plan for implementing local training of information and referral staff.
- L. Method for assuring cultural competency.
- M. Comprehensive plan for responding to disasters and continuing operations during a natural disaster.
- N. Plan for sustainability, which shall address alternative funding scenarios, one of these shall contemplate no additional state funding specifically appropriated for Aging Resource Center operations.

6.2 Readiness Review

Prior to the initiation of Aging Resource Center operations, the Department will develop a standardized readiness review checklist and a readiness review team will evaluate ARC start-up activities. Sixty days prior to the beginning of information and referral operations, DOEA shall perform a desk review of the ARC's readiness and then conduct a site visit to ensure the capacity and capability of the ARC to initiate the information and referral component. Areas to be reviewed prior to start of information and referral services will include adherence to DOEA guidelines and standards, staffing patterns and qualifications, referral agreements and protocols.

As the ARC continues transition to the additional functions of screening, triaging, and eligibility determination, the Department will conduct further readiness activities pertinent to those functions to ensure ARC operation consistent with the requirements in this Implementation Plan and the transition proposals submitted by each Area Agency on Aging.

Following the implementation of Aging Resource Center operations, DOEA, in consultation with AHCA, will study the viability of expanding the list of funded programs (see Section 4.2.E.) administered through the ARC beginning July 1, 2007. By December 1, 2006, DOEA will submit a report to the Governor and legislative leadership on the feasibility of administering the following Medicaid services through the ARC: nursing home, transportation, hospice care, intermediate care, prescribed drug, assistive care, and any other long-term care program or Medicaid service.

7.0 MAJOR IMPLEMENTING STEPS AND TIMELINE

AGING RESOURCE CENTER WORK PLAN (2004-2007)

Major Task*	2004						2005												2006												2007							
	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6		
Meet with state leaders/state agency partners & convene state management team.																																						
Designate Project Director.		3 1																																				
Establish Information and Referral (I&R) requirements																																						
Select provider to develop I&R system.																																						
Develop and submit ARC implementation plan.				3 1																																		
Establish MOA between DOEA & DCF at state level.																																						
Prepare rules for operational and quality assurance standards and outcome measures.																																						
Begin administrative rule-making process.																																						
Administrative rule hearings and promulgation.																																						
Release instructions to AAAs for ARC/ADRC transition proposals.					1																																	
AAA proposals for transition to ARC/ADRC submitted to DOEA.						3 1																																
Select three AAAs as ARC/ADRC pilot sites.									2 8																													

Florida Department of Elder Affairs

Major Task*	2004						2005												2006												2007					
	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
AAAs with approved plans transition to ARCs/ADRCs.																																				
<i>ARCs/ADRCs begin operation of I&R component.</i>												3	0																							
ARCs/ADRCs begin provision of additional functions.																																				
<i>ADRCs begin serving adults with severe mental illness.</i>																																				
AAAs not selected as ARCs amend proposals and resubmit them to DOEA.												3	0																							
<i>Develop I&R system.</i>																																				
<i>Develop I&R curriculum and provide training.</i>																																				
Establish MOU with ARCs for collaboration with CARES.																																				
ARCs establish MOU with DCF for collaboration with ESS.																																				
OPPAGA/Auditor General review ARC implementation.								1							1					1						1						1				
Monitor ARCs and prepare report on progress.												3	0										3	0												
Develop capitation rates for programs administered through ARCs																																				
Submit report on feasibility of administering additional services through ARCs.																																		1		

*Italics indicate dates not specifically identified in SB 1226.

